



**ACGME-I
INTERNATIONAL ADVANCED SPECIALTY
PROGRAM REQUIREMENTS
SUMMARY OF REVISIONS AND RATIONALE**

Advanced Specialty Requirements for: **Rheumatology**
Proposed Effective Date of revised requirements: **1 July 2025**

Comments are currently being solicited on revisions to the International Advanced Specialty Program Requirements for the subspecialty listed above. To aid those providing comment, the following table summarizes and provides a rationale for the major revisions in the requirements.

The comments provided will be considered by the Review Committee-International as it determines the final revision of these Requirements, which will be posted on the ACGME-I website following approval.

REQUIREMENTS DELETED

Requirement Number	Line Number	Rationale
IV.A.1.b).(6).(a).(i) Fellows must be able to perform diagnostic and therapeutic procedures relevant to their specific career path, including: (i) performance of arthrocentesis of peripheral joints and periarticular/soft tissue injections, including instruction and experience in performing these procedures under ultrasound guidance.	183-188	The procedures noted in this requirement are not consistently performed by rheumatologists. Programs should include instruction in these procedures only as required by rheumatology practice in their country or jurisdiction.
IV.C.9. Programs with qualified faculty members and facilities should provide education in pediatric rheumatic diseases.	387-388	Demonstration of competence in treating pediatric patients was added as IV.A.1.b).(2).(I), making this requirement unnecessarily redundant.
IV.C.10.a).(1) Each fellow should, on average, be responsible for four to eight patients during each half day session 1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session	373-378	The specific number of patients seen by fellows during ambulatory care experiences was removed to allow programs flexibility. Programs should continue to monitor fellows' ambulatory clinic load to maximize learning opportunities over service needs.

REQUIREMENTS ADDED

Requirement Number	Line Number	Rationale
IV.A.1.b).(1) Fellows must demonstrate	115-127	The additions to competencies in

competence in managing care of patients a) in a variety of health care settings, including inpatient and ambulatory settings. b) using critical thinking and evidence-based tools; c) using population-based data; and d) with whom they have limited or no physical contact, through the use of telemedicine.		patient care and procedural skills include the new and emerging area of telemedicine, the importance of training fellows to deliver care in the ambulatory setting, and the increasing importance of data-driven clinical decision-making.
IV.A.1.b).(2) Fellows must demonstrate competence in the treatment of a) autoimmune manifestations of infectious conditions, such as Lyme disease, other tick-borne illness, and subacute bacterial endocarditis; d) inflammatory myositis (polymyositis, dermatomyositis, necrotizing myositis, and inclusion body myositis), as well as myositis mimics; f) monogenic and polygenic autoinflammatory syndromes, including familial Mediterranean fever, familial cold autoinflammatory syndromes, and others; l) pediatric rheumatic diseases; n) relapsing polychondritis; t) systematic sclerosis and scleroderma mimics; and, u) vasculitis, including primary larger, medium and small vessel vasculitis, vasculitis secondary to other rheumatic diseases, and vasculitis mimics.	129-132 137-139 142-144 155 160;171 174-176	The additions and clarification of rheumatology conditions noted here reflect important or emerging areas not included in the previous Requirements.
IV.A.1.b).(3).(b) Fellows must be able to treat their patient's conditions with practices that are patient-centered, safe, scientifically based, effective, timely and cost-effective, including musculoskeletal pain assessment and management.	196-199	The addition of musculoskeletal pain assessment and management is an important emerging area not included in the previous Requirements.
IV.B.1. The educational program must include didactic instruction based upon the core knowledge content in rheumatology. a) Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-and-faculty interaction. IV.B.2. The program must ensure that fellows have an opportunity to review all knowledge content from conferences that they could not attend.	328-331 332-333	The addition of these requirements ensures that all fellows have access to didactic sessions and that faculty members are actively involved in didactics.
IV.C.1. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing	338-342	Education and patient safety are impacted by the length of clinical rotations. Programs must consider the length of a rotation when planning educational experiences.

supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback		
IV.C.2. Rotations must be structured to allow fellows to function as a part of an effective interprofessional team that works together toward the shared goals of patient safety and quality improvement.	343-345	Clinical rotations must be planned to enhance opportunities for fellows to actively engage with an interprofessional team. These experiences should allow for interaction between team members to both teach fellows and provide patient care.
IV.C.7. The education program must provide fellows with elective experiences relevant to their future practice or to further skill/competence development.	356-357	Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship.
IV.D.1.a) While in the program all fellows must complete at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees or serving as a journal reviewer, journal editorial board member or editor.	392-398	All fellows must engage in scholarly work during the fellowship. Scholarly work is broadly interpreted to include a variety of professional activities.