

Frequently Asked Questions: Allergy and Immunology
(FAQs related to Allergy and Immunology Program Requirements effective July 1, 2025)
Review Committee for Allergy and Immunology
ACGME

Question	Answer
Introduction	
Can the length of the residency program be extended to allow for additional research time? <i>[Program Requirement: 4.1.]</i>	Yes. The ACGME accredits residency programs in allergy and immunology for 24 months of education. The 24 months may be spread over 36 consecutive calendar months to allow for additional research time.
Personnel	
Are co-program directors permitted? <i>[Program Requirement: 2.1.]</i>	The ACGME only recognizes a single designated individual as the program director. As a local option, a program may appoint an associate program director.
How does the Review Committee define a “sufficient” amount of time and effort devoted to the program by the program director, including program director leadership? <i>[Program Requirement: 2.4.]</i>	The determination of sufficiency of the amount of time a program director needs to dedicate to the program will vary locally and depend on a number of factors, including the number of residents and the availability of other resources, such as a program coordinator. At a minimum, the program director, including program director leadership, must be provided with the salary support required to devote 20 percent FTE (at least eight hours) of non-clinical time to the administration of the program.

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<i>What is the minimum support required for a program director and the program leadership?</i> <i>[Program Requirement: 2.4.a.]</i>	For a program with one to six approved resident positions, the program director must have a minimum of 0.15 FTE (six hours/week) protected time to support administration of the program. In addition, the program leadership (program director and associate/assistant program director(s) if applicable) must have a minimum of 0.05 FTE (two hours/week) of additional protected time to support administration of the program, which can be used by the program director alone (8 hours/week total) or can be shared with an associate program director. The additional 0.05 FTE (two hours/week) is intended to provide programs with the flexibility to incorporate an associate program director. The required FTEs are minimums, and programs can expand protected time for program administration above the 0.2 FTE (8 hours/week total) based on the needs of the individual program. For a program with seven to 10 approved resident positions, the program director must have a minimum of 0.2 FTE (eight hours/week) protected time to support administration of the program. In addition, the program leadership must have a minimum of 0.1 FTE (four hours/week) of additional protected time to support administration of the program, which can be used by the program director alone (12 hours/week total) or can be shared with an associate program director. The additional 0.1 FTE (four hours/week) is intended to provide programs with the flexibility to incorporate an associate program director. The required FTEs are minimums, and programs can expand protected time for program administration above the 0.3 FTE (12 hours/week total) based on the needs of the individual program.								
Including the program director, how many faculty members must a program have? <i>[Program Requirements: 2.7. and 2.10.c.-d.]</i>	There should be at least one faculty member trained in internal medicine and at least one faculty member trained in pediatrics. Core faculty members can include internists, pediatricians, or both. The faculty as a whole (both core and non-core faculty members) should represent both internal medicine and pediatrics.								
Educational Program									
Are there required minimum numbers for each of the required procedures? <i>[Program Requirement: 4.4.b.]</i>	Minimum numbers for the number of procedures each resident must perform during their fellowship are as follows: <table> <tr> <td>Written allergen immunotherapy prescriptions (DC)</td><td>10</td></tr> <tr> <td>Drug desensitization or incremental challenge (DC)</td><td>10</td></tr> <tr> <td>Immediate hypersensitivity skin testing (DC)</td><td>30</td></tr> <tr> <td>Writing an immunoglobulin prescription (DC)</td><td>5</td></tr> </table>	Written allergen immunotherapy prescriptions (DC)	10	Drug desensitization or incremental challenge (DC)	10	Immediate hypersensitivity skin testing (DC)	30	Writing an immunoglobulin prescription (DC)	5
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	Interpretation of pulmonary function testing (DC) 30 Food challenge testing (DC) 5
What does the Review Committee consider a sufficient length for assigned rotations? <i>[Program Requirement: 4.10.a.]</i>	Rotation length should be determined by the program director. Some rotations may only require limited time for sufficient/appropriate exposure (Example: a one-day rotation assisting with direct/indirect bronchial challenges).
Can the Review Committee provide any examples for what would be considered an adequate experience for residents' involvement with interprofessional teams? <i>[Program Requirement: 4.10.b.]</i>	Example: Penicillin allergy stewardship with other departments and/or specialties (e.g. infectious disease, pharmacy) playing major roles.
How does the Review Committee assess that residents have at least 20 percent direct patient care activity in both pediatric and adult patients? <i>[Program Requirements: 4.11.b.1.a.-4.11.b.1.b.]</i>	The Review Committee reviews the distribution of time reported on the block diagram, where this must be indicated. In the course of 24 months of education, at least 12 months will be clinical, per the 50-25-25 rule (50 percent of time devoted to direct patient care activities; 25 percent of time devoted to scholarly activities; 25 percent of time devoted to other educational activities). Considered on a weekly basis over the course of two years, 20 percent would constitute one full day per week of cross-training or half a day weekly over the course of 24 months.

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What types of activities can count toward fulfilling the 25 percent time devoted to other educational activities? <i>[Program Requirement: 4.11.b.3.]</i>	Other educational activities may include any experience determined by the program director to be useful or important for development of competence in allergy and immunology. The decision should be based on the unique characteristics of the program, or the individual needs of residents. Examples include additional research time; additional clinic time; attending medical meetings; manuscript preparation; preparation and presentation of teaching conferences, case presentations, and meeting abstracts; electives in other clinical disciplines; teaching medical students and residents; attending a didactic course; additional quality improvement and/or safety projects; practice management. The program director would ideally use this time to address needs, concerns, or interests of an individual resident, not for service needs or resident personal leave for vacation or other non-academic purposes. Ultimately, a resident should achieve at least 50 percent clinical time and at least 25 percent research time.

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What qualifies as scholarly activity? <i>[Program Requirement: 4.14.-4.14.a. and 4.14.a.]</i>	The Review Committee has defined indicators of scholarly activity (for residents and faculty members) as: • Peer-reviewed grant funding • Publication of original research papers in a peer-reviewed journal • Published abstract • Oral or poster research presentation at a meeting • Dissemination of knowledge as evidenced by review articles or chapters in textbooks • Publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings • Publication or presentation of quality improvement or safety projects • Other scholarly discussions (presenting at journal club, presenting at grand rounds, etc.) • Production of educational materials or development of courses • Educational leadership • Doing peer-review of journal manuscripts • Other leadership roles The Review Committee monitors scholarly activity for both residents and faculty members.
What does the Review Committee consider acceptable resident presentations? <i>[Program Requirement: 4.15.b.1.]</i>	Residents should have experience in communicating research results both in writing and by oral presentations. Examples of acceptable written demonstration of research results include: 1. an authored research publication in a peer-reviewed journal 2. an accepted, authored abstract published in the proceedings or abstract book for a national or regional meeting Examples of acceptable oral presentations of research include: 1. a platform presentation of research results at a national or regional research meeting

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	2. a formal research seminar conducted within the local institution in a format such as grand rounds (based on research findings), a regular research forum of the program, or a special public research presentation (similar to a seminar for a master's thesis or doctoral dissertation defense) 3. a poster presentation at a national or regional research or specialty meeting
Evaluation	
Is there guidance available regarding the structure, implementation, function, and utility of a well-functioning Clinical Competency Committee (CCC)? [Program Requirement: 5.1.]	The <i>Clinical Competency Committee Guidebook</i> , which can be found on the Milestones section of the ACGME website, and the Common Program Requirements FAQs, which can be found on the Common Program Requirements section of the ACGME website, both include good resources regarding the construct and function of the CCC.
How does the Review Committee assess performance of a program's graduates on the American Board of Allergy and Immunology certifying examination? [Program Requirement: 5.6.]	The Review Committee assesses performance through review of pass rates over the preceding three years. The three-year aggregate pass rate should be over 80 percent or not less than the fifth percentile compared to all allergy and immunology programs.
The Learning and Working Environment	
Which licensed independent practitioners can supervise residents? [Program Requirement: 6.5.]	Clinical psychologists, clinical social workers, nurse practitioners, physician assistants, and registered dietitians, for example, may supervise residents' clinical activities when the program director determines that their special expertise will promote education and provide a level of supervision equivalent to that provided by an attending physician. During these situations, there must also be direct or indirect supervision by a physician faculty member.
Which other health care professionals should be a part of residents' interprofessional teams? [Program Requirement: 6.18.]	Advanced practice providers, audiologists, billing and administrative staff members, nurses, nutritional consultants, pharmacists, physician assistants, respiratory therapists, social workers, and speech and language pathologists may be included as a part of interprofessional teams.
Other	

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What should be entered in the comments field on the Milestones evaluations?	The comments field is optional and intended for local use only; programs do not need to use this space, although doing so might improve quality of feedback. The ACGME does not examine the narratives.
Are there resources available with suggestions for the effective use of the Milestones to help programs not only improve but also transform their assessment practices, curricula, and overall educational programs?	The Milestones section of the ACGME website contains various resources, including a <i>Milestones Guidebook</i> and Milestones FAQs. Check this section of the website periodically, as information is updated and resources are added as they are developed to help programs with their Milestones implementation.