

MATERIAL SUPPLEMENTARY

Table 1. Blocks, key points, and questions of interest proposed in the initial review of the situation of the specialty.

THEME	POINTS OF INTEREST	QUESTIONS ASKED
Scope of the specialty	1.1. Ability to evaluate new patients and future patient reviews	<ul style="list-style-type: none"> • Can demand be met in the short and medium term? What about in the long term? • Are the recommended times realistic and consistent with the current situation that most services are undergoing? • What is needed to strengthen the service capacity in the services? • What actions can be taken in this regard?
	1.2. Ability to carry out preventive allergology in healthy subjects	<ul style="list-style-type: none"> • Is the practice of preventive allergology feasible with the resources currently available? • To what extent are these types of actions carried out? All equally or only secondary and tertiary prevention? • What can be done to strengthen preventive activities?
	1.3. Different pathologies that are treated, and those that it will be possible to treat in the future	<ul style="list-style-type: none"> • Should new pathologies be included in the scope of the specialty? Which? Why? • Are pathologies currently treated that should not be the exclusive competence of the allergist? Which?
	1.4. New potential allergens: pollens, animal epithelia, food, hymenoptera	<ul style="list-style-type: none"> • How should the management of new allergens be addressed? • What is important to take into account for its inclusion in the portfolio of services and usual clinical practice? • Should efforts be focused on a specific allergen? Which one? Why?
	1.5. Allergology in private practice	<ul style="list-style-type: none"> • Is it necessary to integrate private clinical practice in the specialty forum? Why? • What are the main challenges in this regard?
Clinical methods	2.1. Diagnostic, apparatus, and analytical methodology that will be required	<ul style="list-style-type: none"> • Is it necessary to adapt the minimum standards to the future demand and portfolio of services? What changes would be necessary? • Is it feasible to standardise the methodology and minimum resources in all services? • Is it a good idea to develop new protocols or procedures at the Society in the future?
	2.2. Portfolio of services in units, creation of units of various types of healthcare	<ul style="list-style-type: none"> • Is the service portfolio adapted to the real needs of the specialty? Will it be necessary to expand/reduce it? • What requirements should the monographic units meet? What should the healthcare flow in these units be like? • How can the creation of these be enhanced? • What kind of monographic units should be prioritised? Why?
	2.3. Time to reach a diagnosis	<ul style="list-style-type: none"> • Are the average diagnostic times acceptable and consistent with the healthcare situation? • What measures need be implemented to reduce the diagnostic time? • How could more first episodes of pathologies such as asthma or rhinoconjunctivitis be captured? Is capturing these first episodes important for the development of the specialty to improve control of the disease due to early

		diagnosis?
	2.4. Intolerance management without immune mechanism	<ul style="list-style-type: none"> Are the necessary resources available to address this health problem? Should it be done exclusively from allergology or should it involve other specialties? Should the usual assistance procedures be adapted to meet the demand for intolerances, especially food? How can the diagnosis of these intolerances be improved?
	2.5. Waiting list	<ul style="list-style-type: none"> Are these waiting times reasonable? Are changes expected in the short to medium term? How could they be improved? What actions could be taken to reduce or end the differences between Regional Governments? What should the standard waiting time be in order to achieve optimal patient care?
Treatment.	3.1. Ability to decide in opposition to other specialties	<ul style="list-style-type: none"> Is the importance of the allergist in decision-making during treatment of allergy patients well defined? How does interaction with other specialties involved in the management of the allergy patient take place? Should models of relationship with other specialties that aim to optimise patient treatment be developed?
	3.2. Prescription biological treatments	<ul style="list-style-type: none"> Is the use of the prescription of biological medicines established in the usual clinical practice? What are the main barriers when prescribing biological treatments? Is it necessary to implement new strategies in allergology to ensure access to these treatments? Has the use of biological medicines in the management of severe allergic asthma and other allergy-associated diseases been established?
	3.3. Allergen immunotherapy	<ul style="list-style-type: none"> How should the specialty address future perspectives in immunotherapy? What role should the allergist play in the administration of these types of treatments? Is it necessary to adapt the resources or protocols of the different services to offer these types of treatments to patients optimally? What specific resources are necessary for the optimal development of immunotherapy?
	3.4. Future treatments	<ul style="list-style-type: none"> Has the allergist been informed about the therapies that are still to come? Are enough clinical trials conducted in Spain to develop new treatments? Do developing treatments cover real needs of allergy patients?
Integral approach to the patient	4.1. Multidisciplinary Units	<ul style="list-style-type: none"> Should the start-up of these units be enhanced? For which pathologies? What should the minimum requirements of these units be? Should own protocols be developed in co-operation with the other specialties of the unit? What should the flow of patients, decisions, and communications in these units be like?
	4.2. Origin of the patients: specialists	<ul style="list-style-type: none"> Is it derived from other specialties enough? And from Primary Care? How could the bypass circuits be improved (ordinary/preferred)? Is it necessary to carry out training in certain specialties/PA to encourage optimal referral? What type? For what purpose?
	5.1. Patient care	<ul style="list-style-type: none"> Is the care carried out in the appropriate places and are

Resources	location: hospital, outpatient, hospitalisation, day hospital	<p>levels of care throughout the entire care flow of the patient also appropriate? How could it be improved?</p> <ul style="list-style-type: none"> • What is the ideal place to properly treat and cater for patients? • Where will the healthcare take place in the future? Where should it take place?
	5.2. Specialists needed in the future	<ul style="list-style-type: none"> • How can we cope with the lack of specialists in the specialty? • What measures can be carried out to meet the needs of patients and meet the demand? • What future will the specialty have if concrete actions to solve this problem are not taken?
	5.3. Units and staff needed to care for patients	<ul style="list-style-type: none"> • Are the necessary resources available? What needs do the units have in the short term? • Is it necessary to develop an action plan to solve this problem? What actions could be carried out?
Training, teaching, and research	6.1. Training of specialists in the future	<ul style="list-style-type: none"> • What skills should an allergist acquire to face the new challenges? • How can homogeneity be guaranteed in the training of specialists in all Regional Governments? • What should be the objectives of the specialty in terms of improving and enhancing the training of specialists?
	6.2. Pre and postgraduate teaching	<ul style="list-style-type: none"> • Is the official allergy specialty programme in force adequate? Is a review necessary? • Is it necessary to establish a training plan for future re-accreditation? • How can undergraduate and postgraduate teaching be promoted in different services and universities? Are additional resources necessary?
	6.3. Research	<ul style="list-style-type: none"> • How can research be encouraged? • What lines of research should be enhanced in the future? • Would it be necessary to involve personnel with exclusive dedication to research work, including teachers?
Patients	7.1. Age of our future patients	<ul style="list-style-type: none"> • What patients do we expect to attend in the medium and long term? • How will the age of new patients affect clinical practice? • Will it be necessary to adapt the methods and resources? How?
	7.2. Geographic distribution of new patients	<ul style="list-style-type: none"> • Will geographic distribution be a determining factor in the allergic care of the future? Why? • How can distribution affect the course and diagnosis of pathologies? • Should we develop any specific action in this regard?
	7.3. Effects on the quality of life of allergy sufferers, loss of productivity, absenteeism, and presentism (going to work when ill)	<ul style="list-style-type: none"> • How can the quality of life of people affected by allergic processes be improved? • What can be done in the specialty to minimise the impact of the disease on patient performance? • Would it be advisable to develop training programmes aimed at the society and/or other preventive measures?

Table 2. Thematic blocks agreed by the scientific committee and members responsible for coordinating and identifying challenges and solutions for each of them.

THEMATIC BLOCK	COORDINATOR	COLLABORATORS
1. Superspecialisation, multidisciplinary units, and change of the care model	Dr. Antonio Valero	Dr. Teresa Dordal Dr. Julio Delgado Dr. Pablo Rodríguez del Río Dr. Manuel Rial Dr. Carlos Colás
2. Definition of services portfolio (pathologies) and technical advancement and updating of diagnostic methods	Dr. Javier Montoro	Dr. Dolores Hernández Dr. Juan Fraj Dr. Monica Anton Dr. Álvaro Moreno Dr. Aida Gómez Cardenosa
3. Qualification of therapeutic tools (immunotherapy) and adaptation of new treatments	Dr. Santiago Quirce	Dr. Javier Dominguez Dr. Silvia Sánchez Dr. David González Dr. Stefan Cimbollek
4. Nursing training and stabilisation	Dr. Joaquín Sastre	Ms. Cristina Mañas Ms. María José García Ms. Amparo Gaitano
5. Undergraduate and postgraduate training, and talent attraction	Dr. Carmen Vidal Dr. Ignacio Dávila	Dr. Teresa Carrillo Dr. Luis Prieto Dr. Óscar Palomares
6. Clinical practice homogenisation, accreditation, and recertification (services and professionals)	Dr. José María Olaguibel	Dr. Eduardo Fernández Dr. María José Álvarez Dr. Gabriela Zambrano Dr. Beatriz Pola
7. Research professionalisation	Dr. María José Torres	Dr. Joan Bartra Dr. Marta Ferrer Dr. Ibón Eguíluz
8. Alliances with patients and patient associations	Dr. Carmen Vidal Dr. Virginia Rodriguez	Dr. Ignacio Esteban Dr. Javier Contreras Dr. Carmen Moreno
9. Communication strategies, new technologies, and internationalisation	Dr. Darío Antolin	Dr. Alberto Álvarez Dr. Virginia Bellido Dr. Rosa María Muñoz
10. Allergology in private practice	Dr. Pedro Ojeda	Dr. Juan Manuel Igea Dr. Paula Mendez Dr. Agustín Fernández Dr. Teresa Posadas

Table 3. Main sociodemographic characteristics of the participants in the validation survey.

Years of experience (average, n)	17.73 (167)
Age (mean, n)	47.16 (166)*
Gender (% , n)	
Male	28.1 (47)
Female	71.9 (120)
Charge (% , n)	
Head of service/section/unit	29.3 (49)
Attending doctor	70.7 (118)
Work centre (% , n)	
Private hospital	18.6 (31)
Public hospital	70.7 (118)
Both of them	10.8 (18)
Type of centre (% , n)	
Reference hospital	73.7 (123)
Regional hospital	26.3 (44)
Regional Government (% , n)	
Andalusia	16.2 (27)
Aragon	1.8 (3)
Canary Islands	4.8 (8)
Cantabria	1.8 (3)
Castilla y Leon	2.4 (4)
Castilla La Mancha	4.8 (8)
Catalonia	12.6 (21)
Community of Madrid	26.9 (45)
Autonomous Community of Navarre	2.4 (4)
Valencian Regional Government	7.8 (13)
Extremadura	7.8 (13)
Galicia	4.2 (7)
Balearic Islands	0.6 (1)
La Rioja	0.6 (1)
Basque Country	1.2 (2)
Principality of Asturias	1.2 (2)
Murcia Region	3.0 (5)

*[Data lost in the system.](#)