ACGME Program Requirements for Graduate Medical Education in Anesthesiology
Summary and Impact of Focused Requirement Revisions

Requirement #: II.B.4.c)

Requirement Revision (significant change only):

II.A.2. There must be at least six core faculty members, not including the program director. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The new Common Program Requirements required the Review Committee to indicate a minimum number of core faculty members, and the Committee proposes this requirement, noting this should not be overly burdensome for anesthesiology residency programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   In reviewing the most recent ACGME Data Resource Book, the Review Committee noted that the minimum number of program faculty members for all 155 core anesthesiology program is 8; thus, no additional financial support should be required for programs.

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: II.C.2. – II.C.2.a).(6)

Requirement Revision (significant change only):

II.C.2. At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time. (Core)

II.C.2.a) At a minimum, there must be at least one program coordinator dedicated solely to residency program administration, and additional support complements according to the following parameters: (Core)

II.C.2.a).(1) programs with fewer than 20 residents must have at least 0.5 FTE program coordinator support; (Core)
II.C.2.a).(2) programs with 21-40 residents must have at least one FTE program coordinator; (Core)

II.C.2.a).(3) programs with 41-60 residents must have at least 1.5 FTE support personnel, including at least one FTE program coordinator; (Core)

II.C.2.a).(4) programs with 61-80 residents must have at least 2.0 FTE support personnel, including at least one FTE program coordinator; (Core)

II.C.2.a).(5) programs with 81-100 residents must have at least 2.5 FTE support personnel, including at least one FTE program coordinator; and (Core)

II.C.2.a).(6) programs with more than 100 residents must have at least 3.0 FTE support personnel, including at least one FTE coordinator. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee identified the minimum administrative/coordinator support in accordance with the revised Common Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will reduce the administrative burden on the program director.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This could potentially necessitate additional resources, depending on the organizational structure and resources available to the program.

5. How will the proposed revision impact other accredited programs?
   This could potentially impact other accredited programs if the organization has a shared coordinator resources.

Requirement #: IV.C.1.a)-b)

Requirement Revision (significant change only):

IV.C.1. The curriculum must be structured to optimize fellow educational experiences, the length of these experiences, and supervisory continuity. (Core)

IV.C.1.a) Assignment of rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and
meaningful assessment and feedback, or as otherwise specified in the specialty-specific Program Requirements. (Core)

IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when residents are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care and fellow education. They are also intended to address the negative impact of assigning supervising faculty members for very brief assignments.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The intent is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care when creating resident and faculty member schedules. This new requirement prioritizes patient safety and education in curriculum planning.

3. How will the proposed requirement or revision impact continuity of patient care?
   The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity, quality, and safety of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a