II.A.2. The program director must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

II.A.2.a) For programs with up to five fellows, the program director must be provided with salary support required to devote 10 percent FTE (at least four hours per week) of non-clinical time to the administration of the program. (Core)

II.A.2.b) For programs with five or more fellows, the program director must be provided with salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee attempted to make a realistic determination of the time needed by program directors for administration of the program, balanced by the goal of not creating a burden that would adversely affect clinical teaching time. The proposed requirements are consistent with other proposed anesthesiology subspecialty requirement revisions.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will help to ensure timely completion of the administrative needs of the program.

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?
   For programs that currently provide no protected time, this may create the need for additional funding support. The Committee reviewed the approved complement for the currently-accredited programs and noted that only three of 31 are at or above five fellows. Therefore, most program directors will require support for 10 percent FTE of non-clinical time for administration of the program.

5. How will the proposed revision impact other accredited programs?
   n/a
II.A.3. [Qualifications of the program director:]

II.A.3.c) must include current appointment as a member of the anesthesiology faculty at the primary clinical site; (Core)

II.A.3.d) must include completion of an regional anesthesiology and acute pain medicine fellowship, or at least three years’ participation in a regional anesthesiology and acute pain medicine fellowship as a faculty member; (Core)

II.A.3.e) must include at least three years of post-fellowship experience in regional anesthesiology and/or acute pain medicine; (Core)

II.A.3.f) must include devotion of at least 50 percent of the program director’s clinical, educational, administrative, and academic time to regional anesthesiology and acute pain medicine; and (Core)

II.A.3.g) must include demonstration of ongoing academic achievements appropriate to the subspecialty, including publications, the development of educational programs, or the conduct of research. (Core)

1. Describe the Review Committee’s rationale for this revision:
   These requirements are intended to ensure that the program director is prepared as both an educator and experienced clinician in the subspecialty to mentor both faculty members and fellows, act as a role model, and discharge all administrative functions needed for an ACGME-accredited program. The requirements are also being proposed to ensure consistency with other proposed anesthesiology subspecialty Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Review Committee believes that strong role models and mentorship are essential for the education of fellows prepared to provide safe and high quality patient care.

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?
   For program directors who do not devote a majority of their time to the subspecialty, this may necessitate reorganization and possible additional financial resources to allow the program director time in practice.

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

Requirement #: II.B.1.a)
Requirement Revision (significant change only):

II.B.1.a) Physicians certified in critical care through a member board of the ABMS or AOA must be available for consultation and collaborative management of critically-ill patients who require care from the regional anesthesia and acute pain medicine team.  (Core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement is proposed for consistency with other proposed anesthesiology subspecialty Program Requirements, and the Review Committee has identified that there must be certified critical care physicians to ensure an adequate learning environment for fellows.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Review Committee is proposing that the program identify a faculty member practicing in an intensive care unit who regularly interacts with and has responsibility for teaching and supervising fellows.

3. How will the proposed requirement or revision impact continuity of patient care?
   This requirement could potentially impact continuity of care, as fellows may spend more time with these subspecialists in all phases 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?
   If not currently identified, the faculty member in critical care medicine may need to be added to the Faculty Roster.

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

Requirement #: II.B.4.c) and II.B.4.c).(1)

Requirement Revision (significant change only):

II.B.4.c) There must be at least four three core faculty members, including the program director, with expertise in regional anesthesiology and acute pain medicine.  (Core)

II.B.4.c).(1) For programs with four or more fellows, a ratio of at least one faculty member to one fellow must be maintained.  At each participating site there must be a ratio of at least one faculty member to one fellow.  (Core)

1. Describe the Review Committee’s rationale for this revision:
   These requirements have been proposed to be consistent with other proposed anesthesiology subspecialty Program Requirements.  The Review Committee is supplementing the “Core Faculty” section of the Common Program Requirements with its previous requirement that there be a minimum number of core faculty members.

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

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

<table>
<thead>
<tr>
<th>Requirement #: II.C.2.a)-b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
<tr>
<td><strong>II.C.2.</strong> The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration. (Core)</td>
</tr>
<tr>
<td>II.C.2.a) At a minimum, the program coordinator must be supported at 20 percent FTE (at least eight hours per week) for administrative time for fellowships with one fellow. (Core)</td>
</tr>
<tr>
<td>II.C.2.b) For each additional fellow, the program coordinator must be supported at two additional percent (0.8 hours) for administrative time. (Core)</td>
</tr>
</tbody>
</table>

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 resource.

<table>
<thead>
<tr>
<th>Requirement #: II.D.1. and II.D.2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
</tbody>
</table>

©2019 Accreditation Council for Graduate Medical Education (ACGME)
II.D.1. Allied health staff members and other support personnel who have experience and expertise in the care of regional anesthesiology and acute pain medicine patients must be available. (Core)

II.D.2. Inpatient psychiatric/psychological services and physical and/or occupational therapy services must be available to support the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   These requirements do not specifically constitute a change from prior requirements, but only require the program to identify support personnel in the care of regional anesthesiology and acute pain medicine and the services noted.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Fellow education will be improved by ensuring the personnel and resources are available to assist in the educational environment.

3. How will the proposed requirement or revision impact continuity of patient care?
   These requirements could potentially impact continuity of care, as fellows may spend more time with these subspecialists and utilizing these services in all phases 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?
   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?
   n/a

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

Requirement #: IV.D.1.b).(1)

Requirement Revision (significant change only):

Requirement # IV.D.1.a).(1) The program must provide instruction in the fundamentals of research design and conduct, and the interpretation and presentation of data. (Core)

1. Describe the Review Committee’s rationale for this revision:
The new requirement is being proposed for consistency with other anesthesiology subspecialty Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed requirement will improve fellow education through the cultivation of a robust scholarly environment.

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

<table>
<thead>
<tr>
<th>Requirement #: IV.D.3.a) – IV.D.3.a).(2)</th>
<th>Requirement Revision (significant change only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV.D.3.a)</td>
<td>All fellows must conduct or be substantially involved in a scholarly project related to the subspecialty that is suitable for publication, complete a scholarly project.</td>
</tr>
<tr>
<td></td>
<td>(Core)</td>
</tr>
<tr>
<td>IV.D.3.a).(1)</td>
<td>The results of such projects must be disseminated through a variety of means, including publication or presentation at local, regional, national, or international meetings. (Core)</td>
</tr>
<tr>
<td>IV.D.3.a).(2)</td>
<td>Fellows must have a faculty mentor overseeing the project. To accomplish these objectives, the members of the regional anesthesiology and acute pain medicine faculty must mentor fellows in the preparation of research proposals, research methodology, and authorship guidelines. (Core)</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
   These requirements (edited and new) are proposed for consistency with other anesthesiology subspecialty Program Requirements and to provide clarity on the Review Committee’s expectations for scholarly projects.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed requirement will improve fellow education through the cultivation of a robust scholarly environment.

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?
   n/a

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