



ACGME Review Committee Update

November 11, 2022

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Chair, Review Committee for Anesthesiology

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Disclosure

- No disclosures to report

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Session Objectives

1. Describe current accreditation statistics for core and subspecialty programs
2. Discuss recent and upcoming changes to the Program Requirements
3. List recent and upcoming initiatives at the ACGME and Anesthesiology RC

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The Stats



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Trends in Core Anesthesiology Programs

Academic Year	# Approved Resident Positions	# Core Programs
2021-2022	7,859	166
2020-2021	7,640	161
2019-2020	7,531	160
2018-2019	7,299	153
2017-2018	7,171	153
5-Year Trend	↑ 9.6%	↑ 8.5%

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Core Anesthesiology Program Size 2021-2022

Number of Filled Positions	Number of Programs	Number of Filled Positions
0 Residents	5	Range 0-113
1-24 Residents	49	Mode 20
25-49 Residents	50	Median 39
50-74 Residents	38	Mean 43
75-99 Residents	16	
100+ Residents	8	
90.5% Fill		

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Subspecialty Programs 2020-2021

Subspecialty	Number of Programs	Filled	Active Fellows
Adult Cardiothoracic	74	94.7%	251
Critical Care Medicine	64	83.6%	219
Regional Anesthesiology and Acute Pain Medicine	40	96.1%	98
Obstetric Anesthesiology	41	85.3%	58
Pain Medicine	114	94.7%	4333
Pediatric Anesthesiology	61	83.1%	222

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Pediatric Cardiac Anesthesiology

- Beginning accreditation – July 1, 2022
- Currently accredited
 - 6 programs
 - 10 approved positions

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Program Review



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Annual Review Committee Activities

- Applications for new programs
- Permanent complement increase requests
- Annual data
 - Programs with Citations
 - Programs with Annual Data Indicators
- 10-Year site visit reports



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Annual Program Review 2020-2021

501 Programs Reviewed

- 472 Continued Accreditation
- 5 Continued Accreditation with Warning
- 11 Initial Accreditation
- 2 Accreditation Withheld
- 1 Deferred

Common Citations

- Faculty and Resident Scholarly Activity
- Qualifications of Faculty (subspecialty)
- Responsibilities of Program Director (Failure to provide accurate information)
- Responsibilities of Faculty
- Curricular Development
- Evaluation of Residents
- Educational program—Patient Care Experience and Didactic Components

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Other Initiatives



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Protected Time: Core Program Director

Number of Approved Resident Positions	Minimum Support Required (FTE) for the Program Director	Minimum Additional Support Required (FTE) for Program Leadership	Total Minimum Program Leadership Support
1-20	0.2	0.2	0.4
21-30	0.4	0.2	0.6
31-40	0.4	0.3	0.7
41-50	0.4	0.4	0.8
51-60	0.4	0.5	0.9
61-70	0.4	0.6	1.0
71-80	0.4	0.7	1.1
Over 80	0.4	0.8	1.2

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Protected Time: Core Coordinator

Number of Approved Resident Positions	Minimum Support Required (FTE)	Number of Approved Resident Positions	Minimum Support Required (FTE)
9-10	0.7	61-65	1.8
11-15	0.8	66-70	1.9
16-20	0.9	71-75	2.0
21-25	1.0	76-80	2.1
26-30	1.1	81-85	2.2
31-35	1.2	86-90	2.3
36-40	1.3	91-95	2.4
41-45	1.4	96-100	2.5
46-50	1.5	101-105	2.6
51-55	1.6	106-110	2.7
56-60	1.7	111-115	2.8
		116-120	2.9
		Over 120	3.0

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Protected Time: Subspecialty PDs

Number of Approved Fellow Positions	Minimum FTE
1-2	0.1
3	0.125
4	0.15
5	0.175
>5	0.2

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Protected Time: Subspecialty Coordinator

Number of Approved Fellow Positions	Minimum FTE
1	0.2
2	0.24
3	0.26
4	0.28
>5	0.02 per each additional approved position

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Major Revisions Program Requirements

- Core – work will begin in 2024 for July 1, 2026 start date
 - Planning for future of anesthesiology
 - JGME article – internal medicine process
- Subspecialties – work will begin in early 2023 for a July 1, 2024 start date

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Milestones 2.0

- Core Anesthesiology in effect July 1, 2021
- Adult Cardiothoracic – working through December
- Critical Care – Working through Jan 2022
- Obstetrics – working through Feb 2022
- Pediatric – working through Feb 2022
- Pediatric Cardiac – working through Feb 2022
- Pain Medicine – Review and Comment Closed Oct 31

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Rural Track Program Designation

- Processes developed to address accredited programs that meet CMS definition of "rural track"
- Urban teaching hospital can obtain DGME and IME financing through partnerships with rural hospitals and sites
- Info on www.acgme.org
- Contact muap@acgme.org or 312.755.7458

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ACGME Equity Matters™

- Framework for continuous learning in DEI and anti-racism practices
- Comprehensive curriculum of ideas, models, and data to support interventions to develop diverse physician workforce to care for diverse patient populations
- Combines educational resources and collaborative learning communities
- Visit the ACGME website or email diversity@acgme.org for more information

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Medical, Parental, Caregiver Leave(s) of Absence

- [ACGME Institutional Requirements, effective July 2022](#)
- Minimum of 6 weeks of leave at least once and at any time during an ACGME-accredited program
- Provide residents/fellows equivalent of 100% of salary for first 6 weeks of first approved leave
- At least one week of paid time off outside the first 6 weeks of first approved leave
- Continue health and disability insurance benefits for residents/fellows and eligible dependents during approved leave

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Medical, Parental, Caregiver Leave(s) of Absence

- RC allows flexibility in approved leaves of absence
 - Clinical experience requirements must be met (includes case logs)
 - Clinical Competency Committee must deem the affected resident fully prepared for autonomous practice
- Review ABA's (or AOBA) Absence from Training policy

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Competency-Based Medical Education

- ABMS-ACGME Symposium – held August 2023
- Review Committee plans to incorporate as part of its major program requirement revisions
- In the meantime – AIRE process
 - Promoting innovation for programs
 - Can permit reprieve from specific program requirements based on proposal

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CONTACT ACGME Staff – they want to help!

Review Committee Staff

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- Program requirements
- Notification letters
- Complement requests
- Case Log content

ADS Staff

ADS@acgme.org

- ADS
- Surveys
- Case Log technical support

Field Activities Staff

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- Site Visits
- Self-Studies

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