




**ACGME Review Committee for Anesthesiology Update**

Cynthia Wong, MD, Chair


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**Disclosure**

- No disclosures to report

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**Session Objectives**

- Introduce new Review Committee members
- Summarize specialty 2019 Annual Program Review
- RC and ACGME Updates and Projects
  - Program Requirement Changes
  - Milestones 2.0
  - Program Director Guide to the Common Program Requirements
  - New Resident Survey

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**New Member - 2020**

- Jill Mhyre, MD
- University of Arkansas for Medical Sciences
- Professor and Chair, Department of Anesthesiology




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**New Resident Member - 2020**

- Johnny Jianing Wei, MD
- CA-1 Resident
- University of Kansas School of Medicine

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**The Stats**



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### Trends in Core Anesthesiology Programs

Academic Year	# Approved Residents	# Core Programs
2018-2019	7,299	153
2017-2018	7,171	153
2016-2017	6,994	147
2015-2016	6,728	135
2014-2015	6,685	133
<b>5-Year Trend</b>	<b>↑ 9.2%</b>	<b>↑ 15.0%</b>

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### Core Anesthesiology Program Size

Number of Filled Positions	Number of Programs
0 Residents	2
1-24 Residents	43
25-49 Residents	52
50-74 Residents	34
74-99 Residents	15
100+ Residents	7

Number of Positions	
Range	0-111
Mode	31
Median	37
Mean	43

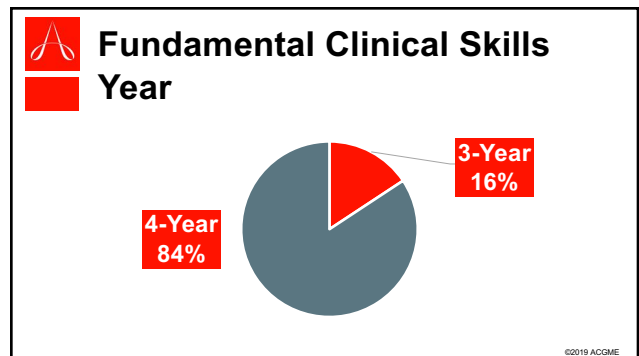
**89.5% Fill**

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### Subspecialty Programs – 2018-2019

Subspecialty	Number of Programs	Filled	Active Fellows
Adult Cardiothoracic	68	97.3%	153
Clinical Informatics	1	50.0%	1
Critical Care Medicine	62	78.5%	194
Regional Anesthesiology and Acute Pain Medicine	27	82.9%	63
Obstetric Anesthesiology	37	74.5%	46
Pain Medicine	103	92.3%	382
Pediatric Anesthesiology	60	84.6%	219

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- ### Annual Anesthesiology RC Activities
- The Review Committee meets to review:
    - Applications
    - Permanent Complement Increase Requests
    - Annual Data
      - Programs with Citations
      - Programs with Annual Data Indicators
    - 10-Year Site Visit Reports
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## Annual Anesthesiology RC Activities

- **The Review Committee meets to review:**
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## 2018-2019 Annual Program Review

446 Programs Reviewed

- 425 Continued Accreditation
- 3 CA with Warning
- 17 Initial Accreditation
- 1 Withhold

**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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## Program Requirements



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## Pain Medicine Program Requirements

- **Multidisciplinary with Physical Medicine and Rehabilitation and Neurology**
- **Negotiation**

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## Pain Medicine Program Requirement Changes

- **To be eligible to apply for a program, sites only need to sponsor one residency in:**
  - *Anesthesiology, Physical Medicine and Rehabilitation, Child Neurology, or Neurology*

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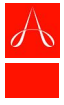


## Pain Medicine Program Requirement Changes

- **There may be multiple Pain Medicine programs at a single institution**
  - *Must demonstrate commitment to multidisciplinary nature of the subspecialty with applicable faculty appointments*

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## CORE Requirements Proposed

### • Core Faculty Members

- Minimum of six core faculty members, not including program director

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## CORE Requirements Proposed

### • Coordinator Support

- ≤ 20 residents – 0.5 FTE
- 21-40 residents – 1.0 FTE
- 41-60 residents – 1.5 FTE
- 61-80 residents – 2.0 FTE
- 81-100 residents – 2.5 FTE
- >100 residents – 3.0 FTE

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## We HEARD You!



- Proposed changes made to ensure consistency amongst Anesthesiology subspecialties
- **Review and comment period open in late November**
- Please review and let us know of concerns or recommended changes

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## General Subspecialty Changes Proposed

- Program director must devote at least 50% of time to subspecialty
- <5 fellows, 10% FTE non-clinical protected time
- 5 or more fellows, 20% FTE non-clinical protected time

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## General Subspecialty Changes Proposed

### • Program Director:

- Current certification in Anesthesiology
- Current certification in subspecialty, if available
  - If not available, completion of fellowship or 3 years' service as a fellowship faculty member
- At least 3 years' post-fellowship service in subspecialty

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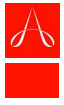
## General Subspecialty Changes Proposed

### • Faculty

- Varies by subspecialty
- **3 core faculty members required**
  - For programs with 4 or more fellows, there must be at least 1:1 core faculty-to-fellow ratio

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## General Subspecialty Changes Proposed

### • Coordinator Support

- *At least 20 percent FTE for fellowships with a single fellow*
- *For each fellow over one, must have additional 2% support for administrative time*

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## General Subspecialty Changes Proposed

### • Fellow Scholarly Activity

- *Must conduct or be substantially involved in scholarly project related to subspecialty suitable for publications*
- *Disseminated through a variety of means, including publication and presentation at national or international meetings*
- *Must have a faculty mentor overseeing the project*

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## Other Projects



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## Milestones 2.0

### • Initial meeting for core Anesthesiology held in Chicago – September 12-13, 2019

- *Anticipated 45-day Review and Comment period – late spring 2020*
- **Subspecialty revisions will follow**
  - *Will send self-nomination invitation to AASPD for dissemination*

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## Milestones 2.0

### • When your specialty Milestones are complete, a Supplemental Guide (SG) is available to aid your CCC

- *Available as a Word document so that your CCC can personalize it to your program*
- *Creates a shared mental model about the what the levels mean and how they will be evaluated*

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## Other Projects

- **New Program Director Guide to the Common Program Requirements – coming soon!**
- **New Resident Survey launching in January to encompass new Common Program Requirements**

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## Four Steps to Resolving Citations

1. How did you engage residents and faculty to investigate the issue?
2. What IS the issue?
3. What actions will/have you implemented to correct the issue?
4. How will you monitor and sustain the improvement?

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## TIPS

### • “Major Changes and Other Updates” can be used:

- To communicate with the Review Committee on progress toward Areas for Improvement concerns
- To proactively indicate how the program is working to address annual concerns, such as Resident Survey, board pass rate, etc.

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## Contact ACGME Staff – They want to help!

Cheryl Gross, MA, CAE, Executive Director  
[cgross@acgme.org](mailto:cgross@acgme.org) ♦ 312-755-7417

Kerri Price, MLIS, Associate Executive Director  
[korice@acgme.org](mailto:korice@acgme.org) ♦ 312-755-5023

Aimee Morales, Senior Accreditation Administrator  
[amorales@acgme.org](mailto:amorales@acgme.org) ♦ 312-755-7419

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