

Anesthesiology FAQ Document	
Resident and/or Fellow Complement	
Question	Answer
If a resident is in a research track, should that person be subtracted from the resident complement for the period of the research assignment?	No. A program does not have an "empty" slot if a resident spends up to 6 months in a research track. All residents, regardless of whether they are in a research track or in clinical rotations, are to be counted in the resident complement.
Does the RRC specify the number of positions for the Clinical Base Year (CBY), if one is offered in conjunction with the residency program?	Not currently. The RRC approves the number of positions only for the Clinical Anesthesia (CA) 1-3 years. However, if the program has an approved four-year program, the number of trainees in the CBY can equal the number of trainees in each of the CA 1-3 years (or one third of the total number of positions approved for the CA 1-3 years).
Can a program accept more residents than are approved by the RRC?	Only with the prospective approval of the RRC. This will generally be permitted for programs in good standing that wish to accept a limited number of trainees from a program that suddenly closes. However, residents who wish to transfer from one program to another must be included in the receiving program's complement of approved positions.
What criteria are used to determine the number of trainees that a program is permitted?	This is determined by the RRC when the program is reviewed. It is based on several factors, not simply the case volume. A program must have adequate faculty who are committed to trainee education and scholarly activity. In addition, fellowship programs should not detract from the training of residents.
What do I do if Web ADS says that I have an incorrect number or trainees (residents or fellows) in one of my ACGME-approved programs?	Contact the RRC Executive Director.
Is a program permitted to have both ACGME- and non-ACGME-approved fellowship positions in the department? If so, can they be treated differently (compensation, benefits, etc.)?	Programs can have fellows in programs that are not currently accredited by the ACGME, such as neuroanesthesiology, regional anesthesiology, etc. Rules about compensation for these trainees are a local matter between the program and its sponsoring institution. "Extra" fellows are not permitted to interfere with the opportunities available to authorized trainees in the accredited program(s).
Case Log Reporting	
Question	Answer

Who is required to maintain case logs?	Each resident and fellow is required to maintain logs of their cases. In addition, the program director is responsible for verifying these are done accurately and submitted to the RRC. This is essential to assure that the program has adequate numbers of cases to support the number of trainees in the program, as well as that each trainee has an adequate clinical experience with a broad range of cases.
Are numbers of specific cases required?	Specific numbers of cases/procedures are delineated for anesthesiology and some of its subspecialties. These are indicated in the Program Requirements.
Can some cases/procedures be counted more than once?	When two major anesthetic techniques are utilized during one procedure, both may be counted on the case logs. For example, if an epidural is inserted and the patient also receives a general anesthetic, the case may "count" as a general anesthesia case and as an epidural insertion. If the epidural is utilized during surgery, it should be considered an epidural anesthetic; if it is inserted only for postoperative pain control, it should be considered an epidural for pain management. Regional anesthetics, when they are accompanied by sedation and monitored anesthesia care, can be counted as regional anesthetics and MAC cases.
Can two trainees each count one case if they both participate in the patient's care?	If both were involved in the majority of a major case (such as a liver transplant), including the most significant portions, each resident, or a resident and a fellow, can count the case on their case logs. When one trainee completes a case for another, only the trainee who was involved in the most significant aspects of the case or the majority of the procedure should claim credit for the case.
In addition to residents who completed training at the end of the current year, do we need to submit hard copies of logs for the other residents?	No. The RRC only wants programs to report cases for residents who have completed the three Clinical Anesthesia years. Case logs should reflect the CA1, CA2, and CA3 years.
If a resident had some anesthesia experience during the Clinical Base Year, should this be included?	Cases obtained during the Clinical Base Year should be included only if they were performed as part of an approved, integrated, four-year program.

Should anesthesia experience obtained by a resident in another program be included?	Any experience gained by a resident in another program before transferring to your program should be included. If you accepted a resident in the CA2 year, the data submitted must include the CA1 year experience gained elsewhere. Attach a memo with the hard-copy reports listing the transfer resident(s) and their previous training location.
Do you require the reports to be signed by both the program director and the resident?	We require one hard copy signed by the program director and the resident. This represents documentation for the RRC that the program director and resident have agreed to the accuracy of the log and that the data have been entered into the online case log reporting system. The program director must maintain a copy signed by both the resident and program director.
Transfer Residents	
Question	Answer
If I accept a transfer resident into the program, are there procedures that should be followed?	Yes. Prior to accepting the resident, the program director must receive written verification of the resident's previous educational experiences, case logs, and a statement regarding the performance evaluation of the transferring resident. The RRC does not ask to be notified of the acceptance of a transfer resident, provided you have an open position for the resident. However, the ABA should be notified of the transfer since information about all residents who might desire to become certified are maintained.
Travel Abroad	
Question	Answer
Can a resident participate in a rotation at a facility abroad in order to obtain experience in providing anesthesia in austere conditions and/or other environments?	If the program wishes to incorporate an elective rotation that will be made available to all trainees in the program on an ongoing basis, it should be described in the PIF and receive prospective approval from the RRC. Conditions noted in the Program Requirements will be applicable. If not part of the department's approved rotations within the accredited program, program directors must obtain prospective approval from the ABA's Credentials Committee for all individual trainees before such elective rotations are done. The reason for this is that the ABA deals with individual requests for training outside accredited programs, while the RRC deals only with accredited training programs themselves.
Military Stipends	

Question	Answer
Does a trainee in a civilian program whose stipend is funded by the military count against the trainee complement?	Yes. If you intend to accept a resident or fellow who has funding for his/her position through a branch of the military, you must still consider this person a trainee in the program.
Faculty (Critical Care Medicine, CCM)	
Question	Answer
Who may be considered critical care faculty for the purposes of the Anesthesiology program?	Only faculty experienced in the practice and teaching of critical care are considered CCM faculty for the anesthesiology program. A CCM anesthesiologist must be director or co-director of at least one a critical care unit in which anesthesiology critical care fellows train. At least one member of the CCM faculty should be an anesthesiologist, and he/she should function in a meaningful way in the ICU rotation.
Notice of Program Changes	
Question	Answer
What type of change in the program is considered major and requires communication with the RRC?	<ul style="list-style-type: none"> - A request to increase the resident complement. Prior authorization is required. See Anesthesiology Homepage/Resident Complement Increase. - The addition of an integrated institution/facility. Prior RRC review and approval is required for the addition of an integrated institution, regardless of the duration of the rotations at the integrated institution. - The participation of an affiliated institution. Institutions providing one or more months of rotations must be prospectively approved by the RRC. - A significant loss of faculty. - A significant loss of educational opportunities (such as elimination of an essential service or hospital, etc.) - A change in program sponsorship (See below, 'Sponsorship Changes and Mergers') - A change in either the Program Director or Department Chair. <p>Check with the Executive Director of the RRC regarding other changes.</p>
Resurvey Cycle	
Question	Answer
What is the average resurvey cycle for Anesthesiology programs?	The average resurvey cycle is 4 years. The maximum cycle allowed by the RRC is 5 years for fully accredited programs. Programs that are assigned to be reviewed in less than 3 years are considered by the RRC to have significant problems.

How many citations are acceptable in a program's review?	Ideally, a program will comply with all the Program Requirements and receive no citations. Often, however, a few areas of concern are identified by the RRC and will be cited in the program's review. If these are minor in nature, they will be expected to be corrected as soon as possible but no later than the program's next survey. A Progress Report may be requested to determine how the program plans to address these issues. If major concerns persist or many citations are noted, the program's resurvey cycle will be shortened.
Do subspecialty programs receive the same review cycle as the anesthesiology program with which they are associated?	In the past, they did. However, this is no longer the case. Each program (including those in subspecialties) is judged based upon its compliance with the specific program requirements. For example, a "strong" subspecialty program may receive a longer resurvey cycle than a "weak" anesthesiology program in the same institution.
Mergers	
Question	Answer
How do we handle a description of a merger for the RRC?	<p>Contact the Executive Director to discuss the type of merger and how to describe it for the RRC.</p> <p>There are various types of mergers and the specific plans may determine how the proposal should be worded and what type of action is possible by the RRC. The following are the major types that have been reported involving two separately accredited programs:</p> <ul style="list-style-type: none"> - Two programs will be combined to form a new entity, a combined program. A full PIF, describing the proposed combined program, will be required. The Executive Director will tell you whether a site visit will be required prior to RRC review of the proposal. A request for voluntary withdrawal of accreditation, and the date of closure, will be needed from each of the currently accredited programs and should be co-signed by the DIO of its sponsoring entity. The newly constituted combined program will be issued a new ACGME identification number and, if accredited, will be accredited on a provisional basis. - One program (#1) will absorb the other program (#2) and will usually include rotations to the latter. Program #1 will submit the proposal, explaining the extent of the change in curriculum and resident complement, identification number and accreditation status.

How do we change the sponsoring institution?	A letter that is signed by the DIO's of both the existing sponsor and the proposed sponsoring entity should be submitted. (Two separate letters may be submitted.) The existing sponsor should agree explicitly to the change in sponsorship. The proposed sponsor should agree to assume the responsibilities of a sponsoring institution that are outlined in the ACGME Institutional Requirements. The letter should contain a statement on the impact the change will have upon the structure and curriculum of the residency. If the change is approved, the program name and listing will be changed as appropriate. A request to change the program's sponsorship or related questions should be addressed to Ingrid Philibert, MHA, MBA, Director, Department of Field Activities.
Program Requirements	
Question	Answer
Where can I find the current Program Requirements?	See the ACGME website. Note there are requirements specific to core programs (such as anesthesiology), as well as separate requirements for the subspecialties within anesthesiology (pediatric anesthesiology, cardiothoracic anesthesiology, critical care, pain medicine). http://www.acgme.org/acWebsite/RRC_040/040_prIndex.asp
I know about the rules that are described in the program requirements on the ACGME website for anesthesiology and each of its accredited subspecialties. However, what are the Program Requirements for the Subspecialties of Anesthesiology, and how do these apply to the subspecialties of anesthesiology?	In addition to the program requirements for each subspecialty, there are Program Requirements for the Subspecialties of Anesthesiology that apply to all subspecialties within anesthesiology. There are also Common Requirements for all residency programs, regardless of specialty, as well as Institutional Requirements. These can all be found on the ACGME website. http://www.acgme.org/acWebsite/downloads/RRC_progReq/040subs798_u704.pdf
How often are program requirements revised?	The ACGME requires all program requirements to be reviewed (and, if necessary, revised) at least every 5 years.
How do I know when new program requirements have been (or will be) adopted?	See the ACGME website. All new program requirements with the date(s) they will be effective are noted. http://www.acgme.org/acWebsite/RRC_040/040_prIndex.asp

<p>Where do regional anesthesia and acute/postoperative pain service rotations fit into the Anesthesiology Program Requirements that will be effective July 2008?</p>	<p>The Program Requirements for Residency Training in Anesthesiology effective July 2008 require at least 3 months of pain medicine as follows: "...at least 3 months in pain medicine that may include one month in an acute perioperative pain management rotation, one month in a rotation for the assessment and treatment of inpatients and outpatients with chronic pain problems, and one month of regional analgesia experience in pain medicine ...". The intent of this program requirement is to assure that all residents have at least one month of exposure to a concentrated experience in providing regional anesthesia/analgesia, one month of concentrated experience in caring for patients with acute pain as part of a structured inpatient service, and one month of concentrated experience caring for patients with chronic pain in the inpatient and/or outpatient settings. While the exact format of these rotations will vary among institutions, the regional anesthesia experience may be carried out in the context of an operating room rotation where many, but not necessarily all, of the patients cared for by the resident during the rotation will be received</p>
<p>What are residents expected to do during a PACU rotation?</p>	<p>Information about the role of residents during the PACU rotation (entitled "Immediate Postoperative Care") is available on the RRC's website. http://www.acgme.org/acWebsite/RRC_040/040_GuidelinesforResidentExperienceinthePost-AnesthesiaCareUnit0307.pdf</p>
<p>What are the RRC's expectations regarding pre- and post-op requirements?</p>	<p>Every department should define and describe on the Program Information Form a standardized approach to ensuring continuity of care from the preoperative setting through the postoperative period. Every resident must have the information needed to anesthetize the patient and have postoperative follow-up in both the immediate and longer-term periods. How this is accomplished will vary from one department to another, and the RRC encourages individual programs to be innovative in their approach.</p>
<p>How are innovative or experimental programs approved?</p>	<p>The RRC welcomes proposals that can enhance resident and fellow education. These must be prospectively approved by the RRC. Examples of innovative programs that have recently been approved, as well as examples of "Best Practices", can be seen on the RRC's website http://www.acgme.org/acWebsite/RRC_040/040_proSubProposals.asp</p>

Clinical Base Year (CBY) Requirements

Question		Answer	
What can anesthesiology residents do during a CBY?		Information about the Anesthesiology Clinical Base Year is available on the RRC's website. http://www.acgme.org/acWebsite/RRC_040/040_InformationonANCBY0307.pdf	
Research Activity			
Question		Answer	
How much time should be available for research within anesthesiology as well as its subspecialties?		Program requirements for anesthesiology permit residents (with the approval of their program director) to devote up to 6 months of time to research activities. Generally this is taken as a "block" in the CA3 year. However, at the discretion of the program director, this may be taken any time during anesthesia residency training. Since 2 months of time is elective in the Clinical Base Year, this provides an opportunity for up to 8 months of research prior to completion of anesthesiology residency. All subspecialties within anesthesiology permit up to 3 months of research time during the 1 year fellowship training period.	
Scholarly Activity			
Question		Answer	
What is an adequate amount of scholarly activity?		The Program Requirements clearly define what is considered scholarly activity. It is difficult to delineate a specific amount for every program, since some programs have more resources/faculty to devote to these efforts than others. However, programs are expected to create an environment of scholarship and provide role models and opportunities for trainees. While this may and ideally should include collaboration with faculty from other departments, a significant number of faculty members within the department are expected to be involved in scholarly pursuits. Publications are only one form of scholarly activity; however, in general, programs that are cited for concerns about the adequacy of departmental scholarly activity have less than half of their faculty who have authored any original, peer-reviewed manuscripts or any published reviews/chapters/abstracts in the past 5 years.	
Can participation in lectures, journal clubs, and/or anesthesia committees be evidence of satisfactory scholarly activity?		No. These activities are expected and important and considered an essential part of a program's academic endeavors. However, they cannot substitute for publications in scholarly journals and other academic pursuits which are essential for the specialty to advance and for trainees to gain exposure to the way research is conducted.	
Time for Program Administration			
Question		Answer	

<p>How much time, if any, must a program devote to non-clinical activities for its staff and program director?</p>	<p>There is no specific amount of time required for these activities. However, if staff in a department are allotted time only for clinical duties, they cannot devote adequate attention to their responsibilities as teachers and investigators. In general, directors of one year fellowships and smaller anesthesiology programs have at least one non-clinical day/week to devote to the educational aspects of the program; directors of large anesthesiology programs generally have two non-clinical days/week for these purposes. Administrative staff should also be available to assist the program director, faculty and trainees. Program directors should consider appointing an associate program director to assist in the management of the program and assure continuity in program leadership.</p>
<p>Can one individual direct more than one training program simultaneously?</p>	<p>Program directors have considerable responsibilities to the training program. These are described in the program requirements for each program. In addition, a summary entitled "Responsibilities of the Program Director" can be viewed on the RRC's website. http://www.acgme.org/acWebsite/RRC_040/040_ResponsibilitiesoftheResidencyandFellowshipProgramDirectors0307.pdf Since this includes clinical activity in the field, it is unlikely one individual can successfully manage two programs (i.e., a core program in anesthesiology as well as a subspecialty) at the same time.</p>
<p>ACGME Competencies</p>	
<p>Question</p>	<p>Answer</p>
<p>Where can I learn more about the ACGME's core competencies and what my program is expected to do with regard to them?</p>	<p>This is described in the Program Requirements and on the ACGME's website. Insert Link to Competencies</p>
<p>Are these competencies applicable to subspecialties?</p>	<p>Yes</p>
<p>RRC Administration</p>	
<p>Question</p>	<p>Answer</p>
<p>How often does the RRC meet?</p>	<p>Meetings to review individual programs occur twice a year, once in the spring and once in the fall. A third meeting occurs in the winter to discuss policy issues.</p>

When will I hear about my program's review?	Generally a few weeks after the meeting in which your program is discussed. This discussion will not occur until your site visit has been completed, the site visitor has prepared a report, and RRC members have had a chance to review all this material, along with the department's Program Information Form and case log reports. If a site visit occurs shortly before a meeting of the RRC, your program may not be discussed until the subsequent RRC meeting approximately 6 months later.
Who are the members of the RRC?	The names of anesthesiologists who are members of the RRC can be found on the RRC's website. http://www.acgme.org/acWebsite/RRC_040/040_comMemb.asp
How are RRC members chosen?	The RRC has nine members plus one resident member with the ABA Secretary serving ex-officio. The ACGME makes all appointments and considers the need for general and specialty expertise as well as geographic distribution and diversity. The leadership of the ABA, ASA and AMA each nominate three people. The resident member is selected by the ASA following nominations from the ASA's Resident Section. All members are anesthesiologists with interest and expertise in training issues. Most are current or former department Chairs, core or subspecialty program directors, or Designated Institutional Officials.
How long do RRC members serve?	Appointments are for a 3-year term which is renewable for at most a second term. Residents are appointed for one, 2-year term.
Do RRC members get paid?	No. They are reimbursed for their travel expenses but receive no compensation for the considerable amount of time they devote to program reviews, administrative activities, and committee meetings.
Does the RRC have any permanent paid staff?	Yes. The ACGME provides administrative staff to support the Committee's work. They work in the ACGME offices in Chicago; the RRC website lists their names and contact information. http://www.acgme.org/acWebsite/RRC_040/040_staff.asp
How do I get further help?	Refer to the ACGME's website for current information. www.acgme.org . Should additional questions remain, please contact the RRC's Executive Director.
Are there individuals I can contact to help me prepare a program application or for additional advice regarding dealing with citations/warnings issued by the RRC?	The RRC's Executive Director is the primary liaison with program directors. Your DIO should also be able to provide assistance. In addition, the ASA's Committee on Academic Anesthesiology can recommend former RRC members who are willing to serve as consultants to individual programs.