



## Upcoming Meetings and Conferences

### Residency Review Committee Meetings

- **October 25-27, 2007**

Program requests should be submitted by: 8/01/2007

- **April 28-29, 2008**

Program requests should be submitted by: 2/01/2008

## ACGME Electronic Communications via the ADS system

Programs are reminded that change requests are now required to be submitted via the Accreditation Data System (ADS) <https://www.acgme.org/ads>. Hard copy letters of request will no longer be accepted.

- Program director changes
- Requests for permanent or temporary increases in resident complement
- ADDITIONS and/or DELETIONS of participating institutions
- Request for a Clinical Base Year

Please note that although a request for a temporary increase will be approved administratively by RRC staff, the full Committee reviews all requests for permanent increases. These must be

scheduled on an RRC program review agenda (October, 2007 or April, 2008). For ADS log-in assistance, please contact the ADS helpdesk at [WebADS@acgme.org](mailto:WebADS@acgme.org) or 312-755-7464.

## Program Directors no longer to receive hard copy notification letters via US mail

Notification letters [effective October, 2006] are no longer sent hard copy via US Mail. Program Directors (and their DIOs) will be notified via e-mail when their letter of report has been posted on the ACGME's ADS system. Program directors are notified by e-mail that a letter of report is ready for review and printing.

## Transition to Core Program Requirements, effective July 1, 2008

The RRC agreed that the Program Requirements, effective 2008 will apply to CBY and CA-1 residents who enter the program on or after 7/01/08. If a CA-1 resident entering July, 2008 does not meet all of the 2008 CBY required rotations, the Committee will be flexible in its review. Residents will, however need to meet the American Board of Anesthesiology's examination entrance requirements for CBY experiences, but should not need to meet the new RRC requirements for the CBY year completed in June, 2008. For

the effected resident entering in July, 2009, he/she must have completed the defined CBY requirements, effective 2008.

## Core Program PIF Revision

A comprehensive revision of Part II of the Core Program Information Form was posted on the ACGME's website in October, 2006. A number of changes were developed in an effort to reduce the number of narrative sections, and to increase the number of *fill-in-the-blank* and *yes/no* questions. The RC encourages Program Directors to access and review the new PIF well before your next site visit.

Because of the addition of questions which address program compliance with the 6 ACGME competencies, Program Directors are no longer required to complete and submit the CAF addendum.

## Program Director 'Dedicated Time' Defined by RRC

As announced by Dr. Warner at the most recent session of SAAC/AAPD, the RRC has discussed dedicated % of professional effort committed to the anesthesiology program director's responsibilities. The RRC believes that for most core programs, the dedicated time commitment requires at least 40% professional effort, and this allocation must be fully supported by the institution.

## Subspecialty Update

### "De-linking" of Approximate Dates of 'next' Subspecialty Site Visits

At the February, 2007 meeting the RRC agreed to begin "de-linking" the dependent subspecialty site visit dates from those assigned to core programs. The Committee agreed after considerable discussion that

subspecialty programs should not be penalized by a core program not in substantial compliance with the requirements if the subspecialty has demonstrated compliance with PR standards. This 'de-linking' process will begin for programs scheduled on the March, 2007 meeting agenda.

Departments with subspecialty programs may find that they now have multiple site visits occurring, to only the appropriate program(s) instead of the core and all subspecialty programs concurrently. For example, a department with a core program on a 4-year review cycle and an anesthesiology critical care medicine fellowship on a 3-year review cycle will undergo two separate site visits. A department with a core program (4-year cycle) and a pediatric anesthesiology fellowship (4-year cycle) will likely have both programs reviewed during a single site survey.

Similar 'de-linking' is occurring in many other specialties. There are no additional ACGME fee charges to programs scheduled for multiple site visits. Most programs reside in institutions that have multiple programs in many specialties, thus allowing ACGME to batch a number of program reviews from a variety of specialties during any one site surveyor's visit.

### Review of Cardiothoracic Programs Underway

At the February, 2006 ACGME meeting, the new program requirements for Cardiothoracic Anesthesiology were approved. The RRC has completed an initial review of 37 applications. As of the March, 2007 meeting, 30 programs have been approved for initial accreditation. The Committee will continue to receive and review applications on an ongoing basis. The 2007-2008 review meeting deadlines are noted below:

- For the October 25-27, 2007 meeting  
**SUBMISSION DEADLINE: 8/15/2007**
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- For the April 28-29, 2008 meeting  
**SUBMISSION DEADLINE: 2/01/2008**

Cardiothoracic Program Requirements and PIF can be found on the ACGME website: <http://www.acgme.org> → Residency Review

Committees → Anesthesiology.

## Multidisciplinary Pain Medicine

The new requirements for Multidisciplinary Pain Medicine become effective July 1, 2007. The Multidisciplinary Pain Medicine Subcommittee will be chaired by David Brown, MD, and includes a representative from each of the other participating specialties – Neurology, Physical Medicine and Rehabilitation, and Psychiatry. One of the responsibilities to this group is the review and preparation of a 'pre-review report' for consideration and final decision by the designated RRC.

Each ACGME-accredited multidisciplinary program will be contacted within the next month and asked to identify the department where the multidisciplinary pain program is to reside. New program numbers with a common 3-digit identifier will be assigned to each program on July 1, 2007.

The ACGME is in process of developing a fully electronic PIF for multidisciplinary pain programs. No site visits have been scheduled from January 1, 2007 through October 15, 2007 to allow for development and testing of this PIF.

## Outcome Project

Programs are reminded that we are well into Phase 3 of the ACGME Outcome Project – more information is available at: <http://www.acgme.org/Outcome/>

## RRC approves a maximum number of fellows for Critical Care and Pediatric Anesthesia Fellowship programs

The RRC agreed to approve maximum fellow complement number for both Critical Care Anesthesiology and Pediatric Anesthesiology programs. Fellowship programs that were reviewed at the March,

2007 RRC meeting, received the approved maximum numbers as noted in their letters of notification.

Programs not scheduled on this agenda will be notified and asked to verify the number of fellows currently reported in the ACGME ADS system. This number will become the approved maximum. In the future, if a program wishes to increase the approved maximum number of fellows, a request must be submitted via ADS for consideration and approval.

## Revisions: Critical Care Anesthesiology Subspecialty Program Requirements

The RRC has begun the process of an ACGME required 5-year comprehensive review of the Critical Care Anesthesiology Program Requirements. It is anticipated that proposed changes will be circulated for formal review and comment [*to include all program directors*] within the next 6 to 12 months. The document will be posted on the ACGME's website in the '*Review and Comment*' section.

A major change in these requirements will be an 'enfolding' of the 'Requirements for the Subspecialties of Anesthesiology' (currently a separate document) into a single Critical Care Anesthesiology document. These 'common' subspecialty requirements will also be incorporated into the PRs of the other Anesthesiology subspecialty requirements. This process will be accomplished by ACGME staff on a rotating schedule.

## Guidance Documents for Program Directors and Residents

- **PD Responsibilities**
- **Frequently Asked Questions**
- **Adding a Clinical Base Year (CBY)**

- **CBY - 7/08 Program Requirements**
- **Clarification of resident's role during PACU rotations**
- **Expectations of residents and faculty: Scholarly Activities**

## **Program Director Responsibilities**

In order to provide guidance, and in an effort to assist departments and programs in understanding the range of responsibilities assigned to the Program Director, the Anesthesiology RRC has developed a guidance document entitled [‘Responsibilities of the Residency and Fellowship Program Directors.’](#) The list of responsibilities is extensive, and most derive from the program requirements, however there are others that are found in a variety of other locations, and thus may not be well known or understood to the program. We hope that you will find this list useful.

## **Frequently Asked Questions (FAQs)**

An updated version of the [FAQs](#) for Anesthesiology Program Directors is now available. This revision is extensive, with numerous significant issues addressed.

## **Adding a Clinical Base Year**

[Guidelines for Program Directors](#) who seek approval to add a clinical base year (CBY) to their existing 3-year program have been developed. A list of materials to be submitted when requesting approval has been defined by the RRC.

## **CBY – 7/08 Program Requirements**

Complete information is available in the core [Program Requirements](#) which become effective 7/08.

## **Clarification of resident's role during PACU rotations**

This comprehensive white paper entitled [‘Immediate Postoperative Care’](#) includes a detailed description of the following:

- Transfer of Care
- Resident participation in Post-op Care
- PACU Discharge, and
- Other Postoperative Care Experiences

The focus of the information is primarily to clarify and fully define the responsibilities of the resident in each of the sections noted above.

## **Innovative or ‘PILOT’ Proposals**

Since responsible innovation and experimentation are essential to improving professional education, experimental projects based on sound educational principles are encouraged. Requests for experimentation or innovations that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. Programs that wish to submit a proposal must hold ‘accreditation’ or ‘continued accreditation’ status. Click [here](#) for additional information on how to submit a proposal.

## **Accredited vs. Non-accredited Fellows?**

Program Directors from some of our fellowship programs have recently asked, “Is it possible to have both accredited and non-accredited fellows in the same program at same time?” The RRC has discussed this at some length, and recognizes that this is a complex issue, and that there are local variations in practice and possible transition effects as programs change. However, the primary interest of the RRC is in the educational experience of the fellows in the accredited program. Thus, if the expanded pool of learners compromises the educational

experiences of the fellows enrolled in the accredited program, that situation is not acceptable to the RRC

## RRC Update

### ACGME Names New Executive Director

Missy Fleming, PhD, has been named Executive Director of the review committees for Anesthesiology, Diagnostic Radiology, and Nuclear Medicine at the ACGME. Dr. Fleming will oversee the activities of the review committees and lead the teams that provide support to these committees. Dr. Fleming comes to the ACGME from the American Medical Association, where she served as a program director for child and adolescent health. Dr. Fleming has a doctorate in counseling psychology and a master's degree in higher education, both from Loyola University in Chicago.

### New Committee Members Appointed

The RRC welcomes Orin Frederick Guidry, MD and James P. Rathmell, MD, whose appointments began in January, 2007.

## Feedback

We'd like your comments and suggestions about this newsletter. Please contact Robin Lewis, Accreditation Administrator (312-755-5045 e-mail: [rlewis@acgme.org](mailto:rlewis@acgme.org)).

## Residency Review Committee

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