ACGME Program Requirements for Graduate Medical Education in Regional Anesthesiology and Acute Pain Medicine Summary and Impact of New Specialty Requirements

1. Describe the scope of practice of the new specialty, as well as the process involved in development of the requirements (e.g., date of recognition of the specialty by the ACGME Board, involvement of specialty boards/organizations, etc.).

   A regional anesthesiologist trained in acute pain medicine is a subspecialist in anesthesiology who has advanced knowledge of and practice in the management of patients with acute pain. This includes the complete peri-operative pain management of surgical and non-surgical patients, with or without interventional modes of analgesia. This also includes advanced skill in the pre-operative evaluation and management of pain, the intra-operative application of regional anesthesia, the post-operative application of regional analgesia in inpatients and outpatients, the peri-operative multimodal acute pain management of surgical patients, and the management of acute pain in non-surgical patients.

   A national group of non-accredited Fellowship Directors in Regional Anesthesiology and Acute Pain Medicine (RAAPM) have met since 2002 as part of the American Society of Anesthesiologists' annual meeting, as well as at the spring meetings of the American Society of Regional Anesthesia and Pain Medicine. Recognizing the lack of formalized guidelines for fellowship training, the group began to develop such guidelines as the foundation for subspecialty fellowship training in existing and future regional anesthesiology and acute pain medicine programs. These guidelines, originally published in *Regional Anesthesia and Pain Medicine* in 2005, have been reviewed, revised, and published in the second edition in 2011.

   In 2014, the Fellowship Directors of RAAPM received approval by the ABA to petition the ACGME to establish a process of accreditation for the subspecialty. The ACGME Board of Directors reviewed and approved the application at its September 28, 2014 meeting, and charged the Review Committee for Anesthesiology with convening an ad hoc subcommittee to develop Program Requirements for the subspecialty. A workgroup was convened, comprised of one member of the Review Committee and an American Board of Anesthesiology Director, both with expertise in the subspecialty, as well as two fellowship program directors active in the RAAPM group. The workgroup collected feedback on the proposed requirements from subspecialty program directors and faculty members at the 2015 Acute Pain and Regional Anesthesiology Annual Spring Meeting, and took the community's feedback into consideration when designing the final proposed Program Requirements.

2. How will the proposed requirements improve resident/fellow education?

   The core competencies fellows in the subspecialty will acquire are distinct from those in the core residency, as well as those in the multidisciplinary pain medicine subspecialty. These competencies provide fellows with a focused, in-hospital, acute pain medicine experience that adds value to the present continuum of training in pain medicine. By the completion of residency, few trainees have gained sufficient clinical experience and training to provide optimal care for the complete spectrum of issues presented by patients suffering from

acutely painful conditions, and to provide advanced regional anesthesia techniques efficiently and safety whenever they are indicated.

The availability of this new fellowship will ensure that competently-trained regional anesthesiologists with specialized expertise in acute pain medicine will be available to provide care to the growing number of patients in need. It will also ensure that future generations of clinical anesthesiologists with the full range of skills and expertise in the subspecialty will be available to meet increased demand for trained physicians.

3. How will the proposed requirements improve patient care and patient safety/quality?

The Program Requirements delineate the knowledge, skills, and attitudes a program is expected to foster among its fellows to provide high quality care for patients and promote a culture of safety within the clinical environment. Evidence has shown that anesthesiology residency programs have been unable to provide residents with the advanced training in acute pain medicine and regional anesthesiology many graduates feel they need to provide safe care to patients with acute pain conditions. This has led to a shortage of physicians with subspecialty expertise at a time when demand is rapidly increasing.

The Program Requirements are from the product of collaboration among the Review Committee for Anesthesiology and expert members of the clinical anesthesiology community, including physician-researchers with exemplary credentials in regional anesthesiology and acute pain medicine. The well-established standards of patient care individually brought by these groups to bear on the process of developing the Program Requirements have created an explicit and high standard for the type, scope, and depth of training needed to produce physicians that can effectively mitigate and manage patient pain.

4. How will the proposed requirements impact continuity of patient care?

Continuity of care has long been an essential component of anesthesiology training, and residents and fellows work closely alongside faculty attendings, nurses, and other members of the care team to ensure each patient's needs are met prior to, during, and after surgery and/or medical interventions. The presence of a regional anesthesiologist trained in acute pain medicine as a member of the team will enhance the team's ability to respond to emergent situations with patients on various services. Continuity in treating patients with post-operative pain between the inpatient and outpatient settings will also be enhanced by the presence of the subspecialty fellow. Overall, the establishment of training in this subspecialty will greatly increase the number of physicians able to respond to the demand for acute pain management services beyond the immediate post-operative period.

5. Will the proposed requirements 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?

The primary additional costs include the direct costs of salary, benefits, and malpractice insurance, as well as the indirect costs of a teaching institution. The changes in institutional resources and the costs of accrediting this specialty will improve care and should expand services that will offset the costs of implementation. In most instances, faculty and facilities exist within anesthesiology departments to support this subspecialty. Addition of faculty

members and other resources (equipment, operating rooms, etc.) should be minimal to a core department of anesthesiology. Globally, the cost of care should be decreased with the improved care and evidence-based medicine provided by fellowship-trained physicians.

6. How will the proposed requirements impact other accredited programs?

The proposed requirements should overall have a minimal impact on other accredited programs, in part because there are currently 68 unaccredited regional anesthesiology and acute pain medicine programs in operation. These programs have been operating with requirements similar to the proposed ACGME Program Requirements. In addition, the proposed requirements for regional anesthesiology and acute pain medicine, which are focused on inpatient anesthesia care, are sufficiently different from those of the multi-disciplinary pain medicine subspecialty, the emphasis of which is on the diagnosis and management of chronic pain patients. There is a low probability that the new regional anesthesiology and acute pain medicine requirements will have an impact on those disciplines that have training programs in multidisciplinary pain medicine.

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