

Anesthesiology Review Committee Update

Timothy Long, MD, Chair

Cheryl Gross, MA, CAE, Executive Director

SES038

Conflict of Interest Disclosure

Speaker:

Timothy Long, MD

Cheryl Gross, MA, CAE

Disclosure to the Learner:

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Session Objectives

- Summarize the work of the Anesthesiology Review Committee (ANRC) this past year
- Describe proposed Major Revisions in RAAPM Program Requirements
- Describe reporting requirements and data elements reviewed by the ANRC

Current RC Members

Timothy Long, MD (*Chair*)

Thomas McLoughlin, Jr., MD

Susan Martinelli, MD (*Vice Chair*)

Jill Mhyre, MD

David Rodgers, EdD (*Public Member*)

Mohammed Minhaj, MD, MBA

Trevor Elam, MD (*Resident Member*)

Vivek Moitra, MD

Alexander Bautista, MD, MBA, FASA

Dolores Njoku, MD

Jennifer Hargrave, DO

Adam Levine, MD

Michele Pore, MBA, CAE (Ex-Officio, ABA)

New Review Committee Member – 2026-2032

Rachel Kacmar, MD

- Obstetric Anesthesiologist
- Associate Professor, former
Program Director
- University of Colorado



New Resident Member 2026-2028

Ragasnehith Maddula, MD

- Yale University School of
Medicine



Trends in Core Anesthesiology Programs

Academic Year	# Approved Resident Positions	# Core Programs
2024-2025	8,890	182
2023-2024	8,377	167
2022-2023	8,113	165
2021-2022	7,859	166
2020-2021	7,640	161
5-Year Trend	↑ 16.4%	↑ 13.0%

Core Anesthesiology Program Size: 2024-2025

Number of Filled Positions	# of Programs
0 Residents (new)	9
1-24 Residents	52
25-49 Residents	52
50-74 Residents	38
75-99 Residents	21
100+ Residents	10

	# of Filled Positions
Range	0-128
Mode	0
Median	40
Mean	43

88.6% Fill

Subspecialty Programs 2024-2025

Subspecialty	Number of Programs	Filled	Active Fellows
Adult Cardiothoracic	76	96.9%	280
Critical Care Medicine	68	72.1%	196
Obstetric Anesthesiology	45	68.0%	51
Pain Medicine	118	93.4%	441
Pediatric Anesthesiology	64	69.5%	189
Pediatric Cardiac	15	63.0%	17
Regional Anesthesiology and Acute Pain Medicine	46	74.0%	91

Accreditation Status

All Programs: 2024-2025

Status	Number of Programs	Percent
Initial Accreditation	55	9.0%
Initial Accreditation with Warning	2	<1%
Continued Accreditation	548	89.3%
Continued Accreditation with Warning	8	1.3%
Probation	1	<1%
Withdrawn	0	--

Making the RC Meeting Agenda!

- December
 - Due Late September
- April
 - Due Early January
- September
 - Due Early June

If applicable, site visit must occur on or around the agenda closing date


Anesthesiology Subspecialties

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Programs interested in adding a Fundamental Clinical Skills in Medical Education (Formerly Clinical Base) Year should complete a request form and submit it to the Review Committee staff before a meeting's agenda close date.


- [Addiction Medicine](#)
- [Adult Cardiothoracic](#)
- [Anesthesiology/Critical Care Medicine](#)
- [Clinical Informatics](#)
- [Hospice and Palliative Medicine](#)
- [Obstetric Anesthesiology](#)
- [Pain Medicine](#)
- [Pediatric Anesthesiology](#)
- [Pediatric Cardiac Anesthesiology](#)
- [Regional Anesthesiology and Acute Pain Medicine](#)

Contact and Support

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Review Committee Dates

Upcoming Events

30
SEP 2025
Agenda Closing Date

15-16
DEC 2025
Review Committee Meeting

Common Citations

- 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

Annual Review Committee Activities

The Review Committee meets to review:

- Applications
- Permanent complement increase requests
- Annual data
 - *Programs with citations*
 - *Programs with annual data indicators*
- Continuous accreditation site visit



Programs on Continued Accreditation (CA) random sampling site visits

- The ACGME conducts site visits annually for programs with a Continued Accreditation status through a random sampling process.
- For the current academic year, 250 site visits were selected and will be scheduled between April and October 2026.

Academic Year	Number of Randomly Selected Site Visits	Number of Completed Site Visits	<u>Post Site Visit Accreditation Decisions</u>
2023-2024	150	148*	<ul style="list-style-type: none"> • 140 Continued Accreditation • 7 Continued Accreditation with Warning • 1 Probationary Accreditation
2024-2025	200	198*	Decisions in progress
2025-2026	250	In progress	Decisions in progress

*Several programs voluntarily withdrew their accreditation after selection or were pulled for other types of site visits.

Rural Track Program Designation

- Processes developed to address accredited programs that meet Centers for Medicare and Medicaid Services (CMS) definition of “rural track”
- Urban teaching hospitals can obtain direct graduate medical education (DGME) and indirect medical education (IME) financing through partnerships with rural hospitals and sites
- Info found [HERE](#)
- Contact muap@acgme.org or 312.755.7458

Accreditation of Combined Programs

- Existing combined programs listed in ADS were offered an opt-in
 - 130 of 133 were assigned Initial Accreditation
 - RC review in 2027 (after site visit), for programs to achieve Continued Accreditation
- New program applications are open (2 already processed)
- No format-specific program requirements
 - Programs expected to adhere to specialty-specific requirements, w/ conflicts addressed in (general, not format-specific) combined program requirements
 - Block diagram should communicate adherence to posted certifying board curricula
- Residents in combined programs only in that program's ADS roster
- Feedback on this new process is welcome
- See [combined programs webpage](#) or contact accreditation@acgme.org

Separating PGY-1 Resident Survey Data for Four-Year Programs

- In discussions with ACGME leadership
 - *Agreed to look further into request, will take time*
- Supported by other specialties
 - *Anesthesiology, dermatology, general surgery, internal medicine, neurology, ophthalmology, radiation oncology, transitional year, urology*
- PGY is not collected as part of the current survey
- Potential unintended consequences being considered

Major Revisions Subspecialty Program Requirements

Effective July 1, 2025

Adult Cardiothoracic Anesthesiology

Critical Care Medicine Anesthesiology

Obstetric Anesthesiology

Pediatric Anesthesiology

Review and Comment Major Revisions for RAAPM NOW

- Seeking input on PROPOSED major revisions – Only through **MARCH 6, 2026**
- ALL specialty-specific (non-bolded) requirements are being revisited
- GOAL: Burden REDUCTION



PROPOSED RAAPM Section 1

- 1.2.a. The Sponsoring Institution ~~must~~ should sponsor an ACGME-accredited anesthesiology residency. ~~(Core)~~ (Detail)

PROPOSED RAAPM

PD Time – Mirrors other Subspecialties

2.3.a. ~~At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)~~

<u>Number of Approved Fellow Positions</u>	<u>Minimum Support Required (FTE) for the Program Director</u>	<u>Minimum Additional Support Required (FTE) for Program Leadership</u>	<u>Total Minimum Program Leadership Support</u>
<u>1-3</u>	<u>0.1</u>	<u>0.025</u>	<u>0.125</u>
<u>4-6</u>	<u>0.15</u>	<u>0.05</u>	<u>0.2</u>
<u>7-9</u>	<u>0.2</u>	<u>0.1</u>	<u>0.3</u>
<u>10-14</u>	<u>0.2</u>	<u>0.15</u>	<u>0.35</u>
<u>15 and Over</u>	<u>0.2</u>	<u>.2</u>	<u>0.4</u>

PROPOSED RAAPM

4.11 Proposed Changes

CHANGE: fellows must perform a minimum of 30 continuous peripheral nerve block catheter placement procedures (including upper and lower extremity and truncal sites) – REDUCED from 50

ADD: fellow education must include at least two weeks of addiction medicine

PROPOSED RAAPM Change

ADD: each fellow must receive a minimum of 12 non-clinical days per year to facilitate fellow involvement in scholarly activities

DELETE: fellows must participate and direct cadaver anatomy laboratories for regional anesthesia if available.

New Nutrition Requirements – Upcoming Review and Comment

- **Required Competencies:**
 - Residents must demonstrate competence in initiating a patient-centered plan to address assessed nutritional deficiencies in preoperative, post operative and post recovery periods, as appropriate. (Patient Care)
 - Residents must demonstrate the ability to work collaboratively with other health professionals to deliver multidisciplinary nutrition care. (Systems-based Practice)
- **Required Experience**
 - The curriculum must include instruction regarding nutrition, including the assessment of nutritional status via food history, anthropometric measurements, and appropriate laboratory tests
- **Teamwork**
 - Resident experience in team-based care must/should include experience working with other health professionals to deliver multidisciplinary nutrition care.

Major Revisions – Core Anesthesiology

- Last Major Revision – July 2016
- NEW Major Revision process start date (still tentative) – 2027
- SAAAPM – Delphi project for procedure minimums
- Watch eCommunication for requests for input
 - *Prior to revisions*
 - *Survey during revisions*
 - *Writing group member solicitations*
 - *Stakeholder summit*

Shaping GME - Process



Writing Group formed



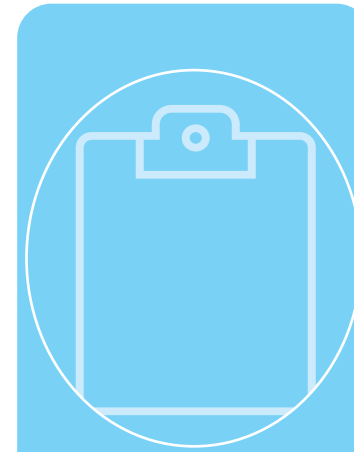
Stakeholder Interviews



Literature Review



Definition of the Specialty



Survey to programs and stakeholder orgs



Stakeholder Summit



New PRs drafted



Update: Projected Common Program Requirement Major Revision Timeline



Update: Projected Common Program Requirement Major Revision Timeline - Fellowships




Coming in July 2026!

Frequently Asked Questions (FAQs) integration into Requirements documents

- As part of the ACGME's Digital Transformation and following the reformatting of all Requirements documents, FAQs will be integrated into the Requirements documents.
- All Common FAQs and specialty/subspecialty-specific FAQs will be available linked directly to specific requirements, where applicable.
- Except for FAQs already undergoing revision, **the content of the FAQs is not changing**, just their integration into requirements documents for ease of access.
- Revisions were also made to Resident/Fellow Transfers and Faculty Certification in many Program Requirements, effective July 1, 2026.

Frequently Asked Questions (FAQs) integration into Requirements documents



ACGME Program Requirements for
Graduate Medical Education in
Anesthesiology with FAQs

Revision Information

ACGME-approved interim revision September 3, 2025; effective September 3, 2025

ACGME-approved interim revision September 29, 2025; effective July 1, 2026

Definitions

For more information, see the [ACGME Glossary of Terms](#).

Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs with or applying for Osteopathic Recognition, the Osteopathic Recognition Requirements also apply (www.acgme.org/OsteopathicRecognition).

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Anesthesiology with FAQs
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Frequently Asked Questions (FAQs) integration into Requirements documents

1.2. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

1.2.a. The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)

[See FAQ in Appendix]

Anesthesiology with FAQs

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7. Frequently Asked Questions: Anesthesiology

Review Committee for Anesthesiology

ACGME

Section 1: Oversight

Questions concerning *"The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)"* (1.2.a)

Q: How can affiliation with ACGME-accredited general surgery and internal medicine residency programs be demonstrated?

A: If the program's Sponsoring Institution does not sponsor ACGME-accredited residencies in both general surgery and internal medicine, affiliation can be demonstrated to the Review Committee as to the relationship between the programs through an affiliation agreement, program letter of agreement (PLA), or an explanation of how affiliation is demonstrated through the integration of resident education with each of the specialties.

Questions concerning *"Residents should not be required to rotate among multiple participating sites. (Detail)"* (1.6.a.1.a)

Q: Why should residents not be required to rotate among multiple participating sites?

A: The intent of this requirement is to ensure residents are not required to travel unnecessarily to hospitals or other clinical sites for education or training that could reasonably be provided locally by the Sponsoring Institution's affiliated sites. The Review Committee understands that some programs, such as those sponsored by institutions in rural areas based on a consortium model, will by necessity have residents rotate across three to four sites to achieve the required rotations. The focus of the requirement is to protect the residents from being used to meet the service needs of multiple hospitals/clinical operations.

Anesthesiology with FAQs

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Burden Reduction

- In service to ongoing burden reduction, the Common Program Requirements (CPR) Task Force identified 10 requirements that are slated for deletion when the full set of new CPRs is posted for Public Comment in late 2026
- Given the timeframe until the new CPRs are effective (likely in 2028), these 10 requirements are suspended effective February 7, 2026 (date of Board decision)

10 Suspended Requirements

- CPR 1.2 “The Review Committee may specify which other programs must be present at the primary clinical site”
- CPR 1.3.a. “The PLA must be renewed at least every 10 years”
- CPR 2.2.a. “Final approval of the program director resides with the Review Committee”

10 Suspended Requirements

- CPR 2.8.c “Faculty members must administer and maintain an educational environment conducive to educating residents”
- CPR 4.2.a “[The curriculum must contain the following educational components:] a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members”

10 Suspended Requirements

- CPR 4.2.e. “[The curriculum must contain the following educational components:] formal educational activities that promote patient safety-related goals, tools, and techniques”
- CPR 5.5.f. “The Program Evaluation Committee must evaluate the program’s mission and aims, strengths, areas for improvement, and threats”
- CPR 5.5.h. “The program must complete a Self-Study and submit it to the DIO. ”

10 Suspended Requirements

- CPR 6.24 “A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. ”
- CPR 6.24.a. “In preparing a request for an exception, the program director must follow the Clinical and Educational Work Hour Exception Policy from the ACGME Manual of Policies and Procedures”

Program Review



Temporary Complement Increases

- Programs on Continued Accreditation – Reviewed as they are submitted
 - *Remediation*
 - *Off-cycle residents*
- **NOT** for long-term “temporary-permanent” increases (i.e., multiple-year temporary increases with a rationale that “the position is funded”)
- Multiple-year increases for the same position will **NOT** be approved

Permanent Complement Increases

- Reviewed at the Review Committee's scheduled meeting
- Need SOLID educational rationale (increased need for coverage does NOT qualify)
- Review Committee reviews:
 - Case Log reports – two to three years*
 - Board pass rates and ultimate board pass rates*
 - Proposed block diagram*
 - Major changes and other updates*
 - Program responses to citations (as applicable)*

Medical, Parental, Caregiver Leave(s) of Absence

ACGME Institutional Requirements, effective July 2022

- Minimum of six weeks of leave at least once and at any time during an ACGME-accredited program
- Provide residents/fellows equivalent of 100 percent of salary for first six weeks of first approved leave
- At least one week of paid time off outside the first six weeks of first approved leave
- Continue health and disability insurance benefits for residents/fellows and eligible dependents during approved leave

Medical, Parental, Caregiver Leave(s) of Absence

- Review Committee 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 American Board of Anesthesiology's (ABA) or American Osteopathic Board of Anesthesiology's (AOBA) Absence from Training policy

Annual Timeline

Aug./Sep.

Oct./Nov.

Dec.

Apr.

**Annual ADS Data
Input**

Data Analysis

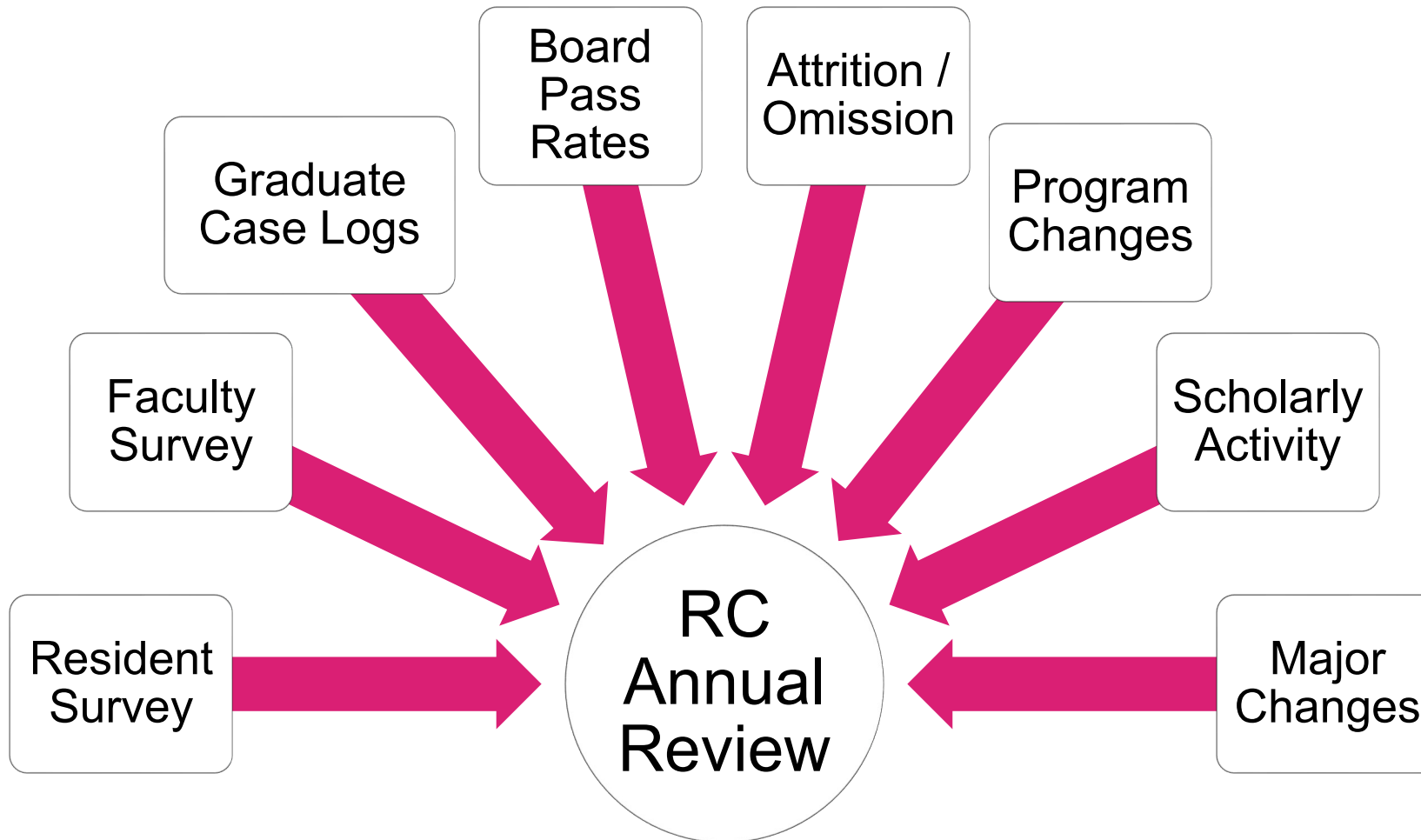
**ANRC
Meeting
Review**

**ANRC
Meeting
Review and
Follow-Up**

The Review Process

- Staff review
 - *Broad review of all data – concerns flagged*
- Committee review
 - *Programs on Warning or Probation*
 - *Programs with active citations*
 - *Data concerns*

Annual Review Elements



Possible Accreditation Statuses

Continued Accreditation

Substantial compliance with requirements

Continued Accreditation with Warning

Areas of non-compliance that may jeopardize accreditation – *NOT an adverse action*

Probation

Failure to demonstrate substantial compliance with requirements

Withdrawal

Non-substantial compliance with requirements

What is substantial compliance?

- Not perfection, not all or nothing
- The RC aims to be consistent, but we believe that human judgment and peer-review are necessary to make this determination
- The RC gets input from various perspectives
- We need your help in getting the best information possible

Citations and AFIs

- **Citation:**
 - Failure to substantially comply with accreditation standard
 - Always linked to a program requirement
- **Area for Improvement (AFI):**
 - Area of concern, concerning trend, tip and/or “heads up” about issue that could turn into a citation
 - Not necessarily linked to a requirement

Citations vs. Areas for Improvement

Area for Improvement (AFI)

- Program areas of concern noted by the Committee that could escalate into a citation if not addressed (*e.g., Resident/Fellow Survey results*).
- *While the program does not need to formally reply, there is a section in ADS to allow for such.*

Citation

- Detailed areas of non-compliance with the Program Requirements.
- Must be addressed in ADS (*e.g., program provides details on faculty development activities*).
- Must be reviewed by Review Committee annually to determine if citation was resolved or extended (and why).

What is a Citation?

- A formal documentation that the program has not provided evidence of substantial compliance with the requirement(s)
- NOT a punishment, a warning, or a probation
- By issuing a citation, RC is asking for a written response from the program explaining the situation with a plan to improve it

What are we trying to achieve with a citation?

- A citation points to specific areas that needs to be improved to be in substantial compliance with requirements
- We hope it gives programs the leverage to get needed resources and make changes that will improve the educational and teaching environment as well as patient care

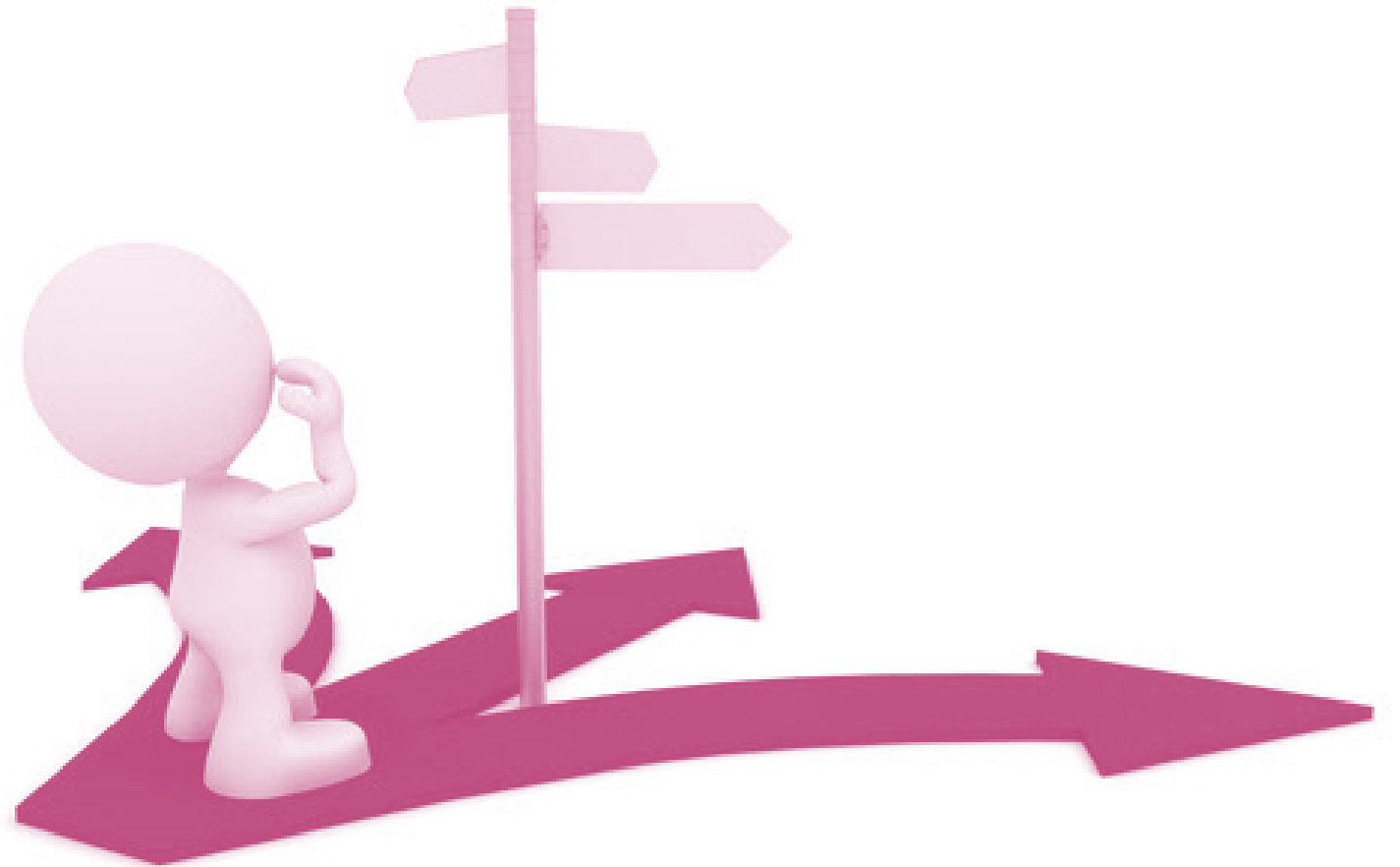
Common Citations

- Responsibilities of program director (failure to provide accurate/complete information)
- Faculty/resident scholarly activity
- Responsibilities of faculty
- Curricular development
- Evaluation of residents
- Educational program – patient care experience and didactic components

What's an Area for Improvement (AFI)?

- An AFI points to an area of concern that does not rise to the definition of citation: “not in substantial compliance with requirements”
- We do not require but welcome responses in the ADS from programs for an AFI.
- We hope that an AFI can also be used as an impetus to improve programs and resources.

Tips



How to Respond to Citations

- Look at citation with an open mind
 - *It's not personal!*
 - *Citations are based on the information the Review Committee sees*
- If it's not written, it didn't happen
- Have others read responses for tone – strive for objectivity

How to Respond to Citations

- Provide the information requested
 - *If data is requested, provide the data*
 - ***If you don't understand, call or email***
- Thoroughly respond to each concern within the citation and beyond
 - *If there are multiple concerns, show how they've been resolved or are being resolved*

HOW TO *REALLY* RESPOND TO CITATIONS TO RESOLVE THEM

- How did you engage residents and faculty members in investigating the issue?
- What is the issue?
- What actions will/have you implemented to correct the issue?
- How will you monitor and sustain the improvement?

Responding to Citations

Learn @ ACGME –
Course on
responding to
citations



Other Initiatives



Coordinator Timelines

- Developed by the ACGME Coordinator Advisory Group
 - [Residency](#)
 - [Fellowship](#)
 - [Institutional](#)
- [Program Coordinator Handbook](#)

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ACGME Cloud

Reducing Burden | Reimagining GME

ACGME to Launch Next Phase of ACGME Cloud with New Features in April including a Unified User Experience and ACGME Cloud | Analytics Additions and Enhancements!

Learn More and connect with the ACGME team at the conference:

- Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall
- Attend two key sessions on Friday, February 20
 - Featured Plenary SES003, Harnessing AI Agents in the GME Office: Innovations and Future Directions
 - SES022, ACGME Cloud: Progress, Next Steps, and Ways to Stay Engaged

Contact Cloud@acgme.org with questions.

ACGME Cloud

Reducing Burden | Reimagining GME

New ACGME Cloud features launching in April will offer:

- Unified User Experience – simplified, streamlined navigation across ACGME Cloud and the Accreditation Data System (ADS), including a user-friendly way to switch between products and an AI-powered smart search to find information in ADS and complete tasks.
- ACGME Cloud | Analytics Additions and Enhancements – additional dashboards for the annual Resident/Fellow and Faculty Surveys, operational dashboards, and Milestones dashboards.

Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall to learn more!

Contact Cloud@acgme.org with questions.



FUNDING OPPORTUNITY FOR RESIDENT AND FELLOW LEADERS



OPPORTUNITY DESCRIPTION

Resident- or fellow-developed and led projects to enhance meaning in clinical learning environments by fostering the physician-patient relationship



PROJECT ASSESSMENT CRITERIA

- Strengthens relationships with patients
- Sustainable
- Adaptable to other programs or contexts
- Innovative and cost-effective



PROJECT FUNDING

Additional travel stipend available to offset costs to attend Learning Collaborative meetings in Chicago, Illinois and the 2028 ACGME Annual Educational Conference in Orlando, Florida.

FUNDING OPTIONS

- 1: up to \$10,000
- 2: up to \$5,000



**SCAN QR CODE
FOR MORE INFO**

**PROPOSALS DUE:
APRIL 20, 2026**

CONTACT US

We want to help!

Review Committee Staff

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Deneen McCall: dmccall@acgme.org

- *Program Requirements*
- *Letters of Notification*
- *Complement requests*

ADS Staff

ADS@acgme.org

- *ADS*
- *Surveys*

Field Activities Staff

fieldrepresentatives@acgme.org

- *Site Visits*

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Deadline – March 13, 2026

Questions? cme@acgme.org



Thank you!

Questions?