# Conflict of Interest Disclosure

Speaker(s):   Manuel Vallejo, MD, DMD

Cheryl Gross, MA, CAE

## Disclosure

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.

# Current Review Committee Members

| | |
|---|---|
| Manuel Vallejo, Jr., MD *(Chair)* | Susan Martinelli, MD |
| Timothy Long, MD *(Vice Chair)* | Thomas McLoughlin, Jr., MD |
| David Rodgers, EdD *(Public Member)* | Jill Mhyre, MD |
| Trevor Elam, MD *(Resident Member)* | Vivek Moitra, MD |
| Jennifer Hargrave, DO | Dolores Njoku, MD |
| Adam Levine, MD | Chaunessie Baggett (Ex-Officio, AOA) |
| Alex Macario, MD, MBA | Michele Pore, MBA, CAE (Ex-Officio, ABA) |

# New Review Committee Member 2025-2031

## Mohammed Minhaj, MD, MBA

- Chair, Anesthesiology, Critical Care and Pain Medicine, NorthShore University HealthSystem, Chicago, Illinois

# New Review Committee Member 2025-2031

## Alexander Bautista, MD

- Program Director, Pain Medicine Fellowship

- University of Louisville

# Trends in Core Anesthesiology Programs

| Academic Year | # Approved Resident Positions | # Core Programs |
|---|---|---|
| 2023-2024 | 8,377 | 167 |
| 2022-2023 | 8,113 | 165 |
| 2021-2022 | 7,859 | 166 |
| 2020-2021 | 7,640 | 161 |
| 2019-2020 | 7,531 | 160 |
| 5-Year Trend | ↑ 11.2% | ↑ 4.4% |

# Core Anesthesiology Program Size: 2023-2024

| Number of Filled Positions | # of Programs |
|---|---|
| 0 Residents | 5 |
| 1-24 Residents | 46 |
| 25-49 Residents | 51 |
| 50-74 Residents | 38 |
| 74-99 Residents | 19 |
| 100+ Residents | 8 |

| | # of Filled Positions |
|---|---|
| Range | 0-111 |
| Mode | 12 |
| Median | 46 |
| Mean | 45 |

## 89.7% Fill

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# Subspecialty Programs 2023-2024

| Subspecialty | Number of Programs | Filled | Active Fellows |
|---|---|---|---|
| Adult Cardiothoracic | 75 | 95.3% | 266 |
| Critical Care Medicine | 67 | 78.4% | 211 |
| Obstetric Anesthesiology | 41 | 89.9% | 62 |
| Pain Medicine | 118 | 92.4% | 436 |
| Pediatric Anesthesiology | 61 | 65.9% | 216 |
| Pediatric Cardiac | 15 | 66.7% | 18 |
| Regional Anesthesiology and Acute Pain Medicine | 44 | 76.9% | 90 |

# Accreditation Status
# All Programs: 2023-2024

| Status | Number of Programs | Percent |
|---|---|---|
| Initial Accreditation | 47 | 8.0% |
| Continued Accreditation | 534 | 90.8% |
| Continued Accreditation with Warning | 4 | 0.7% |
| Probation | 2 | 0.3% |
| Withdrawn | 1 | 0.2% |

# 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

# Annual Review Committee Activities

- Applications for new programs
- Permanent complement increase requests
- Annual data
  - *Programs with citations*
  - *Programs with annual data indicators*
- Audit Site Visit Reports

# 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

# 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*

# NEW! Major Revisions for RAAPM Beginning NOW

- Seeking input on CURRENT requirements (watch *eCommunication* for link)

- ALL specialty-specific (non-bolded) requirements are being revisited

- GOAL: Burden <u>REDUCTION</u>
  - *What are parts of the requirements that could be used to explain rationale, versus requiring it?*

- 2024-2025: RAAPM Case Logs are mandatory

# CPR Revisions

2025 ACGME ANNUAL EDUCATIONAL CONFERENCE
MEANING in MEDICINE

## ACGME Process for Revisions

**ACGME has a 3-year timeline**

**Board appointed the Task Force in the Fall**

**Task Force meets early 2025 with new CEO**

**Article defining goals, process, timeline in JGME**

**Commissioned papers\* received – goal is to publish in 2025**

**AEC Session 2025**

**\*Commissioned papers:**
- **Work Hours**
- **Rotational Transitions**
- **Time to Competence**

Program Review

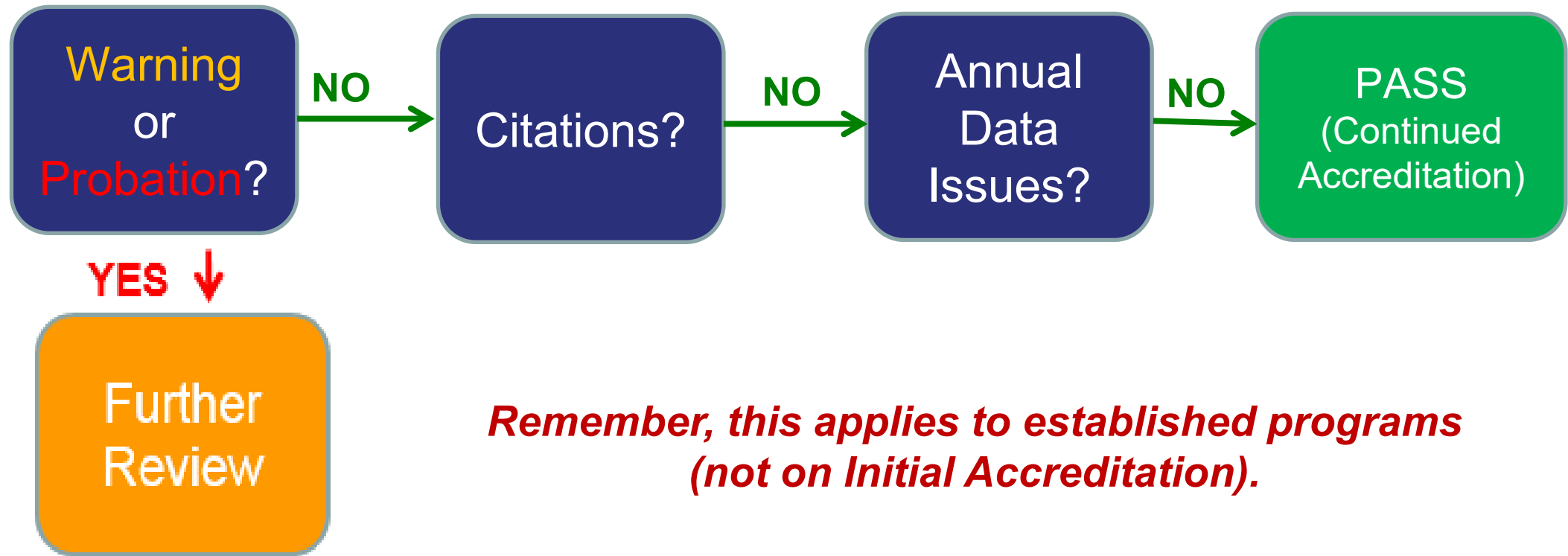# Annual Timeline

Aug./Sep.  Oct./Nov.  Dec.  Apr.

| Annual ADS Data Input | Data Analysis | Review Committee Meeting Review | Review Committee Meeting Follow-Up |

# 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
  - o *Clinical experience requirements must be met (includes Case Logs)*
  - o *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

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

- **Reminder:** For four-year programs, the anesthesiology program director is entirely responsible for oversight of the program as a whole (all four years, all residents)

- Programs should regularly work with all residents to identify areas of potential concern
  - *Needs to have the authority to remove faculty members from other services as needed (e.g., internal medicine)*

# 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 Data Indicators**

- Surveys – Resident/Fellow and Faculty
- Board pass rates
- Clinical experience and Case Logs
- Scholarly activity – faculty and resident/fellow
- Attrition
- Information omission
- Major changes / responses to citations

# Accreditation Status

Continued Accreditation

Continued Accreditation with Warning

Probation

Withdrawal of Accreditation

# **Continued Accreditation**

Substantial compliance with requirements

- *Programs may or may not have citations or Areas for Improvement (AFIs) issued*

Committee will continue annual review of indicators

Programs can innovate around "Detail" requirements
(***not*** *"Core" or "Outcome" requirements)*

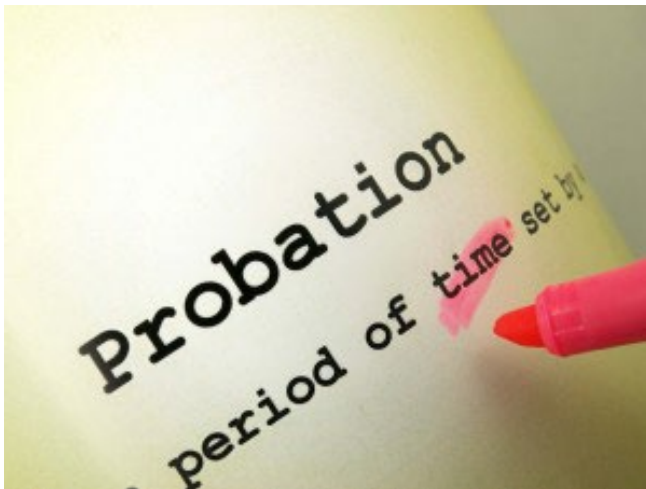# Continued Accreditation with Warning

Areas of non-compliance jeopardize accreditation

- *No increase in complement*

- *Status is published on ACGME website*

- *Do **NOT** need to inform residents*

# Probation

Must have a site visit **before** conferring this status



- *No increase in complement*

- *Status is published on ACGME website*

- ***Must inform residents and applicants in writing***

# Letter of Notification

## Citations

- More serious concerns than AFIs

- Linked to Program Requirements

- Require written response in ADS

- Committee will review again the following year (extended or resolved)

# Letter of Notification

## Areas for Improvement (AFIs)

- Concerns do not reach level of citation (trends)

- No written response required

- Should be reviewed with Program Evaluation Committee

- Committee will review again following year

- Unresolved AFIs may become citations

# Faculty Certification

Certification information is automatically pulled from American Board of Medical Specialties (ABMS) certification information

Any additional certifications still need to be updated manually during the ADS Annual Update

# Tips

# Common Review Committee Concerns

**Inaccurate/Incomplete information in ADS Annual Update**

- *Faculty licensure, qualifications*

- *Response to citations*

- *Lack of documentation (when requested)*

- *Block diagram information / format*

# **Website Information**

- ## [Block Diagram Instructions](#)

- ## [FAQs](#)

# 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?

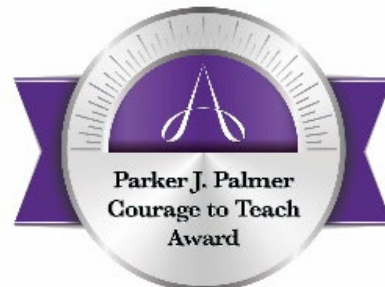- How will you monitor and sustain the improvement?

# Other Initiatives

# Coordinator Timelines

- Developed by the ACGME Coordinator Advisory Group
  - Residency
  - Fellowship
  - Institutional
- Program Coordinator Handbook

**The ACGME is now accepting nominations for the 2026 ACGME Awards.**

**Deadline: Wednesday, March 12, 2025**

For additional information and to download nomination materials: https://www.acgme.org/initiatives/awards/

# Available Now

## ACGME Self-Empowerment Workshop for Coordinators

Be on the lookout (ACGME e-Communications post)

Focus
- acting as a **leader** in the coordinator role
- recognizing effective **networking** practices
- overcoming challenges to **professionalism**
- distinguishing between productive and unproductive strategies for promoting your **achievements**
- effectively navigating complex **interpersonal situations**

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# Available Now

## ACGME Program Coordinator Handbook Companion

- developing a comprehensive understanding of the coordinator role

- expanding knowledge of **accreditation processes**

- and **requirements to ensure compliance**

- improving skills to **support recruitment, orientation,**

- **and onboarding**, and other relevant tasks

- selecting appropriate **professional development** and **continuous growth** strategies

**Learn More in the Hub!**

# Available Now

## ACGME Language Equity in Health Care Toolkit



- defining **language equity** and describing the evidence

- linking the lack of language-appropriate care to health disparities, cost, and dissatisfaction

- reviewing **legal requirements** for providing language-appropriate health care services

- outlining a step-by-step approach to **collaborating with a qualified medical interpreter** for patient-centered care

# Coming Soon

## ACGME Coordinator's Guide to Effective Abstract Writing

- outlining the **structure of an abstract**;

- assessing abstracts for their **adherence to accepted standards** and overall effectiveness;

- discussing **issues that arise** when writing an abstract and developing **strategies to overcome them**;

- exploring available resources and identifying those that are still needed to support abstract writing; and,

- applying information about proper abstract structure and content to **compose a sample abstract**.

**Learn More in the Hub!**

# Are you in Program Leadership, Program Faculty, or a member of the CCC?

Please join our Milestones Focus Group on Practice-Based Learning and Improvement

**TODAY!**
**FRIDAY, FEBRUARY 21**
**5:00 p.m. to 6:00 p.m.**
Bayou C/D

Use the QR code to enter your information

# CONTACT US
# We want to help!

## Review Committee Staff

Cheryl Gross: cgross@acgme.org
Brandon Beard: bbeard@acgme.org
Deneen McCall: dmccall@acgme.org

- *Program Requirements*
- *Letters of Notification*
- *Complement requests*
- *Case Log* **content**

## ADS Staff

ADS@acgme.org

- *ADS*
- *Surveys*
- *Case Log* **System**

## Field Activities Staff

fieldrepresentatives@acgme.org

- *Site visits*

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Evaluations are tied to your registered sessions.

Register/un-register for sessions in the Conference Mobile App.

Deadline – ***March 14, 2025***

Questions? **cme@acgme.org**