



Review Committee for Anesthesiology Update

Manuel Vallejo, MD, DMD, Chair Cheryl Gross, MA, CAE, Executive Director



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 ACGM 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



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 <u>muap@acgme.org</u> 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 REDUCTION
 - What are parts of the requirements that could be used to explain rationale, versus requiring it?
- 2024-2025: RAAPM Case Logs are mandatory



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

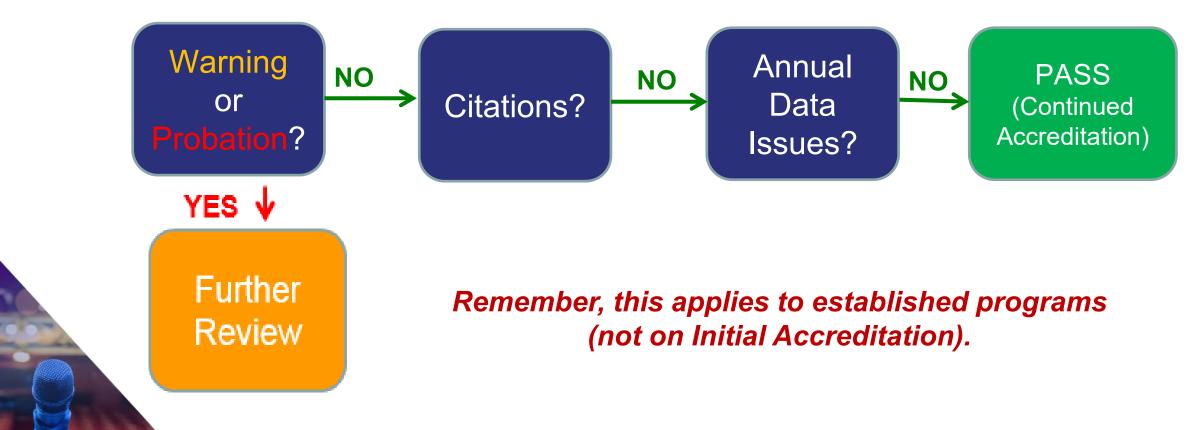
Review
Committee
Meeting
Review

Review
Committee
Meeting
Follow-Up





Annual Data Review Process





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



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

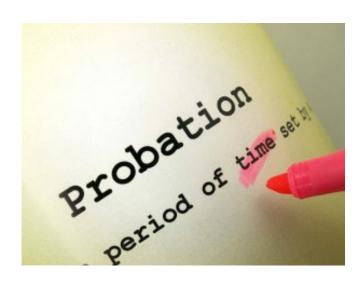
- No increase in complement
- Status is published on ACGME website
- Do NOT need to inform residents





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/

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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





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!



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



Your Opinion Matters to Milestones!

Please complete this 15-minute survey regarding your experience with the Milestones.





CONTACT US We want to help!

Review Committee Staff

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- 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





THANK YOU!

Questions?