



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Regional Anesthesiology and Acute Pain Medicine
(Anesthesiology)**

Initial Approval:

1 **ACGME International Specialty Program Requirements for**
2 **Graduate Medical Education**
3 **in Regional Anesthesiology and Acute Pain Medicine**
4 **(Anesthesiology)**
5

6 **Int. Introduction**
7

8 *Background and Intent: Programs must achieve and maintain Foundational Accreditation*
9 *according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty*
10 *Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I*
11 *Foundational Requirements. For each section, the Advanced Specialty Requirements should*
12 *be considered together with the Foundational Requirements.*
13

14 **Int. I. Definition and Scope of the Specialty**
15

16 Regional anesthesiology and acute pain medicine focuses on the peri-operative
17 management of acute pain of surgical and non-surgical patients using both
18 interventional and non-interventional modes of analgesia. The goal of a fellowship in
19 regional anesthesiology and acute pain medicine is fellows' development of expertise
20 in the practice and theory of regional anesthesiology and acute pain medicine.
21

22 Specifically, the scope of this subspecialty includes:

- 23 • pre-operative evaluation and management of acute pain, including indications
24 and contraindications for interventional pain management techniques;
- 25 • intra-operative application of multimodal analgesia, including regional
26 anesthesia (with or without general anesthesia);
- 27 • post-operative application of regional analgesia in inpatients and outpatients;
- 28 • peri-operative multimodal acute pain management of surgical patients; and,
- 29 • acute pain management of hospitalized non-surgical patients.
30

31 **Int. II. Duration of Education**
32

33 Int. II.A. The educational program in regional anesthesiology and acute pain medicine
34 must be 12 or 24 months in length.
35

36 **I. Institution**
37

38 **I.A. Sponsoring Institution**
39

40 I.A.1. A fellowship in regional anesthesiology and acute pain medicine must function
41 as an integral part of an ACGME-I-accredited residency in anesthesiology.
42

43 I.A.2. There must be only one regional anesthesiology and acute pain medicine
44 program associated with a single anesthesiology program.
45

46 **I.B. Participating Sites**
47

48 See International Foundational Requirements, Section I.B.
49

50		
51	II.	Program Personnel and Resources
52		
53	II.A.	Program Director
54		
55	II.A.1.	The program director must have a current appointment as a member of the
56		anesthesiology faculty at the primary clinical site.
57		
58	II.A.2.	The program director must demonstrate completion of a regional
59		anesthesiology and acute pain medicine fellowship or have completed
60		equivalent post residency education.
61		
62	II.A.3.	The program director must possess at least three years of post-residency
63		experience in regional anesthesiology and/or acute pain medicine.
64		
65	II.A.4.	The program director must demonstrate ongoing academic achievements
66		appropriate to the subspecialty, including publications, the development of
67		educational programs, or the conduct of research.
68		
69	II.B.	Faculty
70		
71	II.B.1.	There must be at least three core faculty members, including the program
72		director.
73		
74	II.B.2.	Physician faculty members must have fellowship education or post-residency
75		experience in regional anesthesiology and acute pain medicine that meets or
76		exceeds completion of a one-year regional anesthesiology and acute pain
77		medicine program.
78		
79	II.B.3.	Faculty members must encourage and support fellows' scholarly activity.
80		
81	II.C.	Other Program Personnel
82		
83	II.C.1.	Allied health staff members and other support personnel who have
84		experience and expertise in the care of regional anesthesiology and acute
85		pain medicine patients must be available.
86		
87	II.C.2.	Inpatient psychiatric/psychological services and physical and/or occupational
88		therapy services must be available.
89		
90	II.C.3.	Addiction medicine services and personnel must be available to support the
91		program.
92		
93	II.D.	Resources
94		
95	II.D.1.	Equipment required for the performance of a wide variety of regional
96		anesthesia/analgesia techniques, including ultrasound, must be available for
97		use by fellows.
98		
99	II.D.2.	Appropriate monitoring and life support equipment must be immediately
100		available when invasive procedures are performed by program personnel.
101		

102	II.D.3.	There must be facilities and space for the education of fellows, including
103		meeting space, conference space, space for academic activities, and access to
104		computers.
105		
106	III. Fellow Appointment	
107		
108	III.A. Eligibility Criteria	
109		
110	II.A.1.	Prior to appointment in the program, fellows should have completed an ACGME-I-
111		accredited residency program in anesthesiology or an anesthesiology residency
112		program acceptable to the Sponsoring Institution's Graduate Medical Education
113		Committee.
114		
115	II.B. Number of Fellows	
116		
117		See International Foundational Requirements, Section III.B.
118		
119	III. Specialty-Specific Educational Program	
120		
121	III.A. ACGME-I Competencies	
122		
123	III.A.1.	The program must integrate the following ACGME-I Competencies into the
124		curriculum.
125		
126	III.A.1.a)	Professionalism
127		
128	IV.A.1.a).(1)	Fellows must demonstrate a commitment to
129		professionalism and an adherence to ethical principles.
130		
131	IV.A.1.b)	Patient Care and Procedural Skills
132		
133	IV.A.1.b).(1)	Fellows must provide patient care that is compassionate,
134		appropriate, and effective for the treatment of health
135		problems and the promotion of health. Fellows must
136		demonstrate competence in:
137		
138	IV.A.1.b).(1).(a)	performing pre-operative patient evaluation and
139		optimization of clinical status;
140		
141	IV.A.1.b).(1).(b)	performing a detailed neurologic history and physical
142		examination with particular attention to pre-existing
143		neurologic deficits and their impact on the anesthetic
144		plan;
145		
146	IV.A.1.b).(1).(c)	rationally selecting of regional anesthesia and/or post-
147		operative analgesic techniques for specific clinical
148		situations;
149		
150	IV.A.1.b).(1).(c).(i)	This must include regional techniques,
151		multimodal analgesia, integrative medicine, and
152		opioid and non-opioid pharmacological
153		management.

154		
155	IV.A.1.b).(1).(d)	selecting regional versus general anesthesia for various procedures and patients regarding patient recovery, patient outcome, operating room efficiency, and cost of care;
156		
157		
158		
159		
160	IV.A.1.b).(1).(e)	managing inadequate operative regional anesthesia and post-operative analgesic techniques, to include the use of supplemental blockade, alternate approaches, and pharmacological intervention;
161		
162		
163		
164		
165	IV.A.1.b).(1).(f)	performing effectively teaching a wide range of advanced practice block techniques, achieving a high success and low complication rate; and,
166		
167		
168		
169	IV.A.1.b).(1).(g)	managing an acute pain medicine service;
170		
171	IV.A.1.b).(1).(g).(i)	Patient management should include multimodal analgesic techniques, such as neuraxial and peripheral nerve catheters, local anesthetic and opioid infusions, and non-opioid analgesic adjuvants.
172		
173		
174		
175		
176		
177	IV.A.1.b).(2).	Fellows must demonstrate competence in acute pain medicine, including;
178		
179		
180	IV.A.1.b).(2).(a)	surgical regional anesthesia techniques (as placed by the operating room (OR) anesthesiologist);
181		
182		
183	IV.A.1.b).(2).(b)	the peri-operative use of analgesic techniques by the acute pain medicine service;
184		
185		
186	IV.A.1.b).(2).(c)	the peri-operative management of acute pain medicine intervention;
187		
188		
189	IV.A.1.b).(2).(d)	the provision of acute pain medicine services for a patient with chronic pain who is also experiencing acute pain; and,
190		
191		
192		
193	IV.A.1.b).(2).(e)	the provision of acute pain management to select non-surgical patients, such as those with conditions known to cause acute pain.
194		
195		
196		
197	IV.A.1.b).(3)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice, including demonstrating competence in interpreting the results of diagnostic tests. Fellows must demonstrate competence in:
198		
199		
200		
201		
202	IV.A.1.b).(3).(a)	providing anesthesia and peri-operative pain management for patients undergoing orthopaedic surgery;
203		
204		
205	IV.A.1.b).(3).(b)	providing anesthesia and peri-operative pain management

206		for patients undergoing non-orthopaedic surgery that is
207		amenable to regional anesthesia, to include neuraxial and
208		peripheral nerve block; and,
209		
210	IV.A.1.b).(3).(c)	conducting bedside point-of-care ultrasound for use in
211		placement and management of neuraxial and
212		peripheral blocks.
213		
214	IV.A.1.b).(4)	Fellows must demonstrate competence in the coordination of
215		patient care, including the effective deployment of
216		interprofessional teams that may include surgeons,
217		anesthesiology colleagues, other medical trainees, specialized
218		advanced practice nurses, physician assistants, pharmacists,
219		physical therapists, specialized nurses, technicians and medical
220		subspecialists, such as neurologists, intensivists, and chronic pain
221		specialists, in order to provide high-quality, cost-effective patient
222		care.
223		
224	IV.A.1.c)	Medical Knowledge
225		
226	IV.A.1.c).(1)	Fellows must demonstrate knowledge of established and
227		evolving biomedical clinical, epidemiological, and social-
228		behavioral sciences, as well as the application of this
229		knowledge to patient care. Fellows must demonstrate
230		knowledge of:
231		
232	IV.A.1.c).(1).(a)	anatomy, including central neuraxial and peripheral nerve
233		anatomy, to include anatomy of neural pathways,
234		differences between motor and sensory nerves, and
235		microanatomy of the nerve cell;
236		
237	IV.A.1.c).(1).(b)	clinical pharmacology, including local anesthetic
238		pharmacology, neuraxial opioids, systemic opioids, and
239		non-opioid analgesia;
240		
241	IV.A.1.c).(1).(c)	regional anesthesia techniques, including nerve
242		localization techniques, spinal anesthesia, epidural
243		anesthesia (lumbar and thoracic), upper and lower
244		extremity nerve block, truncal block, intravenous regional
245		anesthesia, and complications of regional anesthesia and
246		acute pain medicine; and,
247		
248	IV.A.1.c).(1).(d)	the complex biopsychosocial nature of pain.
249		
250	IV.A.1.d)	Practice-Based Learning and Improvement
251		
252	IV.A.1.d).(1)	Fellows must demonstrate the ability to investigate and
253		evaluate their care of patients, to appraise and assimilate
254		scientific evidence, and to continuously improve patient care
255		based on constant self-evaluation and lifelong learning.
256		
257	IV.A.1.e)	Interpersonal and Communication Skills

258		
259	IV.A.1.e).(1)	Fellows must demonstrate interpersonal and communication
260		skills that result in the effective exchange of information and
261		collaboration with patients, patients' families, and health
262		professionals.
263		
264	IV.A.1.f)	Systems-Based Practice
265		
266	IV.A.1.f).(1)	Fellows must demonstrate an awareness of and
267		responsiveness to the larger context and system of health care,
268		including the social determinates of health, as well as the ability
269		to call effectively on other resources in the system to produce
270		optimal care.
271		
272	IV.B.	Regularly Scheduled Educational Activities
273		
274	IV.B.1.	There must be regularly scheduled didactic sessions that are designed to allow
275		fellows to develop foundational knowledge, skills, and habits needed in the
276		practice of regional anesthesiology and acute pain medicine, including:
277		
278	IV.B.1.a)	lectures, journal clubs, peer-review case conferences, and/or morbidity
279		and mortality conferences, as well as interdepartmental conferences or
280		departmental grand rounds.
281		
282	IV.B.2.	Review of all current complications and deaths, seminars, and clinical and
283		basic science instruction, should be regularly conducted.
284		
285	IV.B.3.	Fellows and faculty members must regularly attend program lectures,
286		conferences, seminars, and workshops.
287		
288	IV.B.4.	Fellows should actively participate in the planning and production of these
289		meetings.
290		
291	IV.B.4.a)	Faculty members should be the leaders of the majority of sessions.
292		
293	IV.B.5.	Multidisciplinary conferences should include participation of faculty members
294		from other specialties.
295		
296	IV.B.5.a)	Fellows should attend a minimum of 10 local, regional, or national
297		conferences that are relevant to regional anesthesia and acute pain
298		medicine.
299		
300	IV.B.5.a).(i)	Orthopaedic surgery and pain medicine conferences should be
301		included.
302		
303	IV.C.	Clinical Experiences
304		
305	IV.C.1.	Clinical experiences should be structured to facilitate learning in a manner that
306		allows fellows to function as part of an effective interprofessional team that
307		works together longitudinally with shared goals of patient safety and quality
308		improvement.
309		

- 310 IV.C.2. The curriculum must include at least 10 months of clinical anesthesia experience
311 including:
312
- 313 IV.C.2.a) a minimum of 20 spinal (intrathecal) procedures either performed
314 primarily or directly supervised by the fellow, to include demonstration
315 and documentation of proficiency in using alternative approaches,
316 difficult and high-risk procedures, and rescue blocks where others have
317 failed;
318
- 319 IV.C.2.b) a minimum of 20 epidural procedures either performed primarily or
320 directly supervised by the fellow, to include demonstration of proficiency
321 in thoracic epidural and with demonstration and documentation of
322 proficiency in using alternative approaches, difficult and high-risk
323 procedures, and rescue blocks where other blocks have failed;
324
- 325 IV.C.2.c) a minimum of 100 upper extremity nerve block procedures, to include
326 demonstration of proficiency above and below the clavicle;
327
- 328 IV.C.2.c).(i) A minimum of 20 must be above the clavicle.
329
- 330 IV.C.2.c).(ii) A minimum of 20 must be below the clavicle.
331
- 332 IV.C.2.d) a minimum of 100 lower extremity nerve block procedures, to include
333 demonstration of proficiency above and below the proximal thigh;
334
- 335 IV.C.2.d).(i) A minimum of 20 must be at or above the proximal thigh.
336
- 337 IV.C.2.d).(ii) A minimum of 20 must be at or below the mid-thigh.
338
- 339 IV.C.2.e) a minimum of 70 truncal block procedures, to include demonstration of
340 proficiency in the thorax and abdomen; and,
341
- 342 IV.C.2.e).(i) A minimum of 20 must be abdominal blocks.
343
- 344 IV.C.2.e).(ii) A minimum of 20 must be thoracic blocks.
345
- 346 IV.C.2.f) a minimum of 30 continuous peripheral nerve block catheter placement
347 procedures, to include upper and lower extremity and truncal sites.
348
- 349 IV.C.3. Fellow education must include a minimum of three months of acute pain
350 experience where fellows provide direct pain management and medical
351 consultation for the full spectrum of injuries, medical etiologies, and surgical
352 and other invasive procedures that produce acute pain in the hospital setting,
353 including:
354
- 355 IV.C.3.a) a minimum of 50 unique documented new patients per fellow;
356
- 357 IV.C.3.b) supervised assessment and management of inpatients with acute pain;
358
- 359 IV.C.3.c) management of epidural infusions, inpatient continuous peripheral nerve
360 infusions, ambulatory continuous peripheral nerve infusions, and patient
361 controlled analgesia; and,
362

- 363 IV.C.3.d) supervised assessment with specialized acute pain considerations, to
364 include concurrent anticoagulant administration, chronic opioid use,
365 neuromuscular disorders, advanced age, and psychiatric disease.
366
- 367 IV.C.4. Fellow education must include at least two weeks of chronic pain experience.
368
- 369 IV.C.4.a) During the course of the fellowship, each fellow must document
370 involvement with a minimum of 20 new patients assessed for chronic
371 pain.
372
- 373 IV.C.4.b) This experience must include supervised participation with pain
374 medicine specialists responsible for the assessment and management
375 of patients with chronic pain, including cancer pain.
376
- 377 IV.C.4.c) Patients should be seen through either consultation or while on a
378 designated inpatient pain medicine service.
379
- 380 IV.C.5. Fellow education must include at least two weeks of addiction medicine.
381
- 382 IV.C.6. Fellow education must include pediatric experience.
383
- 384 IV.C.6.a) There should be experience with the age-appropriate assessment and
385 treatment of acute pain in children, to include participation in acute pain
386 management and regional anesthesia for pediatric surgical patients,
387 including children under 18 years.
388
- 389 IV.C.7. Fellow education should include trauma experience.
390
- 391 IV.C.7.a) There should be experience with the assessment and treatment of
392 acute pain in the setting of trauma or in the setting of patients who
393 experience emergent non-elective surgery.
394
- 395 IV.C.8. Fellows must engage in teaching activities as a major activity of the fellowship,
396 including preparing and presenting resident education lectures and journal
397 reviews for regional anesthesia and/or acute pain subspecialty conferences.
398
- 399 IV.C.9. Fellows must act as consultants to other anesthesiologists, surgeons,
400 physicians, nurses, pharmacists, physical therapists and other medical
401 professionals, operating room managers, hospital administrators, and other
402 allied health practitioners.
403
- 404 IV.C.10. Fellows must provide leadership in the organization and management of an
405 acute pain medicine service within the hospital setting, comprising a variety of
406 specialists to provide a comprehensive, multimodal acute pain management
407 treatment plan and communication with patients as relates to expectations and
408 discharge instructions.
409
- 410 IV.C.11. The curriculum must provide opportunities for fellows to develop the knowledge
411 and skills required to establish a new regional anesthesiology and acute pain
412 medicine program in their future practice, and to adopt emerging knowledge
413 and techniques for the acute pain management of patients they encounter.
414
- 415 **IV.C. Scholarly Activity**
416
- 417 IV.D.1. Fellows' Scholarly Activity

- 418
419 IV.D.1.a) The program must provide instruction in the fundamentals of research
420 design and conduct and the interpretation and presentation of data.
421
- 422 IV.D.1.b) All fellows must conduct or be substantially involved in a scholarly
423 project related to the subspecialty that is suitable for publication.
424
- 425 IV.D.1.b).(i) Fellows must have a faculty mentor overseeing the project.
426
- 427 IV.D.1.b).(ii) The results of such projects must be disseminated through a
428 variety of means, including publication or presentation during
429 departmental or divisional grand rounds, and/or at local, regional,
430 national, or international meetings.
431
- 432 IV.D.1.c) Each fellow must receive a minimum of 12 non-clinical days per year to
433 facilitate involvement in scholarly activities.
434
- 435 IV.D.2. Faculty Scholarly Activity
436
437 See International Foundational Requirements, Section IV.D.2.
438
- 439 **V. Evaluation**
440
441 See International Foundational Requirements, Section V.
442
- 443 **VI. The Learning and Working Environment**
444
445 See International Foundational Requirements, Section VI.