International Advanced Specialty Program Requirements
Summary of Requirements for a Newly Accredited Subspecialty
ACGME-I

Advanced Specialty Requirements for: **Regional Anesthesiology and Acute Pain Medicine**
Proposed Effective Date: **15 September 2026**

Comments are currently being solicited on Program Requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new Program Requirements.

The Review Committee-International will use the comments provided to determine the final Program Requirements that will be posted on the ACGME-I website.

Requirement	Line Number	Rationale
I.A.1. A fellowship in regional anesthesiology and acute pain medicine must function as an integral part of an ACGME-I-accredited residency in anesthesiology.	40-41	The intent of the requirement is that there be a working, synergistic relationship between the residency and fellowship leadership that enhances both programs. The program directors of the residency and fellowship programs should seek interactions that will enhance understanding of the requirements, implement the competency-based educational program in a coordinated manner across the programs, and ensure that consideration is given to the potential impact of changes in one program on the other.
II.C.3. Addiction medicine services and personnel must be available to support the program.	90-91	The requirement strengthens fellow education by ensuring exposure to specialists who can guide best practices in managing pain in the context of substance use disorders. Integration of addiction medicine enhances patient safety by promoting appropriate opioid prescribing, recognizing risk factors for misuse, and supporting coordinated care. It also improves patient care quality by ensuring that fellows learn to manage complex clinical scenarios with a multidisciplinary approach.
IV.C.2. The curriculum must include at least 10 months of clinical anesthesia experience including the following: a) a minimum of 20 spinal (intrathecal) procedures; b) a	310-347	Attainment of minimum cases does not signify achievement of competence in any procedure. Most importantly, meeting the minimum requirements for procedures does not replace or negate the requirement that, upon a

minimum of 20 epidural procedures; c) a minimum of 100 upper extremity nerve block procedures; d) a minimum of 100 lower extremity nerve block procedures; e) a minimum of 70 truncal block procedures; and, f) a minimum of 30 continuous peripheral nerve block catheter placement procedures, to include upper and lower extremity and truncal sites		fellow's completion of the program, the program director must verify that they have demonstrated sufficient competence to enter practice without direct supervision. Minimum procedure numbers in the ACGME-I Requirements match those for Accreditation Council for Graduate Medical Education-accredited programs in the United States. Fellows will be required to log procedures in ACGME-I Case Log System. Attainment of minimum case requirements will be considered by the Review Committee-International for graduates who began the program after ACGME-I accreditation was achieved.
IV.C.5. Fellow education must include at least two weeks of addiction medicine.	380	A dedicated addiction medicine experience enhances fellow education by providing structured opportunities to learn diagnostic principles, treatment strategies, and communication techniques for managing substance use disorders in the context of perioperative and acute pain care. This training supports safer prescribing practices, strengthens multimodal analgesic planning, and improves the quality of care provided to patients with coexisting pain and addiction.
IV.C.10 Fellows must provide leadership in the organization and management of an acute pain medicine service within the hospital setting, comprising a variety of specialists to provide a comprehensive, multimodal acute pain management treatment plan and communication with the patient related to expectations and discharge instructions	404-409	To enhance patient safety and quality of care in acute pain medicine, it is important that fellows are trained to establish and lead a multidisciplinary acute pain medicine service. Leadership includes not only clinical and organizational management responsibilities, but also direct communication with patients regarding their pain management plans.
IV.D.1.c) Each fellow must receive a minimum of 12 non-clinical days per year to facilitate involvement in scholarly activities.	432-433	Existing clinical demands can limit fellows' ability to meaningfully engage in scholarly activity, despite scholarship being a core expectation of subspecialty education and training. Dedicated, protected time is therefore essential to ensure equitable scholarly opportunities across programs and to support fellows' development as academic physicians who can contribute to research, quality improvement, and the advancement of the subspecialty.