



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

152		
153	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;
154		
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158	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;
159		
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162		
163	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,
164		
165		
166		
167	IV.A.1.b).(1).(g)	managing an acute pain medicine service;
168		
169	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.
170		
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174		
175	IV.A.1.b).(2).	Fellows must demonstrate competence in acute pain medicine, including;
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177		
178	IV.A.1.b).(2).(a)	surgical regional anesthesia techniques (as placed by the operating room (OR) anesthesiologist);
179		
180		
181	IV.A.1.b).(2).(b)	the peri-operative use of analgesic techniques by the acute pain medicine service;
182		
183		
184	IV.A.1.b).(2).(c)	the peri-operative management of acute pain medicine intervention;
185		
186		
187	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,
188		
189		
190		
191	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.
192		
193		
194		
195	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:
196		
197		
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199		
200	IV.A.1.b).(3).(a)	providing anesthesia and peri-operative pain management for patients undergoing orthopaedic surgery;
201		
202		
203	IV.A.1.b).(3).(b)	providing anesthesia and peri-operative pain management

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

256		
257	IV.A.1.e).(1)	Fellows must demonstrate interpersonal and communication
258		skills that result in the effective exchange of information and
259		collaboration with patients, patients' families, and health
260		professionals.
261		
262	IV.A.1.f)	Systems-Based Practice
263		
264	IV.A.1.f).(1)	Fellows must demonstrate an awareness of and
265		responsiveness to the larger context and system of health care,
266		including the social determinates of health, as well as the ability
267		to call effectively on other resources in the system to produce
268		optimal care.
269		
270	<b>IV.B.</b>	<b>Regularly Scheduled Educational Activities</b>
271		
272	IV.B.1.	There must be regularly scheduled didactic sessions that are designed to allow
273		fellows to develop foundational knowledge, skills, and habits needed in the
274		practice of regional anesthesiology and acute pain medicine, including:
275		
276	IV.B.1.a)	lectures, journal clubs, peer-review case conferences, and/or morbidity
277		and mortality conferences, as well as interdepartmental conferences or
278		departmental grand rounds.
279		
280	IV.B.2.	Review of all current complications and deaths, seminars, and clinical and
281		basic science instruction, should be regularly conducted.
282		
283	IV.B.3.	Fellows and faculty members must regularly attend program lectures,
284		conferences, seminars, and workshops.
285		
286	IV.B.4.	Fellows should actively participate in the planning and production of these
287		meetings.
288		
289	IV.B.4.a)	Faculty members should be the leaders of the majority of sessions.
290		
291	IV.B.5.	Multidisciplinary conferences should include participation of faculty members
292		from other specialties.
293		
294	IV.B.5.a)	Fellows should attend a minimum of 10 local, regional, or national
295		conferences that are relevant to regional anesthesia and acute pain
296		medicine.
297		
298	IV.B.5.a).(i)	Orthopaedic surgery and pain medicine conferences should be
299		included.
300		
301	<b>IV.C.</b>	<b>Clinical Experiences</b>
302		
303	IV.C.1.	Clinical experiences should be structured to facilitate learning in a manner that
304		allows fellows to function as part of an effective interprofessional team that
305		works together longitudinally with shared goals of patient safety and quality
306		improvement.
307		

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

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

416		
417	IV.D.1.a)	The program must provide instruction in the fundamentals of research design and conduct and the interpretation and presentation of data.
418		
419		
420	IV.D.1.b)	All fellows must conduct or be substantially involved in a scholarly project related to the subspecialty that is suitable for publication.
421		
422		
423	IV.D.1.b).(i)	Fellows must have a faculty mentor overseeing the project.
424		
425	IV.D.1.b).(ii)	The results of such projects must be disseminated through a variety of means, including publication or presentation during departmental or divisional grand rounds, and/or at local, regional, national, or international meetings.
426		
427		
428		
429		
430	IV.D.1.c)	Each fellow must receive a minimum of 12 non-clinical days per year to facilitate involvement in scholarly activities.
431		
432		
433	IV.D.2.	Faculty Scholarly Activity
434		
435		See International Foundational Requirements, Section IV.D.2.
436		
437	<b>V.</b>	<b>Evaluation</b>
438		
439		See International Foundational Requirements, Section V.
440		
441	<b>VI.</b>	<b>The Learning and Working Environment</b>
442		
443		See International Foundational Requirements, Section VI.