



**ACGME-I
INTERNATIONAL ADVANCED SPECIALTY
PROGRAM REQUIREMENTS
SUMMARY OF REVISIONS AND RATIONALE**

Advanced Specialty Requirements for: **Critical Care Medicine**
Proposed Effective Date of revised requirements: **1 July 2025**

Comments are currently being solicited on revisions to the International Advanced Specialty Program Requirements for the subspecialty listed above. To aid those providing comment, the following table summarizes and provides a rationale for the major revisions in the Requirements.

The comments provided will be considered by the Review Committee-International as it determines the final revision of these Requirements, which will be posted on the ACGME-I website following approval.

REQUIREMENTS DELETED

Requirement Number	Line Number	Rationale
I.A.2. Located at the primary clinical site, there should be at least three ACGME-I-accredited subspecialty programs from among the following internal medicine disciplines: cardiovascular disease; gastroenterology; infectious diseases; nephrology; or pulmonary disease.	32-35	The requirement was deleted as it was redundant with required resources listed in II.D.1.
II.D.2 Inpatient and outpatient systems must be in place to prevent fellows from performing routine clerical functions, such as scheduling tests and appointments, and retrieving records and letters. II.D.3. Adequate facilities to support the educational program must be in place. a) The Sponsoring Institution must provide the broad range of facilities and clinical support services required to provide comprehensive care of adult patients. b) Fellows must have access to a lounge facility during assigned duty hours. c) When fellows are in the hospital, assigned night duty, or called in from home,	151-166	These requirements are redundant with Foundational Requirement II.D.1.

<p>they must be provided with a secure space for their belongings.</p> <p>II.D.6. Access to an electronic health record must be provided.</p>	187	
<p>II.D.7. The patient population must have a variety of clinical problems and stages of diseases. (1) Because critical care medicine is multidisciplinary in nature, the program must provide opportunities to manage adult patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting. b) There must be patients of each gender, with a broad age range, including geriatric patients. c) Sufficient number of patients must be available to enable each fellow to achieve the required educational outcomes.</p>	189-202	The requirement is redundant with Foundational Requirement II.D.2.
<p>IV.A.1 b).(3).(a) Fellows must perform diagnostic and therapeutic procedures relevant to their individual specific planned career path to include (vii) insertion of arterial, central venous, and pulmonary artery balloon flotation catheters. (xi) use of ultrasound techniques to perform thoracentesis and place intravascular and intracavitary tubes and catheters</p>	<p>347-348</p> <p>373-375</p>	<p>These patient care competencies were changed to medical knowledge competencies as follows: placement of arterial, central venous, and pulmonary artery balloon flotation catheters was added in IV.A.1.c).(2); use of ultrasound was added in IV.A.1.c).(3).(b).(i).</p>
<p>IV.B.5. Patient-based teaching must include direct interaction between fellows and faculty members, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions.</p> <p>IV.B.6. Patient-based teaching must be conducted: formally conducted on all inpatient, outpatient, and consultative services; and, conducted with a frequency and duration that ensures a meaningful and</p>	516-527	Requirements for patient-based teaching will be added to Foundational Requirements, making these redundant.

continuous teaching relationship between the assigned supervising faculty member(s) and fellows.		
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REQUIREMENTS ADDED

Requirement Number	Line Number	Rationale
IV.A.1.b).(1) Fellows must demonstrate competence in managing care of patients a) in a variety of health care settings, including inpatient and ambulatory settings. b) using critical thinking and evidence-based tools; and, c) using population-based data.,	254-266	The additions to competencies in patient care and procedural skills include the new and emerging area of telemedicine, the importance of training fellows to deliver care in the ambulatory setting, and the increasing importance of data-driven clinical decision-making.
IV.a.1 b).(3).(a) Fellows must perform diagnostic and therapeutic procedures relevant to their individual specific planned career path to include (v) placement and management of chest tubes and pleural drainage systems (vi) technical and procedural skills of critical care ultrasound, including image acquisition, image interpretation at the point of care, and use of ultrasound to place intravascular and intracavitary tubes and catheters IV.A.1 b).(3).(b) Fellows must treat patient's conditions with practices that are patient-centered, safe, scientifically based, effective, timely and cost-effective to include use of (ii) paralytic agents and sedative and analgesic drugs in the critical care unit.	338-339 341-345 383-384	The additions to competencies in patient care and procedural skills add skills needed in the emerging areas of ultrasound, and use of paralytic, sedative and analgesic drugs.
IV.C.1. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback	532-536	Education and patient safety are impacted by the length of clinical rotations. Programs must consider the length of a rotation when planning educational experiences.

IV.C.2. Rotations must be structured to allow fellows to function as a part of an effective interprofessional team that works together toward the shared goals of patient safety and quality improvement.	537-539	Clinical rotations must be planned to enhance opportunities for fellows to actively engage with an interprofessional team. The experience should allow for interaction between team members to teach fellows and provide patient care.
IV.C.10. The education program must provide fellows with elective experiences relevant to their future practice or to further still/competence development.	597-598	Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship.
IV.C.11. Fellows must participate in training using simulation.	599	Simulation can be used to provide opportunities for learning and development of clinical competence and for evaluation of fellows.
IV.D.1.a) While in the program all fellows must complete at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees or serving as a journal reviewer, journal editorial board member or editor.	604-611	All fellows must engage in scholarly work during the fellowship. Scholarly work is broadly interpreted to include a variety of professional activities.