ACGME Program Requirements for
Graduate Medical Education
in Pain Medicine
(Subspecialty of Anesthesiology, Child Neurology, Neurology, or Physical Medicine and Rehabilitation)

lactation is also critical for the well-being of the fellow and the fellow's family, as outlined in VI.C.1.d).(1).

I.D.2.d)   security and safety measures appropriate to the participating site; and, (Core)

I.D.2.e)   accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)

I.D.3.   Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)

I.D.4.   The program's educational and clinical resources must be adequate to support the number of fellows appointed to the program. (Core)

I.E.   *A fellowship program usually occurs in the context of many learners and other care providers and limited clinical resources. It should be structured to optimize education for all learners present.*

I.E.1.   Fellows should contribute to the education of residents in core programs, if present. (Core)

Background and Intent: The clinical learning environment has become increasingly complex and often includes care providers, students, and post-graduate residents and fellows from multiple disciplines. The presence of these practitioners and their learners enriches the learning environment. Programs have a responsibility to monitor the learning environment to ensure that fellows' education is not compromised by the presence of other providers and learners, and that fellows' education does not compromise core residents' education.

II.   Personnel

II.A.   Program Director

II.A.1.   There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)

II.A.1.a)   The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director. (Core)

II.A.1.b)   Final approval of the program director resides with the Review Committee. (Core)

Background and Intent: While the ACGME recognizes the value of input from numerous individuals in the management of a fellowship, a single individual must be designated as program director and made responsible for the program. This individual will have

dedicated time for the leadership of the fellowship, and it is this individual's responsibility to communicate with the fellows, faculty members, DIO, GMEC, and the ACGME. The program director's nomination is reviewed and approved by the GMEC. Final approval of program directors resides with the Review Committee.

II.A.2.	**The program director must be provided with support adequate for administration of the program based upon its size and configuration.** (Core)
II.A.2.a)	Programs with one to two fellows must provide a minimum of 10 percent FTE protected time for the program director. (Core)
II.A.2.a).(1)	Programs with more than two fellows must provide an additional one percent protected time for each additional fellow. (Core)
II.A.2.a).(2)	This support may be shared by a program director and one or more associate directors. (Detail)†
II.A.3.	**Qualifications of the program director:**
II.A.3.a)	**must include subspecialty expertise and qualifications acceptable to the Review Committee; and,** (Core)
II.A.3.b)	**must include current certification in the subspecialty for which they are the program director by the American Board of Anesthesiology, Physical Medicine and Rehabilitation, or Psychiatry and Neurology, the American Osteopathic Board of Anesthesiology, or a member board of the American Osteopathic Conjoint Pain Medicine Examination Committee, or subspecialty qualifications that are acceptable to the Review Committee.** (Core)
II.A.4.	**Program Director Responsibilities**
	The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)
II.A.4.a)	**The program director must:**
II.A.4.a).(1)	**be a role model of professionalism;** (Core)

Background and Intent: The program director, as the leader of the program, must serve as a role model to fellows in addition to fulfilling the technical aspects of the role. As fellows are expected to demonstrate compassion, integrity, and respect for others, they must be able to look to the program director as an exemplar. It is of utmost importance, therefore, that the program director model outstanding professionalism, high quality patient care, educational excellence, and a scholarly approach to work. The program

director creates an environment where respectful discussion is welcome, with the goal of continued improvement of the educational experience.

II.A.4.a).(2)   design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)

Background and Intent: The mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that vary based upon location and demographics. Programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.

II.A.4.a).(3)   administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)

Background and Intent: The program director may establish a leadership team to assist in the accomplishment of program goals. Fellowship programs can be highly complex. In a complex organization the leader typically has the ability to delegate authority to others, yet remains accountable. The leadership team may include physician and non-physician personnel with varying levels of education, training, and experience.

II.A.4.a).(4)   develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the fellowship program education and at least annually thereafter, as outlined in V.B.; (Core)

II.A.4.a).(5)   have the authority to approve program faculty members for participation in the fellowship program education at all sites; (Core)

II.A.4.a).(6)   have the authority to remove program faculty members from participation in the fellowship program education at all sites; (Core)

II.A.4.a).(7)   have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)

Background and Intent: The program director has the responsibility to ensure that all who educate fellows effectively role model the Core Competencies. Working with a fellow is a privilege that is earned through effective teaching and professional role modeling. This privilege may be removed by the program director when the standards of the clinical learning environment are not met.

There may be faculty in a department who are not part of the educational program, and the program director controls who is teaching the residents.

II.A.4.a).(8)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)
II.A.4.a).(9)	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant subspecialty board examination(s); (Core)
II.A.4.a).(10)	provide a learning and working environment in which fellows have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)
II.A.4.a).(11)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process; (Core)
II.A.4.a).(12)	ensure the program's compliance with the Sponsoring Institution's policies and procedures for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of a fellow; (Core)

Background and Intent: A program does not operate independently of its Sponsoring Institution. It is expected that the program director will be aware of the Sponsoring Institution's policies and procedures, and will ensure they are followed by the program's leadership, faculty members, support personnel, and fellows.

II.A.4.a).(13)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)
II.A.4.a).(13).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)
II.A.4.a).(14)	document verification of program completion for all graduating fellows within 30 days; (Core)
II.A.4.a).(15)	provide verification of an individual fellow's completion upon the fellow's request, within 30 days; and, (Core)

Background and Intent: Primary verification of graduate medical education is important to credentialing of physicians for further training and practice. Such verification must be accurate and timely. Sponsoring Institution and program policies for record retention are important to facilitate timely documentation of fellows who have previously completed the program. Fellows who leave the program prior to completion also require timely documentation of their summative evaluation.

| II.A.4.a).(16) | obtain review and approval of the Sponsoring Institution's DIO before submitting information or requests to the ACGME, as required in the Institutional Requirements and outlined in the ACGME Program Director's Guide to the Common Program Requirements. (Core) |

II.B.   Faculty

Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.

Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.

Background and Intent: "Faculty" refers to the entire teaching force responsible for educating fellows. The term "faculty," including "core faculty," does not imply or require an academic appointment or salary support.

| II.B.1. | For each participating site, there must be a sufficient number of faculty members with competence to instruct and supervise all fellows at that location. (Core) |

| II.B.1.a) | At least three faculty members with expertise in pain medicine, including the program director, must be involved in pain medicine subspecialty education, and these must equal at least two FTEs. (Core) |

| II.B.1.b) | The faculty must include psychiatrists or clinical psychologists who have documented experience in the evaluation and treatment of patients with chronic pain. (Core) |

| II.B.2. | Faculty members must: |

| II.B.2.a) | be role models of professionalism; (Core) |

II.B.2.b)	demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care; (Core)

Background and Intent: Patients have the right to expect quality, cost-effective care with patient safety at its core. The foundation for meeting this expectation is formed during residency and fellowship. Faculty members model these goals and continually strive for improvement in care and cost, embracing a commitment to the patient and the community they serve.

II.B.2.c)	demonstrate a strong interest in the education of fellows; (Core)
II.B.2.d)	devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)
II.B.2.e)	administer and maintain an educational environment conducive to educating fellows; (Core)
II.B.2.f)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)
II.B.2.g)	pursue faculty development designed to enhance their skills at least annually. (Core)

Background and Intent: Faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the fellowship program faculty in the aggregate.

II.B.3.	Faculty Qualifications
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)
II.B.3.b)	Subspecialty physician faculty members must:
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Anesthesiology, Physical Medicine and Rehabilitation, or Psychiatry and Neurology, American Osteopathic Board of Anesthesiology, or a member board of the American Osteopathic Conjoint Pain Medicine Examination Committee, or possess qualifications judged acceptable to the Review Committee. (Core)
II.B.3.b).(2)	The faculty as a whole must possess expertise across the domains of acute and chronic pain and pain in patients who require palliative care. (Core)

II.B.3.c)	Any non-physician faculty members who participate in fellowship program education must be approved by the program director. (Core)

Background and Intent: The provision of optimal and safe patient care requires a team approach. The education of fellows by non-physician educators enables the fellows to better manage patient care and provides valuable advancement of the fellows' knowledge. Furthermore, other individuals contribute to the education of the fellow in the basic science of the subspecialty or in research methodology. If the program director determines that the contribution of a non-physician individual is significant to the education of the fellow, the program director may designate the individual as a program faculty member or a program core faculty member.

II.B.3.d)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)
II.B.3.d).(1)	The faculty must include members who completed an ACGME-accredited or AOA-approved program in at least two of the following specialties: anesthesiology; physical medicine and rehabilitation; psychiatry; and child neurology or neurology. (Core)
II.B.3.d).(1).(a)	These faculty members must have qualifications acceptable to the Review Committee. (Core)
II.B.4.	Core Faculty

Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)

Background and Intent: Core faculty members are critical to the success of fellow education. They support the program leadership in developing, implementing, and assessing curriculum and in assessing fellows' progress toward achievement of competence in the subspecialty. Core faculty members should be selected for their broad knowledge of and involvement in the program, permitting them to effectively evaluate the program, including completion of the annual ACGME Faculty Survey.

II.B.4.a)	Core faculty members must be designated by the program director. (Core)
II.B.4.b)	Core faculty members must complete the annual ACGME Faculty Survey. (Core)

II.B.4.c)   There must be a ratio of at least one FTE core faculty member (salaried or non-salaried) to two fellows. (Core)

II.C.   **Program Coordinator**

II.C.1.   **There must be a program coordinator.** (Core)

II.C.2.   **The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration.** (Core)

Background and Intent: Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with learners, faculty and other staff members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.

The program coordinator is a member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management. Program coordinators are expected to develop unique knowledge of the ACGME and Program Requirements, policies, and procedures. Program coordinators assist the program director in accreditation efforts, educational programming, and support of fellows.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth. Programs with fewer fellows may not require a full-time coordinator; one coordinator may support more than one program.

II.D.   **Other Program Personnel**

      The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)

Background and Intent: Multiple personnel may be required to effectively administer a program. These may include staff members with clerical skills, project managers, education experts, and staff members to maintain electronic communication for the program. These personnel may support more than one program in more than one discipline.

III.   **Fellow Appointments**

III.A.   **Eligibility Criteria**

III.A.1.   **Eligibility Requirements – Fellowship Programs**

      All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty