



ANESTHESIA  
REMEDICATION  
REENTRY  
PROGRAM

# Rebuilding the Anesthesia Workforce From Within

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**Anesthesiologist shortages are no longer a future concern — they are actively constraining operating room capacity, driving case delays and cancellations, straining surgeon relationships, and undermining patient satisfaction. A structured remediation and reentry program offers a clinically rigorous, governance-aligned pathway to safely reintegrate anesthesiologists who are retired, ASC-focused, or recovered from an illness or injury back into active hospital practice — strengthening your talent pipeline before the shortage deepens further.**

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The signs are everywhere. A surgeon's elective caseload quietly shrinks, profitable service lines stall, and patients are repeatedly rescheduled. For many hospitals, this is not a theoretical risk—it is the daily reality of a fragile anesthesia workforce contracting faster than the pipeline can replenish it.

The numbers underscore the severity of the situation. The Health Resources and Services Administration (HRSA) projects a national shortage of roughly 8,450 anesthesiologists by 2037,<sup>1</sup> and a separate workforce analysis estimates a gap of 6,300 physicians by 2036.<sup>2</sup> Meanwhile, approximately 57 percent of anesthesiologists are over 55, with more than 17 percent nearing retirement.<sup>3</sup> The CRNA workforce faces similar pressure, with the AANA reporting that 12 percent of CRNAs plan to retire by 2027.<sup>4</sup>

Training capacity cannot fully offset these losses. In the 2025 Match, more than 3,000 applicants competed for 1,805 anesthesiology residency positions, leaving roughly 40 percent unmatched.<sup>5</sup> Expanding residency programs requires significant investment and at least two years to produce new graduates, while retirements accelerate faster than the pipeline can replenish. By 2023, 78 percent of healthcare facilities reported an anesthesia staffing shortage—more than double the pre-pandemic figure of 35 percent.<sup>6</sup> While locum tenens coverage can bridge short-term gaps, it is rarely a sustainable solution.



What is often overlooked is that a meaningful supply of fully trained anesthesiologists already exists—they are simply not practicing in hospital-based roles or not practicing at full scope. Some have moved to outpatient or procedural centers, while others stepped away from clinical work for family, health, or administrative reasons. Many remain board-certified but have gaps in current skills or credentialing. With structured support, these clinicians can safely return to active hospital practice.

Since 2021, the Anesthesiology Remediation and Refresher Program (ARRP) has partnered with hospitals nationwide to implement structured, on-site programs tailored to departmental needs.<sup>7</sup> ARRP serves four cohorts: physicians returning from narrow-scope settings, clinicians who took extended time away, anesthesiologists with complex supervisory or regulatory requirements, and those with board certification gaps. All completed residency but require more than updating a CV to regain hospital privileges.

ARRP follows a four-phase progression—observation, assistance, close direction, and general supervision—customized to each physician’s baseline and skill gaps. Programs cover clinical skills, regional techniques, monitoring, documentation, and compliance. Most run about a year, and participants contribute to OR throughput under supervision early in the program.

For hospitals, the program’s value is immediate and compounding. Enrollees strengthen departmental resilience during training and often remain after graduation, reducing recruitment costs and adding a permanent, credentialed clinician. Documentation of supervision, case logs, and performance milestones provides committees with the evidence needed to approve physician reentry confidently. Affiliate hospitals pay a startup and maintenance fee to ARRP; enrollees pay a program fee upon completion.

Hospitals are not short on ambition or operational capability. What many lack is a practical mechanism to rebuild anesthesia workforce depth without waiting years for residency expansion. Remediation and reentry programs cannot replace training expansion or retention strategies, but they offer something locum coverage cannot: a sustainable anesthesia talent pipeline built within your own walls.



## **ABOUT Anesthesia Remediation & Reentry Program (ARRP)**

ARRP partners with hospitals and anesthesia groups to implement structured, hospital-based programs that safely reintegrate qualified, board-trained anesthesiologists into full clinical practice.

### **FOOTNOTES:**

1 Health Resources & Services Administration (HRSA). National and Regional Supply and Demand Projections for the Nurse Anesthetist, Nurse-Midwife, and Nurse Practitioner Workforces: 2020–2035. U.S. Department of Health and Human Services; 2022. HRSA projects a shortage of approximately 8,450 anesthesiologists by 2037 under base-case assumptions.

2 Medicus Healthcare Solutions. The Anesthesia Provider Shortage White Paper. 2025. Available at: medicushcs.com. Report projects a shortage of 6,300 anesthesiologists by 2036.

3 Medicus Healthcare Solutions. The Anesthesia Provider Shortage: Confronting the Growing Demands for Care. 2025. In 2020, the average age of practicing anesthesiologists was 52.6; 56.9% were older than 55, with more than 17% nearing retirement.

4 American Association of Nurse Anesthesiology (AANA). CRNA workforce survey data cited in: Medicus Healthcare Solutions. The Anesthesia Provider Shortage: Confronting the Growing Demands for Care. 2025. AANA reports 12% of CRNAs plan to retire by 2027.

5 National Resident Matching Program (NRMP). 2025 Main Residency Match Results and Data. Washington, DC: NRMP; 2025. Of 3,000+ anesthesiology applicants, 1,805 PGY-1 positions were offered; approximately 40% of applicants went unmatched.

6 Abouleish AE, et al. The Anesthesia Workforce: Supply and Demand. *Anesthesiology*. June 2024. By 2023, 78% of facilities reported an anesthesia staffing shortage, compared with 35% before the COVID-19 pandemic.

7 Gallagher A. Exploring NUMC's Anesthesia Remediation and Refresher Program. *ASA Monitor*. 2022;86(8):37. doi: 10.1097/01.ASM.0000855704.28944.46. Nassau University Medical Center's ARRP program was described in the American Society of Anesthesiologists' member journal as an innovative model for reintegrating anesthesiologists into hospital practice.