ACGME Program Requirements for Graduate Medical Education in Neurology
Summary and Impact of Major Requirement Revisions

Requirement #: II.A.3.b).(1)

Requirement Revision (significant change only):

[Qualifications of the program director:] Only ABPN and AOBNP certification will be considered acceptable (core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement was added to specify ABPN and AOBNP certification as the only acceptable board certification of the program director.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will not affect resident/fellow education, patient safety, and/or patient care quality. The ABPN and AOBNP certification requirement will ensure that the program director has achieved the level of competence required to serve as program director.

3. How will the proposed requirement or revision impact continuity of patient care?
   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: II.B.4.c)

Requirement Revision (significant change only):

The core faculty must include a program director, a child neurologist, and a minimum of three full-time neurology faculty members who provide clinical service and teaching and who devote sufficient time to the program to ensure basic and clinical education for residents. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee recommended that the core faculty requirement be three full-time neurology faculty members based on the smallest resident complement (three) for all of the accredited neurology programs. The core faculty minimum will be based upon the approved resident complement for the neurology program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Having the proper types and numbers of core faculty members will ensure adequate supervision of residents as they provide patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources
   (e.g., facilities, organization of other services, addition of faculty members, financial
   support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

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II.C.3. For programs with more than six residents, additional support must be provided as follows:

   II.C.3.a) A minimum of 0.75 FTE support for programs with seven to 12 residents.
   (Core)

   II.C.3.b) A minimum of 1.00 FTE support for programs with more than 12 residents. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee developed this requirement to stipulate both time and funding in order to underscore the importance of administrative time for the coordinator in support of the program director’s administrative responsibilities. This information was previously clarified through an FAQ.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will not affect resident/fellow education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   This will not impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources
   (e.g., facilities, organization of other services, addition of faculty members, financial
   support; volume and variety of patients), if so, how?
   This might necessitate additional institutional resources to hire FTE coordinator support for programs.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

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Residents entering a program that offers the 36-month format must have completed a year of graduate medical education that satisfies III.A.2. and includes at least one of the following:

Six months in internal medicine with primary responsibility in patient care and a period of at least two one-months’ time comprising one or more months of rotations in pediatrics, emergency medicine, internal medicine, or family medicine. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee revised this requirement to provide clarity relative to the six-month internal medicine experience and rotations that satisfy the requirements during the PGY-1 in addition to the six months of internal medicine and up to four months of neurology.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will not affect resident/fellow education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: IV.C.1.a) and IV.C.b)

Requirement Revision (significant change only):

**IV.C.1.a) 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 high-quality assessment and feedback. (Core)**

**IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows the residents to function as part of an effective health care team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)**

1. Describe the Review Committee’s rationale for this revision:
   The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when residents are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care and fellow education. They are also intended to address the negative impact of assigning supervising faculty members for very brief assignments.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The intent of the requirements is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care when creating resident and faculty member schedules. This new requirement prioritizes patient safety and education in curriculum planning.

3. How will the proposed requirement or revision impact continuity of patient care?
   The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity, quality, and safety of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: IV.C.6.a).(2)-IV.C.6.a).(2).(c)

Requirement Revision (significant change only):

IV.C.6.a).(2) This must include at least six months (full-time equivalent) of outpatient experience in clinical adult neurology.  (Core)

   IV.C.6.a).(2).(a) The outpatient experience must include a resident longitudinal/continuity clinic with attendance by each resident at a minimum of 40 half-day clinics a year weekly throughout the educational program.  (Core)

   IV.C.6.a).(2).(b) The longitudinal/continuity clinic must not be interrupted by more than five weeks.  (Core)

   IV.C.6.a).(2).(c) At least three months of the outpatient experience must be outside the longitudinal/continuity clinic.  (Core)

1. Describe the Review Committee’s rationale for this revision:
   These requirements were revised and added to outline how much time a resident must spend in the continuity clinic, the maximum time allowed between continuity clinics, and the maximum time continuity clinic can count toward the total six months of required outpatient experience in clinical adult neurology.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will not affect resident/fellow education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
This will not affect continuity of patient care. It is in place to ensure continuity of care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: IV.C.7.

Requirement Revision (significant change only):

Residents must have clinical and didactic experiences in all aspects of neurology, including neuro-ophthalmology, neuromuscular medicine, vascular neurology, epilepsy, movement disorders, neurocritical care, clinical neurophysiology, behavioral neurology, neuroimmunology, infectious disease, neurotology, neuroimaging, neuro-oncology, neuropathology, pain management, neurogenetics, child neurology, the neurology of aging, and sleep disorders. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement was added to ensure that in addition to required faculty qualifications in these areas, the program must provide residents with clinical and didactic experiences in these aspects of neurology.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This requirement ensures that all programs provide their residents with a broad exposure to all aspects of neurology through a mix of clinical and didactic learning experiences.

3. How will the proposed requirement or revision impact continuity of patient care?
   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: V.A.1.c).(1).(a)

Requirement Revision (significant change only):
Each resident must be evaluated by a minimum of three faculty members who are ABPN- or AOBNP-certified neurologists, including at least one child neurologist. (Detail) (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee has changed the program requirement categorization from “Detail” to “Core.” The Review Committee believes that neurology residents must be evaluated by neurologists who demonstrate a level of achievement through ABPN or AOBNP board certification.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will not affect resident/fellow education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care? 
   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not have an impact on other accredited programs.