ACGME Program Requirements for Graduate Medical Education in Epilepsy
Summary and Impact of Focused Requirement Revisions

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

Requirement Revision (significant change only):

[Qualifications of the program director:] The Review Committee will not allow other subspecialty qualifications for program directors. (Core)

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

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.1.b)

Requirement Revision (significant change only):

Faculty members or consultants with special expertise in all the disciplines related to neurology, including behavioral neurology, child neurology, clinical neurophysiology, epilepsy, movement disorders, neurocritical care, neurogenetics, neuroimaging, neuromuscular medicine, neuro- oncology, neuro-ophthalmology, neuropathology, pain management, psychiatry, sleep disorders, the neurology of aging, and vascular neurology should be available on a regular basis to epilepsy fellows. (Detail)

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 provides residents with clinical and didactic experiences in these aspects of epilepsy.

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 clinical neurophysiology 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.**

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<th>Requirement #: IV.C.1.a) and IV.C.1.b)</th>
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<td>Requirement Revision (significant change only):</td>
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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 must be structured to facilitate learning in a manner that allows the fellows 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 occur 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.