SES044: Specialty Update: Neurology
February 24, 2023

Jaffar Khan, MD
Chair, RC-Neurology
Conflict of Interest Disclosure

Speaker(s): [Jaffar Khan, MD]

Disclosure
None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
Discussion Topics

I. Review Committee for Neurology
II. Accreditation Process
III. Common and Specialty Program Requirements
IV. Review Committee and ACGME Initiatives
Discussion Topics

I. Review Committee Activities for Neurology
II. Accreditation Process (NAS and SAS)
III. Common and Specialty Program Requirements
IV. Review Committee and ACGME Initiatives
ACGME Mission

The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

ACGME MISSION, VISION, and VALUES
The ACGME Vision

We envision a health care system in which the Quadruple Aim* has been realized. We aspire to advance a transformed system of graduate medical education with global reach that is:

- **Competency-based** with customized professional development and identity formation for all physicians;
- Led by **inspirational faculty role models** overseeing supervised, humanistic, clinical educational experiences;
- Immersed in **evidence-based, data-driven**, clinical learning and care environments defined by excellence in clinical care, safety, cost-effectiveness, professionalism, and diversity, equity, and inclusion
- Located in health care delivery systems equitably **meeting local and regional community needs**
- Graduating residents and fellows who strive for **continuous mastery and altruistic professionalism** throughout their careers, placing the needs of patients and their communities first.

*The Quadruple Aim simultaneously improves patient experience of care, population health, and health care provider work life, while lowering per capita cost.
Purpose of ACGME Accreditation

• Accreditation of Sponsoring Institutions and residency/fellowship programs by the ACGME is a **voluntary process** of evaluation and review.

• Accreditation **benefits** the public, **protects** the interests of residents and fellows, and **improves** the quality of teaching, learning, research, and professional practice.

• The accreditation processes are **designed to evaluate, improve, and publicly recognize** Sponsoring Institutions and graduate medical education programs that are in substantial compliance with standards of educational quality established by the ACGME.
ACGME Accreditation

The ACGME has a twofold purpose:

1. to **establish and maintain accreditation standards** that promote the educational quality of residency and fellowship education programs

2. to **promote residency/fellowship education** that is sensitive to the quality and safety of patient care in an environment that fosters the well-being, learning, and professionalism of residents and fellows.

   It is **not** the intent or purpose of the ACGME to establish numbers of physicians in any specialty.
ACGME Board of Directors

• **sets** policy and direction

• **delegates** authority to accredit programs/institutions to the review committees

• **monitors** Review/Recognition Committees
  • Monitoring Committee

• **approves:**
  • Common program requirements
  • Institution/specialty/recognition requirements
Accreditation (ACGME) vs Certification (ABPN)

- Accredits training programs
- Develops Program Requirements for training programs
- Evaluates programs through annual data review and site visits

- Certifies *individual* physicians
- Sets the standards residents and fellows must meet to gain certification for independent, unsupervised practice
- Works with the ACGME to ensure alignment of Program and Certification Requirements
ACGME RC-Neurology Staff

ACGME Leadership

Lynne M. Kirk, MD, Chief Accreditation Officer
(312) 755-5038 – lkirk@acgme.org

RC Staff

Louise Castile, MS, Executive Director
(312) 755-5498 – lcastile@acgme.org

Tiffany Hewitt, MHA, Associate Executive Director
(312) 755-7471 – thewitt@acgme.org

Deneen McCall, BS, Accreditation Administrator
(312) 755-7408 – dmmcall@acgme.org
Review Committees

The function of Review Committees is to set accreditation (i.e., requirements) and to provide peer evaluation of Sponsoring Institutions or residency and fellowship programs.

The purpose of the evaluation is to assess whether a Sponsoring Institution or program is in substantial compliance with the applicable Institutional, Program Requirements, and to confer an accreditation status.

• Review Committees are composed of:
  • volunteer physicians
  • a resident/fellow representative
  • a non-physician public member
Review Committees

• There are 28 specialty Review Committees, including one for transitional year programs.
• The Institutional Review Committee reviews and accredits institutions that sponsor graduate medical education programs.
• Each Review Committee receives data on all accredited or applicant programs or institutions within its purview, and makes an accreditation status decision on each, annually.
• Every ACGME-accredited graduate medical education program must be overseen and supported by an ACGME-accredited Sponsoring Institution.

• Each Sponsoring Institution must achieve and maintain institutional accreditation before its programs can apply for ACGME accreditation.

• Sponsoring Institutions oversee and provide assurance for the quality of the learning and working environment in all of their ACGME-accredited programs.

• Sponsoring Institutions support patient safety and quality of care at all participating sites.
ACGME Recognition

• Recognition is additional acknowledgment, supplemental to accreditation, for identified elements or categories of a Sponsoring Institution or program.

• Recognition is conferred through a voluntary process of evaluation and review based on published Recognition Requirements.

• ACGME recognition is overseen by a Recognition committee made up of volunteer experts, a representative of the public, and a resident or fellow member.

• Sponsoring Institutions or programs with ACGME recognition must be accredited by the ACGME.
Types of Recognition

• The ACGME offers Osteopathic Recognition to accredited programs that provide requisite education in Osteopathic Principles and Practice.

• The ACGME offers Recognition of Sponsoring Institutions that have non-standard training (NST) programs. NST programs provide clinical training for foreign national physicians in advanced subspecialty programs for which there is no ACGME accreditation or American Board of Medical Specialties (ABMS) member board certification.
Neurology Review Committee Members

• Jaffar Khan, MD* - (AAN) (Chair)
• Howard Goodkin, MD – (ABPN) (Vice Chair)
• Timothy Bernard, MD – (ABPN)
• Christopher Boes, MD – (AMA)
• Deborah Bradshaw, MD – (AAN)
• Zachary London, MD – (ABPN)
• Eli M. Mizrahi, MD* - (AMA)
• Gauri Pawar, MD* - (AAN)
• Anne Pawlak, DO – (AOA)

• Erica Schuyler, MD – (AMA)
• Karen Tilltson, DHSC., PA-C (Public Member)
• Robin Ulep, MD* (Resident Member)
• David Urion, MD* (CNS)
• Jeffrey M. Lyness, MD (ABPN)
• Jason Ouimette (AOA)
• Monique Terrell (CNS)
• Mary Post, MBA, CAE (AAN)

*Term ends June 30, 2023
RC members are not allowed to discuss RC activities, accreditation decisions
Incoming RC-Neurology Members

- Patricia Graese, MD *(Resident Member)*
  Sidney Kimmel Medical College at Thomas Jefferson University – Philadelphia, PA

- Jose Posas, MD
  Ochsner Health – New Orleans, LA

- Marc DiSabella, DO
  Children’s National Hospital – Washington, DC

- Vicki Shanker, MD
  Icahn School of Medicine at Mount Sinai – New York, NY

- Renee B. Van Stavern, MD
  Washington University in St. Louis School of Medicine – St. Louis, MO

Terms begin: July 1, 2023
## Upcoming RC Meeting Dates

Neurology

<table>
<thead>
<tr>
<th>Meeting Dates:</th>
<th>Agenda Closing Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2, 2023</td>
<td>January 6, 2023</td>
</tr>
<tr>
<td>January 2024</td>
<td>October 2023</td>
</tr>
<tr>
<td>April 2024</td>
<td>January 2024</td>
</tr>
</tbody>
</table>
Discussion Topics

I. Review Committee for Neurology
II. Accreditation Process
III. Common and Specialty Program Requirements
IV. Review Committee and ACGME Initiatives
Next Accreditation System (NAS)

• Continuous Accreditation Model
  • Based on outcomes
  • Promote innovation

• Allows programs in good standing to innovate (detail standards)

• Identifies and helps underperforming programs

• Hold underperforming programs to detailed standards
Key Components of the NAS

- Continuous accreditation model
- Annual submission of core program data
- Annual program review of core program data
- Scheduled (self-study) visits every ten years
- Focused site visits at any time only for specific issues
- Full site visits at any time for multiple or broad issues
The Steps to Continuous Accreditation

Once an application is submitted:

- Core programs – site visit
- Sub-specialty programs – placed on the next RC agenda

Program Application

A site visit will occur within 2 years of initial accreditation for all programs.

Initial Site Visit

Once a program achieves Continued Accreditation data elements are reviewed on an annual basis.

Annual Data Review

A full site visit occurs every 10 years for each accredited Sponsoring Institution and program and preceded by a comprehensive Self-Study process.

Self-study | 10-year Site Visit
Neurology Program Accreditation
Academic Year 2022-2023

• Neurology 175
• Child Neurology 79
• Brain Injury Medicine 1
• Clinical Neurophysiology 94
• Endovascular Surgical Neuroradiology 2
• Epilepsy 93
• Neurocritical Care 7
• Neurodevelopmental Disabilities 8
• Neuromuscular Medicine 55
• Pain Medicine 2
• Sleep Medicine 19
• Vascular Neurology 112
Annual Data Elements

- Resident/Fellow Survey
- Clinical Experience
- ABPN Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Subspecialty Performance
- Omission of Data
Along with an accreditation decision, the RC may…

✓ Commend exemplary performance or innovations
✓ Identify areas for improvement (AFIs)
✓ Issue citations
✓ Resolve or extend existing citations
✓ Increase or reduce resident complement
Citations in NAS

Citations identify areas of non-compliance

- Given and removed by RC (not by RC staff)
- Linked to specific requirements
- Program responses required annually in ADS
- Program progress is reviewed annually
Areas for Improvement (AFI)

- “General concerns”
- May be given or removed by staff (RC rules) or members
- May or may not be specifically linked to a requirement: General concerns in RS, for example
- Do not require written response in ADS
- Expectation that AFIs will be monitored locally
  - PD and GMEC will work to resolve
- AFIs will be tracked by RC, but only show up in the next review if the program is triggered again
## 2021-2022 Frequent Citations and AFIs

**Neurology/Child Neurology/Subspecialties**

<table>
<thead>
<tr>
<th>Citations</th>
<th>AFIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Learning and Working Environment (80-hour rule)</td>
<td>Performance on Board Exam</td>
</tr>
<tr>
<td>Evaluation (Residents, Fellows, Faculty, and Program)</td>
<td>Specific domains in the Resident/Faculty Survey</td>
</tr>
<tr>
<td>Performance on Board Exams (below 5\textsuperscript{th} percentile in the preceding three years or six years for subspecialties that offer biennial exams)</td>
<td>Failure to Provide Accurate/Required Information</td>
</tr>
<tr>
<td>Program Director Responsibilities/Entering Accurate Information</td>
<td>Scholarly Activity</td>
</tr>
</tbody>
</table>
Well-Being and Work Hour Requirements

• Dr. Nasca Letter to the Community – January 9, 2019
  (Available on the ACGME website at www.acgme.org
  under Newsroom, click on key topic “Physician Well-
  Being” to access the letter)

• The ACGME Review Committees monitors and enforces compliance with the 80-hour requirement

• Violations of the 80-hour requirement will be subject to citation and at risk for an adverse accreditation decision
Communicating Results back to the Program(s)

Within 5 business days following the RC meeting:
- Email notifications are sent to the PD(s), DIO, and PC containing decisions on accreditation status

Up to 60 days following the RC meeting:
- Letters of Notification (LONs) are posted to ADS
- PD(s), DIO, and PC are notified via email that LON is available
- LONs attached to email notifications for all programs

5 Days

60 days
Discussion Topics

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Programs are accountable to both **Common Program Requirements** and the applicable **specialty-specific Program Requirements**.

Common Program Requirements are a basic set of standards (requirements) for education, training, and preparation of physicians applicable to all programs regardless of specialty or subspecialty.

Program Requirements set the context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients.

Program Requirements facilitate an environment in which residents and fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions.
Changes to CPR and Neurology and Child Neurology Specialty Specific Program Requirements

PR II.A.2.a)  Program Director

II.A.2.a)  

Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)

<table>
<thead>
<tr>
<th>Number of Approved Resident Positions</th>
<th>Minimum support required (FTE)</th>
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<tbody>
<tr>
<td>1-6</td>
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<tr>
<td>7-10</td>
<td>0.4</td>
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<td>11-15</td>
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<td>16-20</td>
<td>0.6</td>
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<td>21-25</td>
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<td>36-40</td>
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<td>1.3</td>
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<tr>
<td>56-60</td>
<td>1.4</td>
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<tr>
<td>61-65</td>
<td>1.5</td>
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<tr>
<td>66-70</td>
<td>1.6</td>
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</tbody>
</table>
Changes to CPR and Clinical Neurophysiology, Epilepsy, Neurodevelopmental Disabilities, Neuromuscular Medicine and Vascular Neurology Subspecialty Specific Program Requirements

PR II.A.2.a) Program Director

II.A.2.a) Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)

<table>
<thead>
<tr>
<th>Number of Approved Fellow Positions</th>
<th>Minimum FTE</th>
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<tr>
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<td>7-9</td>
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<td>10-12</td>
<td>0.25</td>
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<tr>
<td>13-15</td>
<td>0.3</td>
</tr>
</tbody>
</table>
Changes to CPR and **Neurology and Child Neurology** Specialty Specific Program Requirements

PR II.C.2.a) Program Coordinator

**II.C.2.a)**

At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)

<table>
<thead>
<tr>
<th>Number of Approved Resident Positions</th>
<th>Minimum FTE</th>
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<tbody>
<tr>
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</table>
Changes to CPR and Clinical Neurophysiology, Epilepsy, Neurodevelopmental Disabilities, Neuromuscular Medicine and Vascular Neurology Subspecialty Specific Program Requirements

PR II.C.2.a) Program Coordinator

II.C.2.a) At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program:

<table>
<thead>
<tr>
<th>Number of Approved Fellow Positions</th>
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<tbody>
<tr>
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<td>13-15</td>
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</tbody>
</table>
Program Coordinators

- The minimum FTE for the coordinator specified in the requirements should be devoted entirely to **administrative responsibilities for the accredited program**.

- If a specialty’s program requirements specify a full-time coordinator, the program may not assign any additional responsibilities including, but not limited to, supporting non-accredited programs, or other departmental administrative responsibilities.

- We encourage programs to focus on allocating time between ACGME-required program administration and other duties required by the institution, so that these individuals are not overburdened.
The Neurodevelopmental Disabilities (NDD) program requirements underwent a focused program requirement revision to provide a pathway to enable those who have completed a child neurology residency to obtain additional education and training that would enable them to provide clinical care to children and adults with neurodevelopmental disabilities.

This 12-month program would include experiences in developmental assessment, adult developmental disabilities, and transitional and interdisciplinary care. Those who complete the program would be eligible to be certified in NDD through the American Board of Psychiatry and Neurology (ABPN).

The NDD focused revision was approved for an effective date of July 1, 2021.
ACGME Neurocritical Care (NCC) PR

The ACGME Board of Directors approved a petition from the ABPN to accredit programs in the subspecialty of NCC, which will be a multidisciplinary certificate cosponsored by the ABPN (Administrative Board), American Board of Anesthesiology, American Board of Emergency Medicine, and the American Board of Neurological Surgery.

<table>
<thead>
<tr>
<th>Int.C.</th>
<th>Length of Educational Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Int.C.1.</td>
<td>Neurocritical Care 1 (NCC-1): 24 months of education in neurocritical care following completion of a residency in anesthesiology, child neurology, emergency medicine, general surgery, internal medicine, or neurology. (<em>Core</em>)</td>
</tr>
<tr>
<td>Int.C.2.</td>
<td>Neurocritical Care 2 (NCC-2): 12 months of education in neurocritical care following completion of a fellowship in anesthesiology critical care medicine, internal medicine critical care medicine, pediatric critical care medicine, or surgical critical care, or completion of or matriculation in a neurological surgery residency. (<em>Core</em>)</td>
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</table>

The NCC program requirements were approved for an effective date of September 26, 2021.
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 at least one core faculty member, including the program director, for every two approved fellow positions. (Core)

II.B.4.c).1) These core faculty members must be certified in neurocritical care by the American Board of Anesthesiology, Emergency Medicine, Internal Medicine, or Neurology, or have American Board of Neurological Surgery certification in neurological surgery and Recognized Focused Practice in neurocritical care from the American Board of Neurological Surgery. (Core)

II.B.4.d) The core faculty must include at least one ABMS board-certified neurologist and one ABMS board-certified neurological surgeon with qualifications in neurocritical care. (Core)
Specialty-Specific Background and Intent: The ABMS boards that will issue this certification began offering the certification examination in October 2021. Prior to July 1, 2026, the Review Committee will consider alternate qualifications for individuals with certification in anesthesiology, emergency medicine, internal medicine, or neurology by a board referenced in II.A.3.b) and completion of fellowship education in neurocritical care. Beginning July 1, 2026, it is the expectation of the Review Committee that these individuals will be certified in neurocritical care by one of the boards specified in the requirement.

Effective immediately, the Review Committee expects individuals with certification in neurological surgery to have Recognized Focused Practice in neurocritical care by the American Board of Neurological Surgery.
Major Revision of Neurology Program Requirements

• The Review Committee for Neurology is preparing to begin a major revision of the Program Requirements for the subspecialties of clinical neurophysiology, epilepsy, neurodevelopmental disabilities and vascular neurology for an effective date of July 2025.

• The **45-day public comment period** will occur in the Spring of 2024.
Burden Reduction

- ACGME Task Force on Burden Reduction formed to reduce administrative burden on program leaders, core faculty members, and program coordinators.
- ACGME asked the GME community for novel ideas to address challenges in delivering exceptional educational experience for residents and fellows.
- Going forward, focused revisions may be considered at scheduled intervals between major revisions, which will typically be every three years.
  - On rare occasions, revisions may be considered between these scheduled intervals.
New Common Program Requirements

Background and Intent

- The Common Program Requirement Background and Intent sections under requirements II.A.2. and II.C.2. have been updated to align with the Common Program FAQ regarding program leadership and program coordinator time.

- These updates are reflected in the Residency, Fellowship, One-Year Fellowship, and Post-Doctoral Education versions of the Common Program Requirements effective July 1, 2023, available under Future Effective Date on the Common Program Requirement page.
Burden Reduction: Faculty Board Certification

• Effective July 1, 2022, the ACGME began using data obtained from the American Board of Medical Specialties and American Osteopathic Association for faculty certification.

• These data will be populated into the Faculty Roster in the Accreditation Data System (ADS) and used during program review and in accreditation and recognition site visit materials. This change is intended to reduce programs’ data entry burden.

• Programs will no longer be required to manually enter faculty members’ ABMS/AOA board certification data in ADS.

• Physician faculty members will be matched to the datasets based on National Provider Identifier (NPI) number, as well as name, date of birth, and medical school graduation year.

• Faculty members who are newly entered into ADS will have their certification information matched and populated within 24 hours. If a faculty member’s certification information is missing or inaccurate, programs will be able to provide the ACGME with the correct details in the faculty member’s profile. For faculty members who are certified by another body, or are not certified, programs will continue to manually provide that information.
ACGME Trainee and Faculty Surveys

- New ACGME Resident/Fellow and Faculty Surveys
- PD not requested to complete the Faculty Survey
- Core faculty members in specialty programs (physician and non-physicians) will be requested to complete the Faculty Survey
- All faculty members in subspecialty programs (physicians and non-physicians) will be requested to complete the Faculty Survey
Board Certification Requirements

- **Board Certification**
  - Program Director should **encourage graduates to take applicable ABMS or AOA certification examination** - replaces all existing specialty-specific take rate requirements

- **Board pass rate:**
  - Aggregate pass rate of program graduates taking the examination for the first time must be above the bottom fifth percentile
  - Based on three years of data for specialty using an annual exam, and six years of data for specialties using a biennial exam
  - 5th percentile
    - defined by the bottom 5% of program pass rates
    - calculated separately for each specialty and board examination
Board Certification Pass Rate

- Includes all programs with data beyond Initial Accreditation period

- Any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program. (Outcome)

- Programs must report (in ADS) board certification rates annually for the cohort of residents that graduated in the past seven years
Discussion Topics

I. Review Committee for Neurology Activities
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Discussion Topics

Leaves of Absence
Institutional Requirements – Guiding Principles
Vacation and Leaves of Absence

- Address medical, parental, and caregiver leave
- Six weeks of paid leave once during program, with one week additional vacation time in same year
- Health insurance available during leave
- Equitable treatment of residents under leave policies (e.g., call responsibilities, promotion/renewal)
- Flexibility of scheduling, time off utilization, and fellowship start dates
- Policies widely available for prospective residents
- Policies consistent with board requirements
- Address extended leaves or multiple episodes of leave
Institutional Requirements

IV.H. Vacation and Leaves of Absence

IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)

IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; (Core)

IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)

IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core)

IV.H.1.f) be available for review by residents/fellows at all times; and (Core)

IV.H.1.g) This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident’s/fellow’s eligibility to participate in examinations by the relevant certifying board(s). (Core)

## Institutional Requirements - FAQs

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutional GME Policies and Procedures</strong></td>
<td>Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.</td>
</tr>
<tr>
<td>Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence?</td>
<td><a href="#"><strong>Institutional Requirement: IV.H.1.</strong></a></td>
</tr>
<tr>
<td>Can vacation and other pay sources be used to support residents/fellows’ salary during leaves of absence?</td>
<td>Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws, and that one week of paid time off is reserved for use outside of the first six weeks of leave. The IRC will not cite Sponsoring Institutions for new elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.</td>
</tr>
<tr>
<td>Is there a timeframe within which residents/fellows must use the week of paid time off that is reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken?</td>
<td>The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken. It is not required that this reserved week carry over into subsequent years of an individual’s educational program. The IRC will not cite Sponsoring Institutions for elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.</td>
</tr>
</tbody>
</table>

[Institutional Requirement: IV.H.1.b-c)]
Institutional Requirements

• Any questions regarding these requirements direct to Dr. Gerald Wicklam, Executive Director of the Institutional Review Committee (IRC).
ACGME Site Visits

Site Visit

Accreditation and recognition site visits are conducted in person or using remote technology. Sponsoring Institutions and programs will be notified of the modality for their site visit.

Department of Accreditation, Recognition, and Field Activities
The accreditation and recognition process for Sponsoring Institutions and programs includes site visits to assess compliance with the applicable Institutional and Program Requirements. All accreditation and recognition site visits for Sponsoring Institutions and programs are performed by Accreditation Field Representatives who are employed by the ACGME.

Below are responses to general questions about the accreditation and recognition site visit process. Specific questions or topics not covered in these FAQs should be addressed to the ACGME Field Activities staff members or the staff of the relevant Review or Recognition Committee.

Refer to the Quick Links on the right-hand side of this page for more information about accreditation and recognition site visits.

Frequently Asked Questions (FAQs) Related to the Accreditation and Recognition Site Visit
Click on the topics below to view related questions and answers.

About the Accreditation and Recognition Site Visit
This section answers questions related to the purpose of a site visit, who conducts the site visit, different types of site visits, blackout dates, and changing the date of a site visit.

Preparing for an Accreditation and/or Recognition Site Visit
This section answers questions related to scheduling a site visit, who should be present for a site visit, resident and fellow interviews, and updating the Accreditation Data System (ADS).

During an Accreditation and Recognition Site Visit

Contact Us:
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Linda B. Andrews, MD
landrews@acgme.org
312.775.5003

Vice President, Field Activities
Cathy Nace, MD
cnace@acgme.org
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Quick Links
ACGME Response to Pandemic Crisis
Accreditation Field Representatives
Institutional Self-Study
Program Self-Study
Program Self-Study Tools

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Milestones 2.0

- Neurology, Child Neurology, Endovascular Surgical Neuroradiology, Neurodevelopmental Disabilities and Vascular Neurology - began using new Milestones July 1, 2021
- Clinical Neurophysiology, Epilepsy, Neurocritical Care and Neuromuscular Medicine – began using new Milestones July 1, 2022
- Remember to map your assessment tools and create a shared mental model around the new Milestones
- Resources are available on the Milestones webpage and ACGME Learn

- milestones@acgme.org
Clinician Educator Milestones

The Clinician Educator Milestones are a joint effort of the ACGME, the Accreditation Council for Continuing Medical Education, the Association of American Medical Colleges, and the American Association of Colleges of Osteopathic Medicine. This series of subcompetencies is designed to aid in the development and improvement of teaching and learning skills across the continuum of medical education.

The Clinician Educator Milestones are not an ACGME accreditation requirement and are not intended to become one in the future.

The Clinician Educator Milestones provide a framework for assessment of educational skills of faculty members who teach residents and fellows. Faculty members can use these milestones for their own self-assessment as educators, or with a trusted peer to provide feedback and assessment. The ultimate goal of these milestones is to provide faculty members with tools to help them with lifelong growth and development as educators. They are designed for:

- Educators
- Educational scholars
- Educational leaders (administrators, program directors)

There are 20 subcompetencies, each covering a different area of professional development. Each serves as a stand-alone assessment of a specific teaching skill or method. Individuals may choose to focus on one or more of the milestones, but do not need to assess against all the milestones.

Who will benefit from the Clinician Educator Milestones?

Faculty members, resident and fellow learners, and ultimately, patients will benefit from the growth and professional development faculty members gain.

The Clinician Educator Milestones can provide a framework for organizations to support development of teaching, scholarship, and leadership, while providing opportunities for educators’ lifelong learning and growth.
Milestones 2.0 Update

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews. Watch the Milestones Engagement page and the weekly ACGME Communications email.
Milestones Resources

Resources are added and updated throughout the year.

Current resources include:

- CCC Guidebook
- Assessment Guidebook
- DOCC and TEAM Assessment Tools
- Clinician Educator Milestones
- Resident and Fellow Guidebook
Visit our learning portal at [dl.acgme.org](https://dl.acgme.org) or scan the QR code below.

Have a question or need assistance? Contact [desupport@acgme.org](mailto:desupport@acgme.org)
These self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- And many more!

The ACGME designates this enduring material for a maximum of 18.0 AMA PRA Category 1 Credits™.
Faculty Development Courses

• Foundations of Competency-Based Medical Education
• Managing your Clinical Competency Committee
• Multi-Source Feedback
An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being.

Join the event for an open discussion of challenges faced by program directors and potential solutions.

- April 11, 2023
- Registration required

https://dl.acgme.org/pages/well-being-tools-resources
Resources

ACGME Home  »  Specialties  »  Neurology

Neurology

The documents and resources housed within this section are provided by the Review Committee for Neurology and its staff at the ACGME to assist ACGME-accredited programs and those applying for accreditation in this specialty area and its applicable subspecialties.

NEUROLOGY SPECIALTIES
Neurology
Child Neurology

NEUROLOGY SUBSPECIALTIES
Brain Injury Medicine
Clinical Neurophysiology
Neuroendovascular Intervention
Epilepsy
Neurocritical Care
Neurodevelopmental Disabilities
Neuromuscular Medicine
Pain Medicine
Sleep Medicine
Vascular Neurology

OTHER ACCREDITATION RESOURCES
Single GME Accreditation System
Osteopathic Recognition
Review and Comment
Self Study and Site Visit
Common Program Requirements

Overview
Program Requirements and FAQs and Applications
Milestones
Documents and Resources
Review Committee Members

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Claim your CME today!

Complete the Evaluation for CME or Certificate of Completion!

The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? cme@acgme.org
Questions?
Thank You