ACGME

2025 ACGME ANNUAL EDUCATIONAL CONFERENCE
MEANING in MEDICINE
FEBRUARY 20-22
NASHVILLE

SES016: Specialty Update – Neurological Surgery

Richard G. Ellenbogen, MD, Review Committee Chair
Kristen Ward Hirsch, MBA

Conflict of Interest Disclosure

Speaker(s): Richard G. Ellenbogen, MD; Kristen Ward Hirsch, MBA

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.

Although we represent the ACGME Neurological Surgery RC we do speak on behalf of the President and CEO

ACGME President and CEO

Debra F. Weinstein, MD

Dr. Deb Weinstein assumed the role of ACGME President and Chief Executive Officer (CEO) on January 1, 2025.

Most recently served as Executive Vice Dean for Academic Affairs and Professor of Learning Health Sciences and Internal Medicine at the University of Michigan Medical School, and Chief Academic Officer for Michigan Medicine.

Discussion Topics

- Review Committee Members and Staff
- Accreditation and Program Statistics
- Case Log and Board Results
- Review Committee Update
- ACGME Resources

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

Review Committee Members and Staff

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Associate Executive Director

Citlali Meza, MPA
Associate Executive Director

Courtney Maxfield
Accreditation Data System (ADS)

Deanna Eallonardo
Accreditation Administrator

Stephanie Lose
Accreditation Administrator

For all inquiries, email RCSurgeryRed@acgme.org

Upcoming Review Committee Meetings

April 4-5, 2025

Agenda Closing: February 21, 2025

August 28, 2025

Agenda Closing: July 25, 2025

January 26-27, 2026

Agenda Closing: November 14, 2025

April 6-7, 2026

Agenda Closing: February 20, 2026

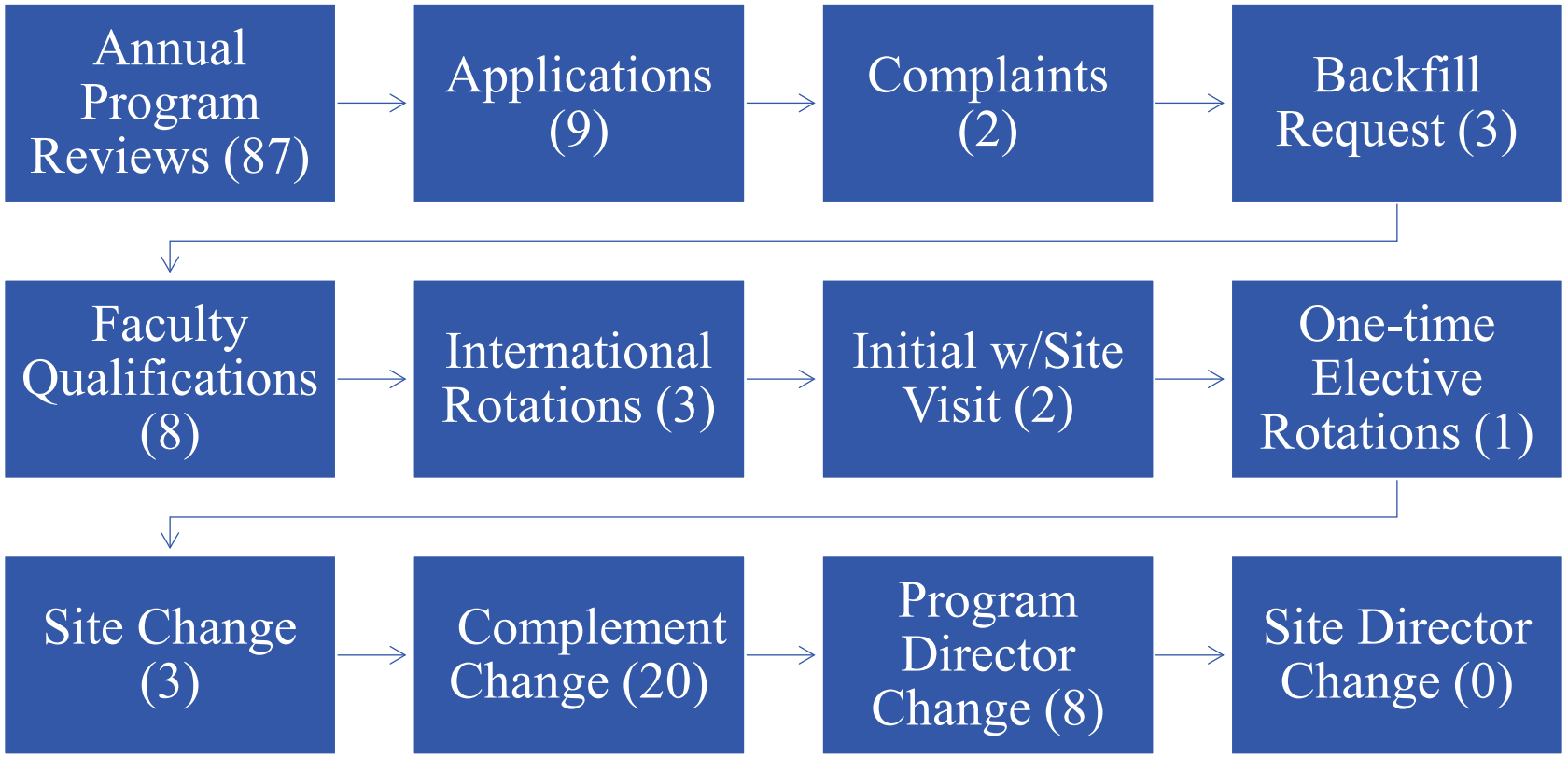
Applications with completed site visits and interim requests accepted at all meetings.

Accreditation and Program Statistics

Program Statistics

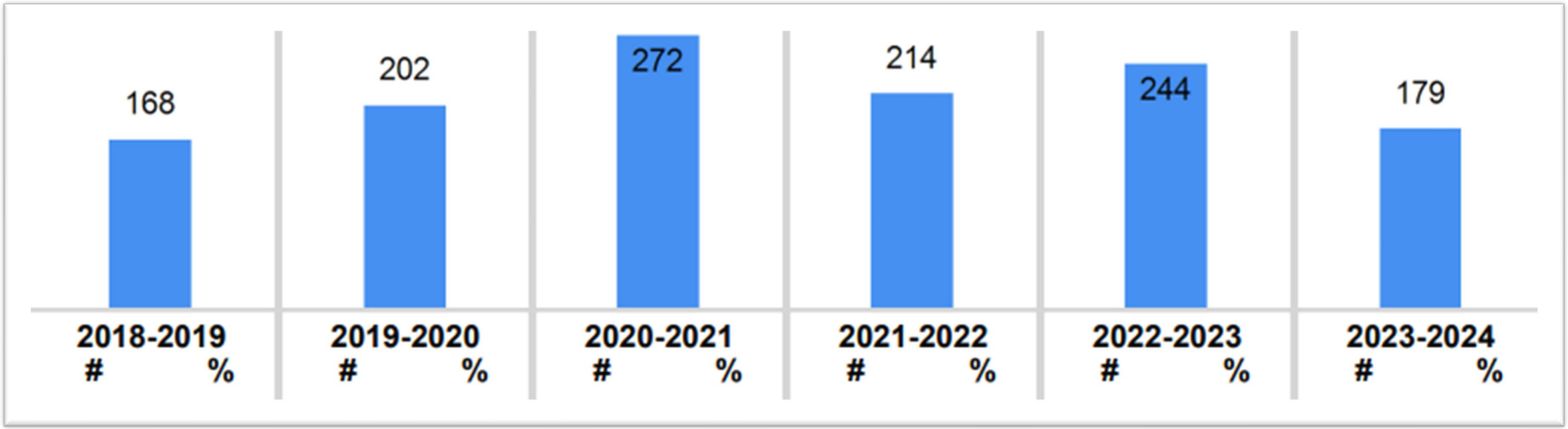
Accreditation Status	# Programs
Continued Accreditation	104
Continued w/o Outcomes	9
Continued with Warning	3
Initial Accreditation	2
Probation	1
Total Accredited Programs	**119**

Meeting Activity Summary for AY 2023-2024



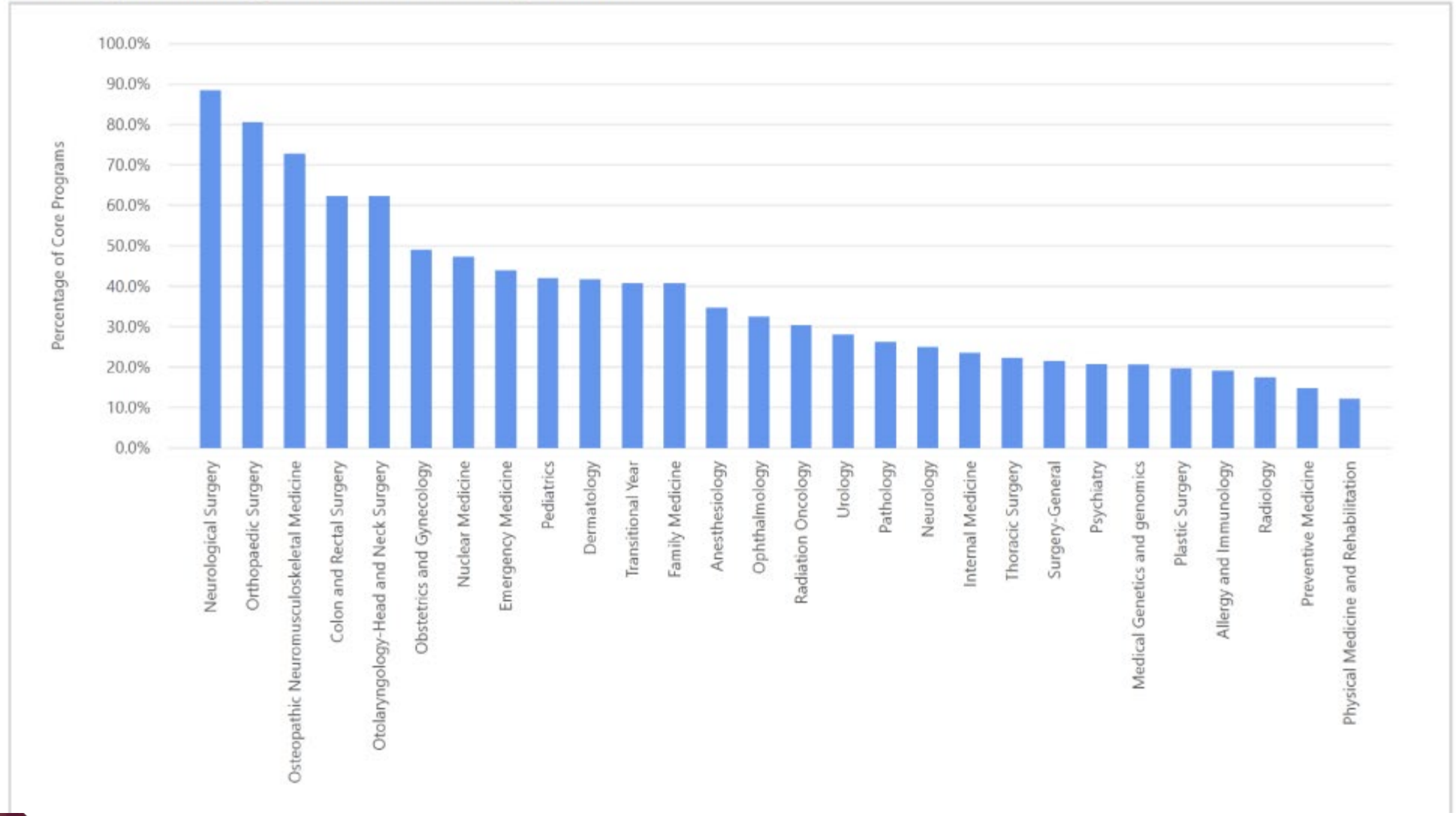
Citation Statistics by Academic Year

Specialty: Neurological Surgery
United States



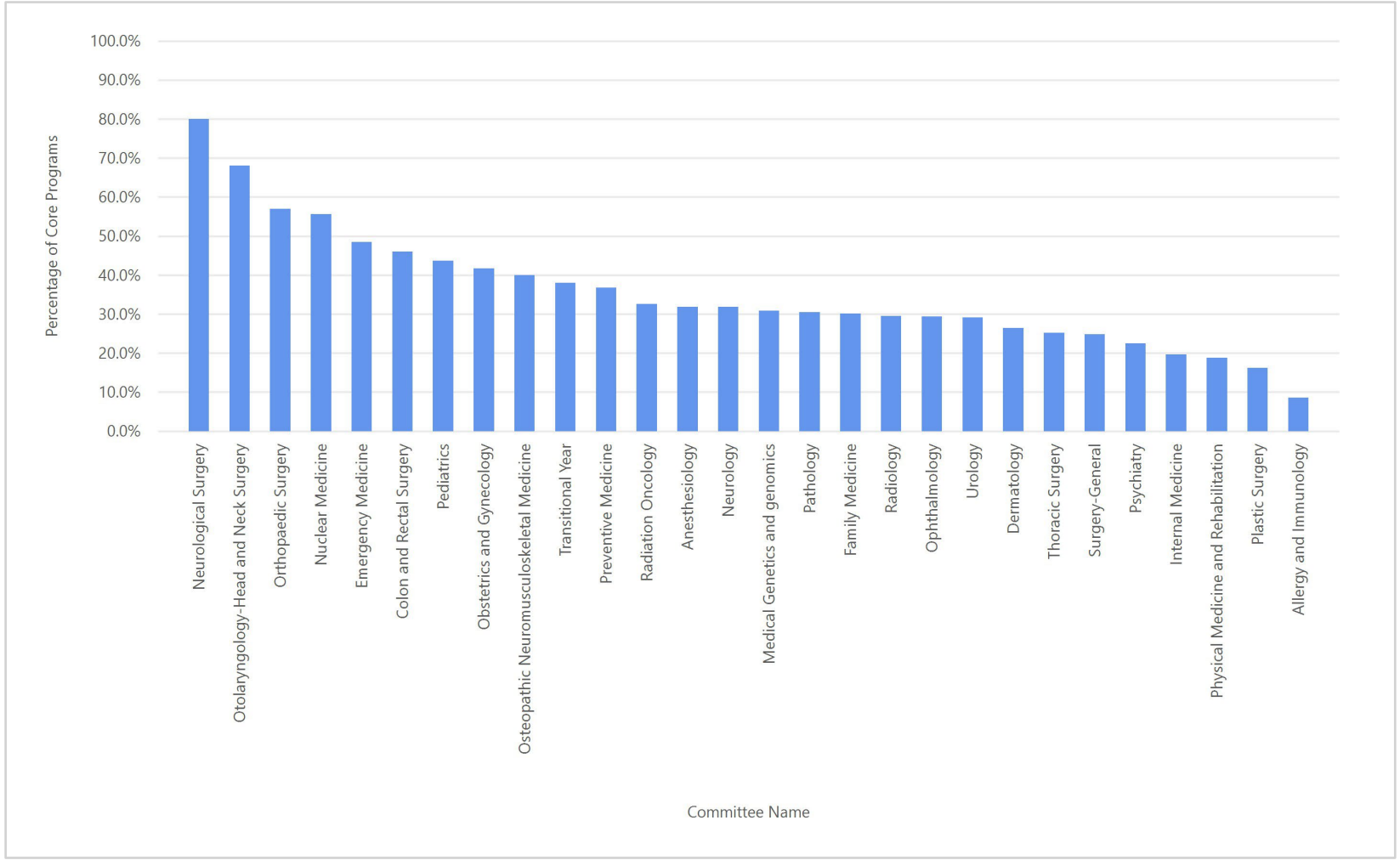
2022-2023 Annual Review Cycle Analysis Report

Percentage of Core Programs Issued Areas for Improvement



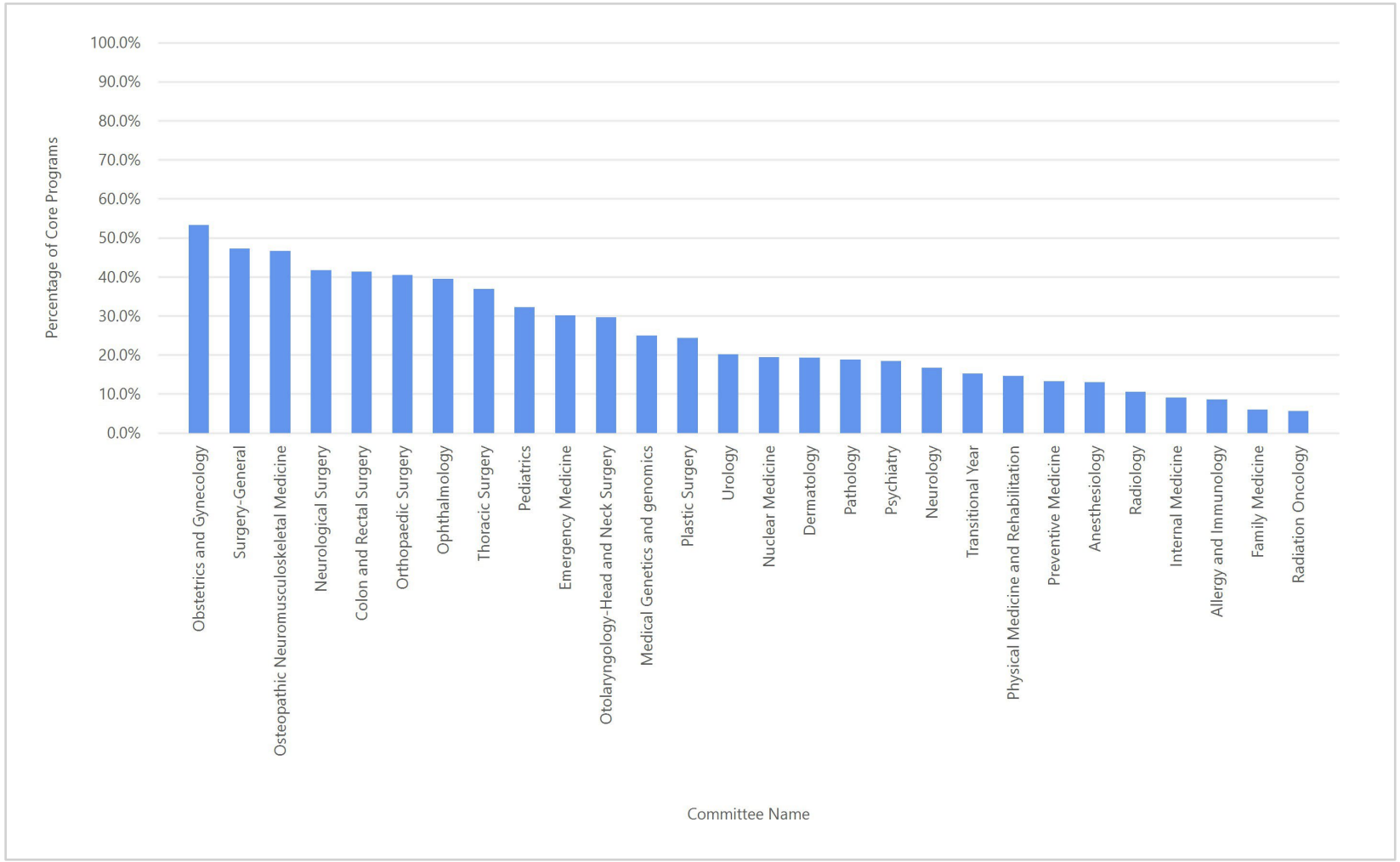
2023-2024 Annual Review Cycle Analysis Report

Percentage of Core Programs Issued Areas for Improvement

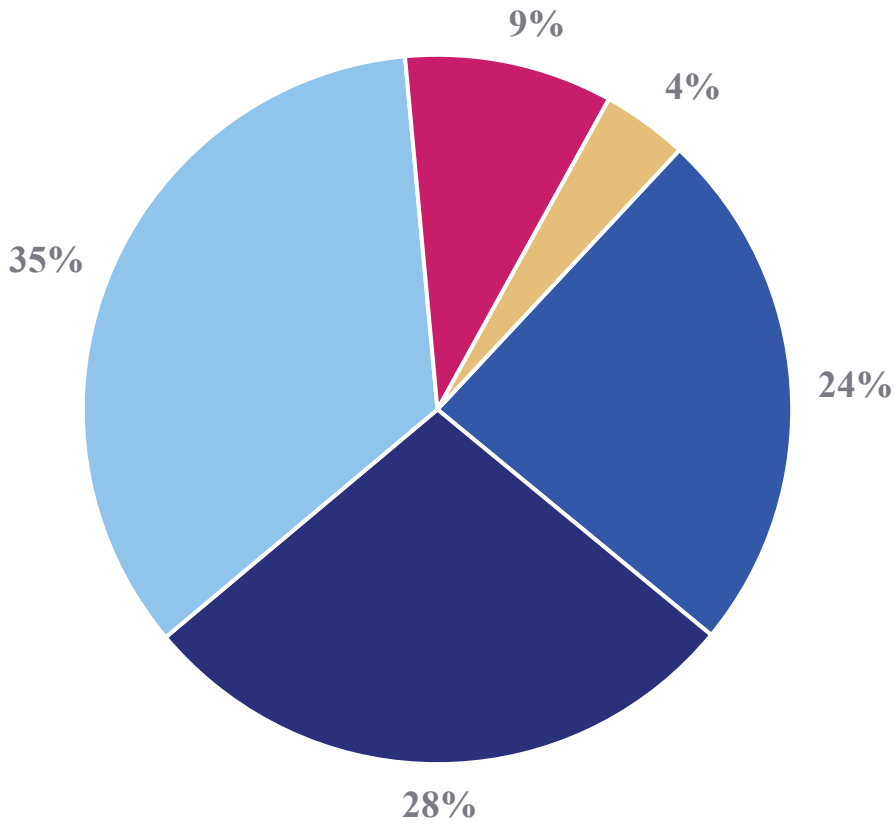


2023-2024 Annual Review Cycle Analysis Report

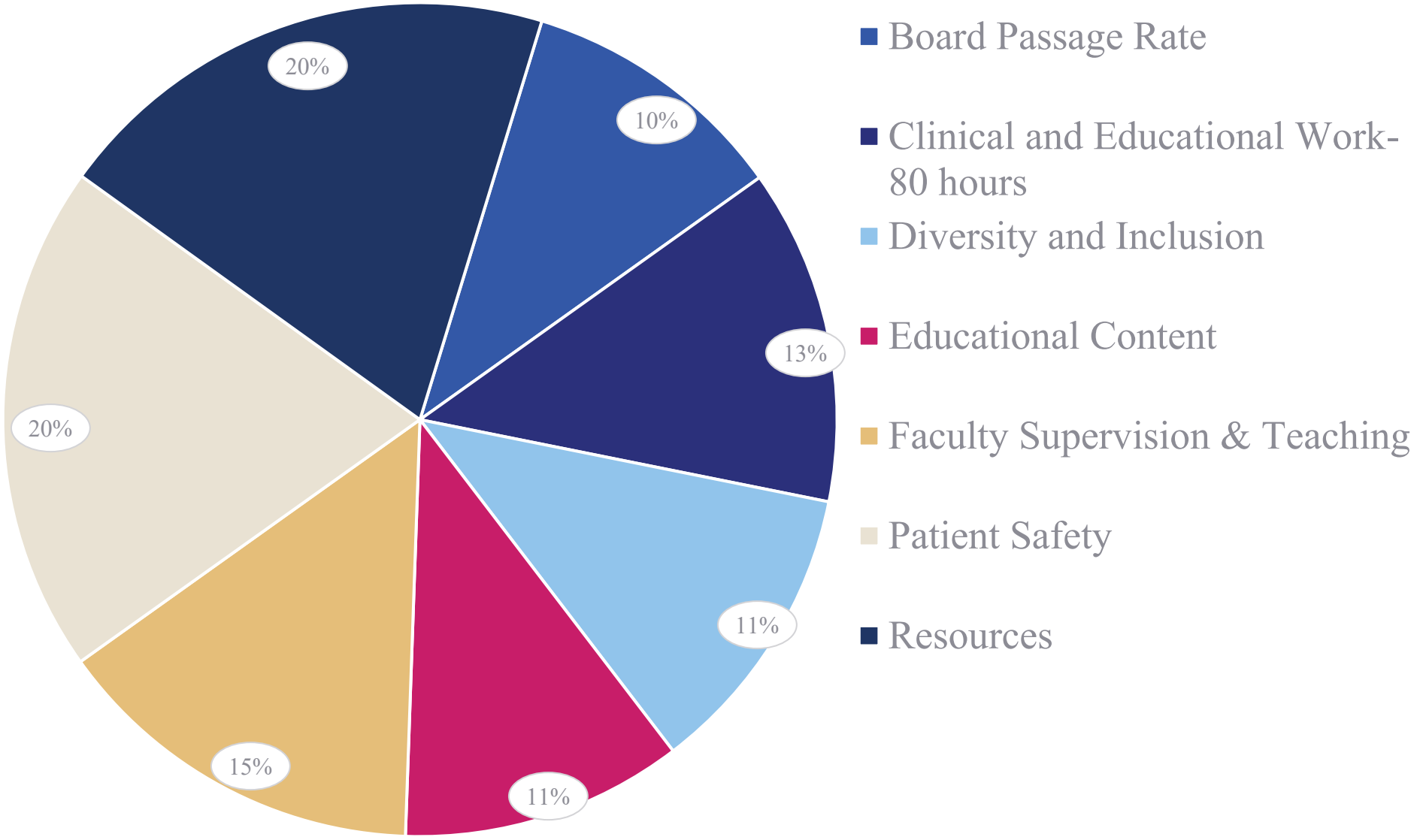
Percentage of Core Programs Issued Citations



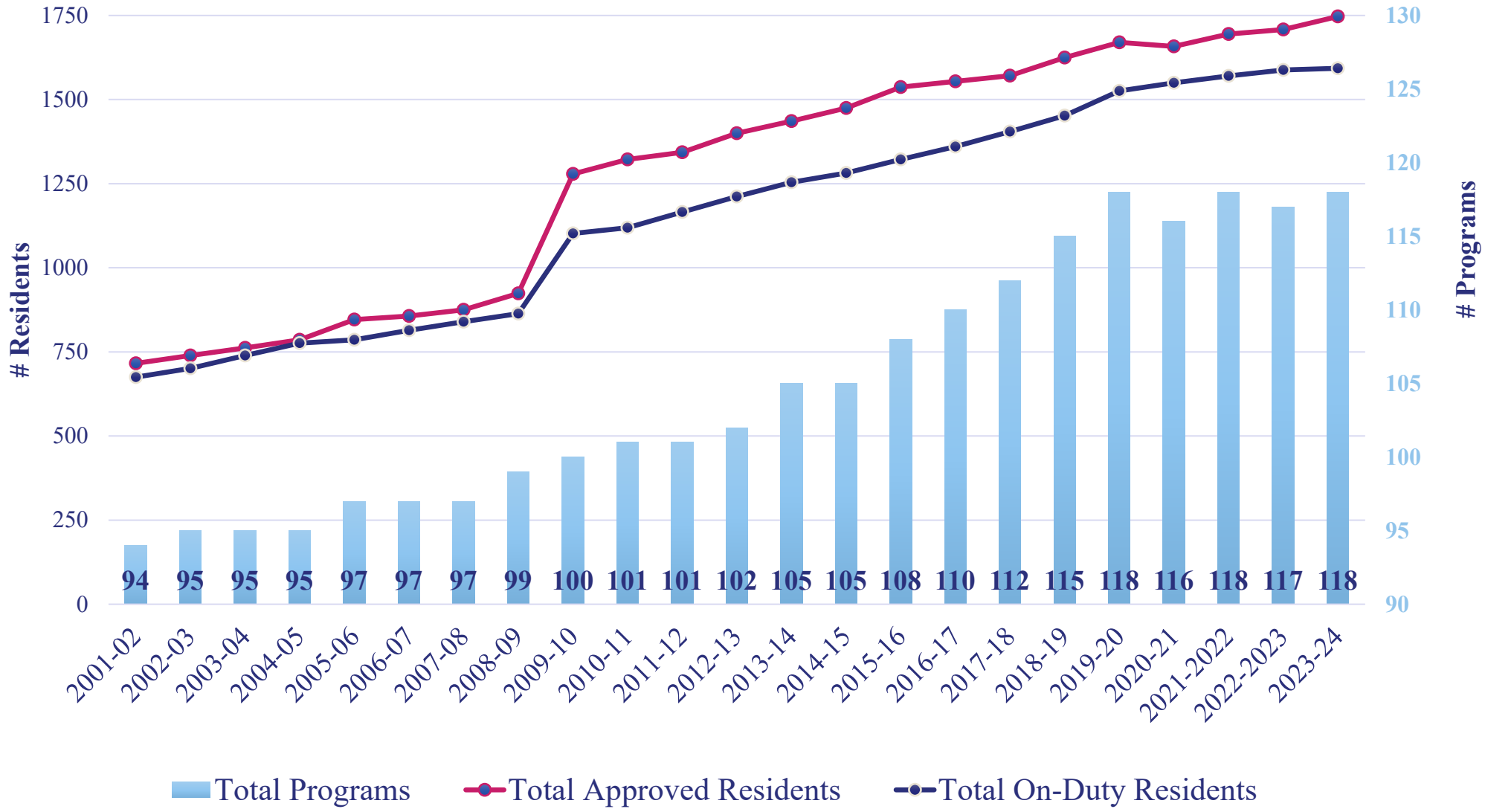
% Total Citations
AY 2023-2024
Annual Program Review



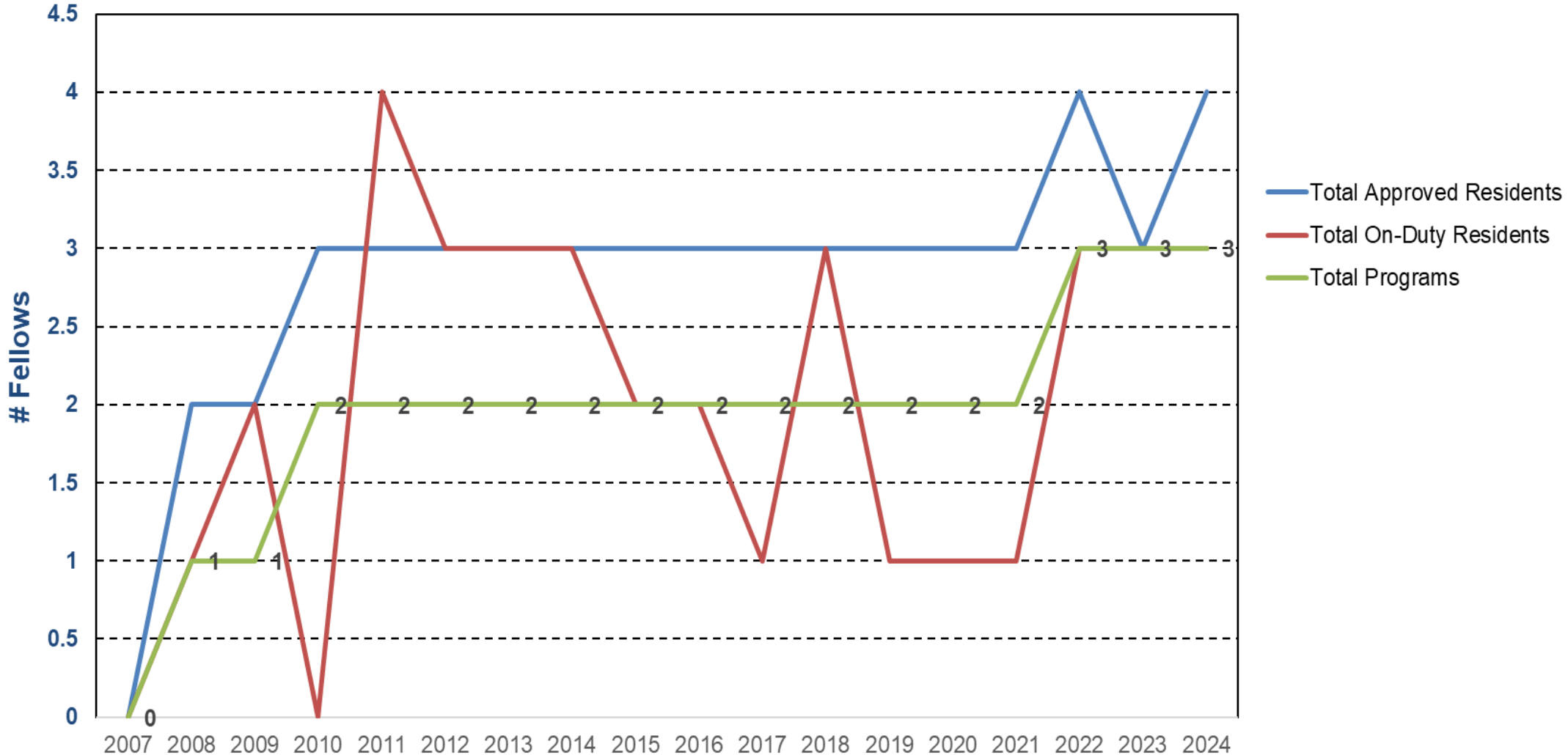
% Total AFIs AY 2023-2024



Program/Complement History: Neurological Surgery



Program/Complement History
Neuroendovascular Intervention

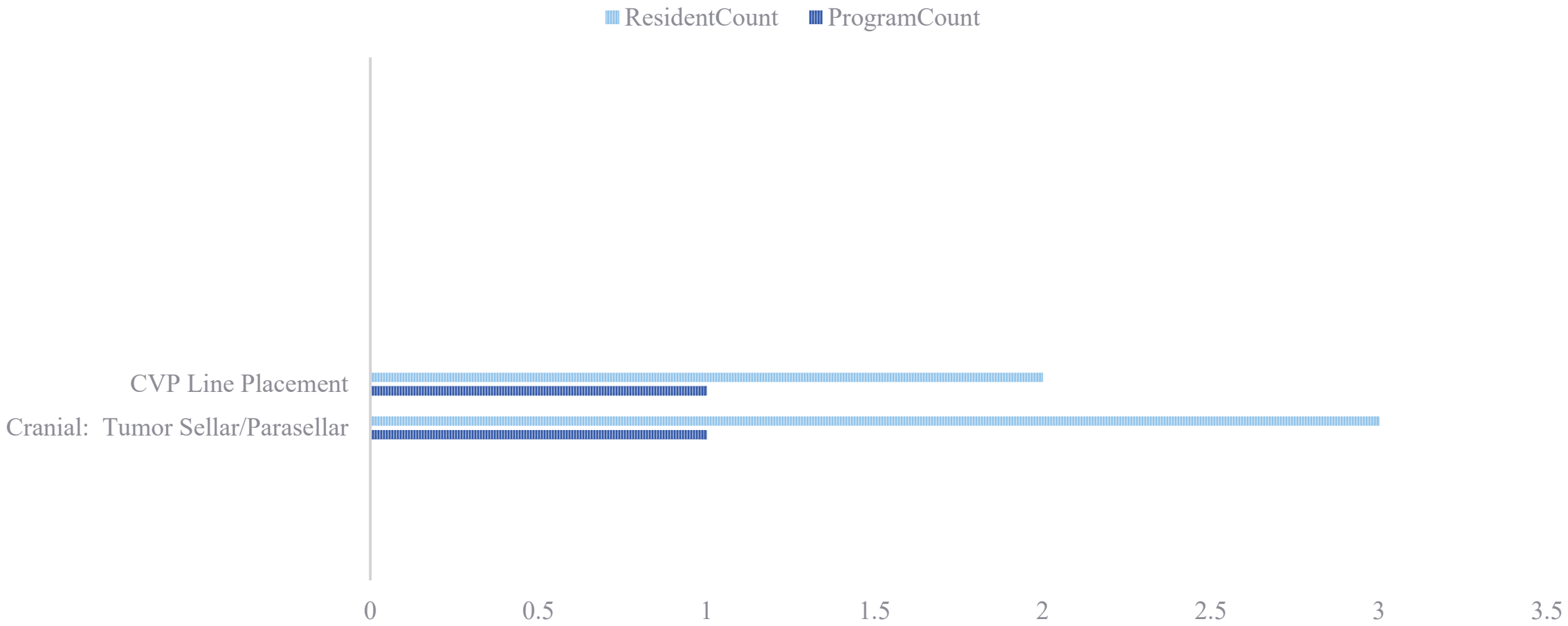


Case Log and Board Results

2024 Annual Program Review: January/April 2025 Review Committee Meetings

2023-2024 Case Log Report		
	# Programs	# Min Fail
Core	107	2

2023-2024 CASE LOG MINIMUM REPORT (N=2)



Case Log Resources RC Webpage

- Case Log Guidelines
- Case Log Mapping Update
- Case Log Required Minimum Numbers Effective July 1, 2019
- Case Log Statistical Reports

2024 Annual Program Review

Board Scores

First-time takers *only* during the most recent *three* years reported by ABNS to ACGME.

- Bottom 5th percentile nationally for the specialty *AND* <80% pass rate

2025 Annual Program Review January/April 2025

Written 5th Percentile 2021-2023 = 90.9%	• 1 program failed
Oral 5th percentile 2022-2024 = 30%	• 0 programs failed

Review Committee Update

Shaping GME: The Future of Neurological Surgery Major Revisions to the Program Requirements

Overview

Every 10 years, the ACGME Review Committees are required to evaluate the applicable specialty-specific Program Requirements for revision. In 2017, the ACGME re-envisioned the process by which this is done and piloted a new approach within the specialty of internal medicine. The new process, which includes scenario-based strategic planning, requires a writing group (composed of Review Committee members and ACGME Board members, including public members) and the specialty community to think rigorously and creatively about what the specialty will look like in the future prior to proposing any revisions, recognizing the future is marked with significant uncertainty.

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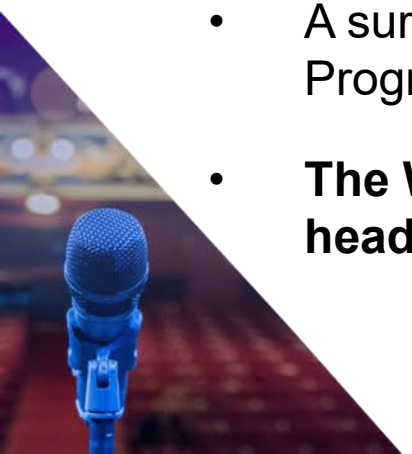
ROCKPILE

STRATEGIES LLC

Shaping GME: The Future of Neurological Surgery Major Revisions to the Program Requirements

Work completed or in process

- The ACGME will conduct a literature search on topics deemed relevant to neurological surgery resident education, now and in the future an Initial Neurological Surgery Writing Group meeting
- Based on the information gathered through these activities, the Neurological Surgery Writing Group will draft a definition of the Neurological surgeon of the future and this definition, along with a description of the themes that have emerged based on the activities described above will be reviewed.
- A survey exploring questions from the activities above was distributed to Neurological Surgery Programs/stakeholders
- **The Writing Group will convene a Stakeholder Summit on March 7, 2025, at the ACGME headquarters in Chicago to gain insight on key issues through the work described above**



Overview

- Summary of findings from one-on-one in-depth telephone interviews conducted during September - November 2024 with the following stakeholder groups:
  - **Opinion leaders (CEOs, deans, CMOs, health policy consultants, past RC chairs and private practice leadership): 13 interviews**
  - **Early career neurosurgeons: 8 interviews**
  - **New in 2024: Neurosurgery residency program directors: 11 interviews**
  - **New in 2024: Representatives of allied neurosurgery organizations: 5 interviews**
  - **Patients/caregivers who had recent neurosurgical care experiences: 18 interviews**
- Respondents were sourced via networking among review committee members.

Key Themes From Across Professional Audiences

- Key environmental factors shaping field of neurosurgery:
  - Increasing growth and demand for services
  - **Rapidly evolving technology**
  - Employment and loss of autonomy
  - High incomes, but equally high financial productivity expectations
- **Drive toward specialization**:
  - General trend across surgical field
  - Assumption: technology + subspecialization = consolidation of services at AMCs
  - Impact on training: extended time commitment, rise of enfolded fellowships
- **What is general neurosurgery**?
  - Variation in definition across respondents
  - Call for evidence-based definition led by constituencies across the field
- Emerging surgical care models upend status quo, particularly in community settings:
  - Physician-led, not physician-centric, team care
  - Focus of surgeon on initial decision making and surgical procedure
  - **Expanding role for APPs, hospitalists, intensivists in surgical care**

Key Themes From Across Professional Audiences

- "That young generation"
  - **Used to be "neurosurgery is life"; not anymore—value compartmentalization and boundaries**
  - **Perceived "shift work" mentality**
  - **Desires aligned with emerging surgical care models**
- Environment and scope of quality improvement activities broader in community practice:
  - More than mortality and morbidity: HCHAPS, safety, documentation, reporting, cost/value
  - Physician compensation often tied to performance in these areas (in community practice)
- **Future of neurosurgery**:
  - **Robotics, minimally-invasive surgery, 3-D imaging, neuro-navigation, continued subspecialization, telemedicine and personalized medicine**
  - AI impact: administrative efficiencies, decision support, applications in education
- **Equity and unconscious bias**:
  - Field has become more diverse, but lags demographics of medical school; leadership ranks remain overwhelmingly male
  - Access to and deployment of standard of care procedures substantially lagging in low SES communities

Key Themes From Across Professional Audiences

- Training programs and standards considered strong: RC has stayed on top of updating procedure minimums
- **Support for tailoring residency to academic and non-academic tracks:**
  - Dominant issue across professional interviews
  - **Widely varying viewpoints**: minority advocates for 6-year community track; others want greater standardization of enfolded fellowships and “transition to practice” route; minority advocates for current “surgeon-scientist” model
- **Milestones considered reasonable framework** for assessing progress through residency, but concern is expressed regarding efficacy of qualitative feedback to augment numbers=progress mindset of milestones
- **Competency-based education and evaluation approach is a hot button**:
  - Recognition that tailoring training to the individual pace of learning is trending
  - Concern about bureaucratic overlay and lack of evidence base in developing approach
- **Duty hour limits**:
  - Still an issue for some, others acknowledge benefits
  - Unanimous view that further reduction would be catastrophic and likely cause upheaval

Key Themes From Program Directors

- Ascendancy of junior faculty to program director ranks: shift in career track
- Strong support for tailoring residency to academic and non-academic tracks
- **Strong support for defining general neurosurgery** and using that as a base for program design and procedure minimums
- **Frustration with RC's use of citations as performance improvement tool**
- **Frustration with resident survey process**:
  - **Too much power/pressure on residents**
  - **Long turnaround time for results allows problems to fester**
- **Greater clarification around existing standards**:
  - Better definition regarding duty hours (flexibility), faculty minimums and resident caps
  - Tighter definition around "meaningful educational experience" by program year
  - Better definition of exactly what constitutes research/scholarly activity for faculty
  - Greater definition/means of evaluation for subjective standards, e.g. faculty engagement
  - **Review necessity of reporting different levels of surgery** participation in case logs
  - **General review of minimums to ensure they align with trends in practice**

Key Themes From Early Career Neurosurgeons

- All feel well-prepared to practice, but acknowledge the transition of finding their footing as attendings out from under the residency umbrella
- Critique of training:
  - **Greater focus on transition to practice in PGY6-7**
  - **Greater flexibility in deploying research years to align with career goals**
  - Greater exposure to more diverse training sites, especially private practice
  - More exposure to decision making on non-emergency cases in clinic and opportunities to enhance patient communication/engagement skills (perception that programs assume everyone is going to do a fellowship and will get the experience there)
  - More exposure to working with APPs (especially with expanded scope of practice more typically seen in community settings)
  - Improved mechanism for efficiently getting attending feedback post-procedure
  - Greater definition of what constitutes meaningful learning activities; greater definition and oversight regarding case log entries
  - More exposure to entire category of health care and personal business and financials issues

Key Themes From Allied Neurosurgery Organizations

- **Good structure in place to address issues impacting the field** (One Neurosurgery Summit Group)
- Recognize that ACGME has a broader charter than just neurosurgery, but would like to see a greater degree of flexibility in working with the needs of individual specialties
- **Identify opportunities for greater collaboration with ACGME:**
  - Development of competency-based education and evaluation protocols
  - Development of an evidence-based definition of general neurosurgery
  - Changes to duty hour restrictions
  - **Development of academic/non-academic tracks and use of research years**
  - Greater focus on support of residents in transition to practice
  - Greater collaboration on developing data tools to maximize digital efficiency of loading case log data, enhancing feedback loops
  - More responsive engagement from ACGME on research collaboratives related to educational design and resident evaluation

Key Themes From Patients and Caregivers

Critical incidents drive patient and caregiver perceptions of their care experience, which garners increasing attention from health system employers; key drivers of the experience are:

- Strong patient engagement, so that patient feels heard and acknowledged by their surgeon and care team
- Participation in shared decision-making with their neurosurgeon
- **Addressing patient fears and anxieties with timely education and communication**
- Building patients' confidence in their choice of neurosurgeon
- **Setting clear expectations on how the episode** of care will unfold
- **Role definition of care team members, especially APP** vis a vis the neurosurgeon
- **Strong teamwork and coordination of care, reinforced by communication throughout the episode**
- **Reinforcement that patient care is highest priority, even in teaching situations and resident encounters**
- **Equitable treatment of patients, regardless of their economic circumstances or demographics**

Top Priorities From Stakeholders

1. **Develop consensus around what constitutes general neurosurgery**
2. **Tailor program structure to meet needs of residents with different career goals**
3. **Development of approach to incorporate competency-based learning/evaluation into training**
4. **Expand exposure to different care models**, especially those emerging in community practice
5. Expand scope of engagement in quality improvement to augment current M/M requirements
6. Conduct continuous review of procedure minimums
7. Review use of citations as a performance improvement motivator for program directors
8. **Review residency survey process**, especially turnaround time for results
9. Review faculty minimums (non-core) given productivity pressure; review resident caps to ensure appropriate learning environment.
10. Provide greater clarification on subjective requirements: scholarly activity, meaningful education experience of program year
11. Identify avenues for providing residents with exposure/education regarding health care business and personal financial/legal/ethical issues
12. **Take advantage of opportunities to collaborate on key policy issues impacting residency as well as research collaboratives on training outcomes.**

STAKEHOLDERS MEETING IN MARCH 2025

Session 1: Duration and Constitution of Training: 6 + 1

Session 2: How to define Competency?

Session 3: Simulation in training

Session 4: Training the Non-operative Elements of Patient Care

Session 5: Improving the Residency Experience

Session 6: Research

Neurological Surgery Specialty-Specific Block Diagram

- The Review Committee developed a specialty-specific block diagram template to highlight the necessary components of a program's curriculum and organization.
- The block diagram template is posted on the **Documents and Resources** page in the **Neurological Surgery** section of the ACGME website and in the Specialty Instructions link in the ADS Sites tab.
- The Neurological Surgery Block Diagram template is to be used for the Annual ADS Update, as well as all complement increase and participating site change requests.
- Email questions to Accreditation Administrator Deanna Eallonardo.

Documents and Resources

Neurological Surgery

Specialties

The Review Committee for Neurological Surgery provides these resources to accredited programs and those applying for accreditation.

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

Documents

Share This

- Case Log Guidelines
- Case Log Mapping Update
- Case Log Required Minimum Numbers Effective July 1, 2019
- Case Log Statistical Reports
- Guidelines for Participating Site Change Requests
- Institutional Case Report Form
- International Rotation Application Process
- Neurological Surgery Block Diagram
- Requests for Changes in Fellow Complement
- Requests for Changes in Resident Complement

ACGME Site Visit Update 2025

Background

Effective October 2023:

- The ACGME discontinued 10-Year Accreditation Site Visits for programs.
- The program Self-Study will continue to be a program requirement (V.C.2.) but it will no longer be linked or reviewed during a site visit.
- All program Self-Study and 10-Year Accreditation Site Visit dates in the Accreditation Data System (ADS) were removed in the fall of 2023.

Updated Model for Site Visits for Programs on Continued Accreditation Statuses

- The ACGME has developed an updated sustainable model for improvement and assurance.
- In 2024, the ACGME conducted site visits for 149 programs on Continued Accreditation that have not had a site visit in approximately nine years or more. These site visits were identified through a sampling process.
- For 2025, the ACGME chose 200 programs for these randomly selected site visits and notifications were sent out in November with future approximate site visit target dates ranging from April to October 2025.
- Separately, Review Committees may request site visits for programs on Continued Accreditation statuses at their discretion after the annual review of data or in response to a complaint.

The Program Self-Study

- The ACGME encourages programs to incorporate a Self-Study into the Annual Program Evaluation process and track ongoing progress and program improvements as outlined in the Common Program Requirements (V.C.2.).

- For questions regarding Graduate Medical Education Committee (GMEC) oversight (Institutional Requirements I.B.4.a).(4)) relating to the program Self-Study, contact Institutional Review Committee staff (irc@acgme.org).

Other Related Updates/Questions

- Institutional Self-Studies and 10-Year Accreditation Site Visits will proceed according to the Institutional Review Committee's current process.
- Programs with Osteopathic Recognition will have a 10-Year Recognition Site Visit, without completion of a Self-Study
- Questions can be directed to accreditation@acgme.org.
- Site Visit FAQs are located on the ACGME website.

ACGME Resources

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ACGME Equity Matters®

Educational experiences that promote meaningful change toward diversity, equity, and inclusion while remaining aware of audience impact.

Faculty Development

Tailored resources for faculty assessment and development that cultivate expertise in competency-based medical education.

Well-Being

Essential insights and resources for promoting well-being in graduate medical education.

Mental Health and Well-Being During Transitions

Studies indicate that the transition from medical school to residency is particularly difficult

- This new resource aims to help ease that transition
- Easy-to-implement systems- and individual-oriented strategies
- Designed to help Sponsoring Institutions and programs support first-year residents
- Access the resource from “Well-Being” on the home page of Learn at ACGME

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Deadline – March 14, 2025

Questions? cme@acgme.org

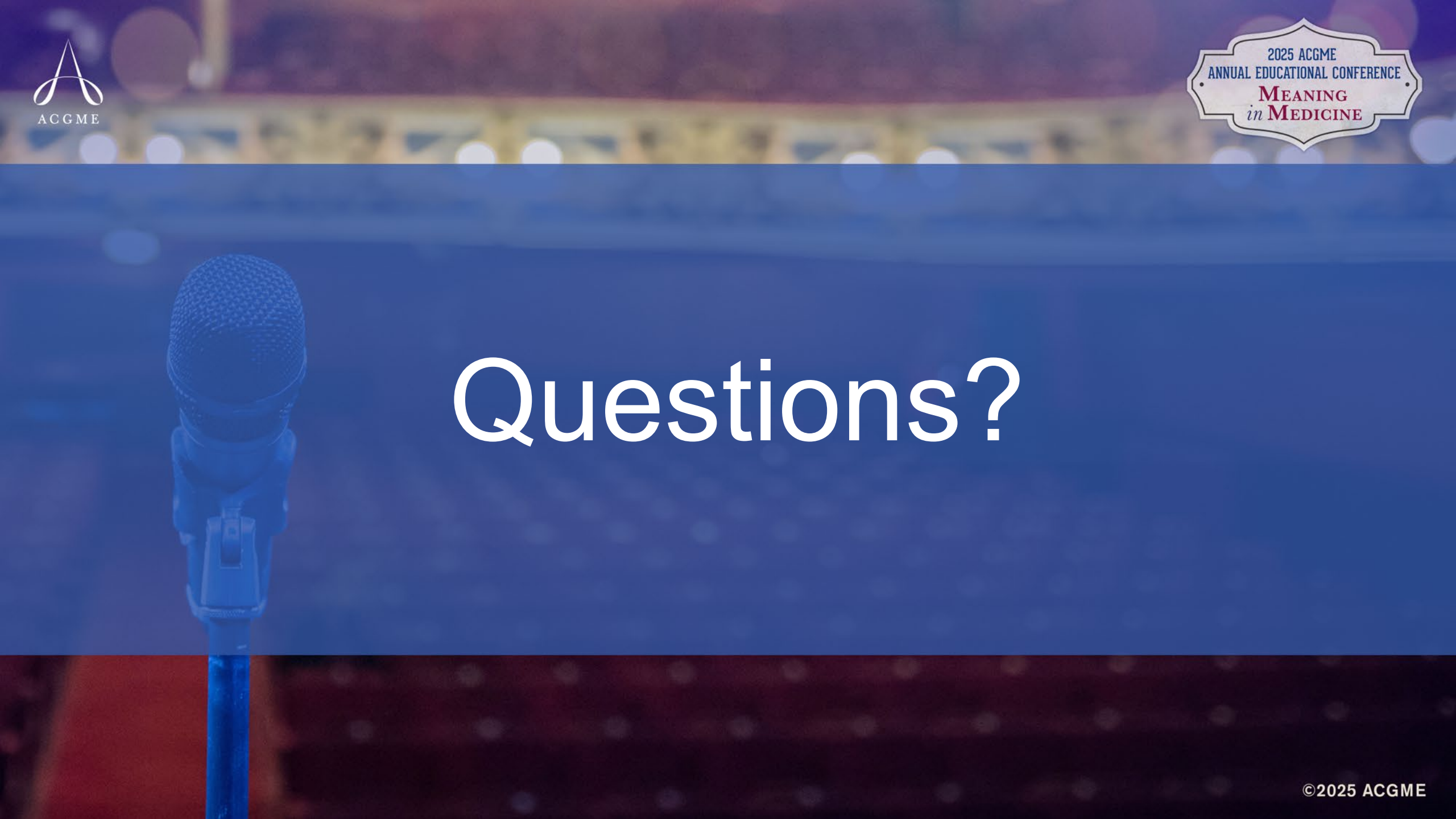
ASSESSING SURGICAL COMPETENCE

“It would take me one year to teach a trainee how to do an operation, five years to teach them when to do an operation, but a lifetime to teach them when not to do an operation”

Lord Smith Past President of the Royal College of Surgeons

ASSESSING SURGICAL COMPETENCE

- How do we teach and assess the hotly debated concept of “surgically competence”? How do we train the “surgical expert”?
- What are the metrics?: 1) ACGME milestones, 2) sound knowledge base, 3) excellent communicator and collaborator, 4) proficient psychomotor skills, 5) excellent/safe judgement
- How do we refine the current ACGME concept of staged operative exposure and skills through case logs
- The role of mentoring: Can we foster or measure that faculty skill: “Training the Trainer”
- Can we truly prevent the dangerous and normalize the safe and talented (how do we shift the competence curve)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