

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

Background

The endovascular surgical neuroradiology Program requirement revisions have taken many steps prior to the current revision:

- a. 2019 – Editorial revision to accommodate the new Common Program Requirement framework.
- b. 2020 – Major revisions were posted for review and comment (December 2020-February 2021), including a name change for the fellowship and change in length of program from 12 months to 24 months. In March 2021, the major revision process was paused.
- c. 2021 – Focused revision posted for comment (March-April 2021) reflected editorial rearrangements and insertions to adjust final Common Program Requirement areas [(VI.A.2.c).(1).(b).(i)] and [(VI.A.2.c).(1).(b).(ii)] related to supervision via telecommunication.
- d. 2022 – Final changes in major revision efforts and adjustments to dedicated time/support requirements for program director and program coordinator roles.

The current draft revisions for comment are limited only to those areas shown in red throughout the document. The timeframe to comment on the subspecialty name change, change in length of the educational program, and other areas has passed, and all comments received during those time periods have been processed by the Review Committee.

Dedicated Time Background

In June 2020, the ACGME Board of Directors approved formation of a special task force to examine the principles that guide creation of requirements quantifying the effort required to participate in the educational programs of residents and fellows. The task force, comprised of representatives of the ACGME Board and leadership, reviewed more than 100 position papers submitted by representatives from across the medical community, data collected through the ACGME's Accreditation Data System, a comprehensive literature search, and feedback from internal and external stakeholder congresses.

The proposed requirements were posted for a 45-day public comment period in February 2021 and will be effective as of July 1, 2022.

In February 2021, to balance the unique needs of each specialty/subspecialty with the responsibility to maintain fair and equitable standards across specialties/subspecialties, the ACGME Board directed the Committee on Requirements to develop guidance for Review Committees to use in drafting specialty-specific requirements related to dedicated time for program leadership, program coordinators, and core faculty members.

The Review Committees have now been asked to review their existing Program Requirements for consistency with the guidance from the Committee on Requirements and, where needed, to propose modifications to conform to the guidelines.

The guidelines for dedicated time requirements for specialties are consistent with the recent modifications to the Common Program Requirements and take into account the minimum required for the smallest programs in each specialty, with the ability to scale up required dedicated time based on program size and complexity. It is important to note that while the Program Requirements specify the minimum dedicated time required, individual programs may determine that additional time and support is needed.

Requirement #: II.A.2.a)

Requirement Revision (significant change only):

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

<u>Number of Approved Fellow Positions</u>	<u>Minimum Support Required (FTE)</u>
<u>1 to 6</u>	<u>0.1</u>
<u>7 to 8</u>	<u>0.2</u>
<u>9 or more</u>	<u>0.3</u>

1. Describe the Review Committee’s rationale for this revision:
The proposed change is in alignment with the ACGME’s new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As reflected in the Background and Intent for Common Program Requirement II.B.2., the ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program Requirements related to administrative time and support are intended to ensure the program director and, as applicable, the program leadership team, are able to devote a sufficient portion of their professional effort to oversight and management of the program to ensure an effective and high-quality educational program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the minimum administrative time and support required for program leadership, while for others they represent an increase.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity and level of experience among the members of the program leadership team. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples of support include salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period, the support described above be increased as needed.

5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: **II.C.2.a)**

Requirement Revision (significant change only):

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

<u>Number of Approved Fellow Positions</u>	<u>Minimum Support Required (FTE)</u>
<u>1-3</u>	<u>0.3</u>
<u>4-7</u>	<u>0.4</u>
<u>8 or more</u>	<u>0.5</u>

- Describe the Review Committee’s rationale for this revision:
The proposed change is in alignment with the ACGME’s new guidance related to dedicated administrative time.
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The program coordinator plays a key role in developing and maintaining a high-quality educational program, and the Common and specialty-specific Program

Requirements are intended to ensure the FTE support for the coordinator is sufficient to meet the administrative needs of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.

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?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for others they represent an increase. It is important to note that the FTE support defined in the requirements must be devoted exclusively to responsibilities related to the accredited program. Time spent by a coordinator related to other duties, such as providing support for unaccredited fellowships or other departmental responsibilities, must not be counted toward the required FTE. Coordinators may support more than one accredited program only if the total FTE required across programs does not exceed 1.0 FTE.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity, the administrative responsibilities delegated to the coordinator, and the coordinator's level of experience. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: III.A.1.-III.A.1.a)

III.A.1. Eligibility Requirements – Fellowship Programs

~~Neurology or Radiology: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada.~~^(Core)

Neurological Surgery: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program or an AOA-approved residency program. ^(Core)

III.A.1.a) Neurology or Radiology:

~~Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program.~~ ^(Core)

Neurological Surgery:

Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME Milestones evaluations from the core residency program. ^(Core)

1. Describe the Review Committee's rationale for this revision:
Due to the highly specialized skills developed in this fellowship and the extensive pre-requisite education and training required for entry, it was determined that a change would be made to promote the uniformity of competence of entering fellow(s) by the Review Committees for Neurology and Radiology aligning with the Requirements for Neurological Surgery, changing their eligibility options to include only candidates who have completed an ACGME- or AOA-accredited residency program.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Standardizing eligibility for entry will promote uniformity of fellow competence.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
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?
N/A
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: IV.C.3.c)

[The curriculum:] should include procedural education using simulation; ^(Detail)

1. Describe the Review Committee's rationale for this revision:
Based on a recommendation from constituents in the neurological surgery community, it was suggested that endovascular education and training can be significantly enhanced by incorporating simulation-based modules.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Incorporating simulation will enhance the fellows' hand-eye coordination. Flow-based simulators may help fellows develop catheter manipulation and flush management skills.

3. How will the proposed requirement or revision impact continuity of patient care?
N/A
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?
N/A
5. How will the proposed revision impact other accredited programs?
N/A