

**ACGME Program Requirements for Graduate Medical Education  
in Neurocritical Care  
Summary and Impact of Interim Requirement Revisions**

Requirement #: **I.B.1.a), II.B.4.b).(1).(a), II.B.4.b).(1).(b), and II.B.4.c)**

Requirement Revision (significant change only):

I.B.1.a) The Sponsoring Institution should ~~also~~ sponsor ACGME-accredited residency programs in neurology and neurological surgery and ~~neurology~~. <sup>(Core)</sup>

Subspecialty-Specific Background and Intent: Due to the multidisciplinary nature of the subspecialty, the Review Committee believes strongly that it is optimal for fellowships to be based in Sponsoring Institutions that sponsor ACGME-accredited programs in both neurology and neurological surgery. However, the committee also recognizes that institutions that have only a neurology program may have the faculty and other resources required to support fellowship education in neurocritical care, and in particular, may comply with requirement II.B.4.b).(1).(b)). It is, therefore, within the Review Committee's discretion to grant an exception to I.B.1.a) to a program in an institution that sponsors only an ACGME-accredited neurology residency program.

II.B.4.b).(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. <sup>(Core)</sup>

II.B.4.b).(1).(a) If the Sponsoring Institution has ACGME-accredited neurology and neurological surgery residency programs, the core faculty of the neurocritical care fellowship program must include at least one ABMS board-certified neurologist with certification in neurocritical care by an ABMS member board and one ABMS board-certified neurological surgeon. <sup>(Core)</sup>

II.B.4.b).(1).(b) If the Sponsoring Institution has an ACGME-accredited neurology residency program and no neurological surgery residency program, the core faculty of the neurocritical care fellowship program must include at least one ABMS board-certified neurologist with certification in neurocritical care by an ABMS member board and one ABMS board-certified neurological surgeon with Recognized Focused Practice in neurocritical care. <sup>(Core)</sup>

II.B.4.c) ~~The core faculty must include at least one ABMS board-certified neurologist and one ABMS board-certified neurological surgeon with qualifications in neurocritical care.~~ <sup>(Core)</sup>

Subspecialty-Specific Background and Intent: "Qualifications in neurocritical care" references the qualifications detailed in II.B.4.c).(1). "Qualifications in neurocritical care" references the qualifications detailed in II.B.4.b).(1).

If the program's Sponsoring Institution sponsors ACGME-accredited residency programs in neurology and neurological surgery, the Review Committee may grant an exception to the requirement for an ABMS-certified neurological surgeon with Recognized Focused Practice in neurocritical care.

1. Describe the Review Committee's rationale for this revision:  
**The intent of the original requirement was to ensure that neurocritical care fellows are instructed by and interact with neurology and neurological surgery faculty members who provide care for critically ill neurology and neurological surgery patients. Consistent with significant feedback from the community, the Review Committees have determined that fellow interactions with and instruction by neurological surgery faculty members providing this care in the context of an ACGME-accredited neurological surgery provide a robust educational experience. Therefore, the requirement that the core faculty include a neurological surgeon with Recognized Focused Practice in neurocritical care may be waived for a program sponsored by an institution that also sponsors an ACGME-accredited neurological surgery residency.**
  
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The goal of neurocritical care is to provide optimal care to a unique patient population that simultaneously requires synergistic expert management of acute nervous system and critical care aspects of care. The neurocritical care fellowship will provide fellows with education and training to become clinicians with an understanding of underlying neurological disease processes and specialized expertise in critical care. With this experience, fellows will be equipped to provide comprehensive integrated multisystem care to critically ill patients with nervous systems disorders.**  
  
**The proposed requirements will improve patient care and patient safety/quality. Specialty education and training in neurosciences addresses a broad and rapidly expanding body of knowledge. With the growth of diagnostic and therapeutic options in the clinical neurosciences, it became clear that additional subspecialty education and training was required to master them.**
  
3. How will the proposed requirement or revision impact continuity of patient care?  
**The patient care competencies of neurocritical care are built on the six foundational Core Competencies; there will be no change to the delivery of continuing 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?  
**The number of applicants seeking education and training in neurocritical care has steadily grown. It is anticipated that most fellowship programs in neurocritical care will be small, with approximately or fewer than five fellows. The cost of fellowship education and financial support will vary from program to program.**
  
5. How will the proposed revision impact other accredited programs?  
**The presence of an accredited fellowship program in neurocritical care is not likely to adversely affect the education in the other accredited programs. It is not the intent of this subspecialty to prevent physicians from any specialties (including anesthesia, emergency medicine, neurological surgery, and neurology) from caring for their patients with neurologic conditions who are in intensive care units, even if those units are staffed by neurointensivists. In fact, it is critical and expected that practitioners of this subspecialty fully engage the specialists or subspecialists**

**caring for their patients in intensive care units who have neurological conditions and collaborate with them in the best interest of each patient, even in those units staffed by neurointensivists.**