

SES044: Specialty Update: Neurology February 24, 2023

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NASHVILLE

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, datadriven, 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:

- 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.



Sponsoring Institutions

- Every ACGME-accredited graduate medical education program must be overseen and supported by an ACGMEaccredited 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

Meeting Dates:	Agenda Closing Date:
April 2, 2023	January 6, 2023
January 2024	October 2023
April 2024	January 2024



Discussion Topics

- I. Review Committee for Neurology
- **II. Accreditation Process**
- III. Common and Specialty Program Requirements
- IV. Review Committee and ACGME Initatives



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





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



Initial Site Visit

A site visit will occur within

Program Application 2 years of initial Once an application is accreditation for all programs.

• Core programs – site visit

submitted:

• Sub-specialty programs - placed on the next RC agenda

Annual Data Review

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

Data

Self-study | 10-year Site Visit

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

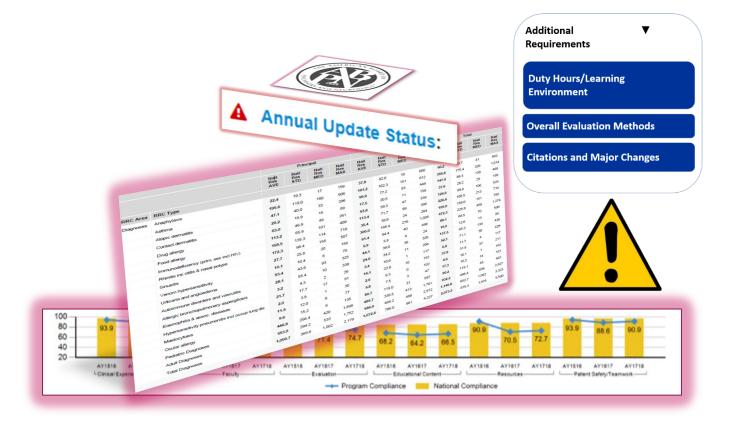


Neurology Program Accreditation Academic Year 2022-2023

•	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 <u>staff</u> (RC rules) or members
- May or may not be specifically linked to a requirement:
 General concerns in RS, for example
- Do <u>not</u> 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

Citations	AFIs
The Learning and Working Environment (80-hour rule)	Performance on Board Exam
Evaluation (Residents, Fellows, Faculty, and Program)	Specific domains in the Resident/ Faculty Survey
Performance on Board Exams (below 5 th percentile in the preceding three years or six years for subspecialties that offer biennial exams)	Failure to Provide Accurate/ Required Information
Program Director Responsibilities/ Entering Accurate Information	Scholarly Activity





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









Discussion Topics

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Requirements

- 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)

Number of Approved	Minimum support required
Resident Positions	(FTE)
1-6	0.2
7-10	0.4
11-15	0.5
16-20	0.6
21-25	0.7
26-30	0.8
31-35	0.9
36-40	1.0
41-45	1.1
46-50	1.2
51-55	1.3
56-60	1.4
61-65	1.5
66-70	1.6



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)

Number of Approved Fellow Positions	Minimum FTE
1-3	0.1
4-6	0.15
7-9	0.2
10-12	0.25
13-15	0.3



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)

Number of Approved Resident Positions	Minimum FTE
1-6	0.5
7-10	0.7
11-15	0.8
16-20	0.9
21-25	1.0
26-30	1.1
31-35	1.2
36-40	1.3
41-45	1.4
46-50	1.5
51-55	1.6
56-60	1.7



Changes to CPR 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: (Core)

Number of Approved Fellow Positions	Minimum FTE
1-3	0.2
4-6	0.2
7-9	0.2
10-12	0.25
13-15	0.3



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 nonaccredited 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.



Neurodevelopmental Disabilities PR Revision



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

n	Int.C.	Length of Educational Program
11.	Int.C.	Length of Educational Program

The educational program in neurodevelopmental disabilities must be provided in one of these formats:

Int.C.1. Neurodevelopmental disabilities (NDD): 48 months of education in neurodevelopmental disabilities. (Core)*

Int.C.2. Child neurology and neurodevelopmental disabilities (CH-NDD): 12 months of education in neurodevelopmental disabilities, preceded by 36 months of residency education in child neurology and at least 24 months of residency education in pediatrics. (Core)

- 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.

Int.C. Length of Educational Program

The educational program must be provided in one of these formats:

Int.C.1. 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. (Core)

Int.C.2. 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. (Core)

The NCC program requirements were approved for an effective date of September 26, 2021





ACGME Neurocritical Care (NCC) PR

II.B.4.a)

Core faculty members must be designated by the program director. (Core)

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)

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)



II.B.4.d)

ACGME Neurocritical Care (NCC) PR

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

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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)

https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022_tcc.pdf



Institutional Requirements - FAQs

Question	Answer
Institutional GME Policies and Procedures	
Do institutional policies for resident/fellow	Required elements of institutional policies for vacations and leaves of absence
leaves of absence address needs for continuous or intermittent leaves of absence?	pertain to both continuous and intermittent leaves of absence.
Continuous of intermittent leaves of absence?	
[Institutional Requirement: IV.H.1.]	
Can vacation and other pay sources be used	Sponsoring Institutions may use vacation and other pay sources to provide paid time
to support residents'/fellows' salary during leaves of absence?	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
[Institutional Requirement: IV.H.1.b)-c)]	new elements of vacation and leave policies described in Institutional Requirements
La thanna a tima fuanna a cithain a chiala	IV.H.1.a)-f) before July 1, 2023.
Is there a timeframe within which residents/fellows must use the week of paid	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
time off that is reserved for use outside of the	appointment year(s) in which the leave is taken. It is not required that this reserved
first six weeks of the first approved medical,	week carry over into subsequent years of an individual's educational program. The
parental, or caregiver leave(s) of absence	IRC will not cite Sponsoring Institutions for elements of vacation and leave policies
taken?	described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.
[Institutional Requirement: IV.H.1.c)]	



Institutional Requirements

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



Executive Director, Institutional Review Committee
Gerald Wickham, EdD, MA
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312.755.7491

Associate Executive Director, Institutional Review Committee Olivia Orndorff, DHSc, MSLIS oorndorff@acgme.org 312.755.5491

Accreditation Administrator, Institutional Review Committee Philip Jackson, MPA pjackson@acgme.org 312.755.5024



ACGME Site Visits

What We Do

Designated Institutional Officials Program Directors and Coordinators

Residents and Fellows

Meetings and Educational Activities Data Collection Systems

Specialties

ACGME Home > What We Do > Accreditation > Site Visit

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: Senior Vice President, Field Activities

Linda B. Andrews, MD landrews@acgme.org 312.755.5003

Vice President, Field Activities
Cathy Nace, MD
cnace@acgme.org

Fieldrepresentatives@acgme.org





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

Access the Clinician Educator Milestones

Access the Clinician Educator Supplemental Guide

Access the Clinician Educator Supplemental Guide Template

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 standalone 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.





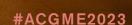
Milestones 2.0 Update

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







Quick Links

Milestones Resources

Resources are added and updated throughout the year

Current resources include:

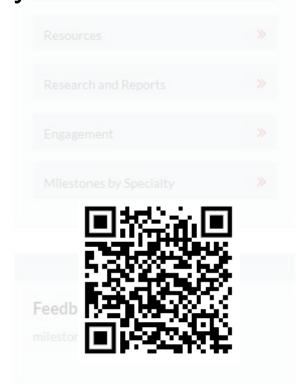
CCC Guidebook

Assessment Guidebook

DOCC and TEAM Assessment Tools

Clinician Educator Milestones

Resident and Fellow Guidebook

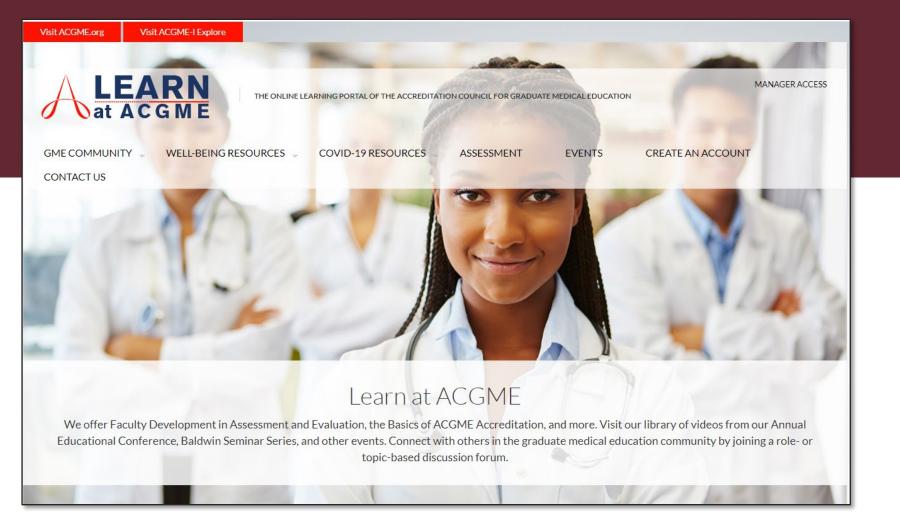








#ACGME2023



Have a question or need assistance? Contact desupport@acgme.org

The ACGME's Online Learning Portal

Visit our learning portal at dl.acgme.org

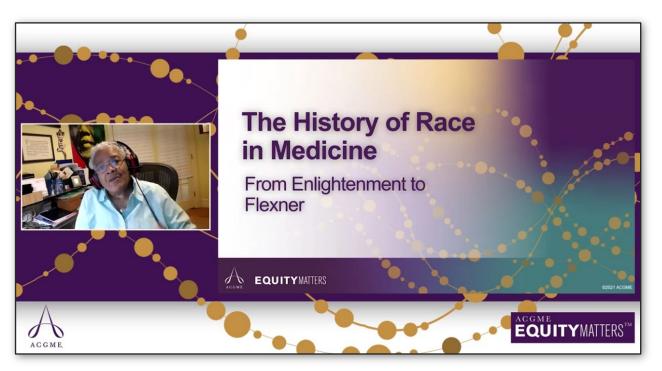
or scan the QR code below.







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!



Distance Learning



Faculty Development Courses

 Foundations of Competency-Based Medical Education

 Managing your Clinical Competency Committee

Multi-Source Feedback





Live Event Program Director Well-Being



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

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



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

Vascular Neurology

NEUROLOGY SUBSPECIALTIES

Brain Injury Medicine
Clinical Neurophysiology
Neuroendovascular Intervention
Epilepsy
Neurocritical Care
Neurodevelopmental Disabilities
Neuromuscular Medicine
Pain Medicine
Sleep Medicine

OTHER ACCREDITATION RESOURCES

Single GME Accreditation System	>>
Osteopathic Recognition	*
Review and Comment	*
Self Study and Site Visit	>>
Common Program Requirements	>>







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





