



## **ACGME Program Requirements for Graduate Medical Education in Neurocritical Care**

### **Requirement #: I.B.1.a)**

*Requirement Revision (significant change only):* I.B.1. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

I.B.1.a) The Sponsoring Institution must also sponsor ACGME-accredited residency programs in neurological surgery and neurology. (Core)

### **August 11, 2021**

**APCCMPD Comment:** The APCCMPD supports the inclusion of requirement I.B.1.a), specifying the sponsoring institution also sponsor residency programs in neurological surgery and neurology. This will ensure the appropriate institutional faculty and training resources are available for support of the trainee in Neurocritical Care.

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

*The revision below is an addition to the proposed new Program Requirements for Neurocritical Care, originally posted for review and comment on February 3, 2021. The proposed new requirements have not yet been approved by the ACGME Board, pending review and comment of the additional requirement below.*

*Due to the small number of additional changes, the full revised Program Requirements have not been posted on the Review and Comment page and the changes are noted only in this Impact Statement. Visit the link below to comment on the revision.*

<https://forms.office.com/r/PdPVytz0U0>

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1. Describe the Review Committee's rationale for this revision:

**The neurology and neurological surgery patients are the primary patient population for neurocritical care, and the presence of accredited programs in those specialties further ensures the volume, complexity, resources, and quality of neuro-related care that predicates the appropriate learning environment.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

**The goal of the subspecialty is to provide optimal care to a unique patient population that simultaneously requires synergistic expert management of acute nervous system and critical care. The neurocritical care program 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 requirement will improve patient care and patient safety/quality. Specialty education and training in the 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 by program.**

5. How will the proposed revision impact other accredited programs?

**The presence of an accredited fellowship in neurocritical care is not likely to adversely affect the education in 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 the patients, even in those units staffed by neurointensivists.**