ACGME

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

SES047: Specialty Update: Neurology
February 21, 2025

Howard Goodkin, MD,
Chair, Review Committee for Neurology
Louise Castile, MS, Executive Director

Conflict of Interest Disclosure

Speaker(s): Howard Goodkin, MD; Louise Castile, MS

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

- Review Committee for Neurology Activities
- Accreditation Process
- Specialty Program Requirements
- Competency-Based Medical Education (CBME)

ACGME President and CEO

ACGME President and CEO Announces Transition

Thomas J. Nasca, MD, MACP stepped down from the role of ACGME President and CEO on January 1, 2025, to establish the ACGME Center for Professionalism and the Future of Medicine. Dr. Nasca will serve as the initial Senior Fellow and Administrative Director.

ACGME Announces Next President and Chief Executive Officer

News | *August 14, 2024*

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The ACGME is pleased to announce the appointment of Debra Weinstein, MD as its new President and Chief Executive Officer, effective January 1, 2025.

Dr. Weinstein brings a wealth of academic medicine leadership experience to this role, with an impressive history of contributions and impact in graduate medical education (GME). She is currently 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. Previously, she served as Vice President for Graduate Medical Education at Mass General Brigham (formerly Partners HealthCare) in Boston, with responsibility for more than 300 GME programs, encompassing 2,400 residents and fellows, and was an associate professor of medicine at Harvard Medical School. She was the designated institutional official (DIO) for both Massachusetts General Hospital (MGH) and Brigham and Women's Hospitals for over a decade after serving as the MGH program director for the Internal Medicine residency.

Review Committee for Neurology Staff

ACGME Leadership

Mary Klingensmith, MD, Chief Accreditation Officer
312.755.7405 – mklingensmith@acgme.org

Nikhil Goyal, MBBS, Senior Vice President, Accreditation
312.755.7505 – ngoyal@acgme.org

Review Committee Staff

Louise Castile, MS, Executive Director
312.755.5498 – lcastile@acgme.org

Pamela R. Beck, MPA, Associate Executive Director
312.755.7471 – pbeck@acgme.org

Celeste Urbina, BA, Accreditation Administrator
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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

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 (GME) programs that are in substantial compliance with standards of educational quality established by the ACGME.

ACGME Accreditation

The ACGME has a twofold purpose:

1. To establish and maintain accreditation standards that promote the educational quality of residency and fellowship education programs; and,
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 and Review Committees

- Board sets policy and direction
- Board delegates authority to accredit programs/Sponsoring Institutions to the Review Committees
- Board monitors Review/Recognition Committees
  - Monitoring Committee
- Board approves:
  - Institutional, specialty/subspecialty-Specific, and Recognition Requirements
  - Common Program Requirements

Differences Between the ACGME and the Certifying Boards

- Accredits GME **programs**
- Develops Program Requirements for GME programs
- Evaluates programs through annual data review and site visits

- Certifies **individual** physicians
- Sets the standards residents and fellows must meet to gain certification
- Works with the ACGME to ensure alignment of Program and Certification Requirements

Combined Programs

Combined Programs

Overview

Share This

Effective February 2024, the ACGME Board of Directors approved a plan to initiate accreditation of combined programs, which are GME programs designed to provide residents/fellows with education in two or more specialties/subspecialties. The ACGME Combined Program Requirements are a basic set of standards (requirements) that supplement/complement the existing specialty-/subspecialty-specific Program Requirements for education of resident and fellow physicians in a particular specialty or subspecialty.

Combined Program Requirements Documents

Program applications must be initiated in the Accreditation Data System (ADS). For more information on the process to submit a program application, visit the Program Application Information web page or review this three-part course Applying for Program Accreditation, available in Learn at ACGME.

- Program Requirements - Effective 9/30/2024
- FAQs

CONTACT AND SUPPORT

General questions: accreditation@acgme.org

Specialty-specific questions: contact the relevant Review Committee staff, as noted in the table on this page, or visit the Specialties listing to select the relevant specialty.

For additional information about combined programs, contact the member boards of the ABMS and/or certifying boards of the AOA offering combined educational experiences.

When to Notify the Review Committee of Program Changes

Submitted in ACGME Accreditation Data System (ADS)
Participating site changes
Program director changes
Complement changes (temporary and permanent) ***Complement requests are reviewed in between scheduled Review Committee meetings.***
Voluntary Withdrawals
Change in Sponsoring Institution

When ***Not*** to Notify the Review Committee

Exceptions for an individual's education and training:

- Leaves of absence
- Extensions due to remediation
- Electives (including international)
- Other training not required by the Review Committee (including pathways)

In these circumstances you should contact the certifying board

American Board of Psychiatry and Neurology (ABPN) – www.abpn.org

Review Committees

There are 28 specialty Review Committees, including one for transitional year programs.

The Institutional Review Committee reviews and accredits institutions that sponsor GME 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.

Review Committee for Neurology Members

Howard Goodkin, MD PhD *(Chair)*
Christopher Boes, MD *(Vice Chair)*
Timothy Bernard, MD
Deborah Bradshaw, MD
Suzanna C. Crandall, DO *(American Osteopathic Association (AOA))*
Marc T. DiSabella, DO
Patricia Graese, MD* *(Resident Member)*
Zachary London, MD
Jose Posas, MD
Erica Schuyler, MD
Vicki Shanker, MD
Karen Tillotson, DHSC., PA-C *(Public Member)*
Renee B. Van Stavern, MD

Ex-Officio Members
Jeffrey M. Lyness, MD *(ABPN)*
Jason Ouimette *(AOA)*
Mary Post, MBA, CAE *(American Academy of Neurology (AAN))*
Monique Terrell (Child Neurology Society (CNS))

*Term ends June 30, 2025
Members are not allowed to discuss Review Committee activities, accreditation decisions

Incoming Review Committee for Neurology Members

Suzanna C. Crandall, DO	• Charleston Area Medical Center (Vandalia Health) – Charleston, West Virginia
Aniela Grzezulkowska, MD	• Nemours Children's Hospital – Wilmington, Delaware

Terms begin: July 1, 2025

Review Committee for Neurology

Composition:

- 11 members *
- 1 resident/fellow member
- 1 public member
- 5 ex-officio members

Nominating organizations

- AAN (3)
- CNS (1)
- AMA (3)
- ABPN (3)
- AOA (1)

*With the exception of the resident/fellow member, committee members shall be appointed to **six-year terms** (not renewable).

**All members of a committee have full voting rights and may participate and vote on all matters (subject to the ACGME Policy regarding conflicts and dualities of interest).

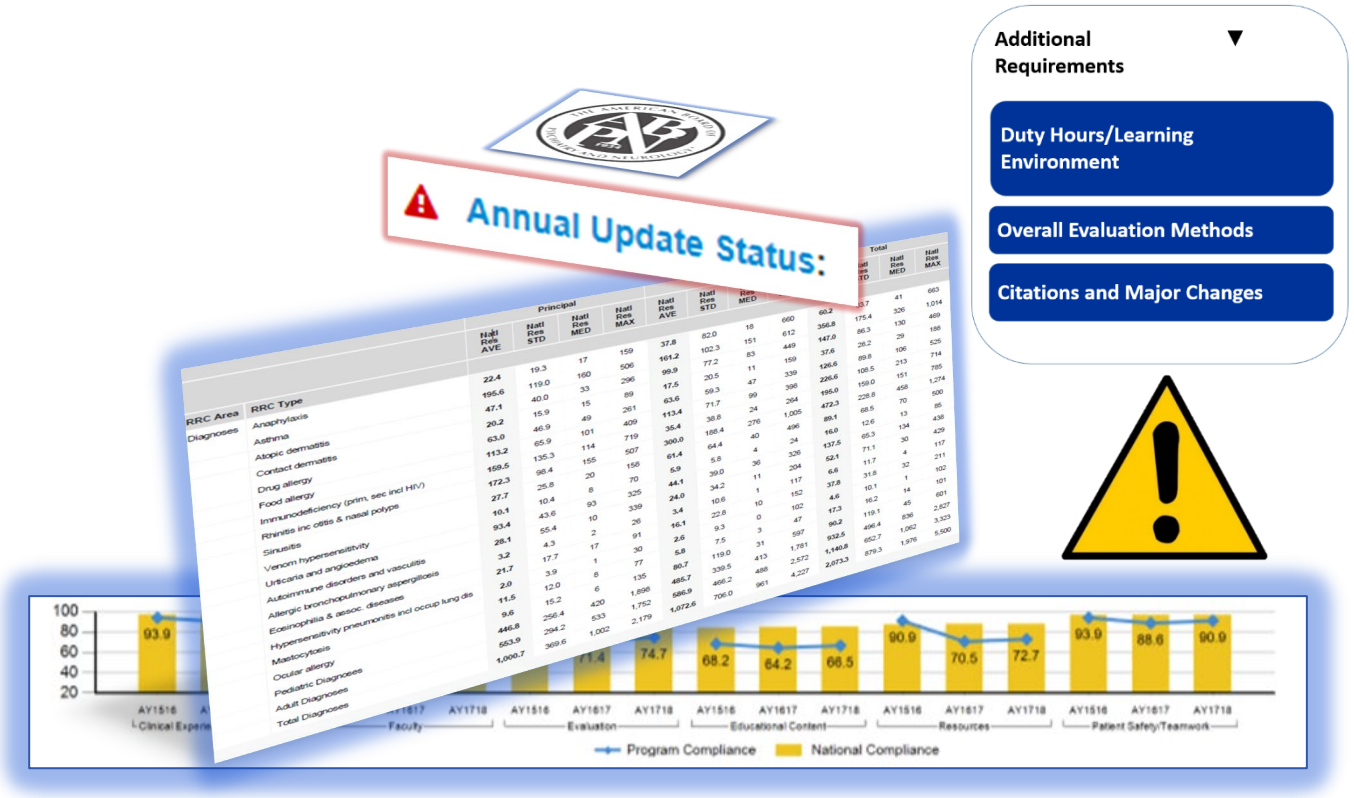
Neurology Program Accreditation Academic Year 2024-2025

Neurology 191	Child Neurology 82	Clinical Neurophysiology 98	Epilepsy 99	Neurocritical Care 60
Neurodevelopmental Disabilities 10	Neuroendovascular Intervention 2	Neuromuscular Medicine 55	Pain Medicine 3	Sleep Medicine 19
		Vascular Neurology 114		

Recent and Upcoming Review Committee Meeting Dates

Meeting Dates:	Agenda Closing Date:
January 23-24, 2025	October 18, 2024
April 2, 2025	January 24, 2025
January 29-30, 2026	October 23, 2025
April 2, 2026	January 23, 2026

Annual Data Elements



- Resident/Fellow Survey
- Clinical experience
- ABPN pass rate
- Faculty Survey
- ABPN/AOBNP faculty Certification
- Scholarly activity
- Attrition/changes/ratio
- Subspecialty Performance
- Omission of data

Frequent Neurology Citations – 2023-2024

Neurology Citations
2023-2024 – Total 131 Citations

- Evaluation of residents/fellows (22 citations/16.8%)
- Learning and working environment (18 citations/13.7%)
- Responsibilities of program director (14 citations/10.7%)
- Resources (13 citations/9.4%)

Child Neurology Citations
2023-2024 – Total 29 Citations

- Evaluation of residents/fellows (4 citations/13.8%)
- ACGME competencies (3 citations/10.3%)
- Learning and working environment (3 citations/10.3%)
- Resources (3 citations/10.3%)

Communicating Results Back to the Program(s)

Within five business days following the Review Committee meeting:

- Email notifications are sent to the program director, designated institutional official (DIO), and program coordinator containing accreditation status decisions

Up to 60 days following the Review Committee meeting:

- Letters of Notification (LONs) are posted to ADS
- Program director, DIO, and program coordinator are notified via email that LON is available

Discussion Topic

Program Requirements for Neurology

Requirements

- Programs are accountable to both Common Program Requirements and the applicable specialty-specific Program Requirements.
- The 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.
- The 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.
- The 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.

Neurology and Child Neurology Subspecialty Program Requirements

- The Review Committee for Neurology underwent a major revision of the Program Requirements for the subspecialties of **clinical neurophysiology, epilepsy, neurodevelopmental disabilities, neuromuscular medicine, and vascular neurology** and focused revision of **neurocritical care**.

- The proposed neurology and child neurology subspecialty Program Requirements were reviewed at the September 2024 ACGME Committee on Requirements meeting and approved by the ACGME Board of Directors.

- The subspecialty Program Requirements will become effective July 1, 2025.

Changes to Clinical Neurophysiology Program Requirements

II.B.4.b)	The program must have at least two core faculty members, including the program director, who have completed education in and are ~~board~~ certified by the ABPN or the AOBNP in clinical neurophysiology. (Core)
II.B.4.c)	A core faculty-to-fellow ratio of at least ~~1:1~~one-to-one must be maintained in programs with two or more fellows. The program director may be counted as one of the faculty members in determining the ratio. (Core)

Changes to Clinical Neurophysiology Program Requirements – contd.

III.A.1.b)	Prior to appointment in the program, fellows must have successfully completed a program in neurology, child neurology, or neurodevelopmental disabilities~~, or psychiatry~~ that satisfies the requirements in III.A.1. (Core)

Changes to Clinical Neurophysiology Program Requirements – contd.

IV.C.4.f) neuromuscular ultrasound; (Core)

Changes to Neurodevelopmental Disabilities Program Requirements

Int.B. Definition of Subspecialty

Neurodevelopmental disabilities is a field of neurology that involves the assessment and treatment of individuals with developmental disabilities related to the nervous system. Neurodevelopmental disabilities specialists possess extensive knowledge in basic sciences, pathology, clinical evaluation, diagnosis, and management of these disorders beyond the level of a general child neurologist. Their expertise allows them to provide comprehensive and integrated care to both children and adults with neurodevelopmental disabilities.~~The purpose of the program is to prepare the physician for independent practice as a neurodevelopmental disabilities specialist. The program must combine education in the relevant basic sciences with supervised clinical education in the comprehensive and integrated diagnosis and care of children with neurodevelopmental disabilities across the life spectrum.~~

Changes to Neurodevelopmental Disabilities Program Requirements – contd.

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 child neurology or, neurology, and pediatrics. (Core)

I.B.1.b) ~~The program must be within a department or division with an ACGME-accredited program in neurology or pediatrics located at the Sponsoring Institution.~~ (Core)

I.B.2. **There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment.** (Core)

Changes to Neurodevelopmental Disabilities Program Requirements – contd.

I.D.1.b)	~~There must be patients ranging in age from infancy through adulthood~~The patient population must be diverse in terms of age (infancy through adulthood), gender, cognitive and developmental capacities, and short- and long-term neurological problems. (Core)
I.D.1.c)	~~The patient population must include both new and follow-up patients that include children and adults with neurodevelopmental disabilities of genetic, metabolic, vascular, infectious, immunologic and unknown etiologies.~~ (Core)
I.D.1.d)	The number and type of patients available must be adequate to support fellow education. This includes new and follow-up patients~~,~~ with neurodevelopmental disabilities of genetic, metabolic, vascular, infectious, immunologic, and unknown etiologies. ~~must support fellow education.~~ (Core)
I.D.1.e)	~~The patient population must be diverse as to gender, cognitive and developmental capacities and short- and long-term neurological problems.~~ (Core)

Changes to Neurodevelopmental Disabilities Program Requirements – contd.

II.A.3. Qualifications of the program director:

II.A.3.a) must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)

II.A.3.b) must include current certification in the subspecialty for which they are the program director by the American Board of Psychiatry and Neurology (ABPN) or the American Board of Pediatrics (ABP)**, or subspecialty qualifications that are acceptable to the Review Committee.** (Core)

[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.]

II.A.3.b).(1) The Review Committee only accepts current ABPN or ABP certification in neurodevelopmental disabilities. (Core)

Subspecialty-Specific Background and Intent: The Review Committee will accept alternate qualifications for program directors who are not certified in neurodevelopmental disabilities by the ABPN or ABP through June 30, 2028. Effective July 1, 2028, the Review Committee expects that all program directors will have the required certification in neurodevelopmental disabilities.

Changes to Neurodevelopmental Disabilities Program Requirements – contd.

IV.B.1.b).(1).(a)	Fellows must demonstrate competence in providing patient care that is informed by an understanding of social determinants of health, including but not limited to race, ethnicity, sexual orientation, gender identity, religion, socioeconomic status, neighborhood, and disability status. (Core)

Changes to Neurodevelopmental Disabilities Program Requirements – contd.

IV.B.1.b).(1).(b).(iii)	the recognition of psychiatric disorders in children and adolescents with developmental disorders and the utilization of consultation and referral of mental health providers in their management ~~the management of children and adolescents with psychiatric disorders~~; (Core)

Changes to Neurodevelopmental Disabilities Program Requirements – contd.

IV.C.7.h) Fellows' experience must include assignment on a consultation service to the medical, surgical, and psychiatric services.~~, and this experience must include night call~~. (Detail)

Changes to Neurocritical Care Program Requirements

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

Subspecialty-Specific Background and Intent: Due to the multidisciplinary nature of the subspecialty, 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.

Changes to Neurocritical Care Program Requirements – contd.

II.A.3. **Qualifications of the program director:**

II.A.3.a) **must include subspecialty expertise and qualifications acceptable to the Review Committee; and,** (Core)

II.A.3.b) **must include current certification in the subspecialty for which they are the program director by the American Board of** Anesthesiology, Emergency Medicine, Internal Medicine, or Psychiatry and Neurology **or subspecialty qualifications that are acceptable to the Review Committee;** (Core)

II.A.3.b).(1) Other qualifications acceptable to the Review Committee include American Board of Neurological Surgery (ABNS) certification in neurological surgery and ABNS Recognized Focused Practice in neurocritical care~~by the American Board of Neurological Surgery~~. (Core)

[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.]

Subspecialty-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.

Changes to Neurocritical Care Program Requirements – contd.

II.B.4.b) There must be at least one core faculty member, including the program director, for every two approved fellow positions. (Core)

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 Psychiatry and Neurology, or have ABNS~~merican Board of Neurological Surgery~~ certification in neurological surgery and ABNS Recognized Focused Practice in neurocritical care ~~from the American Board of Neurological Surgery~~. (Core)

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 American Board of Psychiatry and Neurology (ABPN) certified neurologist with ABPN certification in neurocritical care and one ABNS or AOBS certified neurological surgeon. (Core)

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 ABPN-certified neurologist with ABPN certification in neurocritical care and one ABNS-certified neurological surgeon with ABNS Recognized Focused Practice in neurocritical care. (Core)

Revisions of Requirements

- Requirements must be reviewed with potential for **major revisions every 10 years**.
    - **Shaping GME** (scenario-based strategic planning): Review Committee and relevant specialty communities to think rigorously and creatively about what the specialty will look like in the future, well beyond 10-year increments, recognizing that the future is marked with significant uncertainty
    - **Neurology and child neurology currently slated to begin this process in 2027**
- **Interim revisions** may be considered at scheduled intervals between major requirement revisions, which will **typically be every three years**.
- On rare occasions, with approval of the ACGME Board, revisions may be considered between these scheduled intervals.

Discussion Topic

ACGME Resident/Fellow and Faculty Surveys

ACGME Resident/Fellow and Faculty Surveys

Faculty Survey

- Program directors are not requested to complete the Faculty Survey
- Core faculty members in specialty programs (physicians and non-physicians) are requested to complete the Faculty Survey
- All faculty members in subspecialty programs (physicians and non-physicians) will be scheduled to participate in the Faculty Survey

ACGME Resident/Fellow and Faculty Surveys

NEW! Resident/Fellow and Faculty Surveys

The reporting period for the ACGME's annual Resident/Fellow and Faculty Surveys opens on February 10, 2025, and will run for eight weeks, ending April 4, 2025. The ACGME anticipates that programs and Sponsoring Institutions will again receive survey reports in early May.

The ACGME will continue to alert program and Sponsoring Institution leadership of the survey at the beginning of the administration period and remind them throughout. Like previous years, program leadership will still be charged with alerting survey takers of their participation using the existing mechanisms available within ADS during the survey administration period. Programs should review and, if necessary, update their Resident/Fellow and Faculty Rosters in ADS before the survey opens to ensure accurate scheduling of survey participants.

Institutional Requirements - Guiding Principles for Vacation and Leaves of Absence

- Address medical, parental, and caregiver leave
- Six weeks of paid leave once during program, with one week of 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) 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)

Institutional Requirements - FAQs

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

https://www.acgme.org/globalassets/pdfs/faq/ir_faqs.pdf

Discussion Topic

Competency-Based Medical Education (CBME)

Competency-Based Medical Education (CBME)

The ACGME and American Board of Medical Specialties (ABMS) have been conducting symposia with the goal to accelerate the development of and transition to CBME in GME.

These working conferences are to develop a set of actions by the certification boards and the ACGME Review Committees to support advancing CBME within GME.

Teams consist of Member Board executives, Review Committee chairs, one learner from the specialty, one to two representatives (such as specialty society leaders or others to be selected jointly by the Member Board and Review Committee representatives)

Competency-Based Medical Education (CBME)

Objectives included:

- Recognizing the role and importance of the five essential core components of CBME in GME.
- Identifying the policy, financial, and administrative facilitators that have empowered spread and innovation in CBME.
- Identifying the policy, financial, and administrative barriers that inhibit the growth of CBME.
- Recommending changes in ACGME and ABMS policies and procedures that promote innovation and reduce or eliminate barriers to CBME.
- Working within and across specialties, create an action plan to support innovations and the widespread implementation of CBME.

Outcomes-Based Education: What Is It?

- Central tenet: *Start with the end in mind*
  - Focus on what type of physician will be produced
  - Structure and process flow from the outcomes
- Educational outcomes should be "*clearly and unambiguously specified*."
- These educational outcomes determine:
  - Curriculum, assessment processes, and the learning environment

© AAFP: Collaboration Improves Patient Outcomes, Lowers Cost (aafp.org)

Slide provided by Dr. Eric Holmboe

Implementing Outcomes-Based Medical Education: Enter CBME

An approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of ***societal and patient needs***.

It de-emphasizes [fixed] time-based training and promises greater accountability, flexibility, and learner-centeredness.

Slide provided by Dr. Eric Holmboe

ACGME

LEARN at ACGME

Digital Learning

CBME Competency-Based Medical Education

Faculty Development Courses

- Foundations of Competency-Based Medical Education
- Managing Your Clinical Competency Committee
- Multi-Source Feedback

Site Visits

NEW! Program Site Visit Update

The ACGME will conduct site visits annually for approximately one to two percent of programs with the status of Continued Accreditation. Programs will be selected through a random sampling process. The site visits will help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements in support of the ACGME's Mission.

Email questions to **accreditation@acgme.org**.

- For 2025, programs identified in this process include:
  - Three neurology programs
  - Two child neurology programs
  - Four clinical neurophysiology programs
  - Two vascular neurology programs

Medically Underserved Areas and Populations

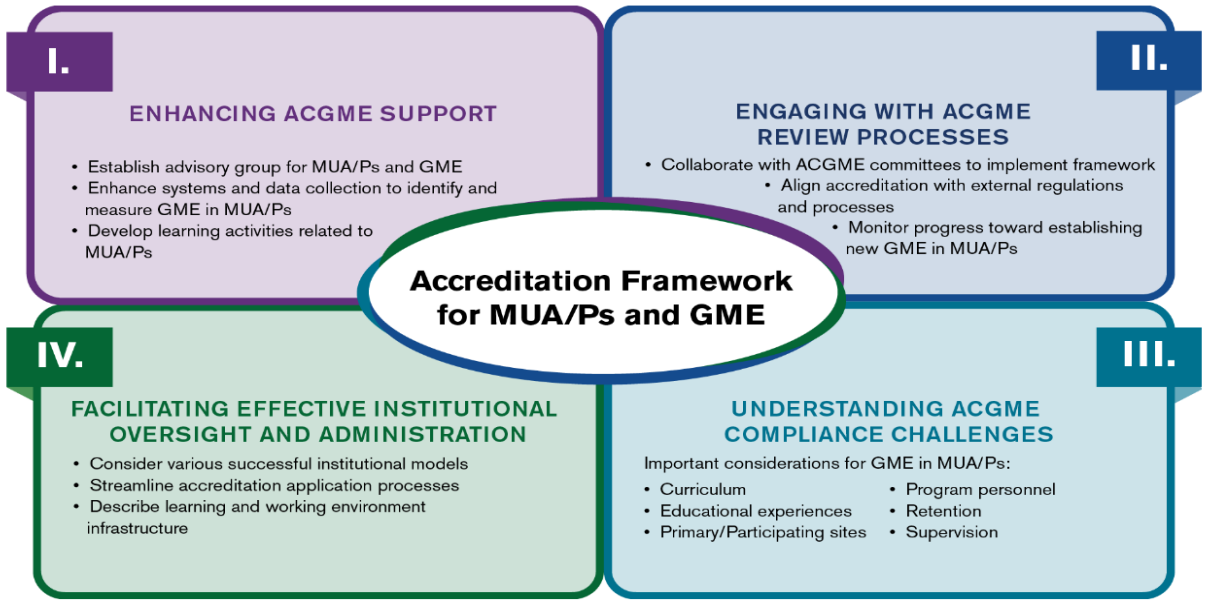
Medically Underserved Areas and Populations

Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME developed a framework to encourage the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This framework outlines initial actions addressing graduate medical education in MUA/Ps.



Quick Links

- Medically Underserved Areas and Populations »
- Advisory Group »
- Rural Track Program Designation »
- ACGME Newsroom and Blog Updates on Medically Underserved Areas »
- ACGME Specialties »
- ACGME Program Application Information »
- ACGME Diversity, Equity, and Inclusion »

Relevant Presentations in Learn at ACGME

- MUA/P: Partnerships to Establish and Sustain Rural GME

Claim Your CME Today!

Complete the Evaluation for CME or Certificate of Completion!

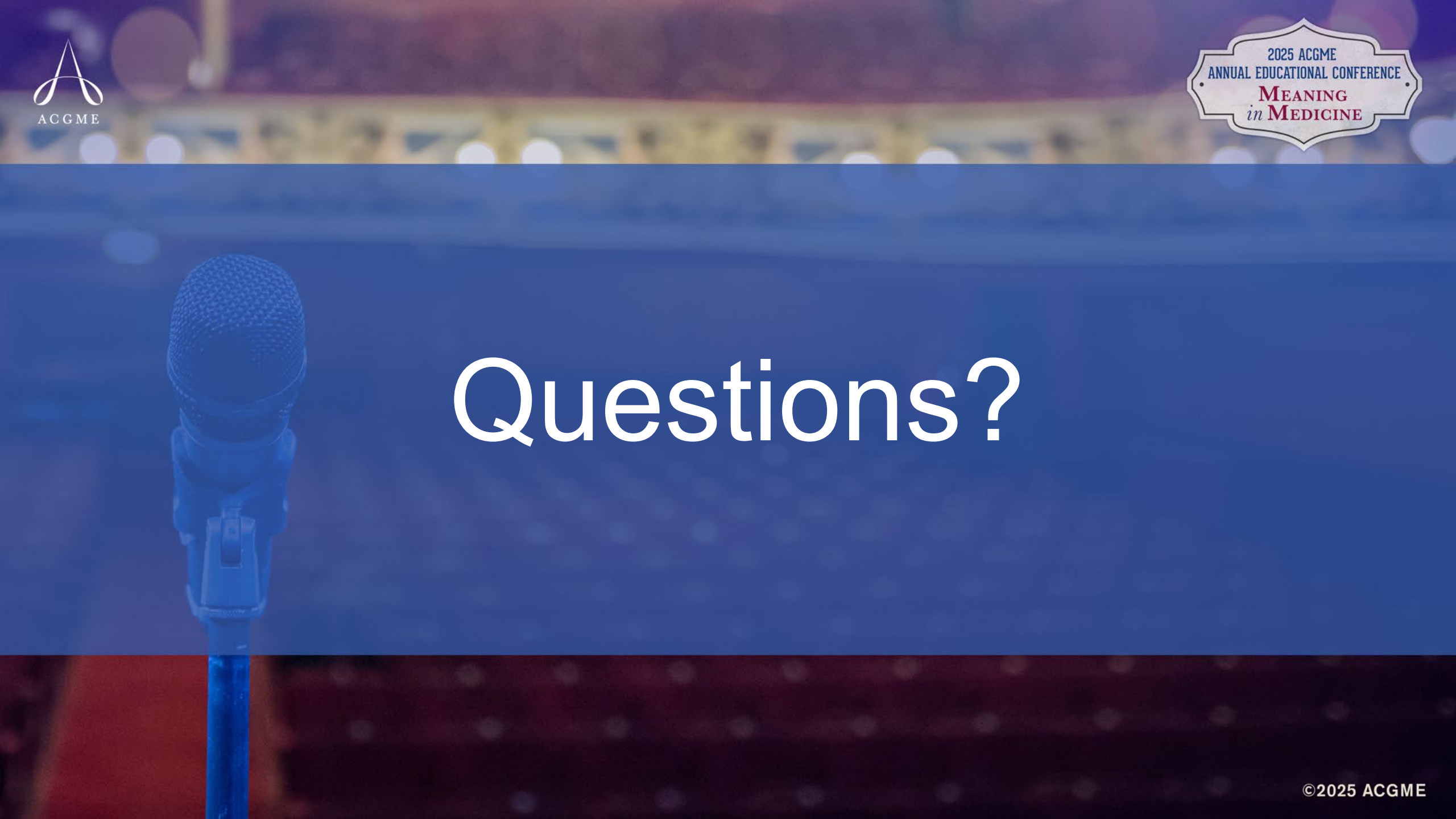
The evaluation can be found in the Conference Mobile App and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register for sessions in the Conference Mobile App.

Deadline – March 14, 2025

Questions? cme@acgme.org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