

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

Requirement: II.A.2.a)

Requirement Revision (significant change only):

II.A.2.a) At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE of non-clinical time to the administration of the program. ^(Core)

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

A recent revision to the Common Program Requirements requires that the program director's support for administration of the program be further specified.

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

This will not affect resident/fellow education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?

This will not affect continuity of 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?

This will not necessitate additional institutional resources unless the program director is currently receiving less than 20 percent FTE of non-clinical time for administration of the program.

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

This will not affect other accredited programs.

Requirement: II.B.4.c)-d)

Requirement Revision (significant change only):

II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in geriatric medicine by the ABIM, ABFM, AOBIM, or AOBFP. ^(Core)

II.B.4.d) For programs with more than two fellows, there must be at least one core faculty member certified in geriatric medicine by the ABIM, ABFM, AOBIM, or AOBFP for every 1.5 fellows. ^(Core)

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

A recent revision to the Common Program Requirements requires that the minimum number of faculty members and/or the faculty member-to-fellow ratio be specified. This specifies that there be a minimum number, relative to the size of the program, of core faculty members who must be certified in geriatric medicine.

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

This will not affect resident/fellow education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?

This will not affect continuity of 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?

This will not necessitate additional institutional resources unless the program currently has fewer than the required minimum number. A review of the Faculty Rosters for programs that currently have at least six fellows (programs that would require at least four faculty members) all exceed the proposed ratio.

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

This will not affect other accredited programs.

Requirement: IV.C.1.a)-b)

Requirement Revision (significant change only):

IV.C.1. The curriculum must be structured to optimize fellow educational experiences, the length of these experiences, and supervisory continuity. ^(Core)

IV.C.1.a) Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. ^(Core)

IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. ^(Core)

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

A recent addition to the Common Program Requirements is the requirement that the curriculum must be structured to optimize fellow educational experiences, the length of those experiences, and supervisory continuity, with instruction that further specification is also required.

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

This will not affect resident/fellow education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?

This will not affect continuity of 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?

This will not necessitate additional institutional resources.

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

This will not affect other accredited programs.