## ACGME Program Requirements for Graduate Medical Education in Neurological Surgery

### Summary and Impact of Focused Requirement Revisions

**Requirement #: II.B.6 and II.B.7.**

**Requirement Revision (significant change only):**

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>II.B.6.</td>
<td>All core physician faculty must demonstrate some form of scholarship each year. <em>(Core)</em></td>
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<tr>
<td>II.B.7.</td>
<td>A significant number of core faculty should demonstrate scholarship through peer-reviewed publications each year. <em>(Core)</em></td>
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1. **Describe the Review Committee’s rationale for this revision:**

   The Review Committee reviews faculty scholarly activity each year and has established program expectations that are now reflected in the proposed focused revision to the Requirements.

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

   A learning environment in which faculty members demonstrate ongoing scholarship as part of their clinical practice ensures robust opportunities for residents to participate in scholarly activities and is likely to lead to the development of a habit of lifelong learning among program graduates, leading to ongoing improvements in patient safety and patient care quality.

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

   No impact is anticipated.

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?**

   No additional resources are anticipated for programs that are in substantial compliance with current requirements for educational resources facilitating scholarly activity.

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

   No impact is anticipated.

**Requirement #: II.B.8, II.B.9., and II.B.9.a)**

**Requirement Revision (significant change only):**

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<tbody>
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<td>II.B.8.</td>
<td>There must be a minimum of three full-time core clinically active ABNS-certified neurological surgeons on the faculty and located at the primary clinical site and predominantly engaged in clinical activity there. <em>(Core)</em></td>
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<tr>
<td>II.B.9.</td>
<td>There must be additional core physician faculty members in the program who are ABNS certified, or on a pathway to ABNS certification, and who demonstrate a commitment to the education, supervision, and evaluation of residents in clinical and other activities to ensure progressive development in all of the Milestones.</td>
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</table>
II.B.10. The core physician faculty members at each participating site must be ABNS certified, or on a pathway to ABNS certification, and be of sufficient number to educate, supervise, and evaluate residents in clinical and other activities to ensure progressive development in the Milestones targeted by the rotations that take place at their respective sites. (Core)

1. Describe the Review Committee’s rationale for this revision: The proposed revision clarifies the Review Committee’s expectations for the number and qualifications of core faculty members for the program overall and at each participating site.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The proposed requirements will improve resident education by ensuring that a sufficient number of qualified faculty members are present in the learning environment to mentor residents, observe first-hand resident progression in Milestone development, and therefore provide meaningful feedback to residents.

3. How will the proposed requirement or revision impact continuity of patient care? No impact is anticipated.

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? Some programs may need additional faculty members.

5. How will the proposed revision impact other accredited programs? No impact is anticipated.

Requirement #: II.C.1

Requirement Revision (significant change only):

There must be a full-time designated program coordinator with financial support from the sponsoring institution. (Core)

1. Describe the Review Committee’s rationale for this revision: The Review Committee recognizes that the demands of the Next Accreditation System have significantly increased the workload for program coordinators to such an extent that every program regardless of size requires a full-time coordinator. Larger programs may need additional administrative staff, although this is not included in this proposed revision.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Resident education will improve for those programs that do not currently have a full-time program coordinator, since this individual will now be focused on the needs of the program.

3. How will the proposed requirement or revision impact continuity of patient care? No impact is anticipated.
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?
   Those programs that do not currently have a full-time program coordinator will need additional institutional resources to comply with the requirement.

5. How will the proposed revision impact other accredited programs?
   Other accredited programs will not be permitted to utilize the coordinator and will need to identify someone else for that position.

Requirement #: IV.A.5.a).(2).(f).(v-xiii)

Requirement Revision (significant change only):

Residents must demonstrate competence in performing neurosurgical operative procedures, including:

IV.A.5.a).(2).(f).(v) critical care procedures, to include: (Outcome)

IV.A.5.a).(2).(f).(v).(a) ICP monitor placement; (Outcome)

IV.A.5.a).(2).(f).(v).(b) external ventricular drain; (Outcome)

IV.A.5.a).(2).(f).(v).(c) VP shunt tap/programming; (Outcome)

IV.A.5.a).(2).(f).(v).(d) cervical; spine traction; (Outcome)

IV.A.5.a).(2).(f).(v).(e) CVP line placement; (Outcome)

IV.A.5.a).(2).(f).(v).(f) airway management; (Outcome)

IV.A.5.a).(2).(f).(v).(g) arterial line placement; and, (Outcome)

IV.A.5.a).(2).(f).(v).(h) arteriography. (Outcome)

1. Describe the Review Committee’s rationale for this revision:
   In 2013, the Review Committee established a requirement for three months of critical care education during the first 18 months of education, as well as defined case categories, one of which was critical care. There are already published minimum number requirements for several critical care procedures, and programs have been informed that 2016-2017 program graduates will be reviewed for compliance. The 2013 major revision included outcomes for all defined case categories except critical care. This oversight is corrected with this proposed focused revision.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Requirements will now reflect the Committee’s expectations for critical care outcomes.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.
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?
   **No additional resources are anticipated.**

5. How will the proposed revision impact other accredited programs?
   **No impact is anticipated.**

Requirement #: V.C.5. – V.C.6.a)

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<td>V.C.5.</td>
<td>At least 85-80% of a program's residents taking the ABNS certifying written examination for credit for the first time during the past seven five years must pass. <em>(Outcome)</em></td>
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<tr>
<td>V.C.6.</td>
<td>At least 80% of a program's graduates taking the ABNS certifying oral examination for the first time during the past seven five years must pass. <em>(Outcome)</em></td>
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<tr>
<td>V.C.6.a)</td>
<td>If fewer than 10 program graduates have taken the oral exam in the past seven years, then at least 80% of the last ten program graduates taking the oral exam for the first time must pass. <em>(Outcome)</em></td>
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1. Describe the Review Committee’s rationale for this revision:
   The Committee has been reviewing seven-year pass rate data for the past three years as part of its annual review of programs, and determined that a five-year look-back period was more appropriate since it would be a better reflection of a program’s current curriculum. With this change, the Committee determined that a slight reduction in expectations for pass rate for the written exam from 85% to 80% would still identify those programs in need of a closer annual review while also providing the opportunity for smaller programs to come into compliance more quickly. Review of the data indicated that no change was needed regarding the expected pass rate for the oral exam. The requirement related to the number of program graduates taking the examination was deleted for the same reason that the seven-year look-back period was reduced to five years. While small programs are more affected than large programs when one program graduate fails on the first attempt, these programs need the feedback from the Committee as much as larger programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed requirements will provide the means to gain a better reflection of a program’s current curriculum and allow the Review Committee to identify programs that may need to review and revise their curriculum in order to better prepare residents for the certifying examinations.

3. How will the proposed requirement or revision impact continuity of patient care?
   **No impact is anticipated.**

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?
No additional resources are anticipated.

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

**No impact is anticipated.**

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<th>Requirement #: V.C.7 and V.C.8.</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<tr>
<td>V.C.7. At least 80% of a program’s residents taking the American Osteopathic Board of Surgery (AOBS) written qualifying examination for the first time during the past five years must pass. (Outcome)</td>
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<tr>
<td>V.C.8. At least 80% of a program’s graduates taking the AOBS certifying examination for the first time during the past five years must pass. (Outcome)</td>
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1. Describe the Review Committee’s rationale for this revision:

The Review Committee reviewed recent pass rate data for the written and oral ABNS certifying examinations, as well as equivalent pass rate data for the AOBS certifying examinations. The number of AOA-approved programs in the data set was too small to allow a meaningful interpretation of the data. The Committee, therefore, determined that requirements related to the osteopathic certifying examinations should mirror those for the ABNS certifying examinations.

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

The establishment of new requirements for the osteopathic certifying examination pass rates will provide the Committee with important data for reviewing those programs whose graduates choose to take the osteopathic certifying examinations.

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

**No impact is anticipated.**

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?

**No additional resources are anticipated.**

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

**No impact is anticipated.**