

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

Requirement #: **Int.C., Int.C.1., and Int.C.2.**

Requirement Revision (significant change only):

Int.C. Length of Educational Program

~~The educational program in neurodevelopmental disabilities must be 48 months in length.~~ ^{(Core)*} 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): 36 months of education in child neurology and 12 months of education in neurodevelopmental disabilities, preceded by at least 24 months of residency education in a pediatrics and at least 36 months of residency education in child neurology. ^(Core)

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

There appears to be a need for physicians specialized in the provision of care for children and youth with neurodevelopmental disabilities (NDD). In addition, there are residents who match in child neurology but wish to have further education and training in NDD. This pathway would 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 neurodevelopmental disabilities. 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). This pathway is not intended to replace the currently approved six-year combined residency which is an academic track to educate and train NDD physicians. This will permit individuals to complete NDD education after completing child neurology residency requirements, and further expand the number of physicians educated and trained in this subspecialty.

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

By expanding the number of physicians educated and trained in NDD, patients in need of those services will have greater access to care. In addition, individuals who develop an interest in NDD over the course of their child neurology residency can now pursue further experience in this discipline, expanding their choices for career paths.

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

There will be expanded numbers of professionals educated and trained in NDD, which would improve access to 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.

Requirement #: **III.A.1.b) – III.A.1.b).(2)**

Requirement Revision (significant change only):

~~III.A.1.b) Prior to appointment in the program, residents must have successfully completed 24 months in a pediatric residency program that satisfies the requirements in III.A.1. ^(Core)~~

III.A.1.b).(1) residents in the NDD track must have successfully completed 24 months in a pediatric residency program that satisfies the requirements in III.A.1. ^(Core)

III.A.1.b).(2) residents in the CN-NDD track must have successfully completed 24 months in a pediatric residency and 36 months in a child neurology residency that satisfy the requirements in III.A.1. ^(Core)

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

This conforms to requirements for current child neurology and neurodevelopmental disabilities education.

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

This will not impact 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 impact 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.

Requirement #: **IV.B.1.c).(4) and IV.B.1.c).(4).(a)-(h)**

Requirement Revision (significant change only):

IV.B.1.c).(4) Fellows must demonstrate knowledge in complication management of diseases, including: ^(Core)

IV.B.1.c).(4).(a) attention and learning disorders; ^(Core)

IV.B.1.c).(4).(b) autism spectrum disorders; ^(Core)

IV.B.1.c).(4).(c) cerebral palsy and disorders of muscle tone; ^(Core)

IV.B.1.c).(4).(d) genetic disorders; ^(Core)

IV.B.1.c).(4).(e) global developmental delay; ^(Core)

IV.B.1.c).(4).(f) intellectual disability; ^(Core)

IV.B.1.c).(4).(g) metabolic disorders; and, ^(Core)

IV.B.1.c).(4).(h) mitochondrial disorders. ^(Core)

1. Describe the Review Committee's rationale for this revision:
These are domains of medical knowledge central to the field and thus essential for fellowship education.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This will not impact resident/fellow education, patient safety, and/or patient care quality.
3. How will the proposed requirement or revision impact continuity of patient care?
More effective management of these disorders is likely to improve by decreasing the number of transitions and hand-offs.
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.

Requirement #: **IV.C.1.a) and IV.C.1.b)**

Requirement Revision (significant change only):

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 high-quality assessment and feedback. ^(Core)

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

1. Describe the Review Committee's rationale for this revision:
The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when fellows are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care and fellow education. They are also intended to address the negative impact of assigning supervising faculty members for very brief assignments.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The intent of the requirements is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care when creating fellow and faculty member schedules. This new requirement prioritizes patient safety and education in curriculum planning.
3. How will the proposed requirement or revision impact continuity of patient care?
The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity, quality, and safety 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.

Requirement #: **IV.C.6. and IV.C.6.b).(2)**

Requirement Revision (significant change only):

IV.C.6. The CH-NDD and NDD curriculum must be organized to provide:

IV.C.6.b).(2) This must include at least one-month FTE transitions of care into adult settings. ^(Core)

1. Describe the Review Committee's rationale for this revision:
This is essential given the patient population served.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Increased capacity to facilitate transitions is likely to improve continuity of care.
3. How will the proposed requirement or revision impact continuity of patient care?
This will not impact 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.