

ACGME New Specialty/Subspecialty Proposals Review and Comment Form

Title of Proposed New Specialty/Subspecialty	Neurocritical Care Medicine
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Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Select [X] only one	
Organization (consensus opinion of membership)	<input type="checkbox"/>
Organization (compilation of individual comments)	<input checked="" type="checkbox"/>
Review Committee	<input type="checkbox"/>
Designated Institutional Official	<input type="checkbox"/>
Program Director	<input type="checkbox"/>
Resident/Fellow	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

Name	Jennifer W. McCallister, MD
Title	President
Organization	Association of Pulmonary & Critical Care Medicine Program Directors
Specialty/Subspecialty (if applicable)	Pulmonary & Critical Care Medicine

As part of the ongoing effort to encourage the participation of the graduate medical education community and the public in the process of reviewing proposed new specialties/subspecialties for accreditation, the ACGME may publish some or all of the comments it receives on the ACGME website, and may also share your comments with the organization from which the proposal was received. Submission of comments indicates agreement for publication on the ACGME website, as well as consent to share your comments with the organization submitting the proposal. By submitting your comments, the ACGME will consider your consent granted. If you or your organization does not consent to the publication of any comments, please indicate such below.

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The ACGME welcomes comments, including support, concerns, or other feedback, regarding the proposed new specialties/subspecialties. Comments must be submitted electronically and must reference the proposal by page number. Add rows as necessary.

	Impacts	Page Number for Reference	Comment(s)/Rationale
1	Concerns regarding the impact of this proposal on education in the specialties/subspecialties currently accredited	N/A	<p>The current proposal has the potential to negatively influence the educational opportunities for trainees from Internal Medicine, specifically, Critical Care Medicine (Internal Medicine) and the Internal Medicine specialties (ex. Pulmonary/Critical Care Medicine):</p> <ol style="list-style-type: none"> 1. Currently, trainees from Critical Care Medicine (Internal Medicine) and the Internal Medicine specialties have the opportunity to seek advanced training in Neurocritical Care fellowship programs if desired. The current proposal will exclude this group of learners from expanding their Critical Care skills and applying for positions in the accredited programs. 2. In addition, it has the potential to create educational silos, further limiting, instead of extending models for multidisciplinary education where key clinical faculty for newly accredited Neurocritical Care programs may no longer be able or willing to supervise Internal Medicine fellows. 3. Internal Medicine Faculty who were previously board certified by the United Council of Neurological Specialties or the Committee on Advanced Subspecialty Training must be given the opportunity maintain certification as co-sponsorship by the American Board of Internal Medicine is explored. Otherwise, attrition and unnecessary loss of faculty and clinicians may occur.
2	Concerns regarding the impact on the public	N/A	
3	Concerns regarding the proposal document		

General Comments:

We read with interest the application for consideration of the new specialty of Neurocritical Care

Medicine. Through recognition of this specialty, the clinical care of patients will be improved and the education of trainees in this discipline will be enhanced. However, by excluding physicians with training in Critical Care Medicine (Internal Medicine), an important opportunity is being missed and the education of a large group of learners may be negatively impacted. To this end, safeguards must be put into place to ensure that those physicians trained in Critical Care Medicine (Internal Medicine) maintain their board eligibility if previously certified and continue to have opportunities to teach and learn in this specialty if desired. Co-sponsorship with the American Board of Internal Medicine must be pursued.

Critical Care Medicine has always supported a multidisciplinary approach to education and patient care. Despite a specialty-focused foundation, program requirements defined by the respective review committees yield considerable overlap for training across specialties. The evolution of pathways for certification such as those now available for Emergency Medicine physicians in Critical Care Medicine supports a multidisciplinary approach. This new proposal in Neurocritical Care should be considered as another potential option, with physicians trained in Critical Care Medicine (including Internal Medicine) as excellent candidates to build more advanced skills.