

July 7, 2006

Dear Neurology Department Chair/Residency Program Director,

The Neurology Residency Review Committee (RRC) has reviewed the ANA leadership proposal for flexible neurology residency and we wish to inform neurology department chairs and residency program directors that we endorse the overall concept of flexible neurology residency training, and specifically the ANA proposal. This endorsement reflects the collective input of many neurology organizations, residency program directors, and education leaders in neurology, as well as the deliberations of the RRC. A brief summary of the ANA Leadership Group rationale for the proposal and additional justification (via feedback to the RRC) for flexible neurology residency programs is presented below, as well as Neurology RRC Guidelines for implementation of a flexible neurology residency.

Rationale and Synopsis of the ANA Flexible Residency Proposal

The primary objective of a flexible residency, as stated in the ANA leadership proposal, is as follows: “To develop a flexible research track to allow modification of residency training to maximize efficient training of neurologist investigators.” This objective may be accomplished by customizing education that introduces more didactic components oriented towards research early in training, limiting the time commitment for some clinical rotations less relevant to a research career, and ensuring that residents continue to acquire the crucial clinical skills needed to certify clinical competency by paying special attention to the assessment of resident clinical performance.

Rationale Derived from Feedback from Residency Program Directors, Department Chairs, and Other Educators

There is nearly universal support for the concept of introducing more flexibility into neurology residency training, particularly as it pertains to early research experiences. There are a variety of rationales to be considered while creating more structured, early research experiences: 1) Scholarship and research are an expected part of neurology residency training program requirements, but it is difficult to provide time blocks for research within existing resident work hours limits and clinical service obligations. 2) Some residents have already developed a research interest and are training in an environment willing to help them explore these interests during residency. 3) Early research experience and mentoring may increase the probability of more successful transitions from residency to long term academic careers. 4) The trend towards increasing the length of medical training places an undue financial and psychological burden on trainees, and often contributes to delaying other lifestyle decisions (eg- beginning a family). 5) Early research experiences will place residents in a position to apply for funding at an earlier stage of their careers, increasing the efficiency of training.

Neurology RRC Guidelines for Flexible Neurology Residency

1) The Neurology RRC endorses the use of the ANA proposal as one example of a practical, flexible neurology residency template available to neurology programs that wish to pursue a flexible training option in either laboratory or clinical research training. In addition, the neurology RRC acknowledges that local institutional resources and constraints will dictate the practical organization and timing of specific flexible residency training components. As a starting point, we encourage individual neurology departments and residency programs to review to the ANA leadership proposal as a model for how such flexible residency programs might be organized to provide both research experiences during residency and meet ACGME requirements for clinical neurology training and board certification.

2) There is no application or program description required from programs to the RRC to implement flexible neurology residency training. However, the responsibility for satisfying the clinical neurology training requirements of the ACGME (eg-each resident is qualified to practice independently and competently) continues to be the responsibility of individual neurology departments, with particular emphasis on the roles of the department chair and the residency program director. Training programs will be asked to describe the impact of flexible training on the residency program at the time of the usual site surveyor visit and program review for accreditation.

3) Each residency program considering the inclusion of a flexible residency option should consider the following:

- a) The individual residency program must identify funding for this program. Medicare funding for residents will not pay for resident time to pursue research.
- b) The program must be certain that all ACGME requirements for training individual residents and for program accreditation will continue to be satisfied.
- c) If elective rotation time is reduced to create research blocks, then specific plans for how residents will acquire the knowledge and skills needed to become clinically competent (and pass the ABPN examination) need to be created and assessed for learning effectiveness.

4) Each residency program should consider the impact of creating flexible training on residents in the program who will not choose to pursue a research option. The program must be dedicated to the development of clinical excellence for all residents. Creation of a “clinical masters” area of concentration (up to 4-6 months) for residents who choose to pursue clinical careers has been suggested as one approach to address this issue. Specific clinical or teaching expertise (e.g.-teaching skills, education research) may be developed during such a time block.