Neuro-oncology Program Requirements

Approved October 17, 2014

© 2014 by the United Council for Neurologic Subspecialties

Table of Contents

© 2014 by the United Council for Neurologic Subspecialties

Neuro-oncology Program Requirements

The common program requirements are standards required of accredited programs in all UCNS subspecialties. They are shown in **bold** typeface below. Requirements in regular typeface are defined by each subspecialty.

I. Introduction

A. Neuro-oncology is a subspecialty that involves the neurological, medical, surgical, and oncologic management of patients with primary or metastatic central and peripheral nervous system neoplasms and any other disorders or complications affecting the nervous system that result directly or indirectly from nervous system or systemic neoplasm or from related treatment.

B. The primary purposes of this document are: 1) to define a common set of minimum training and core content requirements for Neuro-oncology fellows within Neuro-oncology fellowship programs, and 2) to define the minimum necessary training program elements, program director and faculty qualifications and composition, and other resources that are required of programs involved in the comprehensive advanced training of neuro-oncologists.

II. Institutional Support

There are three types of institutions that may comprise a program: 1) the sponsoring institution, which assumes ultimate responsibility for the program and is required of all programs, 2) the primary institution, which is the primary clinical training site and may or may not be the sponsoring institution, and 3) the participating institution, which provides required experience that cannot be obtained at the primary or sponsoring institutions.

A. Sponsoring Institution

1. **The sponsoring institution must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), and meet the current ACGME Institutional Requirements. This responsibility extends to fellow assignments at all participating institutions. The sponsoring institution must be appropriately organized for the conduct of graduate medical education (GME) in a scholarly environment and must be committed to excellence in both medical education and patient care.**
2. **A letter demonstrating the sponsoring institution's responsibility for the program must be submitted. Such a letter must:**
   a. **confirm sponsorship of the training program,**
   b. **state the sponsoring institution's commitment to training and education, and**
   c. **be signed by the designated institution official of the institution as defined by ACGME.**

B. Primary Institution

1. **Assignments at the primary institution must be of sufficient duration to ensure a quality educational experience and must provide sufficient opportunity for continuity of care. The primary institution must demonstrate the ability to promote the overall program goals and support educational and peer activities.**
2. **A letter from the appropriate department chair(s) at the primary institution must be submitted. Such a letter must:**
   a. **confirm the relationship of the primary institution to the program,**
   b. **state the primary institution's commitment to training and education, and**
   c. **list specific activities that will be undertaken, supported, and supervised at the primary institution.**

© 2014 by the United Council for Neurologic Subspecialties

C. Participating Institutions

1. **Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**
2. **Assignments at participating institutions must be of sufficient duration** (e.g., at least two weeks) **to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the overall program goals and support educational and peer activities.**
3. **If a participating institution is used, a participating institution letter must be submitted. Such a letter must:**
   a. **confirm the relationship of the participating institution to the program,**
   b. **state the participating institution's commitment to training and education,**
   c. **list specific activities that will be undertaken, supported, and supervised at the participating institution, and**
   d. **be signed by the department chair of the participating institution.**
4. Participating institutions must provide the program director with adequate protection of time necessary to carry out the duties and responsibilities of this role.

III. Facilities and Resources

A. Each program must demonstrate that it possesses the facilities and resources necessary to support a quality educational experience.

1. The institution must provide the fellows with a suitable working environment and demonstrable access to administrative support, typical office equipment and supplies, and education and library resources.
2. Fellows are expected to have a balance of out- and in-patient experience reflective in time allotment and content of a Neuro-oncology practice. This includes a reasonable number of patients to ensure an appropriate experience with the majority of types of patient disorders encountered in a typical Neuro-oncology practice.

IV. Faculty and Personnel

The faculty of accredited programs consists of: 1) the program director, 2) core faculty, and 3) other faculty. Core faculty are physicians who oversee clinical training in the subspecialty. The program director is considered a core faculty member for the purpose of determining the fellow complement. Other faculty are physicians and other professionals determined by the Subspecialty to be necessary in order to deliver the program curriculum. The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate durations of appointments for the program director and core faculty members are essential for maintaining such an environment. The duration of appointment for the program director must provide for continuity of leadership. The composition of the faculty, and availability of other specialists at the institution that are not directly involved in the training, but are supportive of the program, should be such that an adequate training experience is provided.

A. Program Director Qualifications

1. **There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and he or she should be a member of the faculty or medical staff of the primary institution.** The program director must be selected by either the

© 2014 by the United Council for Neurologic Subspecialties

departmental chair or by another accepted mechanism utilized for the appointment of educational officers at the primary teaching site.

2. **The program director must:**
   a. **possess requisite specialty expertise** such as demonstrated evidence of experience in the field of Neuro-oncology, **as well as documented educational and administrative abilities and experience in his or her field,**
   b. **be certified in one of the ABMS or RCPSC specialties** of neurology, child neurology, neurological surgery, internal medicine and medical oncology, or pediatrics and pediatric hematology-oncology,
   c. **possess a current, valid, unrestricted, and unqualified license to practice medicine in the state or province of the program, and**
   d. **be certified, and maintain certification, in** Neuro-oncology **by the UCNS [1],**
   e. have significant prior experience in the training of medical students or post-doctoral medical or surgical trainees,
   f. be in a position to foster and optimize multidisciplinary interactions and teaching in Neuro-oncology within the institution(s).

B. Program Director Responsibilities

1. **The program director must:**
   a. **oversee and organize the activities of the educational program in all institutions participating in the program including selecting and supervising the faculty and other program personnel at each participating institution, and monitoring appropriate fellow supervision and evaluation at all participating institutions,**
   b. **prepare an accurate statistical and narrative description of the program as requested by the UCNS as well as update the program and fellow records annually,**
   c. **ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the institutional requirements,**
   d. **monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction,**
   e. **obtain prior approval of the UCNS for changes in the program that may significantly alter the educational experience of the fellows. Upon review of a proposal for a program change, the UCNS may determine that additional oversight or a site visit is necessary. Examples of changes that must be reported include:**
      1) change in the program director,
      2) the addition or deletion of sponsoring, primary, or participating institution(s),
      3) change in the number of approved fellows, and
      4) change in the format of the educational program.
   f. ensure that fellows adequately meet expectations of professional conduct, educational goals and other responsibilities as delineated in the Neuro-oncology program requirements,
   g. report on the training program to the department chairperson or responsible GME director or committee, or other institutional committee, in accord with institutional requirements,
   h. implement changes in the program as recommended by the formal annual internal evaluation of the program in a timely manner, and

[1] This requirement will not be imposed until after the expiration of the subspecialty's practice track.

© 2014 by the United Council for Neurologic Subspecialties

i. implement changes that result from formal amendment to the Neuro-oncology program requirements in a timely manner.

C. Core Faculty Qualifications

1. Each core faculty member must:

a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field,

b. be currently certified by ABMS or RCPSC in neurology, including child neurology, neurosurgery, medical or pediatric oncology, radiation oncology, or neuropathology,

c. possess a current, valid, unrestricted, and unqualified license to practice medicine in the state or province of the program, and

d. be appointed in good standing to the faculty of an institution participating in the program.

2. The core faculty must include at least one neurologist. The neurologist may also be the program director.

D. Core Faculty Responsibilities

1. There must be a sufficient number of core faculty members with documented qualifications at each institution participating in the program to instruct and adequately supervise all fellows in the program.

2. Core Faculty members must:

a. devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities,

b. evaluate the fellows whom they supervise in a timely manner,

c. demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities,

E. Required Faculty

1. Faculty members that must be present in each program include, at minimum:
   a. a neuro-oncologist, which is defined as one of the following:
      1) a neurologist, board certified in neurology or child neurology, who has a specific focus of practice in Neuro-oncology. If the neurologist is not also board certified in medical or pediatric oncology, a supporting faculty member who is a board certified medical or pediatric oncologist must also be present,
      2) an oncologist, board certified in medical or pediatric oncology, who has a specific focus of practice in Neuro-oncology. If the oncologist is not also board certified in neurology or child neurology, a supporting faculty member who is board certified in neurology or child neurology must also be present,
      3) a neurosurgeon, board certified in neurological surgery, who has a specific focus of practice in Neuro-oncology. The neurosurgeon must have a supporting faculty member who is board certified in medical or pediatric oncology and a supporting faculty member who is a board-certified neurologist. It is preferred that these supporting personnel have experience in the management of neuro-oncologic patients.
   b. a neurosurgeon with reasonable experience in surgical treatment of Neuro-oncology patients and management of patients with central nervous system (CNS) tumors.
   c. a radiation oncologist.

© 2014 by the United Council for Neurologic Subspecialties

d. a neuro-radiologist.
e. a neuropathologist or general pathologist with significant experience or training in the evaluation of nervous system tumors and complications of cancer and cancer treatment on the nervous system, and
f. a medical oncologist, and
g. a pediatric neuro-oncologist.

F. Other Faculty
1. Required administrative and nursing staff includes:
   a. a clinical and/or research nurse (preferably certified in oncology),
   b. a secretary with partial or full FTE in support of fellows
2. Other program members that are strongly encouraged
   a. Although not considered faculty, whenever possible the following individuals should be identified as associated with the program due to their importance in Neuro-oncology training and practice:
      1) biostatistician(s)
      2) clinical research associate / clinical research coordinator / data manager
      3) neuropsychologist
      4) social worker / case manager
      5) pain management professional
      6) palliative care / hospice professional
      7) research nurse
3. For programs that offer training in basic research as a part of the training curriculum, it is expected that qualified individuals with established experience in basic neuro-oncologic or related research would be part of the faculty.

V. Fellow Appointment

A. Duration of Training
1. The minimum duration of clinical training must be 12 months. The maximum duration of clinical training is 36 months.
2. The training requirements must not necessarily be met in a consecutive 12-month period; justification for extension must be provided in writing to the local GME committee substantiating the need for such extension and documented in the fellow's records.

B. Eligibility Criteria
1. **The fellow must possess a current valid and unrestricted license to practice medicine in the United States or Canada or its territories.**
2. **The fellow must be a graduate of an ACGME or Royal College of Physicians and Surgeons of Canada (RCPSC) accredited residency program in neurology**, child neurology, neurological surgery, internal medicine and medical oncology, or pediatrics and pediatric hematology-oncology**.**
3. **The fellow must be board certified or eligible for certification in a primary ABMS or RCPSC specialty** neurology, neurosurgery, medical or pediatric oncology, radiation oncology, or neuropathology**.**

C. Minimum Number of Fellows and Fellow Complement
1. **The minimum number of fellows to be trained is one.**
2. **The fellow complement is the number of fellows allowed to be enrolled in the program. There must be at least** 2 **core faculty member**s **for every** 1 **fellow.**

© 2014 by the United Council for Neurologic Subspecialties

VI. Educational Program

A. Role of the Program Director and Faculty

1. **The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by:**
   - **a. preparing a written statement to be distributed to fellows and faculty and reviewed with fellows prior to assignment, which outlines the educational goals and objectives of the program with respect to the knowledge, skills, and other attributes to be demonstrated by fellows for the entire fellowship and on each major assignment and each level of the program,**
   - **b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information,**
   - **c. providing fellows with direct experience in progressive responsibility for patient management** commensurate with demonstrated competence of the fellow and provide a productive working environment, program and faculty composition that will allow this process to be optimized**,**
   - d. providing conferences, educational didactic programs, and other educational activities of the program, and
   - e. ensuring that the fellow masters the competencies described elsewhere in this document by the end of the training experience.

B. Competencies

1. **A fellowship program must require that its fellows obtain competence in the AGCME Competencies to the level expected of a new practitioner in the subspecialty. Programs must define the specific and unique learning objectives in the area including the knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their fellows to demonstrate the following:**
   - **a. *patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health,**
   - **b. *medical knowledge* about established and evolving biomedical, clinical, and basic sciences, as well as the application of this knowledge to patient care,**
   - **c. *practice-based learning and improvement* that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care,**
   - **d. *interpersonal and communication skills* that result in effective information exchange and collaboration with patients, their families, and other health professionals,**
   - **e. *professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population, and**
   - **f. *systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.**
2. The curriculum for the training program should be modeled whenever possible utilizing the guidelines established in this document. A written curriculum should be maintained by the program and modified on a yearly basis as needed to reflect suggested changes, improvements, or amendments.

© 2014 by the United Council for Neurologic Subspecialties

3. A detailed description of the core content is provided in the *Neuro-oncology Core Curriculum.* A brief summary of the areas of required competencies include:
    a. knowledge of advanced principles of management of primary and metastatic nervous system tumors,
    b. expertise in the treatment of primary CNS tumors including surgery, radiation, chemotherapy and other medical therapies, and an up-to-date knowledge of agents in clinical research as applicable to Neuro-oncology,
    c. expertise in the treatment of metastatic cancer to the nervous system including brain, spinal cord, leptomeningeal, epidural, plexus, peripheral nerve, and skull metastases,
    d. expertise in the treatment of cancer-related neurologic complications, specifically as it applies to neuro-oncologic patients, including: toxic, nutritional or metabolic encephalopathy, CNS and systemic infections, cerebrovascular disease, seizures, increased intracranial pressure, deep venous thromboembolism, neutropenia, thrombocytopenia, anemia, and paraneoplastic syndromes,
    e. expertise in the evaluation and provision of basic medical care for neuro-oncologic complications of cancer or medical disorders that may typically occur in Neuro-oncology patients, including treatment of toxic effects of surgery, chemotherapy, radiotherapy or other neuro-oncologic therapeutic modalities; in the safe, and approved use of blood products and growth-factor support; and basic competency in supportive and end-of life care and pain management of Neuro-oncology patients,
    f. skills involved in coordination of the overall management plan for Neuro-oncology patients, including oversight of the interdisciplinary management of patients with neuro-oncologic disorders (e.g., appropriate indications for referral for consultation with or care by medical oncologists, neurosurgerson, radiation oncologists, neuroradiologists, neuropathologists, pain management specialists, rehabilitative personnel, and/or palliative care personnel).

C. Didactic Components

1. The education must include a formal, didactic core content course of a minimum of 50 hours total duration. The core content must provide instruction in principles of treatment of CNS primary and metastatic tumors and related conditions, toxicities of therapy and administration, treatment of medical complications of cancer as they apply to adult and pediatric Neuro-oncology, and supportive care of Neuro-oncology patients.
2. Essential elements of the core content course, with the minimum periods of didactic educational instruction include:
    a. review of the major classes of chemotherapy, dosing and schedules, formulations, pharmacokinetics, toxicities and methods of administration as applicable to Neuro-oncology (8 hours),
    b. diagnosis and medical treatment of adult gliomas, CNS lymphoma, meningioma and other primary CNS tumors (8 hours),
    c. diagnosis and medical treatment of the unique spectrum of primary brain tumors arising primarily but not exclusively in children, including optic pathway gliomas, diffuse brainstem gliomas, primitive neuroectodermal tumors, craniopharyngioma, ependymoma, and CNS germ cell tumors (8 hours),
    d. molecular targeted therapies, viral and immunotherapies, and novel therapeutics (2 hours),
    e. basic principles of neurosurgical therapy as it applies to Neuro-oncology (2 hours),
    f. basic principles of radiation oncology as it applies to Neuro-oncology (2 hours)

© 2014 by the United Council for Neurologic Subspecialties

g. diagnosis and treatment of metastatic cancer to the nervous system including brain, spinal cord, leptomeningeal, epidural, plexus, peripheral nerve, and skull metastases (8 hours),
h. hematologic toxicity monitoring, administration of growth factors and blood products (2 hours),
i. principles of corticosteroid use (1 hour),
j. diagnosis and treatment of common medical complications in Neuro-oncology patients, including seizures, raised intracranial pressure, vomiting, pain and headache, infections, venous thrombosis and pulmonary emboli, radiation toxicity, and other commonly-associated conditions and toxicities, expertise in end-of-life care (10 hours),
k. familiarity with the heredofamilial syndromes that predispose to CNS tumors.

3. In addition to the core content course, the educational experience must include additional didactic exposure that may be provided via clinical conferences as follows:
   a. a multidisciplinary (radiation oncology, medical oncology, neurosurgery, Neuro-oncology, neuropathology, and/or neuroradiology) conference at which Neuro-oncology cases are presented. This conference should be a regularly scheduled conference that meets at least semiweekly excepting holidays or other extenuating circumstances.
   b. attendance at additional conferences, if available and relevant to Neuro-oncology, should be encouraged, for examples: oncology grand rounds or general tumor board, journal club, neuropathology case review session, neuro-radiology conference, experimental Neuro-oncology conference, protocol development meetings, and/or administrative Neuro-oncology or medical oncology meetings.

D. Clinical Components

1. **Approximately 80% of the fellow's time must be spent in supervised activities related to the care of patients with** neuro-oncologic conditions**. Clinical experiences may include all training relevant to** Neuro-oncology, **including lectures and individual didactic experiences and journal clubs emphasizing clinical matters. Programs with flexible fellowship terms must assure that equivalent time is spent in clinical training.**
2. The 12-month minimum clinical training can be arbitrarily divided into three main areas of training that should include approximately one-third of the time (four-month equivalents, combined in- or out-patient experience), during which time the fellow has exposure to:
   a. routine and emergent Neuro-oncology consultations (systemic cancer and hematologic malignancies and secondary or treatment-related complications),
   b. routine and emergent care of patients with primary central and peripheral nervous system neoplasms, and resulted diagnostic and management issues,
   c. supportive or ancillary care of patients with primary or metastatic brain tumors. This experience may include rotations on any combination of the following: radiation oncology, medical oncology, pediatric oncology or pediatric Neuro-oncology, neuroradiology, tumor neuropathology, neurosurgery, pain management, palliative care, or clinical research.
   d. Although clinical training blocks are preferred, the clinical training described in in a-c above does not necessarily need to be consecutive or organized into specific blocks (e.g., exclusive practice on primary brain tumor patients), as it is recognized that many programs, for practical reasons, offer ongoing parallel experiences in in-patient and ambulatory training settings with mixtures of patients with neuro-oncologic complications of systemic cancer, primary brain tumors, or those requiring supportive neuro-oncologic care. Thus, the training exposures can be organized into defined in- or out-patient rotations of specified

© 2014 by the United Council for Neurologic Subspecialties

length or can occur as a summation of experience gained throughout the entire training period. However, the program director must be able to defend for the purposes of overall program evaluation that fellows are receiving adequate training in the areas and for durations of time as described in a-c above. Examples of such defense might include patient consultation or admission lists with diagnoses, written estimates from supervising faculty on completion of rotations, etc.

3. The program must ensure that appropriate time, a minimum of two weeks, is spent in the instruction of both adult-specific and pediatric-specific Neuro-oncology. The pediatric experience may include any combination of inpatient service, outpatient clinics, or pediatric Neuro-oncology tumor board.

E. Scholarly Activities

1. **The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. Both faculty and fellows must participate actively in some form of scholarly activity. Scholarship is defined as activities unrelated to the specific care of patients, which includes scholarship pertaining to research, writing review papers, giving research-based lectures and participating in research-oriented journal clubs.**
    a. Fellows should make a reasonable effort to participate in the preparation of abstracts for presentation at national meetings, presentations at local institutions, and/or preparation of manuscripts for publication related to Neuro-oncology.
    b. Publications and presentations should be encouraged by faculty and properly mentored.
    c. Programs may add specific publication and presentation requirements at their discretion.
2. **There must be adequate resources for scholarly activities for faculty and fellows.**
3. During the training period, fellows should receive basic instruction in clinical research methodology, including:
    a. education regarding the clinical trial process, including, but not limited to, clinical scientific research methodology and protocol design, the process of informed consent, data management, and related biostatistical considerations,
    b. education regarding ethical and regulatory issues pertaining to clinical research,
    c. education regarding the process of evaluation of eligibility and enrollment of patients in clinical trials,
    d. education regarding the evaluation of toxicity, safety and local and Federal reporting requirements related to adverse events and serious adverse events,
    e. observations of the steps involved in actual conduct of the clinical trials, including generation of orders and administration of agents and/or other treatment modalities, follow-up examinations and documentation, management of toxicity, and off-study procedures,
    f. interaction and experience with clinical research nursing and data management (clinical research associate) personnel and biostatisticians who are actively involved in clinical trials.
4. The involvement in basic research by the fellow is optional for Neuro-oncology fellows. Generally, training programs will offer such additional training that may precede or follow the primary Neuro-oncology clinical training period. In special circumstances this basic research training period may occur in between periods of direct clinical training, or concomitant with such training, but should not significantly compromise the clinical Neuro-oncology training.
    a. Fellows should be updated on new practice-changing or paragidm-shifting basic research discoveries in Neuro-oncology. This exposure can occur through self-

© 2014 by the United Council for Neurologic Subspecialties

study, formal lectures, participation in rotations through basic research laboratories, or formal national/international conference offerings.

F. Duty Hours, Working Environment, and On-Call Activities

Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education defined by the program requirements must have priority in the allotment of a fellow's time and energy.

1. **Supervision of Fellows**
   a. **All patient care required by the program requirements must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.**
   b. **Faculty schedules must be structured to provide fellows with continuous supervision and consultation.**
   c. **Faculty and fellows must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.**
2. **Duty hours assignments must recognize that the faculty and fellows collectively have responsibility for the safety and welfare of patients. Fellow duty hours and work environment must comply with the current ACGME program requirements.**
3. **The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day when fellows are required to be immediately available in the assigned institution. Fellow on-call activities must be consistent with the current ACGME program requirements.**

VII. Evaluation

A. Fellow Evaluation

1. **Fellow evaluation by faculty must:**
   a. **Take place at least semi-annually and areas of weakness and strength must be communicated to the fellow.**
      1) The program director must meet at least quarterly with the fellow(s) to discuss performance, clinical practice, and quality assurance as applicable to the actual training experience and clinical practice of trainees, and produce written minutes reflecting the proceedings of such meetings that will be kept confidential and protected.
   b. **Records must be maintained documenting fellow experience and performance.**
      1) The educational experience must be documented in the fellow's file, including the curriculum present during the time of training and a certificate or letter signed by the appropriate supervisor(s) (program director, departmental chairperson, etc.) indicating a) successful completion of the fellowship program, and b) competency regarding is content, which may be ascertained as desired by the program director (e.g., interview, examination).
      2) All evaluations described must remain confidential and will be not disclosed except in accordance with institutional and state policies. The program

© 2014 by the United Council for Neurologic Subspecialties

director is responsible for making reasonable efforts to ensure confidentiality and protected security of these records.

   c. **Include the fellow's demonstration of learning objectives and mastery of the core competencies (see VI.B).**

2. **The summary and final evaluation of the fellow must be prepared by the program director and should reflect the input of faculty.**
   a. A final written evaluation of performance must be provided by the program director at the conclusion of the training program, discussed by the fellow and program director, and be signed by both.
3. Written evaluations of the fellow's performance must be provided by the rotational supervisor for each rotation or other separately identifiable "training unit" during the training program. These evaluations must follow the standard format approved by the institution or in compliance with ACGME and/or Residency Review Committee recommendations for postdoctoral medical training, and be reviewed by both the faculty member and fellow.
4. At the discretion of the program director, periodic or final competency examination(s) regarding the training experience may be administered as a form of evaluation.

B. Faculty Evaluation

1. **The performance of faculty must be evaluated by the program director on an annual basis.**
   a. The program director must evaluate the faculty for suitability of participation in the training program on a yearly basis and make appropriate changes, additions, or substitutions in the faculty as necessary.
2. **The evaluations must include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities.**
3. **These evaluations must include annual written evaluations by fellows.** Evaluations must be kept in a secure and confidential location.

C. Program Evaluation

1. **The effectiveness of a program must be evaluated in a systematic manner,** annually**. In particular, the quality of the curriculum and the extent to which the educational goals have been met must be assessed.**
2. **Confidential written evaluations by fellows must be utilized in this process.** Evaluations must include evaluation of the program and training experience, including perceived strengths and weaknesses. These issues must be summarized by the program director and discussed with the fellows and faculty.
3. **Performance by fellows on the UCNS certification exam may also be used to measure the quality of the training program.**
4. On an annual basis, the faculty involved in the training program must provide a written composite evaluation of the program. A summary of this evaluation should subsequently be provided to the training faculty.
5. On an annual basis, the program director, in consultation with the training faculty and departmental chairperson, must make any necessary changes in the program that would result in improvement or enhancement of the quality of the training program. Substantive changes in the curriculum or program should be documented annually in the form of minutes.

© 2014 by the United Council for Neurologic Subspecialties