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UNITED COUNCIL
FOR
NEUROLOGIC
SUBSPECIALTIES

**Neuroimaging
Program Requirements**

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Neuroimaging 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. Neuroimaging is the subspecialty of neurology dedicated to the study of the structure of the nervous system with techniques that provide anatomical renditions, both static and dynamic, of the nervous system and related structures.

Because diseases of the nervous system alter its structure and function, Neuroimaging contributes substantially to the diagnosis, monitoring, and treatment of neurological diseases. Neuroimaging techniques currently employed include, but are not limited to, computed tomography, nuclear magnetic resonance (MRI, MRS, MRA, fMRI), positron emission tomography, single photon emission computed tomography, and catheter angiography.

B. Purpose of the Training Program

- 1. The purpose of the training program is to prepare the physician for independent practice of Neuroimaging. This training must be based on supervised clinical work with increasing patient care responsibilities and transition to independent practice over the course of the training program.**
 - 2. The program must require its fellows to obtain competencies in the six core competency areas defined by the Accreditation Council for Graduate Medical Education (ACGME). It is the responsibility of the program to provide precise definitions of specific knowledge, skills, and behaviors, as well as educational opportunities in which the fellow must demonstrate competence in those areas. The program's curricular goals and objectives must correlate to the appropriate ACGME Core Competencies and global learning objectives.**
- C. The training program in Neuroimaging is expected to provide the fellow with expertise in the application of Neuroimaging techniques for the management of disorders of the nervous system. As a subspecialty of neurology, Neuroimaging focuses primarily on the integration of clinical information with information provided by Neuroimaging techniques. Neuroimaging includes the selection of the appropriate technology to image the relevant structure or function of the nervous system and the correlation of the imaging findings with the rest of the clinical data. For this reason, the Neuroimaging fellow should become well acquainted with the histories, physical examinations, and other clinical data of the imaged patients ~~studied~~.

Emphasis is placed on the correlation of the clinical data with information derived from the various methods-modalities used to image and evaluate the nervous system and related structures (*integrated Neuroimaging*) and on the updating of algorithms leading to a cost effective and efficient use of imaging modalities for the diagnosis and treatment of the different-various nervous system disorders ~~of the nervous system~~.

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

81 may not be the sponsoring institution, and 3) the participating institution, which provides
82 required experience that cannot be obtained at the primary or sponsoring institutions.
83

84 **A. Sponsoring Institution**

- 85 1. The sponsoring institution must be accredited by the ACGME or Canadian
86 Excellence in Residency Accreditation (CanERA), formerly the Royal College of
87 Physicians and Surgeons of Canada (RCPSC), and meet the current ACGME
88 Institutional Requirements or CanERA General Standards of Accreditation for
89 Institutions with Residency Programs. This responsibility extends to fellow
90 assignments at all primary and participating institutions. The sponsoring
91 institution must be appropriately organized for the conduct of graduate medical
92 education (GME) in a scholarly environment and must be committed to excellence
93 in both medical education and patient care.
- 94 2. A letter demonstrating the sponsoring institution's responsibility for the program
95 must be submitted. The letter must:
 - 96 a. confirm sponsorship and oversight of the training program's GME activities,
 - 97 b. state the sponsoring institution's commitment to training and education,
98 which includes the resources provided by the sponsoring institution, the
99 primary institution, and/or the departments that support the program
- 100 director's fulfillment of his or her duties as described in these program
101 requirements, and
- 102 c. be signed by the designated institution official of the institution as defined by
103 ACGME or postgraduate dean as defined by CanERA.
- 104 3. Institutional support and oversight are further demonstrated by the required
105 designated institution official/postgraduate dean signature on all program
106 accreditation and reaccreditation applications and annual report submissions.
107

108 **B. Primary Institution**

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

119
120 **C. Participating Institutions**

- 121 1. Assignments to participating institutions must be based on a clear educational
122 rationale, must have clearly stated learning objectives and activities, and should
123 provide resources not otherwise available to the program. When multiple
124 participating institutions are used, there should be assurance of the continuity of
125 the educational experience.
- 126 2. Assignments at participating institutions must be of sufficient duration to ensure a
127 quality educational experience and should provide sufficient opportunity for
128 continuity of care. All participating institutions must demonstrate the ability to
129 promote the overall program goals and support educational and peer activities.

- 130 3. If a participating institution is used, a participating institution letter must be
131 submitted. The letter must:
- 132 a. confirm the relationship of the participating institution to the program,
 - 133 b. state the participating institution's commitment to training and education,
 - 134 c. list specific activities that will be undertaken, supported, and supervised at the
135 participating institution, and
 - 136 d. be signed by the appropriate official, e.g., department chair or medical
137 director, of the participating institution.
- 138

139 III. Facilities and Resources

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

142 1. Additional professional, technical, and administrative personnel must be provided
143 to adequately support the fellowship training program in attaining its educational
144 and administrative goals.

145 **2.** In programs not situated in a department of neurology, evidence must be
146 provided that demonstrates fellows have access to neurological services that
147 include Neuroimaging.

148 ~~2-3.~~ Equipment that must be available to a Neuroimaging training program include:

- 149 a. a magnetic resonance scanner, preferably with facilities to perform echoplanar
150 imaging, and
- 151 b. a computed tomography (CT) scanner, ~~and~~

152 ~~3-4.~~ in addition to these required imaging modalities, Fellows must be exposed to, and
153 receive appropriate instruction in, the use of clinical neuroimaging techniques and
154 some CT perfusion, MR perfusion, and other emerging Neuroimaging technologies
155 using these platforms.

156 ~~4.~~ Facilities must be available for physiological monitoring and for emergency
157 ventilation and cardiac life support. There must be adequate facilities adjacent to, or
158 within, examination rooms for storing supplies needed for the conduct of invasive
159 Neuroimaging procedures, if they are carried out. In this case, there must be
160 appropriately trained nurses and technologists available to perform these invasive
161 procedures.

162 ~~5.~~ Adequate space for image display and interpretation of studies must be available.
163 There must be adequate office space and support space for Neuroimaging faculty,
164 staff, and fellows.

165 ~~6-5.~~ The program must provide adequate office space, computers, supplies, and
166 administrative support to facilitate the performance of clinical or research projects.

167 ~~7-6.~~ The program must provide access to core Neuroimaging journals, which may be
168 online.

169 ~~8-7.~~ A teaching file of at least 500 representative Neuroimaging cases, with case histories
170 and images, covering a wide variety of disorders must be available to the fellow,
171 either from the training institution itself or on an electronic media.

172

173 IV. Faculty

174 The faculty of accredited programs consists of: 1) the program director, 2) core faculty,
175 and 3) other faculty. Core faculty are physicians who oversee clinical training in the
176 subspecialty. The program director is considered a core faculty member when determining
177 the fellow complement. Other faculty are physicians and other professionals determined
178 by the Subspecialty to be necessary to deliver the program curriculum. The program
179 director and faculty are responsible for the general administration of the program and for

180 the establishment and maintenance of a stable educational environment. Adequate
181 durations of appointments for the program director and core faculty members are
182 essential for maintaining such an environment. The duration of appointment for the
183 program director must provide for continuity of leadership.

184
185 **A. Program Director Qualifications**

- 186 1. There must be a single program director responsible for the program. The person
187 designated with this authority is accountable for the operation of the program and
188 he or she should be a member of the faculty or medical staff of the primary
189 institution.
- 190 2. The program director must:
 - 191 a. possess requisite specialty expertise as well as documented educational and
192 administrative abilities and experience in his or her field,
 - 193 b. be certified by the American Board of Medical Specialties (ABMS), American
194 Osteopathic Association (AOA), RCPSC, or College of Family Physicians of
195 Canada (CFPC) in neurology, child neurology, neurosurgery, or radiology with
196 neuroradiology subspecialty Certification in radiology also requires completion
197 of a one-year fellowship in neuroradiology,
 - 198 c. possess a current, valid, unrestricted, and unqualified license to practice
199 medicine in the state or province of the program,
 - 200 d. be certified, and maintain certification, in Neuroimaging by the UCNS and,
 - 201 i. New programs without a certified program director may apply for
202 accreditation, as long as the application contains an attestation that the
203 program director will become certified at the next available opportunity,
204 which includes certification through the UCNS faculty diplomate pathway.
205 The attestation must contain a statement that the program understands
206 that should the program director fail to achieve certification, the program
207 must immediately submit a program change request appointing an
208 appropriately qualified program director.
 - 209 e. spend at least 80% of his or her clinical and academic time in Neuroimaging or a
210 neurological-disease related field that focuses on Neuroimaging content.

211
212 **B. Program Director Responsibilities**

- 213 1. The program director must:
 - 214 a. oversee and organize the activities of the educational program in all
215 institutions participating in the program including selecting and supervising
216 the faculty and other program personnel at each institution, and monitoring
217 appropriate fellow supervision and evaluation at all institutions used by the
218 program,
 - 219 b. prepare accurate statistical and narrative descriptions of the program as
220 requested by the UCNS as well as update the program and fellow records
221 annually,
 - 222 c. ensure the implementation of fair policies and procedures, as established by
223 the sponsoring institution, to address fellow grievances and due process in
224 compliance with the ACGME's or CanERA's institutional requirements,
 - 225 d. monitor fellow stress, including mental or emotional conditions inhibiting
226 performance or learning, and drug- or alcohol-related dysfunction, and
 - 227 e. obtain prior approval of the UCNS for changes in the program that may
228 significantly alter the educational experience of the fellows. Upon review of a
229 proposal for a program change, the UCNS may determine that additional

230 oversight or a site visit is necessary. Examples of changes that must be
231 reported include:

- 232 1) change in the program director,
- 233 2) the addition or deletion of sponsoring, primary, or participating
234 institution(s),
- 235 3) change in the number of approved fellows, and
- 236 4) change in the format of the educational program

237
238 **C. Core Faculty Qualifications**

- 239 1. Each core faculty member must:
 - 240 a. possess requisite specialty expertise as well as documented educational and
241 administrative abilities and experience in his or her field,
 - 242 b. be currently certified by the ABMS, AOA, RCPSC, or CFPC in neurology,
243 neurosurgery, child neurology, or neuroradiology. ~~Certification in radiology also~~
244 ~~requires completion of a one-year fellowship in neuroradiology,~~
 - 245 c. possess a current, valid, unrestricted, and unqualified license to practice
246 medicine in the state or province of the program, and
 - 247 d. be appointed in good standing to the faculty of an institution participating in
248 the program.
- 249 2. The core faculty must include at least one neurologist. The neurologist may also
250 be the program director.

251
252 **D. Core Faculty Responsibilities**

- 253 1. There must be a sufficient number of core faculty members with documented
254 qualifications at each institution participating in the program to instruct and
255 adequately supervise all fellows in the program.
- 256 2. Core faculty members must:
 - 257 a. devote sufficient time to the educational program to fulfill their supervisory
258 and teaching responsibilities,
 - 259 b. evaluate the fellows they supervise in a timely manner, and
 - 260 c. demonstrate a strong interest in the education of fellows, demonstrate
261 competence in both clinical care and teaching abilities, support the goals and
262 objectives of the educational program, and demonstrate commitment to their
263 own continuing medical education by participating in scholarly activities.

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265 **E. Other Faculty and Personnel**

- 266 ~~1. The program must also include:~~
 - 267 ~~a. Neuroimaging technologists with appropriate training that is ensured by the~~
268 ~~program director and~~
- 269 ~~2.1. appropriate administrative support may include other faculty appropriate for~~
270 ~~Neuroimaging training..~~

271
272 **V. Fellow Appointment**

273 **A. Duration of Training**

- 274 1. Fellowship programs must be no less than 12 months of clearly identifiable
275 Neuroimaging training, the entirety of which must be spent in patient-oriented
276 Neuroimaging education. At least 80% of the fellow's time must be spent in
277 supervised training activities in the practice of Neuroimaging, including didactic
278 and clinical education specific to the subspecialty, electives, and scholarly
279 activities.

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- 2. **Flexible Fellowships**
 - a. **Programs may offer flexible fellowships for a variety of reasons, including, but not limited to: combined clinical/research fellowships or to allow fellows opportunities for work/life balance. Programs that combine clinical and research training (clinician-scientist fellowship program) may be up to 36 months in duration for a one-year program and 48 months for a two-year program. At least 12 full months of this extended-program period must be spent in patient-oriented Neuroimaging clinical, educational, and scholarly activity, the distribution of which across this extended period is at the program’s discretion.**

~~Training in Neuroimaging shall encompass at least 12 months. The training must be distinct from training required for certification in neurology, neurosurgery, or child neurology.~~

- B. **Fellow Eligibility**
 - 1. **The fellow must possess a current valid and unrestricted license to practice medicine in the United States or its territories or Canada.**
 - 2. **The fellow must be a graduate of a residency program in neurology or child neurology accredited by the ACGME, AOA, RCPSC, or CanERA.**
 - 3. **The fellow must be board certified or eligible for certification by the ABMS, AOA, RCPSC, or CFPC in neurology or child neurology.**
- C. **Fellow Complement**

The fellow complement is the number of fellows allowed to be enrolled in the program at any given time, e.g., across all training years.

 - 1. **There must be at least 1 core faculty member for every 1 fellow.**
- D. **Appointment of Fellows and Other Students**
 - 1. **The appointment of fellows who do not meet the eligibility criteria above must not dilute or detract from the educational opportunities of regularly appointed Neuroimaging fellows. Programs must include these fellows in all reports submitted to UCNS to demonstrate compliance with the approved fellow complement. Fellows who are enrolled without meeting the eligibility criteria must be notified that they may not apply for UCNS certification examinations as graduates of an accredited program.**

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,**

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- c. **providing fellows with direct experience in progressive responsibility for patient management,**
 - d. monitoring the content and ensuring the quality of the program,
 - e. using the *Neuroimaging Core Curriculum* to define core competencies with regard to the medical knowledge, patient care skills, interpersonal and communication skills, practice- and systems-based competencies, and standards of professionalism that are to be developed during the period of fellowship training in Neuroimaging, and
 - f. providing appropriate clinical opportunities and experience as outlined in the program requirements.

B. Competencies

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1. **A fellowship program must require that its fellows obtain competence in the AGCME Core 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, and behaviors required and provide educational experiences as needed in order for their fellows to demonstrate the core competencies.**
 2. **The program must use the ACGME Core Competencies to develop competency-based goals and objectives for all educational experiences during the period of fellowship training in Neuroimaging.**

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~~3. The purpose of the training program is to prepare the physician for the independent practice of Neuroimaging. This training must be based on supervised Neuroimaging work with increasing responsibility for the selection, performance, and interpretation of Neuroimaging procedures. **It must have a foundation of organized instruction in basic neuroscience, particularly as it relates to neuroanatomy, cerebral hemodynamics, and neurochemistry. It must also include instruction in physics, applied to the Neuroimaging procedures used in the program.**~~

C. Didactic Components

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1. **The program must include structured, fellow-specific educational experiences such as rounds, conferences, case presentations, lectures, and seminars that complement the clinical and self-directed educational opportunities. Together, various educational experiences must facilitate the fellow's mastery of the core content areas and foster the competencies as described above.**
 2. Neuroimaging programs must include instruction in basic neuroscience, particularly as it relates to neuroanatomy, neuropathology, cerebral hemodynamics, and neurochemistry. It must also include instruction in physics, applied to the Neuroimaging procedures used in the program. Instruction may preferentially emphasize either adult or pediatric Neuroimaging. The content of the didactic component of training is outlined in the *Neuroimaging Core Content*.

D. Clinical Components

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1. **The fellow's clinical experience must be spent in supervised activities related to the care of patients with conditions requiring Neuroimaging procedures. Clinical experiences may include all training relevant to Neuroimaging, including lectures and individual didactic experiences and journal clubs emphasizing clinical matters.**
 2. Each fellow must interpret a minimum of ~~400-500~~ MRIs and 300-~~400~~ CT cases and provide written reports on a minimum of ~~1050~~ MRI and 100 CT cases. The training must include significant didactic and clinical experience- reflecting appropriate

379 representation of the current status and trends in current imaging modalities as well
380 as a breadth and balance of care for patients with a variety of neurologic conditions.
381 ~~Programs that do not provide experiential training in some modalities (e.g.,~~
382 ~~ultrasound, catheter angiography) must present concepts in didactic form to ensure~~
383 ~~the fellows acquire working familiarity with the entire field.~~

384 385 E. Scholarly Activities

- 386 1. The responsibility for establishing and maintaining an environment of inquiry and
387 scholarship rests with the faculty. Both faculty and fellows must participate
388 actively in some form of scholarly activity. Scholarship is defined as activities
389 unrelated to the specific care of patients, which includes scholarship pertaining to
390 research, writing review papers, giving research-based lectures and participating
391 in research-oriented journal clubs.
- 392 2. There must be adequate resources for scholarly activities for faculty and fellows.
- 393 3. Fellows must regularly read ~~the best leading~~ Neuroimaging journals and
394 Neuroimaging papers that appear in other biomedical journals of a high-impact
395 factor.
- 396 ~~4. Fellows must be encouraged to report on clinical series or cases that contribute~~
397 ~~original ideas or perspectives to the field of Neuroimaging.~~

398 399 F. Fellow Supervision, Clinical Experience and Education, and Well-Being

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

406 1. Fellow Supervision

- 407 a. All patient care required by the program requirements must be supervised by
408 qualified faculty. The program director must ensure, direct, and document
409 adequate supervision of fellows at all times. Fellows must be provided with
410 rapid, reliable systems for communicating with supervising faculty.
- 411 b. Faculty schedules must be structured to provide fellows with continuous
412 supervision and consultation.
- 413 c. Faculty and fellows must be educated about and meet ACGME or CanERA
414 requirements concerning faculty and fellow well-being and fatigue mitigation.

415 2. Clinical Experience and Education and Well-Being

- 416 a. Clinical assignments must recognize that the faculty and fellows collectively
417 have responsibility for the safety and welfare of patients. Fellow clinical
418 experience and education supervision, and accountability, and clinical work
419 hours, including time spent on-call, must comply with the current ACGME or
420 CanERA institutional program requirements.

421 422 VII. Evaluation

423 A. Fellow Evaluation

424 1. Fellow evaluation by faculty must:

- 425 a. take place at least semi-annually to identify areas of weakness and strength,
426 which must be communicated to the fellow,
- 427 b. use the subspecialty milestones to document fellow experience and
428 performance, and

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- c. include the use of assessment results to achieve progressive improvements in the fellow's competence and performance in the ACGME Core Competencies and the subspecialty's core knowledge areas. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
- 2. The program must include a mechanism for providing regular and timely performance feedback to fellows. Issues of unacceptable performance must be addressed in a timely fashion and in accordance with the policies and procedures of the sponsoring institution.
- 3. Summary and final evaluation of the fellow must:
 - a. be prepared by the program director and should reflect the input of faculty,
 - b. include a formative evaluation of the fellow's demonstration of learning objectives and mastery of the ACGME Core Competencies using the subspecialty's milestones,
 - c. include a final, summative evaluation by the program director using the subspecialty's milestones to document the fellow's demonstration of sufficient competence and professional ability to practice the subspecialty competently and independently, and
 - d. include a statement specifically regarding the fellow's ability to practice the subspecialty independently upon completion of the program.
- ~~4. Regular evaluation of the fellow's knowledge, skills, and overall performance, including the development of professional attitudes and ethical behavior consistent with being a capable neuroimager must occur.~~
- ~~5. Programs must have a set of measures in place for their evaluations.
 - a. Fellow performance must be monitored and feedback provided on an ongoing basis.
 - b. The program director or program director's designee must meet with each fellow quarterly in a formal feedback session to discuss the fellow's standing in relation to specific learning and performance objectives. Plans to correct any deficiencies must be discussed. Each fellow must be an active participant in formulating plans for his or her development. Evaluation data must be in writing and be used to advise the fellow and to make decisions regarding the progression in the fellow's level of responsibility.
 - c. Quarterly evaluations must be prepared and filed in the fellow's permanent record. The written record of the evaluation and the review must be signed by the fellow. The fellow must have the opportunity to append a written response to the written record of the evaluation and review.~~
- ~~6. The training program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing assessment results to improve fellow performance. This plan must include:
 - a. use of dependable measures to assess the fellow's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice,
 - b. mechanisms for providing regular and timely performance feedback to fellows,
 - c. a process involving use of assessment results to achieve progressive improvements in fellows' competence and performance.~~
- ~~7. The final written evaluation for each fellow completing the program must be prepared by the program director and include detailed a review of the fellow's performance in relation to the program's learning and performance objectives during the final period of training and must verify that the fellow has demonstrated~~

sufficient professional ability to practice Neuroimaging competently and independently. The evaluation must be discussed with the fellow.

B. Faculty Evaluation

1. The performance of faculty must be evaluated by the program director on an annual basis.
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 confidential annual written evaluations by fellows.
- ~~4. Training sites must have a quality assurance program regarding Neuroimaging interpretations.~~

C. Program Evaluation and Outcomes

1. The effectiveness of a program must be evaluated in a systematic manner. 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.
3. The program will use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. At a minimum, the fellow performance on the UCNS certification examination should be used as a measure of the effectiveness of the education provided by the training program. The development and use of clinical performance measures appropriate to the structure and content of each program is encouraged.
4. The program must have a process in place for using fellow performance and assessment results together with other program evaluation results to improve the fellowship program.
- ~~5. The training program must use fellow performance and outcome assessment results in their evaluation of the educational effectiveness of the training program.~~
- ~~6. The training program must have in place a process for using fellow performance assessment results together with other program evaluation results to improve the program.~~
- ~~7. Evaluations of fellows' attainment of the program's learning and performance objectives must be used as the basis for program evaluation. Fellow's performance data must be compared with the program's own criteria, performance criteria set by the UCNS Accreditation Council, and attainment of fellows at other Neuroimaging training programs.~~
- ~~8.5. Evaluation must occur at least annually.~~