Frequently Asked Questions: Neuropathology
(FAQs related to Neuropathology Program Requirements effective July 1, 2020)
Review Committee for Pathology
ACGME

Question	Answer
Personnel	

What work counts towards the aggregated minimum of 20 hours per week required for physician and non-physician faculty members and the program director?
 	
[Program Requirement: II.B.2.h)]
	The following work counts toward the aggregated minimum of 20 hours per week that physician and non-physician faculty members must devote to the program:
	
	• Clinical work with fellows
	• Teaching
	• Fellowship-related administration
	   o Recruitment process
	   o Scheduling and oversight of rotations
	   o Program Evaluation Committee (PEC)
	   o Clinical Competency Committee (CCC)
	
	Faculty members from participating sites may be included in the aggregated count.

Does the program coordinator need to be employed full-time by the program? *[Program Requirement: II.C.1.]*	No. The program coordinator does not need to be employed full-time by the program.
Fellow Appointments	
If a program accepts a fellow through the fellow eligibility exception, does that mean the fellow will be eligible for certification by the American Board of Pathology upon completion? *[Program Requirement: III.A.1.c)]*	No, acceptance of a fellow through the fellow eligibility exception does not guarantee eligibility for certification. The eligibility criteria outlined in Section III of the Program Requirements sets the requirements for entering a program, not for certification. Programs and program candidates should always check directly with the American Board of Pathology regarding an individual's eligibility for certification.
Educational Program	

Question	Answer
What subcategories of cases should be included in the 150 required brain necropsies? *[Program Requirement: IV.B.1.b).(2).(a)]*	Examples of examinations that would meet this requirement include: • brains seen in consultation • brains from complete autopsies • brain-only autopsies
What are the Review Committee's expectations for the faculty member responsible for the educational experience of each rotation? *[Program Requirement: IV.C.1.a)]*	The Review Committee expects that one faculty member is responsible for the longitudinal oversight of the experience on each rotation. This faculty member will ensure supervisory continuity as faculty members and fellows come on and off the rotation. This requirement does not mean that only one faculty member can provide day-to-day teaching of fellows, as that can still be shared among faculty members in a particular specialty/subspecialty area; however, one individual must take charge of the overall, longitudinal experience on that rotation to ensure continuity.
How can fellows be expected to perform independent sign-out when other requirements stipulate that fellows must always have some form of supervision? *[Program Requirement: IV.C.3.]*	The intent of this requirement is not that fellows perform independent sign-out during their fellowship, but rather that they gain experiences in their fellowship that will enable them to effectively perform independent sign-out once they complete the program. The program must be designed to allow fellows to progress appropriately through the levels of supervision, ultimately working under oversight supervision so they may gain confidence and experience in independent decision-making with minimal faculty member oversight.
How does the committee qualify/define supervision with regards to the role of the fellow supervising trainees and/or laboratory personnel? *[Program Requirement: IV.C.4)]*	The fellow is able to supervise residents, medical students, or other personnel specifically in performing patient care tasks related to the fellow's patient care activities.
In what types of educational activities specific to neuropathology does the committee expect fellows to participate? *[Program Requirement: IV.C.4.b)]*	The committee's intent with this requirement is to broaden the curricular experience beyond standard lectures or conferences. Educational activities may include tumor board presentations, journal clubs, microscopic conferences, and other presentations, but can vary from program to program.

Question	Answer
Why should fellows participate in scholarship? *[Program Requirement: IV.D.3.]*	Scholarly activity by fellows is a quality indicator reported annually to the ACGME as a marker for an environment of inquiry and scholarship within the program, and as an indicator of ongoing self-directed learning and practice improvement. It is evaluated, along with other markers, such as scholarly activity by faculty members and responses to the annual Resident/Fellow and Faculty Survey questions related to the learning environment, in assessing program quality. Completeness and accuracy of reporting fellow scholarly activity by the program is essential to the accurate assessment of program compliance with the applicable requirements. Programs in which ongoing scholarly activity by all fellows cannot be extrapolated from the Annual Update may be considered for more in-depth review by the Committee to investigate the quality of the learning environment
Evaluation	
How can a small program ensure that fellows' annual written evaluations of faculty members remain confidential? *[Program Requirement: V.B.1.b)]*	Small programs may combine evaluations with larger programs or other learners rotating through the program and report aggregated results. The designated institutional official (DIO) should collect all evaluations and report the results with the evaluator *de-identified* to the program director.
The Learning and Working Environment	
What does the Review Committee consider an optimal clinical workload for fellows? *[Program Requirement: VI.E.1.]*	The program director must make an assessment of the learning environment with input from faculty members and fellows. There must be an adequate clinical workload to develop competence in all areas specified in the Program Requirements. Optimal workload may vary from program to program, and will depend on the patients, patient material, program resources, and testing/consultations/procedures done in the primary and participating sites. Clinical workload should include patients and patient material for testing, as well as study sets and other case-based teaching tools.