Frequently Asked Questions: Neuropathology (FAQs related to Neuropathology Program Requirements effective July 1, 2025) 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: 2.7.f.]	 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 Recruitment process Scheduling and oversight of rotations Program Evaluation Committee (PEC) Clinical Competency Committee (CCC) Faculty members from participating sites may be included in the aggregated count.
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Does the program coordinator need to be employed full-time by the program?	No. The program coordinator does not need to be employed full-time by the program.
[Program Requirement: 2.11.]	
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?	No, acceptance of a fellow through the fellow eligibility exception does not guarantee eligibility for certification. The eligibility criteria in Section III of the Program Requirements outline what is required to enter a program, not what is required for certification. Programs and program candidates should always check directly with the American Board of Pathology regarding an individual's eligibility for certification.
[Program Requirement: 3.2.b.]	
Educational Program	
What subcategories of cases should be included in the 150 required necropsies?	Examples of examinations that would meet this requirement include:brains seen in consultation
[Program Requirement: 4.5.b.]	brains from complete autopsiesbrain-only autopsies

Question	Answer
What are the Review Committee's expectations for the faculty member responsible for the educational experience of each rotation?	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
[Program Requirement: 4.10.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: 4.11.a.]	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 supervision of residents and/or other learners? [Program Requirement: 4.11.c.]	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: 4.11.d.]	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?	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,
[Program Requirement: 4.15.]	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	Small programs may combine evaluations with larger programs or other learners rotating through the program and report aggregated results. The designated institutional
faculty members remain confidential?	official (DIO) should collect all evaluations and report the results with the evaluator <i>de-identified</i> to the program director.
[Program Requirement: 5.4.b.]	

Question	Answer
The Learning and Working Environment	
What does the Review Committee consider an optimal clinical workload for fellows? [Program Requirement: 6.17.]	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, while additional educational materials should include study sets and other case-based teaching tools.
Other In the Accreditation Data System (ADS), how should programs document residents who are doing the anatomic pathology/neuropathology certification pathway offered by the American Board of Pathology?	Residents in the anatomic pathology/neuropathology pathway should have their specialty track in ADS noted as "AP/NP Track." Additionally, once these residents have completed their two years of anatomic pathology education, they should not be marked as "Transferred to Another Program," but rather as "In Program, but Doing Research/Other Training." This will allow the program to make such residents "Active Full Time" after completion of the neuropathology program to enter/modify the autopsies reported in the Case Log System. Alternatively, if the program has confirmed that a resident logged autopsies prior to completing the two years of neuropathology education, the program can mark such a resident as "Completed All Accredited Training."