

RULES AND REGULATIONS OF THE ABPNS – Revised 12/04/2019**Rule 5.1.1: Joint Credentials Committee with the ABNS and the RCPSC**

(Passed by the ABPNS BOD – 6/10/2017)

The ABPNS Credentials Committee will represent the ABPNS to the Joint Credentials Committee of the American Board of Neurological Surgery (ABNS), and to the Royal College of Physicians and Surgeons (Canada) (RCPSC).

The ABNS has agreed that the Joint Credential Committee will be comprised of the ABPNS Credentials Committee (in its entirety) and a representative from the ABNS (the Pediatric Neurosurgery member of the ABNS).

The RCPSC has agreed that the ABPNS Credentials Committee will function on their behalf for joint credentialing.

Rule 6.0: Credentialing

(Passed by the ABPNS BOD – 12-06-2018)

6.0.a Review of Credentials

The Credentials Committee of the ABPNS (or the ABNS/ABPNS Joint Credentials Committee, as applicable) shall be vested with the responsibility for reviewing an applicant's submission for certification or re-certification. This will include practice data submitted in conjunction with application for initial certification, as well as Diplomate case data submitted in conjunction with the Board's re-certification program.

The applicable Credentials Committee (ABNS/ABPNS Joint Credentials Committee or ABPNS Credentials Committee) shall make a preliminary determination as to whether an applicant meets the requirements for certification or re-certification.

The applicable Credentials Committee may request the applicable Board make such additional inquiries as it deems necessary to verify or clarify statements made in the application.

Whether information was received through the application or otherwise, the applicable Credentials Committee may recommend withholding of scheduling for oral examination or deferral of recertification for any candidate about whom it has concern regarding one or more of the following:

- (a) Adverse medical liability decision(s);
- (b) Any part of training;
- (c) Faculty appointment(s);
- (d) Failure to provide fully truthful and accurate information on credentialing or application documents submitted to the Board;
- (e) Criminal allegation(s) and/or conviction(s);
- (f) Hospital privileges;
- (g) Medical licensure;
- (h) Membership in professional organizations;
- (i) Practice data or experience;
- (j) References; or
- (k) Professionalism.

6.0.b Professionalism

During the review of an applicant's credentials, the applicable Credentials Committee/Board will consider the candidate's professionalism. This may take the form of a review of:

- unusual practice patterns;
- interactions with colleagues or staff;
- investigations by local authorities or media; or
- other indications of potentially abusive or unprofessional behavior.

The results of any such review will be evaluated by the applicable Credentials Committee/Board as part of the entire credentialing/re-credentialing package.

Behavior or practice deemed to be detrimental to the reputation of the Board and/or its Diplomates, or inconsistent with the practice of neurosurgery at the requisite level of professionalism, may result in an adverse determination

6.0.c Determination for Credentialing

The applicable Board of Directors (ABNS or ABPNS for joint certification with the RCPSC) will be responsible for the final determinations as to whether the applicant meets the requirements for certification or re-certification. Said Board of Directors may approve or deny the applicant, or request further information, and is responsible for the final determination as to whether the applicant meets the requirements (for certification or re-certification).

If the applicable Board (including through the applicable Credentials Committee) receives information that calls into question the standards of professional practice and/or conduct of any applicant, that applicant will be notified of the Board's receipt of such information and shall be given the opportunity to explain or respond to such allegations.

The applicable Board may initiate inquiries and/or request additional data as it deems necessary to ascertain whether the applicant has met the prerequisites for certification or re-certification. Based upon these inquiries, the Board shall decide whether the applicant may or may not be allowed to proceed with the process of certification or recertification.

The applicant shall be promptly notified in writing of the Board's decision by the Secretary of the applicable Board. If the determination is negative, such notice shall set forth in what respects the applicant fails to meet the Board's requirements and may suggest steps the applicant can take in an attempt to remedy the deficiencies.

6.0.d Appeals of adverse determinations

An individual who has been notified of an adverse determination by the applicable Board with respect to his or her credentials may, within thirty (30) days after receiving such notice, submit additional information in writing or request in writing a hearing before the applicable Board at its next regularly scheduled meeting. At such hearing the burden shall be on the individual to establish by a reasonable preponderance of evidence that the questioned requirements for examination or certification have been met.

The individual may be represented by counsel and may personally and/or through counsel present such evidence and witness(es) as desired. At the applicable Board's discretion the

applicable Credentials Committee (ABPNS Credentials Committee or the ABNS/ABPNS Joint Credentials Committee) or any Director of the Board may present evidence in conflict with that of the individual making the appeal. The individual shall have the right to question witness(es) presenting such evidence.

Any Director of the Board who, in his or her opinion, has a real or potential conflict that may prevent that Director from making an unbiased and objective determination shall not vote on the issue.

At any such hearing, the ABNS or ABPNS shall not be bound by technical rules of evidence usually employed in legal proceedings; the Board may accept any evidence it deems appropriate and pertinent.

6.0.e Decisions on appeal

After such hearing the applicable Board may affirm or modify in any respect its prior determination as to whether the applicant meets the requirements for examination or certification. Such decision shall be final with respect to the ABPNS, and if applicable to the ABNS. The applicant shall be promptly notified in writing of the Board's decision by the Secretary. If the decision is negative, such notice shall set forth in what respects the applicant fails to meet the Board's requirements and may suggest steps the applicant can take in an attempt to remedy the deficiencies.

6.0.f Reconsideration after appeal

An application that has been denied by the applicable Board (under the above process) will not be reconsidered by the Board unless and until the applicant has taken steps to correct the deficiencies set forth in the notice of denial, has documented these corrections, and has requested in writing reconsideration of his or her application by the Board.

Rule 6.0.1: Categories of Certification

(Passed by the ABPNS BOD 6-10-2017)

The ABPNS may continue to issue Certificates independent of the ABNS and the RCPSC in several categories to candidates who have fulfilled the defined Standards for Certification.

After January 1, 2017 it is the intent of the ABPNS to only issue joint certification for those seeking new certification.

The ABPNS may also consider independent certification in the categories of CERTIFIED – INACTIVE, and CERTIFIED – RETIRED.

Rule 6.0.2a: Applying to take the Pediatric Written Focused Practice Examination

(Proposed and passed by the ABPNS BOD – 12/04/2019; revised 6/20/2020)

All candidates qualified to take the Pediatric Written Focused Practice Examination should apply through the ABPNS.

The candidate, after being informed of their eligibility to take the Pediatric Written Focused Practice Examination, must take one of the next two examinations offered. If unsuccessful in passing the Pediatric Written Focused Practice Examination, the candidate must re-take the examination at the next scheduled test date.

Rule 6.0.2b: Failing Pediatric Written Focused Practice Examination two consecutive times

(Proposed and passed by the ABPNS BOD – 6/10/2017, revised 6/2/2018; revised 12/04/2019)

If the candidate is unable to successfully complete the written Pediatric Written Focused Practice Examination on two separate and consecutive attempts, the candidate must apply to the ABPNS BOD for special consideration.

This process may consist of:

- Submission of a new application to the ABPNS
- Payment of a new application fee
- Delay of at least one testing opportunity
- Consideration of extenuating circumstances

Allowing further re-testing on the Pediatric Written Focused Practice Examination is at the discretion of the ABPNS BOD.

Rule 6.2.2: Criteria for Consideration of Initial Joint Certification

(Proposed and passed by the ABPNS BOD – 6/1/2019; revised 12/04/2019; revised 6/20/2020)

A candidate for **INITIAL JOINT CERTIFICATION** by the American Board of Pediatric Neurological Surgery (with the ABNS or RCPSC) must comply with the following standards:

1. Completion of a post-residency fellowship in Pediatric Neurological Surgery accredited by the Accreditation Council for Pediatric Neurosurgical Fellowships, Inc.
2. Attain a passing grade on the Pediatric Written Focused Practice Examination.
No individual will be permitted to take the Pediatric Written Focused Practice Examination in pursuit of initial certification unless they are currently in or have completed an ACPNF approved fellowship and are tracking towards ABNS or RCPSC certification.

All candidates are encouraged to apply for and take the Pediatric Written Focused Practice Examination immediately following or near the end of their fellowship – defined as being at or after the date of the ABNS Primary Examination.

3. Submission of a chronological surgical case log consisting of a minimum of 125 consecutive, major surgical cases for which the applicant has been the responsible surgeon, and
 - a) All cases must have occurred within an 18 month time period, with the oldest case no more than 24 months from the time of application.
 - b) Each case must have a minimum of 3 months follow up described, and
 - c) Within the case log there must be a minimum of 95 major pediatric surgical cases (with the 3 month follow up) within 18 months.
 - d) A list of minor procedures must be included with the application (from the same time period as the 125 major surgical cases), and
 - e) The case log submitted must represent all locations of the practice of the applicant at the time of submission.
4. Provide evidence of an unencumbered state or provincial license to practice medicine.
5. Provide evidence that the candidate has unencumbered staff privileges in each hospital at which the candidate practices at the time of certification.
6. Pay a certification fee deemed appropriate by the ABPNS.
7. Pass an Oral Examination on Pediatric Neurosurgery.
 - a) Candidates undergoing initial ABNS oral examination with request for recognition of focused practice in pediatric neurological surgery will undergo the oral examination as part of the ABNS oral examination.
 - b) Candidates who are certified by the RCPSC will have an oral examination performed by the ABPNS, in a manner specified by the ABPNS.

Rule 6.2.4: Criteria for Consideration of Subsequent Joint Certification

(Proposed and adopted by the ABPNS BOD 6/1/2019; revised 12/04/2019; revised 6/20/2020; revised 6/11/2023)

A candidate for **SUBSEQUENT JOINT CERTIFICATION** by the American Board of Pediatric Neurological Surgery (with prior ABNS or RCPSC certification) must comply with the following standards:

1. Completion of a post-residency fellowship in Pediatric Neurological Surgery accredited by the Accreditation Council for Pediatric Neurosurgical Fellowships, Inc.
2. Have passed the Pediatric Written Focused Practice Examination.
3. Verification of current diplomate status with either the ABNS or the RCPSC.
4. Submission of a chronological surgical case log consisting of a minimum of 65 consecutive, major pediatric surgical cases for which the applicant has been the responsible surgeon, and
 - a) all cases must have occurred within a 12 month time period, with the oldest case no more than 18 months from the time of application, and
 - b) each case must have a minimum of 3 months follow up described, and
 - c) a count of the concurrent major adult operative cases over the same time period, and
 - d) the case log submitted must represent all locations of the practice of the applicant at the time of submission.
5. Provide documentation of ongoing Continuous Certification (CC) by the ABNS or RCPSC;
6. All required submissions for the Subsequent Joint Certification including case logs must be submitted by the end of the 9th year after completion of the approved pediatric neurosurgery fellowship. Failing to complete the submission process within that time will require the candidate to seek joint certification by the “Alternate Pathway” criteria
7. After verification of the above criteria by the appropriate Credentials Committee, the candidate will need to pass an Oral Examination on Pediatric Neurosurgery examination performed by the ABPNS, in a manner specified by the ABPNS.
8. For an explanation of the indications for the Subsequent Joint Certification Pathway, please see: <https://abpns.org/certification.html>

Rule 6.4.1: Criteria for Consideration of Alternative Pathway Certification

(Proposed and adopted by ABPNS BOD 06/01/2019; revised 12/04/2019; revised 6/11/2023)

A candidate seeking joint certification by the Alternative Pathway must comply with the following standards:

1. Is currently certified by the ABNS or the RCPSC
2. Has been in the practice of neurological surgery for at least 10 years, with the immediately prior 5 years demonstrating a pediatric neurosurgical practice
3. Submits a surgical case log for each of the 5 years immediately prior to application.
 - a. The case log submitted must represent all locations of the practice of the applicant at the time certification is requested.
 - b. The case log submission must demonstrate an emphasis in pediatric neurosurgery, defined by listing:
 - i. all major pediatric operative cases in the most recent year;
 - a. which must have a minimum of 65 major pediatric operative cases,
 - b. with a minimum of 3 months follow up for each case
 - c. and the most recent case no more than 6 months from the time of application; and
 - ii. a count of all adult operative cases in the most recent year; and
 - iii. a count of all major pediatric cases in the prior 4 years (years 2-3-4-5)
 - a. each year must have a minimum of 65 major pediatric operative cases;
4. Provides evidence of an unencumbered state or provincial license to practice medicine;
5. Provides evidence that the candidate has unencumbered staff privileges in each hospital at which the candidate practices (at the time of application);
6. Pays a certification fee deemed appropriate by the ABPNS;
7. For an explanation of the indications for the Alternative Pathway, please see: <https://abpns.org/certification.html>

6.2.2.3.c Definition of Pediatric Case Initial Joint Certification**6.2.4.4.c Definition of Pediatric Case Subsequent Joint Certification****6.4.1.3.b Definition of Pediatric Case Alternative Pathway Certification**

(Passed by the ABPNS BOD 11-28-2017)

The ABPNS – for the purpose of pediatric focused practice certification - defines a “pediatric case” as any procedure occurring in a patient age 21 years or younger;

6.2.2.3 Candidate for Initial Joint Certification - Failing to Meet Pediatric Case Requirements

(Passed by the ABPNS BOD 11-28-2017; revised 6-2-2018; revised 6/20/2020)

ABNS path candidates who fail to meet the Practice Data criteria may still request from the ABNS to take the pediatric subspecialty portion of the ABNS oral examination.

If they successfully pass this examination, they may supply the required case data by the end of the 5th year after passing the ABNS oral examination, and if approved by the Joint Credentials Committee would be recommended for Initial Joint Certification.

Failure to achieve approval of the case log by the end of the 5th year after passing the ABNS oral examination with the pediatric subspecialty portion would require the candidate to apply through the Alternate certification pathway.

RCPSC path candidates who fail to meet the Practice Data criteria are not eligible to participate in the ABPNS Pediatric Subspecialty Oral examination.

They may apply for Subsequent Joint Certification according to the ABPNS bylaws.

6.2.2.7 Pediatric Subspecialty Oral Examination – Initial Joint Certification**6.2.4.8 Pediatric Subspecialty Oral Examination – Subsequent Joint Certification****6.4.2 Pediatric Subspecialty Oral Examination – Alternate Pathway**

(Passed by the ABPNS BOD 11-28-2017)

It is the intent of the ABPNS Board of Directors that all candidates for Joint Certification approved after January 1, 2017 will have been examined on Pediatric Neurosurgery with an oral examination.

ABNS path candidates

Candidates undergoing Initial Joint Certification will have the oral examination as part of the ABNS oral examination.

Candidates failing the ABNS Pediatric Subspecialty Oral examination may retake the examination per the ABNS bylaws and rules.

Candidates seeking Subsequent Joint Certification will be required to pass an oral examination performed by the ABPNS.

Candidates failing the ABPNS oral examination may retake that examination up to two additional times. Failing the examination a third time would require restarting the process, retaking the Pediatric Written Focused Practice Examination.

RCPSC path candidates

Candidates undergoing both Initial Joint Certification and Subsequent Joint Certification will be required to pass an oral examination performed by the ABPNS.

Candidates failing the ABPNS oral examination may retake that examination up to two additional times. Failing the examination a third time would require restarting the process, retaking the Pediatric Written Focused Practice Examination.

Alternate path candidates

Candidates seeking Joint Certification by the Alternate Pathway will be required to pass an oral examination performed by the ABPNS.

Candidates failing the ABPNS oral examination may retake the examination up to two additional times. Further consideration for certification is at the discretion of the ABPNS Board of Directors.

The ABPNS Oral Examination will be similar in format and content to that used by the ABNS.

6.3 Defined Recertification Program

(Revised by the ABPNS BOD 12-06-2018, revised 06-01-2019; revised 12-04-2019; revised 12-12-2020, revised 09-16-2021; revised 06-11-2023)

Each diplomate of the ABPNS, whether jointly or independently certified, whether holding a time-limited or non-time limited ABNS or RCPSC certificate, must successfully complete a defined Recertification Program to maintain their ABPNS diplomate status.

The ABPNS Defined Recertification Program is composed of:

- Yearly requirements, and
- Recertification at ten (10) years.

Yearly requirements - all ABPNS diplomates are required to:

1. Maintain their ABNS or RCPSC diplomate status, and
2. Participate in Continuous Certification (CC).
 - a. The CC program will include diplomate demonstration of:
 - i. Professionalism & Professional Standing – typically fulfilled by completion of the Professional Pledge, and a questionnaire by the Chief of Staff at each facility where the surgeon practices (that will confirm an unencumbered state or provincial professional license and active hospital privileges);
 - ii. Lifelong Learning and Self-Assessment – typically fulfilled by self-reported CME consisting of (at a minimum):
 1. 20 category I CME each year in Neurosurgery;
 2. 150 CME total in every three years (no less than 60 category I and 90 category II)
 - iii. Assessment of Knowledge, Skills and Judgement - typically fulfilled by successful completion of adaptive learning modules pertinent to Neurosurgery and Pediatric Neurosurgery;
 - iv. Improvement in Medical Practice - typically fulfilled by participation in Morbidity & Mortality reviews and/or Quality Improvement/Assessment endeavors (these may be documented on the Chief of Staff Questionnaire);
 - v. Maintenance of a Pediatric Neurosurgery Practice – fulfilled by signing an attestation stating: “I certify that I have an active neurosurgical practice with a focus in pediatric neurosurgery. I affirm that I have averaged at least 65 cases per year in children under 21 years of age over the last 2 years. I understand that providing incorrect information can result in revocation of my certification, and I understand that the ABPNS/ABNS reserves the right to request a case log and audit my practice”.
 - b. The CC program used by the ABPNS is currently managed by the ABNS for all ABPNS diplomates.
 - c. The diplomate will be considered to have failed to maintain yearly CC if they:
 - i. miss two consecutive years of CC, or
 - ii. miss one year of CC and fail to correct the deficiency in the following year.
 - d. Continuous Certification that has lapsed may be regained by a “Re-Entry” process, and, as mandated within the ABNS rules will become necessary if a candidate is late three times within a ten-year period.

- e. If the diplomate is unable to regain CC, they will be deemed to have dropped their ABNS or RCPSC joint-certificated status. A Re-Entry pathway must be used to regain their certification.

Recertification at ten (10) years – the ABPNS certificate is time-limited, and each diplomate must be recertified by the end of the 10th year. The 10-year recertification process for diplomates will include verification of the following:

1. Dues are current or paid
2. Active as ABNS or RCPSC diplomates
3. Continuous Certification participation has been completed yearly. Diplomats can miss completion of 2 years in a 10-year cycle, but these cannot be consecutive years.
4. Case data submission may be required by the Credentials Committee upon request.
5. Provide any other requirements per ABPNS bylaws or rules.
6. Pay the proscribed 10-year ABPNS recertification fee.

The diplomate must begin this process by submitting a request for this ten-year recertification, payment of the proscribed fee, and submission of their surgical case log no less than 6 months before their certificate expires.

6.3a Defined Recertification Program – Re-entry

(Revised by the ABPNS BOD 11-29-2023)

ABPNS diplomates who fail to maintain or regain their Continuous Certification requirements may be eligible to regain their joint diplomate status through a Re-Entry process.

ABPNS diplomates who request a change from Inactive to Active status will also be required to complete this Re-Entry process.

ABNS diplomates must follow the processes defined by the ABNS and ABPNS.

The process must start within two years of the failure to maintain CC currency.

Payment of a fee defined by the ABPNS, which is non-refundable even if the re-entry process is not successful.

Successful completion of the current Adaptive Learning module for pediatric practice.

Submission of all documents required to establish the diplomate is current with Continuous Certification (pledge, Chief of Staff questionnaire attesting to a pediatric practice and professionalism, CME documentation).

Submission of a chronological case log consisting of a minimum of 65 consecutive, major pediatric surgical cases (age 21 and under) for which the applicant has been the responsible surgeon,

- a) all cases must have occurred within an 12 month time period, with the oldest case no more than 18 months from the time of application, and
- b) the case log submitted must represent all locations of the practice of the applicant at the time of submission, and

- c) Additional case data submission may be required by the Credentials Committee upon request.

The ABPNS will review the application and case log.

If there are no major concerns – the applicant will be reinstated as jointly certificated.

The applicant may be asked to sit for an oral examination – in format like that used for primary certification.

The applicant may be asked to participate in a hearing, to define if they are eligible to sit for an oral examination.

Applicants taking and passing the oral examination will be reinstated.

Applicants failing the oral examination will have two subsequent opportunities to pass the examination. They will be asked to submit a new case log if they fail the examination a second time.

RCPSC diplomates must follow a process done through the ABPNS that will mirror the above ABNS process.

Diplomates successfully completing the re-entry process will have their recertification time reset to a new 10-year cycle.

6.4.1.3 Alternative Pathway to Certification – Case Submission

Candidates for joint certification by the Alternate Pathway whose case log does not qualify the individual to take the Pediatric Subspecialty Examination, may request a review by the ABPNS Board of Directors. The ABPNS Board of Directors may review the candidate and take into consideration additional factors or make additional requests in considering whether to grant approval to take the Pediatric Written Focused Practice Examination.

6.4.1.3.b Definition of a Pediatric Case Alternative Pathway Certification

(See above - Rule: 6.2.2.3.c):

6.4.2 Pediatric Subspecialty Oral Examination – Alternate Pathway

(See above – Rule: 6.2.2.7...)

Rule 6.5 Certified-Inactive

(Revised by ABPNS BOD 11-29-2023)

Change into this category is by request of the certificate holder.

Change out of this category to:

Certified is by request of the certificate holder, and the Certified-Inactive diplomate must complete the Defined Re-Certification Program - Re-entry.

Rule 6.6 Certified-Retired

(Amended by ABPNS BoD on 6/2/2018)

Certified-Retired is by request of the certificate holder.

The ABPNS board of directors may waive any or all of the requirements of this section at their discretion, including the need to return the ABPNS certificate or a joint certificate (ABNS/ABPNS or RCPSC/ABPNS), and the need to sign a standard retiree document

The deviation allowed by the ABPNS is not meant to supercede or waive any request by the ABNS or the RCPSC.

Rule 7.1 Not Certified

Not-Certified can be initiated by the Board.