

result of such subsequent information the Board may modify its initial decision regarding the candidate's credentials.

## 6.8 REPRESENTATIONS TO THE PUBLIC

Individuals who are not yet certified may not hold themselves out to the public as certified by the ABNS nor mislead the public into believing that they are certified by the ABNS. A physician who is not yet certified by the ABNS but has been certified by another certifying body must indicate in any advertisement or marketing material the full legal name of that certifying body. The ABNS in its discretion may permanently exclude from the certification process, or take other appropriate action against, any individual who is not certified by the ABNS but holds himself or herself out to the public as simply "Board Certified," or who uses other potentially misleading phrases. "Other appropriate action" may include without limitation informing appropriate entities of the misrepresentation (including but not limited to state licensing boards, hospitals and other providers, managed care entities and other payors, and state and federal enforcement authorities), as well as revocation of a Diplomate's Certificate if the misleading behavior is not discovered until after the individual's initial certification. Prior to taking action, the Board may in its discretion give the affected individual an opportunity to explain the misrepresentation

## 6.9 SCHEDULING FOR ORAL EXAMINATION

The Board shall not schedule a candidate for oral examination until it is satisfied that the candidate has satisfactorily completed training requirements.

## 6.10 REQUIREMENTS FOR STATUS AS "TRACKING TOWARD CERTIFICATION" (a/k/a "BOARD ELIGIBLE")

Individuals who have passed the Board's primary (written) exam for credit during residency and have successfully completed an ACGME-accredited residency program prior to June 30, 2021 are considered to be "tracking toward Certification" (also referred to as "Board Eligible"), and may hold themselves out to the public as such, until they either successfully complete the certification process (at which juncture they become "Certified") or have exited the certification process for one of the reasons set forth in Rule 11.4. However, commencing with candidates who complete residency on or after June 30, 2021, the following additional rules shall apply:

6.10.1 In order for a candidate to be considered "tracking toward Certification" (also referred to as "Board Eligible"), and be permitted to hold themselves out to the public as such, in addition to having passed the Board's primary (written) exam for credit during residency and having successfully completed an ACGME-accredited residency program, the candidate must:

- (a) register with the ABNS and establish a case log account in the ABNS' Practice and Outcomes of Surgical Therapies ("POST") data log system prior to the completion of residency;
- (b) enter at least ten (10) complete consecutive cases into ABNS POST within six (6) months of completion of residency or completion of an approved fellowship; and

- (c) register for the ABNS' "Continuous Certification" program, as further described in Rule XII, no later than the completion of residency; commence participating in the Continuous Certification program no later than the first January 1 following the completion of residency; and remain current at all times on all annual requirements for participation in Continuous Certification (notwithstanding any grace periods or exceptions that otherwise would apply pursuant to Rule XII).

6.10.2 The ten (10) cases submitted pursuant to Rule 6.10.1(b) will be reviewed by the Board (i) to ensure that the candidate is entering his or her cases with the appropriate level of detail and imaging; and (ii) to determine whether there are any apparent concerns regarding reporting accuracy, practice quality, safety or indications for surgery. The cases are subject to audit to ensure they are consecutive.

- (a) If the ten (10) cases are approved by the Board (i.e., do not fall into one of the categories set forth in sub-sections (b) or (c), below), the candidate will be required to submit only one hundred fifteen (115) cases as part of his or her oral examination application pursuant Rule 6.1.1 (with at least ninety (90) unique patient encounters). For avoidance of doubt, the one hundred fifteen (115) cases must be consecutive with one another but need not be consecutive to the first ten (10) cases submitted pursuant to Rule 6.10.1(b). If the ten (10) cases are not approved by the Board (i.e., if they fall into one of the categories set forth in sub-sections (b) or (c), below), the candidate will be required to submit one hundred twenty-five (125) cases, with at least one hundred (100) unique patient encounters, as part of his or her oral examination application pursuant Rule 6.1.1 (which cases again must be consecutive with one another but need not be consecutive to the first ten (10) cases submitted pursuant to Rule 6.10.1(b)).
- (b) Candidates who are not entering their case data correctly will be counseled informally on how to do so. If the review of the cases raises concerns about the candidate's practice, the Board in its discretion may require the candidate to undergo monitoring or additional training or impose other requirements in order for the candidate to retain his or her status as tracking toward Certification.
- (c) In rare circumstances where the initial case data raises serious concerns about safety, the Board may take any action it deems appropriate, including informing third parties pursuant to Rule XIV. Similarly, in those instances or other rare circumstances where a candidate's initial ten (10) cases are alarming for any reason, the Board may determine that the candidate should no longer be considered "tracking toward Certification," and/or that the candidate should be permanently precluded from the Certification process, but

the candidate will be entitled to a hearing pursuant to Rule 10.1 before such decision is implemented.

6.10.3 Candidates will be considered “tracking toward Certification” (i.e., “Board Eligible”) commencing at the time they complete residency, and will continue to maintain that status so long as they timely fulfill all of the requirements set forth in Rule 6.10.1 (except in rare cases as set forth in Rule 6.10.2(c)) and until they either successfully complete the certification process (at which juncture they become “Certified”) or have exited the certification process for one of the reasons set forth in Rule 11.4.

- (a) If at any time, a candidate fails to timely complete any of the requirements set forth in Section 6.10.1 (i.e., fails to log ten (10) cases into ABNS POST within six months of completing training; fails to timely register for Continuous Certification; fails in any year to complete the annual Continuous Certification requirements), he or she will be so notified by the Board, and will be given three (3) months following such notification to come into compliance with all requirements.
- (b) Any candidate who fails to come into compliance with all such requirements within the additional three (3) month notice period will then cease to be tracking toward Certification and may not hold themselves out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as “tracking toward certification,” “Board Eligible,” “in the certification process” or words to that effect. In addition, at that juncture the ABNS shall notify the candidate’s hospital Chief of Staff (if known) that the candidate is no longer tracking toward certification/Board Eligible.

6.10.4 Candidates who cease to be tracking toward Certification/Board Eligible due to failure to meet the requirements set forth in Rule 6.10.1 within the time periods set forth in Rules 6.10.1 and 6.10.3. (i.e., within nine (9) months of completion of residency or completion of an approved fellowship) will be able to re-enter the process by (a) coming into compliance (e.g., logging at least 10 cases into ABNS POST and commencing participation in Continuous Certification); and (b) paying such fine as may be established by the Board from time to time. Individuals must complete the re-entry process within six (6) months of the date they initially cease to be tracking toward Certification/Board Eligible pursuant to Rule 6.10.3(b) (i.e., within one (1) year of completion of residency or completion of an approved fellowship). Failure to complete the process within one (1) year of completion of residency or completion of an approved fellowship will require the candidate to commence the entire Certification process anew, beginning with passing the primary exam. Moreover, candidates may re-enter the process only once after failing to meet the requirements set forth in Rule 6.10.1 (a second failure to comply with the requirements will require the candidate to commence the entire Certification process anew, beginning with passing the primary exam). Candidates so required to recommence the entire process pursuant to this Rule 6.10.4 shall still be required to pay the re-entry fine and also will be subject to the provisions of Rule 11.4.

6.10.5 Candidates may petition the Board for extensions of time to comply with one or more of the requirements set forth in Rule 6.10.1, or in exceptional circumstances for waiver of one

or more of those requirements. The Board in its discretion may grant such requests upon a showing of good cause.

6.10.6 Individuals who timely complete the requirements of Rule 6.10.1 shall be listed on the ABNS' website as "Tracking Toward Certification" until such time that they either successfully complete the Certification process or fall out of the process for one of the reasons set forth in Rule 11.4. Individuals who fail to timely complete the requirements of Rule 6.10.1 shall not be listed on the ABNS' website until such time (if ever) as they timely re-enter the process pursuant to Rule 6.10.4.

#### 6.11 CREDENTIALS REVIEW FOR CANDIDATES SEEKING ADDITIONAL CREDENTIAL IN PEDIATRIC NEUROLOGICAL SURGERY

For individuals who seek concurrently to receive an additional initial credential in pediatric neurological surgery (with such additional credential jointly issued by the ABNS and the ABPNS), the review of the candidate's case data, references, practice, licensure, hospital privileges, program director's statement and professionalism, which otherwise would be performed by the ABNS or its Credentials Committee, will be performed by a Joint Credentials Committee of the ABNS and the ABPNS, comprised of (i) all Directors of the ABPNS; and (ii) the ABNS Director who was nominated for his or her seat on the ABNS Board by the American Society of Pediatric Neurosurgeons.

### RULE VII. PROFESSIONAL CONDUCT AND SATISFACTORY PRACTICE

#### 7.1 REVIEW OF INFORMATION

If the Board (including through the Joint Credentials Committee, as applicable, for individuals who seek concurrently to receive an additional initial credential in pediatric neurological surgery) 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. At its sole discretion, the ABNS may defer final determination of the applicant's eligibility for oral examination. The applicant shall be notified in writing by the Secretary of this action and the reason(s) for it. In connection with such deferrals, the Board may initiate inquiries, conduct a hearing, and/or request additional data as it deems necessary to ascertain whether the applicant has met the prerequisites for oral examination and is otherwise in compliance with ABNS Rules and Regulations. Based upon these inquiries/actions, the Board shall decide whether the applicant may or may not be allowed to take the oral examination. The applicant shall be notified in writing by the Secretary of this action and the reason(s) for it.

### RULE VIII. APPLICATION REQUIREMENTS FOR INITIAL CERTIFICATION

#### 8.1 APPLICATION

Applicants for initial certification by the ABNS shall complete and file with the Secretary the official application form(s) then in use by the Board, together with the supporting data required by the application. Applicants who seek concurrently to receive an additional initial credential in an ABNS-recognized area of focused practice may be required to complete a modified or supplemental

application (which application, in the case of candidates seeking an additional initial credential in pediatric neurological surgery, will be a joint ABNS/ABPNS application).

8.1.1 Candidates who complete training on or after June 30, 2011 but before June 30, 2017 must submit a completed application (including completed practice data, references and any other application materials required by the Board) no later than four (4) years following the completion of his or her residency training (or, for applicants who seek concurrently to receive an additional initial credential in an ABNS-recognized area of focused practice, within four (4) years of completion of their approved fellowship training).

8.1.2 Candidates who complete training on or after June 30, 2017 must submit a completed application (including completed practice data, references and any other application materials required by the Board) no later than three (3) years following the completion of his or her residency training (or, for applicants who seek concurrently to receive an additional initial credential in an ABNS-recognized area of focused practice, within three (3) years of completion of their approved fellowship training).

8.1.3 Extensions of the three (3) year or four (4) year submission deadline (as applicable) at the discretion of the ABNS Executive Director (and for such amount of time as determined by the ABNS Executive Director), and at no cost to the candidate, may be granted for "good cause" such as: military service, post-residency fellowship training, absence from practice for legitimate family or medical leave reasons, solo practice in underserved areas or other legitimate circumstances which make submission of practice data impractical within three (3) or four (4) years (as applicable) following training. "Good cause" extensions will rarely be granted for more than six (6) months from the original submission deadline. Any further extensions beyond the initially granted exception must be approved by the ABNS Board. Those who request extensions for "good cause" may need to provide such supporting documentation as the Executive Director may request, which may include required third party attestations. For applicants who seek concurrently to receive an additional initial Certificate in pediatric neurological surgery, the ABNS Executive Director shall consult with the Joint Credentials Committee of the ABNS and the ABPNS prior to granting "good cause" extensions.

8.1.4 Candidates who seek extensions "without good cause" will be granted extensions of up to up to six (6) months following the original submission deadline upon payment of such fees as the ABNS shall establish from time to time.

8.1.5 Extension requests (whether for good cause or without good cause) should be received by the ABNS at least sixty (60) days prior to the original submission deadline, in order for the requests to be timely considered. Any late requests will require payment of substantial reinstatement fee (as established by the ABNS from time to time), and under no circumstances will the ABNS consider or grant extension requests that are received later than three (3) months following the original submission deadline.

8.1.6 Under no circumstances will "without good cause" extensions extend longer than six (6) months following the original submission deadline. If a candidate has not submitted his or her completed application within six (6) months past the original submission deadline (or, for candidates who receive "good cause" extensions, within the granted extension period), the candidate will no longer be within the certification process. See Rule 8.4.1 for the steps that must be taken to

re-commence the process in that event, and see Rule 11.4 for limitations on how such individuals may refer to themselves after exiting the certification process.

8.1.7 If a candidate has received an extension for submission of his or her completed application pursuant to this Rule 8.1, he or she will receive a corresponding extension of the four (4) or five (5) year deadline, as applicable, for taking the oral examination.

8.1.8 The Board shall not schedule a candidate for oral examination until all aspects of his or her application, including training, practice, and professional conduct, have been reviewed and approved by the Credentials Committee. It is the responsibility of the candidate to inform the Board of new developments with reference to any matter(s) in the application between the time of its submission and the date he or she takes the oral examination.

8.1.9 Candidates may request exemptions from the eligibility requirements for oral examination by petitioning the Board. Exemptions will be granted only in rare cases under compelling circumstances.

## 8.2 ACCOMPANYING MATERIALS

The application shall be accompanied by:

- (a) An application fee payable to the Board in U.S. dollars in the amount that has been designated by the Board as being in effect at that time. Such fee will not be returned even if the application is denied.
- (b) Two (2) copies of a signed, personal photograph that shall be used for identification purposes at the time of oral examination.
- (c) A completed and signed Business Associates Agreement to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- (d) A signed release.
- (e) Practice Data as required in Rule 6.1 above to be logged in a manner prescribed by the Board; it is to be submitted separately from but concurrently with the other application materials described herein.
- (f) Any other materials that the Board may require from time to time in connection with the application.

## 8.3 EXAMINATION FEE

After having been advised by the ABNS of acceptance for oral examination, the applicant shall promptly submit to the Secretary an examination fee payable to the Board in U.S. dollars in the amount that has been designated by the ABNS as being in effect at that time. The fee may vary depending on whether an applicant seeks (a) Certification by the ABNS only; or (b) Certification by the ABNS and concurrently an additional credential in an ABNS-recognized area of focused practice. The examination fee will not be returned even if the applicant does not appear for or fails the examination.



## 8.4 TIME LIMITS

For candidates who complete training before June 30, 2017, each candidate must receive a favorable review by the ABNS Credentials Committee or the ABNS/ABPNS Joint Credentials Committee, as applicable (see Rule IX) and be scheduled by the Board for oral examination within five (5) years of completing training; otherwise, he or she shall no longer be considered to be actively involved in the certification process. Therefore, pursuant to Rule 8.1.1, candidates must submit their completed application for certification to the Board's office within four (4) years of completing training so that his or her credentials can be reviewed by the Board in time to comply with this rule. Requests for extensions to the four (4) year application deadline and/or the five (5) year time limit for scheduling the oral examination must be made in writing (see Rule 8.1).

For candidates who complete training on or after June 30, 2017, each candidate must receive a favorable review by the ABNS Credentials Committee or the ABNS/ABPNS Joint Credentials Committee, as applicable (see Rule IX) and be scheduled by the Board for oral examination within four (4) years of completing training; otherwise, he or she shall no longer be considered to be actively involved in the certification process. Therefore, pursuant to Rule 8.1.2, candidates must submit their completed application for certification to the Board's office within three (3) years of completing training so that his or her credentials can be reviewed by the Board in time to comply with this rule. Requests for extensions to the three (3) year application deadline and/or the four (4) year time limit for scheduling the oral examination must be made in writing (see Rule 8.1).

(Note that the submission of application materials within the three (3) or four (4) year time limit, as applicable, does not necessarily ensure the candidates will meet the four (4) or five (5) year deadline, as applicable, for scheduling their oral examination if, for example, the Board has concerns regarding a candidate's practice data and requests additional data and the candidate fails to provide timely and/or adequate additional data. Candidates are therefore strongly encouraged to submit their completed application materials as soon as possible after completion of residency (or completion of fellowship in the case of candidates concurrently seeking an additional credential in an ABNS-recognized area of focused practice).

8.4.1 An applicant who fails to apply to the Board within three (3) or four (4) years, as applicable, following the completion of residency (or fellowship, as applicable), or who has not had his or her application approved by the Board in time to be scheduled for oral examination within four (4) or five (5) years, as applicable, of completing residency training (or fellowship training, as applicable), will no longer be considered to be in the certification process (unless an extension has been granted pursuant to Rule 8.1). Any such individual will not thereafter be scheduled for oral examination until he or she has again passed the Primary Examination and, if applicable, a Written Focused Practice Examination, for credit and thereby has returned to the certification process. The applicant must then submit a new application for oral examination accompanied by new practice data and all additional required application materials, including the then applicable fee. The new application must be submitted to the Board within three (3) or four (4) years, as applicable, of passing the Primary Examination (and, if applicable, a Written Focused Practice Examination), and the applicant must be scheduled for oral examination within four (4) or five (5) years, as applicable. See Rule 11.4 for limitations on how such individuals may refer to themselves after losing their initial eligibility to take the Oral Examination.

RULE IX. APPROVAL OF CREDENTIALS

9.1 VERIFICATIONS AND INQUIRIES

Upon receipt of an application for initial certification, the Secretary of the Board or his or her designee shall take such steps as deemed appropriate to verify the statements made in the application and shall make inquiry of the references therein named concerning information relevant to the requirements for examination and certification. The Secretary or designee shall also make such additional inquiry of any other person or persons as deemed necessary to ascertain that the applicant has fulfilled the requirements of the ABNS as set forth in its Rules and Regulations. Within a reasonable time after receipt of an application, the Secretary or designee shall transmit it and all information pertaining thereto to the ABNS Credentials Committee or the ABNS/ABPNS Joint Credentials Committee, as applicable.

9.2 COMMITTEE REVIEW OF CREDENTIALS

The ABNS Credentials Committee or the ABNS/ABPNS Joint Credentials Committee, as applicable, shall make a preliminary determination as to whether an applicant meets the requirements for examination as set forth herein. The applicable Credentials Committee shall receive recommendations from the references named in the application and may request the Secretary to 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 deferral or withholding of scheduling for oral examination 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, or failure to otherwise comply with ABNS rules or decisions;
- (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;
- (k) Billing and/or coding for services; or



(l) Professionalism.

The applicable Credentials Committee shall report any negative determinations and recommendations to the Board of Directors. If the applicable Credentials Committee determines that a candidate has met the requirements for examination as set forth herein, the applicable Credentials Committee may approve the candidate for oral examination without any further action of the ABNS Board.

9.3 BOARD REVIEW OF CREDENTIALS

At each meeting of the Board, the ABNS Credentials Committee or the ABNS/ABPNS Joint Credentials Committee, as applicable, shall report to the Directors with respect to all applications that have been referred to it and upon which it has made preliminary negative determinations. The Board of Directors shall consider all such applications reported to it by such Committees and make a final determination as to whether each applicant meets the requirements for oral examination as set forth in these Rules and Regulations. The applicant shall be promptly notified in writing of the Board's decision by the Secretary. If the determination is negative, such notice may 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. The Board, at its option, on its own accord or as a result of a recommendation by the applicable Credentials Committee, may hold a hearing to determine whether the candidate meets the requirements for oral examination. At any such hearing the provisions of Rule 10.1 shall apply. The decision of the Board following any such hearing shall be final with respect to the ABNS and, if applicable, the ABPNS.

9.4 SCHEDULING OF ORAL EXAMINATION

An applicant may be scheduled for the oral examination only after having been approved for such examination by the Credentials Committee or by the Board, as set forth in Rules 9.2 and 9.3.

9.5 HOSPITAL NOTIFICATIONS

When an applicant's credentials have been determined to be acceptable by the Board at a regular meeting, the Secretary may, upon request, notify the hospitals in which the applicant practices. That letter will include the deadline for the applicant to be scheduled for oral examination in order for his or her application to remain valid.

RULE X. APPEAL ON CREDENTIALS

10.1 APPEAL OF ADVERSE DETERMINATIONS

10.1.1 An individual who has been notified of an adverse determination by the Board with respect to his or her credentials, and who has not already had a hearing on such matter pursuant to Rule 9.3, may within thirty (30) days after receiving such adverse determination notice, submit additional information in writing or request in writing a hearing before the 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. For avoidance of doubt, a

candidate for whom a hearing has been held pursuant to Rule 9.3 shall not be entitled to a second hearing pursuant to this Rule 10.1.

10.1.2 The individual whose credentials are the subject of any hearing held pursuant to Rule 9.3 or this Rule 10.1 is expected to be present in person at the hearing absent compelling circumstances that prevent his or her attendance or create an unreasonable hardship. If the individual wishes to request a waiver to this personal attendance requirement, he or she must submit such a request to the Board in writing not less than forty-five (45) days prior to the date of the hearing. The Board in its sole discretion may grant such a request and permit the individual to participate telephonically. If the request for a waiver is denied the individual must appear in person; the hearing will go forward without the individual's participation if he or she fails to appear and such failure to appear may be considered by the Board as one factor when rendering its decision in the matter.

10.1.3 At the Board's discretion, at any hearing held pursuant to Rule 9.3 or this Rule 10.1, the ABNS Credentials Committee (or the ABNS/ABPNS Joint Credentials Committee, as applicable) or any Director of the Board may present evidence in conflict with that of the individual whose credentials are the subject of the hearing. 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 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.

## 10.2 DECISIONS ON APPEAL

After any hearing held pursuant to Rule 10.1, the 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 ABNS and, if applicable, the ABPNS. The applicant shall be promptly notified in writing of the Board's decision by the Secretary. If the decision is negative, such notice may suggest steps the applicant can take in an attempt to remedy the deficiencies.

## 10.3 RECONSIDERATION OF APPLICATIONS

An application that has been denied by the Board under Rule 9.3 or Rule 10.2 above 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. The Board may or may not, in its sole discretion, approve the request and grant an extension to the four (4) or five (5) year, as applicable, deadline for scheduling the oral examination in order to give the applicant an opportunity to correct deficiencies.

## RULE XI. THE ORAL EXAMINATION

### 11.1 PURPOSE AND PROCESS

The oral examination is the last event in the initial Certification process, which begins with neurosurgical residency in an ACGME accredited program and passage of the Primary Examination

for credit. Whereas the Primary Examination explores an applicant's knowledge in various relevant disciplines (see Rule 5.2), the oral examination explores knowledge and judgment in clinical neurosurgical practice after an applicant has been an independent practitioner. The oral examination is accomplished in a series of face-to-face examinations involving the applicant, current and former Directors of the Board, and/or guest examiners. The applicant is presented a series of clinical vignettes, using clinical descriptions, radiographs, computerized images, anatomical models and/or diagrams. The examiners grade the applicant on overall diagnostic skills, surgical decision making and complication management. The oral examination covers a broad range of neurosurgery practice: (a) one session devoted to general neurosurgery; (b) a second session devoted to an area of subspecialty of the candidate's choice (e.g., general, cranial, spine, cerebrovascular or pediatrics); and (c) a third session devoted to clinical vignettes selected by the Board from the candidate's own practice data submitted pursuant to Rule 6.1, above. Candidates must pass each session in order to achieve an overall passing grade. Candidates concurrently seeking an additional credential in an ABNS-recognized area of focused practice must elect that subspecialty area for the second session of the oral examination.

## 11.2 REQUIREMENTS FOR RE-EXAMINATION

An applicant who fails the oral examination for the first or second time may request re-examination. Applications for re-examination must be submitted within eighteen (18) months of the date the applicant last took the oral examination, so that the re-examination will occur no later than two (2) years from the date of the applicant's prior attempt.

11.2.1 For candidates taking the oral examination for a second time following one failure, the entire oral examination must be repeated, but the submission of a new application and additional practice data is not required. However, for the oral examination session devoted to clinical vignettes selected by the Board from the candidate's own practice data, the candidate has the option to submit an additional 75 cases for use during his or her repeat examination. Alternatively, the candidate may elect to be examined on his or her previously submitted case data (although different cases from such data will be selected for the repeat examination(s)).

11.2.2 For candidates taking the oral examination for a third time following two failures, the entire oral examination must be repeated and the submission of additional practice data is required. If the candidate submitted new data after his or her first failure, he or she will not be required to submit additional new data after his or her second failure.

11.2.3 If the candidate elects to (Rule 11.2.1) or is required to (Rule 11.2.2) submit new data, the cases must be consecutive and the other applicable provisions of Rules 6.1 shall apply, except that there is no requirement that the additional cases include a certain percentage of unique patient encounters (although the ABNS may take into account when reviewing the cases whether they include an atypical number of re-operations). Any newly submitted case data is subject to review and must be accepted by the Board, and such data is also subject to audit; if the Board discovers that the cases are not consecutive or the case data provided is not accurate, the Board may take any steps it deems appropriate, including permanently excluding the candidate from the certification process. For candidates who elect to or are required to submit new case data, the cases can encompass any time period but starting no earlier than twelve (12) months prior to the date the candidate most recently took and failed the oral examination. But see Rule 11.2.4 for additional time limits that may apply.

11.2.4 In addition to the time limits set forth in Rule 8.4 and Rule 11.2.3, a candidate may not re-take the oral examination if more than seven (7) years have passed since the completion of his or her residency training (or fellowship training for individuals concurrently seeking an additional credential in an ABNS-recognized area of focused practice). For individuals who complete their residency (or, as applicable, fellowship) in June, this period will be extended through December of the 7th year). Consequently, depending on when a candidate submits application materials and initially sits for the oral examination, and depending on when a candidate re-takes the oral examination following an initial failure (and also depending on whether and when the candidate submits new case data for his or her repeat examination(s)), the candidate may or may not be permitted to take the oral examination a third time, or may have less than two (2) years in which to do so. By way of illustration, if a candidate completes his or her residency in June 2017, submits application materials in June 2019, initially sits for the oral examination in May 2021 but fails, submits new case data in May 2022, has that case data approved in time to re-take the oral examination in November 2022 but fails again, that candidate would be able to re-take the oral examination one additional time no later than November 2024 (i.e., the candidate would have a full two (2) years in which to take the oral examination for a third time, and may have sufficient time to again submit 75 new cases, if he or she so chooses, for the section of the oral examination based on candidate case data). By contrast, if a candidate completes his or her residency in June 2017, submits application materials in December 2020, initially sits for the oral examination in November 2021 but fails, and re-takes the oral examination in November 2023 but fails again, that candidate would be required to re-take the examination no later than November 2024 (one year from his or her prior attempt) to avoid exceeding the seven (7) year limit. That may or may not be possible depending on whether and when the candidate submits new data.

11.2.5 Before an applicant can be re-examined, a re-examination fee in the amount that has been designated by the Board as being in effect at that time must be received by the Secretary. All moneys shall be payable to the ABNS in U.S. dollars. The re-examination fee is not refundable.

### 11.3 EXCEEDING TIME LIMITS OR REPEAT FAILURES

If a request for re-examination is not made in time to permit a candidate to be re-examined within two (2) years of failure, or if an applicant fails the oral examination on the first three (3) attempts, or has not passed the oral examination within seven (7) years of completing his or her residency (or fellowship, if applicable), whichever is earlier, that candidate is no longer considered to be actively involved in the certification process (exceptions to the seven (7) year deadline for passing the oral examination may be granted by the Board in its sole discretion on rare occasion based on extraordinary circumstances; no exceptions will be made to the requirement that candidates must pass the oral examination within their first three (3) attempts). He or she may not apply to be re-examined until such time as the Primary Examination and, if applicable, the Written Focused Practice Examination, has been re-taken for credit and passed. The candidate must then submit a new application for oral examination, with all required accompanying materials. Letters certifying the nature and quality of the candidate's practice must be obtained from two (2) new reference sources, both neurosurgeons, and from all hospitals where the candidate practices verifying his or her privileges. The candidate must also pay the oral re-examination fee and submit a full new set of practice data (i.e., 125 new cases). For avoidance of doubt, the first case in the new set of practice data can be performed at any time after the applicant has previously exited the certification process (i.e., the first case may be performed before or after the candidate re-takes the Primary Examination for credit).

The application and all associated materials must be submitted within three (3) years following the earlier of (a) the date the applicant re-passes the Primary Examination for credit or, if applicable, following the passing of the Written Focused Practice Examination for credit; or (b) the date of the first case in the applicant's new set of practice data. See Rule 11.4 for limitations on how such individuals may refer to themselves after failing to pass the oral examination after three attempts or within the requisite time frames.

11.3.1 Once an applicant, pursuant to Rule 11.3, has (a) successfully re-passed the Primary Examination for credit, and, if applicable, the Written Focused Practice Examination; and (b) timely submitted his or her completed oral examination application and all accompanying materials (including new practice data) within three (3) of re-passing the Primary Examination and, if applicable, the Written Focused Practice Examination (four (4) years for those who re-passed the Primary Examination for credit prior to June 30, 2017), the applicant will again be given a maximum of three attempts to pass the oral examination. The applicant must be scheduled to re-take the oral examination within four (4) years of re-passing the Primary Examination and, if applicable, the Written Focused Practice Examination (five (5) years for those who re-passed the Primary Examination for credit prior to June 30, 2017), and if the applicant again fails, he or she must meet the requirements and time limitations set forth in Rule 11.2 for his or her second or third attempt. The applicant must also pass the oral examination within seven (7) years of re-passing the Primary Examination and, if applicable, the Written Focused Practice Examination.

#### 11.4 LIMITATION ON REFERRING TO ONESELF AS "BOARD ELIGIBLE" IN CERTAIN CIRCUMSTANCES

Any individual who has exited the certification process for any reason (i.e., an individual who has had any of the following):

1. Failed to become "Board Eligible" or failed to maintain "Board Eligible" status, and then failed to timely re-enter the process, in each case pursuant to Rule 6.10;
2. Failed the oral examination three times;
3. Missed applicable deadlines for applying for or taking (or re-taking) the oral examination;
4. Failed to pass the oral examination within seven (7) years of completing residency (or, if applicable, fellowship);
5. Had his or her credentials rejected; or
6. Had his or her Certification expire because of failure to timely or successfully complete the Board's CC requirements and has not timely and successfully completed the requirements for re-instatement set forth in Rule 12.7,

must begin the process anew, commencing with re-taking (and passing) the Primary Examination for credit and, if applicable, the Written Focused Practice Examination, as a prerequisite to becoming Certified. However, such individuals may not – even after re-passing the Primary Examination and, if applicable, the Written Focused Practice Examination – hold themselves out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as "Board Eligible," "tracking toward certification," "in the certification process" or words to that effect. Such individuals are no longer considered to be in the certification process until and unless they successfully

complete all requirements for certification and are actually awarded their Certificate. The failure to abide by this Rule 11.4 may result in sanctions at the Board's discretion, including but not limited to permanent ineligibility for certification.

#### 11.5 REPRODUCTION OF EXAMINATION PROHIBITED

The oral examination may not be recorded or reproduced in any form, in part or in whole, by any individual or organization without the written permission of the American Board of Neurological Surgery, nor may a candidate in preparation for the oral examination use or review questions that may have been reproduced by others without permission. Individuals who violate these prohibitions may be disqualified from oral examination or, if they are already certified at the time the violation is discovered, their Certificates may be revoked in accordance with Rule 13.1.

### RULE XII. CONTINUOUS CERTIFICATION

#### 12.1 MANDATORY VERSUS VOLUNTARY PARTICIPATION

Diplomates certified by the ABNS during or after 1999 are considered to possess time-limited Certificates. In order to maintain their Diplomate status, they must participate in and successfully complete each year all elements of the Board's annual Continuous Certification ("CC") program. At the end of each 10-year period, the Board will issue a new 10-year time-limited Certificate to each Diplomate with a time-limited Certificate who has successfully completed the annual program requirements during each year of the expiring 10-year period. For new Diplomates, the first annual CC period begins January 1 following the Diplomate's successful completion of the oral examination, and new annual CC periods begin each January 1 thereafter.

12.1.1 Individuals certified by the Board prior to 1999 are considered to have non-time-limited Certificates. These individuals are strongly encouraged to participate in the ABNS CC program, but their participation is voluntary and their failure to participate will not result in the expiration of their Certificates or cause them to lose their status as Diplomates. Similarly, Diplomates in this category will not lose their Certificates or their status as Diplomates if they enter the CC program but do not complete any annual cycle for any reason or fail to successfully complete any CC program requirement. For Diplomates in this category, each annual CC period begins January 1 of the year their applications for participation are received.

12.1.2 Diplomates who receive both an initial Certificate from the ABNS and an additional initial credential from the ABNS in an ABNS-recognized area of focused practice (other than pediatric neurosurgery for which Rule 12.1.3 applies), must successfully complete the ABNS CC program annually in order to maintain their ABNS Certification, and must also successfully complete any additional annual CC program requirements established by the ABNS for such focused practice area in order to maintain their focused practice credential. Such additional CC program requirements (a) shall include having their ABNS CC Adaptive Learning Tool, if reasonably feasible, include a module geared to their area of focused practice; and (b) may include the submission of CPT Codes, E&M Codes, a case log or other information to the ABNS periodically to demonstrate that their practice remains geared to the area of focused practice for which they have received their additional ABNS credential; and (c) may include other requirements as established by the ABNS from time to time. Any Diplomate who successfully completes these additional requirements each year will also have successfully completed the ABNS CC program and will receive two renewals at the end of each 10-



year Certification period: a renewal Certificate from the ABNS in general neurological surgery and a renewal credential from the ABNS in their area of focused practice. However, it is possible that a Diplomate will have successfully completed the ABNS annual CC requirements for the expiring 10-year period but not the additional annual CC requirements for their focused practice credential. In that event, the Diplomate will obtain a renewal general Certificate from the ABNS but not a renewal focused practice credential.

12.1.3 Diplomates with time limited Certificates who receive both an initial Certificate from the ABNS and an additional initial credential in pediatric neurological surgery from the ABNS/ABPNS, or Diplomates with time limited Certificates who, prior to July 1, 2017, received separate initial Certificates from each of the ABNS and the ABPNS, must successfully complete the ABNS CC program annually in order to maintain their ABNS Certification and must successfully complete the ABNS/ABPNS CC program annually in order to maintain their additional ABNS/ABPNS credential. The two CC programs shall be largely identical and overlapping (so as to avoid duplication), except that (a) those who seek to successfully complete the ABNS/ABPNS CC program will have their ABNS CC Adaptive Learning Tool include a module geared to their pediatric practice; and (b) those who seek to successfully complete the ABNS/ABPNS CC program must, in addition to completing all elements of the ABNS CC program that apply to ABNS Diplomates, submit a case log to the ABPNS periodically (which must be approved by the ABPNS) to demonstrate that their practice remains geared to pediatrics. Any such Diplomate who successfully completes the ABNS/ABPNS CC program each year will also have successfully completed the ABNS CC program and will receive at the end of each 10-year Certification period a renewal Certificate from the ABNS in general neurological surgery and a renewal credential from the ABNS and ABPNS in pediatric neurological surgery. However, it is possible that a Diplomate will have successfully completed the ABNS annual CC requirements each year during the expiring 10-year period but not the additional annual requirements of the ABNS/ABPNS CC program. In that event, the Diplomate will obtain a renewal general Certificate from the ABNS but not a renewal credential in pediatric neurological surgery from the ABNS/ABPNS, and thereafter such individual shall be deemed a Diplomate of the ABNS but not the ABPNS.

12.1.4 A Diplomate who holds a non-time limited Certificate from the ABNS and wishes to maintain his or her credential in an ABNS-recognized area of focused practice (other than pediatric neurosurgery for which Rule 12.1.5 applies) must successfully complete the ABNS CC program annually as well as the additional annual CC program requirements established by the ABNS from time to time for such focused practice area in order to maintain his or her focused practice credential. If a Diplomate with a non-time limited Certificate fails to successfully complete all such requirements annually, he or she will retain his or her non-time limited Certificate but will cease to hold a credential in his or her area of focused practice.

12.1.5 If any Diplomate holds a non-time limited Certificate from the ABNS but a time-limited Certificate from the ABPNS, and fails to successfully complete annually the requirements of the ABNS/ABPNS CC program, he or she will retain his or her non-time limited Certificate from the ABNS but will cease to hold a credential in pediatric neurological surgery and will thereafter be deemed a Diplomate of the ABNS but not the ABPNS.



12.1.6 Candidates for Certification who wish to become and be remain tracking toward for Certification/Board Eligible must participate in the ABNS CC program pursuant to Rule 6.10.

## 12.2 ENROLLMENT

Diplomates can enroll and maintain their participation in the annual CC program by:

- (a) Completing and submitting an on-line application in the form specified by the Board (the application must be updated annually);
- (b) Paying all fees as established by the Board; and
- (c) Fulfilling in a timely fashion all of the requirements set forth in this Rule XII or adopted by the Board from time to time.

For Diplomates participating in the ABNS/ABPNS CC program, or an ABNS modified CC program for individuals seeking to maintain their focused practice credential, the application, fees and requirements may be modified.

## 12.3 CONTINUOUS CERTIFICATION CYCLES

As of January 1, 2019, the CC requirements (and most additional requirements for Diplomates who obtain and wish to maintain a focused practice credential) must be completed annually. Subject to the provisions of Rule 12.6.4 regarding grace periods, Diplomates with time-limited Certificates must complete all CC requirements annually in order to maintain their Certified status (as well as complete annually all additional requirements for their area of focused practice in order to maintain their focused practice credential, where applicable), and Diplomates with non-time limited Certificates must complete all CC requirements annually in order to be considered, and listed on the ABNS website, as an active participant in the ABNS CC program (or the joint ABNS/ABPNS CC program, as applicable), as well as complete annually all additional requirements for their area of focused practice in order to maintain their focused practice credential (where applicable). Candidates for Certification who wish to remain tracking toward for Certification/Board Eligible must complete all CC requirements annually, and are not subject to any grace periods afforded to Diplomates pursuant to Rule 12.6.4.

## 12.4 CONTINUOUS CERTIFICATION ELEMENTS

Each year, the Diplomat (or candidate) must submit evidence of the following in the manner set forth by the Board:

- (a) Professionalism and Professional Standing;
- (b) Lifelong learning and Self-Assessment;
- (c) Assessment of Knowledge, Skills and Judgment; and
- (d) Improvement in Medical Practice.

### 12.4.1 EVIDENCE OF PROFESSIONAL STANDING

- (a) Chief of Staff Questionnaire – Each year, a questionnaire confirming the Diplomate’s professional standing must be completed by the Chief of the Medical Staff of the Diplomate’s (or candidate’s) primary hospital. However, if the Chief of Staff is unavailable, this questionnaire may be filled out annually by the Department Chair, Division Head or other appropriate physician administrator.
- (b) Hospital Privileges – The Diplomate (or candidate) must continuously maintain unrestricted privileges at the primary hospital where he or she currently practices. (The Chief of Staff Questionnaire confirming such unrestricted privileges is responsive to this requirement). The Diplomate’s (or candidate’s) privileges need not encompass the full range of neurosurgery, but such privileges must not be (or have been): (i) restricted in any way pursuant to informal or formal hospital disciplinary proceedings; or (ii) relinquished, withdrawn, or non-renewed in settlement of, or to avoid, any such hospital disciplinary proceedings. In addition, the Diplomate (or candidate) must notify the Board if he or she has had any actions against, or restrictions imposed upon, his or her privileges at any hospital or health care facility. The Board in its discretion (and in conjunction with the ABPNS, as applicable) may determine that any such actions or restrictions may constitute non-compliance with the annual Professional Standing requirements.
- (c) Licensure – The Diplomate (or candidate) must maintain full, unrestricted medical licenses in all jurisdictions in which he or she practices. The annual Chief of Staff Questionnaire confirming such unrestricted licensure is responsive to this requirement for the jurisdiction in which the Diplomate’s (or candidate’s) primary hospital is located, but Diplomates (or candidates) must notify the Board about any pending or resolved actions concerning any of their licenses.

#### 12.4.2 EVIDENCE OF LIFELONG LEARNING AND SELF-ASSESSMENT.

Lifelong Learning – Each year, the Diplomate (or candidate) must earn at least 20 Continuing Medical Education (CME) AMA PRA Category 1 Credits™ in neurological surgery annually. CME credits cannot be carried over from prior years to satisfy this annual 20 CME credit requirement. Documentation of the earned credits is preferable but attestation is acceptable (but if by attestation, may subject the neurological surgeon to the possibility of random auditing).

#### 12.4.3 ASSESSMENT OF KNOWLEDGE, JUDGMENT, AND SKILLS

Adaptive Learning Tool -- Diplomates (or candidates) must demonstrate evidence of cognitive knowledge annually by completing the ABNS’ annual

Adaptive Learning Tool, which replaces the Cognitive Examination that was previously administered once every ten years. The Adaptive Learning Tool can be engaged any time during the year and consists of multiple choice questions accessible via the internet from the Diplomate's (or candidate's) computer. The Adaptive Learning Tool is designed to be more relevant to the Diplomate's (or candidate's) practice and less burdensome in the following ways:

- (a) The Adaptive Learning Tool is tailored to update the "Core Neurological Surgery" knowledge by focusing on new evidence based concepts most critical to providing emergency, urgent or critical care to patients, thereby enhancing public safety;
- (b) If the Diplomate (or candidate) does not select the correct answer he or she will immediately learn why the answer was incorrect and be directed to read associated, peer reviewed articles (primarily Level I and II evidence) and re-try the question, ensuring real time education and mastery. The Diplomate (or candidate) will proceed to the next question when he or she masters the new neurological surgery concept, and achieves the correct answer.
- (c) This educational platform will re-enforce retention through serial testing of key concepts in future years.

#### 12.4.4 IMPROVEMENT IN MEDICAL PRACTICE

M&M and/or QA/QI Conferences -- Each year, the Diplomate (or candidate) must participate actively in the Morbidity and Mortality Conferences (M&M) and/or Quality Assurance/Improvement Conferences (QA/QI) at least quarterly in which the neurological surgeon discusses some of his/her cases to improve his/her practice. Given the variability of neurological surgery practice today the ABNS does not believe that "one size fits all" in terms of a particular conference structure. It is up to the Diplomate (or candidate) to develop a meaningful conference structure with their colleagues, specifically one that includes an analysis of cases for future safety and quality improvement opportunities. The ABNS will provide a confidential outline/protocol for neurological surgeons who would like to use the ABNS format. Neurological surgeons who do not have access to traditional hospital M&M or QA/QI Conferences at their institutions may fulfill this requirement by attending four (4) regional or national M&M or QA/QI conferences (quarterly conferences) annually and having their respective institution leadership attest as such. The hospital's Chief of Staff, a Department Chair or other suitable physician administrator (as part of the Chief of Staff Questionnaire) must verify annually that the Diplomate (or candidate) attended such the conferences at least quarterly and meaningfully participated by reviewing their complications.

#### 12.4.5 ADDITIONAL REQUIREMENTS FOR FOCUSED PRACTICE CREDENTIALS

As noted in Rules 12.1.2 and 12.1.3, Diplomates who in addition to their general Certificate hold an additional credential in an ABNS-recognized area of focused practice may be required, as a condition to renewal of their focused practice credential, to comply with such modified or additional CC requirements as are established by the ABNS (and the ABPNS, as applicable) from time to time.

#### 12.5 PLEDGE

Included in the annual CC application is a pledge that must be signed and accepted by the ABNS. The pledge reads as follows, except that for Diplomates participating in the ABNS/ABPNS CC program, the pledge shall additionally reference the ABPNS:

##### *PLEDGE*

*I hereby represent that no one else will take the web based Adaptive Learning Tool in my name or on my behalf, nor will I take the Adaptive Learning Tool in the name or on behalf of any other person. It is my personal obligation and pledge to adhere to the ABNS CC principles that this adaptive tool is for my personal continuous education and I am dedicated to the ABNS mission of improving patient safety. I understand and agree that no Adaptive Learning Tool questions or answers may be reproduced in any form in part or in whole by any individual or organization without the written permission of the ABNS. I hereby represent that I will not reproduce any Adaptive Learning Tool questions or answers.*

#### 12.6 CLASSIFICATIONS

Individual neurosurgeons are classified by the Board into one of seven categories (and with respect to the first six of such categories, are listed as such on the ABNS website):

- (a) Currently Certified – Participating in Continuous Certification
- (b) Currently Certified – Participating in Continuous Certification With Recognition of Focused Practice
- (c) Currently Certified – Not Participating in Continuous Certification
- (d) Certified – Inactive (Clinically or Surgically)
- (e) Certified – Retired From Operative Practice
- (f) Tracking Toward certification
- (g) Not Certified

#### 12.6.2 CURRENTLY CERTIFIED – PARTICIPATING IN CONTINUOUS CERTIFICATION

Diplomates who have paid their annual fees and have successfully completed or are in the process of successfully completing all CC requirements for the applicable year in a timely fashion are active participants in the CC program. These Diplomates are classified as “Certified – Participating in Continuous Certification.”

#### 12.6.3 CURRENTLY CERTIFIED – PARTICIPATING IN CONTINUOUS CERTIFICATION WITH RECOGNITION OF FOCUSED PRACTICE

Diplomates with an additional credential in an ABNS-recognized area of focused practice who (a) have paid their annual fees and have successfully completed or are in the process of successfully completing all CC requirements for the applicable year in a timely fashion; and (b) have also successfully completed or are in the process of successfully completing the additional annual CC program requirements established by the ABNS from time to time (or the ABNS/ABPNS, as applicable) for such focused practice area are active participants in the CC program, including with respect to their area of focused practice. These Diplomates are classified as “Certified – Participating in Continuous Certification With Recognition of Focused Practice in [the applicable area of focused practice].”

#### 12.6.4 CURRENTLY CERTIFIED – NOT PARTICIPATING IN CONTINUOUS CERTIFICATION

This classification consists of Diplomates who (a) have non-time-limited Certificates and are not participating in CC; or (b) have time-limited Certificates but are not participating in CC. Note that a participant in CC who fails to meet the annual CC requirements in any year in a timely fashion shall be subject to the following with respect to his or her participation classification and Certified status:

- (a) A Diplomat who is delinquent in some or all of the components of CC for any year will receive notice of that fact and will be given until the end of the following year (i.e., a one-year “grace period”) to complete all CC requirements for the year he or she missed. The annual CC requirements for the following year must also be completed in full and a late fee paid. The same grace period and fees also apply to those Diplomates who are delinquent in some or all of the additional CC requirements for continued recognition of focused practice. In order for a Diplomat with a time-limited Certificate to maintain his or her Certificate (and/or his or her focused practice credential), this failure to timely complete all annual requirements may occur only twice in each 10-year Certification period and not in consecutive years. A Diplomat with a time-limited Certificate will immediately lose his or her Certified status upon failing to timely complete all annual CC requirements more than two years in any 10-year Certification period, or upon failing to timely complete all annual CC requirements in any two consecutive years, or upon failing to complete all delinquent CC requirements for any year during the one-year grace period. Similarly, any Diplomat with an additional credential in an ABNS-recognized area of focused practice will immediately lose his or her focused practice credential upon failing to timely complete all additional CC requirements for that focused practice credential more than two years in any 10-year Certification period, or upon failing to timely complete all such additional annual CC requirements in any two consecutive years, or upon failing to complete all such additional CC requirements for that focused practice credential for any

year during the one-year grace period. In the event that a Diplomate with a time-limited Certificate loses his or her Certified status and/or his ABNS/ABPNS credential pursuant to this Rule 12.6.4(a), he or she will be required to successfully complete the re-entry process described in Rule 12.7 in order to regain Certified status. In the event that any Diplomate loses only his or her additional credential in an ABNS-recognized area of focused practice (other than pediatrics) pursuant to this Rule 12.6.4(a), he or she will be required to fulfill whatever requirements the ABNS may impose from time to time in order to regain his or her focused practice credential.

- (b) A Diplomate who is delinquent in some or all of the components of CC for any year shall be classified as “Not Participating in Continuous Certification” during the one-year grace period described in subsection (a), above, until such time as he or she becomes current on all delinquent requirements, at which juncture he or she will again be classified as “Participating in Continuous Certification.” A Diplomate with an additional credential in an ABNS-recognized area of focused practice who is current on the requirements of the general CC program, but is delinquent for any year in some or all of the additional CC requirements to maintain his or her focused practice credential, shall be classified only as “Participating in Continuous Certification” during the one-year grace period described in subsection (a), above, until such time as he or she becomes current on all delinquent CC requirements for his or her focused practice, at which juncture he or she will again be classified as “Participating in Continuous Certification With Recognition of Focused Practice.”
- (c) A Diplomate who never submits an application and never begins the CC process will be classified as “Not Participating in Continuous Certification.” If the Diplomate holds a time-limited Certificate, he or she will be so classified until the end of his or her one-year grace period, at which time he or she will be classified as Not Certified (unless the Diplomate completes all delinquent CC requirements during the grace period, in which event he or she will then be classified as “Participating in Continuous Certification”).

#### 12.6.5 CERTIFIED -- INACTIVE

- (a) This classification refers to Diplomates who are clinically or surgically inactive for a period of time because the Diplomate is engaged in research, academic administration, government policy work, or other activities that preclude or interfere with active clinical or surgical practice. In order to remain certified in this category, a Diplomate must inform the Board in writing of his or her intention to become clinically or surgically inactive, and of the likely duration of clinical/surgical inactivity. Diplomates with time-limited Certificates who are listed as “Inactive” may be exempt from certain aspects of the ABNS CC program (and/or the ABNS/ABPNS CC program, as applicable) during the period in which they are Inactive, as permitted by the Board (in conjunction with the ABPNS, as applicable) from time to time. The

Board (in conjunction with the ABPNS, as applicable) shall notify each Inactive Diplomate of the elements of CC from which he or she is exempt based on his or her individual circumstances (and those from which the Inactive Diplomate is not exempt) during the period of clinical/surgical inactivity. The Board (in conjunction with the ABPNS, as applicable) also shall notify each Inactive Diplomate of the steps he or she must take before again being listed as "Active."

- (b) A Diplomate who elects "Inactive" status and who later resumes the active practice of neurosurgery shall have his or her Certificate permanently revoked, pursuant to Rule XIII, unless: (1) the Diplomate petitions the Board for re-instatement of his or her "Active" status prior to resuming clinical/surgical practice; (2) re-instatement of his or her "Active" status is approved by the Board (in conjunction with the ABPNS, as applicable); and (3) the Diplomate complies fully with any conditions imposed by the Board (in conjunction with the ABPNS, as applicable) in connection with such re-instatement.

#### 12.6.6 CERTIFIED – RETIRED

- (a) This category refers to Diplomates who have retired from the practice of neurosurgery but were Certified and in good standing at the time of retirement. A Diplomate with a time-limited Certificate who wishes to retain his or her Certificate following retirement but no longer wishes to participate in CC must: (i) inform the Board in writing of his or her intention to retire; (ii) return his or her Certificate to the Board; and (iii) execute the Board's standard retiree form, thereby warranting that he or she will forever cease the practice of neurosurgery. Diplomates who elect this status and comply with these requirements will receive a new Certificate from the ABNS (and, if applicable, an additional new credential jointly from the ABNS and the ABPNS) indicating they are "Retired in Good Standing." These individuals will no longer be required to participate in CC and thereafter will be listed as "Retired" on all ABNS listings.
- (b) A Diplomate who elects "Retiree" status and who later resumes the practice of neurosurgery shall have his or her Certificate permanently revoked, pursuant to Rule XIII, unless:
  - (1) The Diplomate petitions the Board for re-instatement of his or her active Certificate prior to resuming practice;
  - (2) Reinstatement of his or her "active" status is approved by the Board; and



(3) the Diplomate complies fully with any conditions imposed by the Board (in conjunction with the ABPNS, as applicable) in connection with such re-instatement.

#### 12.6.7 TRACKING TOWARD CERTIFICATION (i.e., BOARD ELIGIBLE)

This category includes candidates for Certification who timely meet the requirements of Rule 6.10 (including ongoing, timely completion of the annual requirements of the CC program), and who have neither yet fully and successfully completed the Certification process nor fallen out of the Certification process for one of the reasons set forth in Rule 11.4.

#### 12.6.8 NOT CERTIFIED

This category includes:

- (a) Diplomates whose Certificate has been suspended or revoked;
- (b) Diplomates with time-limited Certificates who either (i) have been delinquent with the requirements of CC in more than two years in any ten year Certification period; or (ii) have been delinquent with the requirements of CC in any two consecutive years; or (iii) have failed, following a year of delinquency or non-participation, to fulfill the requirements they missed during the one-year grace period.
- (c) Neurosurgeons who have never been Certified. Individuals in this category include those neurosurgeons who have never sought Certification and those who never successfully completed the Certification process (i.e., have fallen out of the process for one of the reasons set forth in Rule 11.4). Such individuals will not appear on any database or listing of Diplomates maintained by the ABNS.
- (d) Neurosurgeons who have never successfully completed the Certification process (i.e., have fallen out of the process for one of the reasons set forth in Rule 11.4) but have recommenced the entire process, starting with taking and passing the ABNS primary (written) exam. Although these individuals continue to work toward Certification, they are precluded pursuant to Rule 11.4 from holding themselves out as “tracking toward Certification, “Board Eligible” or words to that effect, and will become “Certified” -- and listed on the ABNS website accordingly -- only at such time as they successfully complete the entire Certification process.

### 12.7 RE-ENTRY PROCESS

12.7.1 Diplomates with time-limited Certificates who fall into one of the categories set forth in Rule 12.6.8(b) are no longer deemed to be Certified. For these individuals, the mechanism to obtain a new Certificate and reinstatement of Diplomate status is as follows:

- (a) The individual must commence reinstatement activities (by notifying the ABNS that he or she wishes to do so) within two (2) years of the date he or she lost his or her Certified status, as well as pay a re-entry fee established by the Board (which is not subject to refund regardless of whether or not the individual successfully completes the reinstatement process).
- (b) The individual must submit 75 consecutive surgical cases performed during the immediately preceding three years, for review by the ABNS (and/or the Joint Credentials Committee of the ABNS and ABPNS, as applicable). There is no requirement that the 75 cases include a certain percentage of unique patient encounters, although the ABNS may take into account when reviewing the cases whether they include an atypical number of re-operations. The cases must be submitted within one year of commencing the reinstatement process and are subject to audit to confirm that they are consecutive.
- (c) Based on the case submission, the ABNS Credentials Committee will make one of three recommendations to the ABNS Board, which must then be approved by the Board: (i) If the case submission raises few if any issues and no safety concerns, the Credentials Committee may recommend that the individual's Diplomate status be re-instated based on the case submission alone; or (ii) if the case submission raises some concerns, the Credentials Committee may recommend that the individual take a re-entry oral exam, which will exactly mirror the oral exam for initial certification described in Rule 11.1 and the same passing requirements will apply; or (iii) if the case submission raises serious concerns regarding safety, competence, judgement, professionalism or ethics, the Credentials Committee may recommend a hearing to determine whether the candidate meets the requirements for oral examination (and at any such hearing the provisions of Rule 10.1 shall apply). The ABNS Board may accept the recommendations of the Credentials Committee, or may opt for another of the above options, in any particular instance.
- (d) Where the Board has opted to hold a hearing, at the conclusion of the hearing the Board will determine whether the individual may or may not sit for the re-entry oral exam. Any individual required to take the re-entry oral exam (either based on his or her case submission as set forth in sub-section (c)(ii) or based on the hearing decision as set forth in this sub-section (d)) must pass the exam in order for the individual to regain his or her Certificate and Diplomate status.
- (e) Where an individual is required to take a re-entry oral examination pursuant to sub-sections (c)(ii) or (d), above, and fails that examination, he or she may request re-examination and will be given a total of three attempts to pass. Requests for re-examination must be

submitted within eighteen (18) months of the date the individual last took the re-entry oral examination, so that the re-examination will occur no later than two (2) years from the date of the individual's prior attempt. For individuals taking the re-entry oral examination for a second time following one failure, the submission of additional practice data is not required. However, for the oral examination session devoted to clinical vignettes selected by the Board from the candidate's own practice data, the individual has the option to submit an additional 75 cases for use during his or her repeat examination. Alternatively, the individual may elect to be examined on his or her previously submitted 75 cases (although different cases from such submission will be selected for the repeat examination).

- (f) For individuals taking the re-entry oral examination for a third time following two failures, the submission of additional practice data is required (75 new cases). However, if the individual submitted new data after his or her first failure, he or she will not be required to submit additional new data after his or her second failure. If the individual elects to (Rule 12.7.1(e)) or is required to (Rule 12.7.1(f)) submit new data, the cases must be consecutive. Any newly submitted case data is subject to audit; if the Board discovers that the cases are not consecutive or the case data provided is not accurate, the Board may take any steps it deems appropriate, including permanently excluding the individual from the certification process. For individuals who elect to or are required to submit new case data following their failure of the re-entry oral examination, the cases can encompass any time period but starting no earlier than twelve (12) months prior to the date the individual most recently took and failed the re-entry oral examination.
- (g) Successful completion of the above requirements will lead to reinstatement of the individual's Certificate (including a focused practice credential, as applicable). If the individual is not approved to take the re-entry exam based on his or her case submission (and following a hearing), or if the individual is required to take the re-entry oral examination and fails three times, or if the individual fails to commence or successfully complete the entire process within the timeframes set forth above, the only mechanism to obtain a new Certificate and reinstatement of Diplomate status is to again complete all of the requirements for initial certification, including passing the Primary Examination and, if applicable, the Written Focused Practice Examination, submitting 125 new consecutive cases for review, successful review by the ABNS (or the Joint Credentials Committee of the ABNS and ABPNS, as applicable) of the individual's cases, credentials and references, and passing the full oral examination for initial certification.

12.7.2 An individual who is no longer Certified because he or she falls into one of the categories set forth in Rule 12.6.7(b) may not hold himself/herself out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as “Certified,” “Board Certified,” “Board Eligible,” “tracking toward certification,” “in the certification process” or words to that effect until such time as the individual has notified the ABNS that he or she wishes to commence the re-entry process and has paid the re-entry fee. At that time the individual should be collecting cases for submission pursuant to Rule 12.7.1(b), above, and the individual may begin holding himself/ herself out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, and the public as “Board Eligible” or “tracking toward certification.” Once the individual successfully completes the requirements of Rule 12.7.1, above, he/she will regain his or her Certificate and will again be a Diplomate. If the individual does not successfully complete the process within the timeframes set forth in Rule 12.7.1, he or she will again be prohibited from holding himself/herself out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as “Board Eligible,” “tracking toward certification,” “in the certification process” or words to that effect. The failure to abide by this Rule 12.7.2 may result in sanctions at the Board’s discretion, including but not limited to permanent ineligibility for certification.

## 12.8 UNETHICAL BEHAVIOR

Diplomates must certify that the information provided in the CC application is true and accurate and must agree not to engage in any unethical or irregular behavior intended to subvert the integrity of the program. Examples of unethical or irregular behavior include but are not limited to:

- (a) Any misrepresentation discovered in the participant’s application for the CC program;
- (b) Completion of the CC Adaptive Learning Tool by someone other than the Diplomate whose name is associated with the log-in for use of the Tool; and
- (c) Engaging in any other conduct that subverts or attempts to subvert the integrity of the CC process.

If the ABNS (in conjunction with the ABPNS, as applicable) determines that unethical or irregular behavior has occurred in connection with CC, the Board may exclude the involved person(s) from the CC program, revoke the individual’s Certificate, and/or take other appropriate action. If sanctions are imposed, the Board may notify legitimately interested third parties of its action. The Diplomate in question shall be given written notice of the charges and an opportunity for a hearing in accordance with the provisions of Rule 13.2.

## 12.9 EXEMPTIONS AND EXTENSIONS

Diplomates may petition the Board for exemptions from or for extensions of time in which to complete particular CC requirements. Such exemptions and extensions will be granted by the ABNS only in rare cases under compelling circumstances (and after consultation with the ABPNS with respect to Diplomates participating in the ABNS/ABPNS CC program).

RULE XIII. REVOCAION OF A CERTIFICATE

13.1 GROUND FOR REVOCATION

The Board of Directors shall have authority to revoke or suspend any Certificate or credential issued by it (or any credential issued jointly by it and the ABPNS) and thereby rescind Diplomate status, if:

- (a) Such Certificate was issued contrary to or in violation of any Rule or Regulation of the Board;
- (b) The person to whom the Certificate was issued was not eligible to receive or has since become ineligible to hold such Certificate;
- (c) The person to whom the Certificate was issued made any misstatement of fact to the Board in any application or in other material presented to the Board, violated any pledge made in conjunction with any application, or failed to comply with any ABNS rules or decisions;
- (d) The person to whom the Certificate was issued is convicted of, or pleads guilty or nolo contendere to any felony or any crime related to the provision of health care services, or is excluded from participation in any federal or State health care program;
- (e) Any license to practice medicine of the person to whom the Certificate was issued is revoked, suspended, placed on probation, or voluntarily relinquished in order to avoid potential sanctions, or restricted in any way;
- (f) The person to whom the Certificate was issued is expelled from any of the Nominating Societies, a county medical society, or a state medical association for any reason other than nonpayment of dues or lack of meeting attendance;
- (g) The person to whom the Certificate was issued has engaged in professional misconduct, a pattern of negligence or other serious misconduct adversely reflecting on professional competence or integrity (which, for avoidance of doubt, may include without limitation performing unnecessary or contraindicated procedures or engaging in intentional or grossly negligent miscoding); or
- (h) The person to whom the Certificate was issued has violated any ABNS Rule, Regulation or Code of Ethics provision, or has violated the terms of any written agreement with the Board, including but not limited to any Rule, Regulation or agreement relating to the person's status as "Retired" or "Inactive."
- (i) The person to whom the Certificate was issued has provided a negative reference or complaint to the ABNS regarding a candidate or another Diplomate that is not submitted in good faith (e.g., motivated by economic

considerations such as the desire to harm a competitor) and/or is intentionally factually inaccurate or misleading.

## 13.2 PROCEEDINGS

When presented with information that a Diplomat may have engaged in unprofessional practice or other misconduct, the Board may investigate and gather facts concerning the possible existence of ground(s) for actions against that Diplomat's Certificate. For Diplomats with an additional credential jointly issued by the ABNS and the ABPNS, the initial investigation and fact gathering will be undertaken by the ABNS/ABPNS Joint Credentials Committee. If the ABNS in its discretion (following the recommendations of the ABNS Credentials Committee or the Joint Credentials Committee, as applicable) determines that there is sufficient information to suggest that a Certificate possibly should be revoked or other sanctions imposed for any of the reasons set forth above, the ABNS Directors may institute proceedings for revocation thereof by mailing written notice to the holder of such Certificate that a hearing will be held to determine whether the Certificate shall be revoked or other sanctions imposed.

13.2.1 Such notice shall specify the ground(s) upon which a proceeding is being instituted, the date, time, and location of the hearing, and any ABNS witness(es) or other participants expected to be present (except that such notice need not specify that the ABNS Executive Director, ABNS staff and the ABNS counsel shall participate, since those individuals shall participate in all hearings). The hearing notice shall be mailed to the Diplomat not less than sixty (60) days prior to the date of the hearing.

13.2.2 The Diplomat to whom such notice is addressed is expected to be present in person at the hearing absent compelling circumstances that prevent his or her attendance or create an unreasonable hardship. If the Diplomat wishes to request a waiver to this personal attendance requirement, he or she must submit such a request to the Board in writing not less than forty-five (45) days prior to the date of the hearing. The Board in its sole discretion may grant such a request and permit the Diplomat to participate telephonically. If the request for a waiver is denied the Diplomat against whom a proceeding has been instituted must appear in person; the hearing will go forward without the Diplomat's participation if he or she fails to appear and such failure to appear may be considered by the Board as one factor when rendering its decision in the matter.

13.2.3 A Diplomat against whom a proceeding has been instituted may be represented by counsel, may present witness(es), may cross-examine any witness(es) appearing against him or her, and may submit written material for the record.

13.2.4 At any hearing the Board shall not be bound by technical rules of evidence usually employed in legal proceedings but may accept any evidence it determines appropriate. After the hearing the Board shall render its decision in writing as to whether the Certificate and Diplomat status shall be revoked or other sanctions imposed (or no sanctions imposed). A copy of such decision shall be mailed to the Diplomat against whom the proceeding had been instituted. The Board's decision shall be final. With respect to Diplomats holding an additional credential in an ABNS-recognized area of focused practice (whether issued by the ABNS or jointly by the ABNS and the ABPNS), the Board's decision with respect to the individual's ABNS Certificate and Diplomat status shall apply equally to the individual's additional focused practice credential (and, if applicable, his or her ABPNS Diplomat status).

13.2.5 If, as a result of any such revocation proceeding, the Board determines that a Certificate held by any Diplomate shall be revoked, the Diplomate shall forthwith surrender his or her Certificate to the Board upon receipt of notice of such determination.

### 13.3 LESSER SANCTIONS

In cases where there has been an occurrence that would authorize the ABNS to revoke a Certificate, the Board may instead, at its sole discretion, propose lesser sanctions including but not limited to: probation, suspension, practice monitoring or other measures not prohibited by law. For Diplomates with non-time-limited Certificates (i.e., individuals certified prior to 1999), such lesser sanctions may also include mandatory participation in CC, which will effectively cause their Certificates to become time-limited.

13.3.1 In cases where the Board proposes such lesser sanctions, the Diplomate is entitled to all of the procedural protections set forth in this Rule XIII, including notice and a hearing.

13.3.2 The ABNS also may ultimately decide to impose such lesser sanctions in cases where it initially considered revocation but where, upon investigation or after conduct of a hearing, the Board no longer believes revocation would be appropriate. Similarly, the Board may impose greater sanctions following a hearing than were initially considered, including revocation, if the testimony or other information brought out at the hearing leads the Board to believe that more severe sanctions are appropriate.

13.3.3 If following notice and an opportunity for hearing, the Board ultimately decides to impose a lesser sanction than revocation, it may attach whatever lawful terms it deems appropriate to such sanctions. Failure of the Diplomate to comply with such terms may in the Board's sole discretion, result in revocation of the Diplomate's Certificate.

## RULE XIV. NOTIFICATION TO THIRD PARTIES

In any case where a Certificate is revoked, suspended, placed on probation, or any other disciplinary action is taken pursuant to Rule XIII, or where the case log or other credentials of a candidate for initial Certification are deferred or not approved pursuant to Rules IX and/or X, the Board may at its discretion notify appropriate third parties, including but not limited to one or more of the following: (a) Nominating Societies for the Board (as listed in Article 1.2. of the ABNS Bylaws); (b) the American Board of Medical Specialties; (c) state licensing boards; (d) the Centers for Medicare and Medicaid Services; (e) the Office of Inspector General within the United States Department of Health and Human Services; (f) state Medicaid Fraud Control Units and/or state Offices of Medicaid Inspector General; and/or (g) hospitals, other health facilities and private physician practices where the individual is believed to practice.

### 14.1 MATERIAL SUBJECT TO DISCLOSURE IN RARE CIRCUMSTANCES

Notifications furnished by the Board in accordance with this Rule XIV may, if determined to be appropriate for disclosing, include information that the Board has received directly from candidates or Diplomates (e.g., films or coding information submitted by candidates as part of their case submission), or objective information the Board has received from third parties (e.g., information regarding the status of a candidate's or Diplomate's licensure or hospital privileges), but in no event shall the Board



disclose to any third party evaluations of candidates that it receives from residency program directors, the candidate's colleagues or physicians in the candidate's community unless required to do so by law, rule or court or administrative order.

#### 14.2 BOARD'S DISCRETION; NO WAIVER OF PEER REVIEW PRIVILEGE

The Board is under no obligation to provide third party notifications authorized by this Rule XIV, which notifications will occur only in rare situations where the Board, through its credentialing and/or disciplinary processes, has identified evidence of egregious conduct, such as pervasive billing fraud, other willful malfeasance (e.g., indications of pervasive, obviously unnecessary surgery) or gross incompetence. Before making such a disclosure, the Board shall carefully evaluate the public interest served by disclosure as well as the need to preserve the integrity of its processes by keeping its candidate and Diplomate files confidential; no peer review or similar privileges with respect to ABNS files are waived as a result of this Rule XIV or as the result of any such rare disclosures made in furtherance of the public interest.

#### 14.3 DISCLOSURES ARISING FROM FAILURE TO COMPLY WITH BOARD DECISIONS

In addition, in circumstances where an individual fails to comply with the final decision of the Board (e.g., where an individual whose Certificate has been revoked fails to surrender his or her Certificate in accordance with Rule 13.2.6), the Board at its sole discretion may take any additional action it deems appropriate to enforce its ruling.

#### RULE XV. CANDIDATE AND DIPLOMATE FILES

The contents of current and former candidate and Diplomate files are confidential and are not disclosed to anyone other than current Board of Directors, employees, and counsel, except (a) as required by law or court order; or (b) in connection with a disclosure made pursuant to Rule XIV.

#### RULE XVI. PLEDGES

The Board in its discretion may require candidates and Diplomates to execute pledges as a pre-condition to participating in certain portions of the initial Certification and Continuous Certification process. Pledges may be required in connection with such initial Certification and Continuous Certification activities as (among others): (a) the neuroanatomy examination; (b) the Primary Examination; (c) the Written Focused Practice Examination; (c) the Oral Examination; and (d) the Continuous Certification Adaptive Learning Tool.

#### 16.1 PROVISIONS

Pledges may contain such provisions as the Board may determine are appropriate from time to time, including (among others): (a) agreeing to comply with all ABNS Rules, both in connection with the specific activity and generally; (b) agreeing that satisfaction of one portion of the Certification process does not guarantee successful completion of the entire process; (c) agreeing not to record, disseminate to third parties or use for any purpose outside the specific ABNS process any examination questions; (d) agreeing not to use reference materials when taking an examination (including when doing so virtually); (e) agreeing that the results of certain examinations may be shared with certain third parties (e.g., residency program directors); and (f) agreeing to hold harmless the ABNS, its Directors, officers, examiners and staff from any damages or claims for damages by reason of such

actions as the grades candidates receive on examinations, the Board's decision not to approve a candidate's credentials for Certification or the Board's decision not to award a Certificate in any case.

#### 16.2 FAILURE TO SIGN OR ABIDE BY PLEDGES

Individuals who decline to sign an ABNS pledge may be excluded for the activity to which a pledge relates, which may effectively preclude the individual from successfully completing the initial Certification or annual Continuous Certification process (and thus may preclude the individual from obtaining or maintain his or her ABNS Certificate and Diplomate status). Individuals who fail to abide by the terms of the pledges they sign are subject to discipline, including but not limited to possible revocation of their Certificate pursuant to Section 13.1(c).

#### RULE XVII. AMENDMENTS

These Rules and Regulations may be amended by the unanimous written consent of all of the Directors or by a majority affirmative vote of Directors at any annual, regular or special meeting provided a quorum is present.

These Rules and Regulations were updated in May 2022 to include all additions, deletions, and changes approved by the Directors of the American Board of Neurological Surgery since the Rules and Regulations had last been approved in November 2021.

# AMERICAN BOARD OF NEUROLOGICAL SURGERY

## Code of Ethics

Ethics are moral values. They are aspirations and inspirational, as well as model standards of exemplary professional conduct for all applicants for certification and all Diplomates certified by the American Board of Neurological Surgery. The term neurological surgeon as used here shall include all such candidates and Diplomates.

Ethics in neurosurgery always means primarily that practitioners act in the best interests of their patients. It is the duty of all neurological surgeons to place the patient's welfare and rights above all other considerations. Neurosurgical services must be provided with compassion, respect for human dignity, honesty, and integrity.

A neurosurgeon must maintain qualification by continued study, performing only those procedures in which he or she is competent by virtue of specific training or experience or with assistance as indicated of one who is so competent. This competence should be supplemented with the opinions and talents of other professionals and with consultations when indicated. Participation in the ABNS' Continuous Certification activities is one of many ways in which neurosurgeons comply with the above requirements.

Open communication with the patient or, if the patient is unable to understand a communication, the patient's relatives or other authorized representatives is essential. Patient confidences must be safeguarded within the constraints of the law. The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient's authorized representative. Timely communication of the patient's condition to referring and consulting physicians is also recommended.

Neurosurgery shall be recommended only after careful consideration of the patient's neurological, physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery, or improperly coding for procedures performed (or not performed), is an extremely serious ethical violation.

Fees for neurosurgical services must not exploit patients or others who pay for those services. In addition, a neurological surgeon must not misrepresent any service that has been performed or is to be performed, or the charges that have been made or will be made for the service.

Delegation of services is the use of nurse practitioners, physicians' assistants, trainees (such as residents and fellows) and other auxiliary health care personnel to provide patient care for which the neurosurgeon is responsible. Neurosurgeons must not delegate to an auxiliary those aspects of patient care within the unique competence of a neurosurgeon (which do not include those permitted by law to be performed by auxiliaries). When any aspects of patient care for which the neurosurgeon is responsible are delegated to an auxiliary, that auxiliary must be qualified and supervised. A neurosurgeon may make different arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's medical needs, welfare and rights are placed above all other considerations.

Providing a patient's postoperative medical or surgical care until that patient has recovered is integral to patient management. The operating neurosurgeon and/or appropriate colleagues should provide those aspects of postoperative patient care within the unique competence of a neurosurgeon (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the operating neurosurgeon must make arrangements before surgery for referral of the patient to another neurosurgeon, intensivist or qualified physician with the approval of the patient, family or legal guardian. Fees should reflect postoperative medical or surgical care arrangements with advance disclosure to the patient.

Communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, or other means. They must not omit material information without which the communication would be deceptive. Communications must not appeal to an individual's anxiety in any excessive or unfair way; they must not create unjustified expectations of results. Communications must not misrepresent a neurosurgeon's credentials, training, experience, or ability, nor contain material claims of superiority that cannot be substantiated. If a communication results in payment to a neurosurgeon, such must be disclosed, unless the nature, format, or medium makes that apparent.

Neurosurgeons must respect patient privacy and confidentiality, including by complying with all applicable laws, regulations, rules and accepted standards relating to the privacy and security of patient health information. Patient freedom of choice of provider also must always be respected.

Neurosurgeons who provide expert testimony in legal proceedings should limit their testimony to areas within the scope of their professional competence and experience. They should express only conclusions or opinions that are supported by and do not go beyond the medical records or the personally performed examinations that form the basis for their testimony. They should not express conclusions or opinions that are influenced or tainted in any way by the compensation they receive in connection with their expert testimony.

When engaged in research and other scholarly pursuits, neurosurgeons must comply with all applicable laws, as well as all rules of their institutions and of research sponsors, Neurosurgeons also must comply with all requirements of Institutional Review Boards, ensure that appropriate consents are obtained for all research involving human subjects and avoid any activity that could reasonably be construed as scientific misconduct (e.g., misappropriation of research funds; falsification of results or data). In all their scholarly publications, neurosurgeons ensure appropriate attribution and recognition of participating co-researchers and co-authors.

Neurosurgeons who are deficient in character or who engage in fraud or deception should be identified to appropriate local, regional, state, and/or national authorities. A physically, mentally, or emotionally impaired neurosurgeon should withdraw from those aspects of practice affected by the impairment.