1. WELCOME
The 2012 Annual Business Meeting commenced 2:10 pm. Dr. Platt gives the welcome.

2. APPROVAL OF MINUTES OF 2011 MEETING
Dr. Bill Fenner moves and Dr. Julie Ducote seconds the motion; minutes approved unanimously by Diplomates present.

3. SUMMARY OF BOARD OF REGENTS MEETING
   a. Maintenance of credentials
      The AVMA American Board of Veterinary Specialties (ABVS) is the umbrella organization for veterinary specialties in the United States. In February of 2011, the ABVS voted to require that all recognized veterinary specialty organizations, like the ACVIM, must develop a mandatory program for maintenance of certification to be implemented no later than 2016. Anyone granted Diplomate status after this program is begun will be required to be re-certified on a regular basis. Current Diplomates will have the option to participate but will be encouraged to do so to set good example. Each specialty has been left to work out the details of recertification themselves. At this time, discussions on the mechanism of this are at an early stage and are focused on the development of a point based system, whereby points will be awarded for such things as CE meeting attendance, training residents, and publications etc over a 10 year period. An examination would not be necessary. Anyone interested in being involved with the development of the neurology re-certification requirements should contact Simon Platt at srplatt@uga.edu

   b. Data Banking
      a. A secured central database for examination questions is in the process of being established

   c. GIG change
      a. An overall GIG change will require ACVIM Diplomate Candidates to have at least 80 hours of journal club in the presence of the program supervisor.

   d. Market Analysis. Corona Insights (www.coronainsights.com) has been invited by ACVIM to discuss market analysis (representatives were David Kennedy and Beth Mulligan) and determine aspects of the market for the ACVIM. This company's main focus will be to assess ACVIM in order to make decisions about how to further develop the brand, market specialty medicine and improve communication from the college. There are two tentative unrelated phases to this process:

      a. Survey of the ACVIM Market Place
         - Engage with the membership, general practitioners and small animal owners and evaluate ACVIM’s public identity, including brand recognition and accessibility
         - To begin the development of a new ACVIM brand by surveying Diplomates, pet owners and public
         - Cost for survey & analysis $80,000
b. Market Analysis / Workforce Assessment
- To determine the strength of the market for ACVIM
- To determine the degree of saturation of the market with ACVIM diplomats
- Estimated cost = $100,000

Discussion was held by members in presence of David Kennedy
- Fenner: Public survey would include survey of also general practitioners
- Parent: Asked if the survey includes the entire North America or just U.S.; response: survey currently focusing on in the U.S. but Canada can be included
- James: Asked about market saturation; response: gage interest in assessment by engaging the specialist and general practitioners
- Indreri: what is impact of increase in specialization and general practice; will general practice become a non-entity; consider the impact on clientele that is our RDVMs
- Lavely: need to evaluate numbers of residencies. Candidates need to know the facts and what the market is; response (Platt): surge from the ACVIM and specialty groups to evaluate the increased number of residency programs
- Skinner: need to get perspective with numbers of specialties concentration in specific areas of U.S.
- Chauvet: explore areas that are overwhelmed with specialists; find out what residents want to do; the geography needs to be evaluated
- Kortz: questioned about time frame; response: Phase 1 will take several months to a year, phase 2 will take about 4 months
- Plummer: Will we know the format of the survey to determine variations; will we be able to see product and market recommendation; response (Platt): each specialty will be allowed to have individual input
- Kennedy: We will be meeting with ACVIM BOR; it is up to the ACVIM to determine the direction.
- Fenner: We will get feedback on type of questions but will not have input on ‘writing’ the questions

d. Straw Poll of business meeting attendees
- Perform survey for ACVIM Market Place: Majority of attending neurologists expressed a general level of interest
- Perform survey for Market of ACVIM: Although the majority of attendees expressed interest, there was some reluctance considering the expense and information gained

4. FORUM 2012 RELATED ANNOUNCEMENTS
i. The Neurology Specialty Dinner will take place at Court of the Two Sisters at 7:00 June 2nd with acknowledgement to Dr. Andy Shores for organizing the event. The dinner is sponsored by Animal Scan with acknowledgement to Jim Stuppino and Integra with acknowledgement to David Yaffe. Ninety Five attendees have completed the invitation.
ii. This year’s ACVIM meeting has Iphone / Ipad Apps
iii. Speaker Topic Submissions for 2013 are now open until July 1, 2012
iv. A call for 2 moderators still needed at this forum
v. Moderator training sessions announced
5. UPDATE ON JOB TASK ANALYSIS

i. Objective – to define our job in terms of what is necessary to perform at a minimally qualified level

ii. Potential Outcome
   a. Define content and domain of examination
   b. Determine training guidelines

iii. Methods
   a. Develop comprehensive list of important work related activities/tasks to describe the scope of the job
   b. Rate the activities / tasks
   c. Determine demographic respondent groups
   d. In the working environment, consider both importance and frequency, how significant is this activity or knowledge to achieve competent and effective performance for the first-year board certified neurologist with entry-level skills.
      I. Example questions
         - perform a neurologic examination on a cat
         - perform and interpret EMG and nerve conduction testing in the horse
         - Understand specific ruminant / food animal disease pathological interpretation
      II. Grading (4=extremely significant; 3=quite significant; 2=somewhat significant; 1=not significant; 0=not performed)

v. Results
   a. 265 tasks created which were knowledge and performance based
      - Tasks across the specialty from basic science to food animal EEG
      - Each task rated by 78 survey respondents (demographics even)
   b. 39 tasks removed based on low mean of frequency and separately of performance
   c. The remaining core tasks rated by committee chairs based on cognitive rating classifications of:
      - Recall (simple fact retention required)
      - Application (fact needs to be explained)
      - Analysis (fact needs to be used to make a judgement)
   d. Exam blueprint can be modified based on these 265 tasks
   e. Currently working on weighting the tasks
   f. Cognitive ratings may be used to amend residency-training guidelines

vi. Call for discussion
   - March: Were committee chairs aware of tasks removed; Platt: yes, all tasks were evaluated, even those below cut off, tasks were still adjusted, still able to determine what is best for specialty
   - Bentley: May also share with people at Brain Camp course; may change how Neuroscience Course will take place and apply to credentialing process
6. REVIEW OF NEUROLGY E-SURVEYS 2011-2012
   i. Knecht Awards
      a. In tribute to Dr. Charles Knecht
      b. $500 award for each of 3 best resident abstract submissions
      c. 68 respondents
         - 64 (94%) in support of 3 awards
         - 56 (82.4%) in support of using neurology funds
   ii. Distribution / Focus of Neurology Funds (currently $88,000, result of Brain Camp and Neurosurgery Course)
      a. 52 respondents
         - Residency grants (63%)
         - Neuropathology online (62%)
         - Examination development (31%)
         - Neurosurgery fellowship (27%)
         - Diplomate grants (20%)
         - Investment (10%)

7. INTRODUCTION TO COMMITTEE REPORTS
   i. Acknowledgements – Dr. Platt acknowledged the service efforts of all committee members and volunteers
      a. All committee posts are currently filled until next May
      b. Completed Committee Reports are posted on-line
   ii. Certifying Examination Committee Report (see Appendix)
      - Chair: Dr. Beverly Sturges (3 y service)
      - Past chair: Dr. Philip March (5 y service)
      - Dr. Stacey Sullivan (4 y service)
      - Dr. Robert Bergman (2 y service)
      - Dr. Curtis Dewey (1 y service) – stepped off for personal reasons
      - Incoming – Dr. Betsy Dayrell-Hart
      a. Overview 2011 Certifying Examination Results
         - 43 Examinees (23 new; 20 repeat)
         - 26 passed (12 new; 14 repeat)

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<tr>
<th>Exam Section</th>
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<td>Clinical Cases</td>
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<td>Pathology</td>
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<tr>
<td>Radiology</td>
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iii. Examination Rating Committee Report *(See Appendix)*  
Chair: John Rossmeisl and listed members

<table>
<thead>
<tr>
<th>Name</th>
<th>Member</th>
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<tr>
<td>Rebecca Windor-Prink</td>
<td>Jon Levine</td>
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<td>Andrew Isaacs</td>
<td>Veronique Sammut</td>
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<td>Sarah Moore</td>
<td>Stephanie Kube</td>
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<td>Michelle Carnes</td>
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<td>Jay McDonnell</td>
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<td>John Rossmeisl</td>
<td>Joan Coates</td>
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<td>Charles Vite</td>
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<td>Don Levesque</td>
<td>Mary Smith</td>
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<td>Phil March</td>
<td>Sandy de Lahunta</td>
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<td>Theresa Pancotto</td>
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<td>Dharshan Neravanda</td>
<td>Helena Rylander</td>
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<tr>
<td>Kerry Bailey</td>
<td>Craig Greene</td>
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<td>Kathryn Wolfe</td>
<td>Jill Narak</td>
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iv. Nominating Committee Report *(See Appendix)*  
Chair: Dr. Julie Ducote; Members: Dr. Stephanie Kube, Dr. Annie Chen, Incoming: Dr. Mary Smith

v. Forum Program Committee Report *(See Appendix)*  
Chair: Pete Dickinson; Members: Heidi Barnes-Heller (Assistant Chair), Ronaldo daCosta

- Resident review was provided by Dr. Dickinson on MRI interpretation  
- SOTA was Dr. Iskandar on Chiari Malformation and surgical neuroendoscopy  
- Neuropathology Course was conducted by Drs. Matiasek and Kornegay  
- Specialty Day Structure will be open for discussion  
- ACVIM agreed that there will be no opposing lecture times during the abstract and SOTA sessions

vi. Residency Training Committee *(See Appendix)*  
Chair: Gregg Kortz; Members: Jason Evans, Jim Lavely

vii. Credentials Committee Report *(See Appendix)*  
Chair: Karen Muñana, Members: Simon Platt (outgoing), Mike Podell, Incoming-Gregg Kortz

viii. Neurosurgery Committee Report – Dr. Olby *(See Appendix)*  
Chair: Dr. Natasha Olby; Members: Heidi Barnes-Heller, Andy Hopkins

- Dr. Olby acknowledged Todd Axlund, Ron Schueler, Bill Bush, and Heidi Barnes-Heller for their support.  
- Four cadaver courses have been administered over the last 18 months at the Oquendo Center.
c. Fifty applications have been reviewed with 49 approved; 10% of the applications undergo a random audit.
d. Dr. Olby also acknowledged the course instructors and the equipment demonstrations.
   - Specialized equipment has been provided for by Synthes, VOI, Codman, Rogue Research, Karl Stortz. Surgical instruments were provided with help of BVNS and SE Veterinary Neurology
   - Invited speakers/instructors have included Drs. Donald Levesque, Nick Jeffery, Billy Thomas, Brigitte Brisson, Curtis Dewey, Simon Platt, Bev Sturges
   - She acknowledged the efforts of the ACVIM office – Kathy Klaus, Leah Gayheart and Nicole Fargborg
e. Future plan is to offer 2 courses per year (Early December and in March or in February and September), add 2 new lecturers per year and continue the courses with 4 to 5 speakers and one of the demonstrators from ACVS or ECVS
f. Other future plans is to explore options for developing a more specialized day for neurosurgical cases, e.g. at ACVS.
g. Review of certificate process with $500 application fee
   - $100 is distributed to the ACVIM Central Office
   - $400 is distributed to the ACVIM Neurology Specialty; so far total $19,600.
h. Long-term goal and options were discussed for neurosurgery pertaining to a neurosurgery fellowship and Neurosurgery Board Certification
   - Neurosurgical Fellowship: require 1-2 years of additional training, research, an examination process, partnership with ACVS. Pros include no requirement for a credentialing process, may increase focus of existing residency; Cons include not being ABVS recognized, difficult to fund.
   - Board Certification in Neurosurgery: ABVS must review and accept, such a certification. Pros are that the certification will be ABVS recognized, an accurate reflection of training and put the neurology specialty at the forefront in neurosurgery; Cons include a large effort to require an additional training program and require an additional training program.
   - Summary of future options include at 2 years of neurology residency program to take the general examination and at 3 years take the certifying examination with direction to take the surgery examination at year 4, do a neurosurgery fellowship, do a neurosurgery certificate
i. Straw Poll of attendees (approximate 70 people)
   - Are people interested in fellowship? – 9 people
   - Are people interested in Board Certification? – 9 people
j. Discussion open to specialty
   - Parent commented on that what happens to the programs that don’t emphasize neurosurgery; consider options for programs that are medical.
   - Bentley provided comments on neurosurgery certificate in that all new residents need to abide by rules and spend time with ACVS diplomates.
8. NEUROLOGY FINANCES
   In the future will be monitored by the Neurology Specialty secretary
   i. Income from Neuroscience Course (Brain Camp), Neurosurgery Course, Neurosurgery Certificate
   ii. Current Balance = Approximately $88,000
   iii. Anticipated Balance 2012-2013 = $120,000
   iv. Any expense over $1,000 needs approval from the membership

9. ACVIM NEUROSCIENCE COURSE 2012
   i. The course will take place July 7-22, 2012 at the University of Georgia College of Veterinary Medicine in Athens, Georgia;
      - Neurosurgery course July 7-8
      - Neuroscience course July 9-13
      - Advanced neuropathology course July 15
      - Clinical Neurology course July 16-20
   ii. Future Courses
      - 2014 in Bologna Italy
      - 2016 Meeting Venue –US intuitions invited to self-nominate

10. NEW COMMITTEES
   i. ECVN Liaison Task Force - A five-member task force has been established to enhance communication between the ECVN and the ACVIM neurology group. The Task Force will meet with the ECVN delegates at the ACVIM Forum and at the ECVN annual meeting in September. The focus will be on understanding each group’s residency training and examination issues. A budget inclusion item is requested for travel of a delegate from the Task Force to the ECVN meeting each year.
      - Charles Vite (Chair); Members – Karen Inzana, Karen Vernau, Ann Kathermann, Katia Marioni.
   ii. Ad Hoc Exam Subcommittee – An ad hoc exam subcommittee has been set up with members including one ‘spokesperson’. The group will be trained to write MCQs that would ease the burden from the exam committee and expand the exam ‘bank’. The group will be directed toward the most important areas of question development based on the exam committee’s input. The committee will receive appropriate training from ACVIM. Dr. Karen Kline will be the spokesperson and other members include Pete Dickinson, Dharshan Neravanda, Ron Schueler, Charles Vite and Curtis Dewey.
   iii. Neurology Specialty Committee Chair Retreat – The specialty will have a retreat to determine a strategic plan for Neurology over the next 3 years on Thursday May 31st 6-10pm. The attendees will be the committee chairs in neurology, the president, secretary and at-large members.

11. ANY OTHER BUSINESs
   i. Ron Schueler related that a letter went out from Western States Veterinary Conference as an apology for an inappropriately worded advertisement in reference to the ACVIM. The ACVIM responded to the advertisement.
ii. Jason Berg commented about the timing of the business meeting and suggested that the pre-forum day consist of lectures; may move the research to the front end of the meeting.

iii. Wayne Berry inquired about separate items on the list serve versus those related to business; Dr. Platt clarified that the list serve is available through VIN, which offers a business and non-business posting option. There is also a resident only list-serve made available last July.

12. MOTION TO ADJOURN

Motion was made by Dr. Platt to adjourn the business meeting at 4:10 PM; the motion was seconded by Dr. Patti Luttgen
APPENDIX

DETAILED COMMITTEE REPORTS

Examination Committee
Members: Bev Sturges (Chair), Stacey Sullivan, Bob Bergman, Curtis Dewey (incoming) Phil March (outgoing).

The Neurology Examination Committee constructed the 2012 examination during examination prep meeting in Denver last November. All five sections of the examination are now finalized and will be administered at the upcoming ACVIM forum in New Orleans, Louisiana. All sections of the finalized board examination were rated by the Examination Ratings Committee. Preliminary pass point data for the multiple choice sections were generated using the Angoff rating process (see Ratings Committee Report).

Based on candidate feedback, individual laptop computers with picture books of digital images accompanying the Clinical Cases, Radiology and Pathology sections of the examination were hugely appreciated. There were no serious complaints relating to image quality. Although we no longer plan to project images for these sections, an LCD projector and screen will be available during the examination this year should there be any issues with the laptops. Hard copies of the exams (including image books) will be provided in the same format as they have been for past examinations.

Members of the Neurology Examination Committee wish to join our president, Simon Platt, in congratulating the college’s new diplomates. Of the 43 candidates who took the 2011 certification examination (23 new and 20 repeat examinees), a total of 26 candidates passed (60% pass rate). Of this group, 12 (52%) individuals were new candidates and 14 (70%) individuals were retaking one or more sections of the examination. Using the revised exam rating process introduced by the ACVIM this year, the pass point for the multiple-choice exam was set at 56%. This pass point is lower than the pass point for the multiple choice exam in 2010 although it is more in keeping with the historical range of pass points of 48-55% (mean 53%). The pass point for each practical section was 75%. Candidates in general performed well on the practical sections of the exam, with pass rates for these exam sections ranging from 68-78% (mean 73%). More specifically, percentages of candidates passing the practical sections of the exam were as follows: 78% for electrodiagnostics, 68% for clinical cases, 72% for pathology, and 74% for radiology.

The overall candidate pass rate was similar to the historical mean and median pass rates for the period for the past 10 years (2001 to 2011). However, the mean and median pass rates were noticeably lower in the Clinical Cases and Multiple Choice sections this year (2011). See table below.

<table>
<thead>
<tr>
<th>Exam Section</th>
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<td>Electrodiagnostics</td>
<td>78</td>
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With the increasing number of candidates taking the Certifying Examination, the examination committee was increased in size this year from 4 members to 5 members to facilitate exam construction, administration and grading. To accommodate this, Dr. Phil March, the scheduled outgoing committee person, remained on the committee this year. The exam committee tenure is now 5 years, with the 3rd year being the chairmanship year. Dr. Curtis Dewey joined the committee this year and his input was greatly appreciated at the exam prep meeting in November. However, he has chosen to step down from the committee because of personal reasons that preclude him from being able to meet the responsibilities of the committee at this time. He will continue to serve the examination process by his input on the examination question-writing subcommittee. Dr. Betsy Dayrell-Hart will be replacing Curtis on the exam committee, and thus, will serve a 4 year tenure. The newest (5th) committee member has not yet been determined.

During my tenure on the examination committee for the past 3 years, it has not been possible for the committee members to generate the entire examination at the time of the prep meeting. This leaves a large amount of work in the hands of the committee chair and does not promote the desired amount of input from the entire committee on all questions of the examination. There appears to be several factors driving this problem including a) lack of agreement between committee members on the content and degree of difficulty of the examination questions in all sections of the exam; b) lack of materials/questions, inappropriate materials/questions and/or poorly constructed questions submitted by members outside of the exam committee; c) lack of an adequate bank of questions coupled with a lack of time for committee members to generate the number of new questions needed each year. To solve some of these issues, an exam question-writing committee was suggested as a way helping to improve the quality of submitted questions and to alleviate some of the question-writing responsibilities of the exam committee members. Dr. Simon Platt has appointed a subcommittee of 6 ACVIM board certified members of the college who will go through the exam question-writing training webinar with Steve Nettles. This committee will serve to construct questions for the yearly examination as well as build up question banks. The 2012 exam question-writing subcommittee members include: Peter Dickinson, Darshan Neravanda, Charles Vite, Ron Schuler, Curtis Dewey and Karen Kline. Dr. Kline will lead this subcommittee and will liaise with the chair of the exam committee. Tenure on this committee will be 3 years.
Examination Rating Committee
Chair: John Rossmeisl. Members: Drs. Rebecca Windsor-Prink, Andrew Isaacs, Sarah Moore, Michelle Carnes, Jeff Clarke, Christina Wolfe, Sheila Carerra-Justicz, John Rossmeisl (Chair), Jon Levine, Veronique Sammut, Stephanie Kube, Dominique Pacquette, Gena Silver, Laurent Cauzinille, Jay McDonnell, Joan Coates, Charles Vite, Don Levesque, Patti Luttgen, Mary Smith, Sandy deLahunta, Philip March, Theresa Pancotto, Peter Brofman, Helena Rylander, Craig Greene, Dharshan Neravanda, Kerry Bailey, Jill Narak, and Kathryn Wolfe.

It was decided that the outgoing certification examination chairperson would assume responsibility for chairing the rating committee beginning in the year 2013, with Dr. Rossmeisl serving as the initial committee chair from 2011, the year of the committee’s inception, through 2012. Based on consultation with a statistician employed by ACVIM from Applied Management Professionals (AMP), the rating committee would ideally be composed of at least 16 members to allow for adequate validation and statistical assessment of the rating process, and the 2011 committee consisted of 21 Neurology Diplomates. Due to some prior problems among members of the 2011 committee completing the rating objectives in a timely fashion, a call was placed to the Neurology subspecialty over the listserv in February of 2012 asking for additional rating committee volunteers with the intent of expanding the committee to 25-30 members. Ten Diplomates responded to this voluntary call for service. Drs. Rossmeisl and Platt discussed and decided on the final composition of the committee by selecting members representing private and academic practice, and by including Diplomates with wide ranging levels of experience and content areas of expertise.

• This year, there were no opportunities for new rating committee members to participate in the 90 minute webinar-based training in the Angoff method of rating of the minimally qualified candidate led by AMP statisticians. The training materials provided by AMP during the previous 2011 webinar experience were distributed to new committee by the rating committee chair, AMP representatives, and were available for review upon request through the ACVIM office. This year, the committee was charged with rating the multiple choice (MC) and all practical sections of the exam. Angoff rating of the MC section was done via secure website maintained by AMP. Each member of the rating committee was given 4 weeks to individually log-in and complete the MC process. Because of the predominantly short answer format of the practical sections and associated need to review images, the rating of this section this section was completed using the traditional ACVIM format remotely via a secure website maintained by ACVIM.

• 22/31 members of the committee completed the Angoff MC rating by the specified deadline of March 23, 2012;

• 20/31 members of the committee completed the practical section rating by the specified deadline of March 23, 2012;

• 6/31 members did not compete any portion of the rating by the specified deadline.

Preliminary Results from the 2012 Rating Process: The rating committee and the current certification examination chairperson, Dr. Bev Sturges, met via webinar with AMP statisticians on May 1, 2012 to review and discuss the results of the Angoff rating process and ultimately determine a pass-point for the MC examination. Statistical anomalies were generated during the rating process for 38/100 of the MC questions. Discussion of problematic questions resulted in resolution/clarification for 36/38 of the problematic
questions. During the Angoff rating process, only one question (#82; double keyed) was
determined to be unacceptable by the rating committee. The preliminary analysis of the MC
rating generated a raw mean cut score (ie raw pass point) of 67% (low end of 95% CI, 61.5%). However, these pass point data are subject to additional pending analysis by AMP
and ultimately ACVIM BOR review and approval. The quantitative as well subjective and
qualitative rating data submitted to the ACVIM from the committee concerning the practical
sections of the exam was not yet summarized by ACVIM and returned to the Rating
Committee at the time this report was due. However, a recurrent theme from solicited
subjective comments from raters submitted to the chair of the committee indicated that
image quality on some portions of the practical examination, particularly the radiology
section, was suboptimal.

Distribution of Effort and Action Timeline:
Currently, all committee business is handled through e-mail, telephone calls, and AMP
facilitated webinar-based training programs. The majority of the service responsibilities
occur from February-May, with this year’s sequence of events occurring as follows.
• January - the committee chair sends out a call to all Diplomates for volunteers to replace
  outgoing members; the composition of the committee is finalized after discussion with the
  Neurology President.
• February/March - new committee members attend 90 minute webinar sponsored by AMP that
  introduces and reviews Angoff method of rating. The webinar is offered twice during this
  period. I am unsure as to when or what the future webinar training schedule will be; this is
  coordinated through ACVIM/AMP
• March/April - all committee members log-in to secure websites to individually complete rating
  process. The committee chair sends e-mail reminders about rating deadlines to committee
  2 weeks, 1 weeks and 1 day before established deadline.
• May - the rating data generated by the committee is analyzed by the AMP, and the
  committee convenes via webinar to discuss the results and ultimately recommend as pass
  point to the certification examination committee. The committee chair prepares annual
  report and forwards to Neurology President.
• June - the committee chair presents an annual report at the Neurology Specialty Business
  Meeting

Rating Committee Issues
• Training regarding the approach and application of the Angoff method needs to be available
  to new committee members each year. Several committee members commented on how
  their unfamiliarity with the method affected their ability to effectively rate the examination.
• What is the mechanism by which the rating committee will receive and review the practical
  sections of the exam not subjected to Angoff rating in a timely fashion before the exam?
• Establish some sort of auto-tracking mechanism so that rating committee chair or other
  administrators can tell who has completed webinars/rating (and when) so that reminders
  can be sent individually and confidentially, and if necessary, alternates recruited to finish
  the process.
• There needs to be some opportunity for discussion among the committee members regarding
  an approach to statistically problematic questions that would ideally occur before the
  meeting with the AMP statistician. This would allow for a more rational modification of
  ratings based on group consensus, rather than by putting outlying raters “on the spot”
  during the webinar.
Nominating Committee
Chair: Julie Ducoté, Members: Stephanie Kube, Annie Chen
Dr. Chris Mariani rotated off of the committee last year and was replaced by incoming member Dr. Annie Chen.

There were no open officer positions in the College this calendar year.

- The committee was asked to review applications for the first annual Knecht Resident Awards. Nine applications were submitted, and all of the applicants had impressive qualifications. Three third year residents were selected to receive these awards: Dr. Kara Foss (Ohio State), Dr. Michaela Beasley (Mississippi State), and Dr. Kendra Mikoloski (Tufts).

Neurology Forum Committee
Chair: Pete Dickinson
Members: Heidi Barnes-Heller (assistant chair), Ronaldo daCosta

Pre Forum:
Following the success of previous pre-forum meetings, the committee tried to maintain the quality of the material presented and to continue the theme of having clinical trial updates as a major component of the meeting. An attempt was also made to continue to involve speakers from outside the specialty. Clinical trial updates will include:

- Stereotactic radiosurgery (UC Davis Dr Michael Kent, radiatio oncologist)
- Implantable EEG monitoring devices (Doug Sheffield, Neurovista Co)
- Viral suicide gene therapy trial (UC Davis P Dickinson)
- Cetuximab trial (UGA S Platt)

Dr. Duncan will be the SOTA speaker, which should be an entertaining and excellent session, bridging clinical and basic neuroscience research. The resident review session will be on MRI interpretation and pattern recognition by Dr. Dickinson. A significant portion of this will relate to neurooncology, and an invitation to the oncology residents was made so that they could also attend the review.

Main Forum:
As in most years, there is insufficient material to have a single focus, however there is a significant contribution in the areas of neurodegenerative disease and genetic characterization of neurological conditions. The SOTA speaker is Dr. Iskandar, who will be presenting talks on Chiari malformations, and surgical/neuroendoscopy in the treatment of this condition. Scheduling enough high quality talks has been a challenge this year, and the committee is very grateful for all the contributors, particularly those that volunteered at the second call for presentations. The committee has put forward 2 recommendations to the main forum committee relating to scheduling:

1) To discontinue the practice of scheduling parallel streams of Neurology talks. This has been done previously due to a perceived desire for “choice”. However the small size of the specialty means that this puts a large amount of pressure on a limited submission pool, and an informal poll suggests most specialists are frustrated with missing talks and do not see the “choice issue” as a problem. This issue was a major problem this year.
2) We are fortunate this year that Dr. Matiasek is chairing a neuropathology interactive session. The interactive sessions are scheduled independently from the Neurology Forum committee, and the committee requested that neurology interactive sessions are discussed with the specialty committee so that duplication and scheduling clashes are avoided if possible.

The main forum committee generously agreed to alter the general format of the Neurology program this year which was necessary to allow certain persons to move their talks after they were not happy with the time slot that was designated to them. This was done only in the face of a minimal number of submitted talks and concerns about inability to fill the schedule. The committee strongly requests that people do not submit any presentations unless they are prepared to talk at any point during the conference.

**Residency Training Committee**
Members: Gregg Kortz (chair), Jason Evans, Jim Lavely
The committee reviewed 1 new residency program prior to and 4 new programs after the March 1, 2012 annual review deadline.

<table>
<thead>
<tr>
<th>Program &amp; Year</th>
<th>Academic vs Private</th>
<th>Traditional Programs</th>
<th>Non-traditional Programs</th>
<th>Multiple Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 - 2012</td>
<td>28 Academic</td>
<td>28</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>14 Private</td>
<td>13</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>39 - 2011</td>
<td>27 Academic</td>
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<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>12 Academic</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- 3 Programs that missed the March 1, 2012 deadline – all eventually submitted updates for review
- 28 Programs that responded to the call for additional information request
- 7 Programs that will respond in the future
- 5 Programs that didn’t respond at all
- 3 Programs that decided not to renew

**Issues That Need Further Discussion for Modification**
Provide more definitive guidelines on CE such as Brain Camp (Neuroscience meeting), and seminars that will count toward training.
To establish a single deadline date for submission of applications for new programs
Facilitate more interaction and provide a web-based system that allows the RTC and CC to share detailed information and allows for a check-balance system between the 2 committees to confirm that residents have meet requirements per there prescribed approved programs
Consider merging the RTC with the CC for improvement of communication

Credentials Committee
Members: Karen Muñana (Chair), Members: Simon Platt; Mike Podell

19 candidates submitted credentials in October 2011. Ultimately credentials from all 19 of these candidates were approved. At the time of submission, 6/19 applications required additional information or clarification, which was provided in all cases. Of all credentials submissions, 1/19 was approved outright, and 18/19 were conditionally approved pending completion of all requirements. At the present time, 12 applications are completely approved, with completion letters pending in 7 applications.

This year’s credentials review utilized the forms that were implemented last year to provide for improved documentation of the residency requirements. These forms include a revised weekly schedule with separate recording of direct and indirect supervision, and a document that is sent to all candidates after credentials are reviewed confirming which requirements have been fulfilled and which are still outstanding. Documentation of completion of all requirements is required before ACVIM certification can be awarded.

Based on the new section D of the GIG, all residents are required to have 80 hours of journal club during their training program. Residents are being asked to document these hours on their weekly log. A change to the GIG is proposed that would detail the journal club requirement in the Neurology section of the document.

The recently approved revisions to the research requirements will come into effect for candidates who submit their credentials in November 2012. New requirements state that “The resident must complete a basic science or clinical research project that follows the scientific method approach and meets approval of the resident advisor. Suitable projects can be either retrospective or prospective in nature. Review articles, case reports and case series involving less than 5 animals are not acceptable for fulfilling this requirement.” Supervising diplomates should be aware of these requirements, and assist their residents in selecting appropriate research projects.

Neurosurgery Committee
Members: Natasha Olby (chair); Heidi Barnes Heller, Andy Hopkins.

Over the last year, the efforts of the neurosurgery committee have been focused on enacting the Neurosurgery Certificate of Training. This has involved running four Advanced Techniques in Neurosurgery courses at the Oquendo Center in Las Vegas, and reviewing applications as they have been submitted. Everyone who expressed a desire to take the neurosurgery course as a route to completion of the Neurosurgery Certificate of Training has now had the opportunity to do so. The neurology specialty has purchased 13 basic surgical kits with the help of BVNS and SE Veterinary Neurology and these are stored at the Oquendo Center. The more specialized equipment has been provided by Synthes, VOI, Codman, Rogue Research and Karl Stortz. In particular, Synthes and VOI have provided the equipment that allows the course to
take place. Each course has had 4 or 5 speakers and demonstrators with at least one speaker from ACVS or ECVS present. The speakers have included Drs. Donald Levesque, Nick Jeffery, Billy Thomas, Brigitte Brisson, Curtis Dewey, Simon Platt and Bev Sturges. Feedback from the course has been very positive, with participants enjoying the chance to interact and compare notes with other neurosurgeons. Registration, hotel and Oquendo center booking, coordination of sponsors, preparation of notes etc has been handled by the Kathy Klaus and Leah Gayheart from the ACVIM central office. Based on feedback from people who would still like to take the course, and the number of residents currently in programs, we plan to offer two courses a year. The second course for this year is in December, but we hope to hold them regularly in February and September.

The committee has reviewed 49 applications for the Neurosurgery Certificate of Training. As described in the certificate, 10% of the submissions are being audited – the applications were selected for audit by the ACVIM central office using an online randomizer. This process will be repeated every six months: certificates will be issued twice a year approximately one month after the two neurosurgery courses.

Now that we have the certificate established, future plans will include exploring further collaborations with ACVS, development of more specialized one-day neurosurgical courses, and continued development of neurosurgery within our specialty. We are very grateful for the efforts of the ACVIM office, in particular Kathy Klaus, Leah Gayheart and Nicole Farborg for their help in organizing the courses and processing all the certificate applications.