

Neuroimaging Fellowship FAQs

Subspecialty field:

Neuroimaging

What accreditation is available for fellowships (ACGME, UCNS, other) in this subspecialty field?

United Council of Neurological Subspecialties (UCNS)

Is board certification available in this subspecialty? If so, through which agency (ABPN, UCNS, other)?

Yes, UCNS

Does completion of this fellowship typically expand the scope of the subspecialist's hospital credentials (added credentials for performing procedures, interpreting studies, etc)?

Being certified in Neuroimaging by the UCNS provides a strong proof to hospitals Credentials committees that the certified neurologist has expertise in Neuroimaging, beyond the expertise of general neurologists. This expertise extends to reading CT and MRI studies of the head and spine, as well as nerve and muscle. Information that may help the Credentials Committee includes that UCNS certification in Neuroimaging is accepted by the Intersocietal Accreditation Commission (IAC) to become Medical Director of an MRI facility dedicated to the study of neurological disorders. The Centers for Medicare and Medicaid Services (CMS) accept IAC guidelines.

Furthermore, depending on the training, the fellow may document expertise with molecular imaging of the brain using positron emission tomography (PET) or single photon emission computed tomography (SPECT).

Is completion of a fellowship typically necessary in order to achieve a subspecialty-focused practice in an academic practice or a large neurology group practice?

While non-fellowship trained neurologists with an interest in neuroimaging may read CT and MRI, it is becoming customary for neurologists seeking to do so within an academic medical center or sizeable group practice of neurologists to be certified by the UCNS (or, if they took the ASN exam before 2007, by the ASN).

What type of cases do you see?

Neuroimaging is used in the workup of many different types of patients, with diseases of the brain, spinal cord or peripheral nervous system.

What is the typical minimum duration of a fellowship in this field? Can it be completed on a part-time basis? At least 1 year, which could be completed on a part-time basis. Opportunities for additional years to be spent performing research may be available. So long as one full year is dedicated to Neuroimaging, a Neuroimaging fellowship could be combined with another fellowship. For instance, in 2 years, a fellow could complete a fellowship in Neuroimaging and a fellowship in Cognitive Neurology, Stroke or Epilepsy. They do not have to be sequential, they can be interspersed.

How are fellowship positions obtained- match or hospital based? How far in advance should inquiries be sent to the program to ensure a candidate's consideration? Are there prerequisites beyond completion of a Neurology residency?

There is no match for fellowships in neurology. Inquiries should be sent by mid-spring to early autumn (of the PGY3 or PGY4 year). A late application is always worth sending because a position may not have been filled. Most programs require an email explaining your interest in the field and in their program in particular, 3 letters of recommendation from clinical faculty in your residency program or other faculty who has worked with you, and a copy of your current CV.

Successful completion of a neurology residency is required before beginning the fellowship.

Direct applications go to the fellowship coordinator or program director. Applications begin in the spring about 15 months before the start date, and decisions are made about six months before start date.

What are the principal clinical exposures and clinical responsibilities that would be common to fellowships in this discipline?

Unlike Neuroradiology, which is a subspecialty of Radiology, Neuroimaging, a subspecialty of Neurology, is best learned integrating patient clinical information with their imaging data. Fellows rotate through various clinical services (stroke, epilepsy, MS, neuro-oncology, neurodegenerative disorders, etc), where fellows play a major role in the interpretation of CT, MRI and, if relevant, PET or SPECT. Alternatively, some training programs may choose to have their fellows spend all their time reading images. However, the correlation with clinical outcomes, neurosurgical and neuropathological findings is critical for the fellows' experience.

Under supervision and progressively more independently, the fellow reads and dictates or writes a number of imaging cases on a daily and weekly basis; the exact number is defined with the fellowship director.

Do faculty from outside Neurology typically participate in training? From which other specialties?

Physics, Nuclear Medicine, Neuropathology, Bioengineering. Radiology faculty are welcome but may encounter difficulties from their professional societies.

Please provide a brief overview of the rotations a typical fellowship involves. Are there rotations required by accrediting bodies?

No distinct Neuroimaging rotations are required for accreditation; they should provide a varied patient base with a frequency similar to that in most clinical sites. Neuroimaging rotations are highly program specific. Some programs provide research rotations.

In your opinion, what are important qualities to look for in selecting a fellowship program in this field?

Most important is patient variety so that the fellows may study disorders that complement those already studied during residency. Most programs have PACS systems that allow the fellow to review current and past patient images. All of them will have access to extensive and well-organized rare image files, which used to be called "teaching files."

The quality of the faculty is another important consideration. It can be gauged by, among other factors, their publication record. Every field of medicine has practitioners with diverse perspectives on management strategies and "hot topics" in the field. It is useful to be exposed to multiple viewpoints during training, so it benefits a program to have more than one faculty involved in the fellowship training program.

What are the most important words of advice you have for a neurology resident considering a fellowship in the subspecialty field?

Neuroimaging requires processing of images. Is this something you like to do and, from your experience during residency, you do well?

To be skilled in Neuroimaging you do not need to abandon another subspecialty of Neurology, both can be made compatible. Neuroimaging is a great tool to study the nervous system.

Is there a professional society specific to this subspecialty? Website:

American Society of Neuroimaging (ASN). Website: www.asnweb.org

Recommended web based resources for further information and searching for fellowship positions:

www.asnweb.org – Listing of, and information about accredited programs.

<https://www.ucns.org/apps/directory/> - Listing of UCNS-approved fellowship programs