

**NCTAC**

**Neurocritical Care Trauma Advisory Committee  
RULES AND REGULATIONS UNDER SNS/CAST**

**July 1, 2023**

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# **RULES AND REGULATIONS:**

## **Neurocritical Care and Trauma Advisory Committee (NCTAC)**

### **INTRODUCTION**

The Neurocritical Care and Trauma Advisory Committee (NCTAC) is a multidisciplinary council, duly organized under the auspices of the Society of Neurologic Surgeons (SNS) and one of its standing committees, the Committee for Advanced Subspecialty Training (CAST). The principal office of NCTAC will be that of the SNS in Park Ridge, IL.

NCTAC has a close working relationship with (and considerable if not complete overlap in its membership with) the ABNS Neurocritical Care Advisory Council ("NCCAC"). The NCTAC and NCCAC interrelationship was organized under the auspices of the American Board of Medical Specialties (ABMS) and one of its member boards, the American Board of Neurological Surgery (ABNS). This working relationship facilitates individual practitioner recognition of their participation in the Focused Practice of Neurocritical Care.

### **ARTICLE I. PURPOSE(S)**

As stated in the CAST committee's Charter filed in the SNS Secretary's office, the purposes for which NCTAC (and NCCAC) are organized are:

- (1) to promote excellence in Neurocritical Care and Neurotrauma through the development of guidelines and standards for training programs
- (2) to ensure that candidates seeking participation in "recognition of focused practice" by their respective ABMS Boards (the ABNS, etc.) have received appropriate high-quality training including all in-training requirements and practice assessments.

More specifically, NCTAC will be responsible for:

- (1) the development and updating of subspecialty training requirements for neurosurgery residents and for subspecialty fellowships in both neurotrauma and neurocritical care.
- (2) Assisting with the development of the final criteria and mechanisms by which CAST fellowship graduates and practitioners are eligible to receive recognition of focused practice in neurocritical care by their respective ABMS board, as well as continuation of their certification over time.
- (3) The study and analysis of outcomes relative to neurotrauma and neurocritical care training and when necessary, develop and monitor programs for quality of education and the impact on neurosurgery and other residency training programs.

## **ARTICLE II. OVERSIGHT AND GOVERNANCE**

Section 1. Affiliation with Neurological Surgery: The Committee on Advanced Subspecialty Training (CAST) of the SNS founded NCTAC as an advisory committee. NCTAC shall therefore structure its organization, programs, and activities to advance excellence in subspecialty training and practice of Neurocritical Care and Neurotrauma by qualified individuals from Neurological Surgery and other appropriate disciplines.

Section 2. CAST oversight. In keeping with the committee's origins and continued affiliation with CAST, the advisory committee shall operate at all times under the oversight of CAST, as delegated by the Executive Committee of the SNS, and the ABNS. The purpose of the oversight function is to monitor the committee's activities so as to assure that they conform with generally accepted principles of the ABMS Boards.

The CAST Chair and Chair Elect, as well as the CAST member assigned to Neurocritical Care Trauma shall attend and participate in all NCTAC meetings. The CAST Chair and Chair Elect shall:

- (a) keep a register of the post office and email addresses as well as the telephone access numbers of each member of the Committee, for use by NCTAC as well as by the SNS, CAST, and NCCAC.
- (b) keep the minutes of all NCTAC meetings (or provide for provisions of such) so as to assure that all meetings and activities are carried forth in accordance with the provisions of these Rules and Regulations
- (c) be the custodian of the committee records. Any member of NCTAC, CAST or an ABMS Boards or their delegate/agent/attorney may inspect these records for any proper purpose at any reasonable time.

CAST shall be responsible for approving all appointments to NCTAC. As it deems appropriate, CAST may also ask the ABNS to clarify, investigate, or rectify decisions, policies, activities, and/or public statements which, in the judgment of CAST, could threaten the reputation and good name of NCTAC or which appear to contradict these Rules and Regulations.

## **ARTICLE III. COMMITTEE MEMBERSHIP**

Section 1. Requirements for NCTAC Membership. Each NCTAC member shall be a Neurocritical Care practitioner in good standing as determined by CAST with a defined Neurocritical Care credential (Recognition of Focused Practice credential, UCNS certificate) in this subspecialty discipline.

Section 2. Number of Committee Positions. Three constituent organizations contribute equally to committee membership, including the:

- (a) Joint Section of Neurotrauma and Critical Care (JSNTCC) of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS),
- (b) Society of Neurological Surgeons (SNS), and
- (c) Neurocritical Care Society (NCS).

The committee shall have nine members, three from each association. Each may also have one alternate member. In response to major expansions or contractions in the size of NCTAC, CAST may choose to increase this number in the future, while maintaining relative numerical balance among the constituent organizations.

NCTAC representation by current or past members of the former CAST Neurocritical Care Fellowship Review Committee, the NCS, and the JSNTCC is desirable, so as to maintain familiarity with current practice and requirements for neurotrauma and neurocritical care. Prior members, scholars, and examiners for the American Board of Neurological Surgeons (ABNS) provide experience and insight into current training programs and the principles of the accreditation and certification processes.

### Section 3. Selection and Appointment.

The CAST Chair or Chair Elect and NCTAC Chair will solicit nominations to fill existing/prospective vacancies on the Committee from NCTAC members and the three constituent organizations. CAST will then approve an individual from the list of candidates to fill each vacancy.

Section 4. Tenure. All newly appointed members serve for two years, with one possible two-year renewal (a total of four years) unless their appointment was made to fill an unexpected vacancy. Once approved, they may begin attending meetings immediately as part of the preparation process. The nominee will become a NCTAC member beginning in January of the year following their nomination approval, and their term will continue until the adjournment of the last meeting of the final year of the said term.

The terms of service for members will be staggered so that the number of terms that expire each year is generally uniform and limited to a minority of committee positions. To maintain continuity of the group and its processes and at its own discretion, CAST may add additional “ad hoc” members, especially during periods of transition. Terms for reappointment to NCTAC follow the same provisions that govern the selection and appointment of new members. CAST may choose to alter the specific limits on terms of service at its own discretion, so long as the same limits apply equally to all subspecialty disciplines.

Section 5: Officer(s): By consensus of its membership, NCTAC will name a “Chair” that will work with CAST leadership to set the time, place, and agenda for all regular and special NCTAC meetings. This individual serves in that role for two years, after which another individual from the three representative specialties will assume that position. This individual will assign reviewers of candidates and programs so as to make sure all specialties have equal access and information to discuss all candidates and program applications, and to participate in their approval or denial. The Chair will also gather and lead discussions regarding issues that arise before the Committee and strive to achieve a consensus viewpoint from all specialties within the group. The NCTAC Chair will regularly attend CAST meetings for the purpose of coordinating activities of the advisory committee and the overarching goals of CAST. Other NCTAC officers or subcommittee appointments may become necessary as the activities of the committee become more established and complex.

Section 6. ABMS communications: Each NCTAC member may communicate freely with their respective primary ABMS board to provide information about the Committee’s activities and processes.

Section 7. Compensation. Members shall not receive any stated salaries for their service, but nothing herein shall preclude members from receiving compensation for out-of-pocket expenses incurred and authorized by CAST or their respective ABMS Board.

## **ARTICLE IV. MEETINGS OF THE COMMITTEE**

Section 1. Annual Meetings. NCTAC will have two regularly scheduled annual meetings held with/appended to NCCAC meetings. The two meetings consist of a new cycle review meeting in the spring and an annual report cycle review meeting in the fall. Meeting notices shall be forthcoming to all committee members at least 30 days in advance.

Section 2. Other Regular Meetings. NCTAC may hold other meetings at whatever intervals and locations deemed appropriate and essential. At its discretion, NCTAC may also choose to conduct one or more regular meetings by conference call or videoconference.

Section 3. Special Meetings. Special meetings of NCTAC may be called at appropriate locations and times, as directed by the urgency of the issue prompting the meeting.

Section 4. Quorum. A majority of the NCTAC members shall constitute a quorum for the transaction of business at any NCTAC meeting.

Section 5. Manner of Acting. A quorum must be present for any official NCTAC meeting. The act(s) of a majority of the members present at a meeting represent an official act of the committee. Any proposed committee actions will generally be debated until a consensus is reached amongst the representatives of the three-subspecialty groups.

The initial Rules and Regulations of NCTAC were submitted to the SNS Executive Committee on December 1, 2018, and approved on May 18, 2019. These have been revised to reflect the evolving relationship between NCTAC and CAST. These were updated July 1, 2023, to align with changes to CAST Charter.