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Headache Medicine Program Requirements

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Headache Medicine Program Requirements

The common program requirements are standards required of accredited programs in all UCNS subspecialties. They are shown in **bold** typeface below. Requirements in regular typeface are defined by each subspecialty.

I. Introduction

- A. Headache Medicine is a subspecialty concerned with the diagnosis and treatment of head and face pain. Its scope includes the diseases or categories of disease causing central and peripheral disturbance of structures or functions causing head and face pain and includes both primary and secondary disturbances of these structures or functions. Consequently, affected patients may present for clinical care in multiple specialty areas including primary care, such as family practice, general internal medicine, and specialty care, including, but not restricted to neurology, neurosurgery, otolaryngology, physical medicine and rehabilitation, oromaxillofacial surgery and psychiatry. For these disease management areas, the practitioner of Headache Medicine is often the principal care physician and may render all levels of care commensurate with his or her training.
- B. The purpose of the training program is to prepare the physician for independent practice of Headache Medicine. This training must be based on supervised clinical work with increasing responsibility for all types of patients presenting with head and face pain including outpatients and inpatients.
- C. The program must require its fellows to obtain competencies in the six areas defined by the Accreditation Council for Graduate Medical Education (ACGME). It is the responsibility of the program to provide precise definitions of specific knowledge, skills and attitudes, as well as education opportunities in which the fellow may demonstrate competence in those areas.

II. Institutional Support

There are three types of institutions that may comprise a program: 1) the sponsoring institution, which assumes ultimate responsibility for the program and is required of all programs, 2) the primary institution, which is the primary clinical training site and may or may not be the sponsoring institution, and 3) the participating institution, which provides required experience that cannot be obtained at the primary or sponsoring institutions.

A. Sponsoring Institution

1. **The sponsoring institution must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), and meet the current ACGME Institutional Requirements. This responsibility extends to fellow assignments at all participating institutions. The sponsoring institution must be appropriately organized for the conduct of graduate medical education (GME) in a scholarly environment and must be committed to excellence in both medical education and patient care.**
2. **A letter demonstrating the sponsoring institution's responsibility for the program must be submitted. Such a letter must:**
 - a. **confirm sponsorship of the training program,**
 - b. **state the sponsoring institution's commitment to training and education, and**
 - c. **be signed by the designated institution official of the institution as defined by ACGME.**

B. Primary Institution

1. **Assignments at the primary institution must be of sufficient duration to ensure a quality educational experience and must provide sufficient opportunity for**

continuity of care. The primary institution must demonstrate the ability to promote the overall program goals and support educational and peer activities.

2. A letter from the appropriate department chair(s) at the primary institution must be submitted. Such a letter must:
 - a. confirm the relationship of the primary institution to the program,
 - b. state the primary institution's commitment to training and education, and
 - c. list specific activities that will be undertaken, supported, and supervised at the primary institution.

C. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignments at participating institutions must be of sufficient duration to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the overall program goals and support educational and peer activities.
3. If a participating institution is used, a participating institution letter must be submitted. Such a letter must:
 - a. confirm the relationship of the participating institution to the program,
 - b. state the participating institution's commitment to training and education,
 - c. list specific activities that will be undertaken, supported, and supervised at the participating institution, and
 - d. be signed by the department chair of the participating institution.

III. Facilities and Resources

A. Each program must demonstrate that it possesses the facilities and resources necessary to support a quality educational experience.

1. A headache center (clinic) must be designed specifically for the management of headache patients.
2. Adequate allied health staff and other support personnel must be available.
3. There must be a minimum of 200 patients per fellow per year for evaluation under faculty supervision. This must include a variety of chronic, acute, outpatient and inpatient headache patients.
4. The fellow must have adequate resources and infrastructure support including:
 - a. Laboratory facilities
 - b. Imaging facilities
 - c. Psychiatric consultation
 - d. Psychological services
 - e. Medical record keeping
 - f. Procedural pain clinics
 - g. Dental and oromaxillofacial clinics
 - h. Infusion therapies
5. Library facilities, computer/internet access, and space for research and teaching conferences in Headache Medicine.
6. There must be access to consultation from all other disciplines involved in Headache Medicine.

IV. Faculty and Personnel

The faculty of accredited programs consists of: 1) the program director, 2) core faculty, and 3) other faculty. Core faculty are physicians who oversee clinical training in the

subspecialty. The program director is considered a core faculty member for the purpose of determining the fellow complement. Other faculty are physicians and other professionals determined by the Subspecialty to be necessary in order to deliver the program curriculum. The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate durations of appointments for the program director and core faculty members are essential for maintaining such an environment. The duration of appointment for the program director must provide for continuity of leadership.

A. Program Director Qualifications

- 1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and he or she should be a member of the faculty or medical staff of the primary institution.**
- 2. The program director must:**
 - a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field,**
 - b. be certified by ABMS or RCPSC specialty,**
 - c. possess a current, valid, unrestricted, and unqualified license to practice medicine in the state or province of the program, and**
 - d. be certified, and maintain certification, in headache medicine by the UCNS¹.**

B. Program Director Responsibilities

- 1. The program director must:**
 - a. oversee and organize the activities of the educational program in all institutions participating in the program including selecting and supervising the faculty and other program personnel at each participating institution, and monitoring appropriate fellow supervision and evaluation at all participating institutions,**
 - b. prepare an accurate statistical and narrative description of the program as requested by the UCNS as well as update the program and fellow records annually,**
 - c. ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the institutional requirements,**
 - d. monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction, and**
 - e. obtain prior approval of the UCNS for changes in the program that may significantly alter the educational experience of the fellows. Upon review of a proposal for a program change, the UCNS may determine that additional oversight or a site visit is necessary. Examples of changes that must be reported include:**
 - 1) change in the program director,**
 - 2) the addition or deletion of sponsoring, primary, or participating institution(s),**
 - 3) change in the number of approved fellows, and**
 - 4) change in the format of the educational program**

¹ This requirement will not be imposed until after the expiration of the subspecialty's practice track.

C. Core Faculty Qualifications

- 1. Each core faculty member must:**
 - a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field,**
 - b. be currently certified in a primary ABMS or RCPSC,**
 - c. possess a current, valid, unrestricted, and unqualified license to practice medicine in the state or province of the program, and**
 - d. be appointed in good standing to the faculty of an institution participating in the program.**
- 2. The core faculty must include at least one neurologist. The neurologist may also be the program director.**

D. Core Faculty Responsibilities

- 1. There must be a sufficient number of core faculty members with documented qualifications at each institution participating in the program to instruct and adequately supervise all fellows in the program.**
- 2. Core Faculty members must:**
 - a. devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities,**
 - b. evaluate the fellows whom they supervise in a timely manner, and**
 - c. demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities.**

E. Other Faculty

1. In programs not situated in a department of neurology, evidence should be provided that demonstrates appropriate neurological training in the evaluation and management of patients with headache.
2. A clinical psychologist should be available.
3. Qualified physicians with expertise in Headache Medicine must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching fellows in Headache Medicine must possess expertise in the care of patients with acute, chronic, primary and secondary headache.
 - a. Expertise often crosses specialty boundaries. Thus the program will include faculty from other ABMS-recognized medical specialties.
4. Administrative support must be provided.

V. Fellow Appointment

A. Duration of Training

1. The minimum length of training will be 12 contiguous months.

B. Eligibility Criteria

- 1. The fellow must possess a current valid and unrestricted license to practice medicine in the United States or Canada or its territories.**
- 2. The fellow must be a graduate of a residency program in neurology or other specialties accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC).**
- 3. The fellow must be board certified or eligible for certification in a primary ABMS or RCPSC specialty.**

C. Minimum Number of Fellows and Fellow Complement

1. The minimum number of fellows to be trained is one.
2. The fellow complement is the number of fellows allowed to be enrolled in the program. There must be at least 1 core faculty member for every 2 fellows.

VI. Educational Program

A. Role of the Program Director and Faculty

1. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by:
 - a. preparing a written statement to be distributed to fellows and faculty and reviewed with fellows prior to assignment, which outlines the educational goals and objectives of the program with respect to the knowledge, skills, and other attributes to be demonstrated by fellows for the entire fellowship and on each major assignment and each level of the program,
 - b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information, and
 - c. providing fellows with direct experience in progressive responsibility for patient management.

B. Competencies

1. A fellowship program must require that its fellows obtain competence in the AGCME Competencies to the level expected of a new practitioner in the subspecialty. Programs must define the specific and unique learning objectives in the area including the knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their fellows to demonstrate the following:
 - a. *patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health,
 - b. *medical knowledge* about established and evolving biomedical, clinical, and basic sciences, as well as the application of this knowledge to patient care,
 - c. *practice-based learning and improvement* that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care,
 - d. *interpersonal and communication skills* that result in effective information exchange and collaboration with patients, their families, and other health professionals,
 - e. *professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population, and
 - f. *systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactic Components

1. Curricular elements as detailed in the *Headache Medicine Core Curriculum* will be distributed among, but not limited to:
 - a. Tutorial
 - b. Independent study

- c. Mentoring

D. Clinical Components

1. **Approximately 80% of the fellow's time must be spent in supervised activities related to the care of patients with headache or associated conditions. Clinical experiences may include all training relevant to Headache Medicine, including lectures and individual didactic experiences and journal clubs emphasizing clinical matters. Programs with flexible fellowship terms must assure that equivalent time is spent in clinical training.**
2. Competence must be demonstrated in the following areas:
 - a. Cognitive skills
 - b. Procedural skills
 - c. Tests and test interpretation
 - d. Treatment and evidence-based practice
 - e. Disease management and long-term care of chronic patients
3. Evaluations of performance in each domain must occur every three months and documentation of these must be placed in the fellow's file and must be available for review upon request. Benchmarks will include the ACGME Competencies and published headache guidelines, including those of the American Academy of Neurology.

E. Scholarly Activities

1. **The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. Both faculty and fellows must participate actively in some form of scholarly activity. Scholarship is defined as activities unrelated to the specific care of patients, which includes scholarship pertaining to research, writing review papers, giving research-based lectures and participating in research-oriented journal clubs.**
2. **There must be adequate resources for scholarly activities for faculty and fellows.**

F. Duty Hours, Working Environment, and On-Call Activities

Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education defined by the program requirements must have priority in the allotment of a fellow's time and energy.

1. **Supervision of Fellows**
 - a. **All patient care required by the program requirements must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.**
 - b. **Faculty schedules must be structured to provide fellows with continuous supervision and consultation.**
 - c. **Faculty and fellows must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.**
2. **Duty hours assignments must recognize that the faculty and fellows collectively have responsibility for the safety and welfare of patients. Fellow duty hours and work environment must comply with the current ACGME program requirements.**

3. **The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day when fellows are required to be immediately available in the assigned institution. Fellow on-call activities must be consistent with the current ACGME program requirements.**

VII. Evaluation

A. Fellow Evaluation

1. **Fellow evaluation by faculty must:**
 - a. **take place at least semi-annually and areas of weakness and strength must be communicated to the fellow,**
 - b. **records must be maintained documenting fellow experience and performance, and**
 - c. **include the fellow's demonstration of learning objectives and mastery of the core competencies (see VLB).**
2. **The summary and final evaluation of the fellow must be prepared by the program director and should reflect the input of faculty.**
3. **The program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. Assessment must include:**
 - a. **The use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.**
 - b. **The regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner, and maintained in a record that is accessible to each fellow.**
 - c. **The use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements to fellows' competence and performance.**
4. **The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.**

B. Faculty Evaluation

1. **The performance of faculty must be evaluated by the program director on an annual basis.**
2. **The evaluations must include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities.**
3. **These evaluations must include annual written evaluations by fellows.**

C. Program Evaluation

1. **The effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met must be assessed.**
2. **Confidential written evaluations by fellows must be utilized in this process.**
3. **Performance by fellows on the UCNS certification exam may also be used to measure the quality of the training program.**

4. Representative program personnel, i.e., at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regularly documented meetings at least annually for this purpose. In this evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.
5. Outcome Assessment
 - a. The program must use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program.
 - b. The program must have in place a process for using fellow performance and assessment results together with other program evaluation results to improve the fellowship program.