

Recertification Update



Gregory Gruener, MD

In 2016, UCNS will be offering the first recertification examinations in Headache Medicine and Behavioral Neurology & Neuropsychiatry. Diplomates certified in 2006 or 2007 still have time to apply for the examinations to avoid a lapse in certification. The deadline to apply for the Headache Medicine examination is April 15, 2016. The deadline to apply for the Behavioral Neurology & Neuropsychiatry examination is May 16, 2016. "It is exciting to see the strong application numbers for recertification in the Headache Medicine and Behavioral Neurology & Neuropsychiatry subspecialties," said Gregory Gruener, MD, MBA, UCNS Certification Council Chair. "I am confident that this trend will continue for the 2017 recertification examinations in Neuroimaging, Neurocritical Care, and Neuro-oncology."

Diplomates certified in 2007 or 2008 in Neuroimaging, Neurocritical Care, or Neuro-oncology must take the appropriate recertification examination in 2017. This is because examinations for these subspecialties will not be offered in 2018.

UCNS certifications are time-limited, expiring on December 31 of the tenth year after the certificate is issued. In order to maintain their certifications, UCNS diplomates must meet the following four requirements:

- maintain a current, active, valid, unrestricted, and unqualified license to practice medicine,
- remain a diplomate in good standing in their primary specialty of the ABMS or RCPSC member board that was required for initial certification,
- complete a specified number of ACCME- or RCPSC-approved category 1 CME hours, 20 percent of which must be subspecialty specific, and
- take and pass a recertification examination.

Diplomates should visit their subspecialty's recertification page for information specific to the subspecialty's requirements. To meet the CME requirement, diplomates may use the same CMEs that they use for maintaining their other certification(s), so long as 20% of the hours are specific to the subspecialty and earned within the diplomate's UCNS certification cycle. Required CME has been prorated for diplomates certified prior to 2011. For specific CME requirements, please review the *Phase-In Timetable*, which is located on each subspecialty's certification page.

UCNS has an online CME tracker to assist diplomates during the UCNS recertification process. Diplomates may quickly and conveniently enter earned CME and generate a report at any time to track their progress in meeting UCNS recertification requirements. The CME tracker also allows diplomates with more than one UCNS subspecialty certification to monitor their progress for each recertification. To get started using the CME tracker, users must first register and create a personal log-in, which is located on each subspecialty's certification page. Once the log-in has been approved, diplomates may begin entering their CME activities.

The recertification examination will be shorter than the initial certification examination and the fee will be lower. Questions are designed for the mid-career practitioner, rather than for a recent graduate.

Important Dates

May 16, 2016
BNNP certification examination application deadline

June 1, 2016
Accreditation application deadline for fall 2016 review

July 15, 2016
AD certification examination application deadline

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For more information about the UCNS, visit the UCNS website at www.ucns.org.

MISSION STATEMENT

The mission of the United Council for Neurologic Subspecialties is to provide for accreditation and certification with the goal of enhancing the quality of training for physicians in neurologic subspecialties and the quality of patient care.

Letter from the Chair



Ralph F. Józefowicz, MD

As we shovel out from another snowy winter here in Rochester, I am looking forward to seeing you all at the AAN Annual Meeting in balmy Vancouver.

It has been an eventful first year for me as Chair of the UCNS Board of Directors. In October, we added a day to our usual fall meeting in Minneapolis to undertake a strategic planning process. Among the topics on the agenda were: 1) considering the futures of our “struggling subspecialties,” 2) developing an alternative pathway for physicians who do not meet our current fellowship and certification eligibility criteria, 3) rethinking our subspecialty membership standards to expand our scope beyond traditional neurology subspecialties, and 4) developing strategies to enhance the value of UCNS certification, including advocating for greater recognition of UCNS by insurers. We had spirited discussions about these and related topics. At the April meeting, we will review and discuss a draft strategic plan that can guide us going forward.

This spring will bring important transitions. At the end of April, Paola Sandroni, MD, will rotate off the Board of Directors as the voting representative of the Autonomic Disorders subspecialty and another subspecialty, Neuro-oncology, will be represented as a voting member for the next two years. We thank Dr. Sandroni for her thoughtful service to UCNS.

Gregory R. Gruener, MD, MBA, will complete his term as Chair of the Certification Council in May. Dr. Gruener has served with distinction in this capacity. During his tenure, we have witnessed the development and implementation of our certification application interface and the launch of our online CME tracker. In addition, he has guided us as we have developed our first recertification examinations, which will be administered this year in Headache Medicine and Behavioral Neurology & Neuropsychiatry. Throughout, we have benefitted from his steady hand and his genial, optimistic disposition. We will miss him.

The term of another Certification Council member, Glen Fenton, MD, will also end in May. We are grateful for Dr. Fenton’s contributions to UCNS as a Council member over the past six years. I will be appointing successors to Dr. Gruener and Dr. Fenton in the next few weeks.

While we are sorry to see these dedicated colleagues go, we are excited about tackling the new challenges that face us going forward. I welcome your comments and suggestions as we continue to build a strong future for UCNS.

I especially want to thank John Kohring, Todd Bulson, Amanda Carpenter, and Becky Swanson for their outstanding administrative support for UCNS. They are the “vestibular system” for UCNS and keep everything running smoothly.

Ralph F. Józefowicz, MD, FAAN

Board Member Highlight



Paul G. Fisher, MD

Paul Graham Fisher, MD, MHS, is a professor of neurology and pediatrics, and by courtesy, neurosurgery and human biology; the Beirne Family Professor of Pediatric Neuro-oncology in the School of Medicine; and the Bing Director of the Program in Human Biology in the School of Humanities and Sciences at Stanford University. He has been division chief of Child Neurology at Stanford since 2008. Dr. Fisher received his medical degree from the University of California, San Francisco, and his MHS from Johns Hopkins University in 1995. Dr. Fisher is a UCNS diplomate in the subspecialty of Neuro-oncology.

Q: Why did you choose to practice medicine and go into the field of neurology?

A: Medicine has always provided for me an opportunity to marry natural science with people, particularly in my role as a clinical investigator in neurology. Neurology appealed to me from my very first exposure as a medical student. Neurology has a very orderly, systematic approach, starting with the most careful clinical examination leading to anatomic localization and then an effort always to solve the puzzle of what a patient has.

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Board Member Highlight

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Q: How do you think UCNS benefits the field of neurology?

A: Simply put, UCNS provides a mechanism for assuring the quality of sub-specialization training and certification in those fields that are highly important to helping patients, yet too small for larger, more traditional boarding mechanisms. Thus, UCNS indirectly serves patients with less common neurological disorders by maintaining and raising the bar across multiple neurologic subspecialties.

Q: You are certified in Neuro-oncology. What are the most exciting new developments in this field?

A: Right now, diagnostics are running ahead of therapeutics in Neuro-oncology. The explosion in genomics is allowing us to understand better than ever tumor biology and genesis. Treatment approaches with small molecules, immunotherapy, and other novel approaches beyond conventional chemotherapy are rapidly coming on line and should ultimately allow us to leverage therapy based on the new biology.

Q: Tell us something about your research.

A: I'm a clinical investigator, trained in epidemiology and clinical trials, so people and collaboration are key to my research. Right now, I'm deeply involved in two NIH collaborative program projects: the Pediatric Brain Tumor Consortium, which mounts unique clinical trials for childhood brain tumors, and the Undiagnosed Diseases Network, which offers a new mechanism for adults and children to undergo in-depth explorations for disorders previously undiagnosed. Finally, in an ongoing epidemiologic study of the relationship between birth defects and childhood cancer, I am investigating with others the underpinnings common to these entities, both defects in growth and possibly a function of developmental genes gone awry.

Q: You are a child neurologist. What have you learned from talking with children that adults should know?

A: Children always know more than adults think kids do. My favorite question to pose directly to a child in clinic is, "What do you think is going on?" Children often have considerable insight into their symptoms, diagnosis, treatment, and even prognosis. Letting a child speak openly in clinic often facilitates conversations about numerous topics that many parents erroneously assume the child does not want to address or cannot handle.

Certification News

Letter from the Certification Council Chair



Gregory Gruener, MD

It is hard to believe that this is my final letter as the Certification Council Chair. I am pleased to have witnessed the significant growth in this organization during my tenure with the Certification Council. We have certified over 2,500 physicians practicing in 49 states, the District of Columbia, Puerto Rico, and five Canadian provinces. We have offered certification examinations for nine subspecialties, and this year are offering our first recertification examinations. We have developed an online application and a simplified recertification process with a CME tracker to assist our diplomates with recertification. We have developed new policies, including the Faculty Diplomate Program, which allows physicians in academic programs to apply for examinations after the expiration of the practice track. In short, we've done a lot. I'm proud of my time as a Certification Council member and as the chair.

As chair, I've had the privilege of working with many fine volunteers in administering the UCNS certification process. Most recently, I thank Gretchen Tietjen, MD, and Laurence Walsh, MD, for their dedicated service to the Council and UCNS. They have been critical to the success we see today. I am pleased to welcome their replacements, Mathew E. Fink, MD, and Howard P. Goodkin, MD, PhD. I thank the UCNS staff and the UCNS volunteers I've come to know through the Council, Board, and exam committees. The secret of being a successful chair lies in the people with whom you collaborate, and I'm fortunate to have collaborated with the best.

I look forward to seeing how UCNS continues to grow under my successor's guidance and am confident that the success I've seen during my time is only the beginning.

Best wishes,

A handwritten signature in black ink that reads "Gregory Gruener, MD, MBA". The signature is written in a cursive style and is enclosed in a circular stamp or seal.

Gregory Gruener, MD, MBA

Recertification FAQs

Q: I have a “lifetime” certificate from an ABMS board. Do I have to meet UCNS recertification requirements?

A: Yes. Even though you hold a “lifetime” ABMS certificate, you must meet UCNS recertification requirements. These requirements are outlined in the UCNS Policy on Recertification.

Q: I am enrolled in an ABMS member board’s recertification program which requires completion of CME. Can those CME hours be used toward the UCNS CME requirement?

A: Yes, but remember that at least 20 percent of the CME submitted for your UCNS recertification requirement must be subspecialty-specific.

Q: I am certified in two UCNS subspecialties. Can my ABMS CME hours be used toward maintaining my certification in both?

A: Yes, so long as you earn at least 20 percent subspecialty-specific hours for each.

Q: I am no longer certified by an ABMS or RCPSC board. Can I still retain my UCNS certification?

A: No. In order to retain UCNS certification, diplomates must continue to be a diplomate in good standing of their primary specialty board under the ABMS or RCPSC.

Q: Are there specific dates for completion of CME?

A: Yes. Diplomates must complete all required CME by December 31 of their tenth year. Diplomates are encouraged to complete all CME by the date of application for their recertification examination.

Q: Once I am recertified, when will my new certification expire?

A: After you have met the recertification requirements, including successfully passing the recertification examination, you will be issued a new certificate valid for 10 years. All UCNS certificates, regardless of the exact date of issuance, expire on December 31 of the tenth year after the year of issuance.

Q: If my subspecialty recertification examination is not offered in the tenth year, what are my options?

A: Depending on which year you took your original certification examination, you may find that the examination is not offered in the tenth year. In this case, you will need to take the examination in the ninth year so that your certification does not expire.

Q: If I take the recertification examination early, do I need all CME completed at the time of my application to sit for the examination, or do I have until December 31 of the tenth year?

A: Diplomates will be required to submit any outstanding CME requirements by December 31 of the tenth year. However, we encourage diplomates to complete all required CME by the time of application.

2016 Examination Schedule

Subspecialty	Application Deadline	Examination Date	Location
Headache Medicine: Initial and Recertification	April 15, 2016	October 17-21, 2016	Pearson VUE
Behavioral Neurology & Neuropsychiatry: Initial and Recertification	May 16, 2016	November 14-18, 2016	Pearson VUE
Autonomic Disorders	July 15, 2016	December 5-9, 2016	Pearson VUE

2017 Examination Schedule

Subspecialty	Application Deadline	Examination Date	Location
Neuroimaging: Initial and Recertification	August 15, 2016	January 30-February 3, 2017	Pearson VUE
Neuro-oncology: Initial and Recertification	January 17, 2017	August 7-11, 2017	Pearson VUE
Clinical Neuromuscular Pathology	February 15, 2017	September 11-15, 2017	Pearson VUE
Neurocritical Care: Initial and Recertification	July 17, 2017	December 4-8, 2017	Pearson VUE

Diplomate Highlight



Darren Gitelman MD

Darren Gitelman, MD, is currently the senior medical director of the Advocate Memory Center, and a professor of neurology at the Chicago Medical School of the Rosalind Franklin University of Medicine and Science. Dr. Gitelman is a UCNS diplomate in the subspecialty of Behavioral Neurology & Neuropsychiatry.

Q: Why did you choose to practice medicine and go into the field of Behavioral Neurology & Neuropsychiatry?

A: I went into neurology because it is clearly the most fascinating field of medicine and, to me, behavioral neurology, which deals with the functions of the cerebral cortex, is the most interesting aspect of neurology. During my neurology residency, I recall that one of my former mentors said that he enjoyed going to work every day as a neurologist because he always learned something new. Unfortunately, many of the diseases in the field are devastating and often untreatable, so it is important to connect with, educate, and support both patients and families, which is why I went into medicine in the first place.

Q: How has UCNS certification benefitted you?

A: Medical care is increasingly about delivering the best value, and I think that UCNS certification is one way to demonstrate that a physician has taken that extra step to demonstrate his or her advanced training.

Q: Why is recertifying your UCNS credential important to you?

A: The field of behavioral neurology, indeed all of neurology, is changing so quickly that it is important to show one's commitment to be at the forefront of advances in the field.

Q: If you could hope for one breakthrough in neuroscience this year, what would it be?

A: There are so many areas of neurology needing breakthroughs it is hard to pick one, but in my field I am partial to hoping for disease-modifying treatments for patients with neurodegenerative disorders.

Accreditation News

Letter from the Accreditation Council Chair



Lori Schuh, MD

Spring is in the air, which means that the Accreditation Council has just completed its spring meeting. During the most recent meeting in Minneapolis, the Accreditation Council reviewed eight applications for provisional accreditation, 23 for reaccreditation, and 11 progress reports. The number of accredited programs continues to grow. I look forward to reporting when UCNS reaches 200 accredited programs. This is an ambitious goal, but we are an ambitious group, not only with program reviews, but also with streamlining and improving the accreditation and reaccreditation process.

Staff has completed development of the online application interface, which will enable programs to submit applications for both initial and continued accreditation, progress reports, program changes, and the new annual report, all online. The online application will eliminate duplicative data entry, thus saving programs valuable time. As a service to our programs, staff is prepopulating the online application with information from each program's most recent submission. As soon as the data entry is complete, programs will be free to explore the system. Additional information will be sent to programs closer to the launch date, which we hope will be before the next newsletter.

A handwritten signature in black ink, appearing to read "L. Schuh".

Lori Schuh, MD, FAAN

Program Director Highlight



Jordan Bonomo, MD

Jordan Bonomo MD, FCCM, is an associate professor of emergency medicine, neurology and neurosurgery/ Neurocritical Care. He completed his residency in emergency medicine at the University of Cincinnati College of Medicine and completed fellowships in both Neurocritical Care and neurovascular emergencies (stroke). In 2010 he became one of the first emergency medicine physicians to pass the UCNS Neurocritical Care certification examination. Dr. Bonomo is the director of the division of critical care in the department of emergency medicine and faculty in the department of anesthesia on the cardiac critical care service, which houses the Cincinnati Shock and ECMO teams.

Q: Why did you choose to practice medicine and go into the field of Neurocritical Care?

A: I don't remember actively choosing medicine. For as long as I can remember, I have never doubted that I wanted to be a physician, and I've never wavered in my path. I chose Neurocritical Care because it is such a sophisticated blending of acute care medicine, social work, ethics, and science, which is a combination that I only found in the neuro ICU while in training. I was fortunate to have outstanding early career mentor in Dr. Lori Shutter while still a resident. She chose to train emergency medicine physicians in Neurocritical Care at a time when the prevailing wisdom said it might not work to do so. When I was deciding between Neurocritical Care and general critical care as an emergency medicine resident, she assured me that the future of Neurocritical Care lay in the global management of the complex critical care patient and that successful focused training in a high-speed program would prepare me to practice Neurocritical Care at the highest level. She said it would also prepare me to practice critical care outside the walls of the neuro ICU. I took her advice, trained as broadly as possible in fellowship, and then leveraged my Neurocritical Care training to attend as faculty on an academic cardiac critical care service and ECMO team. There is no question that Neurocritical Care has now taken its rightful place at the table of critical care subspecialties and that the new generation of neurointensivists have remarkable skills and the ability to deftly manipulate cerebral physiology to the benefit of the most critically ill patients in our hospitals.

Q: Why did you decide to seek UCNS accreditation for your program?

A: UCNS accreditation is our de-facto standard of quality for training programs. Without it programs are putting trainees at risk for future employment eligibility. A program that does not have accreditation is providing a disservice to its trainees and graduates.

Q: What do you think attracts fellows to your program?

A: Our program is one of the most rigorous critical care training programs in Neurocritical Care, and has nine truly multidisciplinary faculty members. Our fellows rotate in every ICU in our hospital: neuro ICU, cardiovascular and thoracic ICU, burns ICU, and surgical and trauma ICU, where they function as the primary fellow on service. That means that we have neurology-trained fellows running ECMO patients in their second year as fellows in the cardiac ICU. It's an amazing thing to watch as our fellows transition into "pluripotent" intensivists during their training. We are also a unique program in that half of our faculty are emergency medicine-trained neurointensivists. That translates into a very procedure-heavy service with ownership of all procedures at bedside, from complex delayed sequence fiberoptic intubations to chest tubes to mixing of push dose pressors. We are also the primary training ground for critical care ultrasound at our institution and all fellows graduate with in-depth expertise in bedside critical care ultrasound, including surface ECHO and, for the dedicated and motivated, TEE. We are the primary referral center for nearly 3 million people, and the only neurotrauma center. We see tremendous volume and complexity. Additionally, we are a family in our program. We are fiercely loyal to one another and extraordinarily proud of what we have built and the care we provide to our patients. Finally, we are the primary admitting service to the ICU. We own the care of the non-surgical patients from admission to disposition, which is a rare model in Neurocritical Care.

Q: What is your current research?

A: My current research is in cVEEG monitoring in critical illness, both inside and outside the NSICU, with a focus on patients with continuous flow cardiac support, specifically ECMO and LVADs. We are very interested in the effects of ECMO on EEG. I am also the site PI of a trial of angiotensin II infusion in catecholamine refractory shock (ATHOS3). Our Neurocritical Care division participates in research with the Cincinnati Stroke Team and has multiple active clinical trials at all times.

Annual Fee Invoices

Annual fee invoices will be emailed to program directors of accredited programs in late April. If you do not receive an invoice by May 15, contact Amanda Carpenter at acarpenter@ucns.org. Please note that the \$1,500 annual fee is paid yearly and is different than the \$1,000 reaccreditation fee, which is due only with a RIF submission. Invoices are emailed directly to program directors and it is the responsibility of the program director to forward the invoice to the appropriate person for processing. All annual fees must be paid by July 1, 2016. Nonpayment or late payment of the fee will result in an adverse accreditation action up to, and including, administrative withdrawal of accreditation.

UCNS Accredits New Programs

Congratulations to the following programs that were reviewed during the fall 2015 meeting and received accreditation from UCNS effective December 1, 2015. A complete list of UCNS-accredited programs is available at <http://www.ucns.org/apps/directory/>. Newly accredited programs and fellowship directors are:

Behavioral Neurology & Neuropsychiatry	
Beth Israel Deaconess Medical Center	Chun Lim, MD, PhD
Headache Medicine	
Duke University Medical Center	Timothy Collins, MD
MedStar Georgetown University Hospital	Carrie Dougherty, MD
Neurocritical Care	
University of California, San Diego	Navaz Karanjia, MD
Neuroimaging	
Houston Methodist Hospital	Joseph Masdeu, MD, PhD
Neuro-oncology	
Ohio State University	Pierre Giglio, MD

Apply for UCNS Accreditation by June 1

UCNS is accepting applications until June 1, 2016. Programs approved following this deadline may be accredited as of December 1, 2016. The next deadline for program applications will be December 1, 2016.

Program Changes Require Approval

If you are planning changes in faculty, curriculum, or resources in your UCNS-accredited fellowship, you **must** receive approval of the change in order to maintain accreditation. The program change request procedure and templates are available on your subspecialty's accreditation page at www.ucns.org. Failure to submit change requests in a timely manner may result in an adverse accreditation action. Please contact Amanda Carpenter at acarpenter@ucns.org or 612-928-6065 with questions.

Submit Your News

UCNS wants to promote the accomplishments of its diplomates and program faculty. If you have news you would like to include in our newsletter, please send it to acarpenter@ucns.org.

UCNS at Annual Meeting

UCNS staff will be present during the American Academy of Neurology's Annual Meeting in Vancouver, BC, Canada. Staff will be available to answer your questions at booth 404 in the Exhibit Hall, April 18 through 21, 2016.

Questions About UCNS?



Becky Swanson

Becky Swanson is the UCNS Executive Assistant. Diplomates, applicants, and programs calling with general inquiries will usually start by talking with her. If you have a question you would like answered in this section, email her at bswanson@ucns.org.

Q: What do I need to upload in my recertification application to show I have earned the required CME for recertification?

A: If you used the UCNS CME tracker to track your CMEs, you will need to generate your CME report from the tracker and upload it into your application. Instructions for generating your CME report from the CME tracker can be found on each subspecialty's certification page or by clicking [here](#). You can also upload a CME report from another source; however, you must clearly indicate which CMEs are specific to your UCNS subspecialty. If you are submitting CME certificates in place of a formal transcript, you must combine your CME certificates into one PDF with any subspecialty-specific CMEs clearly indicated. The recertification application does not permit the uploading of multiple documents.

Q: I need a PO number added to my annual accreditation fee invoice. What do I need to do?

A: Please make arrangements with your finance department and send the PO number to UCNS as soon as possible. Annual fee invoices are sent out in the first week of May each year, and UCNS will need to receive the PO number no later than May 2 for it to be included on the invoice.

Staff

UCNS staff is available Monday through Friday to answer your questions regarding subspecialty recognition, accreditation, and certification.

Subspecialty Recognition Inquiries

John Kohring, Executive Director, (612) 928-6106 jkohring@ucns.org

Certification Inquiries

Todd Bulson, Senior Manager, Certification, (612) 928-6067 tbulson@ucns.org

Accreditation Inquiries

Amanda Carpenter, Senior Manager, Accreditation, (612) 928-6065 acarpenter@ucns.org

General UCNS Inquiries

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- Association of University Professors of Neurology
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- Child Neurology Society
www.childneurologysociety.org
- Professors of Child Neurology, see also
www.childneurologysociety.org

SUBMIT STORY IDEAS

Any news or story ideas for UCNS readers?

We would like to hear from you. Submit feedback regarding this issue and/or story ideas for future issues to the UCNS Executive Office.

