

UCNS Newsletter

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Behavioral Neurology & Neuropsychiatry First to Receive UCNS Membership

The UCNS Board of Directors has approved its first membership—the neurological subspecialty area of Behavioral Neurology & Neuropsychiatry.

The Behavioral Neurology & Neuropsychiatry application for membership was sponsored by two organizations: the Society for Behavioral and Cognitive Neurology and the American Neuropsychiatric Association. "This is a significant step for the Behavioral Neurology & Neuropsychiatry subspecialty and the UCNS," said Stephen Sergay, MD, UCNS Chair. "We look forward to helping this subspecialty as it grows and flourishes."

Membership in the UCNS is the first step in the UCNS accreditation and certification process. The UCNS Accreditation Council is now working with the Behavioral Neurology & Neuropsychiatry subspecialty on requirements for fellowship programs. Then programs will be able to apply to become accredited by the UCNS. The UCNS Certification Council will also work with the Behavioral Neurology & Neuropsychiatry subspecialty and appoint an Examination Committee with experts from the subspecialty to develop the examination that will be used in certifying individuals.

As a member of the UCNS, the Behavioral Neurology & Neuropsychiatry subspecialty was granted one voting seat on the UCNS Board of Directors. David Bachman, MD, from this subspecialty was appointed as a member director on the UCNS Board.

Visit the Society for Behavioral and Cognitive Neurology online at www.sbcnonline.org, and visit the American Neuropsychiatric Association at www.anpaonline.org.

"This is a significant step for the Behavioral Neurology & Neuropsychiatry subspecialty and the UCNS. We look forward to helping this subspecialty as it grows and flourishes."

— Stephen Sergay, MD, UCNS Chair

UCNS Chair

Stephen M. Sergay, MD

Vice-Chair

James A. Ferrendelli, MD

Secretary/Treasurer

David A. Stumpf, MD, PhD

Directors

David L. Bachman, MD

John W. Griffin, MD

Harvey S. Singer, MD

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 neurological subspecialties and the quality of patient care.

UCNS Establishes Certification Council

The recently established Certification Council is an oversight body, responsible for recommending certification criteria and policies to the UCNS Board of Directors, implementing the certification process, and following successful completion of the examination, recommending certification of individuals to the UCNS Board. The Certification Council, with the assistance of an approved member subspecialty, will define an Examination Committee in that subspecialty to develop the subspecialty examination. This process will be initiated with the first subspecialty approved for membership in the UCNS—Behavioral Neurology & Neuropsychiatry.

The UCNS Certification Council members were appointed by the Board from recommendations by the UCNS parent organizations: the American Academy of Neurology (AAN), American Neurological Association (ANA), Association of University Professors of Neurology (AUPN), Child Neurology Society (CNS), and Professors of Child Neurology (PCN). The council held its first meeting in September 2004.

Council members and their nominating organizations are:

- José Biller, MD, Chair (ANA)
- John B. Bodensteiner, MD (PCN)
- J. Clay Goodman, MD (AAN)
- Justin C. McArthur, MBBS, MPH (AUPN)
- E. Steve Roach, MD (CNS)

Letter From the Chair

Neurologists have long needed an organization dedicated to defining training standards for physicians with subspecialty interests and recognizing the time spent in acquiring added skills. The UCNS was created with this in mind and has begun to fulfill its mission with the approval of membership for our first subspecialty, Behavioral Neurology & Neuropsychiatry. Four other subspecialties are working through the application process and three other subspecialty groups have informed us of their interest and desire to initiate application.

We are now able to begin our accreditation process under the leadership of Terrence Cascino, MD, Accreditation Council Chair. Once the accreditation process is underway, our Certification Council will appoint an Examination Committee from experts in the subspecialty to develop the certification examination. José Biller, MD, Chair of the Certification Council, will lead this effort. The recently published *Guide to the UCNS Process* will explain the steps involved in membership,



Stephen M. Sergay, MD

accreditation and certification. The guide can be accessed on the UCNS Website at www.ucns.org.

This is an exciting time for neuroscience due to the expanding opportunities for clinical neurologic care delivery. The UCNS is built on inclusiveness and we welcome your input into our process as we join with you in defining the future practice of neurology.

Stephen M. Sergay, MD
Chair, United Council for
Neurologic Subspecialties

BOARD MEMBER HIGHLIGHT

David A. Stumpf, MD, PhD, Secretary/Treasurer of the UCNS Board of Directors, was himself skeptical of a program accreditation and subspecialty certification body in neurology before becoming an executive board member. Stumpf gives his insight into the need for further specialization in neurology, how the UCNS can strengthen practices, and how he overcame his initial concerns and became a proponent for the mission of the UCNS.

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

A: I was drawn to neurology by a fascination with the brain—nature’s most eloquent organ. The Sherlock Holmes’ style, with heavy reliance on the wisdom of the physician alone was a strong draw. Because neurology is everywhere, it’s easy to stay in touch with much of medicine, even though we specialize. We are also in a second golden age of neurology, on the forefront of medicine, and a millennium that will see unbelievable evolution of intelligence and the mind.

Q: Where did you train and now, currently practice?

A: I attended medical school at the University of Oregon and University of Colorado Schools of Medicine. Then there was my Pediatric residency at Strong Memorial Hospital in Rochester, NY and Neurology residency at the Longwood Program at Harvard. I continually learn from my colleagues, including the residents we train at Northwestern University. At times my

practice was 80 percent adult patients. I devote about half my time to practice, currently mostly pediatric neurology at Children’s Memorial Hospital in Chicago. I manage the practice operations for our 16 child neurologists and devote significant time to medical informatics and to professional organizations.

Q: How will both the generalist and the subspecialist benefit from the UCNS process?

A: My initial concern about UCNS was that generalists would be marginalized. It seemed an unnecessary step and one that might alienate those who practiced in wide areas of neurology. Upon reflection, and watching it unfold, this was unfounded. Presently, most residents go on to subspecialty training in an effort to enhance their skills and attractiveness to practices recruiting them. Many practices have or want such subspecialty trained colleagues. Recruiting in the future will carry more certainty about the competency of the training and the neurologist. UCNS is concerned about accreditation of programs and certification of physicians. But armed with UCNS certification, we believe there is a better opportunity for the neurologists to receive appropriate local credentialing and access to the resources necessary to practice their subspecialty.

Q: Since the UCNS was established in March 2003 and became operational in May 2003, what impact is the UCNS already having on neurology?

A: This is a new mindset from just a few years ago. Attracting strong and talented colleagues to the Executive Board and Councils has given credibility to UCNS and the process of subspecialization. UCNS has stimulated applications from several subspecialties and is holding discussions with many others. Participating in many of these discussions has been inspiring to me by illustrating how far our field has come and how complex are the issues our colleagues in subspecialty areas are tackling. Yet we remain linked by our affinity for neurology. UCNS will help maintain this unity while stimulating and encouraging the maturation of subspecialties. UCNS has created a vehicle for healthy collaborative interaction among members of the subspecialties.

UCNS also provided a mechanism for a success that did not occur in the more traditional ACGME/ABMS arenas. The Behavioral Neurology & Neuropsychiatry proposal brought together neurologists and psychiatrists, producing an enticing look at the level of collaboration that UCNS will encourage.



David A. Stumpf, MD, PhD

Q: In what areas will the UCNS have the greatest impact?

A: Subspecialty areas are already viewing themselves differently and taking steps to more formally develop themselves. The result should be much stronger training opportunities and a way to document one’s competency after completing it. This will represent a major enhancement for neurologists, many of whom choose to do subspecialty fellowship training. Also, we have seen our scope of practice threatened by others who lay claim to overlapping domains. We must present ourselves as appropriately trained and credentialed in order to protect our role in these areas.

Stumpf is Professor of Neurology and Pediatrics at Northwestern University Feinberg School of Medicine.

Topics Raised by Subspecialty Groups

Representatives of the UCNS Board met with a number of subspecialty groups at the time of the American Academy of Neurology Annual Meeting in April. The UCNS addressed a wide range of questions from these groups.

ACCREDITATION FEES

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Q. What are the accreditation fees? Is there a yearly renewal fee?

A. The UCNS fees are based on the Accreditation Council for Graduate Medical Education (ACGME) model which has an initial application fee and a yearly renewal. The UCNS initial application fee is \$2000 and the yearly renewal is \$1000.

Q. If one program is approved for accreditation but accredits two subspecialty areas, is the program required to pay two accreditation fees?

A. Yes. Each subspecialty area is a separate entity with separate training requirements and independent decisions.

PRACTICE TRACK

Q. When does the five-year practice track go into effect?

A. The practice track begins at the point when the subspecialty examination becomes available.

Q. Who will define the practice track?

A. The UCNS Board, UCNS Certification Council, and the subspecialty via its sponsoring organizations will define the practice track.

DOCTORS OF OSTEOPATHY (DOs)

Q. Can (DOs) sit for the UCNS examination?

A. The UCNS requirements allow DOs to sit for the UCNS examination who have received their training via an ACGME-approved program and have been certified by an American Board of Medical Specialties (ABMS) member board.

The UCNS Board will review allowing DOs to sit for the UCNS examination who have received their training via an American Osteopathic Association (AOA)-approved program and have been certified by an AOA member board.

BOARD CERTIFICATES

Q. Do old subspecialty board certificates become invalid if a subspecialty were to pursue certification via the UCNS?

A. If the old certificates are not time limited, they would continue to be valid. New certificate holders via the UCNS will have 10-year time-limited certificates. Once an organization works with the UCNS, it is expected that it would not issue old certificates independent of the UCNS for the same accomplishment.

FELLOWSHIP TRAINING PROGRAM DIRECTORS

Q. If the director of a fellowship program is not certified by a member board of the ABMS or the Royal College of Physicians and Surgeons of Canada, can he/she take the UCNS examination?

A. The UCNS Accreditation Council would need to determine the appropriateness of this when reviewing the pre-determined faculty qualifications outlined in the subspecialty's program requirements, which are submitted by the subspecialty and accepted during the application and accreditation process by the UCNS.

Q. Is there a mechanism to allow fellowship training program directors an opportunity to comment on the subspecialty's program requirements?

A. Applicants are encouraged to obtain feedback from fellowship training program directors and interested parties, on program requirements prior to the membership application submission. It is vitally important in shepherding the growth of emerging subspecialties, to ensure broad consensus is reached prior to submission of this document. Further, the UCNS Accreditation Council provides an opportunity

for fellowship training program directors to comment on the program accreditation application, also known as the Program Information Form (PIF). The PIF is based on the subspecialty's program requirements.

FELLOWSHIP PROGRAMS FUNDED BY THE VETERANS ADMINISTRATION (VA)

Q. The VA funds specific fellowship training programs on the basis that they are not accredited by the ACGME. If UCNS-accredited training programs were to receive funding via the VA, and the UCNS accreditation achieved comparable status as ACGME accreditation, would VA funding be discontinued for UCNS-accredited programs?

A. The UCNS contacted the Office of Academic Affiliations which funds the VA Special Fellowship programs. The Office of Academic Affiliations indicated that if the existing VA Special Fellowship program would receive recognition or certification by the UCNS, the funding for the program would not be in jeopardy.

FOREIGN GRADUATES

Q. There is a need by foreign medical graduates to become UCNS certified. How will the UCNS address this?

A. The UCNS understands the importance of this concept and has not been able to clarify the quality of non-US training. For this reason, the UCNS currently only accepts candidates from training programs accredited by the UCNS or the ACGME. At present, the UCNS requires that exceptions must be specifically outlined in the UCNS membership application.

About the UCNS Board Structure

The UCNS consists of a Board of Directors, an Accreditation Council, a Certification Council, and a Coordinating Council. Each council reports to the Board of Directors.

The UCNS Board of Directors is made up of one voting director for each parent organization, voting directors nominated by participating Neurological Subspecialty Areas and Independent Boards, and ex officio members. The ex officio members are a representative of the American Board of Psychiatry and Neurology (ABPN), a representative of the Neurology Residency Review Committee (NRRRC), and the executive director of each Parent Organization. A listing of the Board members and officers can be found on the UCNS Website at www.ucns.org.

Parent Organizations nominate directors as well as alternate directors.

When appointed by the Board, the alternate director may participate and vote in Board meetings if the director is unable to attend the meeting. The alternate directors for the UCNS and their nominating organizations are as follows:

Michael L. Goldstein, MD
CNS

John A. Kessler, MD
ANA

Francis I. Kittredge, Jr., MD
AAN

Justin C. McArthur, MBBS, MPH
AUPN

William C. Mobley, MD, PhD
PCN

The Board typically holds two meetings per year, in the spring and fall, and by conference call throughout the year.

UPCOMING MEETING DATES

March 2005

UCNS Board Meeting

April 9 – 16, 2005

AAN Annual Meeting

Other Important Dates

- Program Application Deadline: 2005 (Specific date pending) Behavioral Neurology & Neuropsychiatry Accreditation
- Examinee Application Deadline: 2006 (Specific date pending) Behavioral Neurology & Neuropsychiatry Examination

Scheduling for these events is pending, visit www.ucns.org for updated information.

Frequently Asked Questions

Q: Will the UCNS process improve training and patient care?

A: Yes, because the process used to create the UCNS is the same system that makes the US a world leader in medicine. Specialty medicine in the US is based on well-defined, accredited training followed by evaluation and certification. This provides the foundation for the evolution of medical research and practice for each specialty and subspecialty, allowing it to grow and evolve. Most neurology post-residency programs are not accredited by any organization. The UCNS offers an opportunity to standardize program requirements within a neurological subspecialty. This should result in enhanced quality of training, benefiting both physicians and patients, and will allow prospective fellows to evaluate programs more completely.

Q: Why is the current certification system provided by the American Board of Medical Specialties (ABMS) not feasible for some Neurological Subspecialty Areas (NSAs)?

A: Gaining acceptance of a new subspecialty certificate through the ABMS is complex. The ABMS system is not organized to accredit and certify newly developing subspecialty areas. The UCNS will provide such an environment. These neurological subspecialties will need developmental support. The UCNS Parent Organizations will assist in providing this support.

UCNS

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The UCNS is sponsored by five parent organizations:

- American Academy of Neurology
www.aan.com
- American Neurological Association
www.aneuora.org
- Association of University Professors of Neurology
www.aupn.org
- Child Neurology Society
www.childneurologysociety.org
- Professors of Child Neurology
see also
www.childneurologysociety.org

www.ucns.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.

UNITED COUNCIL
for
NEUROLOGIC
SUBSPECIALTIES