

Headache Medicine Program Requirements

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. Trainee Eligibility and Selection

1. Applicants must:
 - i. have a current valid and unrestricted license to practice medicine in the US or Canada.
 - ii. be graduates of a residency program accredited by the Accreditation Council of Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC).

C. Duration and Scope of Training

1. Approved fellowships in Headache Medicine must provide 12 contiguous months of training following completion of ACGME or RCPSC approved training in recognized specialties.

D. Goals and Objectives for Fellowship Education

1. The purpose of the training program is to prepare the physician for the 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.
2. The program must require its trainees to obtain competencies in the six areas defined by the ACGME. It is the responsibility of the program to provide precise definitions of specific knowledge, skills and attitudes as well as educational opportunities in which the trainee may demonstrate competence in those areas.

II. Institutional Support

The institutions that sponsor graduate medical education in this area of expertise must be organized as to provide an environment in which scholarship, mentoring and clinical excellence are the highest values.

A. Sponsoring Institution

1. A Headache Medicine Training Program must be an ACGME-accredited sponsoring institution or affiliated with an ACGME-accredited sponsoring institution. Evidence of this affiliate must be in writing.

B. Participating Institutions

1. Participation by any institution providing more than one month of training in a 12-month program must be approved by the UCNS.
2. Participating institutions will provide training which is not available in the sponsoring institution.

- i. If a major role will be played by a participating institution, recognized expertise in scholarly activities, mentoring and patient care must be demonstrated and subject to evaluation as determined by the UCNS.
3. The relationship to the sponsoring institution must be specific and defined by the leadership of the sponsoring department or division.

III. Duration of Training

A. Length of Training, Number of Trainees and Faculty:Trainee Ratio

1. Length of training
 - i. The minimum length will be 12 months.
2. Number of trainees
 - i. The minimum number of concurrent trainees to be trained per institution is one (1).
3. Faculty:trainee ratio
 - i. For purposes of the faculty:trainee ratio, faculty must include but is not limited to the program director. Faculty is defined as those individuals responsible for the training requirements and responsibilities as defined in Section I, A, 4.b and 4.d.
 - Academic faculty is defined as those individuals appointed by the sponsoring institution.
 - Community faculty is defined as those individuals affiliated with the sponsoring institution but not on-site at the sponsoring institutions or its recognized off-site training institutions.
 - ii. The faculty:trainee ratio for academic faculty must be a minimum of 1:2.
 - iii. The faculty:trainee ratio for community faculty must be 1:1.

IV. Faculty and Personnel

A. Program Director Qualifications

The program director must:

1. Possess the subspecialty expertise, as well as documented educational and administrative abilities.
2. Be certified in the specialty by a member board of the American Board of Medical Specialties (ABMS) or RCPSC or possess qualifications judged to be acceptable by the UCNS.
3. Be certified by the UCNS or have other appropriate qualifications (as determined by the UCNS Accreditation Council)
4. Be appointed in good standing and based at the primary teaching site.

B. Program Director Responsibilities

1. Oversee all aspects of the teaching program in Headache Medicine.
2. Assign relevant scholarly activities including research and academic tasks to the trainee.
3. Evaluate the progression of the individual trainee on a regular basis.
4. Evaluate the program and its graduates on a regular basis.
5. Generate reports on evolution of the program.
6. Mentoring in all domains of training is the ultimate responsibility of the Program Director.
7. Insure the highest quality of care for patients seen by the trainee.
8. Communicating between sponsoring and participating institutions.

C. Faculty Qualifications

The faculty must:

1. Possess the subspecialty expertise as well as documented educational and administrative abilities.
2. Be certified in the specialty by a member board of the ABMS or RCPSC or possess qualifications judged to be acceptable by the UCNS.
3. Be appointed in good standing and based at the primary teaching site.
4. Include a neurologist.

D. Faculty Responsibilities

1. Faculty must be available for consultation, education and mentoring.
2. Faculty members will:
 - i. Participate in the education and evaluation of the trainee.
 - ii. Contribute to the evolution of the program and subspecialty.
 - iii. Devote time to the trainee in proportion to the area of expertise expressed and required.

E. Other Program Personnel

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 trainees in Headache Medicine must possess expertise in the care of patients with acute, chronic, primary and secondary headache.
 - i. Expertise often crosses specialty boundaries. Thus the program will include faculty from other ABMS-recognized medical specialties.
4. Administrative support must be provided.

V. Educational Program

A. Role of 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:
 - i. Preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment.
 - ii. Using the Headache Medicine Core Curriculum to define core competencies with regard to the medical knowledge, patient care skills, interpersonal and communication skills, practice- and systems-based competencies, and standards of professionalism that are to be developed during the period of fellowship training in Headache Medicine.
 - iii. Providing fellows with direct experience in progressively increasing responsibility for patient management.

B. Competencies

The fellowship program must require that its fellows obtain competence in the ACGME core competency areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their fellows to demonstrate the following:

1. *Patient Care* that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health;
2. *Medical knowledge* about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning* and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication skills* that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

C. Didactic Components

1. Curriculum elements as detailed in the Headache Medicine Core Curriculum will be distributed among, but not limited to:
 - i. Tutorial
 - ii. Independent study
 - iii. Mentoring

D. Clinical Components

1. In 12-month programs, 80% of the time must be spent in activities directly related to the care of patients with headache or associated conditions. Competence must be demonstrated in the following areas:
 - i. Cognitive skills
 - ii. Procedural skills
 - iii. Tests and test interpretation
 - iv. Treatment and evidence-based practice
 - v. Disease management and long term care of chronic patients.

Evaluations of performance in each domain must occur every 3 months and documentation of these must be placed in the trainee'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. Examples of scholarly activities:
 - i. Monthly journal review
 - ii. Maintenance of a syllabus upgraded biannually and as required
 - iii. AHS Annual Scientific Conference and/or International Headache Congress.
2. Classes in statistics

F. Program Resources and Facilities

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 new 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 trainee must have adequate resources and infrastructure support including:
 - i. Laboratory facilities
 - ii. Imaging facilities
 - iii. Psychiatric consultation
 - iv. Psychological services
 - v. Medical record keeping
 - vi. Procedural pain clinics
 - vii. Dental and oromaxillofacial clinics
 - viii. Infusion therapies
5. Library facilities, computer/internet access, and space for research and teaching conferences in Headache Medicine are essential.
6. There must be access to consultation from all other disciplines involved in Headache Medicine.

G. Trainee Duty Hours and Working Environment

1. While the actual number of hours worked by trainees may vary, trainees should have sufficient off duty hours to avoid undue fatigue and stress. Trainee duty hours and work environment should be consistent with the ACGME requirements.

VI. Evaluation

A. Fellow Evaluation

1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship 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.

 - i. Assessment should include 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.
 - ii. Assessment should include the regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
 - iii. Assessment should include 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.
2. Final Evaluation

The fellowship 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

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by fellows.

C. Program Evaluation

The educational effectiveness of a program must be systematically evaluated at least annually.

1. Representative program personnel (i.e., at least the fellowship director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the 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 of the meeting.
2. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. Performance of program graduates on certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the fellowship program.

Adopted by the UCNS Board of Directors: December 2005