2019 Accreditation Annual Report

UNITED COUNCIL
FOR
NEUROLOGIC
SUBSPECIALTIES

Prepared By:

Amanda Carpenter, Senior Manager, Accreditation

United Council for Neurologic Subspecialties

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INTRODUCTION

Every fall, data gathered from training program annual reports, accreditation applications, annual fellowship surveys, and program director surveys (as they occur) will be provided to the Accreditation Council, program directors, and Board of Directors. These tools will be used by UCNS to continuously evaluate the state of its recognized subspecialties, accredited programs, and specifically by the Accreditation Council to set and evaluate accreditation outcomes. During the review, the Accreditation Council will also assess its current processes to determine whether adjustments are necessary to improve programs' accreditation experiences. The data presented in this report is through the fall accreditation cycle, December 1, 2019, unless otherwise noted, for the subspecialties of Autonomic Disorders (AD), Behavioral Neurology & Neuropsychiatry (BNNP), Clinical Neuromuscular Pathology (CNMP), Geriatric Neurology (GN), Headache Medicine (HM), Neurocritical Care (NCC), Neuroimaging (NI), and Neuro-oncology (NO).

PROGRAM GROWTH AND ATTRITION

Since 2006, UCNS has accredited 221 programs in nine neurologic subspecialties. There are currently 202 programs accredited in eight subspecialties representing 36 states, the District of Columbia, and one Canadian province. UCNS is present at a majority of institutions with ACGME-accredited neurology residencies, and 165 of the 202 programs are located within neurology departments. Program leadership (program directors and department chairs) are predominantly neurology based (93% and 82% respectively), with a specific breakdown included in the subspecialty-specific section later in this report. As of December 1, 2019, the growth in the number of accredited programs in all subspecialties per year is shown in the charts below.
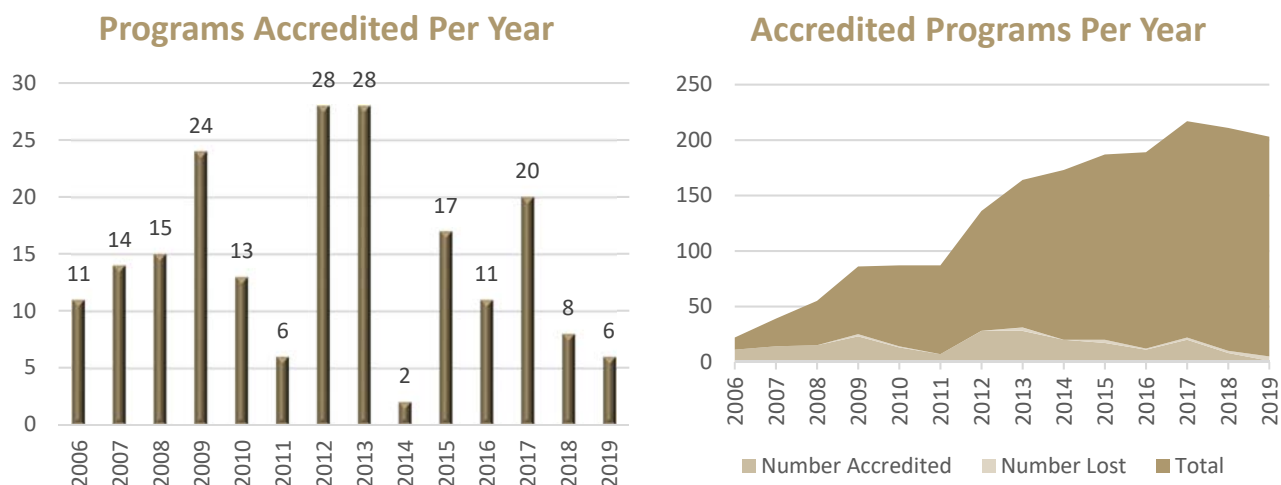
Despite continued growth, accreditation attrition has occurred for a variety of reasons, most often due to loss of key leadership or the inability to secure or maintain institutional support or funding. As of December 1, 2019, UCNS has lost 19 programs to attrition since 2006, four in 2019, with a 91.4% overall retention rate.

GROWTH PER YEAR PER SUBSPECIALTY

The number of programs accredited per year per subspecialty varies, starting with BNNP in 2006 through the newest subspecialty, CNMP, in 2013. The table below shows the growth per year, per subspecialty without attrition and the number of programs accredited per year with attrition.

Accredited Programs by Year Per Subspecialty Without Attrition

Year	AD	BNNP	CNMP	GN	HM	NCC	NRR^	NI	NO	Total
2006		11			0					11
2007		5			9					14
2008		1			2	9		0	3	15
2009		1		0	1	16	0	2	4	24
2010	0	1		1	0	8	0	1	2	13
2011	0	0		0	3	2	0	1	0	6
2012	1	4	0	1	8	10	0	0	4	28
2013	2	4	6	1	4	4	1	0	6	28
2014	2	5	0	2	3	3	0	0	5	20
2015	0	3	0	0	5	4	1	1	3	17
2016	1	2	0	0	1	5	0	1	1	11
2017	0	0	0	2	7	7	0	0	4	20
2018	0	1	0	0	3	1	0	0	3	8
2019	0	2	0	0	2	1	--	0	1	6
Total	**6**	**40**	**6**	**7**	**48**	**70**	**2**	**6**	**36**	**221**

^NRR subspecialty sunset in 2019

Accredited Programs Per Subspecialty with Attrition

Subspecialty	Accredited	Lost	Cumulative Total
AD	6	2	4
BNNP	40	3	37
CNMP	6	0	6
GN	7	3	4
HM	48	5	43
NCC	70	1	69
NI	6	2	4
NO	36	1	35
NRR	2	2	0
Total	221	19	202

From 2014 through 2018, UCNS can look at the trend in program growth among the subspecialties. The table on page four illustrates that six of the eight subspecialties saw an overall growth in the number of programs from 2014 to 2018, ranging from one program to 18 over the five-year period. No subspecialty saw an overall loss.

Five-Year Accreditation Growth Trend for Accredited Programs

(Total programs by subspecialty by year)

Subspecialty	2014	2015	2016	2017	2018	Five-Year Change #
AD	4	4	5	5	5	1
BNNP	30	33	34	34	35	5
CNMP	6	6	6	6	6	0
GN	5	3	3	5	5	0
HM	28	33	34	39	42	14
NCC	52	56	61	68	70	18
NI	3	4	5	5	5	2
NO	24	26	27	31	34	10

FELLOWS

From 2006 through 2018, 1,220 physicians have filled 2,853.5 first-year fellowship spots and have graduated from the currently accredited UCNS programs. A table illustrating the program graduates by subspecialty by year is included later in the report in the subspecialty-specific portion of the report. The largest number of fellows have graduated from NCC (567) followed by BNNP (200), HM (189), NO (177), CNMP (42), NI (35), AD (7), and GN (3).

Of the 1,220 graduates, 1,000 are neurologists, and an additional 12 report they are neurologist/internists and 2 psychiatrist/neurologists, which means 83% of UCNS graduates have a primary certification in neurology. A specific breakdown of the other specialties represented in each subspecialty may be found in the subspecialty-specific section of the report. Twenty-three program graduates are certified in Canada and 1,113 are boarded by an American Board of Medical Specialties Board (ABMS).

FELLOW ENROLLMENT, COMPLETION, AND UCNS CERTIFICATION

Fellow Enrollment
The information provided for fellow enrollment is limited to first-year enrollment as not all programs offer a second- or third-year option. Most programs (n=89) enroll only one fellow; however, the number of requested fellows per year varies from zero for two programs currently inactive to six fellows per year. The following table illustrates the number of fellowship spots approved for 195 programs accredited as of June 1, 2019 (three programs are not represented because they were inactive and withdrew accreditation effective December 1, 2019). Approved fellows that include a .5 are noted as such because the program either has requested a different number of fellows each year (e.g., 1 in odd years and 2 in even years), or because a fellow must complete an entire multiple-year program before the program will enroll another fellow.

Breakdown of UCNS Programs/Fellow Counts	
Programs	Approved Number of Fellows
2	0 (2 programs inactive BNNP, CNMP)
2	0.5
89	1
3	1.5
60	2
4	2.5
20	3
5	4
2	4.5
7	5
4	6

Available Fellowship Spots by Year by Subspecialty

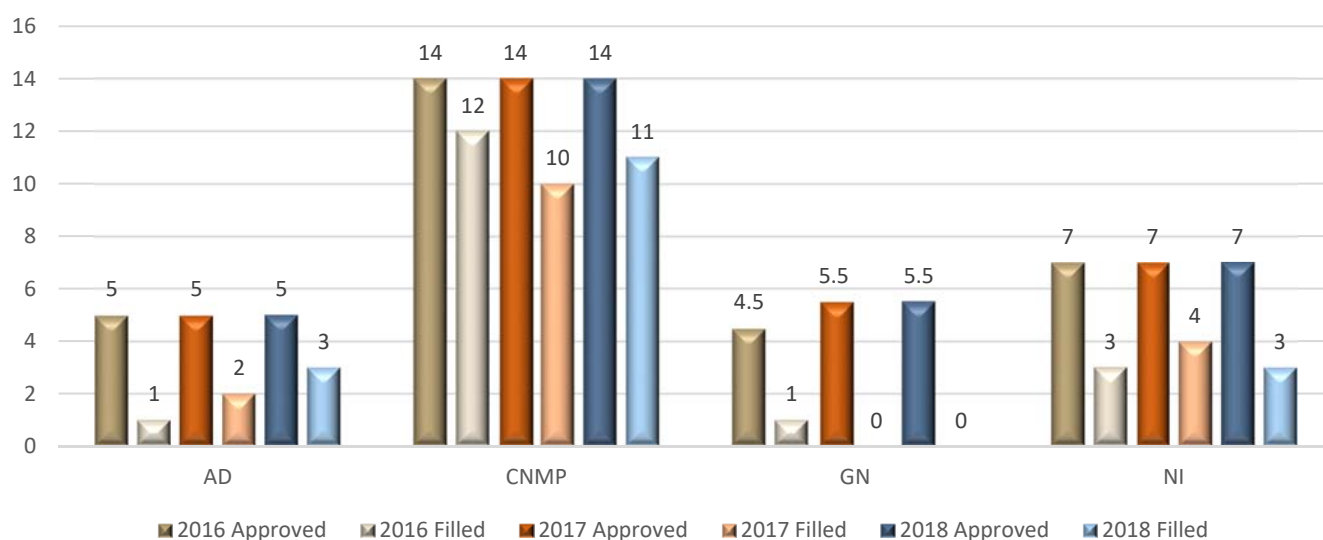| Year	AD	BNNP	CNMP	GN	HM	NCC	NI	NO
2006		21						
2007		25			21			
2008		26			24	32.5		14
2009		26			26	75.5	2	18.5
2010		29			26	93	5	23.5
2011		29			30	97	5	23.5
2012	0	33		1.5	38	122.5	5	29.5
2013	2	39	15	1.5	42	131.5	5	35.5
2014	4	45	15	4.5	45	135.5	5	41.5
2015	4	51	15	4.5	52	140.5	7	45
2016	5	55	14	4.5	55	149	7	46
2017	5	55	14	5.5	63	159	7	51
2018	5	58	14	5.5	67	160	7	54

Enrollment Comparisons: 2016, 2017, and 2018

With the implementation of the annual reporting system in 2016, UCNS has a mechanism to compare program statistics on a year-to-year basis. Previously, program information was collected only when a program was due for an accreditation review, which occurs between one and five years. A comparison of the approved fellowship spots and first-year fellow enrollment between 2016, 2017, and 2018 follows. As shown, the majority of the subspecialties show an increase or equal first-year fill rates between 2017 and 2018. The filled spots show a slight decrease from 2017 to 2018 for HM and NI, which is likely due to program attrition. No fellows enrolled in GN programs in 2017 or 2018.

BNNP, HM, NCC, and NO 2016-2018 Approved and Filled Fellowship Spots

Category	2016 Approved	2016 Filled	2017 Approved	2017 Filled	2018 Approved	2018 Filled
BNNP	53.5	32	55	27	56	34
HM	50.5	24	65	30	69	26
NCC	128.5	82	154	90	155.5	103
NO	40	21	47.5	25	52.5	25
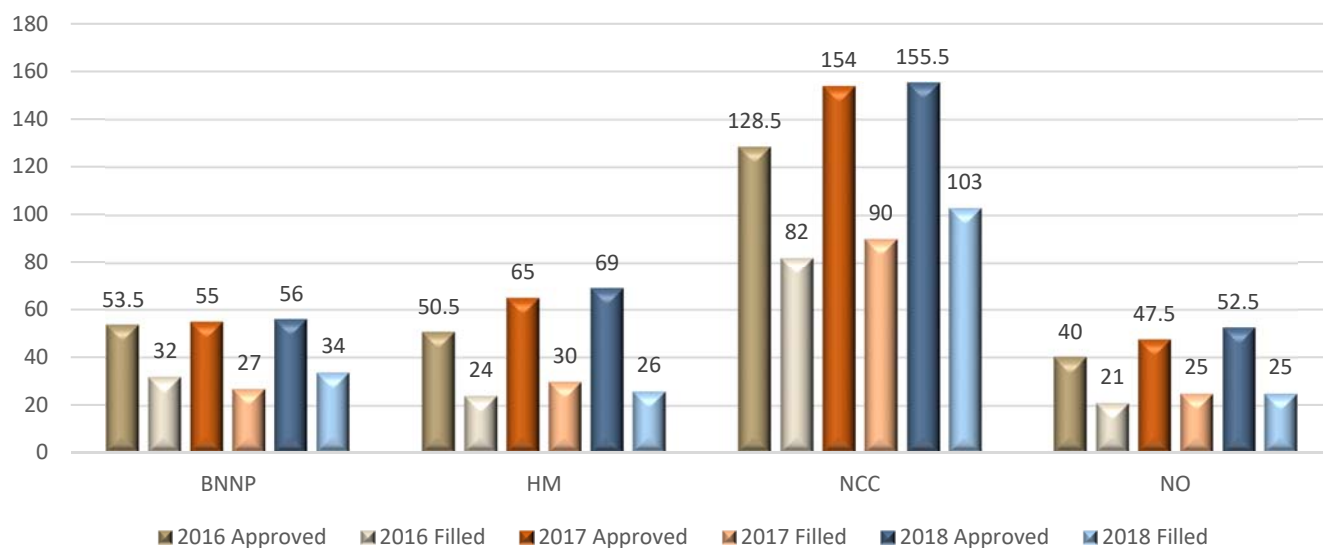
AD, CNMP, GN and NI 2016-2018 Approved and Filled Fellowship Spots

Category	2016 Approved	2016 Filled	2017 Approved	2017 Filled	2018 Approved	2018 Filled
AD	5	1	5	2	5	3
CNMP	14	12	14	10	14	11
GN	4.5	1	5.5	0	5.5	0
NI	7	3	7	4	7	3

Fellow Completion and Certification

Of the 1,220 graduates, 863 (70.7%) have gone on to pursue UCNS certification, with another 98 who have applied to take upcoming 2019 examinations that have completed their upcoming application cycles (CNMP, NCC, and NO). If all candidates pass their respective certification examinations, the number of graduates who are certified will increase to 961 (78.7%). It is important to note that the 1,220 graduates include fellows who are not boarded through the ABMS or Royal College of Physicians and Surgeons of Canada (RCPSC) and are not eligible for a UCNS certification examination (84), and those who have graduated from a subspecialty when no examination has been available (GN 3). Removing these graduates increases the percentage certified to 76.2% of graduates who have sought UCNS certification following completion of an accredited program. A breakdown of the graduates per year per subspecialty, with certification rates, is shown below. The data from 2016 and 2017 is also available for comparison. It is interesting to note that, while not illustrated in the table below, the data shows there is a significant portion of fellows who do not apply for the first available certification examination after their graduation.

Graduates Seeking Certification

	AD	BNNP	CNMP	GN	HM	NCC	NI	NO
Total Graduates Through 2018	7	200	42	3	189	567	35	177
Total Graduates Certified Through 2018	3	140	13	0	155	411	24	117
2019 Certification Applications	NA	NA	2	NA	NA	64	NA	32
Percent Certified (% if all applicants pass)	43%	70%	31% (36%)	0%	82%	72% (84%)	69%	66% (84%)
Total Graduates Through 2016	5	153	26	2	140	402	28	128
Total Percent Certified Reported in 2016 (with applicants)	40%	67%	23% (38%)	0%	79%	70% (89%)	75%	66% (79%)
Total Graduates Through 2017	6	177	34	3	167	490	32	151
Total Percent Certified Reported in 2017 (with applicants)	33% (50%)	61% (74%)	15%	0%	68% (84%)	84%	66% (72%)	72%

FELLOWSHIP EVALUATION SURVEY

From May 30 through June 30, 2019, UCNS surveyed 301 fellows completing a UCNS-accredited fellowship. Fourteen fellows with undeliverable or no email addresses were unable to receive the survey invitation. Reminder emails for those who did not complete the survey were sent periodically during the collection period. Emails were also sent to program directors and program coordinators asking them to encourage their fellows to complete the survey. A reminder email was also sent to program directors and coordinators with fellows who had not yet completed the survey. Responses from 284 fellows were collected, of which 277 completed the survey. Fellows from 123 of the 128 programs with enrolled fellows responded. The highest number of responders identified as fellows enrolled in an NCC program (152), followed by BNNP (43), NO (38), HM (27), CNMP (12), AD (3), AD (3), GN (2), and NI (2). It should be noted that no fellow was identified by programs as being enrolled in a GN program; however, two fellows chose GN as their subspecialty. Both fellows are currently enrolled in a BNNP program.

Fellows were next asked to identify their primary specialty. The information identified closely aligns with the information received in the annual reports. Most of the respondents reported being primarily certified in Neurology (212), followed by the specialties identified in the following chart. "Other" is comprised of pediatric hematology/oncology (1), pediatric neurology (2), child neurology (2), geriatrics (1), pulmonary and critical care (1), and neuromuscular medicine (1).
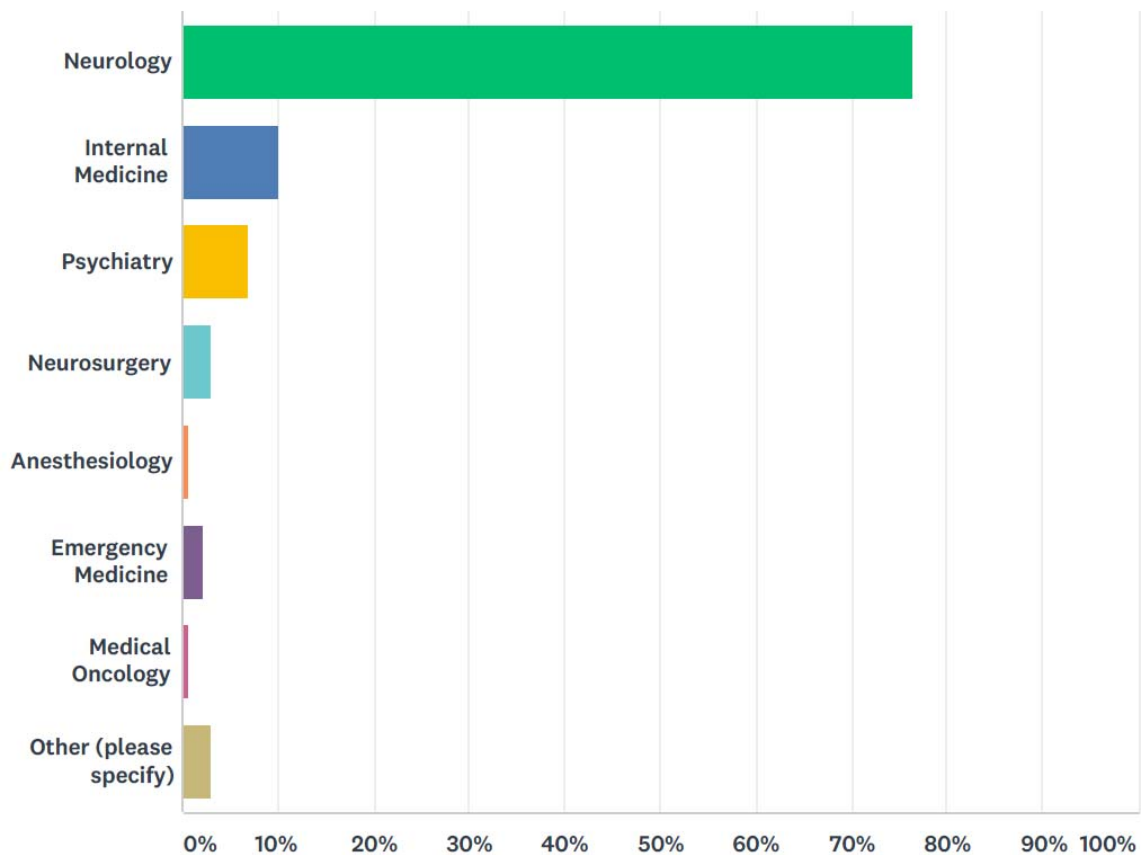
One hundred seventy-seven fellows reported being enrolled in their first year, 95 in their second year, and six in the third year of their fellowship, with 157 graduating in 2019.

Fellows were next asked a series of questions to confirm their program's compliance with specific program requirements, responses of which are summarized below. Narrative comments are not provided.

There is administrative support available to me.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Yes	98.56%	273
No	1.44%	4
TOTAL		277

Faculty in my fellowship provide appropriate supervision for my clinical work (neither too little nor too much).

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Always	79.78%	221
Usually	19.49%	54
Rarely	0.72%	2
Never	0.00%	0
TOTAL		277

Faculty members are interested in my fellowship education.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Always	72.56%	201
Usually	24.91%	69
Rarely	2.53%	7
Never	0.00%	0
TOTAL		277

I am able to review all of my performance evaluations.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Always	77.98%	216
Usually	16.61%	46
Rarely	3.97%	11
Never	1.44%	4
TOTAL		277

I evaluate program faculty at least once per year.

Answered: 277   Skipped: 7

ANSWER CHOICES	▼	RESPONSES	▼
▼ Yes		89.17%	247
▼ No		10.83%	30
TOTAL			277

I evaluate the program at least once per year.

Answered: 277   Skipped: 7

ANSWER CHOICES	▼	RESPONSES	▼
▼ Yes		95.31%	264
▼ No		4.69%	13
TOTAL			277

The program director treats my evaluations of faculty and the program as confidentially as possible.

Answered: 277   Skipped: 7

ANSWER CHOICES	▼	RESPONSES	▼
▼ Always		87.00%	241
▼ Usually		12.27%	34
▼ Rarely		0.36%	1
▼ Never		0.36%	1
TOTAL			277

Fellow feedback is and has been used to help improve the program.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Always	66.43%	184
Usually	23.47%	65
Rarely	5.05%	14
Never	0.00%	0
Unknown	5.05%	14
TOTAL		277

Feedback provided to me is timely.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Always	69.68%	193
Usually	26.35%	73
Rarely	3.61%	10
Never	0.36%	1
TOTAL		277

Feedback provided to me has helped direct my learning.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Always	67.87%	188
Usually	27.80%	77
Rarely	3.97%	11
Never	0.00%	0
I have not received feedback	0.36%	1
TOTAL		277

I have opportunities to participate in research and other scholarly activity.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	77.98%	216
Agree	19.86%	55
Neither agree nor disagree	1.44%	4
Disagree	0.72%	2
Strongly disagree	0.00%	0
TOTAL		277

My education has not been compromised by service requirements. Service is defined as activities that should be routinely performed by non-physicians, such as routine transportation of patients and routine phlebotomy. Taking care of patients and documentation are education and not service.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	74.73%	207
Agree	20.22%	56
Neither agree nor disagree	1.81%	5
Disagree	2.53%	7
Strongly disagree	0.72%	2
TOTAL		277

The variety of patients in my program is comprehensive for my fellowship field.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	81.23%	225
Agree	16.97%	47
Neither agree nor disagree	1.08%	3
Disagree	0.36%	1
Strongly disagree	0.36%	1
TOTAL		277

Patient handovers are very effective in my program.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	55.23%	153
Agree	31.77%	88
Neither agree nor disagree	3.97%	11
Disagree	1.44%	4
Strongly disagree	0.00%	0
Not applicable	7.58%	21
TOTAL		277

My education has not been compromised by too many other trainees (i.e., residents, medical students, allied health, etc.)

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	74.37%	206
Agree	20.94%	58
Neither agree nor disagree	2.53%	7
Disagree	1.44%	4
Strongly disagree	0.72%	2
TOTAL		277

I can raise concerns to my program director, department, or graduate medical education leadership without fear of reprisal.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	76.90%	213
Agree	15.16%	42
Neither agree nor disagree	6.50%	18
Disagree	1.44%	4
Strongly disagree	0.00%	0
TOTAL		277

I am provided with progressive responsibility for patient care in my fellowship program, and the criteria for reaching new levels of progressive responsibility have been made clear to me by the program.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	71.48%	198
Agree	22.74%	63
Neither agree nor disagree	4.69%	13
Disagree	1.08%	3
Strongly disagree	0.00%	0
TOTAL		277

In my program, I participate in interprofessional teams in patient management.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	83.03%	230
Agree	14.80%	41
Neither agree nor disagree	1.81%	5
Disagree	0.36%	1
Strongly disagree	0.00%	0
TOTAL		277

There are didactics specifically for the fellow(s) in my fellowship specialty in my program.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	62.45%	173
Agree	25.99%	72
Neither agree nor disagree	5.05%	14
Disagree	5.42%	15
Strongly disagree	1.08%	3
TOTAL		277

In my program, there are systems in place for me to transition care to another provider if I am too fatigued.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Strongly agree	56.32%	156
Agree	27.08%	75
Neither agree nor disagree	11.19%	31
Disagree	4.69%	13
Strongly disagree	0.72%	2
TOTAL		277

I work less than an average of 80 hours a week averaged over four weeks and have one day off in seven days averaged over four weeks.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Yes	98.56%	273
No	1.44%	4
TOTAL		277

In-house overnight call is not more frequent than every third night averaged over four weeks and the duration of night float is not more than six nights in a row.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Always	59.93%	166
Usually	4.33%	12
Rarely	0.72%	2
Never	1.81%	5
Not applicable	33.21%	92
TOTAL		277

The maximum duration of a work shift is 24 hours plus an additional four hours for patient handovers and after a 24-hour shift I have at least 14 hours off.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Always	65.34%	181
Usually	6.14%	17
Rarely	0.36%	1
Never	1.44%	4
Not applicable	26.71%	74
TOTAL		277

I have at least eight hours off between work duty periods.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Always	91.70%	254
Usually	7.58%	21
Rarely	0.36%	1
Never	0.36%	1
TOTAL		277

At-home call includes telemedicine or remote monitoring.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Yes	20.58%	57
No	29.96%	83
Not applicable	50.54%	140
Total Respondents: 277		

I am included in the process of reviewing the goals and objectives of the fellowship.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Yes	88.45%	245
No	11.55%	32
TOTAL		277

Do you have any concerns about your program?

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Yes	8.66%	24
No	91.34%	253
TOTAL		277

If you indicated in the previous question that you have concerns about your program, would you like UCNS to contact you directly about your concerns?

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
Yes	3.61%	10
No	96.39%	267
TOTAL		277

On a scale of one to five, with five being the best, how would you rate your fellowship experience?

Answered: 277   Skipped: 7

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	0.36% 1	0.72% 2	4.33% 12	33.21% 92	61.37% 170	277	4.55

My program has prepared me for independent practice in my subspecialty.

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
▾ Yes	74.01%	205
▾ No	0.72%	2
▾ I am not graduating this year	25.27%	70
TOTAL		277

I plan to take the UCNS certification examination in my subspecialty (must be taken within four years of graduation).

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
▾ Yes	90.25%	250
▾ No	9.75%	27
TOTAL		277

Please notify me regarding including my subspecialty's certification examination and other UCNS information:

Answered: 277   Skipped: 7

ANSWER CHOICES	RESPONSES	
▾ Yes	83.39%	231
▾ No	16.61%	46
TOTAL		277

Analysis and Outcomes

The 92% (n=277) response rate exceeded initial expectations, providing UCNS with a solid foundation of data to continue monitoring outcomes thresholds. One hundred twenty-three programs were represented, with only five programs that identified as having at least one enrolled fellow not participating. Most of the survey responses indicate fellow-perceived compliance with the program requirements regarding resource availability, curriculum, evaluation, and duty hours requirements. Two hundred five (74%) fellows indicated that they felt their training program prepared them for independent practice in the subspecialty, with 70 (25.3%) indicating they would not be graduating this year. Only two fellows felt that their experience in the program did not prepare them for independent practice in the subspecialty. In addition, fellows were asked to rate their fellowship experience on a scale of one to five, with five being the best. The weighted average was 4.55, with 170 rating 5, 92 rating 4, 12 rating 3, 2 rating 2, and 1 rating 1.

When asked about taking the UCNS certification within four years of graduation, all but 27 respondents indicated that they would be seeking UCNS certification in the future. Eight of the respondents cited the upcoming American Board of Psychiatry and Neurology NCC examination as the reason, while others indicated certification eligibility issues as the reason. Two cite dissatisfaction with certification or the certification process as the reason for not seeking certification in the future.

The data received in the survey will be used as program outcomes and will be shared with programs annually, along with a summary of the data received in the annual report. Outcomes for the survey will include both the response rate of fellows completing the survey and the responses themselves. Programs that show a trend of negative responses or who do not meet other identified benchmarks will trigger a comprehensive review. Other outcomes that will be tracked by UCNS include fellow recruitment, fellow graduation and attrition, fellow performance on certification examinations, fellow scholarly activity, and milestone submission (once implemented).

SUBSPECIALTY-SPECIFIC STATISTICS

The following information includes the year programs were first accredited in each subspecialty, the current number of accredited programs, and the number lost to attrition. In addition, the programs' duration, overseeing department, and program directors' specialties are included. For fellows, the number of graduates, number of graduates certified by UCNS, and the graduates' primary specialties and ABMS/RCPSC eligibility are listed. Enrollment numbers of approved and filled spots for 2016, 2017, and 2018 are also provided.

Subspecialty: Autonomic Disorders | First program accredited in 2013

Fellowships

> Currently Accredited: 5 | Attrition: 1 (2013)
> Program Construction: 1 year (4); 1 or 2 years (1)
> Departments: All programs located within neurology departments
> Program Director Specialty: Neurology (4); Internal Medicine (1)

Fellows

> Graduates: 7 | UCNS Certified: 3
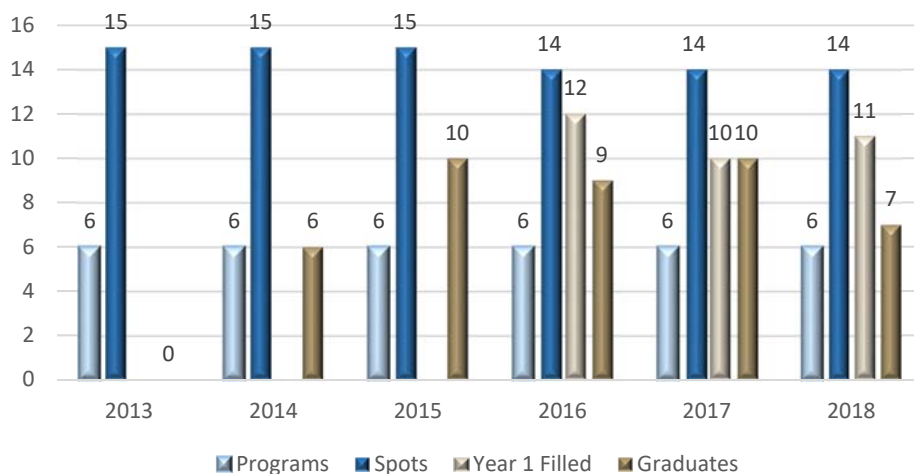> Primary Specialty: Neurology (6); Family Medicine (1) | ABMS/RCPSC: ABMS (6)
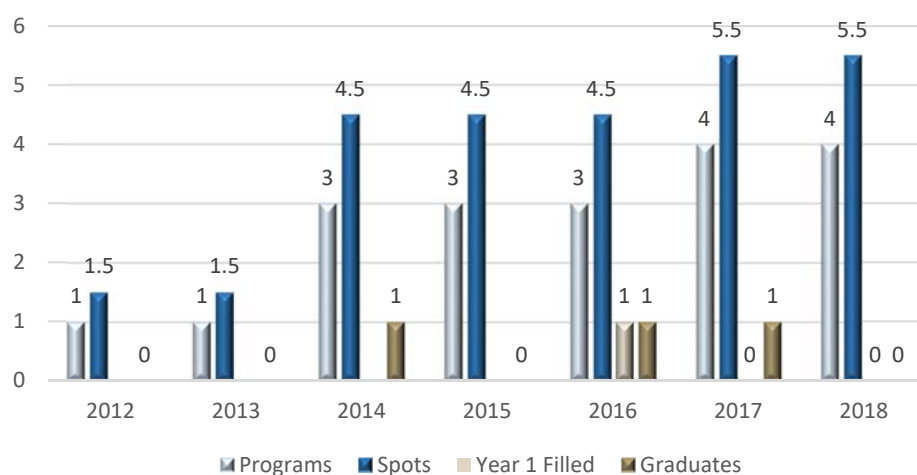
Enrollment

> 2016 Approved Spots: 5 | 2016 Filled: 1
> 2017 Approved Spots: 5 | 2017 Filled: 2
> 2018 Approved Spots: 5 | 2018 Filled: 3

AD Program Growth

Legend: Programs, Spots, Year 1 Filled, Graduates
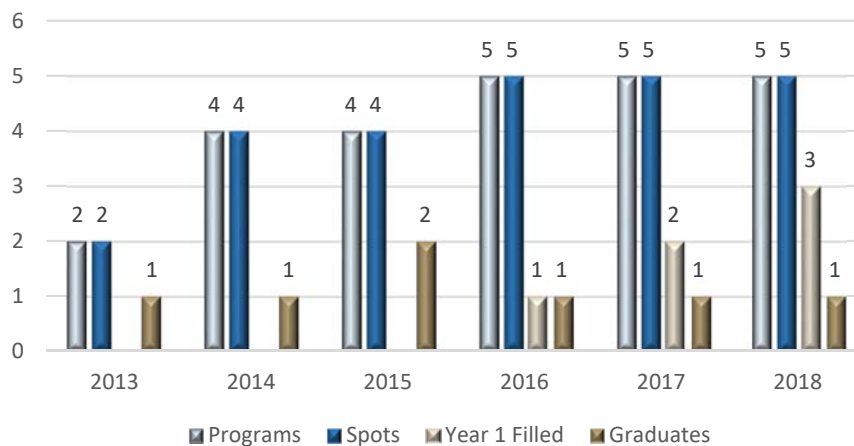
AD 2016-2018 Fellow Enrollment
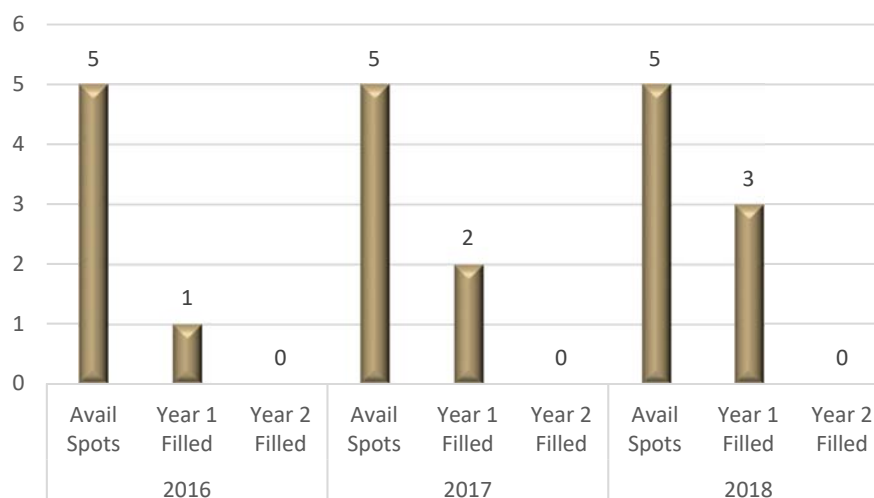
Subspecialty: Behavioral Neurology & Neuropsychiatry | First program accredited in 2006

Fellowships
> Currently Accredited: 35 | Attrition: 3 (2009, 2010, 2016)
> Program Construction: 1 year (13); 2 years (4); 1 or 2 years (17); 1, 2, or 3 years (1)
> Departments: Neurology (27); Neuro/IM (1); Neuro/Psych (1); Psychiatry (6)
> Program Director Specialty: Neuro (26); Neuro/IM (1); Neuro/Psych (5); Psych (2); Psych/IM (1)

Fellows
> Graduates: 200 | UCNS Certified: 140
> Primary Specialty: Neuro (139); Psychiatry (57); IM (3); Neuro/Psych (1) | ABMS/RCPSC: ABMS (179); RCPSC (11)

Enrollment
> 2016 Approved Spots: 53.5 | 2016 Filled: Year 1 (32); Year 2 (12)
> 2017 Approved Spots: 55 | 2017 Filled: Year 1 (27); Year 2 (12)
> 2018 Approved Spots: 56 | 2018 Filled: Year 1 (34); Year 2 (13)

BNNP Program Growth

BNNP 2016-2018 Fellow Enrollment

Fellowships
    Currently Accredited: 6 | Attrition: 0
    Program Construction: 1 year (5); 1 or 2 years (1)
    Departments: All programs located within neurology departments
    Program Director Specialty: Neurology (6)
Fellows
    Graduates: 42 | UCNS Certified: 13 (2 applications for 2019 examination)
    Primary Specialty: Neurology (40); Pediatrics (1); Peds Neuro (1) | ABMS/RCPSC: ABMS (31); RCPSC (2)
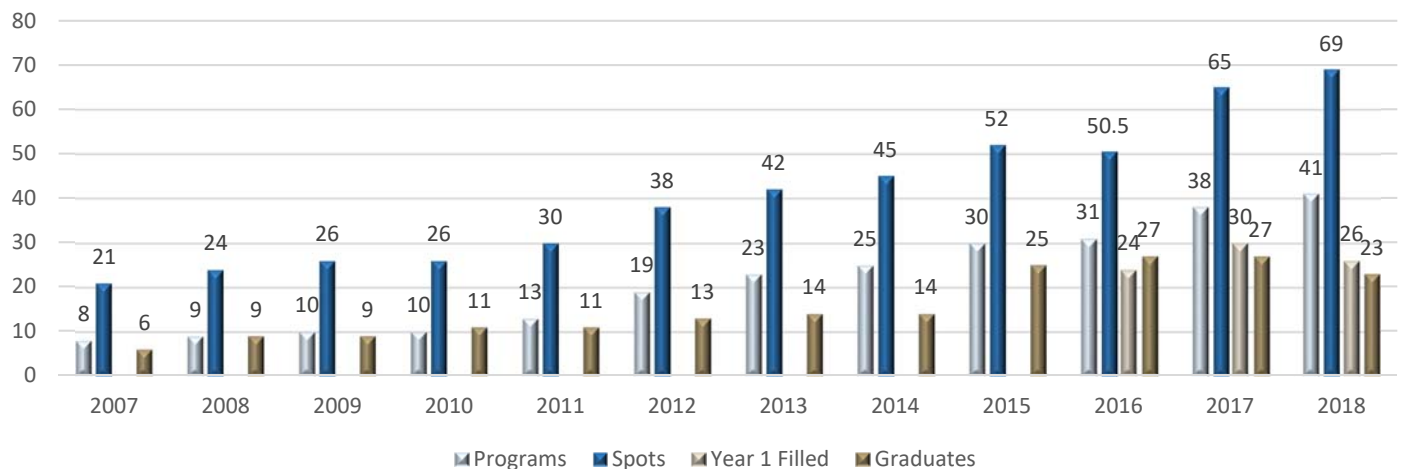Enrollment
    2016 Approved Spots: 14 | 2016 Filled: Year 1 (12); Year 2 (1)
   2017 Approved Spots: 14 | 2017 Filled: Year 1 (10); Year 2 (3)
    2018 Approved Spots: 14 | 2018 Filled: Year 1 (11); Year 2 (1)

CNMP Program Growth
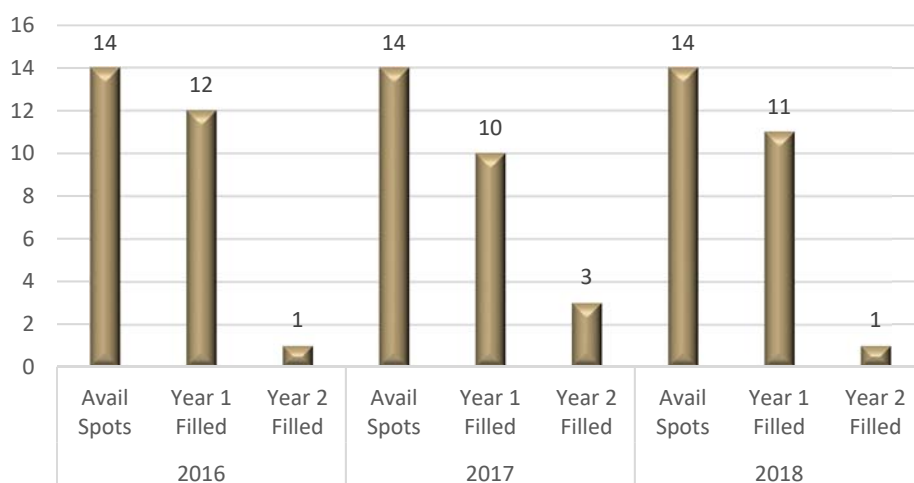
Legend: Programs, Spots, Year 1 Filled, Graduates

CNMP 2016-2018 Fellow Enrollment

Fellowships

Currently Accredited: 4 | Attrition: 3 (2015 x 2, 2019)

Program Construction: 1 year (2); 1 or 2 years (1); 2 or 3 years (1)

Departments: All programs located within neurology departments

Program Director Specialty: Neurology (4)

Fellows

Graduates: 3

UCNS Certified: 0 (a UCNS examination has not been offered since fellows have graduated)

Primary Specialty: Neurology (3) | ABMS/RCPSC: ABMS (2)

Enrollment

2016 Approved Spots: 4.5 | 2016 Filled: 1

2017 Approved Spots: 5.5 | 2017 Filled: 0

2018 Approved Spots: 5.5 | 2018 Filled: 0

GN Program Growth
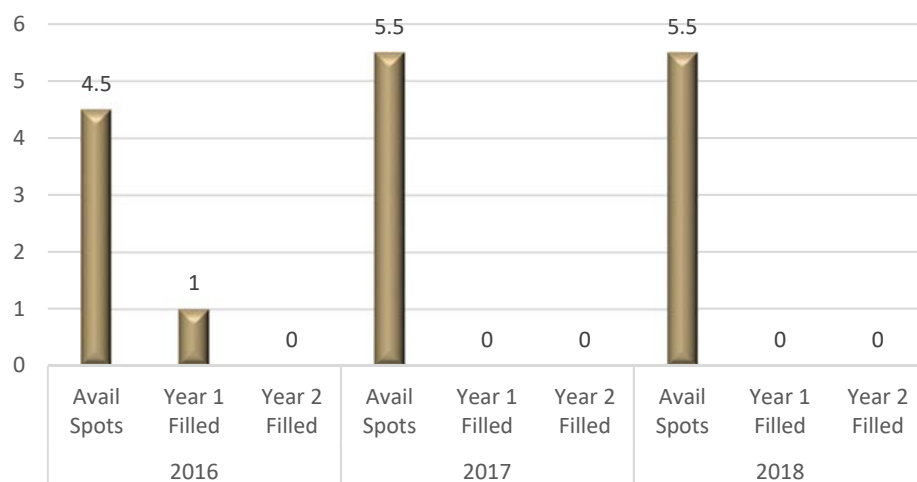
Programs | Spots | Year 1 Filled | Graduates

GN 2016-2018 Fellow Enrollment

Fellowships

Currently Accredited: 41 | Attrition: 5 (2009, 2013, 2017 x2; 2019)
Program Construction: 1 year (39); 1 or 2 years (2)
Departments: Neuro (36); Peds Neuro (2); Peds (2)
Program Director Specialty: Neurology (39); Family Med (1); Peds Neuro (1)

Fellows

Graduates: 189 | UCNS Certified: 155
Primary Specialty: Neuro (172); Family Med (5); Physiatry (3); IM (2); Peds (2); Peds Neuro (1);
   Psych (2); Ophthalmology (1); Dentistry (1) | ABMS/RCPSC: ABMS (169); RCPSC (6)

Enrollment

2016 Approved Spots: 50.5 | 2016 Filled: Year 1 (24); Year 2 (0)
2017 Approved Spots: 65 | 2017 Filled: Year 1 (30); Year 2 (0)
2018 Approved Spots: 69 | 2018 Filled: Year 1 (26); Year 2 (0)

HM Program Growth

HM 2016-2018 Fellow Enrollment
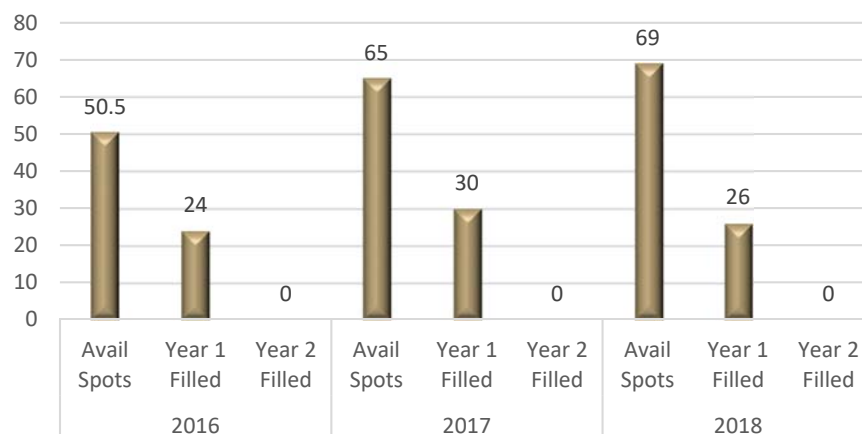
Subspecialty: Neurocritical Care | First program accredited in 2008

Fellowships

      Currently Accredited: 69 | Attrition: 1 (2019)

      Program Construction: 2 years (28); 1 or 2 years (41) – post-graduate critical care medicine
               training (12); post-graduate neurosurgery (4); both (25)

      Departments: Neuro (50); NS (12); Anesth (3); CCM (2); Infectious Disease (1); IM (1)

      Program Director Specialty: Neuro (58); Emer Med (4); Neuro/IM (3); IM (2); NS (1); Anesth (1)

Fellows

      Graduates: 567 | UCNS Certified: 411 (64 applications for 2019 certification examination)

      Primary Specialty: Neuro (443); IM (53); EM (30); IM/Neuro (12); Anesth (12); NS (13); Radiology (2);
               Family Medicine (1); Anesth/IM (1) | ABMS/RCPSC: ABMS (531); RCPSC (1)

Enrollment

      2016 Approved Spots: 128.5 | 2016 Filled: Year 1 (82); Year 2 (78)
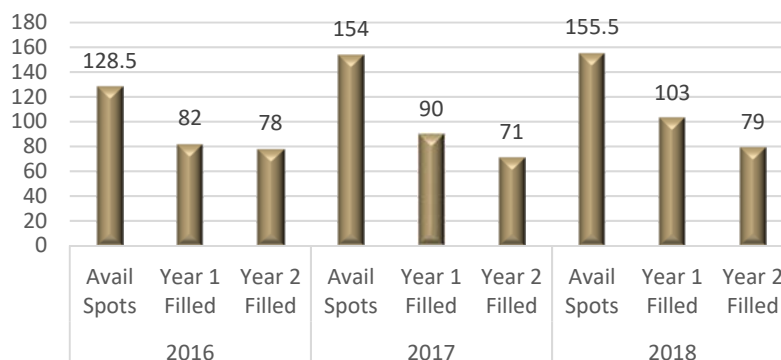
      2017 Approved Spots: 154 | 2017 Filled: Year 1 (90); Year 2 (71)

      2018 Approved Spots: 155.5 | 2018 Filled: Year 1 (103); Year 2 (79)

NCC Program Growth
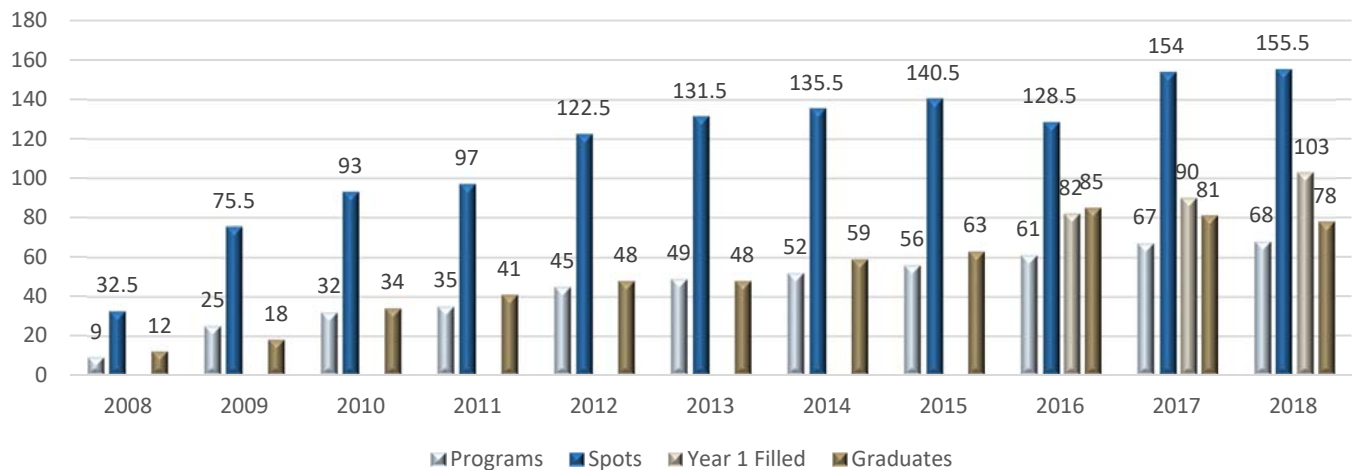
NCC 2016-2018 Fellow Enrollment

Fellowships
        Currently Accredited: 4 | Attrition: 2 (2013; 2019)
        Program Construction: All four programs are one-year in duration
        Departments: All four programs located within neurology departments
        Program Director Specialty: All four program directors are neurologists

Fellows
        Graduates: 35 | UCNS Certified: 24
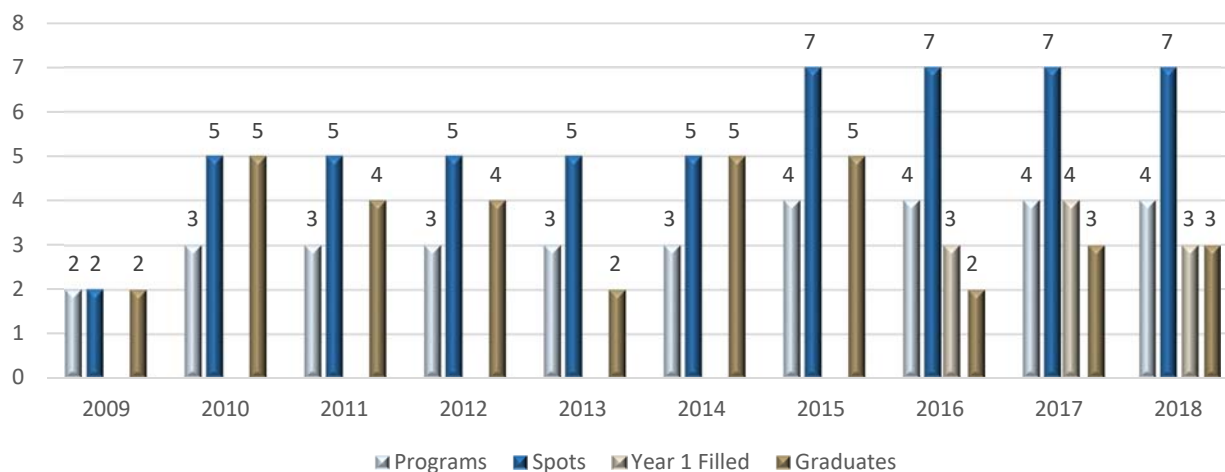   Primary Specialty: Neurology (34); Unknown (1) | ABMS/RCPSC: ABMS (30); Unknown (1)
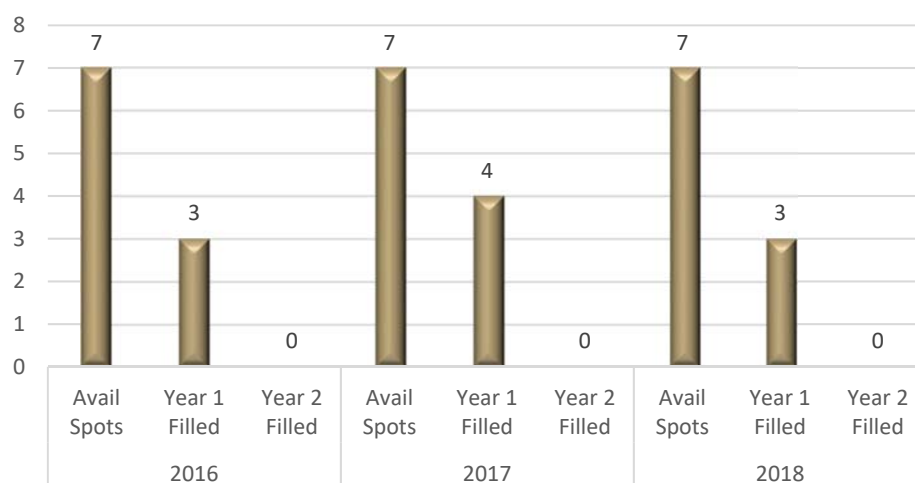
Enrollment
        2016 Approved Spots: 7 | 2016 Filled: 3
        2017 Approved Spots: 7 | 2017 Filled: 4
        2018 Approved Spots: 7 | 2018 Filled: 3

NI Program Growth

NI 2016-2018 Fellow Enrollment

Fellowships

> Currently Accredited: 34 | Attrition: 1 (2015)
> Program Construction: 1 year (9); 2 years (8); 1 or 2 years (14); 1, 2, or 3 years (3)
> Departments: Neurology (28); Neurosurgery (6)
> Program Director Specialty: Neurology (31); IM (1); Medical Oncology (1); Neuro Peds (1)

Fellows

> Graduates: 177 | UCNS Certified: 117 (32 applications for 2019 certification examination)
> Primary Specialty: Neuro (161); Hem-Onc (4); IM (4); IM/Hem-Onc (1); NS (2); Peds (1); Psych/Neuro (1) | ABMS/RCPSC: ABMS (165); RCPSC (3)
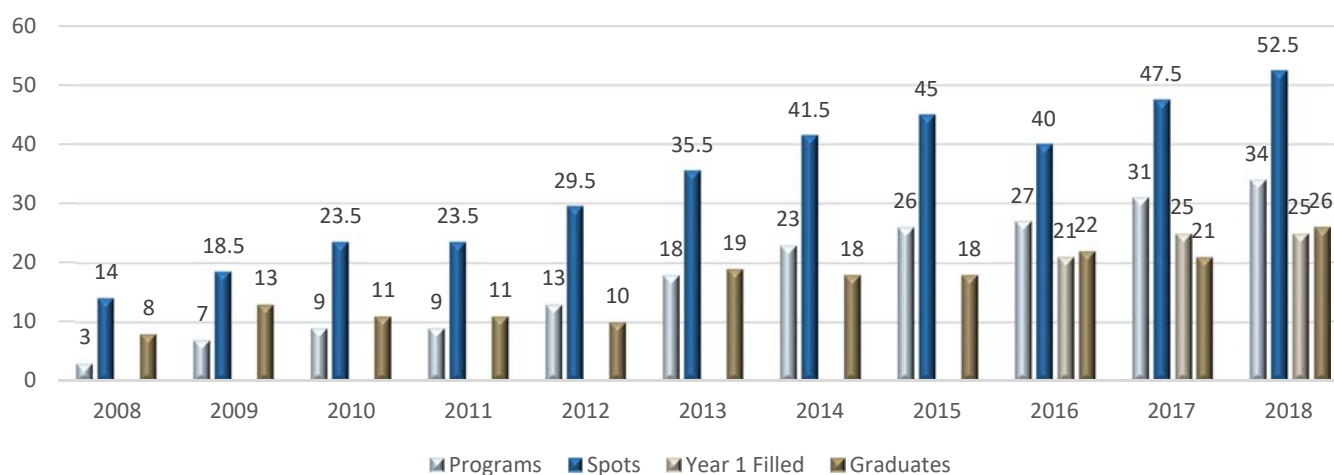
Enrollment

> 2016 Approved Spots: 40 | 2016 Filled: Year 1 (21); Year 2 (16)
> 2017 Approved Spots: 47.5 | 2017 Filled: Year 1 (25); Year 2 (17)
> 2018 Approved Spots: 52.5 | 2018 Filled: Year 1 (25); Year 2 (17)

NO Program Growth

NO 2016-2018 Fellow Enrollment