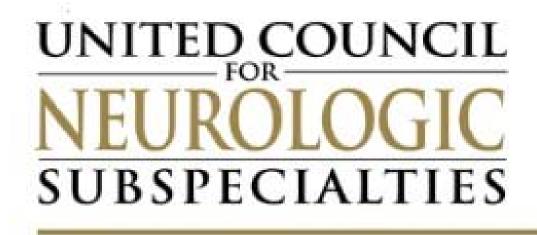
# 2019-2020 Accreditation Annual Report



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United Council for Neurologic Subspecialties

January 2020

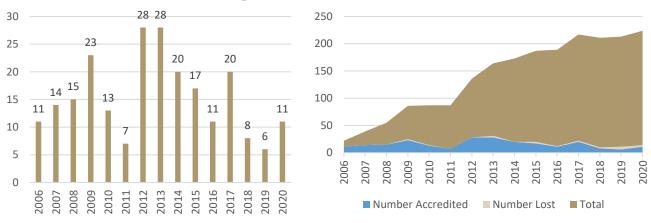
#### INTRODUCTION

Every fall, data gathered from training program annual reports, accreditation applications, annual fellowship surveys, and program director surveys (as they occur) are provided to the Accreditation Council, program directors, and Board of Directors. These tools are 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 assesses its current processes to determine whether adjustments are necessary to improve programs' accreditation experiences. The data presented in this report is through the spring accreditation cycle, June 1, 2020, 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 232 programs in nine neurologic subspecialties. There are currently 210 programs accredited in eight subspecialties representing 37 states, the District of Columbia, and one Canadian province. UCNS is present at a majority of institutions with ACGME-accredited neurology residencies, and 162 of the 210 programs are located within neurology departments. Program leadership (program directors and department chairs) are predominantly neurology based (87% and 79% respectively), with a specific breakdown included in the subspecialty-specific section later in this report. As of December 1, 2020, the growth in the number of accredited programs in all subspecialties per year is shown in the charts below.

# **Programs Accredited Per Year**



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, 2020, UCNS has lost only 22 programs to attrition since 2006, with a 90% 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 with accreditation available, CNMP, in 2013. The table below illustrates the growth per year, per subspecialty, without attrition.

# **Accredited Programs by Year Per Subspecialty Without Attrition**

Year	AD	BNNP	CNMP	GN	НМ	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
2020	1	2	0	0	3	4		0	1	11
Total	7	42	6	7	51	74	2	6	37	232

<sup>^</sup>NRR subspecialty sunset in 2019

# **Accredited Programs Per Subspecialty with Attrition**

Cultura	A	1	Commission Tatal
Subspecialty	Accredited	Lost	<b>Cumulative Total</b>
AD	7	2	5
BNNP	42	5	37
CNMP	6	0	6
GN	7	3	4
НМ	51	6	45
NCC	74	1	73
NI	6	2	4
NO	37	1	36
NRR	2	2	0
Total	232	22	210

From 2015 through 2019, UCNS can look at the trend in program growth among the subspecialties. The table below illustrates that half of the subspecialties saw an overall growth in the number of programs from 2015 to 2019, ranging from two programs to twelve 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)

	Five-Year Change					
Subspecialty	2015	2016	2017	2018	2019	#
AD	4	5	5	5	4	0
BNNP	33	34	34	35	35	2
CNMP	6	6	6	6	6	0
GN	3	3	5	5	4	0
НМ	33	34	39	42	42	9
NCC	56	61	68	70	68	12
NI	4	5	5	5	4	0
NO	26	27	31	34	34	8

#### **FELLOWS**

Since 2006, 1,384 physicians graduated from the current UCNS-accredited programs through 2019. A table illustrating the program graduates by subspecialty by year is included later in the report, with more specific information given in the subspecialty-specific portion of the report. The largest number of fellows have graduated from NCC (652) followed by BNNP (218), HM (213), NO (201), CNMP (52), NI (37), AD (8), and GN (3).

Of the 1,384 graduates, 1,120 are neurologists, and an additional 12 report they are neurologist/internists, three pediatric/neurologists, and two psychiatrist/neurologists, which means 82% 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-four program graduates are certified in Canada, eight by the American Osteopathic Association, and 1,282 are boarded by an American Board of Medical Specialties board.

#### 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=95) enroll only one fellow; however, the number of requested fellows per year varies from one to six fellows per year. The following table illustrates the number of fellowship spots approved for the 205 programs accredited as of June 1, 2020. 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.

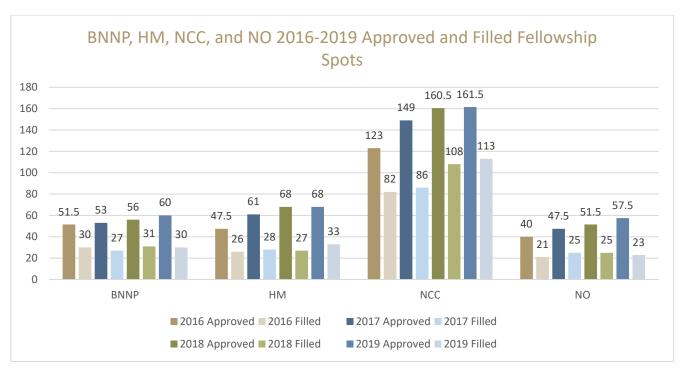
Breakdow	Breakdown of UCNS Programs/Fellow Counts					
Programs	Approved Number of Fellows					
1	0.5					
95	1					
1	1.5					
64	2					
5	2.5					
21	3					
5	4					
2	4.5					
5	5					
2	5.5					
4	6					

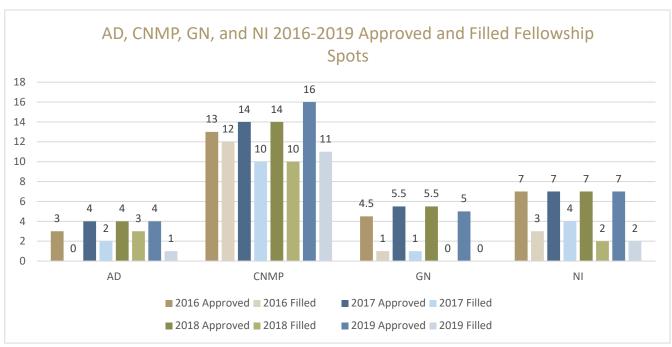
# Available Fellowship Spots by Year by Subspecialty

	Available Fellowship Spots by Tear by Subspecialty								
Year	AD	BNNP	CNMP	GN	HM	NCC	NI	NO	
2006		21							
2007		25			17				
2008		26			20	30		14.5	
2009		26			22	73.5	3	19	
2010		29			22	91	5	24	
2011		29			26	95	5	24	
2012	0	33		1	33	120.5	5	30	
2013	1	39	16	1	39	130	5	36	
2014	3	45	16	4	42	134	5	42	
2015	3	51	16	4	50	139	7	46.5	
2016	3	51.5	13	4.5	47.5	123	7	40	
2017	4	53	14	5.5	61	149	7	47.5	
2018	4	56	14	5.5	68	160.5	7	51.5	
2019	4	60	16	5.5	68	161.5	7	57.5	

#### Enrollment Comparisons: 2016, 2017, 2018, 2019

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, 2018, and 2019 follows. As shown, the majority of the subspecialties show an increase or equal first-year fill rates. The filled spots show a slight decrease from 2018 to 2019 for AD, BNNP, and NO, which is likely due to program attrition. No fellows were enrolled in GN programs in 2018 or 2019.





#### **Fellow Completion and Certification**

Of the 1,384 graduates, 979 (70.7%) have gone on to pursue UCNS certification, with another 47 who have applied to take upcoming 2020 examinations (AD, BNNP, HM, and NI). If all candidates pass their respective certification examinations, the number of graduates who are certified will increase to 1,026 (74.1%). It is important to note that the 1,384 graduates include fellows who are not boarded through the American Board of Medical Specialty (ABMS), Royal College of Physicians and Surgeons of Canada (RCPSC), or American Osteopathic Association and are not eligible for a UCNS certification examination (70), and those who have graduated from a subspecialty when no examination has been available (GN 3). Removing these graduates increases the percentage certified to 74.6% 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 as follows. The data from 2017 and 2018 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.

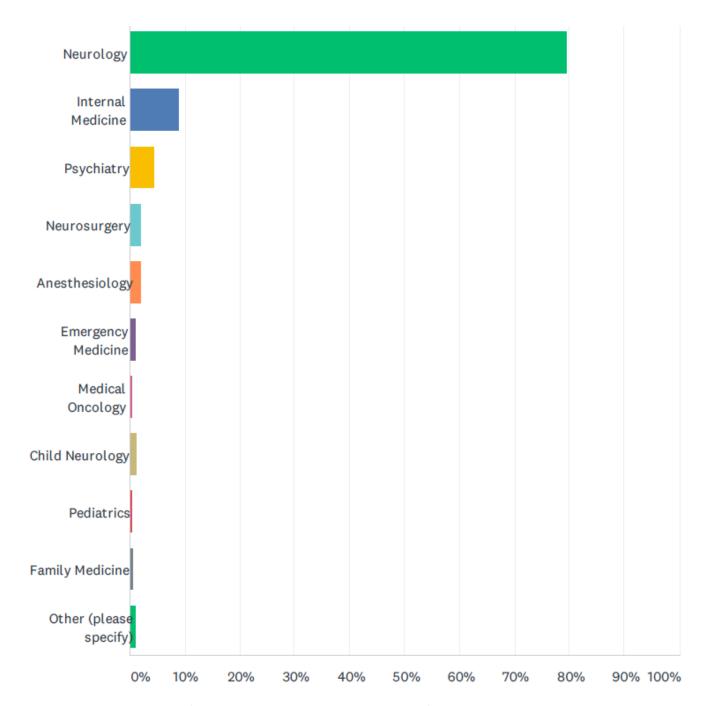
Graduates	Through	June 30	. 2019 See	king	Certification
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	AD	BNNP	CNMP	GN	НМ	NCC	NI	NO
Total Graduates Through 2019	8	218	52	3	213	652	37	201
Total Graduates Certified Through 2019	3	135	15	0	153	495	24	154
2020 Certification Applications	2	23	NA	NA	19	NA	3	NA
Percent Certified	38%	62%			72%		65%	
(% if all applicants pass)	(63%)	(72%)	29%	0%	(81%)	76%	(73%)	77%
Total Graduates Through 2017	6	177	34	3	167	490	32	151
Total Percent Certified Reported in 2017	33%	61%			68%		66%	
(with applicants)	(50%)	(74%)	15%	0%	(84%)	84%	(72%)	72%
Total Graduates Through 2018	7	200	42	3	189	567	35	177
Total Percent Certified Reported in 2018			31%			72%		66%
(with applicants)	43%	70%	(36%)	0%	82%	(84%)	69%	(84%)

#### **FELLOWSHIP EVALUATION SURVEY**

From June 4 through July 7, 2020, UCNS surveyed 323 fellows completing a UCNS-accredited fellowship. Five 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 303 fellows were collected, of which 301 completed the survey. Fellows from 122 of the 129 programs with enrolled fellows responded. The highest number of responders identified as fellows enrolled in an NCC program (169), followed by BNNP (45), NO (37), HM (35), CNMP (12), NI, (2), and AD (1).

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 (238), followed by the specialties identified in the following chart. "Other" is comprised of geriatrics (1) pediatric hematology/oncology (1), and currently in behavioral neurology fellowship (1).



One hundred seventy-nine fellows reported being enrolled in their first year, 113 in their second year, and nine in the third year of their fellowship, with 183 graduating in 2020.

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: 301 Skipped: 0

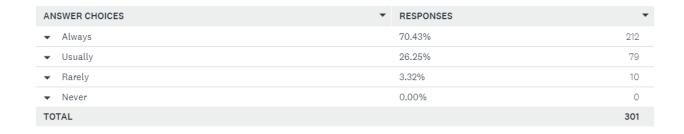
ANSWER CHOICES	▼ RESPONSES	•
▼ Yes	98.34%	296
▼ No	1.66%	5
TOTAL		301

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

Answered: 301 Skipped: 0

ANSWER CHOICES	▼ RESPONSES	*
▼ Always	72.09%	217
▼ Usually	26.25%	79
▼ Rarely	1.66%	5
▼ Never	0.00%	0
TOTAL		301

Faculty members are interested in my fellowship education.



I am able to review all of my performance evaluations.

Answered: 301 Skipped: 0

ANSWER CHOICES	▼ RESPONSES	~
▼ Always	78.41%	236
▼ Usually	13.29%	40
▼ Rarely	5.32%	16
▼ Never	2.99%	9
TOTAL		301

I evaluate program faculty at least once per year.

Answered: 301 Skipped: 0

ANSWER CHOICES	RESPONSES	•
▼ Yes	88.04%	265
▼ No	11.96%	36
TOTAL		301

I evaluate the program at least once per year.

Answered: 301 Skipped: 0

ANSWER CHOICES	▼ RESPONSES	•
▼ Yes	94.02%	283
▼ No	5.98%	18
TOTAL		301

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



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

Answered: 301 Skipped: 0

ANSWER CHOICES	▼ RESPONSES	•
▼ Always	57.48%	173
▼ Usually	32.23%	97
▼ Rarely	3.99%	12
▼ Never	1.00%	3
▼ Unknown	5.32%	16
TOTAL		301

# Feedback provided to me is timely.

Answered: 301 Skipped: 0

ANSWER CHOICES	▼ RESPONSES	•
▼ Always	68.44%	206
▼ Usually	27.57%	83
▼ Rarely	3.65%	11
▼ Never	0.33%	1
TOTAL		301

# Feedback provided to me has helped direct my learning.

ANSWER CHOICES	▼ RESPONSES	•
▼ Always	70.10%	211
▼ Usually	26.25%	79
▼ Rarely	2.66%	8
▼ Never	1.00%	3
▼ I have not received feedback	0.00%	0
TOTAL		301

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

Answered: 301 Skipped: 0

ANSWER CHOICES	•	RESPONSES	•
▼ Strongly agree		73.09%	220
▼ Agree		21.59%	65
▼ Neither agree nor disagree		3.32%	10
▼ Disagree		1.66%	5
▼ Strongly disagree		0.33%	1
TOTAL			301

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: 301 Skipped: 0

ANSWER CHOICES	•	RESPONSES	•
▼ Strongly agree		72.76%	219
▼ Agree		19.27%	58
▼ Neither agree nor disagree		2.66%	8
▼ Disagree		4.32%	13
▼ Strongly disagree		1.00%	3
TOTAL			301

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

ANSWER CHOICES	▼ RESPONSES	~
▼ Strongly agree	76.08%	229
▼ Agree	21.93%	66
▼ Neither agree nor disagree	1.33%	4
▼ Disagree	0.66%	2
▼ Strongly disagree	0.00%	0
TOTAL		301

Patient handovers are very effective in my program.

Answered: 301 Skipped: 0

ANSWER CHOICES	▼ RESPONSES	•
▼ Strongly agree	54.82%	165
▼ Agree	28.90%	87
▼ Neither agree nor disagree	8.97%	27
▼ Disagree	0.66%	2
▼ Strongly disagree	0.33%	1
▼ Not applicable	6.31%	19
TOTAL		301

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

Answered: 301 Skipped: 0

ANSWER CHOICES	•	RESPONSES	•
▼ Strongly agree		69.44%	209
▼ Agree		24.58%	74
▼ Neither agree nor disagree		3.32%	10
▼ Disagree		1.99%	6
▼ Strongly disagree		0.66%	2
TOTAL			301

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

ANSWER CHOICES	▼ RESPONSES	•
▼ Strongly agree	70.76%	213
▼ Agree	21.26%	64
▼ Neither agree nor disagree	5.32%	16
▼ Disagree	1.99%	6
▼ Strongly disagree	0.66%	2
TOTAL		301

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: 301 Skipped: 0

ANSWER CHOICES	•	RESPONSES	•
▼ Strongly agree		66.11%	199
▼ Agree		27.24%	82
▼ Neither agree nor disagree		4.65%	14
▼ Disagree		1.66%	5
▼ Strongly disagree		0.33%	1
TOTAL			301

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

Answered: 301 Skipped: 0

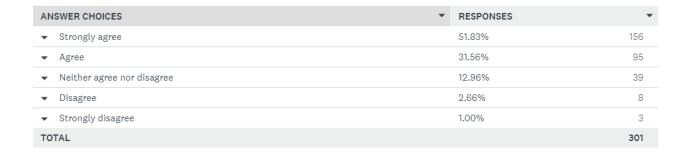
ANSWER CHOICES	▼ RESPONSES	•
▼ Strongly agree	77.08%	232
▼ Agree	20.93%	63
▼ Neither agree nor disagree	1.66%	5
▼ Disagree	0.00%	0
▼ Strongly disagree	0.33%	1
TOTAL		301

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

ANSWER CHOICES	•	RESPONSES	•
▼ Strongly agree		57.48%	173
▼ Agree		32.23%	97
▼ Neither agree nor disagree		3.65%	11
▼ Disagree		5.65%	17
▼ Strongly disagree		1.00%	3
TOTAL			301

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

Answered: 301 Skipped: 0

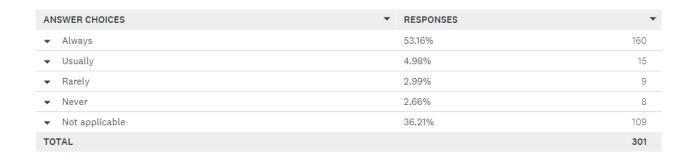


I work less than an average of 80 hours a week averaged over four weeks and have one day off in seven days averaged over four weeks.

Answered: 301 Skipped: 0



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.



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: 301 Skipped: 0

ANSWER CHOICES	▼ RESPONSES	*
▼ Always	64.12%	193
▼ Usually	5.32%	16
▼ Rarely	1.00%	3
▼ Never	1.00%	3
▼ Not applicable	28.57%	86
TOTAL		301

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

Answered: 301 Skipped: 0

ANSWER CHOICES	▼ RESPONSES	•
▼ Always	90.70%	273
▼ Usually	9.30%	28
▼ Rarely	0.00%	0
▼ Never	0.00%	0
TOTAL		301

# At-home call includes telemedicine or remote monitoring.



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

Answered: 301 Skipped: 0

ANSWER CHOICES	RESPONSES	~
▼ Yes	85.38%	257
▼ No	14.62%	44
TOTAL		301

Do you have any concerns about your program?

Answered: 301 Skipped: 0

ANSWER CHOICES	▼ RESPONSES	~
▼ Yes	12.29%	37
▼ No	87.71%	264
TOTAL		301

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: 301 Skipped: 0



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



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

Answered: 301 Skipped: 0

ANSWER CHOICES	*	RESPONSES	•
▼ Yes		77.41%	233
▼ No		1.00%	3
▼ I am not graduating this year		21.59%	65
TOTAL			301

If you are completing your program, do you have a position for employment in your subspecialty?

Answered: 301 Skipped: 0



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

Answered: 301 Skipped: 0



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



#### **Analysis**

The 93% (n=301) response rate exceeded initial expectations, providing UCNS with a solid foundation of data to continue monitoring outcomes thresholds. One hundred twenty-two programs were represented, with only seven 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 thirty-three (77%) fellows indicated that they felt their training program prepared them for independent practice in the subspecialty, with 65 (22%) indicating they would not be graduating this year. Only three 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 4.5, with 173 rating 5, 104 rating 4, 19 rating 3, 4 rating 2, and 1 rating 1.

When asked about taking the UCNS certification within four years of graduation, all but 21 respondents indicated that they would be seeking UCNS certification in the future. The majority 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. This year UCNS asked whether graduating fellows have a position for employment in their subspecialty. Fifty-three percent (158) indicated yes, while 33 indicated no, and 110 indicated that they will not be graduating this year.

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 – THROUGH JUNE 2019**

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, 2018, and 2019 are also provided.

# Subspecialty: Autonomic Disorders | First program accredited in 2013

## **Fellowships**

Currently Accredited: 4 | Attrition: 2 (2013, 2019) Program Construction: 1 year (3); 1 or 2 years (1)

Departments: All programs located within neurology departments Program Director Specialty: Neurology (4); Internal Medicine (1)

#### **Fellows**

Graduates: 8 | UCNS Certified: 3 (2 applications for 2020 examination)

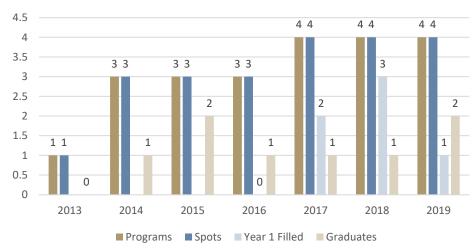
Primary Specialty: Neurology (8) | ABMS/RCPSC: ABMS (7)

#### Enrollment

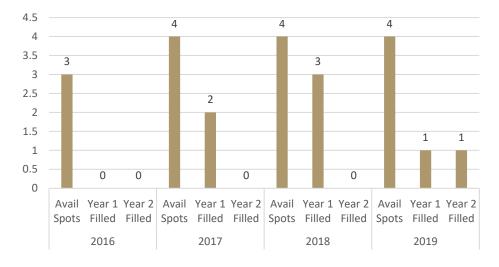
2016 Approved Spots: 5 | 2016 Filled: 1 2017 Approved Spots: 5 | 2017 Filled: 2 2018 Approved Spots: 5 | 2018 Filled: 3

2019 Approved Spots: 4 | 2019 Filled: Year 1 (1); Year 2 (1)

# **AD Program Growth**



#### AD 2016-2019 Fellow Enrollment



## Subspecialty: Behavioral Neurology & Neuropsychiatry | First program accredited in 2006

#### **Fellowships**

Currently Accredited: 36 | Attrition: 5 (2009, 2010, 2016, 2020 x 2)

Program Construction: 1 year (12); 2 years (3); 1 or 2 years (119); 1, 2, or 3 years (2)

Departments: Neurology (28); Neuro/IM (1); Neuro/Psych (1); Psychiatry (6)

Program Director Specialty: Neuro (26); Neuro/IM (1); Neuro/Psych (6); Psych (2); Psych/IM (1)

#### **Fellows**

Graduates: 218 | UCNS Certified: 135 (23 applications for 2020 examination)

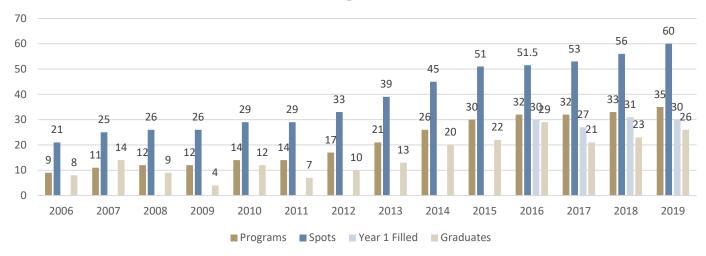
Primary Specialty: Neuro (147); Psychiatry (65); IM (2); IM/Psych (1); Neuro/Psych (1) | ABMS/RCPSC:

ABMS (199); RCPSC (11); AOA (1)

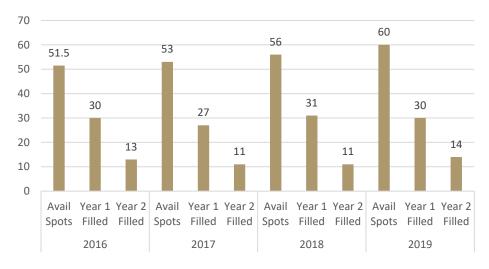
#### **Enrollment**

2016 Approved Spots: 51.5 | 2016 Filled: Year 1 (30); Year 2 (13) 2017 Approved Spots: 53 | 2017 Filled: Year 1 (27); Year 2 (11) 2018 Approved Spots: 56 | 2018 Filled: Year 1 (31); Year 2 (11) 2019 Approved Spots: 60 | 2019 Filled: Year 1 (30); Year 2 (14)

# **BNNP Program Growth**



# **BNNP 2016-2019 Fellow Enrollment**



## Subspecialty: Clinical Neuromuscular Pathology | First program accredited in 2013

#### **Fellowships**

Currently Accredited: 6 | Attrition: 0

Program Construction: 1 year (4); 1 or 2 years (2) Departments: Neurology (5); Neurology/Pediatrics (1)

Program Director Specialty: Neurology (6)

#### **Fellows**

Graduates: 52 | UCNS Certified: 15

Primary Specialty: Neurology (50); Pediatrics (1); Peds Neuro (1) | ABMS/RCPSC: ABMS (43); RCPSC (2)

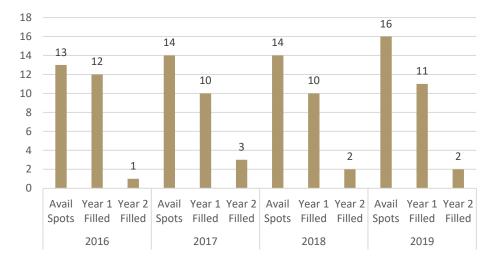
#### **Enrollment**

2016 Approved Spots: 13 | 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 (10); Year 2 (2) 2019 Approved Spots: 16 | 2018 Filled: Year 1 (11); Year 2 (2)

# **CNMP Program Growth**



#### **CNMP 2016-2019 Enrollment**



# Subspecialty: Geriatric Neurology | First program accredited in 2010

#### **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 (3)

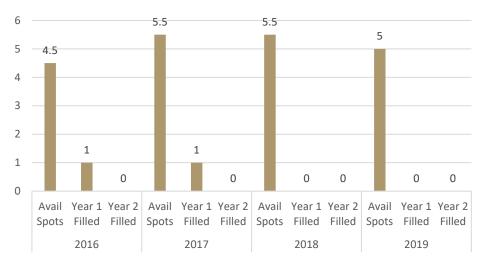
#### **Enrollment**

2016 Approved Spots: 4.5 | 2016 Filled: 1 2017 Approved Spots: 5.5 | 2017 Filled: 1 2018 Approved Spots: 5.5 | 2018 Filled: 0 2019 Approved Spots: 5 | 2019 Filled: 0

# **GN Program Growth**



# **GN 2016-2019 Fellow Enrollment**



# Subspecialty: Headache Medicine | First program accredited in 2007

#### **Fellowships**

Currently Accredited: 43 | Attrition: 6 (2009, 2013, 2017 x 2; 2019, 2020)

Program Construction: 1 year (41); 1 or 2 years (2)

Departments: Neuro (36); Peds Neuro (3); Peds (3); Psych (1) Program Director Specialty: Neurology (42); Peds Neuro (1)

#### **Fellows**

Graduates: 213 | UCNS Certified: 153 (19 applications for 2020 examination)

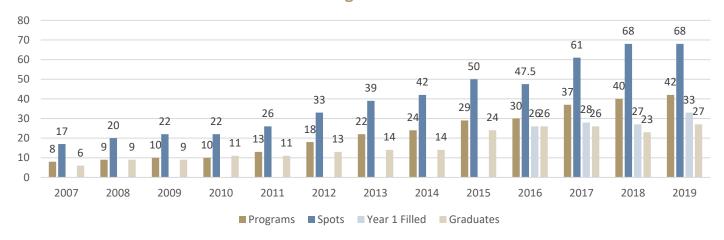
Primary Specialty: Neuro (194); Family Med (5); Physiatry (3); IM (4); Peds (2); Psych (2); Peds Neuro

(1); Ophthalmology (1); Dentistry (1) | ABMS/RCPSC: ABMS (193); RCPSC (7); AOA (4)

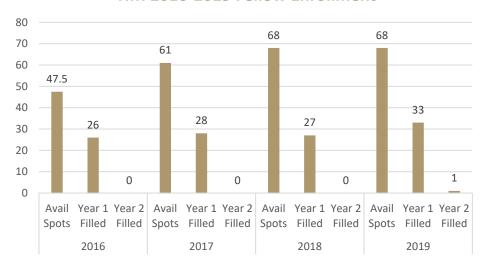
#### **Enrollment**

2016 Approved Spots: 47.5 | 2016 Filled: Year 1 (26); Year 2 (0) 2017 Approved Spots: 61 | 2017 Filled: Year 1 (28); Year 2 (0) 2018 Approved Spots: 68 | 2018 Filled: Year 1 (27); Year 2 (0) 2019 Approved Spots: 68 | 2019 Filled: Year 1 (33); Year 2 (1)

## **HM Program Growth**



#### HM 2016-2019 Fellow Enrollment



# Subspecialty: Neurocritical Care | First program accredited in 2008

#### Fellowships

Currently Accredited: 73 | Attrition: 1 (2019)

Program Construction: 2 years (29); 1 or 2 years (42); 1, 2, or 3 (1); 2 or 4 (1) – post-graduate critical

care medicine training (13); post-graduate neurosurgery (3); both (27)

Departments: Neuro (52); NS (14); CCM (3); Anesth (2); Infectious Disease (1); IM (1); Neuro/IM (1) Program Director Specialty: Neuro (60); Emer Med (3); Neuro/IM (5); IM (3); NS (1); Anesth (1)

#### **Fellows**

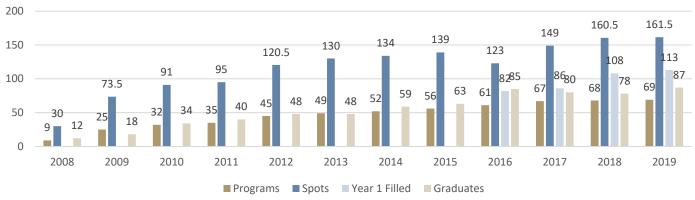
Graduates: 652 | UCNS Certified: 495

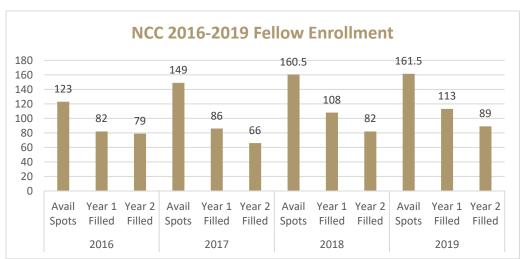
Primary Specialty: Neuro (500); IM (66); EM (35); NS (18); Anesth (15); IM/Neuro (12); Radiology (2); Family Med (1); Anesth/IM (1); Pulm (1); Vas Sur (1) | ABMS/RCPSC: ABMS (612); AOA (2); RCPSC (1)

#### Enrollment

2016 Approved Spots: 123 | 2016 Filled: Year 1 (82); Year 2 (79) 2017 Approved Spots: 149 | 2017 Filled: Year 1 (86); Year 2 (66) 2018 Approved Spots: 160.5 | 2018 Filled: Year 1 (108); Year 2 (82) 2019 Approved Spots: 161.5 | 2019 Filled: Year 1 (113); Year 2 (89)

# **NCC Program Growth**





# Subspecialty: Neuroimaging | First program accredited in 2009

#### **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**

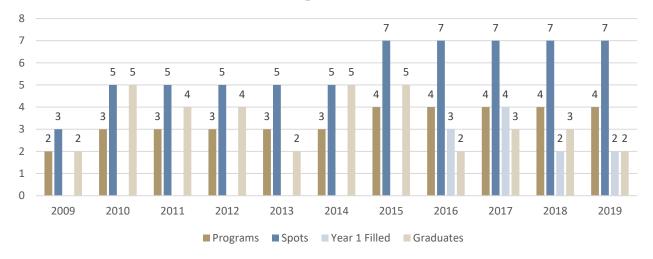
Graduates: 37 | UCNS Certified: 24 (3 applications for 2020 examination)

Primary Specialty: Neurology (36); Unknown (1) | ABMS/RCPSC: ABMS (32); Unknown (1)

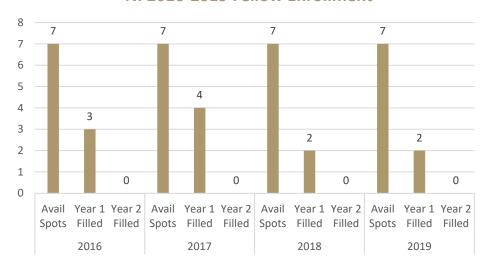
#### **Enrollment**

2016 Approved Spots: 7 | 2016 Filled: 3 2017 Approved Spots: 7 | 2017 Filled: 4 2018 Approved Spots: 7 | 2018 Filled: 2 2019 Approved Spots: 7 | 2019 Filled: 2

# **NI Program Growth**



#### NI 2016-2019 Fellow Enrollment



## Subspecialty: Neuro-oncology | First program accredited in 2008

#### **Fellowships**

Currently Accredited: 35 | Attrition: 1 (2015)

Program Construction: 1 year (9); 2 years (6); 1 or 2 years (16); 1, 2, or 3 years (3); 2 or 3 years (1)

Departments: Neurology (29); Neurosurgery (5); Psychiatry (1) Program Director Specialty: Neurology (33); IM (1); Neuro Peds (1)

#### **Fellows**

Graduates: 201 | UCNS Certified: 154

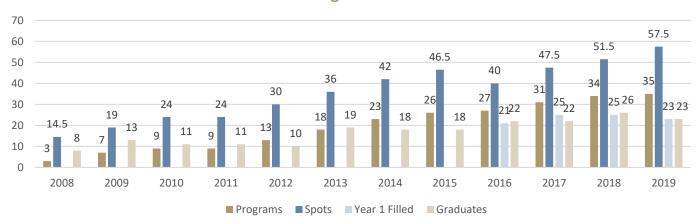
Primary Specialty: Neuro (182); Hem-Onc (4); IM (4); IM/Hem-Onc (3); Med Onc (3); NS (2); Peds (1);

Psych/Neuro (1); Peds/Hem Onc (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: 51.5 | 2018 Filled: Year 1 (25); Year 2 (18) 2019 Approved Spots: 57.5 | 2019 Filled: Year 1 (23); Year 2 (18)

# **NO Program Growth**



# NO 2016-2019 Fellow Enrollment

