

2021-2022 Accreditation Annual Report

UNITED COUNCIL
FOR
NEUROLOGIC
SUBSPECIALTIES

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United Council for Neurologic SubsPECIALties

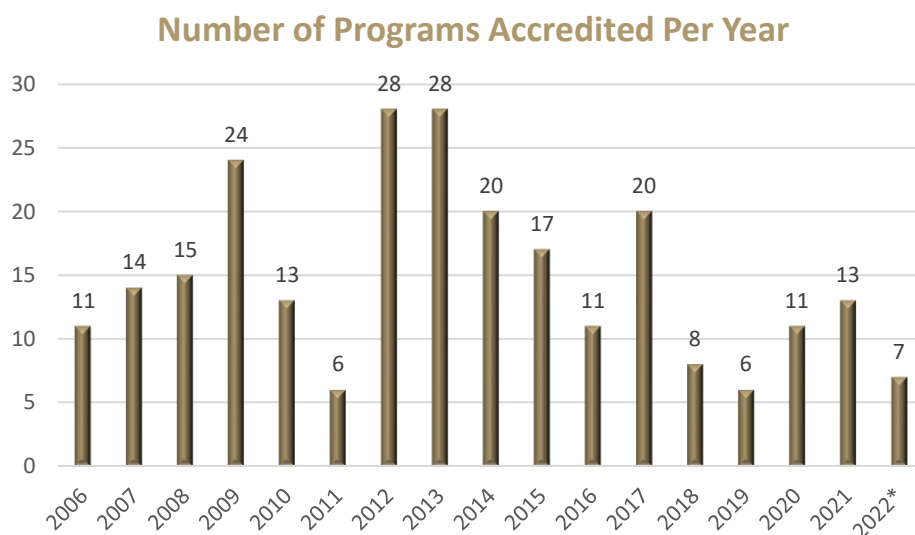
March 2023

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, 2022, 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). The Neural Repair and Rehabilitation (NRR) subspecialty sunset in 2019. The newest subspecialty, Interventional Neurology (IN) began accrediting programs in 2022. Data for the NRR and IN subspecialties are not provided unless noted during total historical program counts.

PROGRAM GROWTH AND ATTRITION

Since 2006, UCNS has accredited 252 programs in ten neurologic subspecialties. As of August 17, 2022, 226 programs are accredited in nine subspecialties representing 38 states, the District of Columbia, and two Canadian provinces. UCNS-accredited programs are present at a majority of medical institutions with ACGME-accredited neurology residencies, and 181 of the 226 programs are located within neurology departments. Program leadership (program directors and department chairs) are predominantly neurology based (84% and 80% respectively), with a specific breakdown included in the subspecialty-specific section later in this report. As of August 17, 2022, the growth in the number of accredited programs in all currently recognized subspecialties per year is shown in the chart below. The chart does not include program attrition.



*Additional programs will be reviewed during fall meeting for accreditation December 1

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 August 17, 2022, UCNS has lost 26 programs to attrition since 2006, with a 90% overall retention rate, which decreased slightly from last year's report (91%). This attrition includes the now sunset subspecialty of NRR, which sunset in 2019.

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, IN, in 2022. The table below illustrates the growth per year, per subspecialty, without attrition.

Accredited Program Growth by Year Per Subspecialty

(Does not include attrition)

Year	AD	BNNP	CNMP	GN	HM	IN	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
2021	0	7	0	0	2		3		0	1	13
Total	7	49	6	7	53	2	77	2	6	38	247

^NRR subspecialty sunset in 2019

The following table shows the number of programs accredited per subspecialty and the number lost to attrition as of December 1, 2022.

Subspecialty	Accredited	Lost	Cumulative Total
AD	8	2	6
BNNP	51	5	46
CNMP	6	0	6
GN	7	3	4
HM	58	7	51
IN	6	0	6
NCC	77	2	75
NI	6	2	4
NO	39	3	36
NRR	2	2	0
Total	260	26	234

The table below illustrates the trend in program growth among subspecialties from 2017 through 2021. Half of the subspecialties saw an overall growth in the number of programs from 2017 to 2021. Two subspecialties saw an overall loss and two subspecialties remained stagnant.

Five-Year Accreditation Growth Trend for Accredited Programs

(Total programs by subspecialty by year)

Subspecialty	2017	2018	2019	2020	2021	Five-Year Change
						#
AD	5	5	4	5	5	0
BNNP	34	35	37	37	44	10
CNMP	6	6	6	6	6	0
GN	5	5	4	4	4	-1
HM	39	42	43	45	47	8
NCC	68	69	69	73	76	8
NI	5	5	4	4	4	-1
NO	31	34	35	36	37	8

INACTIVE STATUS

Historically, UCNS has not reported programs' inactive statuses in the annual accreditation report. Programs may voluntarily choose *Inactive Status* at any time for a period of not more than two years, renewable once. Programs must submit their annual fees, but do not need to submit an annual report or reaccreditation application while inactive. Programs also may not enroll a fellow while inactive. To "reactivate" a program must submit a reaccreditation application. The most common reason for programs to request inactive status is due to loss of program leadership.

Because the status is important when looking at available fellowship spots, inactive status will now be reported. Currently, five programs are inactive. One program each in GN and HM and three in NO.

FELLOWS

Since 2006, a total of 1,773 physicians have filled 4,056 first-year fellowship spots and have graduated from the current UCNS-accredited programs through 2021. 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 (841) followed by HM (296), BNNP (274), NO (236), CNMP (72), NI (39), AD (12), and GN (3).

Of the 1,773 graduates, 1,432 are neurologists. An additional 11 reported they are neurologist/internists, one pediatric/neurologist, and three 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. Thirty-four program graduates are certified in Canada (RCPSC), nine by the American Osteopathic Association (AOA), and 1,637 are boarded by an American Board of Medical Specialties (ABMS) 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. Historically, most programs offered a one-year program option only; however, last year's report saw that one- or two- year programs have become more common, a trend which continues this year. Ninety-three programs offer one- or two-year options and 83 offer only a single-year option. The remaining program options include two years (40) and a handful of programs offering up to three years (10). Most programs (n=94) enroll only one fellow; however, the number of requested fellows per year varies from one to six fellows per year. The following tables illustrate the number of fellowship spots approved for the 226 programs accredited as of June 1, 2022, as well as the number of fellowship spots approved per subspecialty by year. 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/Fellowship Spots Approved			
Programs	Approved Fellowship Spots	Programs	Approved Fellowship Spots
98	1	4	4
4	1.5	2	4.5
77	2	5	5
4	2.5	1	5.5
25	3	5	6
1	3.5		

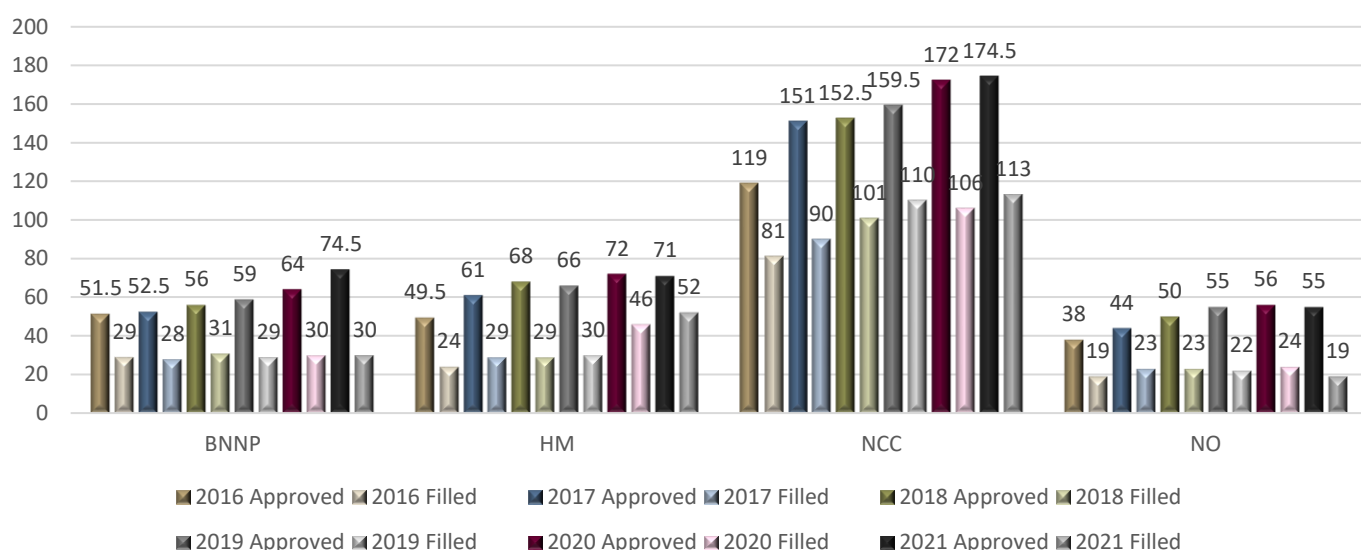
Available Fellowship Spots by Year by Subspecialty

Year	AD	BNNP	CNMP	GN	HM	NCC	NI	NO
2006		22						
2007		26			18			
2008		27			21	30.5		14.5
2009		27			23	75.5	2	18.5
2010		30			23	91.5	3	23.5
2011		30			27	95.5	3	23.5
2012		34		1	35	122.5	3	28.5
2013	1	41	16	1	43	132	3	34.5
2014	3	47	16	4	46	136	3	40.5
2015	3	53	16	4	55	142.5	4	44
2016	4	56	16	4	58	151.5	4	46
2017	4	56	16	5	67	164	4	52
2018	4	59	16	5	71	165	4	55
2019	4	62	16	5	73	168	4	56
2020	5	65	16	5	76	174	4	57
2021	5	75	16	3	76	178	4	55
TOTAL	33	710	144	37	712	1826.5	45	548.5

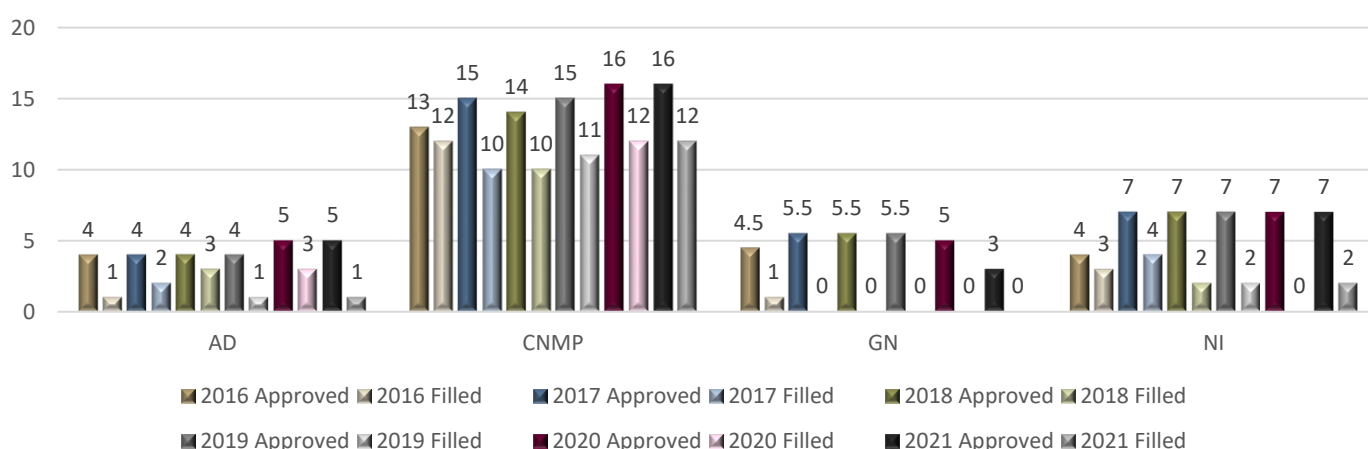
Enrollment Comparisons: 2016, 2017, 2018, 2019, 2020, 2021

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, 2019, 2020, and 2021 follows. As shown, fellow fill rates fluctuate. Some of the historical fluctuation may be attributed to fellow attrition. No fellows have enrolled in GN programs since 2016 and no fellows were enrolled in the first year of an NI program in 2020. It is important to once again note that these enrollment numbers account only for fellows enrolled in Year 1 as a second-year fellow was enrolled in NI in 2020. Programs in an inactive status do not show as available spots, which accounts for some of the decrease in available fellowship positions.

BNNP, HM, NCC, NO 2016-2021 Approved and Filled Fellowship Spots



AD, CNMP, GN, NI 2016-2021 Approved and Filled Fellowship Spots



Fellow Completion and Certification

Of the 1,773 graduates, 64% (n=1,135) have gone on to pursue UCNS certification, which continues to trend down. This trend is largely associated with a decrease in the number of NCC graduates seeking to certify in NCC by UCNS, which is described in greater detail below. Eighty-four graduates have applied to take upcoming 2022/2023 examinations in AD, BNNP, HM, and NI. If all candidates pass their respective certification examinations, the number of graduates who are certified will increase to 1,219 (68.7%). It is important to note that the 1,773 graduates include fellows who are not certified 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 (93). Also included are those who have graduated from a subspecialty when no examination has been available (GN=3). Removing these graduates increases the percentage certified to 68% 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 and includes data from 2019 and 2020 for comparison. As a reminder, examinations are offered every other year so percentages for each subspecialty may dip from year to year. It is interesting to note that, while not illustrated in the table below, the data shows there is a significant number 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 2021	12	274	72	3	296	841	39	236
Total Graduates Certified Through 2021	5	170	27	0	195	522	27	189
Certification Applications	3	32	NA	NA	47	NA	2	NA
Percent Certified (% if all applicants pass)	42% (67%)	62% (74%)	38%	0%	66% (82%)	62%	70% (74%)	81%
Total Graduates Through 2019	7	220	51	3	213	646	37	194
Total Percent Certified in 2019	71%	70%	39%	0%	81%	78%	70%	82%
Total Graduates Through 2020	8	247	60	3	247	737	38	217
Total Percent Certified in 2020	63%	68%	38%	0%	78%	69%	71%	81%

FELLOWSHIP EVALUATION SURVEY

Introduction

From June 1 through June 30, 2022, UCNS surveyed 371 fellows enrolled in a UCNS-accredited fellowship. Six 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 326 fellows were collected, of which 325 completed the survey. Fellows from 146 of the 148 programs with self-reported enrolled fellows responded. The highest number of responders identified as fellows enrolled in an NCC program (174), followed by HM (54), BNNP (42), NO (39), CNMP (12), IN (3), and AD, NI, and GN with one each. The fellow who indicated enrollment in a GN also indicated enrollment in a BNNP program.

Fellows were next asked to identify their primary specialty. Most of the respondents reported being primarily certified in Neurology (258), followed by the specialties identified in the following chart. "Other" is comprised

of general surgery (2), and one each for radiation oncology, physical medicine and rehabilitation, and pulmonary/critical care.

What is your primary specialty?

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Neurology	79.38%	258
▼ Internal Medicine	8.31%	27
▼ Psychiatry	4.31%	14
▼ Child Neurology	4.00%	13
▼ Neurosurgery	1.54%	5
▼ Other (please specify) Responses	1.54%	5
▼ Emergency Medicine	0.92%	3
▼ Pediatrics	0.62%	2
▼ Anesthesiology	0.31%	1
▼ Medical Oncology	0.31%	1
▼ Family Medicine	0.31%	1
Total Respondents: 325		

Two hundred five fellows reported being enrolled in their first year, 115 in their second year, and five in the third year of their fellowship, with 196 graduating in 2022.

Demographic Information

New to this year's survey, UCNS fellows were asked a series of demographic information including age, gender, and ethnicity. As shown on the next page, most fellows report being Caucasian males between the ages of 31 and 40.

Your age

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ 31-40	89.54%	291
▼ 20-30	6.46%	21
▼ 41-50	3.38%	11
▼ I prefer not to answer	0.62%	2
▼ 51-60	0.00%	0
▼ 61+	0.00%	0
TOTAL		325

Your gender

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Male	56.31%	183
▼ Female	40.31%	131
▼ I prefer not to answer	3.08%	10
▼ Nonbinary	0.31%	1
▼ Transgender	0.00%	0
▼ Other (please specify) Responses	0.00%	0
TOTAL		325

Your ethnicity

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Caucasian	49.54%	161
▼ Asian	27.38%	89
▼ I prefer not to answer	10.46%	34
▼ Latinx	7.69%	25
▼ Black or African American	4.62%	15
▼ Native American or Indigenous Peoples	0.31%	1
▼ Native Hawaiian or Pacific Islander	0.00%	0
TOTAL		325

Compliance with the Program Requirements

Fellows were 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: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Yes	98.15%	319
▼ No	1.85%	6
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Always	71.08%	231
▼ Usually	26.46%	86
▼ Rarely	2.15%	7
▼ Never	0.31%	1
TOTAL		325

Faculty members are interested in my fellowship education.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Always	69.85%	227
▼ Usually	25.23%	82
▼ Rarely	4.92%	16
▼ Never	0.00%	0
TOTAL		325

I am able to review all of my performance evaluations.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Always	74.46%	242
▼ Usually	13.85%	45
▼ Rarely	6.77%	22
▼ Never	4.92%	16
TOTAL		325

I evaluate program faculty at least once per year.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Yes	86.46%	281
▼ No	13.54%	44
TOTAL		325

I evaluate the program at least once per year.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Yes	92.00%	299
▼ No	8.00%	26
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Always	85.85%	279
▼ Usually	10.15%	33
▼ Rarely	1.54%	5
▼ Never	2.46%	8
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Always	61.85%	201
▼ Usually	22.46%	73
▼ Rarely	7.08%	23
▼ Never	1.85%	6
▼ Unknown	6.77%	22
TOTAL		325

Feedback provided to me is timely.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Always	66.77%	217
▼ Usually	24.62%	80
▼ Rarely	6.46%	21
▼ Never	2.15%	7
TOTAL		325

Feedback provided to me has helped direct my learning.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Always	68.31%	222
▼ Usually	24.31%	79
▼ Rarely	5.23%	17
▼ Never	0.31%	1
▼ I have not received feedback	1.85%	6
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	73.54%	239
Agree	21.85%	71
Neither agree nor disagree	4.00%	13
Disagree	0.62%	2
Strongly disagree	0.00%	0
TOTAL		325

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: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	72.31%	235
Agree	16.62%	54
Neither agree nor disagree	5.23%	17
Disagree	2.77%	9
Strongly disagree	3.08%	10
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	75.08%	244
Agree	20.92%	68
Neither agree nor disagree	2.15%	7
Disagree	1.23%	4
Strongly disagree	0.62%	2
TOTAL		325

Patient handovers are very effective in my program.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	52.92%	172
Agree	29.23%	95
Neither agree nor disagree	6.46%	21
Disagree	2.15%	7
Strongly disagree	0.31%	1
Not applicable	8.92%	29
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	69.85%	227
Agree	19.69%	64
Neither agree nor disagree	3.69%	12
Disagree	5.23%	17
Strongly disagree	1.54%	5
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	68.92%	224
Agree	16.62%	54
Neither agree nor disagree	8.31%	27
Disagree	4.00%	13
Strongly disagree	2.15%	7
TOTAL		325

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: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	67.08%	218
Agree	23.69%	77
Neither agree nor disagree	5.23%	17
Disagree	2.77%	9
Strongly disagree	1.23%	4
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	79.69%	259
Agree	18.46%	60
Neither agree nor disagree	1.23%	4
Disagree	0.62%	2
Strongly disagree	0.00%	0
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	67.69%	220
Agree	20.62%	67
Neither agree nor disagree	6.15%	20
Disagree	5.23%	17
Strongly disagree	0.31%	1
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	53.85%	175
Agree	25.23%	82
Neither agree nor disagree	15.08%	49
Disagree	3.08%	10
Strongly disagree	2.77%	9
TOTAL		325

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: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	98.77%	321
No	1.23%	4
TOTAL		325

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: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	51.08%	166
Usually	3.08%	10
Rarely	1.54%	5
Never	4.00%	13
Not applicable	40.31%	131
TOTAL		325

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: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Always	58.15%	189
▼ Usually	4.31%	14
▼ Rarely	0.62%	2
▼ Never	0.31%	1
▼ Not applicable	36.62%	119
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Always	91.38%	297
▼ Usually	8.62%	28
▼ Rarely	0.00%	0
▼ Never	0.00%	0
TOTAL		325

At-home call includes telemedicine or remote monitoring.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Yes	29.23%	95
▼ No	18.15%	59
▼ Not applicable	52.62%	171
Total Respondents: 325		

[Comments \(81\)](#)

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Yes	84.62%	275
▼ No	15.38%	50
TOTAL		325

COVID-19

A series of questions were included concerning the impact of the COVID-19 pandemic on their educational experience.

My sponsoring and primary institutions provided adequate safety protection for me during the COVID-19 pandemic.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Strongly agree	83.38%	271
▼ Agree	14.46%	47
▼ Neither agree nor disagree	1.23%	4
▼ Disagree	0.92%	3
▼ Strongly disagree	0.00%	0
TOTAL		325

My program adequately addressed my health and safety during the pandemic.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Strongly agree	76.00%	247
▼ Agree	19.69%	64
▼ Neither agree nor disagree	3.08%	10
▼ Disagree	0.92%	3
▼ Strongly disagree	0.31%	1
TOTAL		325

My clinical training (not direct education) was not compromised or altered by COVID-19.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	54.46%	177
Agree	25.23%	82
Neither agree nor disagree	11.38%	37
Disagree	8.31%	27
Strongly disagree	0.62%	2
TOTAL		325

My program found ways to compensate for changes in my clinical training due to COVID-19.

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	49.54%	161
Agree	25.54%	83
Neither agree nor disagree	23.38%	76
Disagree	1.54%	5
Strongly disagree	0.00%	0
TOTAL		325

If your program compensated for changes to your clinical training, please share some examples of alternative clinical training or education that occurred during the pandemic.

Answered: 172 Skipped: 153

Please add any additional thoughts you have about the impact of COVID-19 on your fellowship.

Answered: 97 Skipped: 228

Fellow Concerns

Fellows were next asked if they have any concerns about their program.

Do you have any concerns about your program?

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ Yes	12.00% 39
▼ No	88.00% 286
TOTAL	325

[Comments \(42\)](#)

If yes, please indicate the following regarding your concern(s) (select one):

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES
▼ My concerns are not serious, but I want UCNS to be aware of them	6.15% 20
▼ My concerns are serious, but may be addressed by the program without the program receiving an adverse action, e.g., probation or withdrawal of accreditation	5.85% 19
▼ My concerns are serious enough to warrant the program being placed on probation	0.62% 2
▼ My concerns are egregious enough that the program's accreditation should be withdrawn	0.00% 0
▼ I have no concerns about my program.	87.38% 284
TOTAL	325

Conclusion

The survey is concluded by asking the fellow to rate the fellowship, as well as some additional general questions about the program and certification.

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

Answered: 325 Skipped: 0

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
▼ ☆	0.62% 2	1.85% 6	12.00% 39	25.54% 83	60.00% 195	325	4.42

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Yes	72.92%	237
▼ No	0.62%	2
▼ I am not graduating this year	26.46%	86
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Yes	53.85%	175
▼ No	7.38%	24
▼ I am not graduating this year	38.77%	126
TOTAL		325

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

Answered: 325 Skipped: 0

ANSWER CHOICES	RESPONSES	
▼ Yes	86.77%	282
▼ No	13.23%	43
TOTAL		325

[Comments \(46\)](#)

Analysis

The 88% (n=325) response rate exceeded initial expectations, providing UCNS with a solid foundation of data to continue monitoring outcomes thresholds. One hundred forty-six programs were represented, with only two programs that self-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-seven fellows indicated that they felt their training program prepared them for independent practice in the subspecialty, with 86 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 rated their fellowship

experience on a scale of one to five, with five being the best. The weighted average was 4.42, with 195 rating 5, 83 rating 4, 39 rating 3, 6 rating 2, and 2 rating 1.

When asked about taking the UCNS certification within four years of graduation, 282 respondents indicated they would be pursuing UCNS certification in the future, with 43 of 325 respondents indicating they would not be seeking UCNS certification. Most 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. The certification response supports the decreasing rate of graduates applying for the NCC examination presented earlier in this report.

As to be expected, COVID-19 impacted the fellow educational experience; however, evaluation results demonstrate that most programs found ways accommodate the disruption, relying heavily on technology when appropriate. A large majority of fellows felt that their safety was a priority of their training programs.

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 showing a trend of negative responses or who do not meet other identified benchmarks may 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 August 2022

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, 2019, and 2021 are also provided. Because IN did not begin accrediting programs until 2022, no statistics are provided for the subspecialty in the following subspecialty-specific updates.

Subspecialty: Autonomic Disorders
First program accredited in 2013

Fellowships

Currently Accredited: 5 | Attrition: 2 (2013, 2019)
Program Construction: 1 year (4); 1 or 2 years (1)
Departments: Neurology (4); Internal Medicine (1)
Program Director Specialty: Neurology (3); Internal Medicine (2)

Fellows

Graduates: 12 | UCNS Certified: 5 (3 applications received for 2022 examination)
Primary Specialty: Neurology (11); Internal Medicine (1)
Primary Board Certification: ABMS (11)

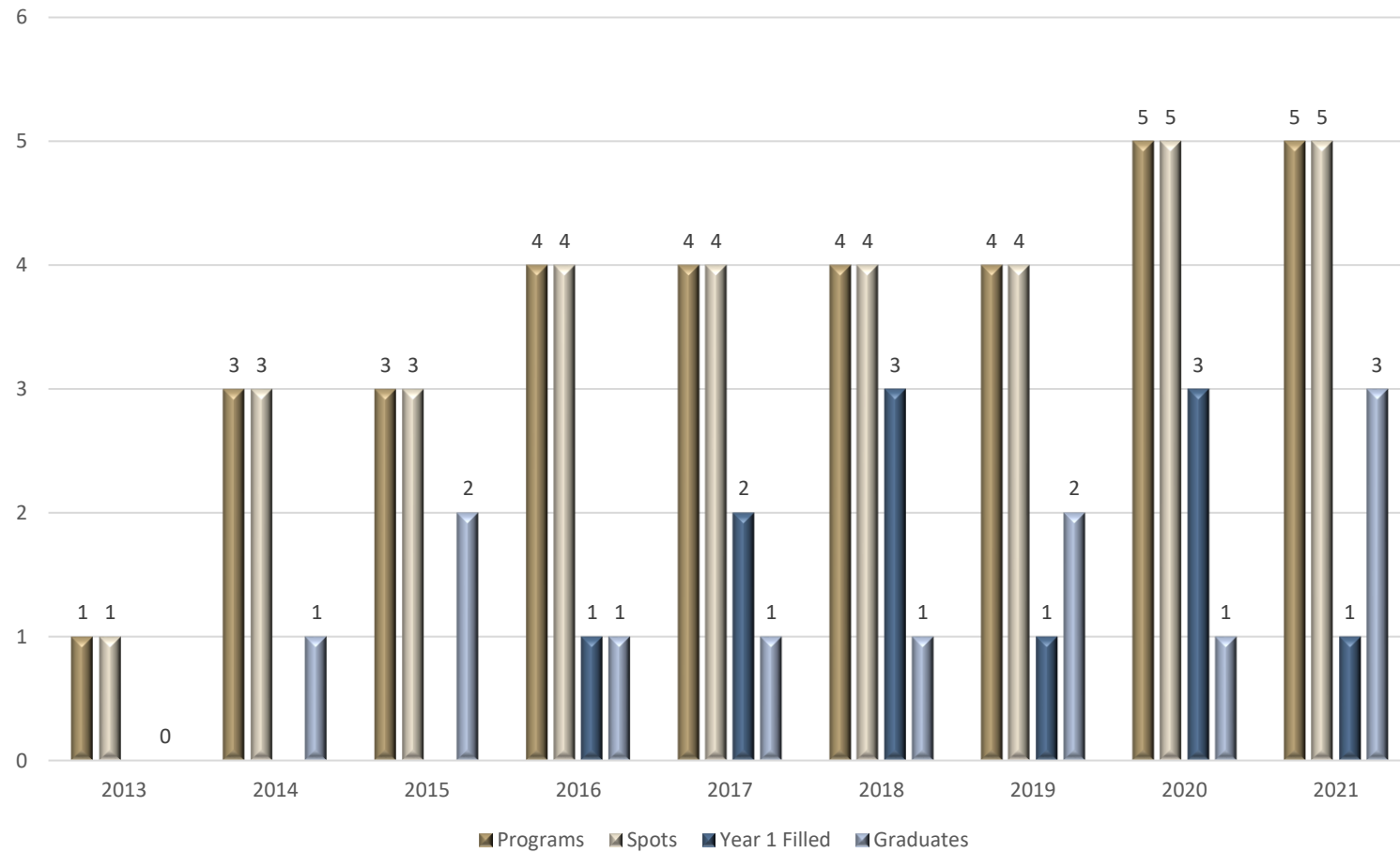
Certification Pass Rates (tracking began in 2014)

Year	Pass Rate	
	Fellow	Non-Fellow
2016	100%	90%
2018	100%	100%
2020	100%	83%

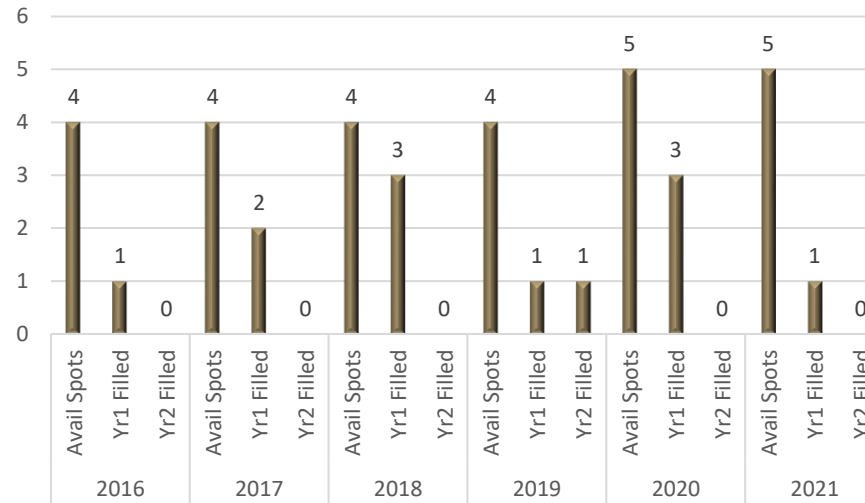
Enrollment

2016 Approved Spots: 4 | 2016 Filled: 1
2017 Approved Spots: 4 | 2017 Filled: 2
2018 Approved Spots: 4 | 2018 Filled: 3
2019 Approved Spots: 4 | 2019 Filled: Year 1 (1); Year 2 (1)
2020 Approved Spots: 5 | 2020 Filled: 3
2021 Approved Spots: 5 | 2021 Filled: 1

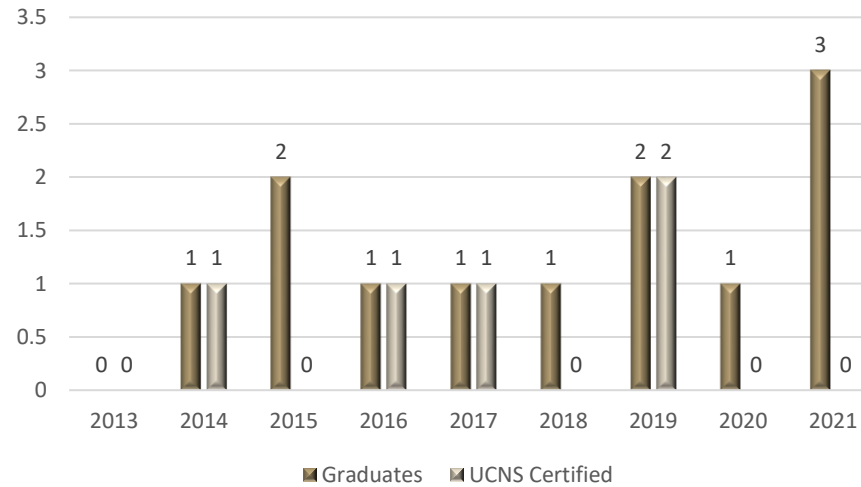
AD Fellowship Growth



AD 2016-2021 Fellow Enrollment



AD Graduate Certification



Subspecialty: Behavioral Neurology & Neuropsychiatry

First program accredited in 2006

Fellowships

Currently Accredited: 45 | Attrition: 5 (2009, 2010, 2016, 2020 x 2)
 Program Construction: 1 year (14); 2 years (3); 1 or 2 years (22); 1, 2, or 3 years (2); 2 or 3 years (1)
 Departments: Neurology (34); Neuro/IM (1); Psychiatry (9); Child Neuro (1)
 Program Director Specialty: Neuro (32); Neuro/IM (1); Neuro/Psych (4); Psych (6); Psych/IM (2)

Fellows

Graduates: 274 | UCNS Certified: 170 (32 applications received for 2022 examination)
 Primary Specialty: Neuro (182); Psychiatry (85); IM/Ger (3); IM (2); IM/Psych (1); Neuro/Psych (1) |
 Primary Board Certification: ABMS (250); RCPSC (16); AOA (1)

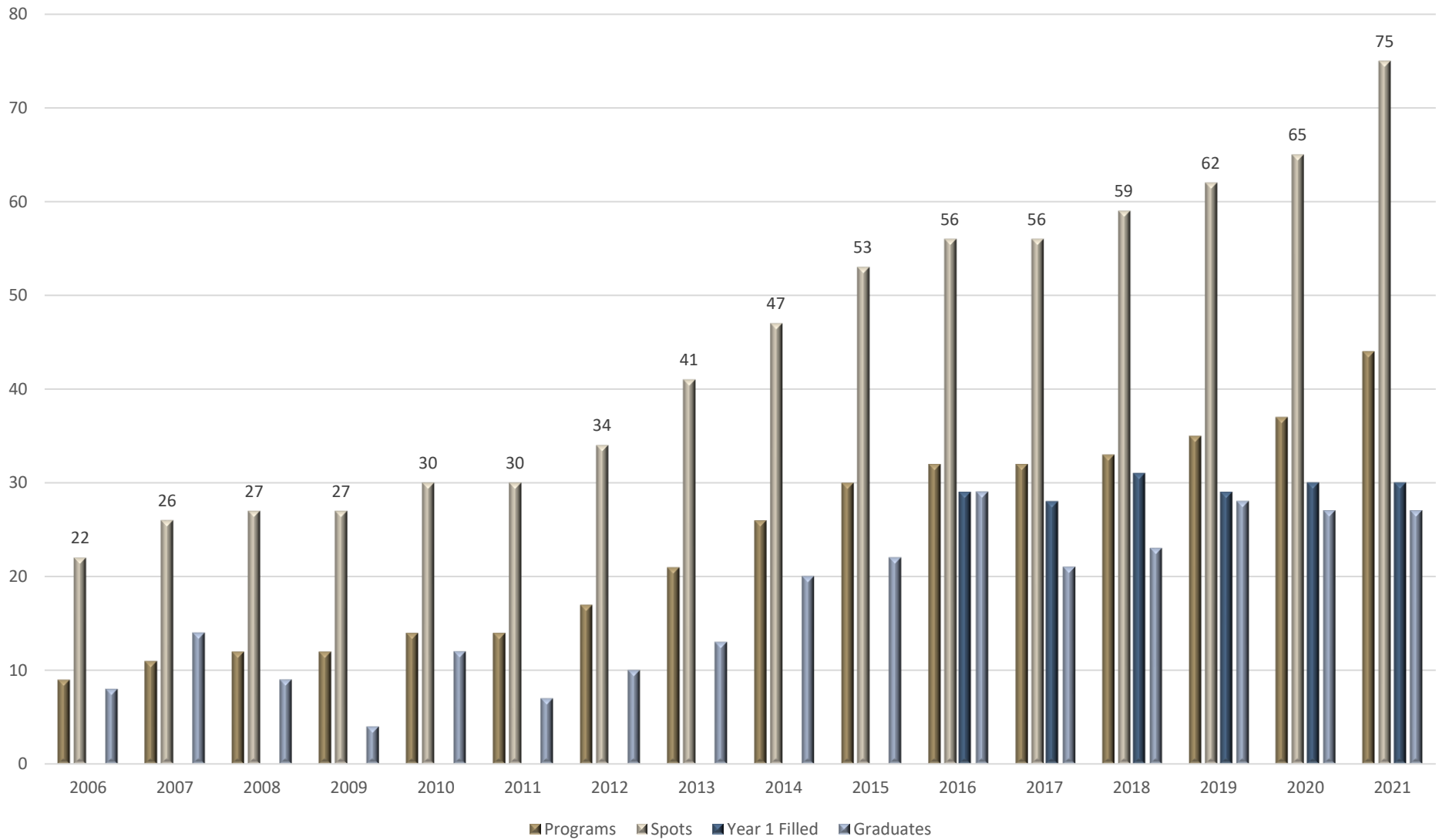
Certification Pass Rates (tracking began in 2014)

Year	Pass Rate	
	Fellow	Non-Fellow
2014	100%	83%
2016	96%	82%
2018	96%	83%
2020	98%	96%

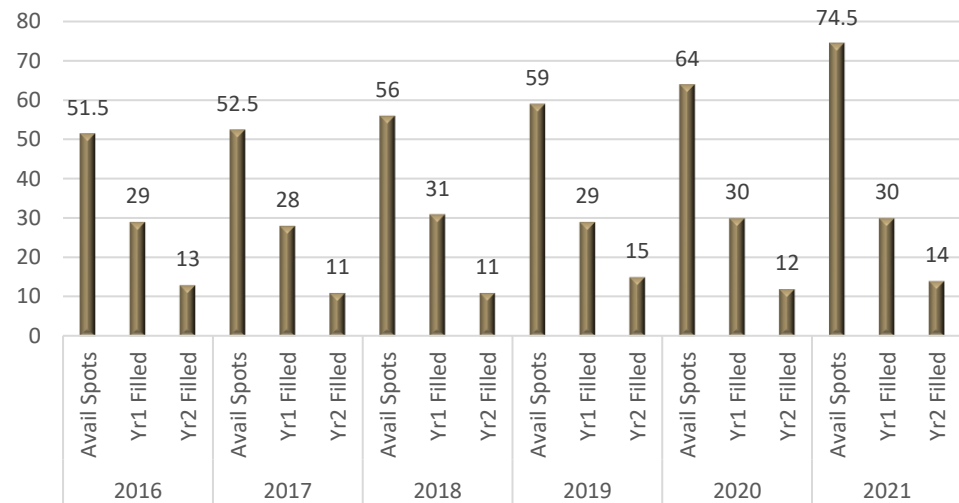
Enrollment

2016 Approved Spots: 51.5 | 2016 Filled: Year 1 (29); Year 2 (13)
 2017 Approved Spots: 53 | 2017 Filled: Year 1 (28); Year 2 (11)
 2018 Approved Spots: 56 | 2018 Filled: Year 1 (31); Year 2 (11)
 2019 Approved Spots: 60 | 2019 Filled: Year 1 (29); Year 2 (15)
 2020 Approved Spots: 65 | 2020 Filled: Year 1 (30); Year 2 (12)
 2021 Approved Spots: 74.5 | 2021 Filled: Year 1 (30); Year 2 (14)

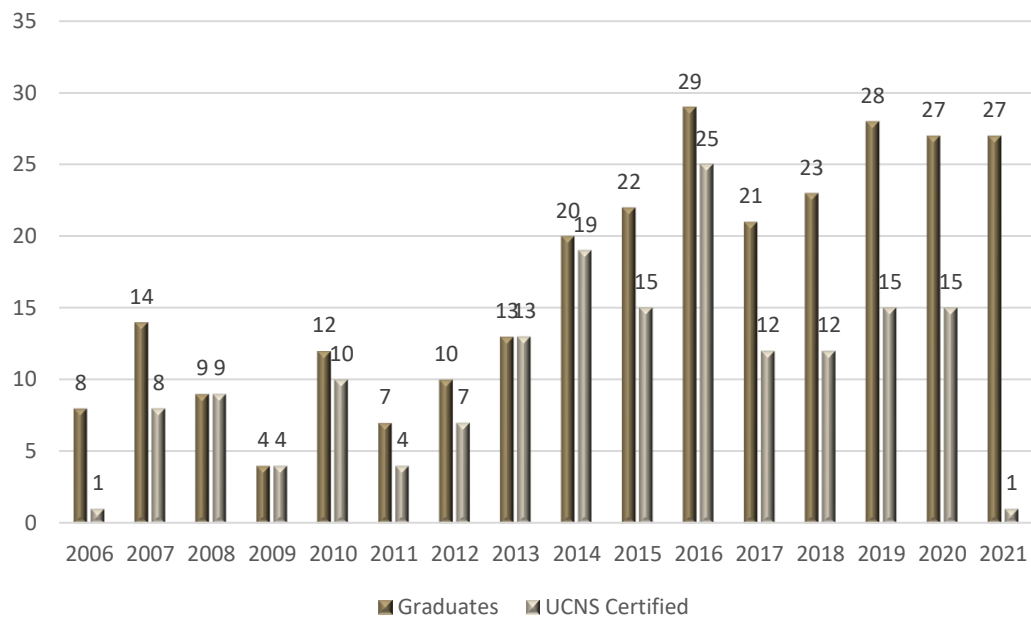
BNNP Fellowship Growth



BNNP 2016-2021 Fellow Enrollment



BNNP Graduate Certification



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 (5); Neurology/Pediatrics (1)

Fellows

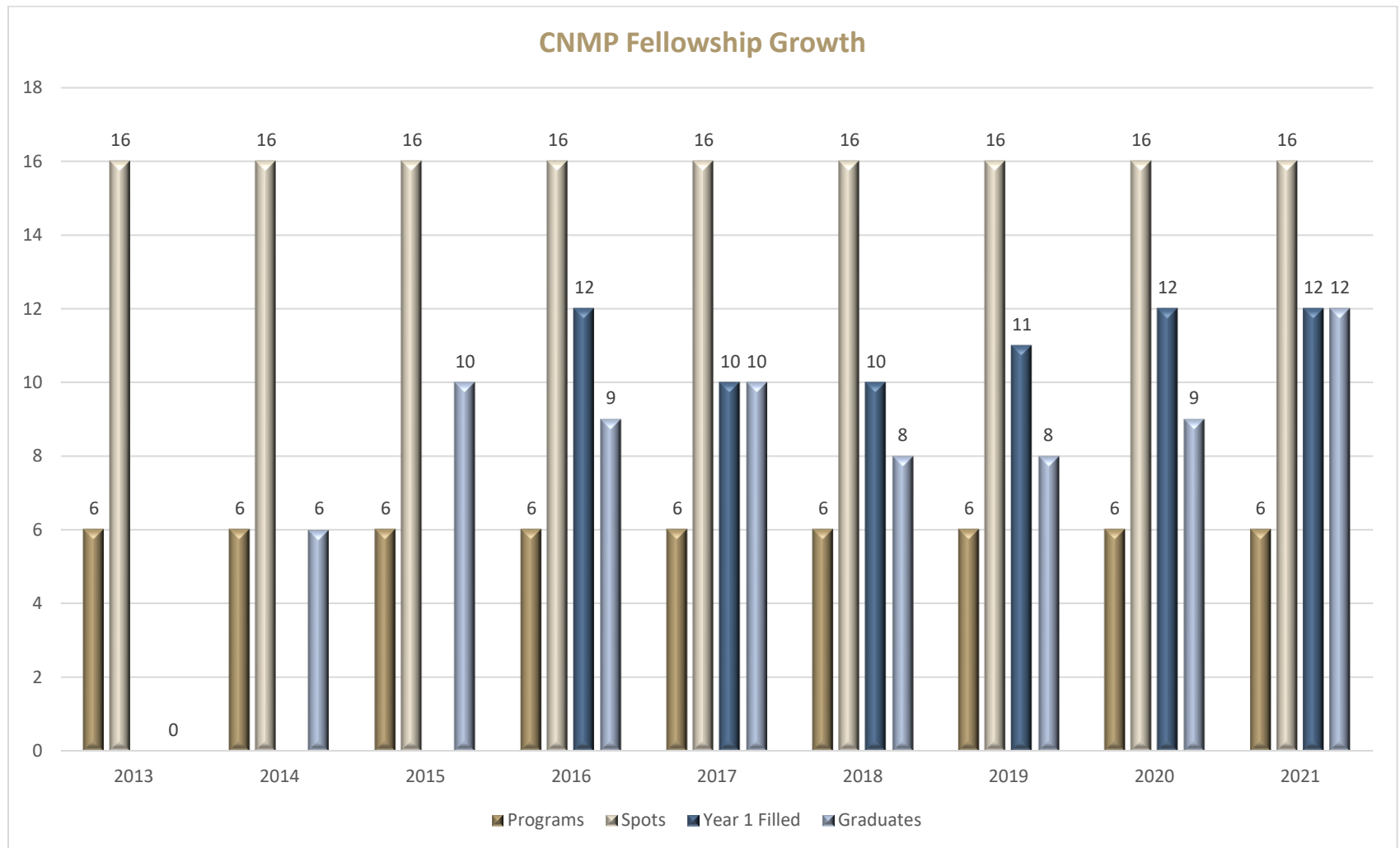
Graduates: 72 | UCNS Certified: 27
 Primary Specialty: Neurology (70); Pediatrics (1); Child Neuro (1)
 Primary Board Certification: ABMS (57); RCPSC (5)

Certification Pass Rates (tracking began in 2014)

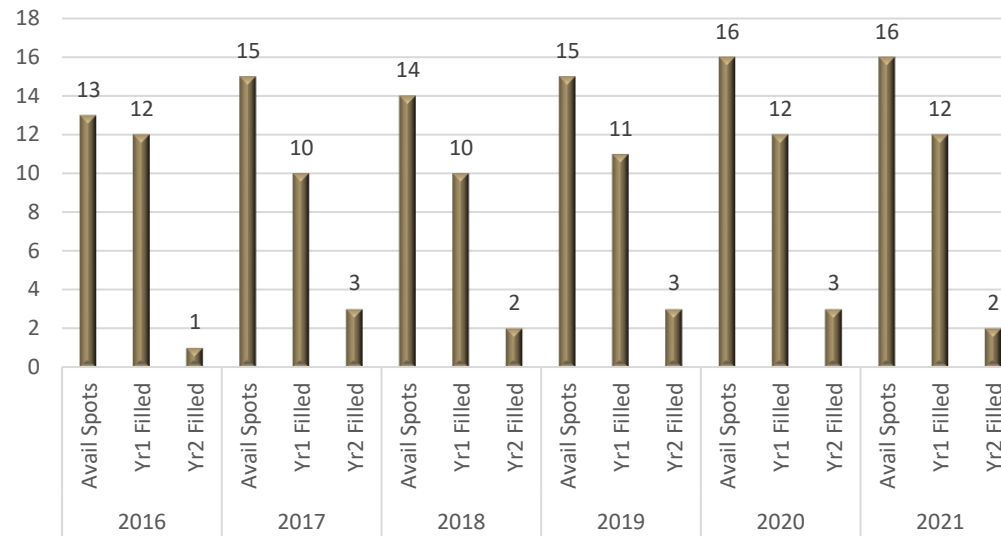
Year	Pass Rate	
	Fellow	Non-Fellow
2015	86%	94%
2017	80%	100%
2019	100%	100%
2021	100%	100%

Enrollment

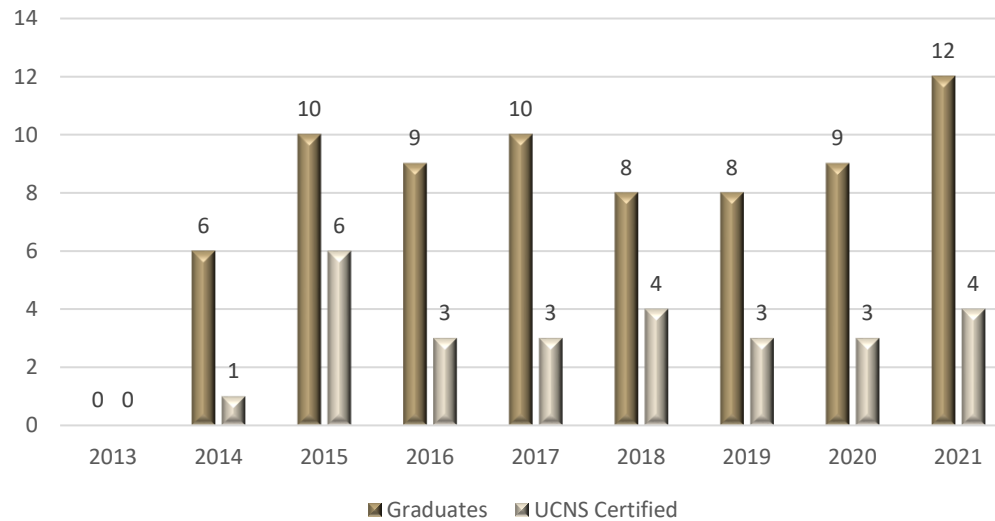
2016 Approved Spots: 13 | 2016 Filled: Year 1 (12); Year 2 (1)
 2017 Approved Spots: 14 | 2017 Filled: Year 1 (10); Year 2 (3)
 2018 Approved Spots: 14 | 2018 Filled: Year 1 (10); Year 2 (2)
 2019 Approved Spots: 16 | 2019 Filled: Year 1 (11); Year 2 (2)
 2020 Approved Spots: 16 | 2020 Filled: Year 1 (12); Year 2 (3)
 2021 Approved Spots: 16 | 2021 Filled: Year 1 (12); Year 2 (3)



CNMP 2016-2021 Fellow Enrollment



CNMP Graduate Certification



Subspecialty: Geriatric Neurology

First program accredited in 2010

Fellowships

Currently Accredited: 4 | Attrition: 3 (2015 x 2, 2019) | Inactive: 1
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)

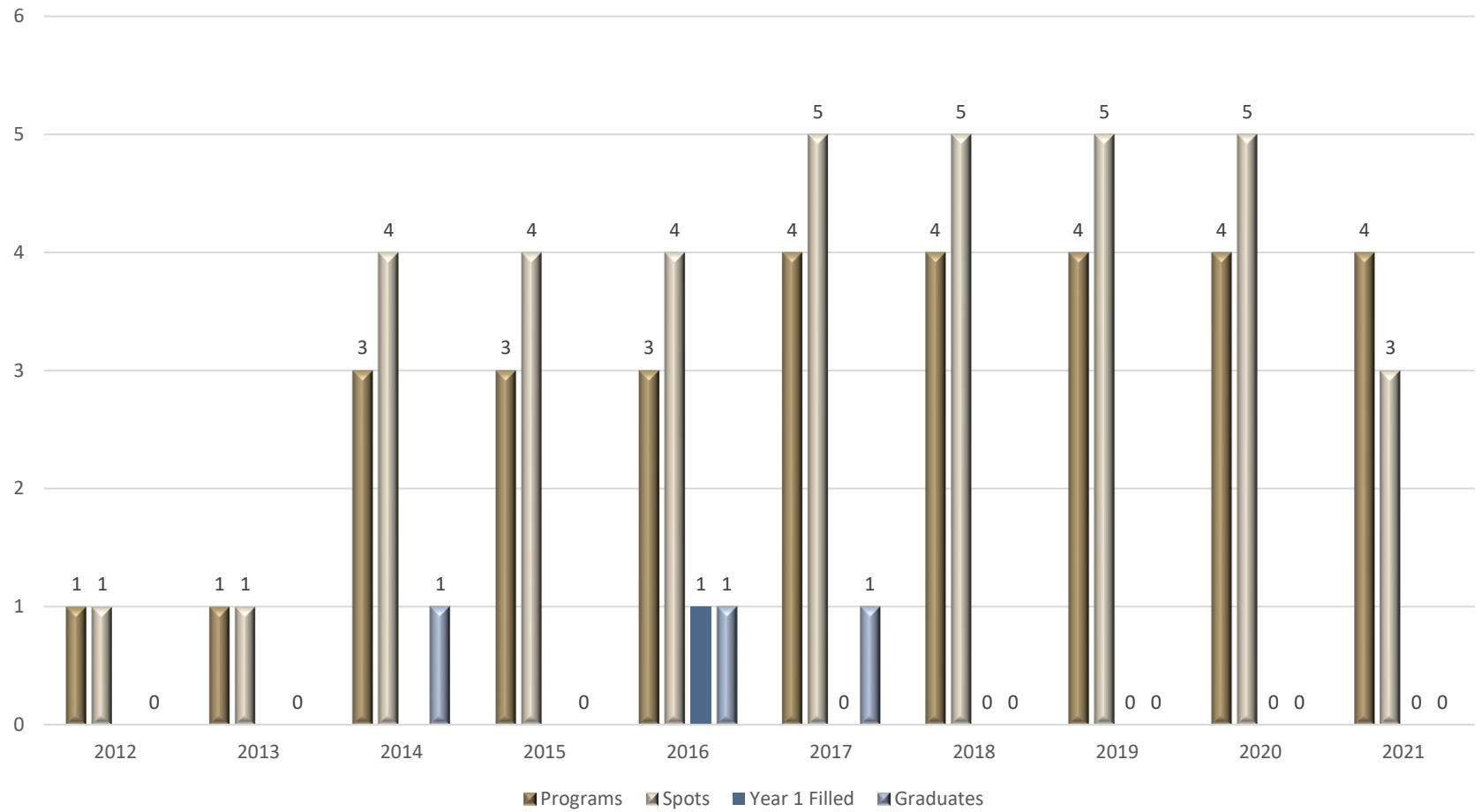
Fellows

Graduates: 3
UCNS Certified: 0 (a UCNS examination has not been offered since fellows have graduated)
Primary Specialty: Neurology (3)
Primary Board Certification: ABMS (3)

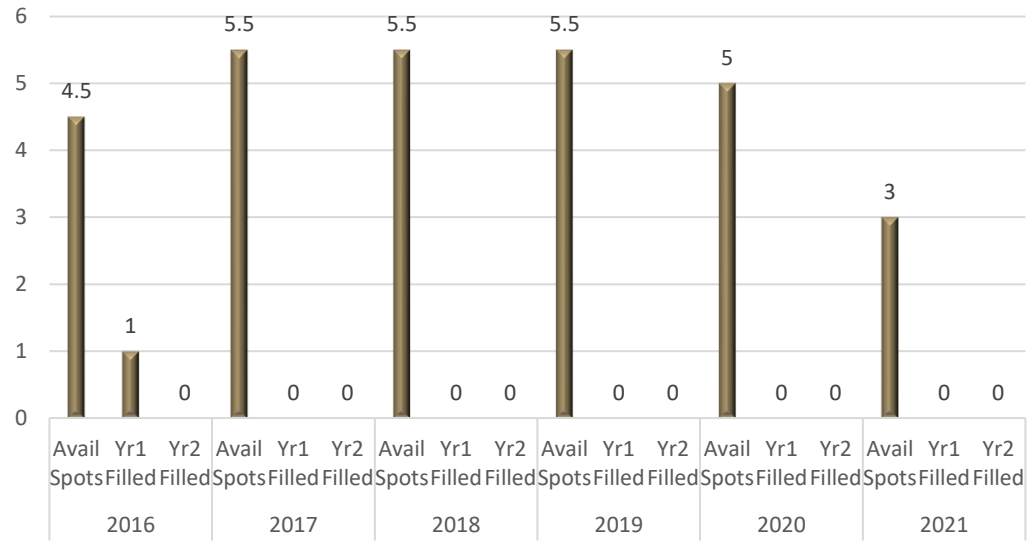
Enrollment

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: 5.5 | 2019 Filled: 0
2020 Approved Spots: 5 | 2020 Filled: 0
2021 Approved Spots: 3 | 2021 Filled: 0

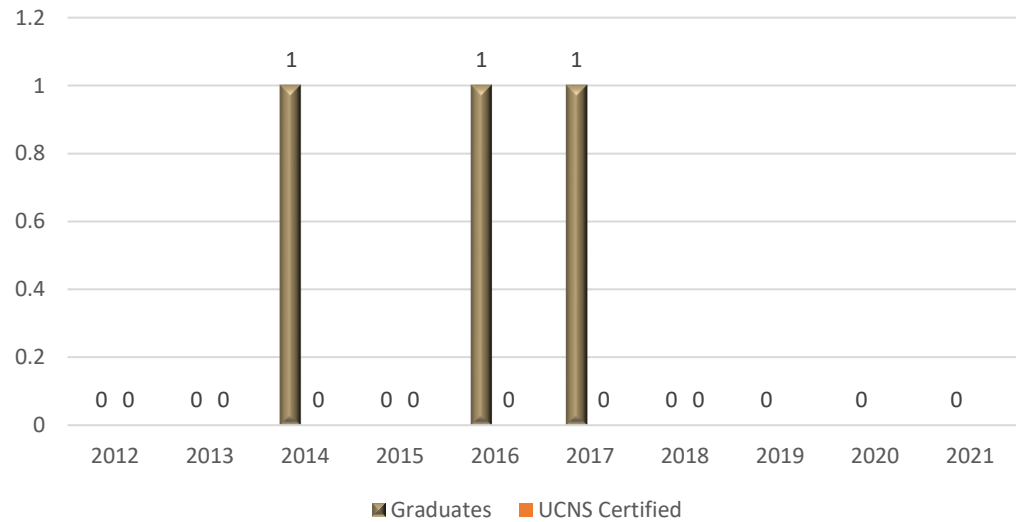
GN Fellowship Growth



GN 2016-2021 Fellow Enrollment



GN Graduate Certification



Subspecialty: Headache Medicine

First program accredited in 2007

Fellowships

Currently Accredited: 49 | Attrition: 7 (2009, 2013, 2017 x 2; 2019, 2020; 2022) | Inactive: 1
 Program Construction: 1 year (45); 1 or 2 years (3); 1, 2, or 3 years (1)
 Departments: Neuro (44); Peds/Neuro (2); Peds (3)
 Program Director Specialty: Neurology (44); Child Neuro (3); Peds/Neuro (1); Peds (1)

Fellows

Graduates: 296 | UCNS Certified: 195 (47 applications received for 2022 examination)
 Primary Specialty: Neuro (263); Family Med (8); IM (8); Child Neuro (8); Physiatry (3); Peds (2); Psych (2); Ophthalmology (1); Dentistry (1)
 Primary Board Certification: ABMS (267); RCPSC (8); AOA (5)

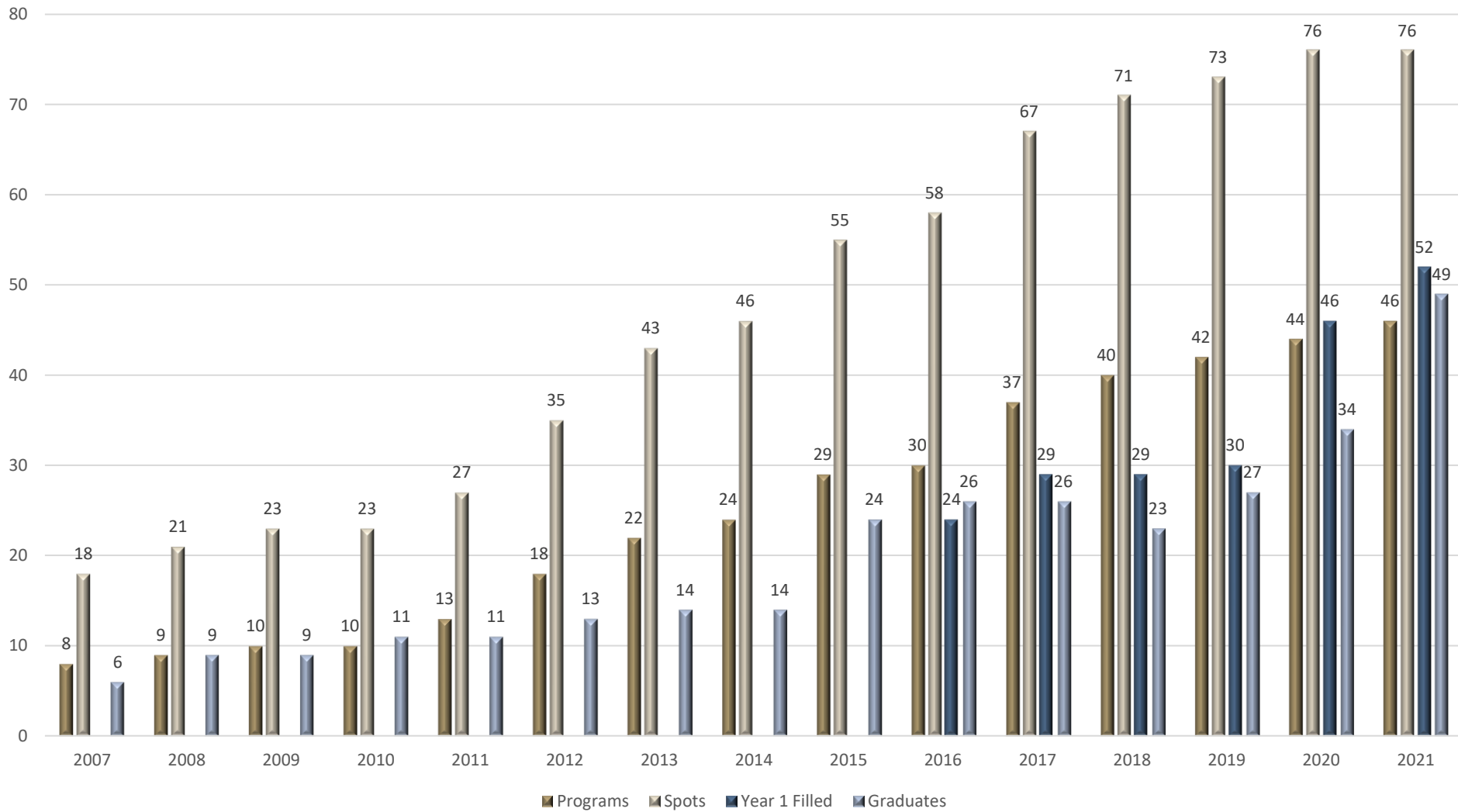
Certification Pass Rates (tracking began in 2014)

Year	Pass Rate	
	Fellow	Non-Fellow
2014	100%	83%
2016	96%	82%
2018	96%	83%
2020	98%	96%

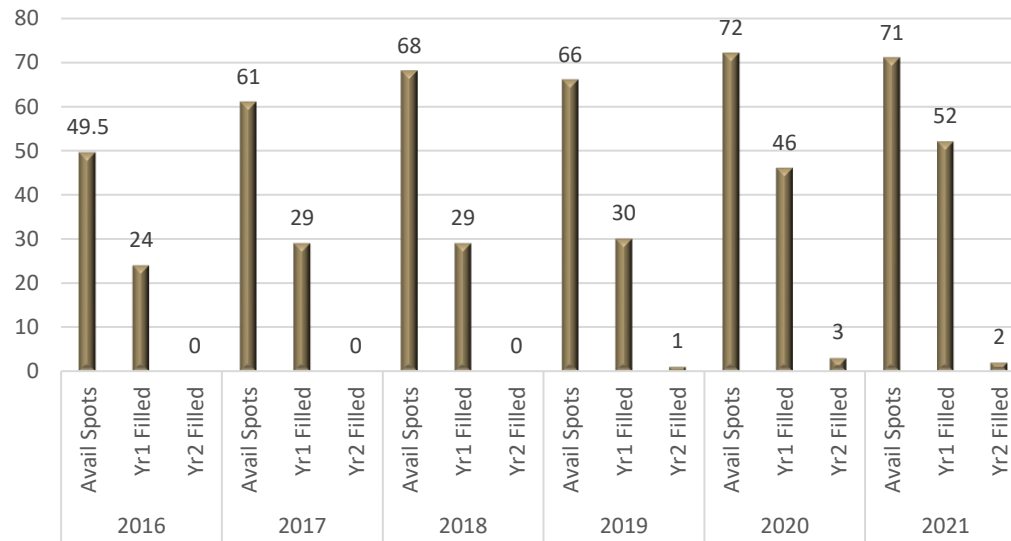
Enrollment

2016 Approved Spots: 44.5 | 2016 Filled: Year 1 (22); 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)
 2020 Approved Spots: 73 | 2020 Filled: Year 1 (46); Year 2 (3)
 2021 Approved Spots: 71 | 2021 Filled: Year 1 (52); Year 2 (2)

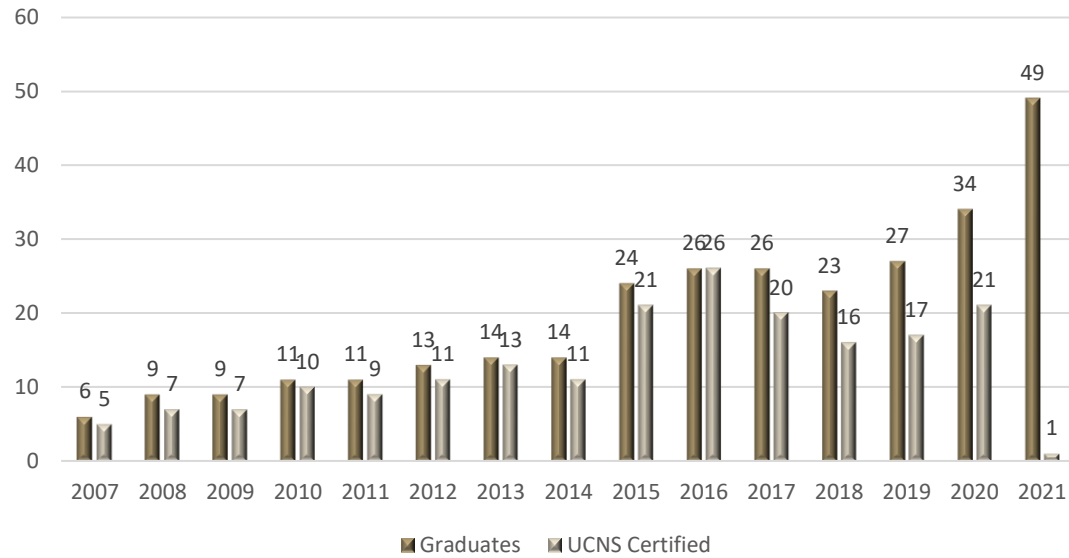
HM Fellowship Growth



HM 2016-2021 Fellow Enrollment



HM Graduate Certification



Subspecialty: Neurocritical Care

First program accredited in 2008

Fellowships

Currently Accredited: 75 | Attrition: 2 (2019; 2022)
 Program Construction: 2 years (26); 1 or 2 years (48); 1, 2, or 3 (1);
 post-graduate critical care medicine training (14); post-graduate neurosurgery (3); both (32)
 Departments: Neuro (54); NS (14); CCM (3); Anesth (1); IM (3)
 Program Director Specialty: Neuro (62); Neuro/IM (5); IM (4); Emer Med (2); NS (1); Anesth (1)

Fellows

Graduates: 841 | UCNS Certified: 522
 Primary Specialty: Neuro (646); IM (94); EM (38); Anesth (22); NS (22); IM/Neuro (11); Radiology (2);
 Family Med (1); Anesth/IM (1); IM/CCM (1); Peds/Neuro (1); Pulm (1); Vas Sur (1)
 Primary Board Certification: ABMS (788); AOA (2); RCPSC (1)

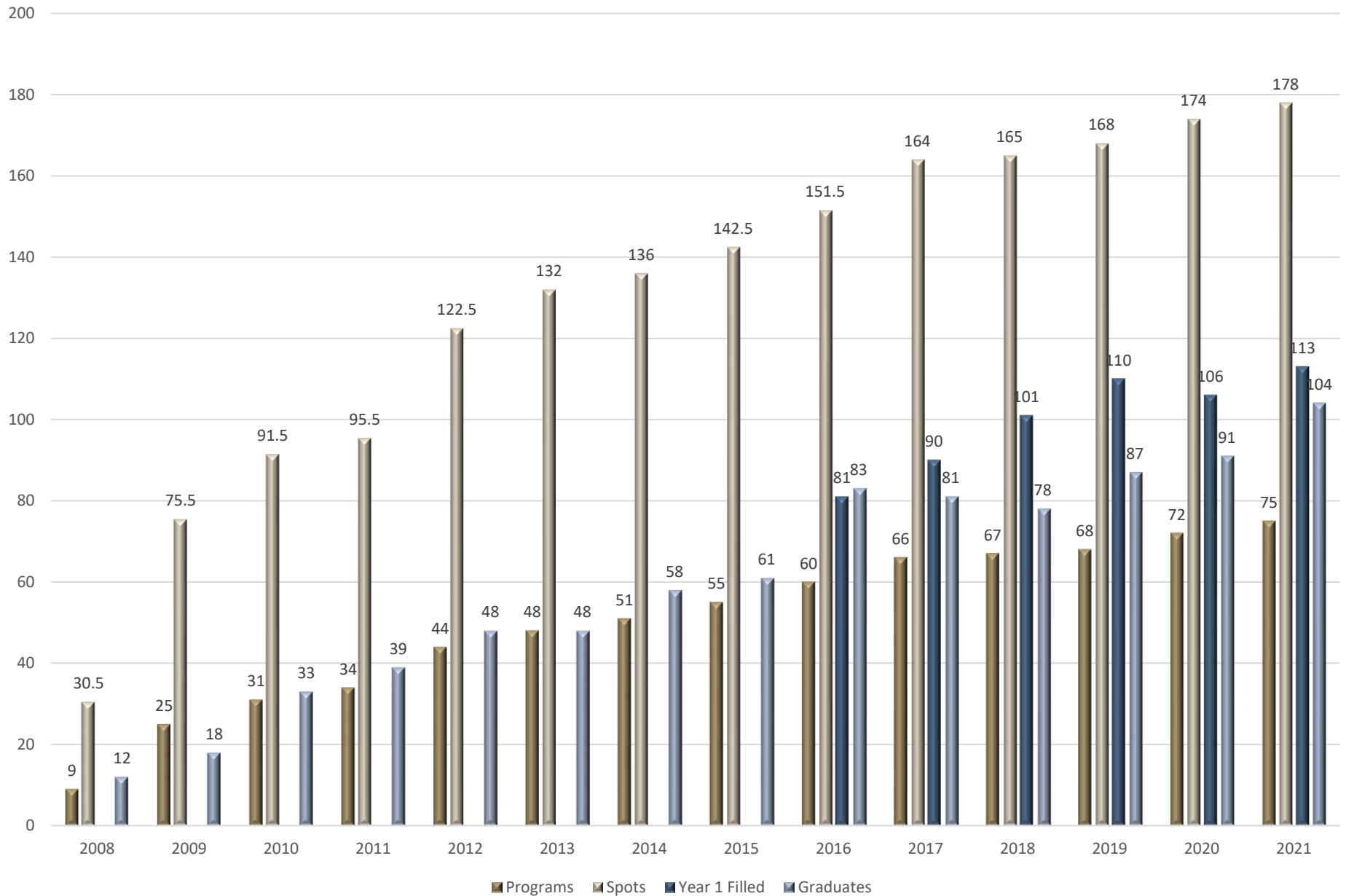
Certification Pass Rates (tracking began in 2014)

Year	Pass Rate	
	Fellow	Non-Fellow
2013	94%	73%
2015	96%	47%
2017	86%	51%
2019	83%	70%
2021	88%	76%

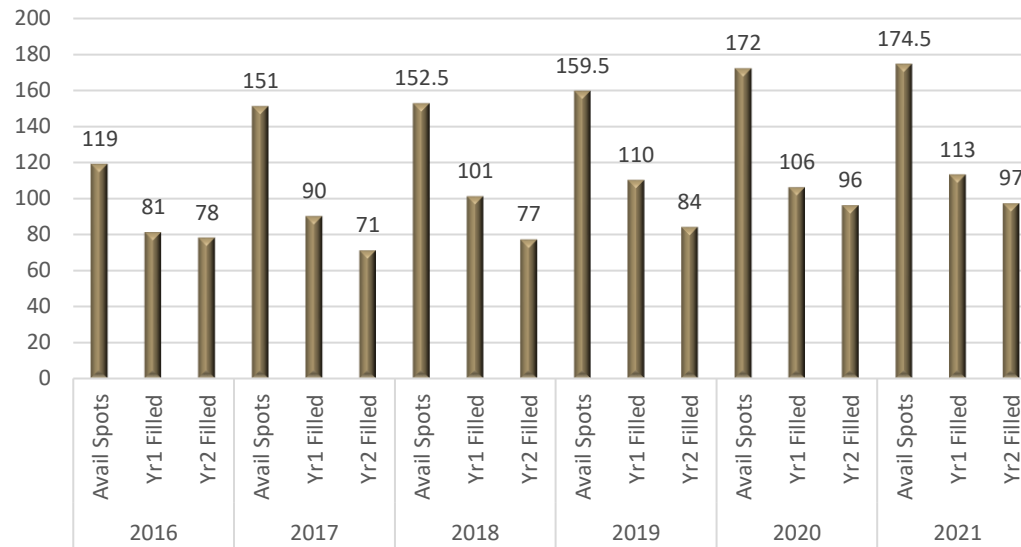
Enrollment

2016 Approved Spots: 121 | 2016 Filled: Year 1 (80); Year 2 (77)
 2017 Approved Spots: 152.5 | 2017 Filled: Year 1 (90); Year 2 (72)
 2018 Approved Spots: 155.5 | 2018 Filled: Year 1 (105); Year 2 (77)
 2019 Approved Spots: 161.5 | 2019 Filled: Year 1 (112); Year 2 (87)
 2020 Approved Spots: 174 | 2020 Filled: Year 1 (106); Year 2 (97)
 2021 Approved Spots: 174.5 | 2021 Filled: Year 1 (113); Year 2 (97)

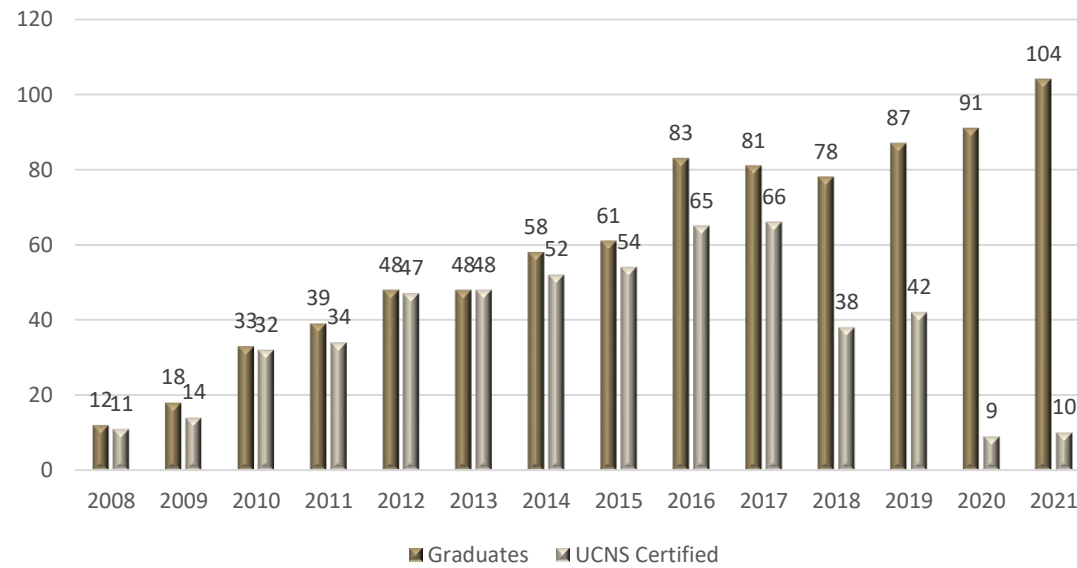
NCC Fellowship Growth



NCC 2016-2021 Fellow Enrollment



NCC Graduate Certification



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: 39 | UCNS Certified: 27 (2 applications received for 2022 examination)
Primary Specialty: Neurology (38); Unknown (1)
Primary Board Certification: ABMS (36); Unknown (1)

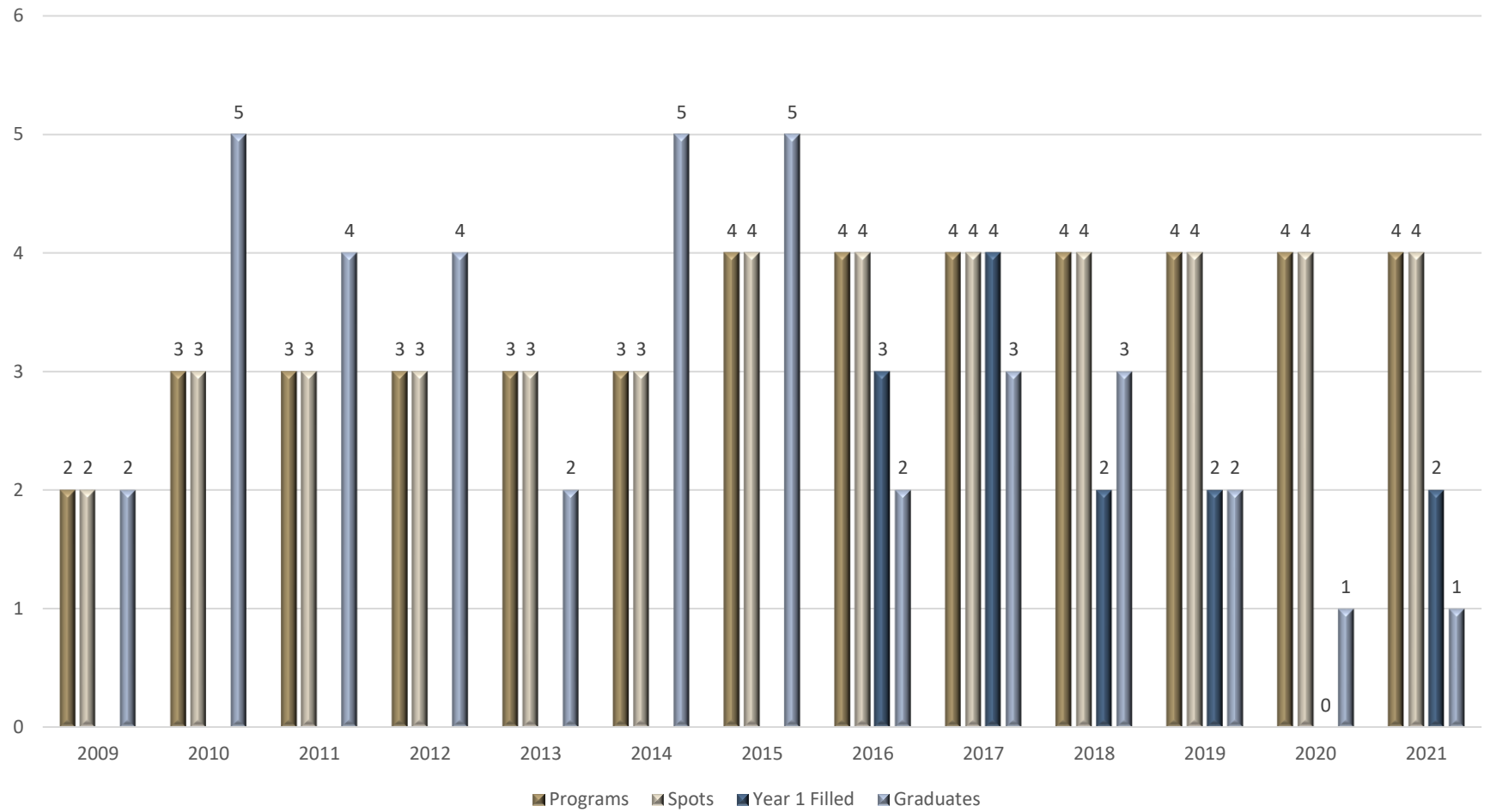
Certification Pass Rates (tracking began in 2014)

Year	Pass Rate	
	Fellow	Non-Fellow
2015	90%	86%
2017	100%	84%
2019	100%	100%
2021	100%	100%

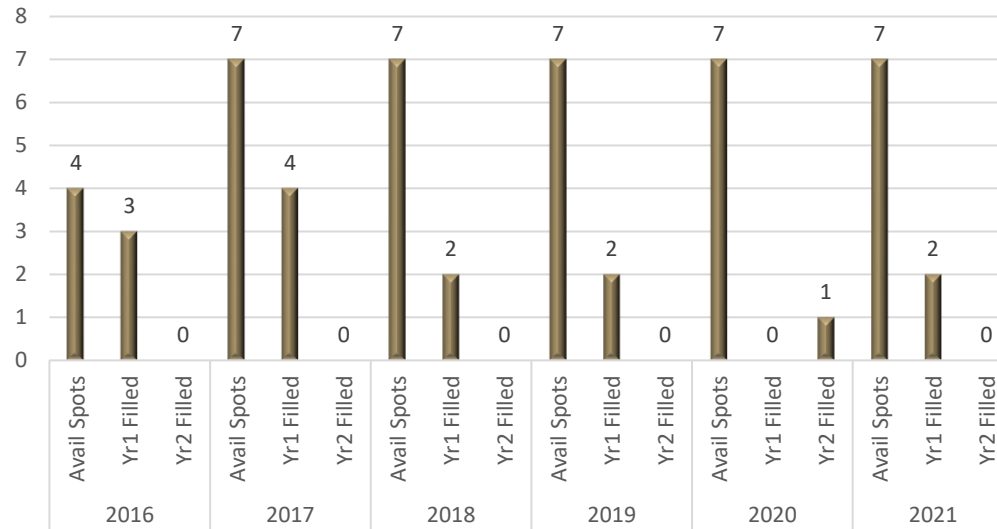
Enrollment

2016 Approved Spots: 7 | 2016 Filled: 4
2017 Approved Spots: 7 | 2017 Filled: 4
2018 Approved Spots: 7 | 2018 Filled: 2
2019 Approved Spots: 7 | 2019 Filled: 2
2020 Approved Spots: 7 | 2020 Filled: Year 1 (0); Year 2 (1)
2021 Approved Spots: 7 | 2021 Filled: Year 1 (2)

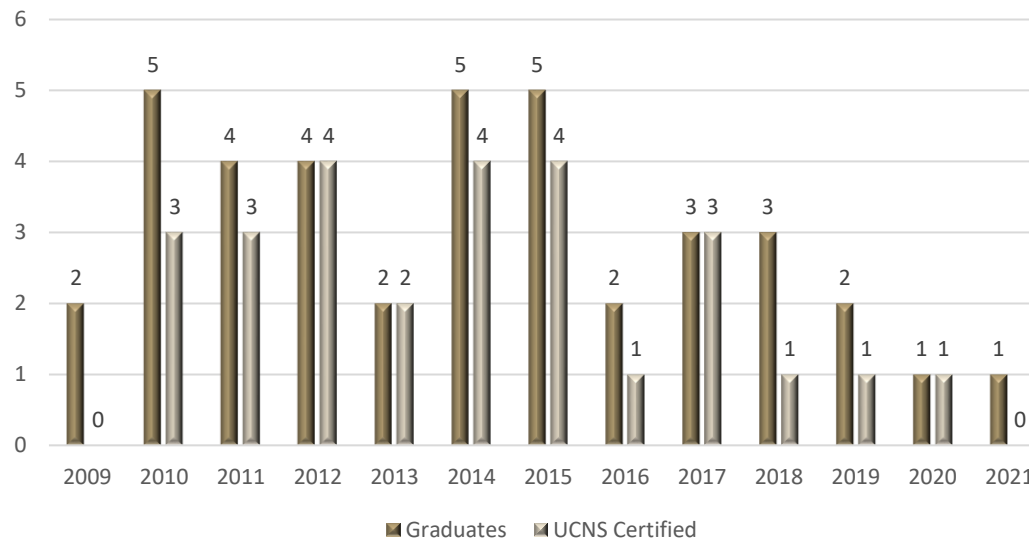
NI Fellowship Growth



NI 2016-2021 Fellow Enrollment



NI Graduate Certification



Subspecialty: Neuro-oncology

First program accredited in 2008

Fellowships

Currently Accredited: 36 | Attrition: 3 (2015; 2022 x2) | Inactive: 3
 Program Construction: 1 year (7); 2 years (6); 1 or 2 years (19); 1, 2, or 3 years (3); 2 or 3 years (1)
 Departments: Neurology (31); Neurosurgery (5); Neuro-oncology (1)
 Program Director Specialty: Neurology (33); IM (1); Neuro/Peds (1); Neurosurgery (1)

Fellows

Graduates: 236 | UCNS Certified: 189
 Primary Specialty: Neuro (219); Hem-Onc (4); NS (2); IM/Med-Onc (3); Med-Onc (2); Neuro/Psych (2); Peds Hem-Onc (2); Peds (1)
 Primary Board Certification: ABMS (225); AOA (1); RCPSC (4)

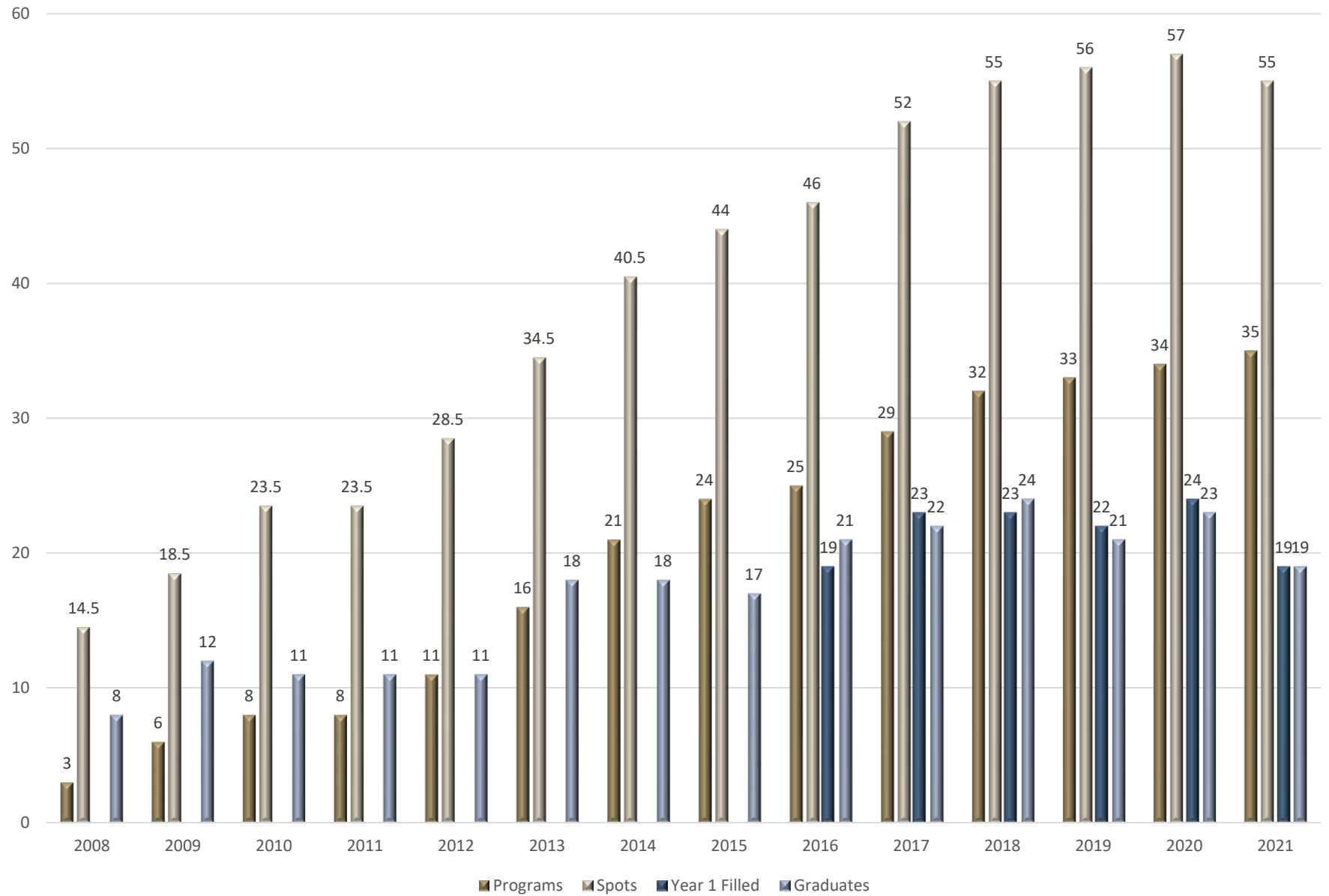
Certification Pass Rates (tracking began in 2014)

Year	Pass Rate	
	Fellow	Non-Fellow
2015	89%	76%
2017	83%	67%
2019	77%	56%
2021	86%	70%

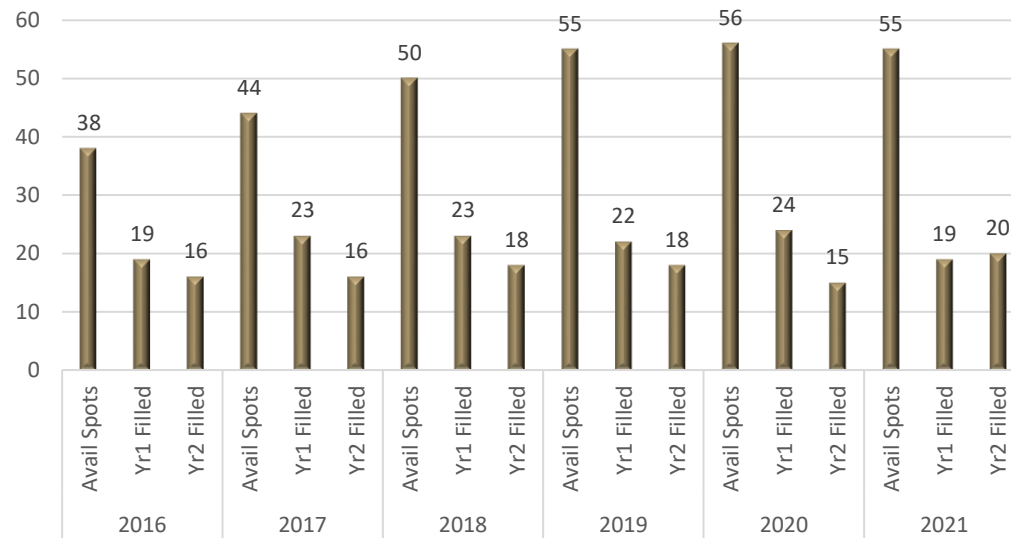
Enrollment

2016 Approved Spots: 40 | 2016 Filled: Year 1 (20); Year 2 (16)
 2017 Approved Spots: 47.5 | 2017 Filled: Year 1 (25); Year 2 (17)
 2018 Approved Spots: 53.5 | 2018 Filled: Year 1 (25); Year 2 (18)
 2019 Approved Spots: 57.5 | 2019 Filled: Year 1 (23); Year 2 (18)
 2020 Approved Spots: 58.5 | 2020 Filled: Year 1 (23); Year 2 (16)
 2021 Approved Spots: 55 | 2021 Filled: Year 1 (19) Year 2 (20)

NO Fellowship Growth



NO 2016-2021 Fellow Enrollment



NO Graduate Certification

