Headache Medicine Program Requirements

2019 Revision Draft 11

Approved ~~October 17, 2014~~

Table of Contents

Headache Medicine Program Requirements

The common program requirements are standards required of accredited programs in all UCNS subspecialties. They are shown in **bold** typeface below. Requirements in regular typeface are defined by each subspecialty.

I. Introduction

A. Headache Medicine is a subspecialty concerned with the diagnosis and treatment of head and face pain. Its scope includes the diseases or categories of disease causing central and peripheral disturbance of structures or functions causing head and face pain and includes both primary and secondary disturbances of these structures or functions. ~~Consequently, affected patients may present for clinical care in multiple specialty areas including primary care, such as family practice, general internal medicine, and specialty care, including, but not restricted to neurology, neurosurgery, otolaryngology, physical medicine and rehabilitation, oromaxillofacial surgery and psychiatry. For these disease management areas, the practitioner of Headache Medicine is often the principal care physician and may render all levels of care commensurate with his or her training.~~

B. Purpose of the Training Program

1. **The purpose of the training program is to prepare the physician for independent practice of** Headache Medicine. **This training must be based on supervised clinical work with increasing patient care responsibilities and transition to independent practice over the course of the training program** for all types of patients presenting with head and face pain including outpatients and inpatients.
2. **The program must require its fellows to obtain competencies in the six areas defined by the Accreditation Council for Graduate Medical Education (ACGME). It is the responsibility of the program to provide precise definitions of specific knowledge, skills, and behaviors, as well as education opportunities in which the fellow must demonstrate competence in those areas. The program's curricular goals and objectives must correlate to the appropriate ACGME Core Competencies and global learning objectives.**

II. Institutional Support

There are three types of institutions that may comprise a program: 1) the sponsoring institution, which assumes ultimate responsibility for the program and is required of all programs, 2) the primary institution, which is the primary clinical training site and may or may not be the sponsoring institution, and 3) the participating institution, which provides required experience that cannot be obtained at the primary or sponsoring institutions.

A. Sponsoring Institution

1. **The sponsoring institution must be accredited by the ACGME or the Canadian Excellence in Residency Accreditation (CanERA), formerly the Royal College of Physicians and Surgeons of Canada (RCPSC), and meet the current ACGME Institutional Requirements or CanERA General Standards of Accreditation for Institutions with Residency Programs. This responsibility extends to fellow assignments at all primary and participating institutions. The sponsoring institution must be appropriately organized for the conduct of graduate medical education (GME) in a scholarly environment and must be committed to excellence in both medical education and patient care.**
2. **A letter demonstrating the sponsoring institution's responsibility for the program must be submitted. The letter must:**

a. confirm sponsorship and oversight of the training program's GME activities,
b. state the sponsoring institution's commitment to training and education, which includes the resources provided by the sponsoring institution, the primary institution, and/or the departments that support the program director's fulfillment of his or her duties as described in these program requirements, and
c. be signed by the designated institution official of the institution as defined by ACGME or postgraduate dean as defined by CanERA.

3. Institutional support and oversight are further demonstrated by the required designated institution official/postgraduate dean signature on all program accreditation and reaccreditation applications and annual report submissions.

~~3.~~4. It is recommended that at a minimum, the sponsoring institution ensures that the program director be provided with the salary support required to devote 10 percent FTE of non-clinical time to the administration of the program. The FTE may vary depending upon the number of fellows enrolled in the program.

B. Primary Institution

1. Assignments at the primary institution must be of sufficient duration to ensure a quality educational experience and must provide sufficient opportunity for continuity of care. The primary institution must demonstrate the ability to promote the overall program goals and support educational and peer activities.
2. A letter from the appropriate department chair(s) at the primary institution must be submitted. The letter must:
   a. confirm the relationship of the primary institution to the program,
   b. state the primary institution's commitment to training and education, and
   c. list specific activities that will be undertaken, supported, and supervised at the primary institution.

C. Participating Institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.
2. Assignments at participating institutions must be of sufficient duration to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the overall program goals and support educational and peer activities.
3. If a participating institution is used, a participating institution letter must be submitted. The letter must:
   a. confirm the relationship of the participating institution to the program,
   b. state the participating institution's commitment to training and education,
   c. list specific activities that will be undertaken, supported, and supervised at the participating institution, and
   d. be signed by the appropriate official, e.g., department chair or medical director, of the participating institution.

III. Facilities and Resources

A. Each program must demonstrate that it possesses the facilities and resources necessary to support a quality educational experience.

1. **Additional professional, technical, and administrative personnel must be provided to adequately support the fellowship training program in attaining its educational and administrative goals.**
2. **In programs not situated in a department of neurology, evidence must be provided that demonstrates fellows have access to neurological services.**
3. A headache center (clinic) must be designed specifically for the management of headache patients.
4. Adequate allied health staff and other support personnel must be available.
5. There must be a minimum of 200 patients per fellow per year for evaluation under faculty supervision. This must include a variety of chronic, acute, outpatient and inpatient headache patients.
6. The institution must have adequate resources and infrastructure support including:
    a. Laboratory facilities
    b. Imaging facilities
    c. Mental health services
    d. Medical record keeping
7. Other institutional resources may include:
    a. Procedural pain clinics
    b. Dental and oromaxillofacial clinics
    c. Infusion therapies
    d. Biofeedback
    e. Neuro-ophthalmology
    f. Neurosurgery
    g. Autonomic
    h. Multidisciplinary concussion clinic
    i. Physical therapy
    j. Social work
    k. Otolaryngology
    l. Physical Medicine and Rehabilitation
    m. Psychiatry
    n. Neuroradiology
    o. Telemedicine
8. Library facilities, computer/internet access, and space for research and teaching conferences in Headache Medicine.

IV. Faculty

The faculty of accredited programs consists of: 1) the program director, 2) core faculty, and 3) other faculty. Core faculty are physicians who oversee clinical training in the subspecialty. The program director is considered a core faculty member when determining the fellow complement. Other faculty are physicians and other professionals determined by the Subspecialty to be necessary to deliver the program curriculum. The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate durations of appointments for the program director and core faculty members are essential for maintaining such an environment. The duration of appointment for the program director must provide for continuity of leadership.

A. Program Director Qualifications

1. **There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and he or she should be a member of the faculty or medical staff of the primary institution.**
2. **The program director must:**
   a. **possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field,**
   b. **be certified by the American Board of Medical Specialties (ABMS) or RCPSC,** American Osteopathic Association (AOA) **or College of Family Physicians of Canada (CFPC)**,
   c. **possess a current, valid, unrestricted, and unqualified license to practice medicine in the state or province of the program, and**
   d. **be certified, and maintain certification, in** headache medicine **by the UCNS.**
      i. **New programs without a certified program director may apply for accreditation, as long as the application contains an attestation that the program director will become certified at the next available opportunity, which includes certification through the UCNS faculty diplomate pathway. The attestation must contain a statement that the program understands that should the program director fail to achieve certification, the program must immediately submit a program change request appointing an appropriately qualified program director.**

B. Program Director Responsibilities

1. **The program director must:**
   a. **oversee and organize the activities of the educational program in all institutions participating in the program including selecting and supervising the faculty and other program personnel at each institution, and monitoring appropriate fellow supervision and evaluation at all institutions used by the program,**
   b. **prepare accurate statistical and narrative descriptions of the program as requested by the UCNS as well as update the program and fellow records annually,**
   c. **ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the ACGME's or CanERA's institutional requirements,**
   d. **monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction, and**
   e. **obtain prior approval of the UCNS for changes in the program that may significantly alter the educational experience of the fellows. Upon review of a proposal for a program change, the UCNS may determine that additional oversight or a site visit is necessary. Examples of changes that must be reported include:**
      1) **change in the program director,**
      2) **the addition or deletion of sponsoring, primary, or participating institution(s),**
      3) **change in the number of approved fellows, and**
      4) **change in the format of the educational program**

C. Core Faculty Qualifications

1. Each core faculty member must:

a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field,

b. be currently certified by the ABMS, RCPSC, AOA, or CFPC,

c. possess a current, valid, unrestricted, and unqualified license to practice medicine in the state or province of the program, and

d. be appointed in good standing to the faculty of an institution participating in the program.

2. The core faculty must include at least one neurologist. The neurologist may also be the program director.

D. Core Faculty Responsibilities

1. There must be a sufficient number of core faculty members with documented qualifications at each institution participating in the program to instruct and adequately supervise all fellows in the program.

2. Core faculty members must:

a. devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities,

b. evaluate the fellows they supervise in a timely manner, and

c. demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities.

E. Other -Faculty

1. In programs not situated in a department of neurology, evidence should be provided that demonstrates appropriate neurological training in the evaluation and management of patients with headache.
2. A clinical psychologist should be available.
3. Qualified physicians with expertise in Headache Medicine must have a continuous and meaningful role in the subspecialty training program. Faculty involved in teaching fellows in Headache Medicine must possess expertise in the care of patients with acute, chronic, primary and secondary headache.
   a. Expertise often crosses specialty boundaries. Thus the program will include faculty from other ABMS-recognized medical specialties.
4. Administrative support must be provided.

V. Fellow Appointment

A. Duration of Training

1. Fellowship programs must be no less than 12 months, **the entirety of which must be spent in patient-oriented** Headache Medicine **education. At least 80% of the fellow's time must be spent in supervised training activities in the practice of** Headache Medicine**, including didactic and clinical education specific to the subspecialty, electives, and scholarly activities.** Fifty percent of the supervised training activities in patient care must be direct patient care and up to 30% of the time may be spent in quality improvement or clinically orientated research.

2. Flexible Fellowships

a. **Programs may offer flexible fellowships for a variety of reasons, including, but not limited to: combined clinical/ research fellowships or to allow fellows opportunities for work/life balance. Programs that combine clinical and research training (clinician-scientist fellowship program) may be up to 36 months in duration for a one-year program and 48 months for a two-year program. At least 12 full months of this extended-program period must be spent in patient-oriented** Headache Medicine **clinical, educational, and scholarly activity, the distribution of which across this extended period is at the program's discretion.**

~~3. The minimum length of training will be 12 contiguous months.~~

B. Fellow Eligibility

1. **The fellow must possess a current valid and unrestricted license to practice medicine in the United States or its territories or Canada.**
2. **The fellow must be a graduate of a residency program in neurology** or other specialties **accredited by the ACGME, RCPSC, or CanERA.**
3. **The fellow must be board certified or eligible for certification by the ABMS, RCPSC,** AOA, **or CFPC.**

C. Fellow Complement

The fellow complement is the number of fellows allowed to be enrolled in the program at any given time, e.g., across all training years.

1. **There must be at least** 1 **core faculty member for every** 2 **fellows**.

D. Appointment of Fellows and Other Students

1. **The appointment of fellows who do not meet the eligibility criteria above must not dilute or detract from the educational opportunities of regularly appointed** Headache Medicine **fellows. Programs must include these fellows in all reports submitted to UCNS to demonstrate compliance with the approved fellow complement. Fellows who are enrolled without meeting the eligibility criteria must be notified that they may not apply for UCNS certification examinations as graduates of an accredited program.**

VI. Educational Program

A. Role of the Program Director and Faculty

1. **The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by:**
   a. **preparing a written statement to be distributed to fellows and faculty and reviewed with fellows prior to assignment, which outlines the educational goals and objectives of the program with respect to the knowledge, skills, and other attributes to be demonstrated by fellows for the entire fellowship and on each major assignment and each level of the program,**
   b. **preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information, and**
   c. **providing fellows with direct experience in progressive responsibility for patient management.**

B. Competencies

1. **A fellowship program must require that its fellows obtain competence in the AGCME Core Competencies to the level expected of a new practitioner in the subspecialty. Programs must define the specific and unique learning objectives in the area including the knowledge, skills, and behaviors required and provide educational experiences as needed in order for their fellows to demonstrate the core competencies.**
2. **The program must use the ACGME Core Competencies to develop competency-based goals and objectives for all educational experiences during the period of fellowship training in** Headache Medicine.

C. Didactic Components

1. **The program must include structured, fellow-specific educational experiences such as rounds, conferences, case presentations, lectures, and seminars that complement the clinical and self-directed educational opportunities. Together, various educational experiences must facilitate the fellow's mastery of the core content areas and foster the competencies as described above.**

~~2.~~ Didactic topics should include, but are not limited to the ~~C~~curricular elements as detailed in the *Headache Medicine ~~Core Curriculum~~Certification Examination Content Outline* ~~will be distributed among, but not limited to:~~

~~a. Tutorial~~

~~b. Independent study~~

~~3.~~2. ~~Mentoring~~.

D. Clinical Components

1. **The fellow's clinical experience must be spent in supervised activities related to the care of patients with** headache or associated conditions**. Clinical experiences may include all training relevant to** Headache Medicine, **including lectures and individual didactic experiences and journal clubs emphasizing clinical matters.**
2. Competence must be demonstrated in the following areas:
   a. Cognitive skills
   b. Procedural skills ~~including but not limited to nerve blocks onabotulinum toxin injection.~~
   c. Tests and test interpretation
   d. Treatment and evidence-based practice
   e. Disease management and long-term care of chronic patients

~~Evaluations of performance in each domain must occur every three months and documentation of these must be placed in the fellow's file and must be available for review upon request. Benchmarks will include the ACGME Competencies and published headache guidelines, including those of the American Academy of Neurology.~~

3. At the completion of the program, the trainee must demonstrate the independent ability to:
   a. Perform the following elements of the ideal encounter with a headache patient:
      1) History
      2) Physical exam
      3) Diagnostic formulation
      4) Patient education
      5) Prognostic determination
      6) Treatment plan

b. Procedural skills as specified above
1) Occipital nerve blocks
2) Chemodenervation
3) Other evidence-based procedures
c. Provide compassionate care
d. Understand the role of the consultant
e. Establish and maintain a Headache Center
1) Outcomes
2) Quality Improvement
3) Disease management
4) Information technology
~~a.~~f. Be an integral part in the teaching of Headache Medicine to trainees, medical students and other health-care professionals

4. It is strongly recommended that the program ensure a minimum of two weeks is spent in the instruction of adult-specific (for pediatric programs) and pediatric-specific (for adult programs) Headache Medicine. If clinical resources are not available, the program may, as an alternative, substitute a comprehensive didactic curriculum of instruction covering the equivalent course material.
5. In addition to the required clinical skills outlined above, elective rotations designed to provide a broad educational experience should be made available to the fellow. Elective experiences must include at least one from the following:
a. Concussion
b. Neuro-ophthalmology
c. Pain management
d. Maxillofacial pain
e. Procedural clinic
f. Sleep medicine
g. Psychiatry
h. Vestibular
i. Neurotology
j. Autonomic disfunction
k. Integrative medicine
l. Neurosurgery
m. Neuroradiology
n. Women's health
o. Addiction medicine

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. Both faculty and fellows must participate actively in some form of scholarly activity. Scholarship is defined as activities unrelated to the specific care of patients, which includes scholarship pertaining to research, writing review papers, giving research-based lectures and participating in research-oriented journal clubs.

2. ~~2.~~ There must be adequate resources for scholarly activities for faculty and fellows.

3. The training in Headache Medicine must provide the opportunity for active trainee participation in research projects pertinent to Headache Medicine. This should include:

a. Involvement in a scholarly research project during the fellowship year. Scholarly activity may include quality improvement, population health, and/or comprehensive program of educating others, or biomedical research.
b. Instruction in the critical evaluation of scholarly literature, including study design and methodology, interpretation of data, e.g., journal club, mentored reviews, etc.

4. The faculty will encourage the trainee to actively seek inclusion in institutional grand rounds, multidisciplinary conferences and departmental trainee teaching seminars. Trainees are actively encouraged to attend Headache Medicine conferences on regional, national, and international levels when possible.
5. Content Areas (See *UCNS Headache Medicine Examination Content Outline*)
   a. Epidemiology and Comorbidity
   b. Anatomy and Physiology
   c. Headache Classification and Diagnosis
   d. Evaluation and Diagnostic Testing
   ~~a.~~e. Treatment

F. Fellow Supervision, Clinical Experience and Education, and Well-Being

Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education defined by the program requirements must have priority in the allotment of a fellow's time and energy.

1. Fellow Supervision

a. All patient care required by the program requirements must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

b. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

c. Faculty and fellows must be educated about and meet ACGME or CanERA requirements concerning faculty and fellow well-being and fatigue mitigation.

2. Clinical Experience and Education and Well-Being

a. Clinical assignments must recognize that the faculty and fellows collectively have responsibility for the safety and welfare of patients. Fellow clinical experience and education supervision, and accountability, and clinical work hours, including time spent on-call, must comply with the current ACGME or CanERA institutional program requirements.

VII. Evaluation

A. Fellow Evaluation

1. Fellow evaluation by faculty must:

a. take place at least semi-annually to identify areas of weakness and strength, which must be communicated to the fellow,

b. use the subspecialty milestones to document fellow experience and performance, and

c. **include the use of assessment results to achieve progressive improvements in the fellow's competency and performance in the ACGME Core Competencies and the subspecialty's core knowledge areas. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.**

~~c.~~d. Evaluations of performance in each domain must occur every three months and documentation of these must be placed in the fellow's file and must be available for review upon request. Benchmarks will include the ACGME Competencies.

2. **~~-~~The program must include a mechanism for providing regular and timely performance feedback to fellows. Issues of unacceptable performance must be addressed in a timely fashion and in accordance with the policies and procedures of the sponsoring institution.**
3. **Summary and final evaluation of the fellow must:**
   a. **be prepared by the program director and should reflect the input of faculty,**
   b. **include a formative evaluation of the fellow's demonstration of learning objectives and mastery of the ACGME Core Competencies using the subspecialty's milestones,**
   c. **include a final, summative evaluation by the program director using the subspecialty's milestones to document the fellow's demonstration of sufficient competence and professional ability to practice the subspecialty competently and independently, and**
   d. **include a statement regarding the fellow's ability to practice the subspecialty independently upon completion of the program.**

   ~~d.~~e. The template evaluation form provided by UCNS may be used.
4. The program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. Assessment must include:
   a. The use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b. The regular and timely performance feedback to fellows that includes at least semiannual written evaluations. Such evaluations are to be communicated to each fellow in a timely manner and maintained in a record that is accessible to each fellow.
   c. The use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements to fellows' competence and performance.
5. The program director must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

B. Faculty Evaluation

1. **The performance of faculty must be evaluated by the program director on an annual basis.**
2. **The evaluations must include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities.**

3. **These evaluations must include confidential annual written evaluations by fellows.**

C. **Program Evaluation and Outcomes**

1. **The effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met must be assessed.**
2. **Confidential written evaluations by fellows must be utilized in this process.**
3. **The program will use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program. At a minimum, the fellow performance on the UCNS certification examination should be used as a measure of the effectiveness of the education provided by the training program. The development and use of clinical performance measures appropriate to the structure and content of each program is encouraged.**
4. **The program must have a process in place for using fellow performance and assessment results together with other program evaluation results to improve the fellowship program.**
4. Representative program personnel, i.e., at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regularly documented meetings at least annually for this purpose. In this evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

~~5. Outcome Assessment~~

~~a. The program must use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the fellowship program.~~

~~b.~~a. ~~The program must have in place a process for using fellow performance and assessment results together with other program evaluation results to improve the fellowship program.~~