

UNITED COUNCIL
FOR
NEUROLOGIC
SUBSPECIALTIES

**Behavioral Neurology & Neuropsychiatry
Program Requirements**

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Behavioral Neurology & Neuropsychiatry 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. This material constitutes the program requirements for post-residency education in Behavioral Neurology & Neuropsychiatry (BNNP). For the purposes of this document, BNNP is defined as a medical subspecialty committed to better understanding links between neuroscience and behavior, and to the care of individuals with neurologically based behavioral disturbances.

B. Purpose of the Training Program

- 1. The purpose of the training program is to prepare the physician for independent practice in Behavioral Neurology & Neuropsychiatry. 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.**
- 2. The program must require its fellows to obtain competencies in the six core competency 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 educational 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.**

- C. The goals of subspecialty training in BNNP are:

1. development of patient care skills in BNNP including, but not limited to, clinical expertise in the evaluation and treatment of individuals with focal neurobehavioral syndromes, major neuropsychiatric conditions, and neurological conditions in which cognitive, emotional, and behavioral problems arise commonly.
2. acquisition of an expert level of medical knowledge in BNNP through extensive exposure to the core literature in neuropsychiatry, neuropsychology, and behavioral neurology, with an emphasis on the neuroanatomy and neurochemistry of cognition, emotion, and behavior.
3. development of practice-based learning and improvement through participating in a structured educational curriculum consisting of rounds, case conferences, individual supervision, didactic lectures, and other courses or seminars relevant to training in BNNP, and also through guided self-directed learning that complements clinical and didactic experiences.
4. understanding research methodology in BNNP by involvement in faculty-guided activities including, but not limited to, clinical or basic research endeavors, the scholarship of synthesis, and/or the scholarship of educational programming.
5. development of interpersonal and communication skills, professional ethics and behaviors, and systems-based practices required to perform competently as a subspecialist in BNNP.

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(s), 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 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 official/postgraduate dean signature on all program accreditation and reaccreditation applications and annual report submissions.**

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.**
- 3. A sponsoring institution can support one post-residency BNNP training program. That program may be administratively based in either a department of neurology or a department of psychiatry, but the program must be co-sponsored by both departments. Letters from both department chairs**

documenting their co-sponsorship of the BNNP training program must be provided.

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; cross-referencing information provided here with the clinical rotations and educational activities described elsewhere in a program's application is encouraged.

- 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 or psychiatry, evidence must be provided that demonstrates fellows have access to the missing neurological and/or psychiatric service(s) relevant to the training of fellows in BNNP.**
- 3. Hospitals, clinics, and other facilities (provide a brief description of the sponsoring institution, primary institution, each participating site, and the clinics/units programs in which clinical training and educational activities will be conducted).**
- 4. Office space for fellows and core faculty.**
- 5. Administrative (including clerical) support.**
- 6. Conference and other classroom space.**
- 7. Library access (including access to electronic library resources) and other reference material.**
- 8. Laboratories used to support educational activities (e.g., neuroimaging, electrophysiology, neuropathology, and other neurodiagnostics).**
- 9. Communication and computing resources used to support educational activities (e.g., fellow-dedicated desktop and/or laptop computers, software, printers/scanners, dedicated server space, telephones, mobile phones/devices, pagers, etc.).**

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. The training program, and specifically mastery of the core curriculum, is predicated on the availability of a supervisory structure that involves program direction from an ABPN or RCSPC certified neurologist or psychiatrist with expertise and UCNS certification in BNNP. Mastery of the core curriculum may also require additional supervision of the fellow by neurologists and psychiatrists whose specialty backgrounds are complementary to that of the program director.

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), RCPS, American Osteopathic Association (AOA) or College of Family Physicians of Canada (CFPC) in psychiatry, neurology, or child neurology,**
 - 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 BNNP 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. That 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 AMBS, RCPSC, AOA, or CFPC in psychiatry, neurology, or child neurology,**
 - 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 and one psychiatrist. Either of these physicians may be the program director, provided that he or she meets the other above-stated Program Director Qualifications.**

D. Core Faculty Responsibilities

- 1. **There must be a sufficient number of core faculty members with documented qualifications in BNNP 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. **Physician and nonphysician faculty must be appropriately qualified in their fields and possess appropriate institutional appointments.**

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 BNNP education. At least 80% of the fellow's time must be spent in supervised training activities in the practice of BNNP, which may include inpatient and outpatient clinical experiences, didactics relevant to training in BNNP, and other clinical education subspecialty training, electives, and scholarly activities (where "scholarly" refers broadly to the scholarship of discovery, integration, application, and/or teaching).
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.
 - b. 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.
 - c. At least 12 full months of this extended-program period be spent in patient-oriented BNNP clinical, educational, and scholarly activity, the distribution of which across this extended period of fellowship training is at the program's discretion.

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, psychiatry, or child neurology 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 certification in neurology, child neurology, and/or psychiatry.

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 fellow(s).

D. Appointment of Fellows and Other Students

The appointment of fellows who do not meet the eligibility criteria above must not dilute or detract from the educational opportunities of the regularly appointed BNNP subspecialty 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.**

[NB: The [UCNS sample Fellow Evaluation Template](#) form, either in the original form developed as a component of this subspecialty application or as modified by the training program for administration through an on-line electronic trainee evaluation software package, is available.]

- 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.** Competence is measured using evaluation forms and the [certification content outline](#) to define core competencies with regard to medical knowledge, patient care skills, interpersonal and communication skills, practice- and systems-based competencies, and standards of professionalism that are to be developed during the period of fellowship training in Behavioral Neurology & Neuropsychiatry. **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 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 BNNP.**

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. The sponsoring institution must ensure the availability of structured educational experiences that complement clinical and self-directed learning experiences, usually consisting of rounds, case conferences, individual supervision, didactic lectures, and other courses or seminars relevant to training in Behavioral Neurology & Neuropsychiatry.
 - a. **The program director must assist the fellow with his or her self-directed learning by providing guidance regarding the types and content of materials used in the service of this educational activity. Specifically, the program director should assist the fellow in the selection of relevant and state-of-the-art textbooks, peer-reviewed articles, and/or other materials that complement and**

supplement the fellow's clinical experiences and facilitate mastery of the core curriculum.

D. Clinical Components

1. **The fellow's clinical experience must be spent in supervised activities related to the care of patients with** focal neurobehavioral syndromes, major neuropsychiatric syndromes, and/or cognitive, emotional, and behavioral manifestations of neurological conditions, as described in the Core Curriculum for Training in BNNP (Journal of Neuropsychiatry and Clinical Neurosciences 2006; 18:6–13). **Clinical experiences may include all training relevant to Behavioral Neurology & Neuropsychiatry, including lectures and individual didactic experiences and journal clubs emphasizing clinical matters.**
2. The program must provide experiences of sufficient type and duration for the fellow to master content listed in the [certification examination content outline](#). The selection of these experiences, both in type and duration, is at the discretion of the program director, and is expected to vary between sponsoring institutions. Examples of these may include, but are not limited to:
 - a. Outpatient experiences, including both consultation and continuity clinics
 - b. Inpatient (ward-service) experiences
 - c. Inpatient consultation
 - d. Emergency department experiences
 - e. Other contexts for the provision of patient care (e.g., long-term care facilities, adult day programs, urgent care clinics, walk-in clinics, telehealth services, etc.)

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. **There must be adequate resources for scholarly activities for faculty and fellows.**
3. For BNNP fellows engaged in clinician-scientist fellowship programs, participation in activities falling within the scholarship of discovery, integration, application, and teaching categories is encouraged. These activities include, but are not limited to, projects that facilitate the fellow's understanding of research methodology in BNNP, including original research (basic science or patient-oriented), preparing single-case reports, writing review papers or other scholarly works, developing and providing lectures on topics in BNNP, and participating in journal clubs.

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 competence 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.
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 competency and professional ability to practice the subspecialty competently and independently, and
 - d. include a statement specifically regarding the fellow's ability to practice the subspecialty independently upon completion of the program.
4. The program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan 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. Mechanisms for providing regular and timely performance feedback to fellows that includes at least:

- i. Written semiannual evaluation that is communicated to each fellow in a timely manner and
 - ii. The maintenance of a record of evaluation for each fellow that is accessible by the fellow.
- c. A process involving use of assessment results to achieve progressive improvements in fellows' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
- 5. The program director must provide a final evaluation for each fellow completing the program. The 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. Use of the *Behavioral Neurology & Neuropsychiatry Fellow Evaluation Form* for these purposes is encouraged.

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.**
5. 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.
6. Annually convening a BNNP Fellowship Evaluation Committee that reviews and synthesizes verbal and written feedback on fellow performance, program delivery, and other information to create a plan for continuous quality improvement is strongly encouraged.

VIII. Experimentation and Innovation

- A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
- B. Requests for experimentation or innovative projects that may deviate from the program requirements must be UCNS prior-approved and must include the educational rationale and a method for evaluating the project.
- C. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.