

Headache

General Practitioners with a Special Interest

Competencies Framework

Summary

- *Headache is well suited for management in primary care, but this is not currently the case in the UK.*
- *A GPSI system is much needed to improve UK headache services.*
- *This document sets up a framework to assist GPs, Royal Colleges, professional bodies and health organisations in the development of General Practitioners with a Special Interest in Headache (GPSIH).*
- *The document includes guidance on the core objectives, knowledge base and competencies required for a GPSIH.*
- *Guidance is provided for relevant organisations so they can educate, mentor, appraise and assess the GPSIH.*
- *A list of suitable educational resources is given.*
- *Draft guidelines are given for conducting audits and for the monitoring and assessing of GPSIH competencies.*

Introduction

Evidence-based guidelines prepared in the UK^{1,2} and the USA³ recommend that headache is well suited for management in primary care. Most headache patients in the UK are managed entirely in primary care, with an estimated 2–3% referred to specialists.⁴ Even though UK doctors rarely refer patients complaining with headaches, due to its frequency it is still the commonest symptom presented to neurologists.⁵ Unfortunately, headache (and migraine in particular) remains generally under-recognised, under-diagnosed and under-treated in primary care.⁶

A GP with Special Interest (GPSI) system, to manage patients better in primary care, and to better liaise with secondary care services, is much needed to improve headache services in the UK. General guidelines for setting up this service have been published by the Department of Health,⁷ and guidelines for setting up a specialist headache clinic in primary care have been developed.⁸

Aims

This document sets up a framework to assist GPs, Royal Colleges, professional bodies and health organisations in the development of General Practitioners with a Special Interest in Headache (GPSIH).

Objectives

1. List core competencies for GPSIH
2. Propose objectives for GPSIH
3. Provide relevant organisations with guidance against which to appraise and assess general practitioners with a special interest in headache.

Activities

Good medical care in headache implies a comprehensive, multidisciplinary specialist headache service^{1,2} to which every person should have access. A GPSIH should add value to this service and aim to ensure that a general practitioner's response to patients with headache is in line with best practice. The exact activities provided will vary within each primary care organisation (PCO) but should include

- Clinical work
- Education and liaison
- Service development/Leadership

Competencies

The core competencies are listed in the following tables and are in addition to those skills expected of a general practitioner as stated in the DH/RCGP publication on GPSIH.⁷ They propose that the competencies to deliver a GPSIH service should be seen as a development of generalist skills such as good communication skills, competence in teaching and training health. This framework cannot stipulate how individual competencies and knowledge are assessed. Professionals have a commitment to cascading knowledge and skills. Additionally, good negotiating and communicating skills are encouraged.

Learning objectives

The individual should keep a personal portfolio of learning and achievement. Section E includes a simple example of how this may be recorded.

A Postgraduate Certificate for the Management of Headache in Primary Care is currently in development by the University of Central Lancashire (UCLan) at Preston in association with the Migraine in Primary Care Advisors (MIPCA) and the Migraine Action Association (MAA). Students are currently being enrolled and the initial course takes place in early 2007.

The course is in three modules, covering headache science and principles of care in Part 1, headache treatments in Part 2 and a practice-based module in Part 3. This is the first postgraduate course designed for prospective GPSIs and it is hoped that it will provide a model for other disease areas. Appendix 1 provides more details of the course and gives contact details for interested parties.

A1. Core clinical competencies

The Royal College of Physicians consider clinical competencies to have three components: knowledge, skills and attitudes. Each of these components should be incorporated into the competencies for headache outlined below.

Theme	Topic	Competency
Screening	<p>Recognition of headache as a problem in patients</p> <p>First steps to management</p> <p>Need for investigations</p>	<p>Communication with the patient</p> <p>Use of initial screening questionnaires</p> <p>Taking a headache history</p> <p>Liaison with practice team and other healthcare professionals</p> <p>Indications for CT, MRI scans and other investigations</p>
Information provision	<p>The condition</p> <p>Treatments</p> <p>Living with headache</p> <p>Specific issues</p> <p>Access to information</p>	<p>Be confident in discussing and informing the individual about: the type of headache, cause and prognosis</p> <p>Drugs and non-drug treatments Management of individual episodes and when to seek help</p> <p>Employment, education, unpaid work, family and leisure activities Emphasise and coordinate self-management</p> <p>Appreciate the particular needs of women, children and adolescents, those with learning disability, those from the ethnic communities and the elderly</p> <p>To be familiar with the value of information resource and individual support and education from voluntary organisations (e.g. MIPCA, MAA, Migraine Trust)</p>
Diagnosis	Differential diagnosis (inclusive diagnosis)	<p>Use of inclusive questionnaires (e.g. International Headache Society [IHS], MIPCA)</p> <p>Screening for sinister (worrisome) headaches</p> <p>Appropriate examinations (e.g. recognition of papilloedema and focal neurological abnormality, and scalp and skull examinations)</p>

	Exclusive diagnosis of the individual headache	Use of exclusive questionnaires (e.g. ID Migraine for migraine)
The first consultation	<p>Assess severity of presenting headache</p> <p>Tailor treatment to the patients individual needs</p>	<p>Use of appropriate questionnaires (e.g. impact [Migraine Disability Assessment (MIDAS) questionnaire, Headache Impact Test (HIT)], quality of life [QoL])</p> <p>Provision of drug treatment (acute/preventive)</p> <p>Non-drug treatment (behavioural, physical and complementary therapies)</p> <p>Effect of co-morbidities</p> <p>Understanding of care pathway</p> <p>Setting up follow-up care</p>
Emergency treatment	Treatment of very acute and atypical headaches	<p>How to screen for sinister headaches</p> <p>Selecting appropriate acute treatments</p> <p>Knowing when to refer immediately</p>
Drug treatment	Indications, interactions and side effects of headache drugs (acute and preventive)	<p>Understanding of how to use common acute and preventive drugs</p> <p>Understanding of co-morbidities and how to tailor therapy appropriately</p> <p>Understand how to enquire for side effects and how to evaluate efficacy of therapy</p> <p>Understand how to promote compliance and patient understanding of their therapy</p>

Other therapies	Non-drug treatments	Understand the range of other therapies available and their scope Deal with patient expectations
Follow-up care	Regular review	Understand the nature and principles of regular planned review of diagnosis, treatment efficacy and side effects, need to switch treatment, life changes, information and advice needs, social issues, referral and follow up plans.
Referral to secondary care (neurologist, headache specialist or GPSI working in secondary care)	Diagnosis issues Treatment failure Change in headaches Life changes Unusual headaches, e.g. cluster, hypnic, Short-lasting Unilateral Neuralgiform headache attacks with Conjunctival injection and Tearing (SUNCT), hemicrania continua	Understand need for investigation of possibly sinister headache. Appreciate need for investigation of co-morbidity Understand reasons for treatment failure (efficacy and safety issues) and relevant criteria Understand criteria for changes in headache character Understand the implications of patient life changes (e.g. work, adolescence, contraception, pregnancy, middle and old age) Understand how to recognise these headaches by differential diagnosis procedures
Young children	Personal/social issues Headache presentation Treatment issues	Understanding of school/home issues and personal needs, legal issues Understanding of headache 'equivalents' in young children Understanding of special treatment needs and restrictions
Older people	Headache presentation	Understand different presentation of existing

	Treatment issues	headache with age and development of new headaches associated with old age Understand special treatment needs, especially with respect to co-morbidities and polypharmacy
People with learning difficulties	Diagnosis	Understand the principles of assessing and treating individuals with learning disability
	Co-morbidity and behavioural problems	Understanding of role of co-morbidity, disability, environment and medication in behaviour problems and ability to assess these factors
	Carers and families	Ability to support and inform carers
People from the ethnic communities	Cultural and social issues	Understand the views on headache in different communities
	Epidemiological issues and headache presentation	Understand how headache prevalence and features may differ in different races
	Treatment issues	Understand how headache treatment may differ in different races

A2. Knowledge base

Theme	Knowledge base
Headache: the conditions	<ul style="list-style-type: none"> • Classification • Epidemiology • Aetiology • Pathophysiology
Natural history of headache	<ul style="list-style-type: none"> • Headache phases (migraine particularly) • Evolution of headache through a patient's life • Prognosis of acute and chronic headaches
Information provision	<ul style="list-style-type: none"> • The range of sources of information available to patients and their families.
Diagnosis	<ul style="list-style-type: none"> • Initial screening • Taking a history: key features • Screening for sinister headaches • Differential diagnosis: exclusive and inclusive factors

Investigations	<ul style="list-style-type: none"> • Selecting patients who require investigations • Role of CT and MRI scanning • Role of biochemistry monitoring
The first consultation	<ul style="list-style-type: none"> • Assessing illness severity • Tailoring treatment to the patient's individual needs • Selecting an appropriate initial therapy plus rescue medication • Communicating effectively with the patient: managing expectations and need for commitment
Headache co-morbidities	<ul style="list-style-type: none"> • Psychiatric disorders, depression and anxiety • Epilepsy • Cardiovascular disorders, especially stroke • Other disorders
Drug treatment	<ul style="list-style-type: none"> • Acute treatments (analgesics, combination analgesics, triptans, ergots, symptomatic treatments) • Preventive treatments (beta-blockers, neuromodulators, serotonergic drugs, antidepressants, other drugs) • Overview of all drugs (efficacy, side effects, interactions, contraindications and special warnings) • Selecting appropriate drugs for each patient • Initial versus rescue versus follow-up medications • Issues with drug withdrawal, overuse and resistance
Emergency treatment	<ul style="list-style-type: none"> • Protocols for treating very acute headaches and possibly sinister headaches
Other therapies	<ul style="list-style-type: none"> • Behavioural therapies (e.g. trigger avoidance, relaxation, biofeedback) • Physical therapies (e.g. acupuncture, massage) • Complementary therapies (e.g. feverfew, butterbur root, magnesium, vitamin B2, Coenzyme Q) • Lens filters • Diet • New developments (e.g. botulinum toxin A, patent foramen ovale closure, implants). Critically review and appraise such treatments which may not always prove to be effective
Follow-up	<ul style="list-style-type: none"> • Use of regular consultations and monitoring with impact and other questionnaires • When to switch and not to switch treatments • When to prescribe preventive treatment • When to refer

Women and headache	<ul style="list-style-type: none"> • Hereditability • Menarche • Contraception and associated risk factors • Pregnancy • Breastfeeding and child care • Menopause and old age
Children and adolescents	<ul style="list-style-type: none"> • Special presentations • Headache evolution through childhood • Education, social and family interactions • Co-morbidities • Puberty • Drug overuse and recreational drugs • Choice of drugs
Headache in the elderly	<ul style="list-style-type: none"> • Headache presentation and evolution • Headaches of old age • Treatment needs: co-morbidities and polypharmacy • Physiology, disability and social issues
People with learning difficulties	<ul style="list-style-type: none"> • Diagnostic difficulties • Co-morbidities • Management challenges • Issues of consent, decision making and carers
People in the ethnic communities	<ul style="list-style-type: none"> • Cultural and social issues • Epidemiological issues • Headache presentation • Headache treatment
Service development	<ul style="list-style-type: none"> • UK voluntary organisations and support services for people with headache (e.g. MIPCA, MAA, Migraine Trust) • Government policy on service priorities and settings

Suggested resources to acquire the necessary knowledge base

Dowson AJ, Your questions answered: Migraine and other headaches, Edinburgh: Churchill Livingstone, 2003

UCLan Postgraduate Certificate in Headache course documentation

Migraine in Primary Care Advisors' guidelines for:

- Understanding clinical evidence and evaluating the efficacy of migraine medications in clinical practice
- Migraine management by GPs in primary care (UK and international)
- Management of migraine by nurses.
- Helping patients manage their migraine

- e. Managing children and adolescents with headache
- f. Managing chronic headaches in the clinic
- g. General Practitioners with a special interest (GPSI) in headache: setting up a specialist headache clinic in primary care.

All these guidelines are available at www.mipca.org.uk.

Headache Classification Committee of the International Headache Society. The international classification of headache disorders. Second edition. Cephalalgia 2004;24 (Suppl 1):1-160.

Silberstein SD, for the US Headache Consortium. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2000; 55:754-62.

Lewis D, Ashwal S, Hershey A et al. Practice parameter: pharmacological treatment of migraine headache in children and adolescents. Neurology 2004;63:2215-24.

Department of Health. Guidelines for the appointment of General Practitioners with special interests in the delivery of clinical services: Headache. April 2003, [www.dh.gov.uk/pricare/gp-special interests/headache.pdf](http://www.dh.gov.uk/pricare/gp-special%20interests/headache.pdf).

Journals: Cephalalgia; Headache; Headache Care; Journal of Headache and Pain; Neurology.

Websites:

- MIPCA (www.mipca.org.uk)
- Migraine Action Association (UK patient support group: www.migraine.org.uk)
- Migraine Trust (www.migrainetrust.org)
- Headache UK (www.headache.org)
- International Headache Society (www.i-h-s.org)
- British Association for the Study of Headache (BASH: www.bash.org.uk)
- Primary Care Neurology Society (P-CNS) (www.p-cns.org.uk)
- Department of Health (www.dh.gov.uk)

Other professional bodies: Prodigy guidelines are relatively poor for headache; the Scottish organisation SIGN are developing headache guidelines; RCGP is affiliated to MIPCA. There are no NICE guidelines for headache.

Associated Professional Bodies and related Codes and Requirements in relation to Clinical Governance

B: Core Competencies - education and liaison

Themes	Core competencies - support	Objectives	Resources
Local service delivery	In partnership with others develop the skills and knowledge of primary (and secondary) care to manage patients with headache	Service configuration Communication	Local trusts UCLan course RCGP/MIPCA NICE/SIGN
Supporting local practices	Provide information and support to practices and practitioners on best practice in relation to the care of their patients, as defined by local and national guidance or protocols	Validated guidance Local agreements	MIPCA
Headache review structure	Support practices to use templates for annual review of patients with headache and to assist them in carrying out audits of their care of patients with headache and to develop a headache register	Structured review	See Appendix 2 for draft headache audits ⁹
Information provision	Have up-to-date information of how to access education, employment and related social aspects of headache	Information needs and sources	UCLan course documentation MIPCA MAA Migraine Trust
Professional support	Support to general practitioners and primary health care teams in the care of patients with headache and improve the care that these clinicians provide to these patients	Research and audit	PCT Academic institutions See Appendix 2

C: Core competencies - Service development and professional leadership

Theme	Core competencies - service	Objectives	Resources and competent bodies
Clinical leadership	Clinical leadership	Developing headache services for primary care across the locality	Local trusts DH Practice Based Commissioning Groups
Coordinated care	Service leadership	Lead the development for shared care services for patients with headache	Local practices Local trusts Link with neurology services
National policies	Policy implementation	Understanding of key national documents, strategies, action plans and toolkits aimed at improving services to patients with headache	MIPCA/RCGP MAA Headache UK DH Strategic Health Authorities PCTs

D: Assessment guidance

It is the responsibility of the employing organisation to ensure that appropriate training for GPSIH status is achieved and the responsibility of the individual physician to practice within their own competence. The UCLan course modules on management of headache in primary care are suitable for GPSIH training. As well as formal didactic teaching over two weekends for each module and completion of assessments, students take part in a series of clinical sessions with a mentor or clinical supervisor. After the first year, the course may become available online. This is deemed to be appropriate training for most GPSIH.

Annual appraisal and development support for GPSIs has been outlined for professionals in respiratory medicine,¹⁰ and the general principles may be

more generally applicable. Developing and assessing the components of competency (knowledge, skills and attitudes) are key to these roles.

Annual appraisal is recommended, together with good PCT support in other areas. The appraiser is expected to work with the GPSI to highlight learning and developmental needs and to help in providing pointers to address these. The appraiser may come from secondary care or primary care. Documentation is based on standard documentation in keeping with Good Medical Practice and other NHS GP appraisal forms, but modified to make it specifically relevant to GPSIs. However, the ways of conducting appraisal are constantly evolving, and the system will have to be flexible and appropriate to needs. Means of assessing physicians to demonstrate overall competency and the standard of competency require attention.

A Personal Development Plan (PDP) is developed for all GPSIs, and a 'developmental supporter' assigned to provide support, using a variety of educational and developmental skills. Clinical support is envisaged to come from local secondary care or another GPSI. Leadership support can come from PCO professionals, medical educators or NHS managers. However, the 'developmental supporter' and appraiser are not to be the same person. It is recommended that six or more half-day sessions are set up for educational and developmental support.

The GPSI may also be expected to educate other professionals and to set up ways to educate their peers in the locality.

Monitoring the maintenance of skills involves audit, procedural logs, reappraisal and course/meeting attendance with a defined minimum level annually. The table below provides a model for GPSI personal learning objectives and may be useful for monitoring. Appendix 3 shows a draft framework for monitoring and assessing competencies.

Table E: Personal learning objectives

Learning Objective	Evidence provided in portfolio	Target date	Date achieved
Clinical competencies:	<i>Evidence may include reports of case analysis, clinical observation, completion of educational packages or courses or post graduate diplomas or degrees</i>		
Support competencies:	<i>Evidence may include service planning protocols,</i>		

	<i>reports of service developments, professional statements and local audits</i>		
Service leadership competencies:	<i>Evidence may include professional statements by practices, practice based audits, locality plans</i>		

This document was prepared by Dr Andrew J Dowson, Dr Susan Lipscombe and Dr David Watson (MIPCA) and Dr Christopher Clough and Dr Graham Archard (RCGP). The document is endorsed by both MIPCA and RCGP.



References

1. Dowson AJ, Lipscombe S, Sender J, *et al.* New guidelines for the management of migraine in primary care. *Curr Med Res Opin* 2002;18:414–39.
2. Dowson AJ, Bradford S, Lipscombe S, *et al.* Managing chronic headaches in the clinic. *Int J Clin Pract* 2004;58:1142–51.
3. Silberstein SD, for the US Headache Consortium. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology* 2000; 55:754-62.
4. Latinovic R, Gulliford M, Ridsdale L. Headache and migraine in primary care: consultation, prescription and referral rates in a large population. *J Neurol Neurosurg Psychiatry* 2006;77:385–7.
5. Patterson VH, Esmonde TFG. Comparison of the handling of neurological outpatient referrals by general physicians and a neurologist. *J Neurol Neurosurg Psychiatry* 1993;56:830.
6. Lipton RB, Goadsby PJ, Sawyer JPC, *et al.* Migraine: diagnosis and assessment of disability. *Rev Contemp Pharmacother* 2000;11:63–73.
7. Department of Health. Guidelines for the appointment of General Practitioners with special interests in the delivery of clinical services: Headache. April 2003, www.doh.gov.uk/pricare/gp-specialinterests/headache.pdf.
8. Sender J, Bradford S, Watson D *et al.* General Practitioners with a Special Interest (GPwSI) in headache: setting up a specialist headache clinic in primary care. *Headache Care* 2004;1:165–71.
9. Bland A, Bradford S, Watson D *et al.* Implications of the new GP contract to headache management. *Headache Care* 2005;2:213–21.
10. Holmes S, Gruffydd-Jones K. A proposal for the annual appraisal of, and developmental support for, General Practitioners with a Specialist Interest (GPwSIs) in respiratory medicine. *Primary Care Respiratory Journal* 2005; in press.

Appendix 1. Information for the UCLan Postgraduate Certificate courses on the management of headache in primary care




Postgraduate Certificate Management of Headache in Primary Care

Commencing May 2006, applications are now being accepted.

The Postgraduate Certificate Management of Headache in Primary Care is a new and innovative course providing a professional qualification and potential for further career development.

This course supports the development of healthcare practitioner roles that involve the management and treatment of headaches, such as GPs, GPs with Special Interests (GPsIs), nurses and pharmacists. It has been designed to be topical in its content, incorporating:

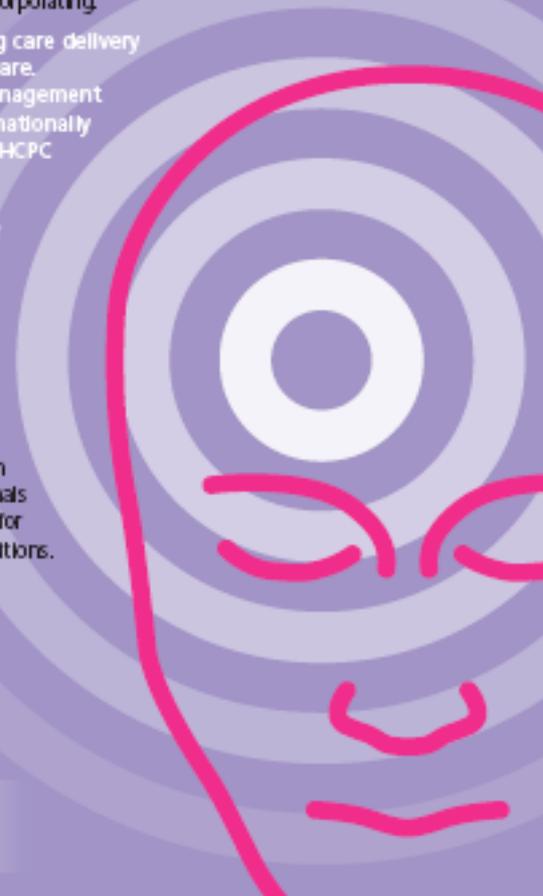
- The government's white paper on increasing care delivery in the community, rather than via hospital care.
- State of the art guidelines for headache management both in the UK (MIPCA guidelines) and internationally (US Headache Consortium and International HCPC guidelines).
- Good clinical practice (GCP) guidelines.
- The evidence base, which forms the basis of the course, is continually updated according to NICE recommendations.

A holistic approach to care is central to this course where participants become patient advocates, placing them at the centre of care, as specified within the new NHS contracts. It will provide best practice for the diagnosis, management and delivery of a headache service in primary care, which would be particularly suited to healthcare professionals who want to improve their headache skills and/or for those wanting to progress into Special Interest positions.

Faculty of Health

For further information and an application pack, call **01772 893805** or email **healthcourses@uclan.ac.uk**





*Appendix 2. Draft audits for headache management to be conducted in primary care.*⁹

Clinical indicators

Records

- Register of patients with headache
- Register of patients receiving drug treatment for headache.

Diagnosis / initial management

- Proportion of patients diagnosed with different headache subtypes (migraine, TTH, CDH, cluster, sinister) over the past 12 months
- Record of medication history
- Record of co-morbidities
- Patients self-referred / referred by another professional (e.g. pharmacist)
- Patients given management education / advice
- Patients sent for procedures / referral
- Patients given a headache diary or other questionnaires to complete
- Patients treated with prescribed drugs: acute and prophylactic.

Ongoing management

- Register of follow-up appointments
- Record of headache status
- Medication compliance review
- Completion of headache diaries and other questionnaires
- Record of patients whose treatment (acute and prophylactic) was changed
- Success of initial and follow-up medications.

Patient experience

- Benefits of delivering information to the patient
 - Was the consultation time sufficient
 - Was appropriate information provided
- Working in partnership with expert patients.

Education and training

- Record of personal learning plans and personal development
- Annual appraisals of primary care team (GPs, nurses, others)
- Review of patient surveys
- Review of locality-based learning as how the primary care team works together
- Review of practice-based learning as how clinical endpoints change after training.

Effects on practice

- Record of practice team arrangements
- Record of time and resources spent dealing with headache
- Number of patients diagnosed
- Prescribing patterns: e.g. the number of patients on acute and preventive treatments.

Appendix 3. A draft framework for monitoring and assessing competencies.

Competency framework for GPSI in Headache

GPSI _____ Mentor _____

Competency	How will the competency be tested?	Tested as competent by	Date
CLINICAL ASSESSMENT			
Able to triage appropriately	Demonstration of electronic triage ability and correct clinical differentiation		
Taking full medical history concentrating on:- <ul style="list-style-type: none"> • Description of attacks from the patient and a witness • Duration and frequency of the attacks • Triggers • Relevant past medical history and family history 	Demonstration of skills under direct supervision by senior clinician/mentor		
Nervous system examinations:- <ul style="list-style-type: none"> • Fundi, cranial nerves • Upper limbs • Lower limbs 	Demonstration of skills under direct supervision by senior clinician/mentor		
UNDERPINNING KNOWLEDGE			
Classification of the headaches	Demonstration of knowledge by personal study and relevant course		
Recognition of different headache types	Demonstration of knowledge by personal study and relevant course, supported by appraisal from clinical supervisor during training		
Differential diagnosis:- <ul style="list-style-type: none"> • Secondary (sinister) headaches • Episodic primary headaches (migraine, TTH, CDH, others) • Chronic primary headaches (cluster, CDH, MOH, others) 	Demonstration of knowledge by personal study and relevant course, supported by appraisal from clinical supervisor during training		

DIAGNOSTICS			
Indications for investigations (e.g. laboratory tests, imaging procedures)	Demonstration of knowledge by personal study and relevant course, supported by appraisal from clinical supervisor during training		
PHARMACOLOGY			
Knowledge of pharmacological treatments (acute and preventive)	Demonstration of knowledge by personal study and relevant course, supported by appraisal from clinical supervisor during training		
Knowledge of side effects, drug interactions and contraindications.	Demonstration of knowledge by personal study and relevant course, supported by appraisal from clinical supervisor during training		
Effect of headache drugs on the foetus, implications of drug treatment in pre-conception care and the management of breast-feeding mothers	Demonstration of knowledge by personal study and relevant course, supported by appraisal from clinical supervisor during training		
Emergency treatment of headache	Demonstration of knowledge by personal study and relevant course, supported by appraisal from clinical supervisor during training		
OTHER			
Psychosocial aspects of headache	Demonstration of knowledge by personal study and relevant course, supported by appraisal from clinical supervisor during training		
Legal aspects of headache	Demonstration of knowledge by personal study and relevant course		
Understanding the role of the headache team	Demonstration of ability to work in team to plan and deliver service provision and individual patient care		
The role of patient support organisations	Evidence of directing patients to support organisations		

I agree that the named individualis competent in the management of headache. I have tested all the above competencies and agree that the individual named above is competent to manage this group of patients as an individual caseload.

Signed: _____ **Clinical Supervisor**

Name: _____

Date: _____

Number of sessions supervised Start Date / / End
Date / /
Place of Supervision

Signed: _____ **Academic Supervisor**

Name: _____

Date: _____

Name of course attended – Postgraduate Certificate in Headache
Course Venue – University of Central Lancashire
Start Date / / Completed Date / /

Signed: _____ **GP with Special Interest**

Name: _____

Date: _____