



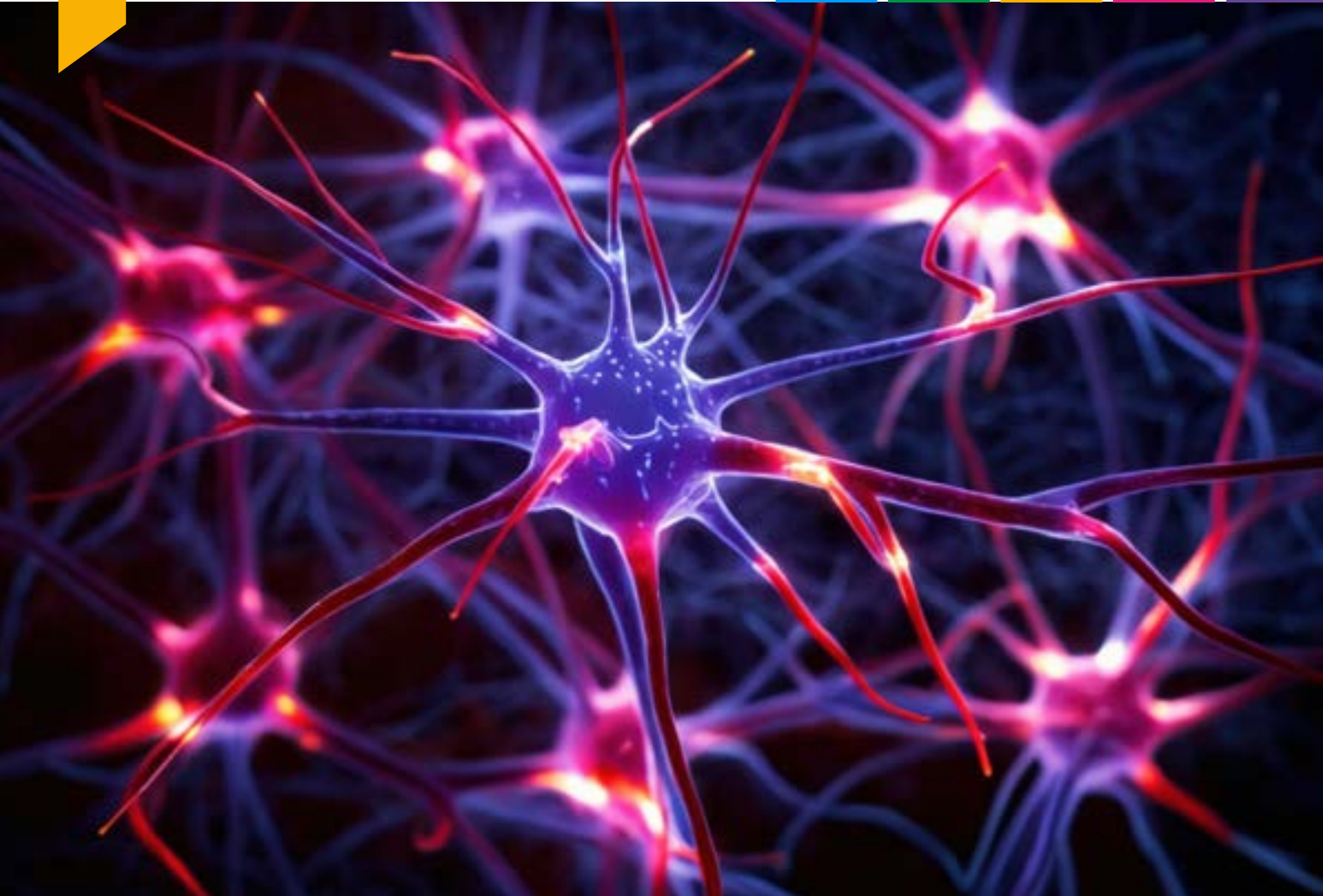
Royal College
of Nursing



**NURSING
PRACTICE
ACADEMY**

Nursing Competency and Education Framework for the Management of Headache Disorders

NURSING PRACTICE ACADEMY



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This publication is due for review in December 2027. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Introduction

Headache is an important and growing specialty within nursing practice. Headache disorders, including migraine, represent one of the most common neurological conditions worldwide (Steiner et al., 2020), affecting an estimated 14% of the global population (Stovner et al., 2020) and ranking as the second leading cause of disability with over 1.3 billion people impacted globally (Spencer et al., 2018).

Despite this high prevalence, migraine and other headache disorders are under-diagnosed and under-treated (Miller and Matharu, 2014), with up to two-thirds of eligible individuals not receiving preventive treatment (NNAG, 2023). The burden of headache extends beyond pain, significantly affecting quality of life, education, career progression, financial stability (Buse et al., 2019), and mental health (Torres-Ferrus, 2016). In particular, chronic migraine is strongly associated with disability, depression, sleep disturbances, and anxiety, as well as a considerable economic cost, estimated at £12.2 billion annually in the UK (Martins, et al., 2023).

This guidance underscores the critical and evolving role of headache nurse specialists in delivering comprehensive, high-quality care for individuals living with headache disorders (Rasmussen et al., 2024). Mapping these roles to the RCN levels of practice provides clarity on career development and supports consistent, evidence-based service delivery across health care settings.

Importantly, this approach aligns with national strategic recommendations, including those set out in the NHS 10-Year Plan (Department of Health and Social Care, 2025). The National Neurosciences Advisory Group (NNAG, 2023) and the Getting It Right First Time programme (NHS England, 2020) advocate for expanding the workforce to include GPs with an extended role (GPwER) in headache, nurses with a special interest in headache, and consultant neurologists, enabling more patients to be effectively managed in primary care settings. Those with severe or complex migraine can then be appropriately referred to specialist services, including headache specialist nurses (Clarke et al., 2005).

By recognising and formalising the role of the headache nurse specialist within the RCN framework, this guidance directly supports these national directives, facilitating improved access, reducing regional inequity, and ultimately, helping to ensure that individuals with migraine can access timely, skilled care in line with the Getting It Right First Time-recommended clinical pathway.

Why this guidance is needed

- Headache disorders are a leading cause of disability worldwide, particularly among working-age adults.
- There is a clear unmet clinical need, with under-recognition, misdiagnosis, and limited treatment adherence.
- Nurses play a vital role in addressing this gap by empowering patients, supporting treatment adherence, managing expectations, and driving service innovation.
- Providing a structured framework helps ensure consistent, high-quality care across different health care settings.

How to use the framework

The framework and outcomes are intended to have a stand-alone function. They may also be used in conjunction with other frameworks and with local, national or international guidelines including:

- British Association for the Study of Headache: *National Headache Management System for Adults* [bash.org.uk/wp-content/uploads/2023/02/01_BASHNationalHeadache_Management_SystemforAdults_2019_guideline_versi.pdf](https://www.bash.org.uk/wp-content/uploads/2023/02/01_BASHNationalHeadache_Management_SystemforAdults_2019_guideline_versi.pdf)
- Department of Health: *The National Service Framework for Long-term Conditions* [gov.uk/government/publications/quality-standards-for-supporting-people-with-long-term-conditions](https://www.gov.uk/government/publications/quality-standards-for-supporting-people-with-long-term-conditions)
- International Classification of Headache Disorders <https://ichd-3.org>
- National Institute for Health and Care Excellence (NICE CG150): *Headaches in over 12s: diagnosis and management* [nice.org.uk/guidance/cg150](https://www.nice.org.uk/guidance/cg150)
- Nursing and Midwifery Council, *The Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates* [nmc.org.uk/standards/code](https://www.nmc.org.uk/standards/code)
- Optimal clinical pathway for adults with headache and facial pain [nnag.org.uk/optimal-clinical-pathway-for-adults-with-headache-facial-pain](https://www.nnag.org.uk/optimal-clinical-pathway-for-adults-with-headache-facial-pain)
- Royal College of Nursing: *Levels for the registered nurse* [rcn.org.uk/Professional-Development/Levels-of-nursing](https://www.rcn.org.uk/Professional-Development/Levels-of-nursing)
- Royal College of Nursing: *Appraisals and performance reviews* [rcn.org.uk/Get-Help/RCN-advice/appraisals-and-performance-reviews-checklist](https://www.rcn.org.uk/Get-Help/RCN-advice/appraisals-and-performance-reviews-checklist)
- Scottish Intercollegiate Guidelines Network (SIGN 155): *Pharmacological Management of Migraine* [sign.ac.uk/media/2234/sign-155-migraine-2023-update-v3a.pdf](https://www.sign.ac.uk/media/2234/sign-155-migraine-2023-update-v3a.pdf)

This guidance is intended for:

- registered nurses working with or intending to work with people with headache disorders
- pre-registration nursing students, nursing associates, and support workers who may be interested in pursuing this specialty in future.

Its purpose is to:

- support the professional development of nurses by outlining the role of the headache nurse specialist, including patient education, diagnosis, treatment support, and service leadership
- encourage best practice by aligning nursing roles in headache care with the RCN levels of practice.

This guidance aligns with the RCN career framework for nursing practice, mapping the role of the headache nurse against progressive levels of responsibility:

- nursing support/nursing associate – supporting basic care, monitoring symptoms, and contributing to patient education

- registered nurse – independent consultations, history taking, patient education, supporting treatment adherence, and administering injectable treatments
- experienced nurse specialist/advanced practitioner – diagnosis, prescribing, managing complex treatment plans, service leadership, and research
- consultant/service lead – creating and designing services, leading multidisciplinary teams, influencing policy, and advancing clinical research.

For the practitioners identified, the framework and headache-specific outcomes may be a useful tool for:

- developing and reviewing job/role descriptions
- assessing clinical competence for different levels of practice
- developing personal goals
- performance appraisal.

Practitioners may find it helpful to use the assessment and workplace development plan template to:

- identify current level of practice and role expectations/requirements within own care context (general or specialist headache care)
- identify and develop knowledge and skills in aspects of headache care to realise the potential of own role
- plan a personal career pathway by identifying learning and development needs
- identify opportunities to influence the development of headache nursing practice
- discuss the Framework and headache-specific outcomes at performance review/appraisal meetings to identify learning, development and support needs, and to review progress to demonstrate achievement of the headache-specific learning outcomes
- develop an action plan and summarise the evidence which demonstrates personal achievement of the headache-specific outcomes relevant to own role or career aspirations
- evidence may include examples of:
 - care plans developed
 - short reflective accounts of specific cases incorporating reference to relevant theory and research
 - copies of care/clinical pathways that have contributed to the development of analysis of key local, national and international policy documents
 - service improvement projects led or that have contributed to mentor/peer observation
 - higher education accredited modules and programmes.
- collate evidence relating to the headache-specific learning outcomes for NMC revalidation for registered nursing associates and registered nurses.

Templates for compiling and recording your evidence for NMC revalidation are available at: <http://revalidation.nmc.org.uk/download-resources>

Documentation of competency levels may be assessed with, and recorded or noted, using a local competency document or using a multiprofessional online tool such as:

Direct Observation of Procedural Skills, Consultation Observation Tool, Clinical Examination Exercise (see appendices 3, 4.1, 4.2, 4.3, 4.4 and 6) available at: <https://learninghub.nhs.uk/Resource/63333/Item> (requires a log-in).

Advanced assessment techniques and treatments including fundoscopy, lumbar puncture and acupuncture have not been included in this document. These skills require completion of a local training programme and separate assessment of technical competency. To maintain competency, they should be performing these procedures frequently. Acupuncture requires a nationally recognised qualification, with a period of supervised practice.

The guidance is intended to be used in conjunction with the advanced clinical practice framework where appropriate, available at: hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf

Colour coding

Practitioner level key:

	Nursing associate/Nursing support worker
	Registered nurses
	Registered nurses at enhanced level providing care to adults in specialist services/roles
	Registered nurses at advanced level providing care to adults in specialist services/roles
	Registered nurses at consultant level providing care to adults in specialist services/roles

Specific outcomes

Clinical					
1.0 History taking					
Using evidence-based thinking and decision-making processes, use and interpretation of diagnostic skills, understanding of cognitive biases, human factors, patient-centred evidence-based care/practice, diagnostic error, sound clinical reasoning, patient safety and quality of care.					
	Nursing associate/ Nursing support workers	Registered	Enhanced	Advanced	Consultant
Learning outcomes: practitioners will be able to:					
1.1 Demonstrate an ability to create a therapeutic environment for the consultation					
1.2 Demonstrate a comprehensive understanding of history taking and use of appropriate consultation models					
Practice competencies: practitioners will be able to:					
1.3 Introduce yourself, explain your role, and undertake the consultation in an appropriate setting					
1.4 Encourage patient contribution and explore ideas, concerns and expectations (ICE)					
1.5 Encourage the patient to describe their symptoms in their own words					
1.6 Explore history of presenting complaint					
1.7 Explore exacerbating or relieving factors					
1.8 Obtain a thorough past medical history, including previous surgeries and procedures					
1.9 Undertake a systematic medication history					
1.10 Identify and document allergies					
1.11 Screen for relevant symptoms in other body systems					
1.12 Obtain a thorough family history					
1.13 Explore the patient's general social history (eg, smoking, alcohol, current occupation, lifestyle, exercise, sleep)					
1.14 Summarise key points and ask the patient if they have any questions or concerns that have not been addressed					
1.15 Demonstrate key communication skills; listening, summarise and signposting (next steps)					

Clinical					
2.0 Knowledge of underlying pathophysiology					
Learning outcomes: practitioners will be able to:	Nursing associate/ Nursing support workers	Registered	Enhanced	Advanced	Consultant
2.1 Describe the basic pathophysiology of primary and secondary headache disorders					
2.2 Demonstrate understanding of underlying biological processes involved in migraine, including the involvement of the peripheral and central nervous systems, activation of inflammatory mediators including Calcitonin Gene-Related Peptide (CGRP), involvement of the trigeminovascular system and cortical spreading depression in migraine aura					
2.3 Demonstrate understanding of underlying biological processes involved in the trigeminal autonomic cephalalgias (TACs) including the activation of the trigemino-autonomic reflex and hypothalamic involvement					
2.4 Demonstrate understanding of the underlying biological processes involved in facial pain, ie, trigeminal neuralgia					
2.5 Demonstrate understanding of the underlying biological processes involved in tension-type headache					
2.6 Apply knowledge of pathophysiology of a range of common headache conditions to guide diagnosis, treatment selection and patient education					
Practice competencies: practitioners will be able to:					
2.7 Provide evidence-based information in an appropriate format based on patient's needs relevant to diagnosis and underlying pathophysiology					
2.8 Apply their knowledge of underlying pathophysiology to empower patients to make informed decisions regarding their headache care					
2.9 Assess patients understanding of their condition, using a patient-centred approach					
2.10 Ability to connect and explain the pathophysiology relevant to the patient's individual symptoms					

Clinical					
3.0 Knowledge of investigations and assessment					
Learning outcomes: practitioners will be able to:	Nursing associate/ Nursing support workers	Registered	Enhanced	Advanced	Consultant
3.1 Demonstrate knowledge of range of clinical decision making and consultation models					
3.2 Analyse the key sources of information required to undertake a general and focused history to elicit and assess an individual's needs					
3.3 Explain the use and interpretation of relevant diagnostic tests and investigations					
3.4 Analyse clinical reasoning processes demonstrating understanding of cognitive bias, human factors, and diagnostic error					
3.5 Use relevant evidence to inform clinical decision making promoting patient safety and quality of care					
3.6 Describe an understanding of the relevant assessment skills that may be indicated during a headache consultation					
Practice competencies: practitioners will be able to:					
3.7 Apply a range of consultation models appropriate to the clinical situation and across a range of physical, psychological and social presentations					
3.8 Undertake general history taking and focused history taking in headache assessment to elicit and assess an individual's needs					
3.9 Synthesise information, taking account of factors which may include the presenting complaint, existing complaints, past medical history, family history, medication, allergies, risk factors and other determinants of health to establish differential diagnosis					
3.10 Incorporate information on the nature of the person's needs, preferences and priorities from various other appropriate sources eg, third parties, previous histories and investigations					
3.11 Critically appraise complex, incomplete, ambiguous and conflicting information gathered from history taking and/or examination, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further					

3.12 Identify a range of investigations appropriately and efficiently following due process with an understanding of respective validity, reliability, specificity and sensitivity and the implications of these limitations, such brain scans, fundoscopy, lumbar puncture					
3.13 Demonstrate an ability to perform a neurological examination as appropriate, eg, cranial and extracranial nerves					
3.14 Understand the importance of, and implications of relevant findings and results and take appropriate action. This may be urgent referral/escalation as in life threatening situations, or further investigation, treatment or referral					
3.15 Be confident in, and take responsibility for, own decisions whilst being able to recognise when a clinical situation is beyond own capability or competence and escalate appropriately					
3.16 If appropriate, formulate a differential headache diagnosis based on subjective and, where available, objective data					
3.17 Exercise clinical judgement and select the most likely diagnosis in relation to all information obtained. These may include the use of time as a diagnostic tool where appropriate					
3.18 Make a diagnosis in a structured way using a problem-solving method informed by an understanding of probability based on prevalence, incidence and natural history of illness to aid decision making					
3.19 Synthesise the expertise of multiprofessional teams to aid in diagnosis where needed					
3.20 Deliver diagnosis and test/investigation results (including difficult news sensitively and appropriately in line with local and/or national guidance, using different medium and formats including spoken word, diagrams, technology to ensure that the person has understanding about what has been communicated and can contribute to decision making about their care)					
3.21 If appropriate, revise hypotheses in the light of additional information and think flexibly around problems, developing appropriate, individualised, person-centred and safe solutions					
3.22 Recognise when information/data may be incomplete and take mitigating actions to manage risk appropriately					

Clinical					
4.0 Knowledge of headache diagnosis					
Learning outcomes: practitioners will be able to:	Nursing associate/ Nursing support workers	Registered	Enhanced	Advanced	Consultant
4.1 Demonstrate knowledge of a range of clinical decision-making and consultation models relevant to headache disorders, including patient-centred approaches for assessing primary and secondary headaches					
4.2 Analyse the key sources of information required to undertake a general and focused headache history, including headache onset, duration, frequency, associated symptoms, triggers, medication use, and red flag features suggestive of secondary causes					
4.3 Explain the use and interpretation of diagnostic tests and investigations for headache disorders, including headache diaries, neuroimaging (MRI, CT), blood tests, lumbar puncture, and therapeutic trials					
4.4 Analyse clinical reasoning processes in headache diagnosis, demonstrating an understanding of cognitive bias (eg, anchoring bias leading to misdiagnosis), human factors, and the potential for diagnostic error in differentiating between primary and secondary headaches					
4.5 Use relevant evidence, including clinical guidelines (eg, current ICHD criteria), to inform headache-related clinical decision-making, ensuring patient safety and high-quality care					
Practice competencies: practitioners will be able to:					
4.6 Apply a range of consultation models appropriate to headache presentations, considering physical, neurological, psychological, and social factors that may contribute to headache disorders					
4.7 Undertake comprehensive history taking, including general and focused headache history, to assess an individual's needs, symptom patterns, and potential triggers					
4.8 Synthesise information from various sources, considering factors such as the presenting complaint, past medical history, genetic predisposition, headache triggers, medication history (including medication overuse), allergies, lifestyle factors, and other health determinants to establish a differential diagnosis					
4.9 Incorporate information from multiple sources, such as headache diaries, input from family members, previous consultations, and past investigations, to build a comprehensive understanding of the individual's headache condition					

4.10 Critically appraise complex, incomplete, ambiguous, and conflicting information gathered from history taking and/or examination, identifying key diagnostic elements and recognising when further assessment or referral is needed					
4.11 Select and interpret headache-related investigations efficiently, understanding their validity, reliability, specificity, and sensitivity, while recognising their limitations in differentiating headache subtypes					
4.12 Understand the significance of investigation findings and act appropriately, including urgent escalation in cases of life-threatening secondary headaches (eg, subarachnoid haemorrhage, meningitis, giant cell arteritis) or further targeted investigation, treatment, or specialist referral for complex cases					
4.13 Utilise headache diaries as a diagnostic tool to track symptom patterns, identify triggers, assess treatment response, and differentiate between different headache disorders, ensuring a comprehensive and patient-centred approach to diagnosis and management					
4.14 Where indicated, recognise the role of an Indomethacin trial in diagnosing Indomethacin responsive primary headache disorders and appropriately interpret treatment response to guide further management					
4.15 Be confident in, and take responsibility for, own decisions whilst being able to recognise when a clinical situation is beyond own capability					
4.16 Formulate a differential diagnosis for headache disorders based on subjective data, such as patient history and symptom description, and, where available, objective data, including headache diaries, imaging, and diagnostic trials					
4.17 Exercise clinical judgment to select the most likely headache diagnosis by integrating all available information. This may include using time as a diagnostic tool, such as monitoring symptom progression, headache frequency, or response to therapeutic trials					
4.18 Make a structured headache diagnosis using a problem-solving approach informed by an understanding of probability, including prevalence, incidence, and the natural history of primary and secondary headache disorders					
4.19 Collaborate with multiprofessional teams, including neurology, pain specialists, ophthalmology, and other relevant disciplines, to aid in the diagnosis and management of complex or refractory headache disorders					
4.20 Deliver headache diagnoses and investigation results—including difficult news such as secondary headache concerns—sensitively and appropriately, following local and national guidelines. Use various communication methods (spoken explanations, headache diagrams, digital tools) to ensure patient understanding and support shared decision-making					

4.21 Continuously reassess and refine headache diagnoses based on additional information, thinking flexibly to develop individualised, patient-centred, and safe treatment plans, including self-management strategies and medication adjustments					
4.22 Recognise when headache-related data (eg, headache diaries, imaging results, or medication history) may be incomplete or inconclusive and take appropriate actions to manage diagnostic uncertainty and mitigate risks, including further investigations, specialist referrals, or short-term therapeutic trials.					

Clinical					
5.0 Knowledge of headache treatments					
Understanding the safe delivery and management of therapies used for treatments and the appropriate assessment and management of treatment related adverse effects					
	Nursing associate/ Nursing support workers	Registered	Enhanced	Advanced	Consultant
Learning outcomes: practitioners will be able to:					
5.1 Describe the principles of acute and preventative therapies for headache conditions					
5.2 Demonstrate understanding of the mechanisms of action of treatment modalities (see appendices)					
5.3 Describe the benefits and potential side effects for acute and preventative treatments (see appendices)					
5.4 Describe and demonstrate how headache treatments are delivered safely and effectively (see appendices)					
5.5 Demonstrate understanding of the role of neuromodulation in headache management, including both non-invasive and invasive techniques, their mechanisms of action, indications, contraindications, and evidence base					
5.6 Understand the indications for invasive neuromodulation techniques, such as occipital nerve stimulation (ONS), particularly in medically refractory headache disorders (see appendices)					
Practice competencies: practitioners will be able to:					
5.7 Provide information in a range of formats to explain, at an appropriate level and pace, the variety of headache treatments available to facilitate patient's involvement in clinical decision making about their treatment, care and management					

5.8 Provide information about the mechanisms of action, benefits and potential side effects of treatment modalities including oral medications, anti-CGRP treatments, botulinum toxin A injections for chronic migraine, cranial nerve blocks and oxygen (see appendices)					
5.9 Provide a supportive environment where people living with headache conditions are encouraged to ask questions and share their concerns about their treatment.					
5.10 Carry out evidence-based interventions such as Botulinum toxin A injections for chronic migraine and cranial nerve blocks respecting national guidance and safe injection practice principles (see appendices)					
5.11 Educate patients how to carry out safe and effective treatment regimes at home, including non-specialist treatments and specialist oral, inhaled and self-injection therapies (see appendices)					
5.12 Know when to refer to and involve other health care providers					
5.13 Provide information/support and act as a role model for colleagues to ensure safe practice in the treatment settings					
5.14 To use evidence-based interventions to assess, prevent and assist in the management of side effects and adverse events					
5.15 Evaluate the safety, efficacy and practical considerations for the use of oxygen therapy, in the acute management of cluster headache including patient selection criteria, appropriate risk assessment, mode of delivery and compliance					
5.16 Evaluate the safety, efficacy, and practical considerations of neuromodulation, including patient selection criteria, potential adverse effects, and appropriate integration into individualised headache management plans					
5.17 Assess the suitability of non-invasive neuromodulation techniques, in the acute and preventative treatment of primary headache disorders, including migraine and cluster headache					

Clinical					
6.0 Knowledge of supporting patients in living well with headache					
Learning outcomes: practitioners will be able to:	Nursing associate/ Nursing support workers	Registered	Enhanced	Advanced	Consultant
6.1 Identify the impact of headache disorders on the physical, psychological, emotional and social wellbeing of people living with headaches					
6.2 Describe the informational, educational and supportive care needs of living well with headache disorders					
6.3 Describe theories of self-management, self-efficacy and locus of control as well as lifestyle interventions for improving quality of life in people living with headache disorders					
Practice competencies: practitioners will be able to:					
6.4 Develop an individualised care plan in collaboration with people living with headache disorders, considering factors such as age, ethnicity, religion, gender and educational needs					
6.5 Use biopsychosocial evidence-based interventions to assess, prevent and manage the physical, psychological, emotional and social consequences of headache disorders					
6.6 Identify and provide appropriate information and education to support self-management and self-efficacy and enable people to live well with headache disorders					
6.7 Demonstrate awareness of the range of services and professionals, including statutory, voluntary and charitable organisations, available to support people living with headache disorders and refer or signpost appropriately to meet their individual needs					
6.8 Appropriately consider co-morbidities on the ability to live well with the headache disorder, implementing appropriate support or referrals to other professionals and agencies in respect of these					
6.9 Act to support effective continuity of care and transitions between different health care services					
6.10 Seek emotional and developmental support when required					
6.11 Actively support colleagues in helping people to live well with headache conditions					

Clinical					
7.0 Leadership and management in headache					
Learning outcomes: practitioners will be able to:	Nursing associate/ Nursing support workers	Registered	Enhanced	Advanced	Consultant
7.1 Differentiate between leadership and management and consider how different models of clinical leadership may impact on the care provided to people living with headache disorders					
7.2 Describe the importance of the legal, ethical and professional issues in relation to the care of people living with headache disorders					
7.3 Describe the principles of risk assessment and management in relation to the care of people living with headache disorders					
7.4 Discuss the importance of self-development for headache nurse specialists					
7.5 Understanding the importance of networking					
Practice competencies: practitioners will be able to:					
7.6. Use appropriate leadership and management strategies to practice and evaluate the impact of these strategies upon people living with headache disorders and on other health care professionals					
7.7 Practice in accordance with legal, ethical and professional principles to provide safe, effective, timely, cost-effective care to people living with headache disorders					
7.8 Practice in accordance with national and local policies and standards to provide safe, effective, timely, cost-effective care to people living with headache disorders					
7.9 Provide leadership in the contribution to and implementation and evaluation of policies and standards relevant to headache					
7.10 Assess risk and implement risk management strategies to promote patient well-being and safety in practice					
7.11 Demonstrate evidence of continuing professional development and actively promote the professional development of nurses working in other areas of the organisation					
7.12 Actively support and mentor headache nurse specialists and other members of the multidisciplinary team in their organisation and nationally					
7.13 Provide education in headache care and headache specialist nursing					
7.14 Inform the strategic direction and lead changes to headache service delivery in their service and local area					
7.15 Inform the strategic direction and lead changes to headache service delivery nationally and internationally					

Clinical					
8.0 Research and evaluation in headache					
Learning outcomes: practitioners will be able to:	Nursing associate/ Nursing support workers	Registered	Enhanced	Advanced	Consultant
8.1 Explain how knowledge and evidence are developed for clinical practice					
8.2 Identify the key sources of research and evidence-based guidelines relevant to headache care and headache specialist nursing					
8.3 Critically appraise peer-reviewed research articles and guidelines relevant to headache care and headache specialist nursing					
8.4 Describe the use of health services research in headache service development and explore the role of clinical audit in practice development					
Practice competencies: practitioners will be able to:					
8.5 Demonstrate the ability to provide an evidence-based rationale for interventions in headache care in general and in headache specialist nursing in particular					
8.6 Retrieve high quality research articles and evidence-based guidelines relevant to headache and headache specialist nursing by formulating effective research questions and utilising effective search strategies for sourcing relevant electronic and print material					
8.7 Appropriately apply evidence-based recommendations in the clinical area having considered the strengths and limitations of the research					
8.8 Provide safe and effective care to patients on clinical trials in accordance with study protocols with a view to ensuring optimal outcomes and experiences for patients					
8.9 Describe and contribute to health services research and clinical audit in their clinical area					
8.10 Use knowledge of research and audit process, and methods to develop and lead projects for practice and service development for headache specialist nursing					
8.11 Demonstrates engagement in research activities and, where appropriate, leads or initiates their own research to advance headache care and nursing practice					

Appendix: How to assess competency

- The formative and summative assessments should be completed by a consultant neurologist, GP with extended role (GPwER) in headache, or appropriately trained advanced practitioner to confirm competency. Any person undertaking training can be signed off as competent by the supervisor once both the assessor and assessed agree that competency has been achieved.
- The number of observations prior to summative assessment and competence should be agreed on an individual basis and be determined by local policy
- Documentation of competency may be assessed with a local competency document or using an multiprofessional online tool such as the *Direct Observation of Procedural Skills, Consultation Observation Tool and Clinical Examination Exercise* (see appendices) available at: <https://learninghub.nhs.uk/Resource/63333/Item> (these require a log-in)
- The assessment process provides the opportunity for several 'formative assessments' before a final 'summative assessment' is signed off. 'PR' is an abbreviation of personal rating (ie, the individual taking the competencies) and 'AR' is for the assessors rating.
- Record of the completed competency document should be held by the assessed within their professional development portfolio

Assessed's name	Unit/Ward/Area	Job title	Level of practice	Start date	Date of review		
Assessor's name and designation	Notes			Signature and date			
Core competencies		Assessor's signature and date of completion					
1. Oral pharmacological treatments (non-specialist)							
2 Anti-CGRP monoclonal antibodies							
2.1 Small molecule anti-CGRP antagonists (gepants)							
3. Botulinum toxin type A injections (PREEMPT paradigm)							
4. Cranial nerve blocks							
4.1 Greater occipital nerve blocks							
4.2 Lesser occipital nerve blocks							
4.3 Auriculotemporal nerve blocks							
4.4 Supraorbital and supratrochlear nerve blocks							
5. Invasive neuromodulation							

Appendix 1 – Oral pharmacological treatments (non-specialist)

Oral pharmacological treatments (non-specialist)	Method of assessment				
		Comments	PR	AR	Initials and date
Demonstrates understanding of the medications used for the acute treatment of migraine; including indication, mode of action, dosing regimen, therapeutic effects, contraindications and the potential side effects. As per NICE criteria, national and local guidelines	Theoretical				
Demonstrates understanding of the first line medications for prevention of migraine; including indication, mode of action and therapeutic effects; as well as titration protocols, contraindications and the potential side effects, as per NICE criteria, national and local guidelines	Theoretical				
Demonstrates understanding of the first line medications for prevention of the trigeminal autonomic cephalgia's (TACs); including indication, mode of action and therapeutic effects; as well as titration protocols, contraindications and the potential side effects, as per NICE criteria and national guidelines	Theoretical				
Demonstrates understanding of the medications used for the acute treatment of TACs; including indication, mode of action, dosing regimen, therapeutic effects, contraindications and the potential side effects. As per NICE criteria, national and local guidelines	Theoretical				
Demonstrates understanding of the first line medications for prevention of facial pain, eg, trigeminal neuralgia; including indication, mode of action and therapeutic effects; as well as titration protocols, contraindications and the potential side effects, as per NICE criteria and national guidelines	Theoretical				

Appendix 2 – Anti-CGRP monoclonal antibodies

Anti-CGRP monoclonal antibodies	Method of assessment				
		Comments	PR	AR	Initials and date
Demonstrates knowledge of anti-CGRP monoclonal antibodies (mAbs) NICE guidelines for prevention of migraine and SmPCs 1. Erenumab TA682: nice.org.uk/guidance/ta682 2. Fremanezumab TA764: nice.org.uk/guidance/ta764 3. Galcanezumab TA659: nice.org.uk/guidance/ta659 4. Eptinezumab TA871: nice.org.uk/guidance/ta871	Theoretical				
Demonstrate knowledge of mechanisms of action of anti-CGRP mAbs	Theoretical				
Demonstrate knowledge of contraindications for anti-CGRP mAbs	Theoretical				
Demonstrate knowledge of side-effects of anti-CGRP mAbs and how to educate patients, assess and manage these	Theoretical Practical				
Demonstrate understanding of the different subcutaneous anti-CGRP mAbs (pre-filled pen and syringe) and ability to teach patients to self-administer the injections safely and correctly at home, as well as storage and disposal of injections NB, eptinezumab is administered via intravenous route, please refer to local guidance	Practical				
Demonstrate ability to assess patients' response to treatment at appropriate intervals using a headache diary and Patient Reported Outcome Measures (PROMs) in line with NICE guidance and local policy	Theoretical Practical				

Appendix 2.1 – Small molecule anti-CGRP antagonists

Small molecule anti-CGRP antagonists	Method of assessment				
		Comments	PR	AR	Initials and date
Demonstrates knowledge of small molecule anti-CGRP antagonists NICE guidelines for treatment of migraine and SmPCs 1. Rimegepant TA906: nice.org.uk/guidance/ta906 2. Rimegepant TA919: nice.org.uk/guidance/ta919 3. Atogepant TA5090: nice.org.uk/guidance/ta973	Theoretical				
Demonstrate knowledge of mechanisms of action of small molecule anti-CGRP antagonists	Theoretical				
Demonstrate knowledge of contraindications for small molecule anti-CGRP antagonists	Theoretical				
Demonstrate knowledge of side-effects of small molecule anti-CGRP antagonists and how to educate patients, assess and manage these	Theoretical				
Demonstrate ability to assess patients' response to treatment at appropriate intervals using a headache diary and Patient Reported Outcome Measures (PROMs) in line with NICE guidance and local policy	Theoretical Practical				

Appendix 3 – Botulinum Toxin Type A injections (PREEMPT paradigm)

Botulinum Toxin Type A injections (PREEMPT paradigm) for Chronic Migraine Competency document The number of observations prior to summative assessment and competence should be agreed on an individual basis and may be determined by local policy			
Number of observations (write patient initials and any relevant comments)	PR	AR	Initials and date
1.			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Botulinum Toxin Type A injections (PREEMPT paradigm) for Chronic Migraine Competency document	Method of assessment	Formative assessment						Summative assessment		
Competence: Practical assessment (Botulinum toxin type a injections)		PR	AR	Initials and date	PR	AR	Initials and date	PR	AR	Initials and date
1. Understands rationale for use of botulinum toxin type A injections for the management of chronic migraine.	Theoretical									
2. Demonstrates knowledge of NICE guidelines Botox TA2602 for prevention of chronic migraine	Theoretical									
3. Demonstrates knowledge of mechanisms of action of Botox for chronic migraine	Theoretical									
4. Can state the exclusion criteria for these injections	Theoretical									
5. Demonstrates drawing up of injection/s with correct medicine strength and volume (as per SmPC)	Practical									
6. Introduces themselves to patient	Practical									
7. Verbally confirms patient's name and date of birth or hospital number	Practical									
8. Checks patient history for allergies	Practical									
9. Confirms diagnosis of chronic migraine (referring to patient headache diary) and previous trials of at least 3 preventive treatments	Practical									
10. Confirms the procedure to be performed (including any 'follow the pain' in additional to PREEMPT paradigm)	Practical									
11. Explains procedure to patient	Practical									
12. Informs patient that injection will be performed by trained member of staff	Practical									
13. Obtains duly informed written consent (first treatment) or verbal consent (subsequent treatments)	Practical									

14. Makes patient comfortable on treatment trolley, bed or chair (giving patient the choice and as per local policy)	Practical									
15. Completes injection site check	Practical									
16. Performs hand hygiene and clean glove application	Practical									
17. Cleans the appropriate scalp area with sterile alcohol wipe before injecting	Practical									
18. Identifies correct injection sites (PREEMPT paradigm)	Practical									
19. Administers the injections safely and correctly	Practical									
20. Observes the patient post-procedure and checks vital signs if patient feels unwell/lightheaded for more than a few minutes	Practical									
21. Advise patient to remain in the unit for 10-15 minutes to ensure that they feel well before leaving	Practical									
22. Correctly dispose of all waste and sharps, removes gloves and performs hand hygiene	Practical									
23. Provide patient with department specific paperwork for monitoring progress after procedure (eg, headache diary, Patient Reported Outcome Measures [PROMs])	Practical									
24. Safe discharge of patients (including contact details if any concerns)	Practical									
25. Documentation correctly completed	Practical									
26. Follow up arrangements made	Practical									

Appendix 4 – Cranial nerve blocks (greater occipital/lesser occipital/auriculotemporal/supraorbital and supratrochlear)

Competency document												
The number of observations prior to summative assessment and competence should be agreed on an individual basis and may be determined by local policy												
	4.1 Greater occipital			4.2 Lesser occipital			4.3 Auriculotemporal			4.4 Supratrochlear and supraorbital		
Number of observations	PR	A	Initials and date	PR	R	Initials and date	PR	R	Initials and date	PR	R	Initials and date
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												

Appendix 4.1 – Greater occipital nerve blocks

Competency document	Method of assessment	Formative assessment						Summative assessment		
Competence: Practical assessment (Greater occipital nerve blocks)		PR	A	Initials and date	PR	R	Initials and date	PR	R	Initials and date
1. Understands rationale for use of injections for the management of headache and facial pain disorders	Practical									
2. Can state the exclusion criteria for these injections	Practical									
3. Demonstrates drawing up of injection/s with correct medicine strength and volume (as per local SOP)	Practical									
4. Introduces themselves to patient	Practical									
5. Verbally confirms patient's name and date of birth or hospital number	Practical									
6. Checks patient history for allergies	Practical									
7. Confirms the procedure to be performed (eg, Greater occipital, supraorbital, supratrochlear or auriculotemporal nerve blocks, with or without steroids, unilateral or bilateral)	Practical									
8. Explains procedure to patient	Practical									
9. Informs patient that injection will be performed by trained member of staff	Practical									
10. Obtains duly informed written consent (first treatment) or verbal consent (subsequent treatments)	Practical									
11. Makes patient comfortable on treatment trolley, bed or chair (giving patient the choice and as per local policy)	Practical									
12. Completes injection site check	Practical									
13. Performs hand hygiene and clean glove application	Practical									
14. Cleans the appropriate scalp area with sterile alcohol wipe before injecting	Practical									

15. Palpates the area using appropriate landmarks to identify the injection site	Practical									
16. Administers the injections safely and correctly	Practical									
17. Observes the patient post-procedure and checks vital signs if patient feels unwell/lightheaded for more than a few minutes	Practical									
18. Advise patient to remain in the unit for 10-15 minutes to ensure that they feel well before leaving	Practical									
19. Correctly dispose of all waste and sharps, removes gloves and performs hand hygiene	Practical									
20. Provide patient with department specific paperwork for monitoring progress after procedure (eg, headache diary, Patient Reported Outcome Measures [PROMs])	Practical									
21. Safe discharge of patients (including contact details if any concerns)	Practical									
22. Documentation correctly completed	Practical									
23. Follow up arrangements made	Practical									

Appendix 4.2 – Lesser occipital nerve blocks

Competency document	Method of assessment	Formative assessment						Summative assessment		
Competence: Practical assessment (Lesser occipital nerve blocks)		PR	R	Initials and date	PR	R	Initials and date	PR	R	Initials and date
1. Understands rationale for use of injections for the management of headache and facial pain disorders	Practical									
2. Can state the exclusion criteria for these injections	Practical									
3. Demonstrates drawing up of injection/s with correct medicine strength and volume (as per local policy)	Practical									
4. Introduces themselves to patient	Practical									
5. Verbally confirms patient's name and date of birth or hospital number	Practical									
6. Checks patient history for allergies	Practical									
7. Confirms the procedure to be performed (eg, greater occipital, supraorbital, supratrochlear or auriculotemporal nerve blocks, with or without steroids, unilateral or bilateral)	Practical									
8. Explains procedure to patient	Practical									
9. Informs patient that injection will be performed by trained member of staff	Practical									
10. Obtains duly informed written consent (first treatment) or verbal consent (subsequent treatments)	Practical									
11. Makes patient comfortable on treatment trolley, bed or chair (giving patient the choice and as per local policy)	Practical									
12. Completes injection site check	Practical									
13. Performs hand hygiene and clean glove application	Practical									

14. Cleans the appropriate scalp area with sterile alcohol wipe before injecting	Practical									
15. Palpates the area using appropriate landmarks to identify the injection site	Practical									
16. Administers the injections safely and correctly	Practical									
17. Observes the patient post-procedure and checks vital signs if patient feels unwell/lightheaded for more than a few minutes	Practical									
18. Advise patient to remain in the unit for 10-15 minutes to ensure that they feel well before leaving	Practical									
19. Correctly dispose of all waste and sharps, removes gloves and performs hand hygiene	Practical									
20. Provide patient with department specific paperwork for monitoring progress after procedure (eg, headache diary, Patient Reported Outcome Measures [PROMs])	Practical									
21. Safe discharge of patients (including contact details if any concerns)	Practical									
22. Documentation correctly completed	Practical									
23. Follow up arrangements made	Practical									

Appendix 4.3 – Auriculotemporal nerve blocks

Competency document	Method of assessment	Formative assessment						Summative assessment		
Competence: Practical assessment (Auriculotemporal nerve blocks)		PR	R	Initials and date	PR	R	Initials and date	PR	R	Initials and date
1. Understands rationale for use of injections for the management of headache and facial pain disorders	Practical									
2. Can state the exclusion criteria for these injections	Practical									
3. Demonstrates drawing up of injection/s with correct medicine strength and volume (as per local policy)	Practical									
4. Introduces themselves to patient	Practical									
5. Verbally confirms patient's name and date of birth or hospital number	Practical									
6. Checks patient history for allergies	Practical									
7. Confirms the procedure to be performed (eg, Greater occipital, supraorbital, supratrochlear or auriculotemporal nerve blocks, with or without steroids, unilateral or bilateral)	Practical									
8. Explains procedure to patient	Practical									
9. Informs patient that injection will be performed by trained member of staff	Practical									
10. Obtains duly informed written consent (first treatment) or verbal consent (subsequent treatments)	Practical									
11. Makes patient comfortable on treatment trolley, bed or chair (giving patient the choice)	Practical									
12. Completes injection site check	Practical									
13. Performs hand hygiene and clean glove application	Practical									

14. Cleans the appropriate scalp area with sterile alcohol wipe before injecting	Practical									
15. Palpates the area using appropriate landmarks to identify the injection site	Practical									
16. Administers the injections safely and correctly	Practical									
17. Observes the patient post-procedure and checks vital signs if patient feels unwell/lightheaded for more than a few minutes	Practical									
18. Advise patient to remain in the unit for 10-15 minutes to ensure that they feel well before leaving	Practical									
19. Correctly dispose of all waste and sharps, removes gloves and performs hand hygiene	Practical									
20. Provide patient with department specific paperwork for monitoring progress after procedure (eg, headache diary, Patient Reported Outcome Measures [PROMs])	Practical									
21. Safe discharge of patients (including contact details if any concerns)	Practical									
22. Documentation correctly completed	Practical									
23. Follow up arrangements made	Practical									

Appendix 4.4 – Supraorbital and supratrochlear nerve blocks

Competency document	Method of assessment	Formative assessment						Summative assessment		
Competence: Practical assessment (Supraorbital and supratrochlear nerve blocks)		PR	R	Initials and date	PR	R	Initials and date	PR	R	Initials and date
1. Understands rationale for use of injections for the management of headache and facial pain disorders	Practical									
2. Can state the exclusion criteria for these injections	Practical									
3. Demonstrates drawing up of injection/s with correct medicine strength and volume (as per local policy)	Practical									
4. Introduces themselves to patient	Practical									
5. Verbally confirms patient's name and date of birth or hospital number	Practical									
6. Checks patient history for allergies	Practical									
7. Confirms the procedure to be performed (eg, greater occipital, supraorbital, supratrochlear or auriculotemporal nerve blocks, with or without steroids, unilateral or bilateral)	Practical									
8. Explains procedure to patient	Practical									
9. Informs patient that injection will be performed by trained member of staff	Practical									
10. Obtains duly informed written consent (first treatment) or verbal consent (subsequent treatments)	Practical									
11. Makes patient comfortable on treatment trolley, bed or chair (giving patient the choice and as per local policy)	Practical									
12. Completes injection site check	Practical									
13. Performs hand hygiene and clean glove application	Practical									

14. Cleans the appropriate scalp area with sterile alcohol wipe before injecting	Practical									
15. Palpates the area using appropriate landmarks to identify the injection site	Practical									
16. Administers the injections safely and correctly	Practical									
17. Observes the patient post-procedure and checks vital signs if patient feels unwell/lightheaded for more than a few minutes	Practical									
18. Advise patient to remain in the unit for 10-15 minutes to ensure that they feel well before leaving	Practical									
19. Correctly dispose of all waste and sharps, removes gloves and performs hand hygiene	Practical									
20. Provide patient with department specific paperwork for monitoring progress after procedure (eg, headache diary, Patient Reported Outcome Measures [PROMs])	Practical									
21. Safe discharge of patients (including contact details if any concerns)	Practical									
22. Documentation correctly completed	Practical									
23. Follow up arrangements made	Practical									

Appendix 5 – Invasive neuromodulation

Invasive neuromodulation	Method of assessment				
		Comments	PR	AR	Initials and date
Demonstrates ability to carry out systematic consultation (History taking, assessment and planning) in relation to neuromodulation	Theoretical/ Practical				
Demonstrate knowledge of different programming options for invasive neuromodulation, including amplitude, frequency, pulse width, tonic, high density and burst programmes. Recognise the need for adjustments based on symptom control, side effects, patient tolerance, and changes in headache patterns over time	Theoretical/ Practical				
Collaborate with multidisciplinary teams, including neurology, psychiatry, psychology, and neurosurgery, to facilitate appropriate referrals, optimise treatment plans, and support patients undergoing neuromodulation therapies	Theoretical				
Educate patients on the potential benefits, risks, and expected outcomes of neuromodulation therapies, ensuring shared decision-making and adherence to treatment plans	Theoretical				
Able to identify the device specifications, and amplitude configurations of different devices utilised in clinical area	Theoretical				
Able to demonstrate understanding and skills in utilising different interface in clinician's controller	Theoretical/ Practical				
Provide thorough patient education on the proper use of neuromodulation devices, including troubleshooting	Practical				
Offer guidance on how patients can actively participate in their treatment process, enhancing their understanding of how neuromodulation can be a part of their overall health care plan	Practical				

Monitor patient progress through follow-up consultations and patient feedback, adjusting treatment plans as necessary based on clinical assessments and patient reports	Practical				
Evaluate the long-term efficacy and any changes in symptomatology over time, ensuring sustained benefits from neuromodulation therapies	Practical				
Conduct regular audits of neuromodulation treatments, including reviewing patient outcomes, device performance, and adherence to treatment protocols	Practical				
Use audit results to identify areas for improvement in both clinical practice and patient education, ensuring continuous optimisation of treatment strategies and patient satisfaction	Practical				

References

Buse DC, Fanning KM, Reed ML, Murray S, Dumas PK, Adams AM and Lipton RB (2019) Life With Migraine: Effects on Relationships, Career, and Finances From the Chronic Migraine Epidemiology and Outcomes (CaMEO) Study. *Headache* 59(8):1286-1299.

Buse DC, Reed ML, Fanning KM, Bostic RC and Lipton RB (2020) Demographics, Headache Features, and Comorbidity Profiles in Relation to Headache Frequency in People With Migraine: Results of the American Migraine Prevalence and Prevention (AMPP) Study. *Headache* doi: 10.1111/head.13966.

Clarke CE, Edwards J, Nicholl DJ, Sivaguru A, Davies P and Wiskin C (2005) Ability of a nurse specialist to diagnose simple headache disorders compared with consultant neurologists. *Journal of Neurology, Neurosurgery and Psychiatry* 76(8):1170-2.

Department of Health and Social Care (2025) *10 Year Health Plan for England: Fit for the Future*. Available at: gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future (accessed 12 November 2025)

Martins R, Large S, Russell R, Surmay G and Connolly MP (2023) The Hidden Economic Consequences of Migraine to the UK Government: Burden-of-Disease Analysis Using a Fiscal Framework. *Journal of Health Economics and Outcomes Research*.

Miller S and Matharu MS (2014) Migraine is underdiagnosed and undertreated. *Practitioner* 258(1774):19-24, 2-3.

National Neurosciences Advisory Group (NNAG) (2023) Optimal Clinical Pathway for Adults with Headache and Facial Pain. Available at: nnag.org.uk/optimal-clinical-pathway-for-adults-with-headache-facial-pain (accessed 10 September 2025)

NHS England (2021) *Getting It Right First Time: Neurology*. Available at: https://gettingitrightfirsttime.co.uk/medical_specialties/neurology (accessed 10 September 2025)

Rasmussen AV, Jensen RH, Gantenbein A, Sumelahti ML, Braschinsky M, Lagrata S, Tamela K, Trouerbach-Kraan J, Matharu MS, Dalevi V, Smits-Kimman H, Munksgaard SB, Tröndle J, Eriksen MØ, Gravidahl GB, Larsen CN, Tomkins E, Hassinen M, Øie LR, Karlsson LE and Mose LS (2024) Consensus recommendations on the role of nurses in headache care: A European e-Delphi study. *Cephalalgia* 44(5):3331024241252161.

Spencer J et al., (2018) Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, Volume 392, Issue 10159.

Steiner TJ, Stovner LJ, Jensen R, Uluduz D and Katsarava Z (2020) Lifting The Burden: the Global Campaign against Headache. Migraine remains second among the world's causes of disability, and first among young women: findings from GBD2019. *The Journal of Headache and Pain* 21(1):137.

Stovner LJ, Hagen K, Linde M, Steiner TJ (2020) The global prevalence of headache: an update, with analysis of the influences of methodological factors on prevalence estimates. *The Journal of Headache and Pain* 23 (34).

Torres-Ferrús M, Quintana M, Fernandez-Morales J, Alvarez-Sabin J, Pozo-Rosich P (2016) When does chronic migraine strike? A clinical comparison of migraine according to the headache days suffered per month. *Cephalalgia* 37(2):104-113.

RCN quality assurance

Publication

This is an RCN practice guidance to support bowel care for a range of conditions that includes spinal cord injury. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

Headache is an important and growing specialty within nursing practice. Headache disorders, including migraine, represent one of the most common neurological conditions worldwide.

This guidance details the critical and evolving role of headache nurse specialists in delivering comprehensive, high-quality care for individuals living with headache disorders. Mapping these roles to the RCN levels of practice provides clarity on career development and supports consistent, evidence-based service delivery across health care settings.

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The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publications.feedback@rcn.org.uk

Evaluation

The authors would value any feedback you have about this publication. Please contact publications.feedback@rcn.org.uk clearly stating which publication you are commenting on.



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