



**INSTITUTE
OF MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

NEUROLOGY

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This Curriculum of Higher Specialist Training in Neurology was originally developed in 2023 by a working group led by Prof David Bradley and Dr Lisa Costelloe, National Specialty Directors, and the RCPI Education Team. The Curriculum underwent a substantial revision for its publication in 2026 by the National Specialty Directors and the RCPI Education Team. The Curriculum is approved by the Neurology Specialty Training Committee and the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
4.0	July 2026	Mariangela Esposito	New structure of the Specialty Section, streamlining Training Goals and Outcomes. This restructure aims at ensuring consistency of the training provided across the different sites and a more effective assessment practice. Updates to the Core Professional Skills section to explicitly align with the <i>Eight Domains of Good Professional Practice</i>.

National Specialty Directors' Foreword

The Neurology HST Programme aims to deliver expert Neurologists with a broad range of clinical and academic skills. This Curriculum is designed to produce well-rounded graduates with the ability to manage all common neurological presentations and disorders while supporting the development of subspecialty expertise and academic interests.

The RCPI Outcome Based Education (OBE) project concerns the transition of the current minimum requirements model of the neurology Curriculum and training across to OBE which is more in line with other countries in Europe, Canada, Australia and the US.

This project was one of the key initiatives of the RCPI's Strategic Plan 2021 – 2024 aimed to enhance the quality of Ireland's BST and HST training programmes to ensure they are aligned with international best practices and standards. This will involve a considerable change to both the structure and assessment of the Curriculum and as such requires input from multiple stakeholders to ensure that any changes are valid and robust.

It was decided that a focused workshop would take place involving both NSDs, current SpR representatives, and Neurology Trainers from several training sites in order to ensure that multiple perspectives were captured, and discussion could take place. This meeting took place in the RCPI on 24th March 2023 and comprised a number of specific agenda items.

We began by conducting an initial review of the specialty section of the current Neurology Curriculum, with specific emphasis on the content. There are 41 different areas identified within the specialty section of the Curriculum and following group discussion, this was pared back into nine main training areas. This is similar but not identical to the UK model. The nine core specialty areas were identified as: disorders of cognition and consciousness; headaches and cranial neuralgias; seizures and epilepsy; movement disorders; neuromuscular disorders; cerebrovascular disorders; neuroinflammatory disorders; neuroinfectious disease; functional neurological disorders.

When these core areas were identified we then began outlining specific training outcomes for each of the nine areas. These are outlined in the Specialty Section of the following document.

We would like to thank all the Trainers and Trainees that took part in this process.

We are excited to be part of the ongoing development of the Neurology HST programme with our colleagues in the RCPI and our Trainers around the country.

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INTRODUCTION

This section includes an overview of the Higher Specialist Training programme and of this Curriculum document.

Purpose of Training

This programme is designed to provide the training and professional development necessary to work as a Consultant Neurologist, providing expert care to patients with Neurological disorders. This is achieved by providing neurology training in approved training posts, under the supervision of certified Trainers, in order to satisfy the outcomes listed in the Curriculum. Each post provides a Trainee with a named Trainer, and the programme is under the direction of the National Specialty Directors for Neurology.

Purpose of the Curriculum

The purpose of the Curriculum is to guide the Trainee towards achieving the educational outcomes necessary to function as an independent Neurologist. The Curriculum defines the relevant processes, content, outcomes, and requirements to be achieved. It stipulates the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise the Higher Specialist Training (HST) programme. It provides a framework for certifying successful completion of HST programme.

How to Use the Curriculum

Trainees and Trainers should use the Curriculum as a basis for goal-setting meetings, delivering feedback, and completing assessments, including appraisal processes (Quarterly Assessments/End of Post Assessment, End of Year Evaluation). Therefore, it is expected that both Trainees and Trainers familiarise themselves with the Curriculum and have a good working knowledge of it.

Trainees are expected to use the curriculum as a blueprint for their training and record specific feedback, assessments and training events on ePortfolio. The ePortfolio should be updated frequently during each training placement.

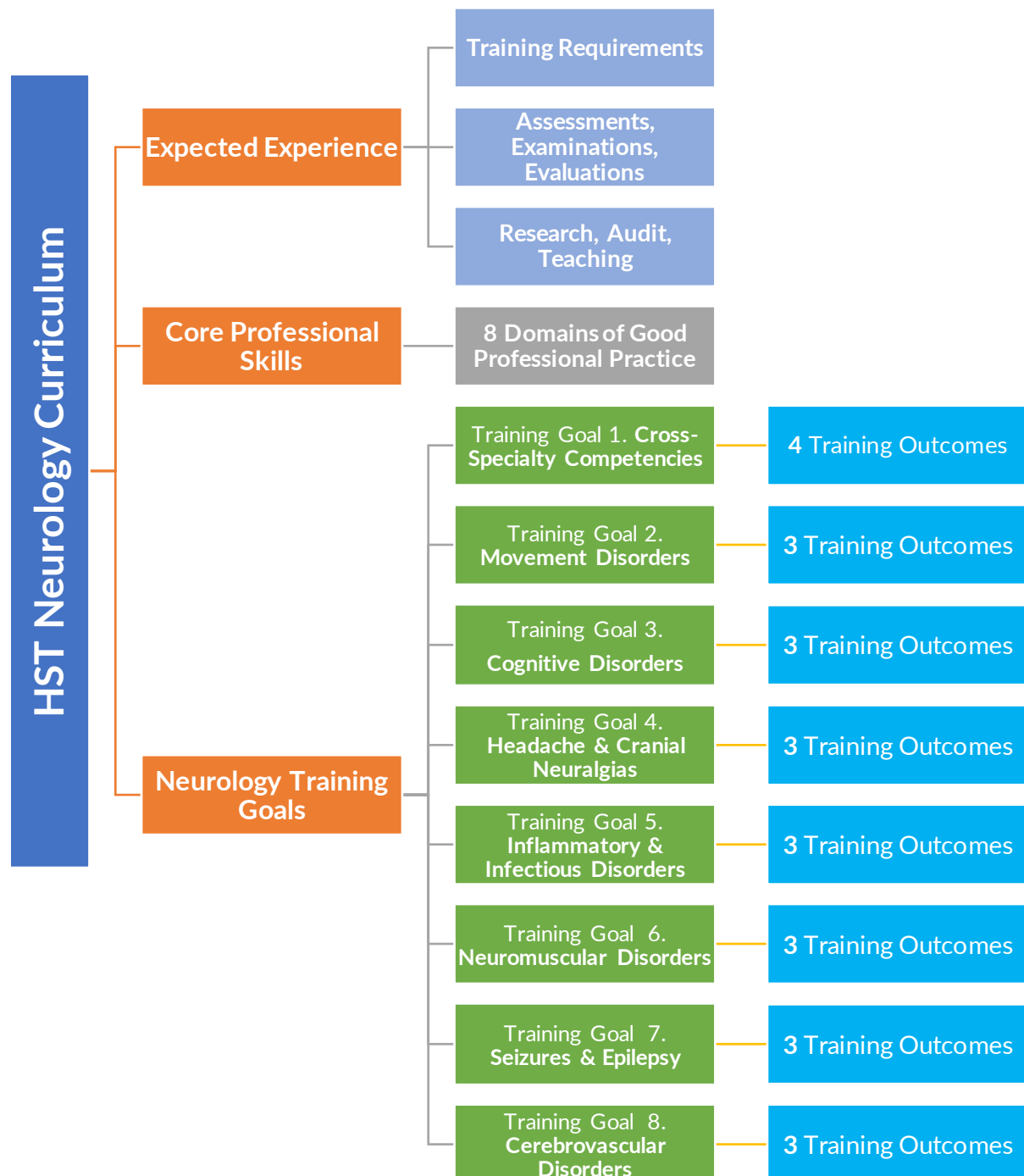
It is important to note that ePortfolio is a digital repository designed to reflect curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should always refer to the curriculum in the first instance for information on the requirements of the training programme.

Please note: It is the responsibility of the Trainee to keep an up-to-date ePortfolio throughout the programme as it reflects their individual training experience and documents that they have successfully met training standards as expected by the Medical Council.

Reference to Rules & Regulations

Please refer to the Training Handbook for rules and regulations associated with training. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website by following [this link](#).

Overview of Curriculum Sections & Training Goals



EXPECTED EXPERIENCE

This section details the training experience that all Trainees are expected to complete over the course of Higher Specialist Training.

Programme Structure

The duration of HST in Neurology is 5 years. A minimum of three years must be spent in clinical posts provided by the Neurology HST scheme; while all 5 years can be completed in HST training posts, Trainees are encouraged to consider Out of Clinical Programme Experience (OCPE) training opportunities as part of their programme (see below).

Core Training

Trainees must spend the first two years of training in HST clinical posts in Ireland. The programme aims to be flexible in terms of sequence of training after this time. The first two years are directed towards acquiring a broad general experience of Neurology under appropriate supervision. An increase in the content of hands-on experience follows naturally and, as confidence is gained and abilities are acquired, the Trainee will be encouraged to assume a greater degree of responsibility and independence.

Our of Clinical Programme Experience (OCPE)

Trainees can undertake one, or more years out of their HST programme to pursue research, further education, special clinical training, lecturing experience or other relevant experiences.

OCPE must be preapproved, and retrospective credit cannot be applied.

It must be noted that even if trainees can undertake more than one year to complete their OCPE of choice, RCPI would award a maximum of 12 months of training credits towards the achievement of CSCST. In certain circumstances, RCPI may award no credits. The decision of whether to award credits for one year may differ from specialty to specialty and it is discretionary by the NSDs of each respective specialty.

For more information on OCPE, please refer to the RCPI website ([here](#)).

Training Principles

During the period of training the Trainee must take increasing responsibility for seeing patients, undertaking ward consultations, making decisions and operating at a level of responsibility which would prepare them for practice as an independent Consultant. Over the course of HST, Trainees are expected to gain experience in a variety of hospital settings.

Core Professional Skills

Generic knowledge, skills and attitudes support competencies that are common to good medical practice in all the medical and related specialties. It is intended that all Trainees should re-affirm those competencies during HST. No timescale of acquisition is imposed, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a Trainee's suitability and ability to become an independent specialist. For more information on the Core Professional Skills, please check the respective section in this Curriculum.

Outpatient Clinics, Ward Rounds, Consultations, Training Activities

Attendance at Clinics, participation in Ward Consults, specific cases and performing procedures, are required elements of HST. The timetable and frequency of attendance should be agreed with the assigned Trainer at the beginning of the post.

This table provides an overview of the expected experience that a Specialist Registrar in Neurology should gain during the course of HST. All these activities should be recorded on ePortfolio using the respective form.

Where there is a numeric reference for a training activity, this should be interpreted as an indication of the ideal frequency rather than a minimum requirement. However, Trainees are recommended to exceed these numbers and to always seek advice from their Trainers to agree on the frequency of each training requirement. Each Trainee may need to record training experiences at a different frequency, depending on their rotations, posts and level of training.

OUTPATIENT CLINICS		
Clinic	Expected Experience	ePortfolio Form
General Neurology	Attend at least 1 per week, record attendance	Clinics
Specialised Neurology Clinics	Attend at least 1 per week, record attendance	Clinics
WARD ROUNDS/CONSULTATIONS		
Type	Expected Experience	ePortfolio Form
Consultant-led	Attend at least 1 per week, record attendance	Clinical Activities
Consultation	Attend at least 1 per week, record attendance	Clinical Activities
EMERGENCIES/COMPLICATED CASES		
Type	Expected Experience	ePortfolio Form
Diagnosis of nature of problem and its presentation, emergency case for investigation	Record 5 cases per year of training in Neurology	Cases
PROCEDURES, PRACTICAL/SURGICAL SKILLS		
Type	Expected Experience	ePortfolio Form
Neuroimaging Interpretation	Record 20 examples over the course of HST	Procedures, Skills & DOPS
Neuropathology Interpretation	Record 5 examples over the course of HST	Procedures, Skills & DOPS
Neurophysiology Interpretation	Record 20 examples over the course of HST	Procedures, Skills & DOPS
Lumbar Puncture	Record 20 examples over the course of HST	Procedures, Skills & DOPS
ADDITIONAL/SPECIAL EXPERIENCE		
Type	Expected Experience	ePortfolio Form
Intensive Care	Record 5 examples over the course of HST	Additional Special Experience
Neuropsychiatry/psychology	Record 2 examples over the course of HST	Additional Special Experience
Neuro-ophthalmology/otology	Record 2 examples over the course of HST	Additional Special Experience
Genetics	Record 2 examples over the course of HST	Additional Special Experience
Palliative – End of life care	Record 5 examples over the course of HST	Additional Special Experience
Acute Stroke Treatment (Thrombolysis/Thrombectomy)	Record 5 examples over the course of HST	Additional Special Experience

MANAGEMENT EXPERIENCE		
Type	Expected Experience	ePortfolio Form
Management Experience	1 over the course of HST	Management Experience

Hospital-Based Learning & In-House Commitments

Trainees are expected to attend a series of in-house commitments as follows:

- Attend at least **1 Neurology Grand Rounds per week**
- Attend at least **1 Journal Club per month**
- Attend at least **1 Radiology conference per month**
- Attend at least **1 MDT Meeting per month**
- Attend at least **5 Neurophysiology meeting or teaching** over the course of HST

Evaluations, Examinations & Assessments

Trainees are expected to:

- Complete **4 quarterly evaluations per training year** (1 evaluation per quarter)
- Complete **1 end of post evaluation at the end of each post** (this can replace the quarterly evaluation in happening at the end of a post)
- Complete **1 end of year evaluation at the end of each training year**
- Complete **the RITE exam once a year, in each HST clinical year of training in Ireland**
- Complete all the **workplace-based assessments** as outlined in the table below and as agreed with Trainer.

This table offers an indication of the minimum workplace-based assessments to be recorded on ePortfolio, frequency and quality of assessment may vary depending on the feedback provided by the assigned Trainer.

WORKPLACE-BASED ASSESSMENTS		
DOPS	Expected Experience	ePortfolio Form
Brainstem death testing (formal)	Record on ePortfolio at least 1 DOPS assessment over the course of HST	Procedures, Skills and DOPS
Bedside cognitive assessment	Record on ePortfolio at least 1 DOPS assessment over the course of HST	Procedures, Skills and DOPS
Botulinum toxin injection	Record on ePortfolio at least 3 DOPS assessment over the course of HST	Procedures, Skills and DOPS
Nerve blocks e.g., GON	Record on ePortfolio at least 3 DOPS assessment over the course of HST	Procedures, Skills and DOPS
Lumbar Puncture	Record on ePortfolio at least 1 DOPS assessment over the course of HST	Procedures, Skills and DOPS
CASE-BASED DISCUSSION (CBD)	Expected Experience	ePortfolio Form
Agree type of CBD with assigned Trainer	Record on ePortfolio at least 2 CBD per each year of training	Case Based Discussion
MiniCEX	Expected Experience	ePortfolio Form
Agree type of MiniCEX with assigned Trainer	Record on ePortfolio at least 2 MiniCEX per each year of training	Mini-CEX

For more information on evaluations, assessment and examinations, please refer to the [Assessment Appendix](#) at the end of this document.

Research, Audit & Teaching Experience

Trainees are expected to complete the following activities:

- Deliver **1 Lecture, 4 Tutorial/Bedside teaching** per each year of training
- Deliver **1 Oral presentation or Poster** per year, outside of Beaumont grand rounds (Desirable)
- Complete **1 Audit or Quality Improvement Project**, per each year of training
- Attend **1 National or International Meeting**, per each year of training

In addition, it is desirable that Trainees aim to:

- Complete **1 research project and/or 1 publication**, over the course of HST

Teaching Attendance

Trainees are expected to attend the majority of the courses and study days as detailed in the [Teaching Appendix](#), at the end of this document.

Summary of Expected Experience

Experience Type	Trainee is Expected to	ePortfolio Form
Rotation Requirements	Complete all requirements related to the posts agreed	n/a
Personal Goals	At the start of each post complete a Personal Goals form on ePortfolio, agreed with Trainer and signed by both Trainee & Trainer	Personal Goals
On-call Commitments	<u>Desirable Experience</u> : partake in 1 on-call experience in the different posts attended	Clinical Activities
Clinics	Attend Neurology Outpatient and Subspecialty Clinics as indicated above and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinics
Ward Rounds/Consultations	Gain experience in clinical handover and ward rounds as indicated above and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinical Activities
Emergencies/Complicated Cases	Gain experience in clinical emergencies/complicated cases as indicated above and as agreed with Trainer. Record cases on ePortfolio	Cases
Procedures, Practical/Surgical Skills	Gain experience in procedural, practical, surgical skills as indicated above and as agreed with Trainer. Record experience on ePortfolio	Procedures, Skills & DOPS
Additional/Special Experience	Gain additional/special experience as indicated above and as agreed with Trainer. Record cases on ePortfolio	Cases
Management Experience	Gain experience in clinical management and leadership functions and as agreed with Trainer. Record attendance per each post on ePortfolio	Management Experience
Deliver Teaching	Record on ePortfolio episodes where you have delivered Tutorials (at least 4 per year of training), Lectures (at least 1 per year of training), and Bedside teaching (at least 4 per year of training)	Delivery of Teaching
Research	<u>Desirable Experience</u> : actively participate in research, seek to publish a paper and present research at conferences or national/international meetings	Research Activities
Publication	<u>Desirable Experience</u> : complete 1 publication during the training programme	Additional Professional Activities
Presentation	<u>Desirable Experience</u> : Deliver 1 oral presentation or poster per each year of training, outside of Beaumont grand rounds	Additional Professional Activities
Audit	Complete and report on 1 audit or Quality Improvement (QI) per each year of training, either to start, continue or complete	Audit and QI
Attendance at Hospital Based Learning	Each week attend at least 1 Grand Round. Every month attend at least 401 Journal Club, 1 Radiology Conference, 1 MDT Meeting. Attend 5 Neurophysiology meetings or teaching events over the course of HST. Record attendance on ePortfolio	Attendance at Hospital Based Learning
National/International Meetings	Attend 1 per year of training. Record attendance on ePortfolio	Additional Professional Activities
Teaching Attendance	Attend courses and Study Days as detailed in the Teaching Appendix . Record attendance on ePortfolio	Teaching Attendance
Workplace-based Assessments	Complete all the workplace-based assessment as outlined above and as agreed with Trainer. Record respective form on ePortfolio	CBD/DOPS/Mini-CEX
Examinations	1 per every year of clinical training, complete the RITE exam	Examinations
Quarterly and/or End-of-Post Evaluations	Complete a Quarterly Assessment/End of post assessment with Trainer 4 times in each year. Discuss progress and complete the form	Quarterly Assessments/End-of-Post Assessments
End of Year Evaluation	Prepare for the End of Year Evaluation by ensuring the portfolio is up to date and the End of Year Evaluation form is initiated with the assigned Trainer	End of Year Evaluation

CORE PROFESSIONAL SKILLS

This section includes the Irish Medical Council guidelines for medical professional conduct.

*The Medical Council has defined **eight domains of good professional practice**.*

These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.

These principles are woven into training practice and feedback is formally provided in the Quarterly Assessments, End of Post, and End of Year Evaluation.

Core Professional Skills

The Core Professional Skills (CPS), updated in 2026, define the standards of professional practice expected of all doctors in postgraduate training across RCPI specialties. Aligned with the *Eight Domains of Good Professional Practice* (Irish Medical Council, 2024), they provide the standards of practice across the continuum of professional development, from formal medical education and training through the maintenance of professional competence.

The CPS are embedded within the formal structures of training and are developed through clinical practice, workplace-based learning, supervision, and structured educational activity. CPS are assessed through workplace-based assessment, quarterly assessments, and ePortfolio evidence, ensuring that Trainees embed professionalism in their practice. Within this, the RCPI Taught Programme provides structured educational content through which CPS standards are addressed and contextualised across all levels of training.

Within each domain identified by the Medical Council, the cross-speciality RCPI Clinical Working Group has articulated key areas of professional practice and relevant expectations for training. Collectively, the domains support professionalism as a core component of safe, effective, and patient-centred care.



1

Patient Safety and Quality of Patient Care

Doctors must place patient safety and quality of care at the centre of practice, ensuring accountability to patients, their profession, and their organisation. This requires addressing risks, managing incidents, preventing infection, and driving continuous improvement within governance and ethical standards. By embedding safety and accountability into practice, doctors protect patients from preventable harm, strengthen trust, and uphold professional integrity.

Quality Improvement

- Apply quality improvement methods (e.g., audit, evaluation) to monitor and enhance care.
- Analyse and interpret patient, staff, and system data to inform service improvements.

Patient Safety and Incident Management

- Apply safe practices in prescribing, procedures, referrals, infection prevention and control, care transitions, and near-patient diagnostics.
- Identify, escalate, and report risks, incidents, near-misses, and notifiable events in line with statutory and professional duties.
- Participate in open disclosure after adverse events, in line with statutory duty.

Infection Prevention and Control

- Implement evidence-based infection prevention and control, including hand hygiene, aseptic technique, safe PPE use, and safe management of medical devices and clinical environments.

System Safety and Governance

- Demonstrate understanding of local governance structures, reporting systems, and escalation pathways.
- Recognise and escalate organisational or service barriers (e.g., unsafe premises, processes, or systems) that compromise patient safety or timely access to care.

Antimicrobial Resistance

- Understand behavioural, social, environmental, and geographic drivers of antimicrobial resistance in clinical decision-making.

2

Relating to Patients

Doctors must foster respectful, person-centred clinical relationships that uphold patient autonomy, dignity, and trust. This requires clear communication, protection of confidentiality, and supporting informed consent, while recognising individual needs and potential barriers to care. By practising with fairness and shared responsibility, doctors enable patients to participate meaningfully in decisions about their care and contribute to safer, more equitable outcomes.

Person-Centred Care

- Deliver care that upholds dignity, autonomy, and individual preferences, considering cultural context and social determinants of health.
- Communicate clearly and accessibly, adapting to patients' language, literacy, cognitive ability, and circumstances.

Confidentiality

- Protect confidentiality across all communications, applying data-protection legislation and managing required disclosures appropriately.
- Explain limits to confidentiality where required (e.g. safeguarding, public health, or legal duties).

Informed Consent and Shared Decision-Making

- Assess capacity and ensure discussions allow sufficient time to explain risks, benefits, and alternatives, and, where relevant, the purpose and implications of complex or sensitive procedures (e.g., genetic testing).
- Support patient autonomy through informed consent and shared decision-making, respecting valid Advance Healthcare Directives when capacity is lacking.
- Identify, address or escalate cultural and social barriers to participation in healthcare decisions.

Information and Care Navigation

- Provide clear, balanced, and evidence-based information to help patients understand their care options, make informed decisions, and access appropriate services or supports.
- Coordinate referrals and share relevant information to support continuity and navigation of care pathways.

Relationships and Boundaries

- Build respectful relationships with patients while maintaining professional boundaries.
- Be clear about the limits of competence and refer patients when required.

Health Promotion and Preventive Care

- Provide evidence-based health promotion and preventive care advice, tailored to individual risk factors.

3

Communication and Interpersonal Skills

Doctors must communicate clearly, compassionately, and safely with patients, families, and colleagues to support trust, understanding, and shared decision-making. This requires adapting communication to meet individual needs, handling challenging conversations with sensitivity, upholding professional boundaries, and ensuring accuracy in records, correspondence, and handovers. By communicating effectively across all settings, doctors reduce risk, ensure patient understanding, and promote safe, coordinated care.

Clinical Communication and Documentation

- Take accurate, structured histories and explain diagnoses, care plans, and clinical decisions with clarity and empathy.
- Apply handover protocols to ensure safe care transitions.
- Maintain complete, timely, and legible documentation to support continuity, safety, and compliance

Patient Communication and Comprehension

- Confirm and document patient understanding of information shared, including risks, benefits, alternatives, and limitations.
- Apply health literacy principles across verbal, written, digital, and visual formats.
- Deliver difficult news clearly and with empathy.
- Adapt communication to patient capacity, language, literacy, cognitive ability, or culture, involving interpreters, advocates, or supports (e.g., written materials) as required.

Safeguarding

- Conduct safeguarding discussions respectfully, protecting dignity, confidentiality, and legal compliance.
- Escalate safeguarding concerns through appropriate channels.

Complaints and Regulatory Communication

- Respond promptly and professionally to patient complaints and enquiries.
- Reduce complaint risk through clear communication, accurate records, and timely follow-up.
- Engage constructively with organisational and regulatory complaint processes and contribute to service learning.

Open Disclosure

- Participate in supervised open disclosure discussions after adverse events using honest, transparent, and compassionate communication, in line with statutory and professional standards.

Team Dialogue

- Engage in respectful and constructive dialogue with colleagues to support shared understanding and safe decisions.
- Identify and escalate communication breakdowns that may compromise patient safety.

4

Collaboration and Teamwork

Doctors must work collaboratively with colleagues across disciplines and services to deliver safe, coordinated, and high-quality care. This requires contributing to shared decisions, respecting team roles, and maintaining open and constructive communication. By promoting collaboration and teamwork, doctors strengthen service delivery, promote shared accountability, and foster continuous improvement in team-based care.

Governance and Organisational Awareness

- Understand local governance and leadership structures relevant to your role, including responsibilities and lines of accountability.
- Raise clinical, safety, resource, or organisational concerns through appropriate channels in line with governance and escalation policies

Team Coordination and Integrated Care

- Build effective working relationships with interprofessional teams, recognising the roles of all members.
- Share accountability for decision-making and care coordination, recognising the risks of fragmentation.
- Ensure continuity of care by providing timely, accurate discharge summaries.

Organisational Leadership and Team Culture

- Contribute to leadership by facilitating shared decision-making, coordinating care, and supporting junior colleagues.
- Foster psychological safety by promoting respectful communication, shared learning, and open dialogue.
- Manage conflict to support respectful, functional, and safe team environments.

Team Learning and Development

- Engage in structured team-based learning (e.g., case reviews, safety forums), to inform service improvement and professional development.
- Provide and receive feedback constructively to support team development and patient care quality.

5

Management (Including Self-Management)

Doctors must manage workload, time, and personal wellbeing to ensure safe and effective clinical practice. This requires prioritising tasks, recognising limits, escalating concerns appropriately, and engaging constructively with organisational systems and processes. By balancing personal capacity with service demands, doctors protect patients from harm, prevent burnout, and support the safe and sustainable delivery of healthcare.

Health, Wellbeing, and Development

- Monitor personal health and performance, recognising fatigue or burnout, and seek support when needed.
- Set and review professional development goals informed by reflection, supervision, and feedback.

Workload and Task Management

- Prioritise tasks to deliver timely, safe, and effective care.
- Coordinate rotas, leave, handovers, and cover to maintain service continuity.
- Communicate availability and scheduling clearly to colleagues.

Administrative Competence

- Complete documentation and administrative tasks accurately and on time.
- Engage with training and professional development, including preparation, participation, and submission of required materials.
- Fulfil supervisory and/or line-management responsibilities where appropriate (e.g., supporting colleagues, approving leave, and contributing to performance assessments).
- Use operational tools (e.g., rotas, workflows, IT systems) effectively to support safe and coordinated care.

Sustainability and Environmental Stewardship

- Order, prescribe, investigate, and deliver care responsibly, ensuring clinical necessity while adopting resource-conscious and sustainable approaches.
- Be aware of organisational sustainability initiatives (e.g., green prescribing, waste reduction).

Systems and Safety Engagement

- Recognise how system pressures (e.g. staffing levels) affect patient safety.
- Contribute to local safety monitoring, governance, and service improvement activities within role and training scope.

6

Patient Safety and Quality of Patient Care

Doctors should maintain and advance their professional competence through lifelong learning, supervision, reflection, teaching, and research. This requires engaging critically with evidence, translating learning into practice improvement, and contributing to the education and development of colleagues. By integrating inquiry, reflection, and shared learning into their work, doctors strengthen decision-making, enhance patient safety, and uphold professional standards.

Evidence-Based Practice

- Apply research evidence, guidelines, and clinical data appropriately to inform patient care.
- Use audit, service evaluation, and quality improvement data to evaluate and improve practice.

Lifelong Learning and Scope of Practice

- Comply with training and development requirements within your training programme (e.g., maintaining your ePortfolio).
- Set and evaluate learning goals informed by reflection, feedback, and supervision.
- Use insights from audits, reviews, and adverse events to improve practice.
- Recognise limits in knowledge or skill and seek supervision or escalate when required.

Teaching and Role Modelling

- Teach, supervise, and support colleagues and teams using effective communication and evidence-based practice.
- Share clinical knowledge to strengthen team learning and service improvement.
- Model professionalism, clinical integrity, critical thinking and reflective practice in everyday work.

Research and Dissemination

- Undertake audit, research, or service evaluation, disseminating and communicating findings through professional or academic channels.
- Comply with legal, institutional, and ethical standards in research activities.

Innovation and Digital Literacy

- Apply health informatics, telehealth, and emerging technologies with attention to safety, evidence base, and ethical considerations.
- Evaluate risks, benefits, and limitations of digital innovations, including AI, to ensure safe and effective patient care.

7

Professionalism

Doctors must uphold integrity, accountability, and respect in all aspects of clinical care, leadership, and professional practice. This requires complying with legal and regulatory duties, maintaining confidentiality and professional boundaries, and acting with fairness in healthcare delivery. By modelling professionalism, doctors build trust, protect patients, and promote safe, inclusive healthcare systems.

Statutory and Ethical Duties

- Comply with legal and regulatory requirements, reporting unsafe or unprofessional behaviours, and engaging with investigations and complaints.
- Fulfil safeguarding duties, including mandatory reporting of child protection and vulnerable adult concerns.
- Uphold professional boundaries across all settings to protect patient dignity, autonomy, and trust.
- Protect patient data in line with GDPR and professional standards.
- Declare and transparently manage conflicts of interest in clinical, research, and public activities.

Resource Use and Stewardship

- Use diagnostic, prescribing, and other clinical resources responsibly and fairly, ensuring clinical justification.
- Integrate sustainability principles into practice, balancing immediate patient needs with long-term system and environmental responsibility.

Advocacy, Equity and Fair Practice

- Treat patients and colleagues with dignity and respect, ensuring care is free from discrimination.
- Advocate for fair access to, and equitable experience within, healthcare by recognising and addressing diverse needs and social or structural barriers, inclusive of disability and socioeconomic disadvantage.

Antimicrobial Stewardship

- Prescribe antimicrobials responsibly, selecting agents, dosing, and duration appropriately.
- Participate in stewardship initiatives, such as audits, surveillance, and outbreak management.

Professional Leadership and Accountability

- Represent the profession with integrity, modelling leadership that promotes a culture of safety, openness, and professional accountability.
- Take responsibility for patient safety by identifying and escalating risks, and contributing to learning (e.g., AAR, NIMS).
- Manage personal or team workload pressures, escalating where necessary to maintain safe practice.
- Recognise and respond to signs of stress or impaired performance in self and colleagues, addressing appropriately to safeguard wellbeing and team function.

Public and Online Professional Conduct

- Uphold professional standards in all online and social media activity, recognising that the same expectations apply as in face-to-face communication.
- Maintain patient confidentiality and clear boundaries, separating personal and professional use, and directing patient contact through formal channels.
- Ensure that public communications are accurate, evidence-based, and compliant with regulatory standards.

8

Clinical Skills

Doctors must maintain and apply clinical skills that enable safe, accurate, and effective assessment, diagnosis, and treatment across all stages of patient care. This requires integrating patient history, examination findings, investigations, and patient context to inform clinical reasoning, safe prescribing, and appropriate escalation or referral. By applying these skills responsibly, doctors support patient safety, ensure continuity of care, and deliver high-quality outcomes across healthcare settings. This Domain addresses the professional and ethical responsibilities that underpin the safe application of practice, complementing specialty-specific technical competencies.

Assessment and Reasoning

- Conduct comprehensive assessments, with consent, integrating history, examination, investigations, and patient context.
- Apply structured reasoning to generate differential diagnoses and safe management plans, using evidence and guidelines.
- Recognise uncertainty, limits of competence, or impaired performance, and escalate or seek supervision when required.
- Take account of the patient's psychological, social, and contextual factors where clinically relevant to safe decision-making.
- Use digital tools responsibly to support assessment, decision-making, and care delivery.

Transfer of Care

- Refer or transfer patients as required, contributing to collaboration, coordination, and continuity across services.

Records and Communication

- Maintain accurate and timely records and correspondence to support safe handover, discharge, and care transitions, complying with legal and data protection standards.

Complex Care Planning

- Initiate and participate in discussions regarding high-risk or complex care, including end-of-life care and advanced planning, ensuring shared decision-making.
- Provide person-centred care for patients with life-limiting illness, including pain and symptom control, and family support.

Safe Prescribing

- Prescribe safely and appropriately, selecting the correct drug, dose, route, and duration, and ensure monitoring or handover where required.

SPECIALTY SECTION – NEUROLOGY TRAINING GOALS

This section includes the Neurology Training Goals that the Trainee should achieve by the end of the Higher Specialist Training.

Each Training Goal is broken down into specific and measurable Training Outcomes.

Under each Outcome there is an indication of the suitable and recommended training/learning opportunities and assessment methods.

In order to achieve the Outcomes it is recommended to agree on the most appropriate type of training and assessment methods with the assigned Trainer.

Training Goal 1 – Cross Specialty Competencies in Neurology

Over the course of training, the Trainee is expected to develop a solid theoretical foundation and achieve proficiency in skills that are relevant across all disease areas and subspecialty cohorts in Neurology. It is not expected that these goals can be completed until towards the end of training.

OUTCOME 1 – KNOWLEDGE OF RELEVANT NEUROANATOMY, PHYSIOLOGY AND NEUROPATHOLOGY

For the Trainee to know the relevant neuroanatomy, neurophysiology and neuropathology underlying common neurological presentations and diagnoses.

Training/Learning Opportunities

- Self-directed learning
- Study days
- On-line courses
- In-hospital educational MDTs
- National Neuroscience Meeting presentations

Recommended Assessment Methods

- Rite Exam
- Case Based Discussion (CBD)
- Feedback Opportunity
- Reflective Activity

OUTCOME 2 – WORK EFFECTIVELY WITHIN THE MDT, INCLUDING LIAISON WITH OTHER SPECIALTIES

For the Trainee to demonstrate the ability to lead and support the wider MDT (including HSCP, advanced nursing, psychology and other disciplines) in the assessment and management of patients with neurological disorders.

Training/Learning Opportunities

- MDT meetings
- Educational meetings
- National and international conferences
- Study days

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

OUTCOME 3 – ASSESS AND TREAT NEUROLOGICAL DISORDERS IN SPECIAL POPULATIONS

For the Trainee to apply suitable assessment and treatment approaches in special populations, including pregnancy, reproductive health and planning, intellectual disability, transition from paediatric services and inclusion health settings.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

OUTCOME 4 – MAKE A POSITIVE DIAGNOSIS OF FND ACROSS ALL SPECIALTY DOMAINS AND MAKE APPROPRIATE REFERRALS FOR MANAGEMENT

For the Trainee to identify where a differential diagnosis of functional neurological symptoms exists, investigate with a view to clarifying the same (without over-investigating), give a positive diagnosis of FND to the patient, and initiate or make appropriate referrals for initial management.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

Training Goal 2 – Movement Disorders

On completion of Neurology HST, Trainees will be able to independently assess and manage patients presenting with movement disorders.

OUTCOME 1 – PERFORM A HISTORY AND EXAM, AND STATE AN APPROPRIATE DIFFERENTIAL DIAGNOSIS IN MOVEMENT DISORDERS PRESENTATIONS

For the Trainee to perform a focused history and exam on patients presenting with a movement disorder and state a logical differential diagnosis. Includes description of phenomenology, video assessment, family assessment.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

OUTCOME 2 – ORDER AND INTERPRET RELEVANT INVESTIGATIONS IN MOVEMENT DISORDERS PRESENTATIONS

For the Trainee to select appropriate investigations in patients with movement disorders, including metabolic and genetic.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- Radiology and MDT meetings
- Study Days

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

OUTCOME 3 – MANAGE MOVEMENT DISORDERS PATIENTS CORRECTLY IN THE EMERGENCY, ACUTE AND CHRONIC DISEASE SETTINGS

For the Trainee manage movement disorders across all care settings, including emergencies like NMS, counselling re: vocational and driving issues, basic patterns of botulinum toxin injection.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- MDT meetings

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- DOPS
- Feedback Opportunity
- Reflective Activity

Training Goal 3 – Cognitive Disorders

On completion of Neurology HST, Trainees will be able to independently assess and manage patients with cognitive disorders.

OUTCOME 1 – PERFORM A HISTORY AND EXAM AND STATE AN APPROPRIATE DIFFERENTIAL DIAGNOSIS IN COGNITIVE PRESENTATIONS

For the Trainee to perform a focused history and exam on patients presenting with cognitive symptoms disorders and state a logical differential diagnosis. Includes collateral history, capacity assessment, and cognitive testing.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- DOPS
- Feedback Opportunity
- Reflective Activity

OUTCOME 2 – ORDER AND INTERPRET RELEVANT INVESTIGATIONS IN COGNITIVE PRESENTATIONS

For the Trainee to select appropriate investigations in patients with cognitive presentations, including imaging, fluid biomarkers and genetics.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- Radiology and MDT meetings
- Study Days

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- DOPS
- Feedback Opportunity
- Reflective Activity

OUTCOME 3 – MANAGE COGNITIVE DISORDERS CORRECTLY IN THE ACUTE AND CHRONIC DISEASE SETTINGS

For the Trainee to manage cognitive disorders across all care setting, including advanced care planning.

Training/learning opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- MDT meetings

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

Training Goal 4 – Headache & Cranial Neuralgias

On completion of Neurology HST, Trainees will be able to independently assess and manage patients with headache disorders.

OUTCOME 1 – PERFORM A HISTORY AND EXAM AND STATE AN APPROPRIATE DIFFERENTIAL DIAGNOSIS IN HEADACHE PRESENTATIONS

For the Trainee to perform a focused history and exam on patients presenting with headache and state a logical differential diagnosis. Includes assessment for raised ICP.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- MDT meetings

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- DOPS
- Feedback Opportunity
- Reflective Activity

OUTCOME 2 – ORDER AND INTERPRET RELEVANT INVESTIGATIONS IN HEADACHE PRESENTATIONS

For the Trainee to select appropriate investigations in patients with headache, including CSF and visual fields.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- Radiology and MDT meetings
- Study Days

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- DOPS
- Feedback Opportunity
- Reflective Activity

OUTCOME 3 – MANAGE HEADACHE CORRECTLY IN THE EMERGENCY, ACUTE AND CHRONIC DISEASE SETTINGS

For the Trainee to be manage headache across all care setting, including psychosocial implications.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- MDT meetings

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

Training Goal 5 – Inflammatory & Infectious Disorders

On completion of Neurology HST, trainees will be able to independently assess and manage patients with neuroinflammatory disorders and collaborate on the management of neurological infections with relevant specialties.

OUTCOME 1 – PERFORM A HISTORY AND EXAM AND STATE AN APPROPRIATE DIFFERENTIAL DIAGNOSIS (NEUROINFLAMMATORY/NEUROINFECTIOUS PRESENTATIONS)

For the Trainee to perform a focused history and exam on patients presenting symptoms suggestive of an inflammatory or infectious problem and state a logical differential diagnosis. Includes travel and occupational exposure, and relevant diagnostic criteria, e.g., McDonald Criteria.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

OUTCOME 2 – ORDER AND INTERPRET RELEVANT INVESTIGATIONS IN NEUROINFLAMMATORY OR NEUROINFECTIOUS DISORDERS

For the Trainee to select appropriate investigations in patients with headache, including CSF, VER, SSEP, OCT.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- Radiology and MDT meetings
- Study Days

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- DOPS
- Feedback Opportunity
- Reflective Activity

OUTCOME 3 – MANAGE NEUROINFECTIOUS/NEUROINFLAMMATORY DISORDERS CORRECTLY IN THE EMERGENCY, ACUTE AND CHRONIC DISEASE SETTINGS

For the Trainee to manage neuroinflammatory and neuroinfectious disorders across all care settings, including risks of immunosuppression and vaccination implications.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics

- Consultations
- MDT meetings

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

Training Goal 6 – Neuromuscular Disorders

On completion of Neurology HST, trainees will be able to independently assess and manage patients with neuromuscular symptoms.

OUTCOME 1 – PERFORM A HISTORY AND EXAM AND STATE AN APPROPRIATE DIFFERENTIAL DIAGNOSIS IN NEUROMUSCULAR PRESENTATIONS

For the Trainee to perform a focused history and exam on patients presenting with neuromuscular disorders and state a logical differential diagnosis. Includes assessment in ICU.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations

Recommended Assessment Methods

- Case Based Discussion (CBD)
- Feedback Opportunity
- Reflective Activity

OUTCOME 2 – ORDER AND INTERPRET RELEVANT INVESTIGATIONS IN NEUROMUSCULAR DISORDERS

For the Trainee to select appropriate investigations in patients with headache, including metabolic and genetic tests.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- Radiology and MDT Meetings
- Study Days

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

OUTCOME 3 – MANAGE NEUROMUSCULAR PATIENTS CORRECTLY IN THE EMERGENCY, ACUTE AND CHRONIC DISEASE SETTINGS

For the Trainee to manage neuromuscular presentations in all care setting, including emergencies like NMS, ICU and communicate prognosis and family implications where relevant.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- MDT Meetings

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

Training Goal 7 – Seizures & Epilepsy

On completion of Neurology HST, trainees will be able to independently assess and manage patients with seizures and epilepsy.

OUTCOME 1 – PERFORM A HISTORY AND EXAM AND STATE AN APPROPRIATE DIFFERENTIAL DIAGNOSIS IN SEIZURE PRESENTATIONS

For the Trainee to perform a focused history and exam on patients presenting with neuromuscular disorders and state a logical differential diagnosis. Includes assessment of event videos.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

OUTCOME 2 – ORDER AND INTERPRET RELEVANT INVESTIGATIONS IN SEIZURE DISORDERS

For the Trainee to select appropriate investigations in patients with seizures and epilepsy, including genetics.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- Radiology and MDT Meetings
- Study Days

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

OUTCOME 3 – MANAGE SEIZURES AND EPILEPSY CORRECTLY IN THE EMERGENCY, ACUTE AND CHRONIC DISEASE SETTINGS

For the Trainee to manage seizures across all care settings, including status epilepticus, assessment for surgery, counselling regarding SUDEP and driving.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- MDT Meetings

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

Training Goal 8 – Cerebrovascular Disorders

On completion of Neurology HST, Trainees will be able to contribute to the assessment and treatment of stroke and related disorders in collaboration with relevant specialties.

OUTCOME 1 – PERFORM A HISTORY AND EXAM AND STATE AN APPROPRIATE DIFFERENTIAL DIAGNOSIS IN NEUROVASCULAR PRESENTATIONS

For the Trainee to perform a focused history and exam on patients presenting with neurovascular or stroke symptoms disorders and state a logical differential diagnosis. Includes NIHSS and MRS scoring.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations

Recommended Assessment Methods

- Case Based Discussion (CBD)
- Feedback Opportunity
- Reflective Activity

OUTCOME 2 – ORDER AND INTERPRET RELEVANT INVESTIGATIONS IN NEUROVASCULAR CASES

For the Trainee to select appropriate investigations in patients with neurovascular presentations, including stroke/TIA aetiology.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- Radiology and MDT Meetings
- Study Days

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

OUTCOME 3 – PRINCIPLES OF MANAGEMENT OF STROKE AND RELATED DISORDERS IN EMERGENCY, ACUTE AND CHRONIC DISEASE STAGES

For the Trainee to work as part of a wider team in the provision of acute reperfusion strategies, acute stroke management, and longer term follow up.

Training/Learning Opportunities

- Ward Rounds
- OPD Clinics
- Consultations
- MDT Meetings

Recommended Assessment Methods

- Case Based Discussion (CBD)
- MiniCEX
- Feedback Opportunity
- Reflective Activity

APPENDICES

This section includes two appendices to the Curriculum.

The first one is about Assessment (i.e. Workplace Based Assessments, Evaluations etc).

The second one is about Teaching Attendance (i.e. Taught Programme, Specialty-Specific Learning Activities and Study Days)

ASSESSMENT APPENDIX

Workplace-Based Assessment & Evaluations

The expression “workplace-based assessments” (WBA) defines all the assessments used to evaluate Trainees’ daily clinical practices employed in their work setting. It is primarily based on the observation of Trainees’ performance by Trainers. Each observation is followed by a Trainer’s feedback, with the intent of fostering reflective practice.

Relevance of Feedback for WBA

Although “assessment” is the keyword in WBA, it is necessary to acknowledge that feedback is an integral part and complementary component of WBA. The main purpose of WBA is to provide specific feedback for Trainees. Such feedback is expected to be:

- **Frequent:** the opportunities to provide feedback are preferably given by directly observed practice, but also by indirectly observed activities. Feedback is expected to be frequent and should concern a low-stake event. Rather than being an assessor, the Trainer is an observer who is asked to provide feedback in the context of the training opportunity presented at that moment.
- **Timely:** preferably, the feedback should be a direct conversation between Trainer and Trainee in a timeframe close to the training event. The Trainee should then record the feedback on ePortfolio in a timely manner.
- **Constructive:** the recorded feedback would inform both Trainee’s practice for future performance and committees for evaluations. Hence, feedback should provide Trainees with behavioural guidance on how to improve performance and give committees the context that leads to a rating, so that progression or remediation decisions can be made.
- **Actionable:** to improve performance and foster behavioural change, feedback should include practical and contextualised examples of both Trainee’s strengths and areas for improvement. Based on these examples, it is necessary to outline a realistic action plan to direct the Trainee towards remediation/improvement.

Types of WBAs in use at RCPI

There is a variety of WBAs used in medical education. They can be categorised into three main groups: *Observation of performance*; *Discussion of clinical cases*; *Feedback*; *Mandatory Evaluations*.

As WBAs at RCPI we use *Observation of performance* via MiniCEX and DOPS; *Discussion of clinical cases* via CBD; *Feedback* via Feedback Opportunity.

Mandatory Evaluations are bound to specific events or times of the academic year, for these at RCPI we use: Quarterly Assessment/End of Post Assessment; End of Year Evaluation; Penultimate Year Evaluation; Final Year Evaluation.

Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every Trainee has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track Trainees' progression.

Formative & Summative Assessment

The Trainee can record any WBA either as formative or summative with the exception of the *Mandatory Evaluations* (Quarterly/End of Post, End of Year, Penultimate Year, Final Year evaluations).

If the WBA is logged as formative, the Trainee can retain the feedback on record, but this will not be visible to an assessment panel, and it will not count towards progression. If the WBA is logged as summative it will be regularly recorded and it will be fully visible to assessment panels, counting towards progression.

WORKPLACE-BASED ASSESSMENTS	
CBD Case Based Discussion	This assessment is developed in three phases: 1. Planning: The Trainee selects two or more medical records to present to the Trainer who will choose one for the assessment. Trainee and Trainer identify one or more training goals in the Curriculum and specific outcomes related to the case. Then the Trainer prepares the questions for discussion. 2. Discussion: Prevalently, based on the chosen case, the Trainer verifies the Trainee's clinical reasoning and professional judgment, determining the Trainee's diagnostic, decision-making and management skills. 3. Feedback: The Trainer provides constructive feedback to the Trainee. It is good practice to complete at least one CBD per quarter in each year of training.
DOPS Direct Observation of Procedural Skills	This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter. In the context of a DOPS, the Trainer evaluates the Trainee while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback.
MiniCEX Mini Clinical Examination Exercise	The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases: 1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback.
Feedback Opportunity	Designed to record as much feedback as possible. It is based on observation of the Trainees in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the Trainee (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX)
MANDATORY EVALUATIONS	
QA Quarterly Assessment	As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months). It frequently happens that a Quarterly Assessment coincides with the end of a post, in which case the Quarterly Assessment will be substituted by completing an End of Post Assessment. In this sense the two Assessments are interchangeable, and they can be completed using the same form on ePortfolio.
EOPA End of Post Assessment	However, if the Trainee will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Assessment. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Assessment to assess the end of a post. This means that for every specialty and level of training, a minimum of four Quarterly Assessment and/or End of Post Assessment will be completed in an academic year as a mandatory requirement.
EOYE End of Year Evaluation	The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen before the end of the academic year (between April and June).
PYE Penultimate Year Evaluation	The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training. It involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs) and an External Member who is a recognised expert in the Specialty outside of Ireland; the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so.
FYE Final Year Evaluation	In the last year of training, the End of Year Evaluation is conventionally called Final Year Evaluation, however, its organisation is the same as an End of Year Evaluation.

TEACHING APPENDIX

RCPI Taught Programme

The RCPI Taught Programme consists of a series of modular elements spread across the years of training.

Delivery will be a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials will be delivered by Tutors related to this specialty and they will use specialty-specific examples throughout each tutorial. Trainees will be assigned to a tutorial group and will remain with their tutorial group for the duration of HST.

Trainees will receive their induction content and timetable ahead of their start date on HST. Trainees must plan the time to complete their requirements and must be supported with the allocation of study leave or appropriate rostering.

As the HST Taught Programme is a mandatory component of HST, it is important that Trainees are released from service to attend the Virtual Tutorials and, where possible facilitated with the use of teaching space in the hospital.

Specialty-Specific Learning Activities (Courses & Workshops)

Trainees will also complete specialty-specific courses and/or workshops as part of the programme.

Trainees should always refer to their training Curriculum for a full list of requirements for their HST programme. When not sure, Trainees should contact their Programme Coordinator.

Study Days

Study days vary from year to year, they comprise a rolling schedule of hospital-provided topic-specific educational days and national/international events selected for their relevance to the HST Curriculum.

Trainees are expected to attend the majority of the study days available and **at least 8 per training year**.

Neurology Teaching Attendance Requirements

