INSTITUTE
OF MEDICINE

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

REHABILITATION MEDICINE

OUTCOME BASED EDUCATION CURRICULUM

This Curriculum of Higher Specialist Training in Rehabilitation Medicine was developed in 2026 by a working group led by Dr Raymond Carson, then National Specialty Director, and subsequently reviewed by Dr Lilia Zaporojan, current National Specialty Director, and the RCPI Education Team. The Curriculum undergoes an annual review process by the National Specialty Director and the RCPI Education Department. The Curriculum is approved by the Specialty Training Committee and the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
1.0	July 2026	Stephen Capper	New restructure

National Specialty Director's Foreword

The Higher Specialist Training programme in Rehabilitation Medicine aims to deliver expert specialists in Rehabilitation Medicine with a broad range of clinical skills and the ability to manage all commonly encountered specialist rehabilitation presentations and disorders while supporting the development of subspecialty expertise and academic interests.

This Curriculum was developed collaboratively by the Rehabilitation Medicine Specialty Training Committee members, current Trainers from various training sites, with active current Trainee Representatives engagement and with the support of RCPI Education Team in order to set the foundational yet achievable requirements of Higher Specialist Training in Rehabilitation Medicine. It is designed to lay out clear, appraisable learning outcomes to help Trainees become expert consultants in the specialty who will lead multidisciplinary rehabilitation teams and deliver specialist rehabilitation care to patients according to their needs across the country's healthcare system.

The core training elements of this Curriculum are aligned to the national context of the specialty and its OBE structure which aims to enhance the quality of the training programme is in line with the training curricula in other countries in Europe and the US. It is also acknowledged that the training programme is dynamic, undergoing annual reviews by the Educational Leads, training committees and National Specialty Director to adapt to modern developments and to ensure the training is aligned with international best practices and standards.

It is hoped that this document will provide guidance to both, the Trainees on their training journey, and the Trainers, to allow for meaningful feedback and support. The ultimate goal of this document is to enhance HST training and the training experience, and to prepare future clinical leaders in Rehabilitation Medicine. We would like to thank all the Trainers and Trainees, and the Education Team in RCPI who took part in the compiling and designing of this document.

We wish all our Trainees every success as they embark on their training journey and clinical careers; and extend deep gratitude to our Trainers for their dedication and commitment to training of new generation of specialists in Rehabilitation Medicine.

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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 Rehabilitation Medicine Consultant, providing expert care to patients with a wide range of disorders. This is achieved by providing Rehabilitation Medicine 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 Director for Rehabilitation Medicine.

Purpose of the Curriculum

The purpose of the curriculum is to guide the Trainee towards achieving the educational outcomes necessary to function as a Rehabilitation Medicine Consultant in Ireland. Put another way the curriculum guides the Trainee to a level of credentialed expertise, such that they are the experts in the field of Rehabilitation Medicine in Ireland.

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.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcomes Based Education (OBE) approach. This curriculum design differs from traditional "minimum requirement" designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

Although it is not the goal of the curriculum to train doctors to work in other jurisdiction, the authors of this curriculum have sought to calibrate the level and breadth of training described such that it would be of an international level of standing.

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.

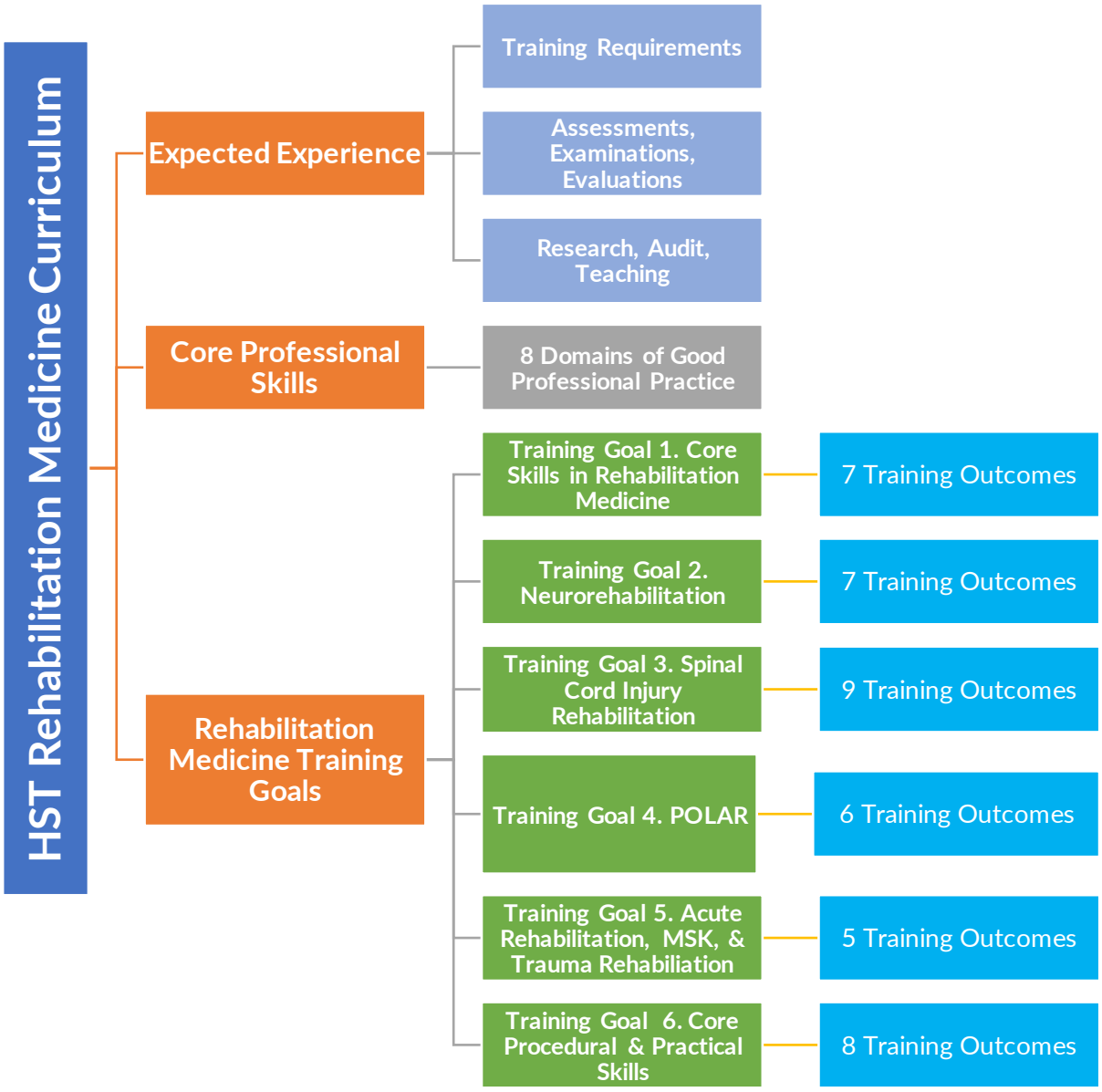
It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should 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 it documents that they have successfully met training standards as expected by the Medical Council.

Reference to Rules & Regulations

Please refer to the following sections within the Rehabilitation Medicine HST Training Handbook for rules and regulations associated with this post. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website following this link.

Overview of Curriculum Sections & Training Goals



EXPECTED EXPERIENCE

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

Duration & Post Structure

The duration of Higher Specialist Training (HST) in Rehabilitation Medicine is four years, one year of which may be gained from a period of full-time research or other academic endeavour during the Out of Clinical Programme Experience (OCPE).

Core Training

Trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or OCPE. The first two years are spent in clinical posts that offer the opportunity for learning the foundations of Rehabilitation Medicine such as neurorehabilitation, spinal cord injury rehabilitation and limb absence/loss rehabilitation and doing this in an environment that is supportive for someone in the early stages of their HST. In general, the first two years will be spent primarily at the National Rehabilitation Hospital (NRH) given the breadth of experience and educational support available here. Over time, as services evolve, other appropriate placement options may emerge and be approved by the STC and NSD.

The first two years are directed towards acquiring a broad general experience of Rehabilitation Medicine under appropriate supervision. As confidence and abilities are acquired, the Trainee will be encouraged to assume a greater degree of responsibility and independence. By the end of HST a Trainee needs to be functioning at the level that is appropriate to work as a consultant in Rehabilitation Medicine.

Trainees who wish to obtain training in other areas, for example Psychiatry, Palliative Medicine, Pain Medicine, Acute Stroke, Assistive Technology, Rehabilitation in developing countries, Epidemiology and Public Health medicine etc. should discuss potential placements / these attachments with the Trainer and National Specialty Director. The National Specialty Director may seek the opinion of the STC and will consult the Dean of Postgraduate Training prior to any approval of such placements.

Over the period of HST, Trainees should explore domains of Rehabilitation they may wish to develop a deeper interest in. This discernment is the responsibility of the Trainee. Trainers should encourage Trainees to discern such interests considering what service provision is required.

Out of Clinical Programme Experience (OCPE)

Trainees can undertake one or more years, generally not more than two 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 or less 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

By the end of HST, Trainees need to have attained a level of expertise such that they can work as a consultant in Rehabilitation Medicine. Noting this, across the duration of HST, Trainees must build appropriate levels of clinical expertise and leadership and management expertise. Across the duration of HST, Trainees need to take on in a graded way, increasing responsibility and clinical autonomy. A Trainee must demonstrate the capacity to do this in practice, and it is not simply a function of the amount of time they have spent in HST.

The learning requirements to be met are given in the Curriculum. These requirements must be met for progression in training to occur.

Over the course of HST, Trainees are expected to gain experience in a variety of clinical settings including acute hospital and community environments.

The Trainee and Trainer collaboration is foundational to the learning process. Trainees and Trainers should meet the necessary requirements for their respective roles.

The Trainee should maintain their e-portfolio across HST.

Progression of the Trainee across the years of the HST is subject to their meeting the necessary outcomes.

Core Professional Skills

Generic knowledge, skills and attitudes support competencies that are common to good medical practice in all of the medical and related specialties. It is intended that all Trainees should re-affirm those competencies during Higher Specialist Training. 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.

Recording of Evidence of Training

The target numbers for training items in the following sections represent the recording requirement to document evidence of relevant and varied clinical experience; it is understood that actual number of training experiences is likely to be well in excess of these numbers.

Outpatient Clinics, Ward Rounds, Consultations, Training Activities

Attendance at Clinics, participation in Ward Rounds and Patient Consultations are required in all posts throughout the programme 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 a Specialist Registrar in Rehabilitation Medicine should gain regarding clinics attendance, ward rounds, consultations, and other training activities. All these activities should be recorded on ePortfolio using the respective form.

While it is recognised the opportunity to experience these training activities may not be available at every site, these activities can be captured at other sites over the course of the training programme, providing the expected experience number is met.

OUTPATIENT CLINICS **As a general principle, Trainees should attend Outpatient clinics in the post they are working in. In general, each post should offer opportunity for a Trainee to attend at least 2 Outpatient clinics per month.**		
Clinics	**Expected Experience**	**ePortfolio Form**
Brain Injury / other Neurological Conditions Rehabilitation	Attend at least 20 clinics, record attendance (at least 5 of them interdisciplinary clinics)	Clinics
Spinal Cord System of Care Clinics	Attend at least 10 clinics, record attendance (at least 4 of them interdisciplinary clinics)	Clinics
Prosthetic, Orthotic, Limb Absence Rehabilitation – POLAR (lower limb)	Attend at least 10 clinics, record attendance	Clinics
Prosthetic, Orthotic, Limb Absence – POLAR Rehabilitation (upper limb)	Attend at least 2 clinics, record attendance	Clinics
Neurobehavioural Clinic	Attend at least 2 clinics, record attendance (if Neurobehavioural Clinics are not available, attend at least 2 Neurobehavioural ward rounds / consultations as appropriate / agreed with Trainer and record attendance)	Clinics
Wheelchairs and Assistive Technology	Attend at least 4 clinics, record attendance	Clinics
Rehabilitation for children and young adults / Transition clinics	Attend at least 2 clinics, record attendance	Clinics
Subspecialty Rehabilitation clinics (if available) including but not limited to: • Major Trauma • Community based Rehabilitation • Musculoskeletal Rehabilitation • Palliative Care • Pain Management • Sports Injury • Vocational • Orthotics • Rehabilitation of older adults • Other	Attend as required and agreed with Trainer	Clinics

WARD ROUNDS/CONSULTATIONS		
In general, for Trainees to participate in all ward rounds, clinical meetings and consultations associated with their post. Where such activities are not a usual part of a given post the Trainee and Trainer should discuss how these requirements may be met through the year and if necessary extra activities to achieve the expected experience should be set up.		
Type	**Expected Experience**	**ePortfolio Form**
Consultant-led ward round	At least 2 per month across HST where ward rounds are part of usual practice in the work placement	Clinical Activities
SpR-led ward round	At least 2 per month, across HST where ward rounds are part of the usual practice in the work placement	Clinical Activities
Acute hospital consultations	A minimum of 3 per week when placement is in an acute hospital or placement facilitates/involves attendance at an acute hospital	Clinical Activities
Home Visits and Environmental Control Assessments (including Long Term Care services)	Attend at least 4 across HST programme (generally recommended and facilitated during the time spent in placements such as NRH or Peamount)	Clinical Activities
Driving assessments	Attend at least 4 across HST (generally recommended and facilitated throughout the time spent in NRH)	Clinical Activities
PROCEDURES, PRACTICAL SKILLS (Including DOPS)		
Type	**Expected Experience**	**ePortfolio Form**
Assessment of Mental State and Behaviour	Record 4 assessments over the course of HST	Procedures, Skills, & DOPS
Assessment of cognitive and communication ability	Record 4 assessments over the course of HST	Procedures, Skills, & DOPS
Assessment of decision-making ability (capacity assessment)	Record 4 assessments over the course of HST	Procedures, Skills, & DOPS
Botulinum toxin injections, upper and lower limbs (blind /surface markings)	Record 20 over the course of HST	Procedures, Skills, & DOPS
Botulinum toxin injections, upper and lower limbs (ultrasound-guided or CT-guided)	Record 10 over the course of HST	Procedures, Skills, & DOPS
Botulinum toxin injection of salivary glands (ultrasound-guided)	Record 4 over the course of HST	Procedures, Skills, & DOPS
Knee and shoulder joint injections	Record 5 injections over the course of HST	Procedures, Skills, & DOPS
Peripheral nerve block (e.g., suprascapular)	Record 3 over the course of HST	Procedures, Skills, & DOPS
Prescribing prostheses	Record 4 lower limb and 2 upper limb prosthetic prescriptions over the course of HST	Procedures, Skills, & DOPS
Prescribing orthotics	Record 4 orthotic assessments / prescriptions over the course of HST	Procedures, Skills, & DOPS
Intra-thecal baclofen pump management	Record 4 episodes of participation in interrogating and re-filling an intra-thecal baclofen pump over the course of HST	Procedures, Skills, & DOPS
Tracheostomy management	Record 5 episodes of suctioning and 2 episodes of replacement of tracheostomy in an established stoma site over the course of HST	Procedures, Skills, & DOPS

SMART or MATADOC (observation of one full assessment by accredited therapist)	Attend and record 2 full assessments over the course of HST (either SMART or MATADOC assessment)	Procedures, Skills, & DOPS
LEADERSHIP AND MANAGEMENT EXPERIENCE		
Type	**Expected Experience**	**ePortfolio Form**
Leadership and Management Experience course	Record 1 over the course of HST	Management Experience
Programme/committee/steering group management meetings	Record 4 over the course of HST	Management Experience

In-House Commitments

Trainees are expected to attend a series of in-house commitments as follows (where these are not available within a placement then discussion should take place between the Trainee and Trainer to see how these commitments may be addressed):

- Attend at least five Grand Rounds per year
- Attend at least five Journal Club meetings per year
- Attend at least five Radiology conferences per year
- Attend at least two MDT Meetings per month

Assessments & Evaluations

Trainees are expected to:

- Complete **four quarterly assessments per training year** (1 assessment per quarter)
- Complete **one end of post evaluation at the end of each post** (this can replace the quarterly evaluation if happening at the end of a post)
- Complete **one end of year evaluation at the end of each training year**
- Complete all the **workplace-based assessments** as agreed with Trainer. It is recommended to **record at least 3 WBAs** (CBD, MiniCEX, or DOPS) **per quarter** to be reviewed at the Quarterly Assessment.

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 two **Lectures or Tutorials or clinical teaching episodes including bedside teaching** per each year of training
- Deliver two oral or poster presentations by completion of HST
- Complete one **Audit or Quality Improvement Project**, per each year of training
- Attend one **National or International Specialty (or related) Meeting**, per each year of training

In addition, it is desirable that Trainees aim to:

- Complete one **research project and/or one publication**, over the course of HST
- Consider undertaking an additional qualification (MSc, MD, PhD)
- Undertake one examination over the period of HST (e.g., European PRM Board exam)

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	
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	Partake, where appropriate, in on-call rota across HST	Clinical Activities
Clinics	Attend Rehabilitation Medicine Outpatient and Subspecialty Clinics as indicated above and as agreed with Trainer. Record attendance for each post on ePortfolio	Clinics
Ward Rounds/Consultations	Gain experience in leading ward rounds and conducting consults as indicated above and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinical Activities
Emergencies/Complex Cases	Gain experience in clinical emergencies/complex cases as indicated above and as agreed with Trainer. Record cases on ePortfolio	Cases
Procedures, Practical Skills	Gain experience in procedural, practical 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 or Lectures or Bedside teaching (at least two per year of training)	Delivery of Teaching
Research	Desirable Experience: actively participate in research, seek to publish a paper and present research at conferences or national/international meetings	Research Activities
Publication	Desirable Experience: complete one publication by the completion of HST	Additional Professional Activities
Presentation	Deliver two oral or poster presentations by completion of HST	Additional Professional Activities
Audit	Participate in an audit or Quality Improvement (QI) project during each year of HST	Audit & QI
Attendance at In-House Activities	• Attend at least five Rehabilitation Medicine Grand Rounds per year • Attend at least five Journal Club meetings per year • Attend at least five Radiology conferences per year • Attend at least two MDT Meetings per month	Attendance at In-House Activities
National/International Meetings	Attend one per year of training across HST (this can be in person or virtual). 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 assessments as outlined above and as agreed with Trainer. Record respective form on ePortfolio	CBD/DOPS/Mini-CEX
Quarterly and/or End-of-Post Evaluations	Complete a Quarterly Assessment/End of post assessment with Trainer four 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 assessments, quarterly assessments, and ePortfolio evidence, ensuring that Trainees exercise Good Professional Practice throughout their training programme. 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 Scholarship

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 – REHABILITATION MEDICINE TRAINING GOALS

This section includes the Rehabilitation Medicine Training Goals that the Trainee should achieve by the end of 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 – Core Professional Skills in Rehabilitation Medicine

By the end of Rehabilitation Medicine Training, the Trainee is expected to demonstrate proficiency in the core clinical and professional skills of Rehabilitation Medicine. It is expected that Trainees will incorporate an evidence-based medicine approach and apply the best available research to clinical care.

Outcome 1 – Perform rehabilitation needs assessment

For the Trainee to be able to perform a full rehabilitation needs assessment of any clinical problem presented, including, but not limited to, disease-related and disability-related factors.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

Outcome 2 – Develop rehabilitation plan

For the Trainee to be able to formulate a rehabilitation plan appropriate to patients with any disease or disability needs. The Trainee is expected to consider and manage the expectations of all interested parties and show awareness of all other relevant and appropriate services.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

Outcome 3 – Goal setting

For the Trainee to demonstrate competence formulating appropriate rehabilitation goals with service users and service providers. They are expected to ensure that long-term outcome goals are considered and, where appropriate, discharge or transfer to other services is considered.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Goal Setting meetings
- Care Planning meetings
- Self-directed learning
- Study days & Education events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

OUTCOME 4 – MULTIDISCIPLINARY TEAM MEETINGS

For the Trainee to demonstrate the ability to work collaboratively as a multidisciplinary team member and ultimately develop the skills to lead multidisciplinary team meetings/case conferences in an effective and professional manner.

Training/Learning Opportunities

- Multidisciplinary team meetings
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 5 – COMMUNICATE EFFECTIVELY AND SENSITIVELY WITH PATIENTS, RELATIVES, CARERS, AND PROFESSIONAL COLLEAGUES

For the Trainee to demonstrate the ability to communicate effectively and sensitively with patients, relatives, carers, and professional colleagues in different clinical situations/settings.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds,
- Multidisciplinary team meetings/ Family Meetings/Care Planning/Goal-Setting meetings
- Acute hospital attendance
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

OUTCOME 6 – LIFELONG MANAGEMENT OF DISABLING CONDITIONS

For the Trainee to be able to support patients and families living with the consequences of disabling conditions, including education of patients, families, and service providers on health maintenance in the setting of lifelong conditions.

Training/learning opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 7 – SERVICE DEVELOPMENT

For the Trainee to demonstrate the ability to work collaboratively in developing relevant hospital and community-based services in an effective and professional manner.

Training/Learning Opportunities

- Programme Meetings
- Multidisciplinary team meetings
- Management/committee/steering group meetings
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD) as appropriate and indicated by Trainer

Training Goal 2 – Neurorehabilitation

By the end of Rehabilitation Medicine Training, the Trainee is expected to demonstrate proficiency in the specialist assessment and management of individuals with a wide range of disabling neurological conditions while considering the influence of psychological, social and economic factors (use effectively the International Classification of Functioning, Disability and Health (ICF) – the WHO bio-psycho-social framework to assess health and disability to evaluate how individual's health condition interacts with person's body, daily activities and environment).

This includes evaluating impairments, activity limitations, participation restrictions, and contextual factors socio-economic factors; formulating patient-centered rehabilitation goals; coordinating interdisciplinary management; and implementing evidence-based interventions to optimise function, independence, quality of life, and community participation.

Outcome 1 – Assess and manage acquired brain injury

For the Trainee to be able to assess and manage acquired brain injury and stroke, including the common complications and emergencies that can arise.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- On call
- Study days & Educational events
- Participation in service development

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

Outcome 2 – Assess and manage cognitive and communication impairments

For the Trainee to able to assess and manage cognitive and communication impairments resulting from acquired brain injury and other neurological conditions.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 3 – ASSESS AND MANAGE PHYSICAL AND SENSORY IMPAIRMENTS

For the Trainee to be able to assess and manage physical and sensory impairments resulting from neurological injury, including but not limited to comprehensive physical neurological examination.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- On call
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

OUTCOME 4 – ASSESS AND MANAGE NEUROBEHAVIOURAL IMPAIRMENTS

For the Trainee to be able to assess and manage neurobehavioural sequelae in the context of acquired brain injury.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- On call
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 5 – LEAD AND CO-ORDINATE THE ASSESSMENT OF DISORDERS OF CONSCIOUSNESS

For the Trainee to lead and coordinate the assessment and care of patients with disorders of consciousness and their families.

Training/Learning Opportunities

- Clinics
- Ward Rounds/Consultations
- Participation at SMART / MATADOC assessments
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events
- Participation in service development

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 6 –ASSESS AND MANAGE CONGENITAL, ACQUIRED AND CHRONIC PROGRESSIVE NEUROLOGICAL DISORDERS

For the Trainee to be able to assess and manage congenital, acquired, and chronic progressive neurological disorders, including but not limited to functional neurological disorders (FND), peripheral neuropathies, multiple sclerosis (MS), and cerebral palsy (CP).

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

OUTCOME 7 – COMMUNITY SPECIALIST REHABILITATION

For the Trainee to demonstrate competency in the management of specialist community-based Rehabilitation including the clinical leadership of a community specialist rehabilitation service.

Training/Learning Opportunities

- Community setting / Participation in service development (as appropriate)
- Outpatient clinics
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD) as appropriate and indicated by Trainer

Training Goal 3 – Spinal Cord Injury Rehabilitation

By the end of Rehabilitation Medicine Training, the Trainee is expected to demonstrate proficiency in the knowledge and skills necessary to assess and manage disability resulting from spinal cord injury while considering the influence of psychological, social and economic factors.

Outcome 1 – Perform comprehensive evaluation of spinal cord injury

For the Trainee to perform comprehensive evaluation of a patient presenting with spinal cord injury including performing and interpreting an ISNCSCI/ASIA examination.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- On call
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

Outcome 2 – Assess and manage patients with neurogenic bladder dysfunction

For the Trainee to demonstrate competence in assessing and managing patients with neurogenic bladder dysfunction in collaboration with specialist urology services.

Training/Learning Opportunities

- Outpatient clinics (including but not limited to SCSC Outpatient Clinics, Urology Clinics in NRH and Urology Nurse Led Clinics)
- Urodynamic Clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- On call
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 3 – ASSESS AND MANAGE PATIENTS WITH NEUROGENIC BOWEL DYSFUNCTION

For the Trainee to demonstrate competence in assessing and managing patients with neurogenic bowel dysfunction.

Training/Learning Opportunities

- Outpatient clinics (including but not limited to Nurse Led Clinics)
- Ward Rounds/Consultations
- Self-directed learning
- Reflective commentary
- On call
- Study days & Educational events

Assessment Methods

- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer
- Feedback Opportunity

OUTCOME 4 – ASSESS AND MANAGE PATIENTS WITH NEUROGENIC SEXUAL DYSFUNCTION

For the Trainee to demonstrate competence in assessing and managing male and female patients with sexual dysfunction.

Training/Learning Opportunities

- Outpatient clinics (including but not limited to Nurse Led Clinics)
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 5 – ASSESS AND MANAGE PATIENTS WITH CARDIOVASCULAR AUTONOMIC DYSFUNCTION

For the Trainee to demonstrate competence in assessing and managing patients with autonomic dysreflexia, hypotension, orthostatic hypotension.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- On call
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 6 – ASSESS AND MANAGE RESPIRATORY COMPLICATIONS

For the Trainee to demonstrate competence in assessing and managing respiratory complications, including, but not limited to, tracheostomy, ventilation, phrenic nerve stimulation, and pulmonary embolism.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- On call
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

OUTCOME 7 – ASSESS AND MANAGE SKIN PRESSURE CONDITIONS

For the Trainee to demonstrate competence in assessing and managing pressure injuries in the setting of sensory disturbance.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 8 – ASSESS AND MANAGE OTHER SECONDARY MEDICAL COMPLICATIONS OF SCI

For the Trainee to demonstrate competence in assessing and managing long-term complications of SCI including but not limited to sub-lesional osteoporosis, cardiometabolic disease and immune dysfunction.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 9 – ASSESS AND MANAGE PSYCHOSOCIAL CONSEQUENCES OF SCI

For the Trainee to demonstrate an understanding of the psychosocial consequences of SCI (for patients & families) and to demonstrate skills in collaborating with psychology, social work and psychiatry colleagues in their management.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

Training Goal 4 – Prosthetic, Orthotic, & Limb Absence Rehabilitation (POLAR)

By the end of Rehabilitation Medicine Training, the Trainee is expected to demonstrate proficiency in the knowledge and skills necessary for the comprehensive rehabilitative assessment and management of individuals with congenital or acquired loss of limb through prescription and use of prostheses and orthoses with an understanding of their applications and limitations.

Outcome 1 – Perform pre-amputation consultation

For the Trainee to be able to perform pre-amputation consultation and provide appropriate information to patient and family and advice to surgical colleagues.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

Outcome 2 – Assess and prescribe prostheses for upper limb deficiency

For the Trainee to be able to assess and understand principles of prescribing and delivering prostheses for congenital and acquired upper limb deficiency.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

Outcome 3 – Assess and prescribe prostheses for lower limb deficiency

For the Trainee to be able to assess and understand principles of prescribing and delivering prostheses for congenital and acquired lower limb deficiency.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 4 – ASSESS AND MANAGE PHANTOM LIMB PHENOMENA

For the Trainee to able to assess and manage phantom limb phenomena.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Education events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 5 – ASSESS AND MANAGE RESIDUAL LIMB COMPLICATIONS

For the Trainee to able to assess and manage residual limb complications.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- On call
- Study days & Education events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 6 – ASSESS AND PRESCRIBE ORTHOSES IN THE CONTEXT OF LOWER LIMB DEFICIENCY

For the Trainee to be able to assess and understand principles of prescribing and delivering orthoses for the contra-lateral limb in those with congenital and acquired lower limb deficiency.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

Training Goal 5 – Acute Rehabilitation, Including Musculoskeletal & Trauma

By the end of Rehabilitation Medicine Training, the Trainee is expected to demonstrate proficiency in the knowledge and skills necessary to assess and manage a wide range of disorders within the acute rehabilitation setting including musculoskeletal complications, chronic pain syndromes, polytrauma, and assessment and rehabilitation in ICU settings. They must demonstrate the ability to organise multidisciplinary rehabilitation programmes appropriate to the complexity of the case.

Outcome 1 – Perform acute hospital rehabilitation medicine consultations

For the Trainee to be able to perform acute hospital rehabilitation medicine consultations, including assessment, advice, recommendations, and treatment.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

Outcome 2 – Assess and advise/manage direction of care to specific rehabilitation pathways

For the Trainee to assess and advise on and direct patient's care and rehabilitation towards specific and most appropriate rehabilitation pathways.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

Outcome 3 – Assess and manage common musculoskeletal conditions

For the Trainee to assess and manage common Musculoskeletal conditions in a rehabilitation medicine setting, including, but not limited to contracture management, bone health, myopathy, and pain management.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

OUTCOME 4 – PERFORM REHABILITATION ASSESSMENT AND MANAGE PATIENTS WITH POLYTRAUMA

For the Trainee to be able to perform a rehabilitation assessment and management of patients with polytrauma in acute setting.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 5 – PERFORM REHABILITATION ASSESSMENT AND PROVIDE ADVICE ON ICU BASED REHABILITATION CONDITIONS

For the Trainee to perform rehabilitation assessment and to provide advice on ICU based rehabilitation conditions, including, but not limited to, respiratory conditions, ICU myopathy and neuropathy.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/ICU Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

Training Goal 6 – Rehabilitation Core Procedural & Practical Skills

By the end of Rehabilitation Medicine Training, the Trainee is expected to demonstrate proficiency in the core procedural and practical skills.

OUTCOME 1 – ASSESS AND MANAGE SPASTICITY

For the Trainee to be able to assess and manage spasticity including pharmacological, non-pharmacological, and interventional options (using anatomical landmarks or US guided).

Training/learning opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

OUTCOME 2 – KNOWLEDGE OF PROVIDING SAFE EFFECTIVE SPASTICITY MANAGEMENT SERVICE

For the Trainee to demonstrate knowledge of providing a safe and effective spasticity management service.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Programme meetings / Service development meetings (where such opportunity arise)
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 3 – ASSESS AND MANAGE COGNITIVE DISORDERS IN CONTEXT OF DECISION-MAKING CAPACITY

For the Trainee to be able to assess and manage cognitive disorders in the context of decision-making capacity and rehabilitation engagement including legal and ethical obligations.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 4 – ASSESS AND MANAGE THE PSYCHOLOGICAL IMPACT OF DISABLING CONDITIONS

For the Trainee to be able to assess and manage the psychological impact of a new or chronic disabling condition on both the patient and family.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings/ Family meetings/Care planning/Goal-Setting meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 5 – ASSESS FOR PROVISION OF ASSISTIVE EQUIPMENT AND TECHNOLOGY

For the Trainee to be able to assess for provision of assistive equipment and technology, including but not limited to wheelchair assessment, mobility and transfer aids, environmental control, augmented communication devices, and orthotics.

Training/Learning Opportunities

- Outpatient clinics (including but not limited to wheelchair clinics and AT clinics)
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Home / access visits & environmental control assessments
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX) as appropriate and indicated by Trainer

OUTCOME 6 – PERFORM JOINT AND SOFT TISSUE INJECTIONS

For the Trainee to be able to assess for and perform joint and soft tissue injections where appropriate.

Training/Learning Opportunities

- Outpatient clinics (including but not limited to Rheumatology clinics, Pain Management clinics, Sports injuries clinics)
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

OUTCOME 7 – PERFORM NERVE BLOCK INJECTIONS

For the Trainee to be able to assess for and perform nerve block injections where appropriate.

Training/Learning Opportunities

- Outpatient clinics (including but not limited to Pain Management clinics, Sports injuries clinics)
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

OUTCOME 8 – ASSESS AND MANAGE SIALORRHEA

For the Trainee to be able to assess and manage sialorrhea using pharmacological, non-pharmacological, and interventional options.

Training/Learning Opportunities

- Outpatient clinics
- Ward Rounds/Consultations
- Multidisciplinary team meetings
- Self-directed learning
- Reflective commentary
- Study days & Educational events

Assessment Methods

- Feedback opportunity
- Workplace Based Assessments (CBD, Mini-CEX, DOPS) as appropriate and indicated by Trainer

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*; *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. It is good practice to complete at least one assessment per quarter in each year of training.
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. It is good practice to complete at least one assessment per quarter in each year of training.
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. 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.
EOPA **|** *End of Post Assessment*	
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 sometime 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 4 per training year**.

Rehabilitation Medicine Teaching Attendance Requirements