INSTITUTE
OF MEDICINE

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

REHABILITATION MEDICINE

OUTCOME-BASED EDUCATION – OBE CURRICULUM

This Curriculum of Higher Specialist Training in Rehabilitation Medicine was developed in 2023 by a working group led by Dr Paul Carroll, National Specialty Director, and the RCPI Education Department. The Curriculum undergoes an annual review process by the National Specialty Director(s) 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	01 July 2024	Keith Farrington	New OBE Curriculum

National Specialty Director's Foreword

A curriculum is important. A curriculum lays out what needs to be learnt. The detail given in a curriculum provides a way of appraising whether someone has met the level of expertise required. The principal aim of this curriculum is guide to the higher specialist training of doctors seeking to work as consultants in Rehabilitation Medicine in Ireland. Put another way it sets out the training doctors need to undergo in order to be national level specialists in meeting the rehabilitation needs of people in this country.

Noting that rehabilitation is an intervention typically delivered through groups of professionals working together in teams, this curriculum pays special attention to the development of skills required for leading rehabilitation service delivery. Such skills should not be taken as given – they need to be cultivated and any claim to clinical leadership capacity must be substantiated by the training undergone.

A curriculum needs to anticipate the future. Healthcare and society more generally tend to change. There are some aspects of rehabilitation service provision that are currently developing such as rehabilitation following major trauma and community specialist rehabilitation. These need to grow in the coming years and higher specialist training in Rehabilitation must be provided in these areas. Some changes will occur however which are less predictable in particular the extent to which technological advances will change the landscape of practice. As best we can we need to anticipate such change – this curriculum attempts to do so and addresses technological and other potential change in its learning outcomes.

It is not possible to forecast the future perfectly. Noting this we need to come back to timeless generalisable skills which can help a doctor navigate the near and far future. Such skills will never become redundant. These skills include ability to think critically, to be self-reflective and to communicate skilfully with others. Noting that rehabilitation frequently entails working with people who have communication impairment and cognitive impairment the communication skills in rehabilitation need to be developed to a high level. In a similar way people accessing rehabilitation will often be experiencing significant levels of distress. As such training in rehabilitation must foster the development of skills to work with such distress. Rehabilitation is holistic in approach and the extent to which holism is taken in this field is exceptionally high. Rehabilitation training must enable doctors to develop holistic conceptualising and capacity to engage the person under their care, their

family system and the wider health and social system. Outcomes in this curriculum specifically set out to reflect this holism.

Trainees – this curriculum is a resource for your learning. The amount to be learnt in medicine is large and the body of knowledge is constantly expanding. It is easy to get lost in this. The curriculum is something to keep coming back to as a reference point on what you need to learn. The eportfolio is a place where you record your training. The eportfolio is built around the curriculum but it is important to appreciate the eportfolio is not to be used as a curriculum. I wish you every success, happiness and fulfilment in your learning journey.

Trainers – this curriculum is a resource to guide your supervision of Trainees in their journey of learning. It is essential that the curriculum is the principal learning reference for Trainees. For a Trainee to graduate they need to achieve the competencies laid out in the curriculum. Through the collaboration between Trainee and Trainer the curriculum is brought to life. I extend my deep gratitude to you for your commitment to training.

Finally, I would like to conclude with acknowledging the collaborative effort put into the development of this curriculum. The work put into this curriculum has been extensive. It has been developed over two years or so. I would like to extend my profound thanks to the members of the Specialist Training Committee, to the Trainees and to the Institute of Medicine for their help in completing this task. In particular I would like to thank RCPI Education Department whose patience, good humour and guidance have been instrumental in the realisation of this new curriculum.

Paul Carroll

Table of Contents

1. INTRODUCTION

This section includes an overview of the higher specialist training programme as well as an overview of this curriculum document

1.1. 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.

1.2. 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 credentialled 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.

1.3. 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.

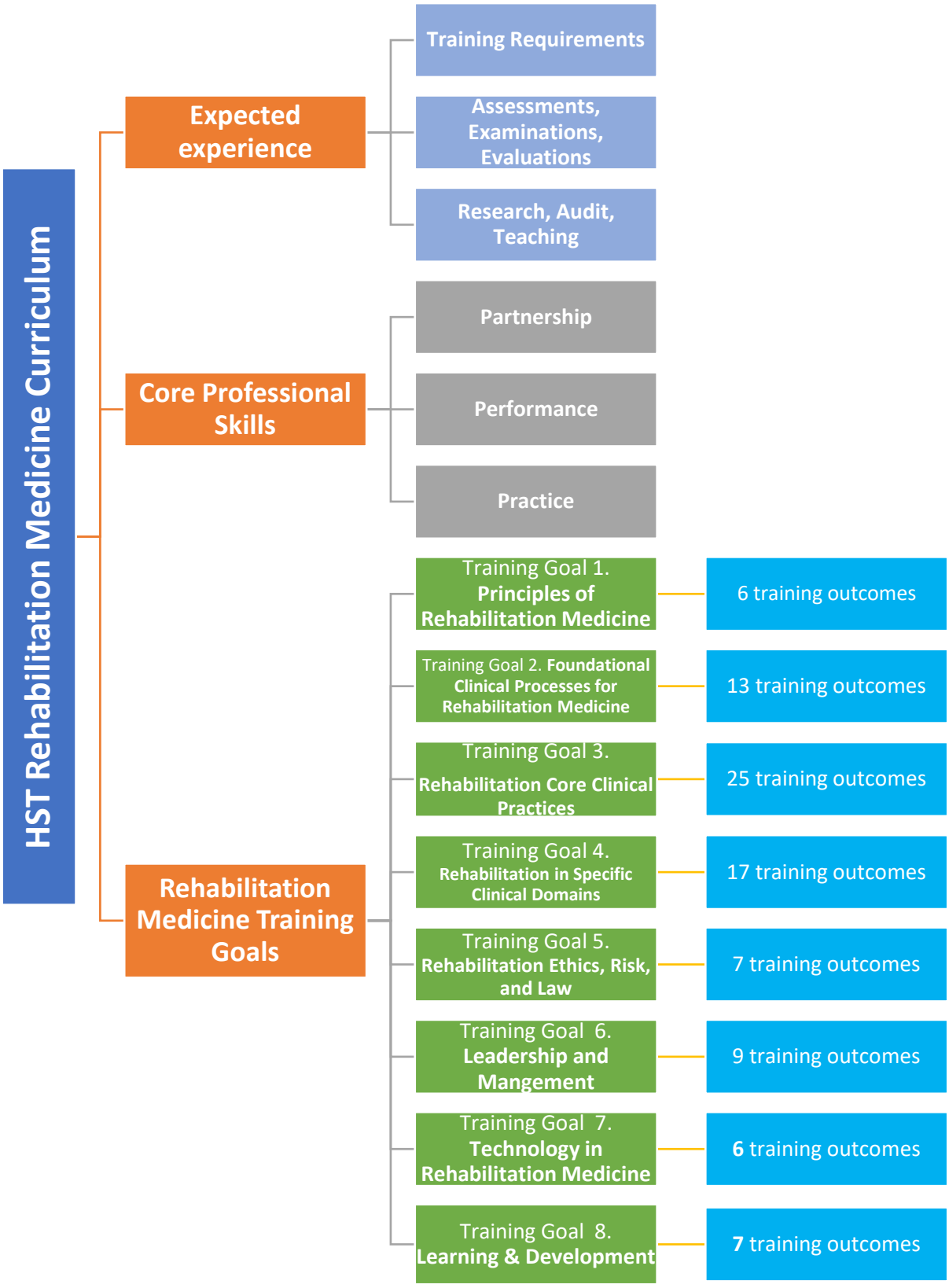
It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should 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.

1.4. Reference to rules and 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.

1.5 Overview of Curriculum Sections and Training Goals



2. EXPECTED EXPERIENCE

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

2.1. Duration and Post Structure

At a 'macro' level principal domain of expected experience would be:

- 6 months minimum of spinal cord injury rehabilitation. This experience should be gained at a designated spinal cord injury rehabilitation service. The expected experience should include experience in the acute phase of spinal cord injury rehabilitation. It is anticipated acute phase experience would be gained during experience in rehabilitation for Major Trauma and acute hospital experience. Further experience should be gained through community specialist experience.
- 6 months limb absence/limb loss rehabilitation. The expected experience should include pre-amputation experience for example in counselling patients and liaising with surgeons.
- 12 months rehabilitation for acquired brain injury (including Stroke) /progressive neurological conditions/complex disability based at the National Rehabilitation Hospital
- 6 months in rehabilitation for Major Trauma at a Major Trauma Centre
- 6 months community specialist rehabilitation (may be provided as part of a post with a composite of experience domains.) The duration of experience is a total duration across HST. Specialist community neuro-rehabilitation services are currently under development in Ireland. Once such teams are in operation then it is expected this experience domain would be met through participation in such services.
- 12 months in rehabilitation in an acute hospital across HST (this is in addition to the 6 months experience for Major Trauma rehabilitation). This experience includes rehabilitation for neurological conditions, limb/loss conditions, musculoskeletal disorders, conditions where end of life may be anticipated but has not yet arrived and complex and/or critical illness for example following severe sepsis. It includes rehabilitation in the Intensive Care Unit (ICU) environment. In exceptional circumstances this may be shortened to 6 months to accommodate a Trainee pursuing out of clinical program experience (please see below).
- 6 months Out of Clinical Programme Experience (OCPE) can be considered towards the end of training so long as a Trainee has achieved all the outcomes identified in the curriculum. It is not expected that every Trainee would do OCPE. Rather it is expected each Trainee would follow the 4-year program as described above. Approval of OCPE needs to be secured through usual Institute of Medicine due process. If approval is granted, then 6 months OCPE can be accommodated through shortening the 12 months of acute rehabilitation experience to 6 months. It should not be taken from rehabilitation for Major Trauma or community specialist rehabilitation. Should a Trainee wish to develop sub-specialist or deeper expertise in a given area then they are encouraged to pursue this after achieving certification of satisfactory completion of specialty training (CSCST) through doing a Fellowship or other relevant experience.

At a clinical practice (micro) level specific experience would be gained through active participation in:

- Goal-setting meetings twice per month in posts where this is part of usual practice.
- Family meetings/case conferences once every 3 weeks in posts where this is part of usual practice.
- Meetings in relation to service delivery, clinical governance etc. – twice per month (this could include 'Huddles', formal handovers, Clinical Governance meetings)

- Ward rounds – once weekly in posts where this is part of usual practice.
- Home visits – 4 visits per year
- Specialist seating assessments -
- Neurobehavioral assessments (10 across training)
- Assistive technology assessments (8 across training)
- OPD clinics – 2 clinics on a monthly basis where this is a usual part of the post
- Written communication
- Phone/virtual meeting communication
- Risk assessments (4 across training)
- Capacity assessments (8 across training)
- Safeguarding processes (2 across training)

The duration of HST in Rehabilitation Medicine is four years. The first two years are spent in clinical posts that can offer the opportunity for learning the foundations of 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. Placements at Peamount Hospital or the Royal Hospital Donnybrook are also appropriate to this stage. Over time as services evolve other appropriate placement options may emerge and be approved by the STC and NSD. Trainees may wish to consider Out of Programme Clinical Experience (OCPE) training opportunities as part of their programme (see below) so long as essential curriculum topics have been covered by the Trainee. The breadth of expertise to be gained is extensive and will take 3.5--4 years for many Trainees to achieve. OCPE can offer opportunity to deepen expertise.

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.

Trainees who wish to obtain training in other areas, for example Psychiatry, Palliative care, 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 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 out of their HST programme to pursue research, further education, special clinical training, lecturing experience, or other relevant experiences.

<u>OCPE must be preapproved, and retrospective credit cannot be applied.</u>

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).

For the purposes of Rehabilitation Medicine, a period of 6 months of OCPE may be granted at the discretion of the NSD and STC on case-by-case basis. A doctor may wish to develop further expertise through other means for example a fellowship after completion of HST.

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.

2.2. Outpatient Clinics, Ward Rounds, Consultations, Training activities

Attendance at Clinics, participation in Ward Rounds and Patient Consultations are required elements of all posts throughout the programme. 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 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 program, providing the expected experience number is met.

Table to give overall placement durations:

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**
Neurological Rehabilitation Rehabilitation for Spinal Cord Injury Limb Absence/Limb loss Rehabilitation	Attend at least 20 clinics across HST achieving a spread of experience across these clinical domains.	Clinics
Rehabilitation for Major Trauma	Attend five outpatient clinics where persons who have sustained Trauma are followed up.	Clinics
Community based Rehabilitation	Attend at least eight community rehabilitation episodes of care across HST this could include through home visit, community rehabilitation clinic or case conference	*Could be achieved through attendance at Clinics or other community-based activity*
Rehabilitation and management of Disability associated with Chronic and Progressive Disease	Attend at least ten patient assessments across HST. This could be in out-patient clinics or in a community context.	*Could be achieved through attendance at Clinics or other community-based activity*
Neurobehavioural rehabilitation	Attend at least ten neurobehavioural appraisals across HST. This could be in outpatient clinics or in community contexts	*Could be achieved through attendance at Clinics or other*

		community-based activity
Assistive Technology/Wheelchair and specialist seating	Attend at least 8 assessments across HST	Clinics
Musculoskeletal Rehabilitation	Attend at least ten Musculoskeletal clinics across HST. This should be through a variety of clinics including Orthopaedic clinics, musculoskeletal Radiology intervention clinics, Back Pain clinics, Rheumatology clinics and Hand clinics etc.	*Could be achieved through attendance at Clinics or other community-based activity*
Rehabilitation following sport injuries	Attend at least five clinics dealing with sport injuries across HST. The Trainee should gain experience of the care of people with disabilities who participate in sport.	*Could be achieved through attendance at Clinics or other community-based activity*
Transitional Rehabilitation and Complex Disability service	Attend at least five clinics providing for this need across HST.	*Could be achieved through attendance at Clinics or other community-based activity*
Rehabilitation for Children and Young Adults	Participate in the rehabilitation management of (at least) five children across HST. This may be in a range of clinical domains including spinal cord injury, limb loss and complex disability.	*Could be achieved through attendance at Clinics or other community-based activity*
Palliative Rehabilitation	Participate in the rehabilitation of at least two persons with life limiting conditions involving collaboration with Palliative Medicine services.	*Could be achieved through attendance at Clinics or other community-based activity*
Rehabilitation for Older Persons	Participate in the rehabilitation management of at least five older persons with frailty across HST through attending out-patient clinic or community service contexts.	*Could be achieved through attendance at Clinics or other community-based activity*
Regenerative Rehabilitation	During HST attend one centre where regenerative medicine is practised or where research in regenerative rehabilitation is taking place. Note this area is not currently an area of	*Could be achieved through attendance at Clinics or other*

	usual training experience however it is expected that this area will assume a greater relevance in Rehabilitation clinical practice into the future. In the first instance one episode of engagement is only required however this may well need to be increased depending on how the field evolves. Attendance (e.g time allocated to do this) at such a centre should be worked out between the Trainee and Trainer and NSD and clear learning goals established in advance.	*community-based activity or at a research centre engaged in such work (where it is relevant to Rehabilitation clinical practice).*
Rehabilitation for Pain	Participate in five pain clinics across HST	*Could be achieved through attendance at Clinics or other community-based activity*
Rehabilitation for functional neurological conditions (Functional Neurological Disorders)	Participate in rehabilitation of two persons with functional neurological conditions in an out-patient or community context across HST	*Could be achieved through attendance at Clinics or other community-based activity*
Vocational Rehabilitation	Participate in at least five out-patient assessments over HST	*Could be achieved through attendance at Clinics or other community-based activity*
Orthotics for Rehabilitation	Attend at least five assessments over HST.	*Clinic or in-patient setting*
Rehabilitation for Peripheral Nerve Disorders	Participate in the management of at least five persons with a peripheral nerve system disorder (e.g., brachial plexus injury, Guillain Barre syndrome) over HST in an out-patient clinic or community context	*Could be achieved through attendance at Clinics or other community-based activity*
Rehabilitation and Driving	Participate in out-patient driving assessment of at least three persons during HST	*Could be achieved through attendance at Clinics or other community-based activity*

Rehabilitation and population health	Participate in a service development meeting on at least one occasion during HST	Case Based Discussion
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 two per month across HST where ward rounds are part of usual practice in the work placement	Clinical Activities
Trainee led ward round	At least two per month, across HST where ward rounds are part of the usual practice in the work placement.	
Chairing Interdisciplinary team meetings, including family meetings)	For Trainee to chair four meetings per year across HST	
Hospital consultations	A minimum of three per week when placement is in an acute hospital	
Home Visits (including to Long Term Care services)	Attend at least two per year across HST where this is part of the usual practice of the work placement.	
PROCEDURES, PRACTICAL SKILLS (Including DOPS)		
Type	**Expected Experience**	**ePortfolio Form**
Assessment of Mental State and Behaviour	Record five assessments across HST	Procedures, Skills, & DOPS
Assessment of cognitive and communication ability	Record five assessments across HST	
Assessment of decision-making ability (capacity assessment)	Record five assessments across HST	
Assessment of cranial nerves	Record five assessments across HST	
American Spinal Injury Association exam	Record five assessments across HST	
Botulinum toxin injections, upper and lower limbs (blind / surface markings)	Record ten across HST	
Botulinum toxin injections, upper and lower limbs (ultrasound-guided or CT-guided)	Record twenty across HST	
Botulinum toxin injection of salivary glands (ultrasound-guided)	Record five across HST	
Knee and shoulder joint injections	Record five injections across HST	
Modified nerve block (e.g., suprascapular)	Record five across HST	
Prescribing prostheses	Record five lower limb and two upper limb prosthetic prescriptions across HST	
Prescribing orthotics	Record five orthotic assessments across HST	

Placement of nasogastric tube including devices used for swallow rehabilitation	Record three episodes of such placement across HST	
Intra-thecal baclofen pump management	Record five episodes of participation in interrogating and re-filling an intra-thecal baclofen pump across HST	
Tracheostomy management	Record five episodes of suction from tracheostomy and two episodes of replacement of tracheostomy from an established stoma site across HST	
Supra-pubic catheter	Record three episodes of replacement of supra-pubic catheter across HST	
Log-rolling	Record three episodes of participation in 'log-rolling' of patient across HST	
Cervical collar	Record five episodes of fitting of cervical collar across HST	
Feeding tube	Record three episodes of placement of interim feeding tube across HST	
SMART or MATADOC (observation of one full assessment by accredited therapist)	Record two across HST	
LEADERSHIP AND MANAGEMENT EXPERIENCE		
Type	**Expected Experience**	**ePortfolio Form**
Leadership and Management Experience course	1 over the course of HST	Management Experience
Leadership of interdisciplinary team	Leadership of interdisciplinary team: (This may be achieved through chairing of meetings, leading Huddle/handover process, leading ward rounds.)	Management Experience
Leadership of a change process	Leadership of one change process such as a quality improvement project over HST	Management Experience
Management of risk	Four risk assessments over the course of HST	Management experience
Clinical governance management	Participate twice over HST in a committee whose focus is on a clinical governance domain (e.g., in a Drug and Therapeutics committee)	Management experience
Management of Quality Improvement	Participate in a significant way in at least one quality improvement projects over the course of HST	Management experience
Management of complaint	Participate in the management of one complaint across HST	Management experience
Management of a business case	Participation in the development of one business case over HST	Management experience

2.3. 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 Rehabilitation Medicine Grand Rounds per year
- Attend at least five Journal Club meetings per year
- Attend at least four Radiology conferences per year
- Attend at least two MDT Meetings per month

2.4. Assessments and 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 in 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 1 WBA** (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.

2.5. Research, Audit and Teaching experiences

Trainees are expected to complete the following activities:

- Deliver two **Lectures or Tutorials or clinical teaching episodes** per each year of training
- Deliver one **Oral presentation or Poster** per year
- Complete one **Audit or Quality Improvement Project**, per each year of training
- Attend one **National or International 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)

2.6. 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.

2.7. 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	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/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 four per year of training), Lectures (at least one per year of training), and Bedside teaching (at least four 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	Desirable Experience: Deliver two oral or poster presentations by completion of HST	Additional Professional Activities
Audit	Participate in an audit or Quality Improvement (QI) during each year of HST	Audit and QI
Attendance at In-House Activities	Each month of HST attend at least one Grand Round, one Journal Club, one Radiology Conference, one interdisciplinary clinical meeting.	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 assessment 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

3. CORE PROFESSIONAL SKILLS

This section includes the Medical Council guidelines for medical professional conduct, regarding Partnership, Performance and Practice.

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

Partnership

Communication and interpersonal skills

- Facilitate the exchange of information, be considerate of the interpersonal and group dynamics, and have a respectful and honest approach
- Engage with patients and colleagues in a respectful manner
- Understand the difference between empathy and sympathy
- Actively listen to the thoughts, concerns, and opinions of others
- Consider data protection, duty of care and appropriate modes of communication when exchanging information with others

Collaboration

- Collaborate with patients, their families, and colleagues to deliver effective care.
- Collaborate with colleagues and service users to create a positive working environment
-
- Collaborate with Trainers and relevant others to optimise one's own learning. This includes engaging with feedback and learning from this accordingly.
- Collaborate with relevant others in supporting education and training of others where indicated.

Health Promotion

- Communicate and facilitate discussion around the effect of lifestyle factors on health and promote the ethical practice of evidence-based medicine
- Seek up-to-date evidence on lifestyle factors that:
    - negatively impact health outcomes
    - increase risk of illness
    - positively impact health and decrease risk factors
- Actively promote good health practices with patients individually and collectively

Caring for patients

- Take into consideration patient's individuality, personal preferences, goals, and the need to provide compassionate and dignified care
- Be familiar with
    - Ethical guidelines
    - Local and national clinical care guidelines
- Act in the patient's best interest
- Engage in shared decision-making and discuss consent

Performance

Patient safety and ethical practice

- Put the interest of the patient first in decisions and actions
- React in a timely manner to issues identified that may negatively impact the patient's outcome
- Follow safe working practices that impact patient's safety
- Understand ethical practice and the medical council guidelines
- Support a culture of open disclosure and risk reporting
- Be aware of the risk of abuse, social, physical, financial, and otherwise, to vulnerable persons

Organisational behaviour and leadership

- The activities, personnel and resources that impact the functioning of the team, hospital, and health care system
- Understand and work within management systems
- Know the impacts of resources and necessary management
- Demonstrate proficient self-management

Wellbeing

- Be responsible for own well-being and health and its potential impact on the provision of clinical care and patient outcomes
- Be aware of signs of poor health and well-being
- Be cognisant of the risk to patient safety related to poor health and well-being of self and colleagues
- Manage and sustain own's physical and mental well-being

Practice

Continuing competence and lifelong learning

- Continually seek to learn, improve clinical skills and understand established and emerging theories in the practice of medicine
- Meet career requirements including those of the medical council, employer, and training body
- Be able to identify and optimise teaching opportunities in the workplace and other professional environments
- Develop and deliver teaching using appropriate methods for the environment and target audience

Reflective practice and self-awareness

- Bring awareness to actions and decisions and engage in critical appraisal of own's work to drive lifelong learning and improve practice
- Pay critical attention to the practical values and theories which inform everyday practice
- Be aware of own's level of practice and learning needs
- Evaluate and appraise decisions and actions with consideration as to what you would change in the future
- Seek to role model good professional practice within the health service

Quality assurance and improvement

- Seek opportunities to promote excellence and improvements in clinical care through the audit of practice, active engagement in and the application of clinical research and the dissemination of knowledge at all levels and across teams
- Gain knowledge of quality improvement methodology
- Follow best practices in patient safety
- Conduct ethical and reproducible research

4. SPECIALTY SECTION – REHABILITATION MEDICINE TRAINING GOALS

This section includes the Rehabilitation Medicine 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 **suggested** training/learning opportunities and assessment methods.*

To achieve the outcomes, it is recommended to agree the most appropriate training and assessment methods with the assigned Trainer.

Training Goal 1 – Principles of Rehabilitation Medicine

Over the course of Rehabilitation Medicine training, the Trainee is expected to develop a deep understanding of the core principles, constructs, and theories fundamental to Rehabilitation.

Outcome 1 – Knowledge and understanding of key definitions

Over the course of Rehabilitation Medicine training the Trainee is expected to develop a deep understanding of the core principles, constructs, and theories fundamental to Rehabilitation Medicine. Key definitions and conceptualisations include Health, Rehabilitation and Disability.

Training/learning opportunities

- Self-directed learning
- Reflective commentary, where appropriate
- Education events

Assessment Methods

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

Outcome 2 – Knowledge of autonomy, agency, equality, and human rights

For the Trainee to demonstrate knowledge of Autonomy and Agency, Dignity, Identity and Personality, Equality and Human Rights legislation in particular the UNCRPD and ADMA (2015.)

Training/learning opportunities

- Self-directed learning
- Reflective commentary
- Education events

Assessment Methods

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

Outcome 3 – WHO international classification of functioning

For the Trainee to demonstrate knowledge of the WHO International Classification of Functioning, Disability and Health and its applications.

Training/learning opportunities

- Clinics attendance
- Ward Rounds/Consultations
- Self-directed learning
- Education events

Assessment Methods

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

Outcome 4 – Principles of communication

For the Trainee to demonstrate understanding of human communication principles including power, vulnerability, group dynamics, verbal and non-verbal communication, social contagion, and perspective-taking of the other.

Training/learning opportunities

- Self-directed learning
- Reflective commentary
- Education events
- Participation in service development

Assessment Methods

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

OUTCOME 5 – HISTORY OF REHABILITATION AND TRENDS IN FUTURE DEVELOPMENT

For the trainee to demonstrate knowledge of the history and evolution of Rehabilitation and anticipated future development noting Irish and WHO published strategy.

Training/learning opportunities

- Self-directed learning
- Reflective commentary
- Education events
- Participation in service development

Assessment Methods

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

OUTCOME 6 – REHABILITATION NEED, POPULATION HEALTH, AND GLOBAL PERSPECTIVE ON REHABILITATION AND DISABILITY

For the Trainee to demonstrate knowledge of epidemiology of rehabilitation need, health and disability at a population level and the global picture of Rehabilitation and Disability.

Training/learning opportunities

- Self-directed learning
- Reflective commentary
- Education events
- Participation in service development

Assessment Methods

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

Training Goal 2 – Foundational Clinical Processes for Rehabilitation

This specialty goal describes generalisable competencies applicable to the clinical practice of Rehabilitation Medicine. Reflecting the significant breadth of Clinical Rehabilitation practice the number of described outcomes for this goal is relatively large. Removal of outcomes listed causes gaps that are significant – the domains covered here will be encountered in clinical practice and a Consultant in Rehabilitation Medicine would be expected to have expertise in them in the eyes of service users, fellow clinicians, and service commissioners.

Outcome 1 – Person centered care and holism

For the Trainee to demonstrate competency in working in a person-centred manner, taking a holistic approach and managing to do this across a caseload of people under their care. This should be demonstrated across a range of clinical contexts from the acute hospital to the Community.

Training/learning opportunities

- Clinics
- Ward Rounds/Consultations
- Self-directed learning
- Reflective Commentary
- Education events
- Participation in service development

Assessment Methods

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

Outcome 2 – Conducting ward rounds and doing consults

For the Trainee to demonstrate competency in conducting ward rounds and seeing consults

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

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

Outcome 3 – Conducting clinics

For the Trainee to demonstrate competency in conducting out-patient clinics. This includes planning clinics, dictation and liaison following appointments.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

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

OUTCOME 4 – SUPPORTING DECISION MAKING

For the Trainee to be competent in appraising someone's decision-making ability including where that person has communication/cognitive/behaviour impairment and where risk is present. Competency in this outcome requires sophisticated understanding of the ADMA (2015) and Trainees will need to demonstrate multiple examples of engaging with people on their will and preferences including where cognitive/communication/behavioural difficulty is present, where insight difficulty is present, where risk is present, where family difference of opinion is present, where meeting of will and preference is not practicable. Trainees should gain experience in Legal processes underpinning the ADMA. Trainees should demonstrate a clear understanding of process relating to restriction/deprivation of Liberty.

Training/learning opportunities

- Clinics
- Ward Rounds/Consultations
- Self-directed learning
- Reflective Commentary
- Education events
- Participation in service development

Assessment Methods

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

OUTCOME 5 – GOAL SETTING

For the Trainee to demonstrate competency in setting goals with persons under their care. This competency includes knowledge in relation to Goal Theory and setting SMART (Specific Measurable Achievable Realistic Time-bound) goals.

Training/learning opportunities

- Clinics
- Ward Rounds/Consultations
- Self-directed learning
- Reflective Commentary
- Education events
- Participation in service development

Assessment Methods

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

OUTCOME 6 –COMMUNICATING WITH PERSONS ACCESSING REHABILITATION

For the Trainee to demonstrate competency in communicating with people from diverse backgrounds and differing levels of ability including where there may be communication impairment/mental distress/cognitive impairment/behaviour impairment. This includes communicating difficult news.

Training/learning opportunities

- Clinics
- Ward Rounds/Consultations

- On call experience

Assessment Methods

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

OUTCOME 7 – WORKING WITH FAMILIES

For the Trainee to demonstrate competency in communicating, collaborating, and supporting adjustment in families including where there is significant distress or difference of opinion or conflict. This includes communication of difficult news.

Training/learning opportunities

- Clinics
- Ward Rounds/Consultations
- On call experience

Assessment Methods

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

OUTCOME 8 – WORKING WITHIN TEAMS AND ACROSS THE HEALTH AND SOCIAL SYSTEM

For the Trainee to demonstrate competency in working in Teams and across services. Trainees should have a comprehensive understanding of the roles of different professionals and approaches they may use to meet clinical need. This competency includes demonstrating expertise in verbal and written communication. Written communication includes letters and emails. Trainees must demonstrate competency in documentation across HST.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

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

OUTCOME 9 – COMPETENCY IN WORKING WITH DIVERSITY AND INCLUSION

For the Trainee to demonstrate competency in working with factors such as ethnicity, inclusion, 'neurodiversity', and developmental life stage. As part of this competency Trainees are required to develop their own self-awareness and capacity to reflect on how they engage with others.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

- Feedback opportunity

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

OUTCOME 10 – COMPETENCY IN MEASUREMENT RELEVANT TO REHABILITATION

For the Trainee to demonstrate competency in measuring function and appraising rehabilitation interventions. This includes demonstrating awareness of bias (individual and group) and capacity to critically appraise outcome measures used. Specific understanding is required of the 'UK FIM-FAM' (United Kingdom Functional Independence Measure and Functional Assessment Measure).

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

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

OUTCOME 11 – PARTICIPATING IN MEETINGS

For the Trainee to demonstrate competency in participating in meetings including the ability to prepare agendas, to chair meetings, clarify and to follow-up on actions from the meeting.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

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

OUTCOME 12 – CONDUCTING SKILLED HISTORY TAKING

For the Trainee to demonstrate competency in taking clinical histories from people accessing rehabilitation including where communication/cognitive/behavioural conditions are present and appropriately augmenting this with collateral history.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

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

OUTCOME 13 – CONDUCTING CLINICAL EXAMINATION

For the Trainee to demonstrate competency in conducting clinical examinations across the body systems including of people who have disorders of consciousness, people with communication/cognitive/behavioural impairment. A Trainee should be able to demonstrate efficiency in their approach, coherence in organising and communicating their findings and an advanced capacity in identifying onward further actions.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

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

Training Goal 3 – Rehabilitation Core Clinical Practices

This specialty goal encompasses rehabilitation competencies that are generalizable across Rehabilitation clinical practice.

Outcome 1 – Taking a systematic rehabilitation approach to any significant health condition across different settings including critical care and long-term care

For the Trainee to demonstrate competency appraising rehabilitation need that may be present regardless of its specific causes and formulating a rehabilitation management plan in collaboration with other relevant clinicians and agencies The Trainee must be able to demonstrate this competency across different healthcare contexts including Critical Care/Intensive Care and Long-Term Care. The Trainee must demonstrate awareness of their own limits and when to involve other specialisms/clinicians.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

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

Outcome 2 – Use of early warning scores and management of peri-arrest, arrest situations

For the Trainee to demonstrate competency in the use of Early Warning Scores and the management of peri-arrest and arrest scenarios in keeping with Acute Life Support teaching. For the trainee to demonstrate this ability when working with people who have neurological conditions which can affect how deterioration may evolve for example where a patient is unable to communicate their symptoms and where there is abnormality in autonomic function.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days

Assessment Methods

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

Outcome 3 – Management of general health conditions

For the Trainee to demonstrate competency in taking a systematic approach in the management of conditions that may occur in Rehabilitation contexts including sepsis, seizure, Diabetes Mellitus and its complications, venous thromboembolism, stroke, asthma and COPD, ischaemic heart disease, peripheral vascular disease, and acute abdomen pain. For this competency a Trainee needs to demonstrate ability to identify issues early, the capacity to interpret blood tests and arterial/ venous blood gas, the capacity to interpret basic x-rays, the capacity to review a CT brain and CT spine,

recognition of acute change on ECG and the ability to recognize their own limits and when to ask for help.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 4 – WORKING WITH MENTAL DISTRESS AND MENTAL ILLNESS

For the Trainee to demonstrate competency in appraising mental state and drawing up a management plan to help someone experiencing mental distress. This competency comprises the ability to appraise mental state, formulate a 'differential diagnosis', identify contributory factors, appraise risk, generate an appropriate management plan and communicate this to the person and their family where appropriate. Be trained in suicide management e.g. ASIST programme

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 5 – REHABILITATION IN THE CONTEXT OF IMPAIRED MOTIVATION

For Trainees to demonstrate competency in managing rehabilitation when people have impaired motivation through damage to their brain, mental distress, under-developed agency, addiction, lost confidence or external locus of control. For this competency a Trainee must demonstrate knowledge of the neural correlates of motivation, theory relating to human motivation including the role of hope, the impact of early life experience and strategies that can enhance or impede motivation.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 6 – REHABILITATION IN THE CONTEXT OF IMPAIRED INSIGHT

For the Trainee to demonstrate competency in working with people who have impairment of their insight. This competency comprises appraising insight, appraising risk, enabling insight development where possible. being guided by will and preference, negotiating respectfully changes that may need to occur in relation to will and preference, working with family members and initiating appropriately Risk/Safeguarding/Legal procedures when these need to occur.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 7 – MANAGEMENT OF BEHAVIOURAL DIFFICULTIES

For the Trainee to demonstrate competency in the management of significant behaviour disorder. This competency comprises timely identification of factors contributing to the behaviour presentation (including brain dysfunction/distress/disorder of personality/drug or alcohol intoxication or withdrawal/wilful intent to cause hurt), appraisal of risk, generation of a management plan (drawing on medication and non-pharmacologic strategies) with a clear review process, initiation of appropriate escalation to relevant others including where necessary to the Police.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 8 – COGNITIVE AND PERCEPTUAL DISORDERS

For the Trainee to demonstrate competency in the rehabilitation of cognitive and perceptual disorders. For this competency a Trainee will need to demonstrate knowledge of the neuropsychology underlying such conditions, their assessment including the use of screening tools and common clinical presentations that may arise.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 9 – VISUAL IMPAIRMENT

For the Trainee to demonstrate competency in the rehabilitation of visual disorders. For this competency a Trainee must demonstrate ability in assessing visual function, the implications of visual disorders and their rehabilitation including for work and driving. The Trainee must demonstrate knowledge of the roles other disciplines play including Occupational Therapists, Ophthalmologists, Optometrists and Orthoptists and capacity to collaborate with these clinicians.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 10 – HEARING IMPAIRMENT

For the Trainee to demonstrate knowledge of causes and patterns of hearing impairment and their impact. This includes deafness and tinnitus. The Trainee should demonstrate ability to work with Speech and Language therapists and Audiological medicine /ENT in this regard.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 11 – MOBILITY, GAIT AND, BALANCE

For the Trainee to demonstrate competency in the assessment of mobility (incudes gait and wheelchair mobility) and the rehabilitation management of mobility disorders including demonstrating knowledge of gait analysis, mobility aids, falls assessment and orthotics.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

- Feedback opportunity

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

OUTCOME 12 – MOVEMENT DISORDERS

For the candidate to demonstrate knowledge of disorders of movement including Apraxia, Parkinsonian conditions, Ataxias and their rehabilitation management. This includes use of strategies that may help such disorders including medication, orthoses and functional aids. It includes driving rehabilitation and vocational rehabilitation.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 13 – TRUNK AND HEAD NECK DISORDER

For the Trainee to demonstrate competency in the rehabilitation management of disorders of head-neck and trunk function. This includes the use of strategies such as medication, orthoses and functional aids and addressing associated issues such as breathing weakness, spasticity, autonomic dysfunction, swallow impairment and pain.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 14 – UPPER LIMB DISORDERS OF FUNCTION

For the Trainee to demonstrate competency in the assessment and rehabilitation management of upper limb disorders of function including those arising from a neurological and musculoskeletal cause. This includes knowledge of measures of upper limb function and strategies to improve this including functional aids, medication, botulinum injections and splinting.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

- Feedback opportunity

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

OUTCOME 15 – LOWER LIMB DISORDERS OF FUNCTION

For the Trainee to demonstrate competency in the assessment and rehabilitation management of lower limb disorders of function including those arising from a neurological and musculoskeletal cause. This includes knowledge of measures of lower limb function and strategies to improve this including functional aids, medication, botulinum injections and orthotics.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 16 – BLADDER AND URINARY INCONTINENCE

For the Trainee to demonstrate competency in the management of bladder conditions arising from a range of neurological and non-neurological conditions. This competency requires the understanding of bladder physiology, investigations, and pharmacological and non-pharmacological interventions. The Trainee is required to demonstrate understanding of upper and lower motor neuron presentations.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 17 – BOWEL INCONTINENCE

For the Trainee to demonstrate competency in the management of bowel disorders arising from a neurological condition. For this competency a Trainee must demonstrate understanding of bowel physiology, use of investigations and pharmacological and non-pharmacological interventions for neurogenic bowl dysfunction.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 18 – SEXUAL INTIMACY

For the Trainee to 1) demonstrate understanding of the impact of illness on the relational, emotional and physical dimensions of sexuality, 2) the ability to explore this sensitively and 3) awareness of forms of help including counselling and medication.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 19 – PREGNANCY, REPRODUCTIVE HEALTH, AND CARING FOR CHILDREN

For the Trainee to demonstrate competency in the rehabilitation management of women who are pregnant, women and men who may be planning a family and women and men who are looking after children. This competency entails ability to collaborate with other key clinicians and agencies such as Obstetricians, Paediatricians and Social Services. It entails safe prescribing.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 20 – RESPIRATORY DISORDER

For the Trainee to demonstrate competency in the management of respiratory impairment. This includes disorders arising from a neurological cause such brainstem disorders, spinal cord injury, peripheral nerve disorders and muscular disorders and breathing dysfunction arising from kyphoscoliosis or chest wall injury.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

- Feedback opportunity

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

OUTCOME 21 – TRACHEOSTOMY

For the Trainee to demonstrate competency in the management of tracheostomy including suction and change of tracheostomy.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 22 – AUTONOMIC DISORDER

For the Trainee to demonstrate competency in the management of autonomic disturbance including cardiovascular, sudomotor, thermoregulatory and gastrointestinal disturbance. In particular a Trainee should be able to manage autonomic dysreflexia and autonomic disorders that can occur in the context of prolonged disorders of consciousness, brain-stem insults and spinal cord injury etc.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 23 – SLEEP DISORDER

For the Trainee to demonstrate competency in the management of sleep difficulties. For this competency a Trainee must demonstrate ability to take a sleep history, conduct a sleep hygiene appraisal, describe tests that can help in the assessment of sleep and be able to seek advice from/refer on to a specialist sleep service.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 24 – EATING AND DRINKING

For the Trainee to demonstrate competency in managing the nutritional and hydration status of a person under their care. This includes management of NG/PEG nutrition, dehydration, low serum sodium, diabetes mellitus, vitamin and mineral deficiency, coeliac disease. The Trainee must demonstrate understanding of appetite physiology and disorders of appetite that can arise from acquired brain injury and the impact of medication on appetite. The Trainee must demonstrate knowledge of basic requirements and different food and fluid consistencies advised by a Speech and Language Therapist and Dietician.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 25 – SPECIALIST SEATING

For the Trainee to demonstrate competency in assessing the basic seating needs appropriate to a person under the care. This includes demonstrating awareness of the benefits of such seating and risks for example in relation to powered mobility and visual impairment.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Training Goal 4 – Rehabilitation in Specific Clinical Domains

Rehabilitation services have developed historically to 'specialise' in the rehabilitation of people who have injury or disease of the brain, injury or disease of the spinal cord, injury or disease of the peripheral nervous system (to a limited extent) and limb absence. Some areas of rehabilitation need have not been matched with service development and education/training focus such as the rehabilitation for progressive neurological conditions, congenital/childhood onset conditions, neurobehavioural conditions, musculoskeletal conditions, complex disability, chronic pain and cancer. This section will address the current service configuration, new domains of rehabilitation (Major Trauma Rehabilitation and Community Specialist Rehabilitation) and other clinical specialties in need or rehabilitation medicine development e.g., cancer, paediatrics, adolescent, sports etc

Outcome 1 – Rehabilitation for adults with an acquired brain injury

For the trainee to demonstrate competency in identifying rehabilitation and other needs and forming a management plan for adults who have sustained an acquired brain injury. This umbrella term includes Stroke, Traumatic Brain Injury, Brain Infections. This applies to all grades of severity.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Outcome 2 – Rehabilitation for adults with a progressive neurological condition or neuro-oncological condition

For the trainee to demonstrate competency in identifying rehabilitation needs and forming a management plan for adults whose condition is progressing or likely to progress. This includes conditions such as Multiple Sclerosis and Neuro-oncologic conditions. It includes ability to work with other disciplines such as Neurology, Oncology, Haematology and Neurosurgery. This applies to all grades of severity of the condition (up to the point when Palliative Care would more appropriately manage the person's needs).

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 3 – REHABILITATION FOR ADULTS WITH NEUROBEHAVIORAL DISORDERS

For the Trainee to demonstrate competency in the rehabilitation and management of adults with neurobehavioural disorders.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 4 – REHABILITATION AND DISORDERS OF CONSCIOUSNESS

For the Trainee to demonstrate competency in the assessment and management of persons with a prolonged disorder of consciousness. This competency comprises the communication of difficult news to families, the discussion of ceilings of care and the ongoing management of associated complex disability of persons with a disorder of consciousness.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 5 – REHABILITATION FOR ADULTS WITH A SPINAL CORD CONDITION

For a Trainee to demonstrate competency in identifying rehabilitation needs and forming a management plan for adults with a spinal cord condition. This includes 1) being competent in conducting an American Spinal Injury Association examination, 2) interpreting the injury findings in terms of their implications for rehabilitation.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 6 – REHABILITATION FOR ADULTS WITH SPINAL CORD CONDITIONS REQUIRING VENTILATION SUPPORT

For the Trainee to demonstrate competency in the management of persons with spinal cord injury who require ventilation support and/or phrenic nerve stimulation.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 7 – REHABILITATION FOR ADULTS WITH A LIMB ABSENCE CONDITION

For Trainees to demonstrate competency in identifying rehabilitation needs and forming a management plan for adults with a limb absence condition. This includes prescribing an appropriate prosthesis, understanding of key biomechanical principles that apply to the use of a prosthesis and management of problems that may arise either from the primary condition or as a consequence of the use of the prosthesis. Examples of such problems include phantom limb pain, worsening peripheral vascular disease and skin injury.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 8 – REHABILITATION OF CHILDREN AND YOUNG ADULTS INCLUDING MANAGING TRANSITION FROM PAEDIATRIC TO ADULT SERVICES

Demonstrate competency in working alongside a Paediatrician and other relevant specialists (such as Respiratory Physicians, Psychiatrists working with people with learning disability, Rheumatologists, Neurologists) in the rehabilitation of children and young adults. This outcome includes the Transition from Paediatric to Adult services. It includes conditions such as limb absence, spinal cord injury, cerebral palsy and spina bifida and progressive conditions where significant disability is present.

Training/learning opportunities

- Clinics
- Ward Rounds
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 9 – REHABILITATION IN THE CONTEXT OF MAJOR TRAUMA

For the Trainee to demonstrate competency in the management of rehabilitation of persons who have sustained Major Trauma. Rehabilitation Medicine doctors are the anchor medical specialty for Rehabilitation in this field and a Trainee must be able to demonstrate leadership of a rehabilitation team working in this context. Skills include capacity to identify deterioration, capacity to order and interpret relevant investigations, capacity to oversee the management of deterioration including recognition of when care of a patient needs to be escalated to more specialist contexts. The Trainee must be competent in completing a Rehabilitation Needs Assessment and Prescription and arranging appropriate onward care.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 10 – 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

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 11 – REHABILITATION FOR MUSCULOSKELETAL CONDITIONS

For the Trainee to demonstrate competency in taking a systematic approach to the assessment of musculoskeletal disorders affecting the upper limb, lower limb and back. The Trainee must demonstrate competency in the rehabilitation management of back pain and joint pain.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 12 – REHABILITATION FOR COMPLEX DISABILITY

For the Trainee to demonstrate competency in the management of complex disability arising from conditions such as Stroke, Spinal Cord Injury, Cerebral Palsy, Spina Bifida and rare neurological conditions. This competency requires capacity to work collaboratively with other service providers especially Intellectual Disability services, Specialist Seating and Assistive Technology services, Neurology and Epilepsy services and services for people with visual or hearing impairment.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 13 – CONDITIONS THAT REQUIRE WORKING CONJOINTLY BETWEEN REHABILITATION AND MENTAL HEALTH CLINICIANS

For the Trainee to demonstrate competency in working conjointly with Mental Health services in the care of people who have rehabilitation need arising from a Neurological or Limb loss condition and active significant mental illness. This applies to in-patient and community settings.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 14 – REHABILITATION OF OLDER PERSONS AND PERSONS WITH MULTIPLE HEALTH CO-MORBIDITY/FRAILTY

For the Trainee to demonstrate competency in the rehabilitation management of older persons, persons with frailty and persons with multiple co-morbidity. This includes rehabilitation for spinal cord injury and limb absence conditions. Competency in this area requires demonstration of ability to work closely with Older Persons services (including Psychiatry of Old Age).

Training/learning opportunities

- Clinics
- Ward Rounds
- MDT Meetings

- Study Days

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

OUTCOME 15 – FUNCTIONAL NEUROLOGICAL CONDITIONS

For the Trainee to demonstrate competency in identifying features in a person's presentation that are in keeping with a Functional Neurological Condition and in collaborating with Neurology, Psychiatry and any other relevant specialism in identifying how that person may best be helped. As part of this competency the Trainee needs to demonstrate awareness on current theories on how such conditions may arise and awareness of the specialist skills required in a rehabilitation team in this area of work.

Training/learning opportunities
- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

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

OUTCOME 16 – REHABILITATION FOLLOWING SIGNIFICANT INFECTION

For the Trainee to demonstrate competency in rehabilitation arising from infectious disease. This includes rehabilitation for people who have complications of coronavirus infection.

Training/learning opportunities
- Clinics
- Ward Rounds
- MDT Meetings
- Study Days

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

OUTCOME 17 – VOCATIONAL REHABILITATION

For the Trainee to demonstrate competency in vocational rehabilitation including appraising risk and counselling someone on how to manage return to their role or change in their role. As part of this competency a Trainee must demonstrate competency in liaising with Occupational Health Physicians and Educational agencies.

Training/learning opportunities
- Clinics
- Ward Rounds
- On call
- MDT Meetings

- Study Days

Assessment Methods

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

Training Goal 5 – Rehabilitation, Ethics, Risk, and Law

Rehabilitation can be associated with complex ethical, risk and legal challenges. This specialty goal addresses this. It is not possible to cover every potential scenario that may arise thus the approach taken here is for the development of an approach that may help guide the doctor in addressing such situations when they occur.

Outcome 1 – Ethical appraisal of situations

For the Trainee to demonstrate competency in appraising situations from an ethical standpoint and acting ethically. This includes demonstrating knowledge of the medical code of practice, core ethical frameworks (e.g., Rights based) and relevant law and their application to patient care, management of services and research.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Outcome 2 – Understanding of role commission and duty of care

For the Trainee to demonstrate competency in managing the transition of persons from Paediatric disability services into Adult Rehabilitation/Complex Disability management services

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Outcome 3 – Sharing a resource and managing a caseload

For the Trainee to demonstrate understanding of resource justice (sharing).

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 4 – RISK APPRAISAL AND MANAGEMENT

For Trainees to demonstrate competency in risk appraisal and management of risk. To be considered competent a Trainee must demonstrate capacity to identify and stratify risk, to draw up a risk management plan and to implement this. The Trainee must be able to risk appraise different scenarios including risk associated with behaviours that challenge, decision-making, mental distress including suicidality, forensic concern, therapeutic interventions and discharge planning.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 5 – SAFEGUARDING CHILDREN

For the Trainee to demonstrate competency in safeguarding children. This includes demonstrating knowledge of Statutory process, appraisal of risk, wise and sensitive communication and capacity to work cohesively with relevant colleagues and agencies.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 6 – SAFEGUARDING VULNERABLE ADULTS

For the Trainee to demonstrate competency in safeguarding vulnerable adults. For this competency the Trainee must demonstrate understanding of Safeguarding processes, capacity to assess risk, ability to communicate with and support persons at the centre of the safeguarding process and capacity to collaborate with relevant colleagues and agencies.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 7 – RESTRICTION/DEPRIVATION OF LIBERTY

For the Trainee to demonstrate competency in managing situations where there may be restriction or deprivation of liberty. This competency comprises skilful communication with the person to establish their wishes and intentions, appraisal of concerns held by others about these wishes and intentions, appraisal of risk, appraisal of the persons insight, the identification of factors and potential solutions that may be driving someone's intentions and the timely consideration of risk/safeguarding/legal processes which may be needed to manage the situation. The Trainee must be able to demonstrate knowledge of legal mechanisms for deprivation of liberty including Doctrine of Necessity, Deprivation of Liberty under Inherent Jurisdiction and Sectioning under the Mental Health Act.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Training Goal 6 – Leadership and Management

Consultants in Rehabilitation Medicine will generally be the principal accountability holders for persons attending a given rehabilitation service. Most consultants will do on-call and while doing so hold clinical responsibility for a whole service.
A consultant in Rehabilitation Medicine will need to provide leadership and management skills to a high level as their role will often require them to provide clinical leadership and management in a range of service contexts including acute hospitals, specialist rehabilitation in-patient centres, outpatient and day hospitals and community specialist rehabilitation teams.
Consultants in Rehabilitation Medicine will need to manage adverse incidents, complaints and conflict. As senior and highly trained health professionals they will often be required to participate in diverse tasks including interviewing, supporting other workers, chairing specialist committees and developing and writing policy and protocols.
Effective leadership and management require the drawing on of a number of constituent elements including clear and respectful communication, self-awareness. wise decision-making knowledge and application of clinical governance and operating procedures. Effective leadership and management skills can be cultivated through training.

Outcome 1 – Leadership of a Rehabilitation Team

For the Trainee to demonstrate competency in leading a Rehabilitation team, including managing factors such as risk, insufficient resourcing and difference of opinion. (This will apply to clinical teams working in inpatient, outpatient, and community context)

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Outcome 2 – Accountability and Responsibility

For the Trainee to demonstrate competency in taking responsibility to consultant level.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 3 – ON-CALL DUTIES

For the Trainee to demonstrate competency in managing on-call duty at consultant level by the end of training.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 4 – EVALUATION OF PRACTICE

For the Trainee to demonstrate competency in evaluating their own practice, team practice and wider service practice, including the appropriate use of outcome measures, audit, benchmarking and use of service user feedback. The Trainee must demonstrate significant engagement in audit on at least two occasions during HST.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 5 – CLINICAL GOVERNANCE

For the Trainee to demonstrate knowledge of the principles of clinical governance and to be competent in managing the analysis of an adverse incident. Through HST the Trainee should participate over a number of months in a committee with direct involvement of clinical governance.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Outcome 6 – Managing a complaint

For the Trainee to demonstrate competency in managing a complaint.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Outcome 7 – Service development and quality

For the Trainee to demonstrate basic level understanding on how to put a business case together, how to address under-performance in the workplace. and how to do a quality improvement project.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Outcome 8 – Support of staff

For the Trainee to demonstrate competency in the appropriate support of staff and Team/Service well-being. This includes demonstrating knowledge of the role of Human Resource and Occupational Health.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Outcome 9 – Health economics and funding of services

For the Trainee to demonstrate knowledge of basic health economics, ethics of resource-sharing, clinical and cost-effectiveness, and cost associated with health services.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Training Goal 7 – Technology in Rehabilitation Medicine

Technology plays a key role in much rehabilitation practice. Technology varies in its complexity from simple to highly complex. Technological development is progressing very rapidly, and it is predictable this progression will continue. Although Rehabilitation Medicine doctors are not expected to be engineers, they do have responsibility for people under their care and therefore need to know about the technologies being used. In some instances, the Rehabilitation Medicine doctor may be directly involved in prescribing, operating, overseeing or interpreting data from the technology being used. Examples of such technologies include environmental and communication assistive technologies, prosthetics and orthotics, respiratory support technologies, remote data collection relating to persons under their care, EMG and ultrasound, functional analysis tools including gait analysis, mobility devices and robotics and bio-interface devices such as cochlear implants and deep brain stimulation. Rehabilitation Medicine doctors need to be aware of the ethical and legal dimensions of such technologies.

Outcome 1 –Virtual communication

For the Trainee to demonstrate competency conducting virtual communication with patients, families, and other clinicians.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days
- Reflective commentary

Assessment Methods

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

Outcome 2 – Assistive and environmental technology

For the Trainee to demonstrate competency regarding application of environmental and assistive technology, used for example, in, mobility, and control of their built environment.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

Outcome 3 – Biointerfaces

For the Trainee to demonstrate basic knowledge of bio-interface technologies such as cochlear implants, deep brain stimulation, phrenic nerve stimulation, spinal cord simulators, etc.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days

Assessment Methods

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

OUTCOME 4 – EMERGING TECHNOLOGIES

For the Trainee to demonstrate basic knowledge of emerging technologies include relevant to Rehabilitation including virtual reality, artificial intelligence, semi-autonomous and autonomous vehicles.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days
- Reflective commentary

Assessment Methods

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

OUTCOME 5 – CRITICAL APPRAISAL OF TECHNOLOGY

For the Trainee to demonstrate competency in generic critical appraisal of Rehabilitation technology interventions including user acceptability, risk, cost and ongoing maintenance of the technology.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- MDT Meetings
- Study Days
- Reflective commentary

Assessment Methods

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

OUTCOME 6 –SAFETY, ETHICAL AND LEGAL ASPECTS OF TECHNOLOGY

For the Trainee to demonstrate competency in appraising safety, ethical and legal aspects relating to the use of technology such as confidentiality and privacy, and risks of online scamming and bullying.

Training/learning opportunities

- Clinics

- Ward Rounds
- On call
- MDT Meetings
- Study Days
- Reflective commentary

Assessment Methods

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

Training Goal 8 – Learning and Development

By the end of Rehabilitation Medicine Training, the Trainee is expected to proactively engage with the concept of learning and development. This encompasses self-directed learning in relation to evidence-based practice, capacity to think critically, reflective practice and self-care practice. The Trainee is also expected to provide appropriate education for service users which is a central component to Rehabilitation best practice and Rehabilitation Medicine doctors need to be able to teach people about their condition and its management. Trainees need to support the education of healthcare professionals and students from a range of different disciplines both at undergraduate and post-graduate level. It is expected that the Trainee can support and conduct research. This can foster the generalisable skill of being able to think critically about problems occurring in clinical practice. As such the Trainee should develop some basic understanding of research methodologies and statistics and how practically to participate in a research project.

Outcome 1 – Demonstrate ability to be a reflective practitioner

For the Trainee to demonstrate ability to proactively engage with reflective practice to consider their experiences to gain insights and make improvements to their whole practice. This should include self-awareness and how their emotional makeup influences patient care.

Training/learning opportunities

- Clinics
- Ward
- On-call
- Study days
- Reflective commentary

Assessment Methods

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

Outcome 2 – Engage in multi-professional reflective practice

For the Trainee to actively engage in group reflective activities with clinical/nonclinical teams, and across multi-professional settings. When facilitating, the Trainee should be sensitive to, and respect, the different modes of reflections of their colleagues.

Training/learning opportunities

- Clinics
- Group reflective activities
- Study days
- MDT
- Reflective practice

Assessment Methods

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

OUTCOME 3 – DEMONSTRATE ABILITY TO SELF-MANAGE AND PROVIDE CARE

For the Trainee to demonstrate ability to prioritise, follow-up and manage their own time and work schedule to consultant level by the end of HST. This should involve self-care and care of other colleagues including cultivating awareness of the impact of pressure on them and developing skills to manage stress.

Training/learning opportunities

- Clinics
- Ward
- On-call
- Study days
- Reflective commentary

Assessment Methods

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

OUTCOME 4 – PROVIDE TEACHING TO PEOPLE ACCESSING REHABILITATION SERVICES

For the Trainee to demonstrate competence in providing education to people (with a range of abilities) under their care to support their learning about the condition and its management including the role they can play themselves in maintaining their own well-being.

Training/learning opportunities

- Clinics
- Ward
- On-call
- Study days
- Reflective commentary

Assessment Methods

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

OUTCOME 5 – PROVIDING EDUCATION FOR UNDERGRADUATE AND POSTGRADUATE STUDENTS

For the Trainee to demonstrate competence in teaching undergraduate and postgraduate students and peers. Teaching should use a range of formats such as bedside teaching, tutorial, lecture, to teach other health and social care professionals.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days
- Teaching opportunities
- Reflective commentary

Assessment Methods

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

OUTCOME 6 – DEMONSTRATE KNOWLEDGE OF RESEARCH METHODS AND STATISTICS

For the Trainee to demonstrate knowledge and application of research methods and basic statistics to the practice of rehabilitation medicine. They should be able to demonstrate this through critical appraisal of relevant research and how it impacts clinical practice.

Training/learning opportunities

- Clinics
- Ward Rounds
- On call
- Study Days
- Research
- Reflective commentary

Assessment Methods

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

OUTCOME 7 – PARTICIPATION IN RESEARCH PROJECT

For the Trainee actively participate in a research project ideally with involvement throughout, including but not limited to, planning to approval, execution, data analysis and presentation.

Training/learning opportunities

- Clinics
- Study Days
- Research
- Reflective commentary

Assessment Methods

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

5. 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 and 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 and 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 new 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