



**INSTITUTE
OF MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

CLINICAL NEUROPHYSIOLOGY

OUTCOME BASED EDUCATION CURRICULUM



This Curriculum of Higher Specialist Training in Clinical Neurophysiology was developed in 2024 by a working group led by Dr John McHugh, National Specialty Director, and the RCPI Workplace Education Team. The Curriculum undergoes annual revision by the National Specialty Director and the RCPI Education Department. The Curriculum is approved by the Clinical Neurophysiology Specialty Training Committee and the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
2.0	July 2026	Stephen Capper	Updates to the Core Professional Skills section to explicitly align with the <i>Eight Domains of Good Professional Practice</i> .

National Specialty Director's Foreword

The HST Clinical Neurophysiology Training Programme aims to deliver expert Clinical Neurophysiologists with a broad range of clinical and academic skills. This Curriculum is designed to produce well-rounded graduates with the ability to expertly evaluate central and peripheral nervous systems, and to accurately identify all relevant disorders, while supporting the development of subspecialty expertise and academic interests. It is intended that graduates of the programme will be enabled to work independently and to lead in the development of Clinical Neurophysiology as a specialty within Ireland and internationally.

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INTRODUCTION

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

Purpose of Training

This programme is designed to provide the training and professional development necessary to work as a Clinical Neurophysiologist, providing expert diagnostic support for patients with Neurological disorders. This is achieved by providing Clinical Neurophysiology 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 Clinical Neurophysiology.

Purpose of the Curriculum

The purpose of the Curriculum is to guide the Trainee towards achieving the educational outcomes necessary to function as an independent Clinical Neurophysiologist. 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.

How to Use the Curriculum

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

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

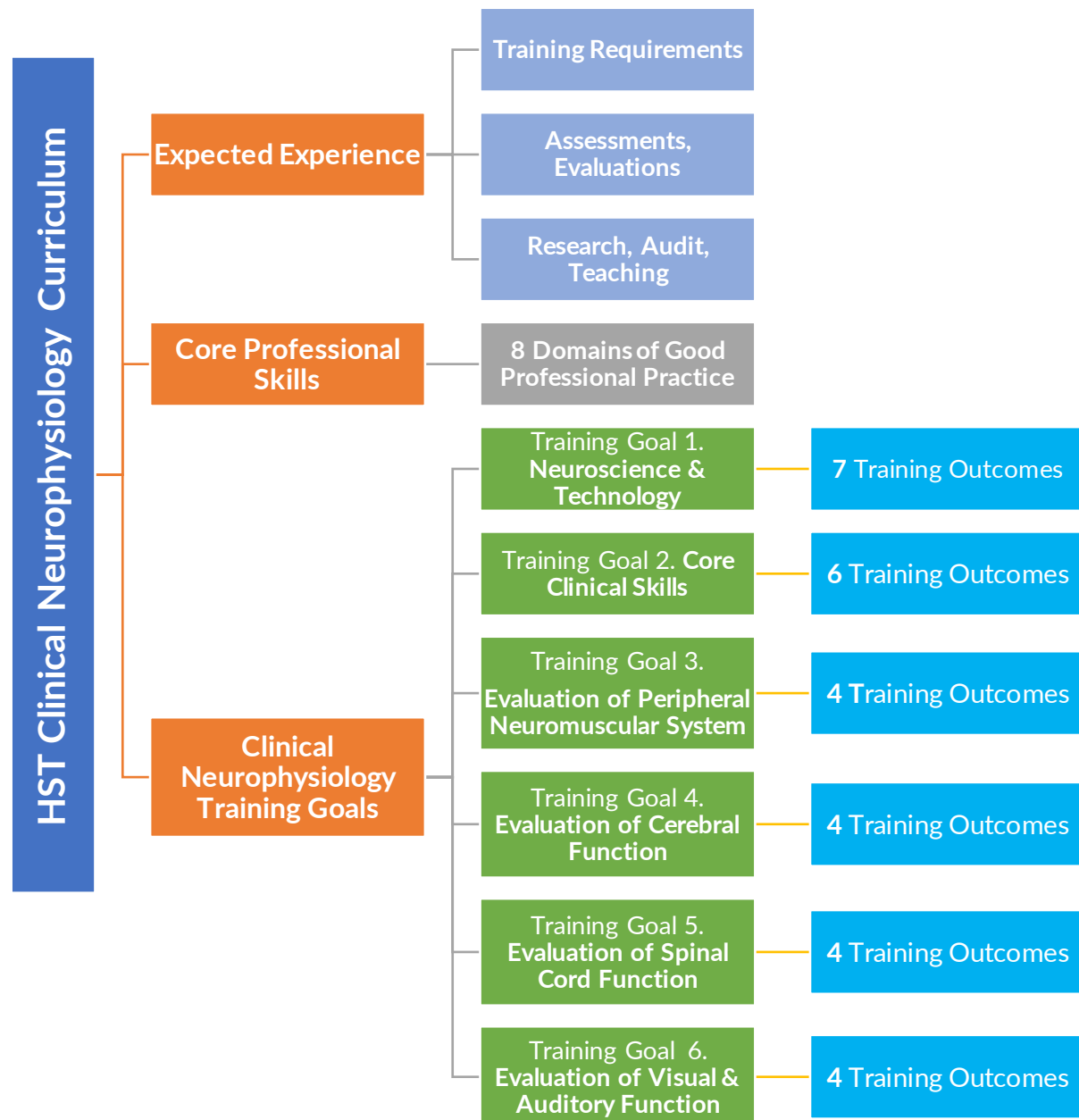
It is important to note that ePortfolio is a digital repository designed to reflect curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should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

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

Reference to Rules & Regulations

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

Overview of Curriculum Sections & Training Goals



EXPECTED EXPERIENCE

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

Duration & Organisation of Training

The duration of HST training in Clinical Neurophysiology is **four years**. One quarter of training time will be allocated to Neurology experience. This will include a 6-month block of Neurology training, which must be completed in year 1. The remainder of Neurology experience will be spread throughout the remainder of the training scheme, depending on local arrangements e.g. 2 Neurology out-patient clinics per week over 2.5 years. An ePortfolio of clinical experience in Neurology must be maintained for this period and reviewed at appropriate summative assessments.

Core Training

Trainees must spend the first two years of training in HST clinical posts in Ireland. The programme aims to be flexible in terms of sequence of training after this time. The first two years are directed towards acquiring a broad general experience of Neurology and Clinical Neurophysiology under appropriate supervision. It is acknowledged that procedural training follows an apprenticeship model with spiral learning (i.e., iterative return to core learning points with correspondingly deeper understanding as experience increases).

Therefore, an increase in the content of hands-on experience follows naturally and, as confidence is gained and abilities are acquired, the Trainee will be encouraged to assume a greater degree of responsibility and independence.

Years 1 & 2

Clinical Neurophysiology training in years 1 and 2 will be focused on mastery of basic science, medical technology, electrical safety, basic EMG and EEG (adult +/- paediatric EEG).

All Trainees in years 1 and 2 will begin as observers of practical procedures, gradually building up their skills and knowledge under close Consultant supervision. Assessment of these capabilities in practice will be through a combination of Direct Observation of Procedural Skills (DOPs), Case Based Discussions (CBD), and mini-Clinical evaluation exercises (mini-CEX).

An annual guideline of 500 EEGs (adult and or paediatric) and 500 EMG/NCS under supervision will apply for years 1-2.

The Trainee will be introduced to long-term video-EEG monitoring, advanced quantitative EMG techniques including single fibre EMG, and EMG-guided botulinum treatment for movement disorders.

Years 3 & 4

The Trainee will continue to carry out basic EMG and EEG. Subject to satisfactory completion of work-place based assessments (WPBA), the Trainee will graduate towards being trusted to practice with more indirect supervision.

There will be emphasis on achieving a case-mix of broader complexity than in years 1 and 2, which will be reflected in WPBAs.

Evoked potential teaching will be formally introduced in year 3 through demonstration, acquisition, and reporting (live and historic cases depending on local availability).

Years 3 and 4 will encompass consolidation of skills and knowledge in *advanced CN* (EEG, EMG, and evoked potentials) with a focus on advanced interpretation and reporting of neurophysiological data.

Trainees will use this period to gain experience in video-EEG monitoring for pre-surgical and other diagnostic indications; sleep-EEG (MSLT, MWT, polysomnography); quantitative EMG; transcranial magnetic stimulation; autonomic function and small fibre studies; intraoperative monitoring using sensory and motor evoked potentials; electrophysiology of vision; EEG and evoked potentials for coma prognostication in ICU.

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.

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

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

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

Training Principles

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

Core Professional Skills

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

Outpatient Clinics, Ward Rounds, Consultations, Training Activities

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

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

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

TRAINING PLAN		
Personal Goals Plan	Complete 1 per year of training to be reviewed annually	
GENERAL NEUROLOGY TRAINING REQUIREMENTS (6-Month Block)		
OUTPATIENT CLINICS		
Clinic	Expected Experience	ePortfolio Form
General Neurology	Attend at least 2 per week, record attendance	Clinics
Specialised Neurology Clinics	Attend at least 2 per month, record attendance	Clinics
WARD ROUNDS/CONSULTATIONS		
Type	Expected Experience	ePortfolio Form
Consultant-led	Attend at least 1 round per week, record attendance	Clinical Activities
Consultations (SpR-led)	Participate in at least 1 per week, record attendance	Clinical Activities
EMERGENCIES/COMPLICATED CASES		
Type	Expected Experience	ePortfolio Form
Diagnosis of nature of problem and its presentation, emergency case for investigation	Record at least 1 case per year of training in General Neurology	Cases
PROCEDURES, PRACTICAL/SURGICAL SKILLS		
Type	Expected Experience	ePortfolio Form
Neuroimaging Interpretation	Record 2 examples over the course of HST	Procedures, Skills & DOPS
Neuropathology Interpretation	Record 2 examples over the course of HST	Procedures, Skills & DOPS
Lumbar Puncture	Record 5 examples over the course of HST	Procedures, Skills & DOPS

TRAINING PLAN		
Personal Goals Plan	Complete 1 per year of training to be reviewed annually	
CLINICAL NEUROPHYSIOLOGY TRAINING REQUIREMENTS		
CLINICS		
Clinic	Expected Experience	ePortfolio Form
Neurophysiology Clinics	Attend at least 2 per week, record attendance	Clinics
Neurophysiology Reporting Sessions with Consultant sign-out	Attend at least 2 per week, record attendance	Clinics
Neurology Clinics	Attend at least 2 per week, record attendance	Clinics
Specialist Neurology Clinics	Attend at least 2 per month, record attendance	Clinics
IN-PATIENT CLINICAL NEUROPHYSIOLOGY CONSULTATIONS		
Type	Expected Experience	ePortfolio Form
Consultation	Attend at least 2 per month, record attendance	Clinical Activities
EMERGENCIES/COMPLICATED CASES		
Type	Expected Experience	ePortfolio Form
ICU Cases	Record at least 3 cases over the course of HST	Cases
Chronic/Long term cases	Record at least 3 cases over the course of HST	Cases
Relatively unusual cases	Record at least 4 cases over the course of HST	Cases
MANAGEMENT EXPERIENCE		
Type	Expected Experience	ePortfolio Form
Management Experience	Record 1 over the course of HST	Management Experience

Investigations & Procedures

Trainees are expected to complete and record a minimum number of certain procedures which are essential in Clinical Neurophysiology.

This table summarises the **minimum expected training per each investigation/procedure over the course of HST**, simply log the procedures on ePortfolio and complete the related DOPS Assessment as indicated:

INVESTIGATIONS & PROCEDURES EXPECTED EXPERIENCE OVER THE COURSE OF HST*			
Type	Expected Experience	Perform DOPS Assessment	ePortfolio Form
Adult Electroencephalography (EEG)	Read and report 1000 over the course of HST	At least 9 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Paediatric EEG	Read and report 500 over the course of HST	At least 3 DOPS assessment over the course of HST	Procedures, Skills & DOPS
ElectroNeuroMyography (ENMG)**	Read and report 1000 over the course of HST	At least 12 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Visual Evoked Potentials (VEP) And Pattern Evoked Retinography (PERG)	Read and report 50 over the course of HST	At least 2 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Somatosensory Evoked Potentials (SSEPs)	Read and report 20 over the course of HST	At least 2 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Brainstem Auditory Evoked Potentials (BAEPs)	Read and report at least 10 over the course of HST	At least 1 DOPS assessment over the course of HST	Procedures, Skills & DOPS
ADVANCED EEG			
Type	Expected Experience	Perform DOPS Assessment	ePortfolio Form
Long Term Video EEG Monitoring (LTM) (with clinical epilepsy role)- adult or paediatric; AEEG; Ambulatory EEG, and continuous EEG (>3hours)	Read and report at least 100 over the course of HST	At least 3 DOPS assessment over the course of HST	Procedures, Skills & DOPS
EMG/ENMG AND ADVANCED ENMG			
Type	Expected Experience	Perform DOPS Assessment	ePortfolio Form
Quantitative EMG (MUP analysis, turns/amplitude analysis, EMG frequency analysis)	Record at least 30 over the course of HST	At least 2 DOPS assessment over the course of HST	Procedures, Skills & DOPS
SFEMG; Single Fibre EMG	Record at least 20 over the course of HST	At least 1 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Small fibre physiology: Quantitative Sensory Testing (QST), autonomic testing	Record at least 50 over the course of HST	At least 2 DOPS assessment over the course of HST	Procedures, Skills & DOPS

EP AND ADVANCED EP			
Type	Expected Experience	Perform DOPS Assessment	ePortfolio Form
VEP; Visual Evoked Potentials	Record at least 10 over the course of HST	At least 1 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Electroretinograms (ERG)	Read and report at least 50 over the course of HST	At least 1 DOPS assessment over the course of HST	Procedures, Skills & DOPS
BAEP, Brainstem Auditory Evoked Potentials	Record at least 10 over the course of HST	At least 1 DOPS assessment over the course of HST	Procedures, Skills & DOPS
SSEP; Somatosensory Evoked Potentials	Record at least 10 over the course of HST	At least 1 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Transcranial Magnetic Stimulation TcMEP	Record at least 10 over the course of HST	At least 1 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Neurophysiology Intraoperative Monitoring (NIOM) for spinal surgery	Record and report at least 10 over the course of HST	At least 1 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Ultrasound	Record at least 30 over the course of HST	No mandatory DOPS assessment required.	Procedures, Skills & DOPS
Neuropathology sessions (brain-cut)	Attend at least 2 over the course of HST	No mandatory DOPS assessment required.	Procedures, Skills & DOPS
Neuropathology sessions (muscle-nerve)	Attend at least 2 over the course of HST	No mandatory DOPS assessment required.	Procedures, Skills & DOPS
Neurosurgical operations (Brain)	Attend at least 5 over the course of HST	No mandatory DOPS assessment required.	Procedures, Skills & DOPS
Neurosurgical operations (Spinal)	Attend at least 5 over the course of HST	No mandatory DOPS assessment required.	Procedures, Skills & DOPS

*The described experience will be mostly derived from live cases encountered by the Trainee during their attachments; review of historic cases will be permitted particularly for lower frequency experiences such as evoked potentials and paediatric investigations

**Case-mix for EMG/NCS should be broad – no more than 70% to comprise assessment of mononeuropathy; EMG to include minimum of 20 cases of myopathy; cases should include assessment of neuromuscular transmission disorders and repetitive nerve stimulation; a requirement of attendance at ≥50 paediatric EMG studies is suggested

Hospital-Based Learning & In-House Commitments

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

- Attend at least **3 Clinical Neurosciences Grand Rounds** per month
- Attend at least **2 Journal Club** per month
- Attend at least **1 Radiology conference** per month
- Attend at least **1 MDT Meeting** per month
- Attend and participate in a variety of learning experiences including but not limited to seminars, lectures, case discussions, case conferences etc... (1 per month during clinical years over the course of HST)

Evaluations, Examinations & Assessments

Trainees are expected to:

- Complete **4 quarterly assessments per training year** (1 assessment per quarter)
- Complete **1 end of post evaluation at the end of each post** (this can replace the quarterly evaluation in happening at the end of a post)
- Complete **1 end of year evaluation at the end of each training year**
- Complete all the **workplace-based assessments** as appropriate, and as agreed with Trainer.
- It is recommended to **record at least 2-4 DOPS and 1 CBD per quarter** to be reviewed at the **Quarterly Assessment**.
- In addition, it is recommended that all Trainees **record at least 2 Mini-CEX assessments per training year**

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

Research, Audit & Teaching Experience

Trainees are expected to complete the following activities:

- Deliver **8 teaching sessions** (to include tutorials, lectures, bedside teaching, etc.) per each year of HST
- Deliver **1 Oral presentation or Poster** per year
- Complete **1 Audit or Quality Improvement Project**, per each year of training
- Attend **3 National or International Meetings**, per each year of training

In addition, it is desirable that Trainees aim to:

- Actively engage with research and complete at least **3 research projects and/or 3 publications**, over the course of HST

Teaching Attendance

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

Summary of Expected Experience

Experience Type	Trainee is Expected to	ePortfolio Form
Rotation Requirements	Complete all requirements related to the posts agreed	n/a
Personal Goals	At the start of each post complete a Personal Goals form on ePortfolio, agreed with Trainer and signed by both Trainee & Trainer	Personal Goals
On-call Commitments	<u>Desirable Experience</u> : partake in 6 on-call experiences in Clinical Neurology 6-month block	Clinical Activities
Clinics	Attend Clinical Neurophysiology Outpatient and Subspecialty Clinics as indicated above and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinics
Ward Rounds/Consultations	Gain experience in clinical handover and ward rounds as indicated above and as agreed with Trainer. Record attendance per each post on ePortfolio	Clinical Activities
Emergencies/Complicated Cases	Gain experience in clinical emergencies/complicated cases as indicated above and as agreed with Trainer. Record cases on ePortfolio	Cases
Procedures, Practical Skills	Gain experience in procedural, and practical skills as indicated above and as agreed with Trainer. Record experience on ePortfolio	Procedures, Skills & DOPS
Additional/Special Experience	Gain additional/special experience as indicated above and as agreed with Trainer. Record cases on ePortfolio	Additional Special Experience
Management Experience	Gain experience in clinical management and leadership functions as agreed with Trainer. Record attendance per each post on ePortfolio	Management Experience
Deliver Teaching	Record on ePortfolio episodes where you have delivered Tutorials, Lectures, and Bedside teaching (at least 8 in total per year of training)	Delivery of Teaching
Research	<u>Desirable Experience</u> : actively participate in research, complete at least 3 research projects and/or 3 publications, over the course of HST	Research Activities
Publication	<u>Desirable Experience</u> : complete 3 publications over the course of HST	Additional Professional Activities
Presentation	Deliver 1 oral presentation or poster per each year of training	Additional Professional Activities
Audit	Complete and report on 1 audit or Quality Improvement (QI) per each year of training, either to start, continue or complete	Audit and QI
Attendance at Hospital Based Learning	Each month attend at least 3 Grand Rounds. Every month attend at least 2 Journal Club, 1 Radiology Conference, 1 MDT Meeting. Record attendance on ePortfolio	Attendance at Hospital Based Learning
National/International Meetings	Attend 1 per year of training. Record attendance on ePortfolio	Additional Professional Activities
Teaching Attendance	Attend courses and Study Days as detailed in the Teaching Appendix . Record attendance on ePortfolio	Teaching Attendance
Workplace-based Assessments	Complete all the workplace-based assessment as outlined above and as agreed with Trainer. Record respective form on ePortfolio	CBD/DOPS/Mini-CEX
Examinations	N/A	Examinations
Quarterly and/or End-of-Post Evaluations	Complete a Quarterly Assessment/End of post assessment with Trainer 4 times in each year. Discuss progress and complete the form	Quarterly Assessments/End-of-Post Assessments
End of Year Evaluation	Prepare for the End of Year Evaluation by ensuring the portfolio is up to date and the End of Year Evaluation form is initiated with the assigned Trainer	End of Year Evaluation

CORE PROFESSIONAL SKILLS

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

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

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

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

Core Professional Skills

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

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

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



1

Patient Safety and Quality of Patient Care

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

Quality Improvement

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

Patient Safety and Incident Management

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

Infection Prevention and Control

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

System Safety and Governance

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

Antimicrobial Resistance

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

2

Relating to Patients

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

Person-Centred Care

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

Confidentiality

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

Informed Consent and Shared Decision-Making

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

Information and Care Navigation

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

Relationships and Boundaries

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

Health Promotion and Preventive Care

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

3

Communication and Interpersonal Skills

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

Clinical Communication and Documentation

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

Patient Communication and Comprehension

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

Safeguarding

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

Complaints and Regulatory Communication

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

Open Disclosure

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

Team Dialogue

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

4

Collaboration and Teamwork

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

Governance and Organisational Awareness

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

Team Coordination and Integrated Care

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

Organisational Leadership and Team Culture

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

Team Learning and Development

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

5

Management (Including Self-Management)

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

Health, Wellbeing, and Development

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

Workload and Task Management

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

Administrative Competence

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

Sustainability and Environmental Stewardship

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

Systems and Safety Engagement

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

6

Scholarship

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

Evidence-Based Practice

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

Lifelong Learning and Scope of Practice

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

Teaching and Role Modelling

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

Research and Dissemination

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

Innovation and Digital Literacy

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

7

Professionalism

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

Statutory and Ethical Duties

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

Resource Use and Stewardship

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

Advocacy, Equity and Fair Practice

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

Antimicrobial Stewardship

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

Professional Leadership and Accountability

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

Public and Online Professional Conduct

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

8

Clinical Skills

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

Assessment and Reasoning

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

Transfer of Care

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

Records and Communication

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

Complex Care Planning

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

Safe Prescribing

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

SPECIALTY SECTION – CLINICAL NEUROPHYSIOLOGY TRAINING GOALS

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

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

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

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

Training Goal 1 – Neuroscience & Technology

Over the course of Clinical Neurophysiology Training, the Trainee is expected to acquire and apply knowledge of neuroanatomy, neurophysiology, neuropharmacology, neuroengineering, neuroradiology, and neuropathology to clinical practice. The Trainee is also expected to demonstrate knowledge and application of the various technologies which underpin clinical practice including making decisions regarding the purchasing and ordering of equipment to perform investigations.

*It is expected that assessment of this Training Goal will not be done in isolation and will be interwoven within the various clinical contexts in which Trainees will be expected to demonstrate competence across the relevant training outcomes.

OUTCOME 1 – KNOWLEDGE AND APPLICATION OF NEUROANATOMY

For the Trainee to demonstrate knowledge of neuroanatomy and its application in clinical cases.

Training/Learning Opportunities

- Clinics attendance (in-patient and outpatient)
- Consultations
- Self-directed learning
- Educational lectures
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 2 – KNOWLEDGE AND APPLICATION OF NEUROPHYSIOLOGY

For the Trainee to demonstrate knowledge of neurophysiology and its application in clinical cases.

Training/Learning Opportunities

- Clinics attendance (in-patient and outpatient)
- Consultations
- Self-directed learning
- Educational lectures
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 3 – KNOWLEDGE AND APPLICATION OF NEUROPHARMACOLOGY

For the Trainee to demonstrate knowledge of neuropharmacology and its application in clinical cases.

Training/Learning Opportunities

- Clinics attendance (in-patient and outpatient)
- Consultations
- Self-directed learning
- Educational lectures
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 4 – KNOWLEDGE AND APPLICATION OF NEUROENGINEERING

For the Trainee to demonstrate knowledge of neuroengineering and its application in clinical cases.

Training/Learning Opportunities

- Clinics attendance (in-patient and outpatient)
- Consultations
- Self-directed learning
- Educational lectures
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 5 – KNOWLEDGE AND APPLICATION OF NEURORADIOLOGY

For the Trainee to demonstrate knowledge of neuroradiology and its application in clinical cases.

Training/Learning Opportunities

- Clinics attendance (in-patient and outpatient)
- Consultations
- Self-directed learning
- Educational lectures
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 6 – KNOWLEDGE AND APPLICATION OF NEUROPATHOLOGY

For the Trainee to demonstrate knowledge of neuropathology and its application in clinical cases.

Training/Learning Opportunities

- Clinics attendance (in-patient and outpatient)
- Consultations
- Self-directed learning
- Educational lectures
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 7 – KNOWLEDGE AND APPLICATION OF TECHNOLOGY

For the Trainee to demonstrate knowledge and application of the variety of technologies which underpin the practice of Clinical Neurophysiology.

Training/Learning Opportunities

- Clinics attendance (in-patient and outpatient)
- Consultations
- Self-directed learning
- Educational lectures
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Calibration and machine checks
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

Training Goal 2 – Core Clinical Skills

Over the course of Clinical Neurophysiology Training, the Trainee is expected to demonstrate competence in history-taking, clinical examination, formulation of a differential diagnosis, appropriate use of electrophysiological investigations, and communicate findings with multidisciplinary team (MDT) members, patients, and families effectively.

OUTCOME 1 – HISTORY TAKING

For the Trainee to take a focused history relevant to the clinical referral.

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 2 – PERFORM CLINICAL EXAMINATION

For the Trainee to perform an appropriate clinical exam relevant to the clinical referral.

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 3 – FORMULATE DIFFERENTIAL DIAGNOSIS

For the Trainee to formulate a differential diagnosis relevant to the clinical case.

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 4 – RECORD ELECTROPHYSIOLOGICAL TECHNIQUES

For the Trainee to record electrophysiological techniques such as:

- Electroencephalography (EEG) for both adult and child
- Visual Evoked Response (VER)
- Somatosensory Evoked Potentials (SSEP)

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 5 – COMMUNICATE WITH MEDICAL PROFESSIONALS IN MDT

For the Trainee to communicate effectively with medical professionals in different forms – written, verbal and in multidisciplinary (MDT) setting.

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days
- MDT Meetings (attendance and leading-later in training)

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 6 – COMMUNICATE WITH PATIENTS AND FAMILIES

For the Trainee to communicate effectively with patients/families at all stages of the consultation/procedure.

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

Training Goal 3 – Evaluation of Peripheral Neuromuscular System

Over the course of Clinical Neurophysiology Training, the Trainee is expected to demonstrate competence in the assessment and evaluation of clinical and physiological findings of the peripheral neuromuscular system, and formulate reports detailing likely diagnosis, anatomical location of lesion, pathology and prognosis, and further investigations and treatment as appropriate.

OUTCOME 1 – PLAN APPROPRIATE ELECTROPHYSIOLOGICAL STUDY

For the Trainee to plan an appropriate electrophysiological study.

Training/Learning Opportunities

- Self-directed learning
- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 2 – ACQUIRE AND INTERPRET NERVE CONDUCTION AND NEEDLE EMG STUDIES

For the Trainee to acquire and interpret nerve conduction and needle electromyography (EMG) studies (including but not limited to):

- Sensory Nerve Conduction studies
- Motor Nerve Conduction studies
- Late Responses
- Repetitive Nerve stimulation
- Autonomic studies
- Quantitative sensory testing
- Needle EMG

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 3 – ACQUIRE AND INTERPRET ADVANCED NERVE CONDUCTION AND NEEDLE EMG STUDIES

For the Trainee to acquire and interpret advanced nerve conduction and needle electromyography (EMG) studies (including but not limited to):

- Quantitative motor unit analysis
- Single fibre EMG
- EMG guided chemodenervation

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 4 – DIAGNOSE NEUROMUSCULAR CONDITIONS

For the Trainee to diagnose neuromuscular conditions (including but not limited to):

- Entrapment neuropathies (common & uncommon)
- Peripheral neuropathy
- Myopathies
- Radiculopathies
- Neuromuscular junction transmission disorders
- Motor and sensory neuronopathies
- Hereditary and acquired demyelinating polyneuropathies

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

Training Goal 4 – Evaluation of Cerebral Function

Over the course of Clinical Neurophysiology Training, the Trainee is expected to demonstrate competence in the assessment and evaluation of clinical and physiological findings of cerebral function, and formulate reports detailing likely diagnosis, relevant anatomy, and further investigations as appropriate.

OUTCOME 1 – SUPERVISE AND PLAN A STUDY OF CEREBRAL FUNCTION

For the Trainee to supervise and plan a study of cerebral function.

Training/Learning Opportunities

- Clinics
- Consultations
- IOM in theatre
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 2 – IDENTIFY ABNORMALITIES IN BASIC VIDEO EEG/EP RECORDINGS

For the Trainee to identify abnormalities in video electroencephalogram (EEG)/evoked potential (EP) recordings in adults and children.

Training/Learning Opportunities

- Clinics
- Consultations
- IOM in theatre
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 3 – INTERPRET ADVANCED ELECTROPHYSIOLOGICAL TECHNIQUES

For the Trainee to interpret advanced electrophysiological techniques (including but not limited to):

- Ambulatory EEG
- Videotelemetry
- Continuous EEG monitoring
- Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Test (MWT)

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 4 – DIAGNOSE SPECIFIC CEREBRAL CONDITIONS

For the Trainee to diagnose specific cerebral conditions (including but not limited to):

- Epilepsy
- Encephalopathy
- Sleep disorders
- Prognostication of coma (EEG+/- EP)
- Status epilepticus

Training/Learning Opportunities

- Clinics (subspecialty clinics: cerebral disorders)
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

Training Goal 5 – Evaluation of Spinal Cord Function

Over the course of Clinical Neurophysiology Training, the Trainee is expected to demonstrate competence in the assessment and evaluation of clinical and physiological findings of spinal cord function, and formulate reports detailing likely diagnosis, anatomical site of dysfunction and further investigations and management as appropriate.

OUTCOME 1 – SUPERVISE AND PLAN A STUDY OF SPINAL CORD FUNCTION

For the Trainee to supervise and plan a study of spinal cord function.

Training/Learning Opportunities

- Clinics
- Consultations
- Operating Theatre attendance
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 2 – INTERPRET BASIC SSEP

For the Trainee to interpret basic somatosensory evoked potentials (SSEP).

Training/Learning Opportunities

- Clinics
- Consultations
- Operating Theatre attendance
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 3 – PERFORM AND INTERPRET MOTOR EVOKED POTENTIALS

For the Trainee to perform and interpret motor evoked potentials.

Training/Learning Opportunities

- Clinics
- Consultations, IOM in Theatre
- Study Days
- Clinics

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 4 – RECOGNISE DEFECTIVE CONDUCTION IN SPINAL CORD PATHWAYS

For the Trainee to recognise defective conduction in spinal cord pathways (myelopathy) such as:

- Multiple Sclerosis
- Mechanical compression
- Intraoperative injury
- Vascular injury
- Other inflammatory conditions
- Post traumatic conditions
- Vitamin deficiencies and poisonings

Training/Learning Opportunities

- Clinics
- Consultations, IOM in Theatre
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

Training Goal 6 – Evaluation of Visual & Auditory Function

Over the course of Clinical Neurophysiology Training, the Trainee is expected to demonstrate competence in the assessment and evaluation of clinical and physiological findings of visual and auditory function, and formulate reports detailing likely diagnosis, anatomical location of lesion, pathology and prognosis, and further investigations and treatment as appropriate.

OUTCOME 1 – SUPERVISE AND PLAN A STUDY OF VISUAL AND AUDITORY PATHWAYS

For the Trainee to supervise and plan a study of visual and auditory pathways.

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 2 – INTERPRET VEP AND BAEP

For the Trainee to interpret visual evoked potentials (VEP) and brainstem auditory evoked potentials (BAEP).

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 3 – INTERPRET ELECTRORETINOGRAPHY (ERG)

For the Trainee to interpret electroretinography (ERG) both flash and pattern.

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

OUTCOME 4 – DIAGNOSE SPECIFIC VISUAL AND AUDITORY CONDITIONS

For the Trainee to diagnose specific visual and auditory conditions such as:

- Optic neuropathies
- Retinopathies
- Acoustic neuroma

Training/Learning Opportunities

- Clinics
- Consultations
- Study Days

Recommended Assessment Methods

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer

APPENDICES

This section includes two appendices to the Curriculum.

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

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

ASSESSMENT APPENDIX

Workplace-Based Assessment & Evaluations

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

Relevance of Feedback for WBA

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

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

Types of WBAs in use at RCPI

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

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

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

Recording WBAs on ePortfolio

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

Formative & Summative Assessment

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

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

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

TEACHING APPENDIX

RCPI Taught Programme

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

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

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

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

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

Specialty-Specific Learning Activities (Courses & Workshops)

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

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

Study Days

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

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

Clinical Neurophysiology Teaching Attendance Requirements

