

**Neurology training sites in the UK according to GMC-NTS data from 2018.** Where there are multiple rotations within a deanery these are described. The 33 sites with at least three trainees are highlighted in bold.

Key	Deanery	Rotation	Trust locations
	East of England		<b>Addenbrooke's Hospital (Cambridge)</b> ; Norfolk and Norwich University Hospital; <b>Queen's Hospital (Romford)</b> ; <b>National Hospital for Neurology and Neurosurgery/University College London Hospital</b>
	East Midlands		<b>Leicester General Hospital</b> ; <b>Queen's Medical Centre (Nottingham)</b> ; Royal Derby Hospital
	Kent, Surrey and Sussex	Kent	Kent & Canterbury Hospital; Queen Elizabeth The Queen Mother Hospital (Margate); William Harvey Hospital (Ashford); Medway Maritime Hospital (Gillingham); <b>King's College Hospital (London)</b>
		Surrey	Royal Surrey County Hospital (Guildford); Frimley Park Hospital; <b>St. George's Hospital (London)</b>
		Sussex	<b>Hurstwood Park Centre (Hayward's Heath)</b> ; <b>National Hospital for Neurology and Neurosurgery/University College London Hospital</b>
	London	North	<b>Royal Free Hospital</b> ; <b>National Hospital for Neurology and Neurosurgery/University College London Hospital</b>
		East	<b>Royal London Hospital</b> ; <b>Queen's Hospital (Romford)</b> ; <b>National Hospital for Neurology and Neurosurgery/University College London Hospital</b>
		South	<b>King's College Hospital</b> ; <b>St. Thomas' Hospital</b>
		South West	<b>St. George's Hospital</b>
		North West	<b>Charing Cross Hospital</b> ; Chelsea & Westminster Hospital; <b>National Hospital for Neurology and Neurosurgery/University College London Hospital</b> ; <b>St. Mary's Hospital</b> ; <b>St. Thomas' Hospital</b>
	Northeast		<b>The Royal Victoria Infirmary (Newcastle)</b> ; <b>The James Cook University Hospital (Middlesbrough)</b> ; Sunderland Royal Hospital
	Northern Ireland		<b>Royal Victoria Hospital (Belfast)</b> ; Altnagelvin Area Hospital; Craigavon Area Hospital
	Northwest	Manchester	<b>Salford Royal (Manchester)</b> ; <b>Royal Preston Hospital</b>
		Liverpool	<b>The Walton Centre</b>
	Oxford		<b>John Radcliffe (Oxford)</b> ; Royal Berkshire Hospital (Reading); Milton Keynes Hospital; Northampton General Hospital
	Peninsula		<b>Derriford Hospital (Plymouth)</b> ; Royal Devon & Exeter Hospital; Royal Cornwall Hospital (Truro)
	Scotland	East	<b>Western General Hospital (Edinburgh)</b> ; <b>Ninewells Hospital (Dundee)</b> ; Aberdeen Royal Infirmary
		West	<b>Queen Elizabeth University Hospital (Glasgow)</b>
	Severn		<b>Southmead Hospital (Bristol)</b> ; Royal United Hospital (Bath); Musgrove Park Hospital (Taunton); Gloucestershire Royal Hospital (Gloucester)
	Wales		<b>University Hospital of Wales (Cardiff)</b> ; Morriston Hospital (Swansea); Royal Gwent Hospital (Newport)
	Wessex		<b>Southampton General Hospital</b> ; Queen Alexandra Hospital (Portsmouth); Poole General Hospital
	West Midlands		<b>Queen Elizabeth Hospital (Birmingham)</b> ; City Hospital (Birmingham); <b>University Hospital (Coventry)</b> ; <b>Royal Stoke University Hospital</b> ; New Cross Hospital (Wolverhampton)
	Yorkshire	Hull	<b>Hull Royal Infirmary</b>
		Leeds	<b>Leeds General Infirmary</b> ; Bradford Royal Infirmary; Huddersfield Royal Infirmary; Pindersfield General Hospital
		Sheffield	<b>Royal Hallamshire Hospital (Sheffield)</b>

**Visit proforma for trainers**

1. How would you describe your department?
2. What is the best thing about training at this trust?
3. What is the worst thing about training at this trust?
4. What do you and your colleagues do to make trainees feel valued?
5. How often do you meet with trainees as a clinical/educational supervisor?
6. Do you routinely meet with your colleagues/juniors outside of work?
7. In which clinical situations do you think trainees are least supported, or most vulnerable, when working at this trust?
8. How is the quality of the local teaching programme achieved?
9. How is the consultant on call organised? E.g. different consultant each day, consultant of the week, acute consultant job plans eg a&e based consultant etc
10. What is the framework for discussions in clinic/on the ward?
11. Do consultants at your trust expect trainees to discuss some or all of the following with a senior?
  - a. Telephone advice and triage
  - b. A&E referrals
  - c. Ward referrals
  - d. Intensive care referrals
  - e. Thrombolysis calls
  - f. New outpatients
  - g. Follow up outpatients
  - h. Overnight
12. How is adequate exposure to subspecialty training achieved?
  - a. Specifically autonomic, neuro-otology, paediatric, uroneurology and neurophysiology
13. How is learning encouraged?
14. How many trainees have needed an extension of their training time to meet curriculum competencies?
15. How is the neurology induction done in your trust?
  - a. Who is involved and how is this decided?
  - b. Has it changed in last 5 years?
  - c. How was the induction programme designed?
16. What written guidance/documents are circulated to trainees
17. Have you had problems filling SHO posts or with inadequate SHO quality
18. How is handover done in your trust?
19. Are there any local mechanisms for arranging outpatient neurology follow up or review for patients seen by SpRs onlys (e.g. acute neurology clinic, day unit, etc)
20. Is there anything else that you think I should know about training at this site?

**Visit proforma for trainees**

1. How would you describe your department?
2. What is the best thing about training at this trust?

3. What is the worst thing about training at this trust?
4. What makes you feel most valued at work?
5. Do you feel well supported by consultants, other trainees or both?
  - In what situations do you feel supported?
  - In what situations do you feel unsupported?
6. How often do you meet with your clinical/educational supervisors?
7. Do you routinely meet with your colleagues/seniors outside of work?
8. Do you have access to mentoring or careers advice?
9. Is it easy to swap on call shifts?
10. Are your rotation allocations and working pattern flexible?
11. Have you had problems filling SHO posts or with inadequate SHO quality?
12. How long is your commute?
13. How is local teaching delivered?
  - a. By who?
  - b. When?
  - c. What happen to bleeps?
  - d. How is quality achieved?
14. How does your training programme ensure you get enough experience?
15. How is the consultant on call organised? E.g. different consultant each day, consultant of the week, acute consultant job plans eg a&e based consultant etc
16. To what extent do consultants supervise you in the following situations?
  - a. Telephone advice and triage
  - b. A&E or ward referrals
  - c. Intensive care referrals
  - d. Thrombolysis calls
  - e. New outpatients
  - f. Follow up outpatients
  - g. Overnight
17. How is adequate exposure to subspecialty training achieved?
  - Specifically autonomic, neuro-otology, paediatric, uroneurology and neurophysiology
18. What was the most challenging aspect of your job when you started?
19. How is the neurology induction done at your trust?
  - What is included?
  - Who delivered it?
  - How long was it?
  - Was there adequate clinical cover?
20. Was there anything particularly useful in your induction?
21. What else should have been included?
22. Were you given an induction booklet or handbook?
23. How is handover done in your trust?
  - Do you use documentation/lists?
  - Who is present?
24. How are referrals between departments managed?
  - A&E
  - Acute medicine

- neurosurgeons
25. Are there any local mechanisms for arranging outpatient neurology follow up or review with a consultant (e.g. acute neurology clinic, day unit, etc)
26. Is there anything else that you think I should know about training at this site?