Definitions of a Stroke Specialist Physician

A **Stroke Specialist** is a physician with specialist skills in stroke. A stroke specialist has expertise in all 3 principal areas of stroke management (Prevention, Acute Stroke, Stroke Rehabilitation). To be regarded as a specialist the practitioner will meet all 6 of the following criteria:

1. Completion of specialist training (new specialists) or recognized expertise (existing specialists);
2. Ongoing active involvement in stroke management (at least 5 PA of which at least 3 are direct clinical care);
3. Annual attendance of at least one stroke specific training event or conference;
4. Evidence of adequate continued professional development in the field of Stroke Medicine (a yearly minimum of 25 hours);
5. Participation in at least one national stroke-related audit per annum;
6. Basic research skills (GCP training, participation in or facilitation of stroke research).

A **Stroke Sub-specialist** is a physician with specialist skills in one of the 3 principal areas of stroke management (e.g. Stroke Prevention/TIA Specialist, Acute Stroke Specialist, Stroke Rehabilitation Specialist). To be regarded as a sub-specialist the practitioner will meet 5 of the following 6 criteria:

1. Completion of specialist/ sub-specialist training (new specialists) or recognized expertise (existing specialists/ sub-specialists);
2. Ongoing active involvement in stroke management (at least 3 PA of which at least 2 are direct clinical care);
3. Annual attendance of at least one stroke specific training event or conference;
4. Evidence of adequate continued professional development in the field of Stroke Medicine (a yearly minimum of 15 h for a sub-specialist);
5. Contribution to at least one national stroke-related audit per annum;
6. Basic research skills (GCP training, participation in or facilitation of stroke research).

A **Physician with Stroke Skills** has stroke specific skills in addition to their main area of expertise. To be regarded as a physician with specialist stroke skills the practitioner will meet 4 of the following 5 criteria:

1. Evidence of specific training or expertise in at least one of the 3 principal areas of stroke medicine (Prevention, Acute stroke, Stroke Rehabilitation) relevant to their role in the stroke service;
2. Active involvement in the management of stroke patients on a regular basis;
3. Work within the infrastructure of a stroke team with agreed treatment pathways and guidelines, regular audit and peer support;
4. Knowledge of guidelines and pathways relevant to their practise of stroke medicine;
5. Attendance of at least one stroke specific training event per annum.

Each Stroke Service should have at least one Stroke Specialist. All other consultants providing day to day care to stroke patients should be Stroke Specialists or Stroke Sub-specialists. Physicians with Stroke Skills could be involved in the delivery of thrombolysis, assessment of TIA, and/or in weekend ward rounds on the stroke unit under the guidance of a stroke specialist/sub-specialist.

BASP Clinical Standards Committee
August 2011