



**FACULTY OF
PAEDIATRICS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in

PAEDIATRIC RHEUMATOLOGY

OUTCOME-BASED EDUCATION - OBE CURRICULUM



This ICFP curriculum in Paediatric Rheumatology was developed in 2026 by Dr Emma MacDermott and the RCPI Education Team. It is approved by the Paediatrics Training Committee and the Institute of Paediatrics.

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1. INTRODUCTION

This section includes information on the structure and management of this Clinical Fellowship Programme (ICFP). For specific policies and procedures, please contact your Programme Coordinator.

1.1. ICFP Overview

The International Clinical Fellowship Programme (ICFP) provides a route for overseas doctors wishing to undergo structured and advanced postgraduate medical training in Ireland. The ICFP enables suitably qualified overseas postgraduate medical Trainees to undertake a fixed period of active training in clinical services in Ireland.

The purpose of the ICFP is to enable overseas Trainees to gain access to structured training and active clinical environments, with a view to enhancing and improving the individual's medical training and learning and, in the medium to long term, the health services in their own countries.

This Programme will allow participants to access a structured period of training and experience, as developed by the Royal College of Physicians of Ireland (RCPI), to specifically meet the clinical needs of participants as defined by their home country's health service.

Core elements of all programmes include:

- Patient care that is appropriate, effective and compassionate in dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence, and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- Capability to be a scholar, contributing to development and research in the field of the chosen specialty.
- Professionalism.
- Ability to understand health care and identify and carry out system-based improvement of care.

1.2. ICFP in Paediatric Rheumatology

The International Clinical Fellowship Programme (ICFP) in Paediatric Rheumatology provides advanced training in the assessment and management of rheumatic and musculoskeletal conditions in children and young people. Fellows gain supervised experience across inpatient and outpatient settings and work closely with multidisciplinary teams. The programme builds on prior paediatric training and develops higher-level clinical and diagnostic skills in paediatric rheumatology. The curriculum is aligned with RCPI learning outcomes and international standards in paediatric rheumatology practice.

1.3. Training Programme Duration and Organisation of Training

The clinical training period under this International Clinical Fellowship Programme (ICFP) is two years.

Each ICFP developed by the Royal College of Physicians of Ireland is designed to meet participants' training needs to support the health service in their home country.

All appointees to the ICFP will be assessed by the Royal College of Physicians of Ireland to ensure that they meet the necessary requirements with respect to training and clinical service.

Each post within the programme has a named trainer/educational supervisor and programmes are under the direction of Dr Emma MacDermott.

Successful completion of this ICFP will result in the participant being issued with a formal Certificate of completion for the International Fellowship Programme by the Royal College of Physicians of Ireland. This Certificate will enable the participant's training body in their sponsoring home country to formally recognise and accredit their time spent training in Ireland.

Appointed International Fellows are:

- Enrolled with RCPI and are under the supervision of a consultant doctor registered on the Specialist Division of the Register of Medical Practitioners maintained by the Irish Medical Council and who is an approved consultant trainer.
- Registered on the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland.
- Agreeing on a training plan with their trainers at the beginning of each training year.
- Directly employed and directly paid by their sponsoring state at a rate appropriate to their training level in Ireland and benchmarked against the salary scales applicable to NCHD in Ireland.

1.4. Programme Management

- Coordination of the training programme lies with the Training Department at RCPI.
- The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training.
- The training year usually runs from July to July in line with National Higher Specialist Training programmes.
- Each International Fellow will be issued with a training agreement on appointment to the training programme and will be required to adhere to all policies and procedures relating to ICFP.
- Annual evaluations usually take place between April and June each year.
- International Fellows will be registered to the ePortfolio and will be expected to fulfil all requirements relating to the management of yearly training records.

1.5. ePortfolio

International Fellows will be required to keep their ePortfolio up to date and maintained throughout the programme. The ePortfolio will be countersigned as appropriate by the

supervising Trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Curriculum. This will remain the property of the International Fellow and must be produced at the End of Year Evaluation meeting. At the End of Year Evaluation, the ePortfolio will be examined. The results of any assessments and reports by the named trainer/educational supervisor, together with other material capable of confirming the Fellow's achievements, will be reviewed.

2. CORE PROFESSIONAL SKILLS

This section refers to the core professional skills that every International Fellow training in Ireland is expected to comply with. These are detailed by the Irish Medical Council as Guidelines for Good Professional Practice.

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.



3. SPECIALTY SECTION - Training Goals in Paediatric Rheumatology

This section includes the Specialty Training Goals that the International Fellow should achieve by the end of the ICFP.

Each Training Goal is broken down into specific and measurable training outcomes. Per each training outcome, International Fellows can record workplace-based assessments (DOPS, MiniCEX, CBD) and Feedback Opportunity on ePortfolio.

Specialty Training Goals

Training Goal 1 - Core Assessment and Clinical Approach in Paediatric Rheumatology

Training Goal 2 - Juvenile Idiopathic Arthritis

Training Goal 3 - Systemic Autoimmune and Inflammatory Disorders

Training Goal 4 - Congenital, Structural, and Regional Musculoskeletal Disorders

Training Goal 5 - Hypermobility, Heritable Connective Tissue Disorders, and Chronic Pain Syndromes

Training Goal 6 - Longitudinal and Transitional Care in Paediatric Rheumatology

Training Goal 1 - Core Assessment and Clinical Approach in Paediatric Rheumatology

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in the assessment, musculoskeletal examination, and clinical management of children presenting with musculoskeletal symptoms suggestive of rheumatic disease. The Fellow will undertake focused history-taking, structured paediatric musculoskeletal examination, investigation, and clinical reasoning to distinguish inflammatory from non-inflammatory presentations and to formulate management plans appropriate to the developmental context.

OUTCOME 1 - CONDUCT PAEDIATRIC MUSCULOSKELETAL ASSESSMENT

Conduct focused assessment of musculoskeletal presentations in children and young people, using structured paediatric musculoskeletal examination and incorporating developmental stage, growth, pain, disability, and psychosocial context. Use this assessment to identify clinical features relevant to paediatric rheumatological diagnosis.

OUTCOME 2 - FORMULATE DIFFERENTIAL DIAGNOSES IN PAEDIATRIC MUSCULOSKELETAL PRESENTATIONS

Formulate differential diagnoses for paediatric musculoskeletal presentations, including the acutely swollen joint, limp, and other common inflammatory and non-inflammatory presentations. Incorporate appropriate initial investigation, including the components of a reactive screen where relevant, into diagnostic assessment.

OUTCOME 3 - SELECT AND INTERPRET APPROPRIATE INVESTIGATIONS

Select and interpret focused laboratory and imaging investigations in the assessment of suspected paediatric rheumatic disease. Use investigation findings to support diagnosis, assess complications, and inform clinical management.

OUTCOME 4 - INTEGRATE DEVELOPMENTAL AND HOLISTIC FACTORS INTO MANAGEMENT

Incorporate the effects of age, puberty, local and general growth disturbance, osteopaenia, schooling, psychological wellbeing, and co-morbid disease into initial assessment and care planning. Adapt management to the child's developmental needs and wider clinical context.

OUTCOME 5 - APPLY CORE PRINCIPLES OF PAEDIATRIC RHEUMATOLOGY THERAPY

Apply the core principles of pharmacological and non-pharmacological therapy in paediatric rheumatology, including NSAIDs, corticosteroids, disease-modifying agents (DMARDs), biologic therapy, paediatric dosing, recognition and monitoring of adverse effects, and the role of multidisciplinary and rehabilitation input.

Training Goal 2 - Juvenile Idiopathic Arthritis

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in the diagnosis, assessment, and management of juvenile idiopathic arthritis. The Fellow will classify disease appropriately, assess disease activity and complications, initiate and monitor treatment, and coordinate multidisciplinary care to support disease control, function, and long-term outcome.

OUTCOME 1 - DIAGNOSE AND CLASSIFY JUVENILE IDIOPATHIC ARTHRITIS

Diagnose juvenile idiopathic arthritis and apply recognised classification systems to define disease subtype and guide management. Incorporate disease pattern and prognostic factors into clinical assessment and management planning.

OUTCOME 2 - ASSESS DISEASE ACTIVITY, FUNCTION, AND CLINICAL IMPACT

Assess articular and non-articular disease activity in juvenile idiopathic arthritis, including functional impact. Use appropriate clinical review, validated disease activity and functional assessment measures, and investigations to evaluate early disease, established disease, resistant disease, and remission.

OUTCOME 3 - INITIATE AND MONITOR TREATMENT FOR JUVENILE IDIOPATHIC ARTHRITIS

Initiate and monitor pharmacological and non-pharmacological treatment for juvenile idiopathic arthritis, including NSAIDs, analgesics, intra-articular therapy, DMARDs, biologic therapy, rehabilitation, and pain management approaches. Adapt management according to disease severity, treatment response, and remission status.

OUTCOME 4 - COORDINATE MULTIDISCIPLINARY CARE IN JUVENILE IDIOPATHIC ARTHRITIS

Coordinate ongoing care for children and young people with juvenile idiopathic arthritis, including patient education, multidisciplinary referral, and monitoring for complications, disease burden, and functional impact.

OUTCOME 5 - APPLY UVEITIS SCREENING AND MONITORING IN JUVENILE IDIOPATHIC ARTHRITIS

Identify children and young people requiring uveitis screening, using risk stratification by disease subtype and other recognised risk factors. Apply screening, monitoring, and follow-up guidance, incorporate ophthalmological findings into management, and coordinate care with ophthalmology.

OUTCOME 6 - CONTRIBUTE TO THE MANAGEMENT OF EXTRA-ARTICULAR MANIFESTATIONS AND COMPLICATIONS OF JUVENILE IDIOPATHIC ARTHRITIS

Recognise and contribute to the management of extra-articular manifestations and complications, including growth disturbance, osteopaenia, psychosocial impact, and treatment-related complications, coordinating care with other specialist services.

Training Goal 3 - Systemic Autoimmune and Inflammatory Disorders

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in the recognition, investigation, and management of systemic autoimmune and inflammatory connective tissue disorders in childhood. The Fellow will assess multisystem involvement, initiate appropriate investigation, and coordinate treatment and multidisciplinary care in children with connective tissue and vasculitic disorders, and recognised autoinflammatory syndromes.

OUTCOME 1 - RECOGNISE SYSTEMIC AUTOIMMUNE, AUTOINFLAMMATORY, AND INFLAMMATORY DISEASE

Recognise the clinical features of systemic autoimmune and inflammatory disorders in children and young people, including:

- connective tissue disorders
- acute vasculitic presentations, such as Kawasaki disease and IgA vasculitis
- autoinflammatory syndromes, including periodic fever disorders
- rheumatological and non-rheumatological manifestations, co-morbid disease, and relevant clinical risk factors

OUTCOME 2 - INVESTIGATE SUSPECTED CONNECTIVE TISSUE AND VASCULITIC DISORDERS

Investigate suspected connective tissue disease and vasculitis using appropriate laboratory assessment and imaging, including ultrasound, MRI, and dual-energy X-ray absorptiometry (DXA) where relevant. Interpret findings in the context of diagnostic criteria, disease severity, and differential diagnosis.

OUTCOME 3 - INITIATE AND MONITOR MANAGEMENT OF SYSTEMIC INFLAMMATORY DISORDERS

Initiate and monitor management of systemic inflammatory disorders in childhood using corticosteroids, NSAIDs, standard DMARDs, biologic therapy, supportive multidisciplinary input, and identification of where emerging therapeutic approaches may be relevant.

OUTCOME 4 - INCORPORATE FUNCTIONAL AND MULTIDISCIPLINARY NEEDS INTO SYSTEMIC DISEASE MANAGEMENT

Incorporate physiotherapy, occupational therapy, psychology, pain management, and relevant surgical or specialist input into the care of children and young people with systemic inflammatory disease. Adapt management to function, disease burden, and complications.

Training Goal 4 - Congenital, Structural, and Regional Musculoskeletal Disorders

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in recognising congenital, structural, and regional musculoskeletal disorders that arise in the differential diagnosis of paediatric rheumatic disease. The Fellow will distinguish these conditions from inflammatory disease, initiate appropriate investigation, and coordinate further management where required.

OUTCOME 1 - RECOGNISE CONGENITAL AND SKELETAL CONDITIONS IN PAEDIATRIC RHEUMATOLOGY

Recognise congenital and skeletal disorders relevant to paediatric rheumatology assessment, including:

- developmental dysplasia of the hip
- talipes equinovarus
- achondroplasia
- osteogenesis imperfecta
- osteopetrosis

Identify key clinical and radiological features that inform differential diagnosis.

OUTCOME 2 - RECOGNISE REGIONAL AND ORTHOPAEDIC MUSCULOSKELETAL PRESENTATIONS

Recognise regional musculoskeletal disorders, including:

- transient synovitis of the hip
- Perthes disease
- Osgood-Schlatter disease
- chondromalacia patellae
- slipped upper femoral epiphysis (SUFE)

Distinguish these presentations from inflammatory rheumatic disease using focused clinical assessment and investigation.

OUTCOME 3 - INVESTIGATE AND REFER IN NON-INFLAMMATORY MUSCULOSKELETAL DISORDERS

Select and interpret investigations for congenital, structural, and regional musculoskeletal presentations, including radiography, ultrasound, MRI, and genetic investigation where indicated. Coordinate referral to orthopaedics, genetics, rehabilitation, pain, and allied health services. Recognise when specialist management or emerging therapeutic approaches are relevant in selected congenital conditions.

Training Goal 5 - Hypermobility, Heritable Connective Tissue Disorders, and Chronic Pain Syndromes

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in the assessment and multidisciplinary management of hypermobility, heritable connective tissue disorders, and chronic pain syndromes in children and young people. The Fellow will distinguish these conditions from inflammatory rheumatic disease, assess their functional and psychosocial impact, and coordinate management to support participation and quality of life.

OUTCOME 1 - ASSESS HYPERMOBILITY AND HERITABLE CONNECTIVE TISSUE DISORDERS

Assess children and young people with hypermobility, Ehlers-Danlos syndrome, Marfan syndrome, and related heritable connective tissue disorders, recognising the musculoskeletal, systemic, and functional features relevant to paediatric rheumatology practice.

OUTCOME 2 - RECOGNISE AND ASSESS CHRONIC PAIN SYNDROMES

Recognise chronic pain syndromes, including pain amplification and Complex Regional Pain Syndrome (CRPS), in children and young people, and assess their impact on function, schooling, mood, and participation. Distinguish these conditions from active inflammatory disease and incorporate this into management planning.

OUTCOME 3 - CONTRIBUTE TO MULTIDISCIPLINARY AND BIOPSYCHOSOCIAL MANAGEMENT

Contribute to the multidisciplinary management of hypermobility-related symptoms, heritable connective tissue disorders, and chronic pain syndromes through physiotherapy, occupational therapy, psychology, and pain management. Apply a biopsychosocial model of care, coordinating healthcare, community, educational, and specialist supports to optimise function, participation, and quality of life.

Training Goal 6 - Longitudinal and Transitional Care in Paediatric Rheumatology

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in the long-term, multidisciplinary care of children and young people with paediatric rheumatic disease in a manner that reflects their developmental context. The Fellow will support continuity across childhood and adolescence, incorporate educational and psychosocial considerations into care, contribute to the safe longitudinal use and monitoring of disease-modifying and biologic therapy, and facilitate transition to adult rheumatology services.

OUTCOME 1 - INCORPORATE DEVELOPMENTAL AND PSYCHOSOCIAL FACTORS INTO ONGOING CARE

Incorporate developmental, educational, psychosocial, and functional considerations into the ongoing management of children and young people with paediatric rheumatic disease.

OUTCOME 2 - COORDINATE SHARED CARE, AND LONG-TERM THERAPY MONITORING

Coordinate care across outpatient, inpatient, community, and allied health settings, ensuring communication, treatment monitoring, and appropriate support for the child and family. Contribute to the safe longitudinal monitoring of disease-modifying anti-rheumatic drugs (DMARDs), biologic therapy, treatment adherence, adverse effects, and ongoing evaluation of therapeutic response.

OUTCOME 3 - SUPPORT TRANSITION TO ADULT SERVICES

Support transition from paediatric to adult rheumatology services through appropriate planning, communication, and continuity of treatment goals and follow-up arrangements, using the relevant institutional or service transition framework where applicable.

4. COMPLEMENTARY TRAINING AND EDUCATIONAL ACTIVITIES

4.1. Training Activities

The International Fellow is expected to participate in different Training Activities in a variety of settings, such as Outpatient Clinics; Ward Rounds; Consultations; Emergencies/Complicated Cases; Grand Rounds; Multidisciplinary Team Meetings; Clinical Audits.

Specific requirements for this ICFP are outlined in the final section of this document ([Summary Table of Expected Experience](#)).

4.2. Educational Activities

The International Fellow will also be invited to attend relevant Paediatric Study Days. In addition, the Fellow may access relevant RCPI educational and training opportunities aligned with the training goals of the Fellowship, including the RCPI Taught Programme.

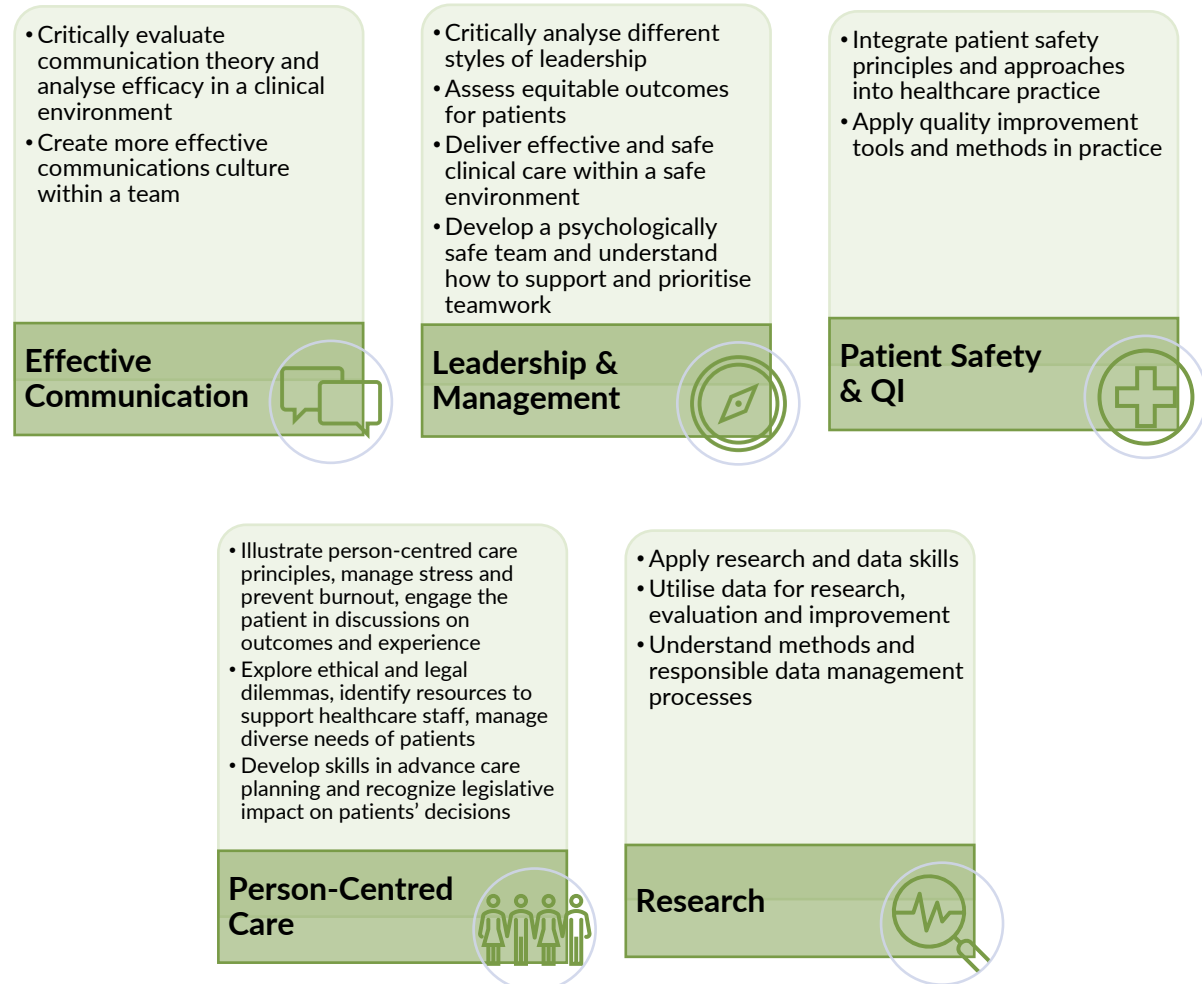
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials are delivered by Tutors related to Paediatrics, and they will use specialty-specific examples throughout each tutorial.

International Fellows can be assigned to a tutorial group with the HST Trainees from the Faculty of Paediatrics starting in July.

The assigned supervisor/clinical lead determines whether it is appropriate for the International Fellow to attend the Taught Programme or portions of it. The diagram below illustrates the content covered by the Taught Programme.

Taught Programme. Core Learning



In addition to the experiential learning and feedback provided, Fellows are expected to participate in:

- Outpatient Clinics
- Ward Rounds
- Consultations
- Emergencies/Complicated Cases
- PICU Assessment
- Grand Rounds
- Journal Clubs
- Multidisciplinary Team Meetings
- Clinical Audits
- Research Engagement is also encouraged

5. ASSESSMENT GUIDELINES

The progression of the International Fellow throughout the programme is monitored and evaluated, making use of both formative and summative assessments.

Formative Assessment	Summative Assessment
• Focuses on continuous feedback and developmental growth. • Includes multiple opportunities for reflection, discussions, and skill evaluations throughout the training period. • Helps identify areas for improvement and supports ongoing learning.	• Provides a final judgment of competency at various stages of training. • Involves formal evaluations and workplace-based assessments. • Used to assess whether the Fellow meets the necessary standards to progress in training or achieve certification (e.g. examination).

WBAs in use at RCPI

Workplace-based assessments (WBAs) refer to those assessments used to evaluate Trainees' daily clinical practices employed in their work setting. These are primarily based on the observation of Trainees' performance by Trainers.

RCPI employs a variety of WBAs with different focuses:

- Observation of clinical practice: this can be evaluated using structured assessments such as via MiniCEX and DOPS.
- Discussion of clinical cases: this can be formally evaluated via Case Based Discussion (CBD) and it is mostly used to assess clinical judgment and decision-making.
- Informal Feedback: this can be gathered by different trainers, colleagues and recorded via the Feedback Opportunity Form available on ePortfolio.
- Mandatory Evaluations: these are bound to specific events or times of the academic year. For these at RCPI, we use the Quarterly Assessment/End of Post Assessment and End of Year Evaluation.

Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every International Fellow 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 International Fellows' progression.

Below is a table of all the assessments available for this ICFP and a brief explanation of each.

WORKPLACE-BASED ASSESSMENTS	
CBD Case Based Discussion	This assessment is developed in three phases: 1. Planning: The International Fellow selects two or more medical records to present to the Trainer who will choose one for the assessment. International Fellow 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 International Fellow's clinical reasoning and professional judgment, determining the International Fellow's diagnostic, decision-making and management skills. 3. Feedback: The Trainer provides constructive feedback to the International Fellow. 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 International Fellow 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 Mini Clinical Examination Exercise	The Trainer is required to observe and assess the interaction between the International Fellow and a patient. This assessment is developed in three phases: 1. The International Fellow is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The International Fellow is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The Trainer assesses the overall International Fellow'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 International Fellows in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the International Fellow (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 International Fellow 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).

6. SUMMARY TABLE OF EXPECTED EXPERIENCE

This table provides a blueprint of all activities included in this ICFP. It summarises the types and frequencies of expected experiences to be completed and recorded in the ePortfolio.

Experience Type	Required/ Desirable	Expected Frequency
Training Plan		
Personal Goals Plan (Copy of agreed Training Plan for the module signed by both International Fellow & Trainer at the beginning of the Training year)	Required	1 per year
Sample of Weekly Timetable (per post)	Required	1 per post
Training Activities		
Outpatient Clinics		160
Rheumatology General Clinic	Required	40
Rheumatology Teen Clinic	Required	40
Complex Needs Clinic	Required	20
Combined Connective Tissue Disease Clinic	Required	3
Autoinflammatory Clinic	Required	3
Ward Rounds/Consultations		
Consultant led (minimum 1 per week)	Required	40
Fellow led (1 per week)	Required	40
Consultations	Required	1
Emergencies/Complicated Cases		
ICU Care of complex autoimmune cases	Required	3
Clinical Cases		
Juvenile idiopathic arthritis (JIA) Cases	Desirable	150
Autoinflammatory Cases	Desirable	5
Connective Tissue Cases	Desirable	20
Non-inflammatory	Desirable	120
Uveitis Cases (To include dry monitoring, idiopathic uveitis and with JAI)	Desirable	25
Procedures/Practical Skills/Surgical Skills in older infants and children		
Musculoskeletal examination	Required	20
Joint Injections	Required	30
Capillaroscopy	Required	10
Relatively Unusual Cases	Desirable	1
ICU/CCU	Desirable	1
Chronic Cases/Long term care	Desirable	1
Management Experience	Desirable	1
Educational Activities		
Courses	Required	

Experience Type	Required/ Desirable	Expected Frequency
In-house Activities		
Grand Rounds	Required	1
Journal Club	Required	5
MDT Meetings	Required	10
Formal Teaching Activity	Required	
Lecture	Required	1
Teaching	Required	1
RCPI Taught Programme	Desirable	
Research	Desirable	1
Clinical Audit Activities and Reporting	Required	1
Publications		
Scholarly dissemination (e.g. peer-reviewed publications such as case reports, reviews, or educational articles)	Desirable	1
Contribution to the development, review, or implementation of clinical protocols, care pathways, or guidelines	Desirable	1
Presentations		
Presentation of clinical, audit, quality improvement, or research work at appropriate national or international conferences.	Desirable	1
National/International meetings		
Attend national or international meeting	Desirable	1
Additional Training Activities		
Liaison with other sites	Desirable	
Committee Attendance	Desirable	
Assessments and Evaluations		
Workplace-Based Assessments (WBAs)		
Case Based Discussion	Required	1 per programme
Mini-CEX	Required	2 per programme
DOPS	Required	1 per programme
Mandatory Evaluations		
Quarterly Assessment (1 every 3 months)	Required	4 per year
End of Year Evaluation	Required	1 per year