



**FACULTY OF
PATHOLOGY**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in

CLINICAL MICROBIOLOGY

OUTCOME BASED EDUCATION – OBE CURRICULUM



This ICFP curriculum in Clinical Microbiology was developed in 2026 by Dr Anna Rose Prior and Prof Karina O'Connell, and the RCPI Education Team. It is approved by the Clinical Microbiology Training Committee and the Faculty of Pathology.

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INTRODUCTION

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

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.

ICFP in Clinical Microbiology

The International Clinical Fellowship Programme (ICFP) in Clinical Microbiology provides structured training in the principles and practice of clinical microbiology, encompassing diagnostic laboratory methods, infection surveillance, clinical consultative practice, infection prevention, and antimicrobial stewardship. The curriculum is aligned with RCPI HST curricula in Clinical Microbiology.

Training Programme Duration & 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 under the direction of the national specialty directors.

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.

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.

ePortfolio

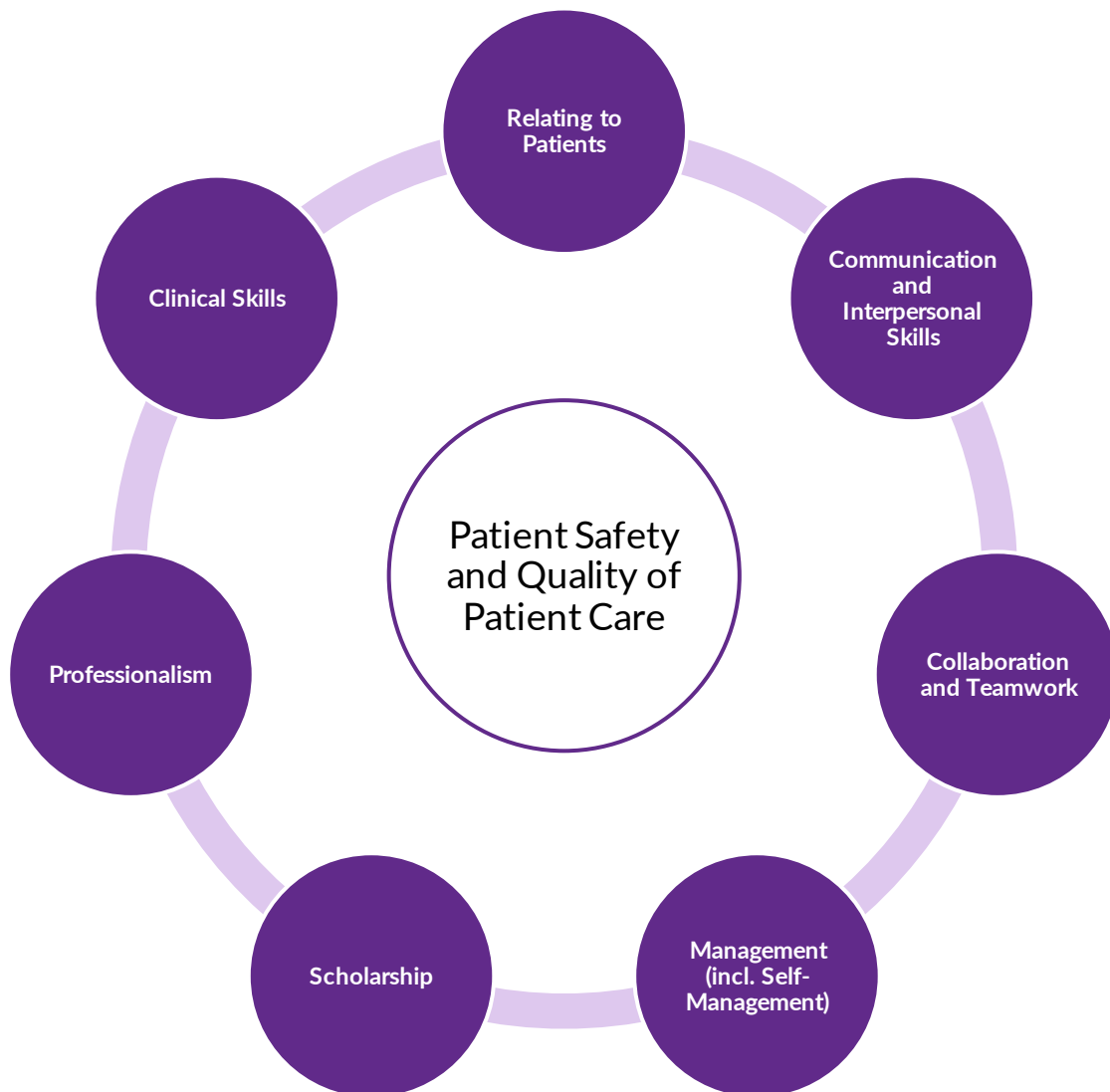
International Fellows will be required to keep their ePortfolio up to date and maintained throughout the programme. The ePortfolio will be countersigned as appropriate by the supervising Trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies 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.

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.



SPECIALTY SECTION - Training Goals in Clinical Microbiology

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

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.

Specialty Training Goals

Training Goal 1 - Advanced Diagnostic Microbiology & Laboratory Investigation

Training Goal 2 - Laboratory Safety, Governance, & Quality Improvement

Training Goal 3 - Infection in the Community

Training Goal 4 - Healthcare-Associated Infection & Infection Prevention & Control

Training Goal 5 - Antimicrobial Stewardship

Training Goal 6 - Infection in Immunocompromised Patients & Critical Care

Training Goal 7 - Outbreaks & Surveillance

Training Goal 1 - Advanced Diagnostic Microbiology & Laboratory Investigation

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the selection, interpretation, and clinical application of microbiological investigations. The Fellow will use staining, culture, serological, antigen-based, and molecular diagnostic methods, together with antimicrobial susceptibility testing, phenotypic and genotypic typing methods, and reference laboratory support, to inform diagnosis, antimicrobial advice, surveillance, and outbreak investigation.

OUTCOME 1 - INTERPRET MICROBIOLOGICAL INVESTIGATIONS

Interpret common clinical specimens using appropriate staining, culture, and identification methods, and determine when further tests are required for full pathogen identification. Apply laboratory findings, recognising their diagnostic significance, limitations, and when further testing or specialist input is required.

OUTCOME 2 - INTERPRET ANTIMICROBIAL SUSCEPTIBILITY TESTING

Interpret antimicrobial susceptibility testing using current methodologies, including disc diffusion, gradient strip minimum inhibitory concentration (MIC) methods, broth dilution, and automated systems. Apply the concepts of wild-type distribution and interpretive breakpoints to support clinically relevant antimicrobial advice.

OUTCOME 3 - SELECT AND INTERPRET SEROLOGICAL, ANTIGEN-BASED, AND MOLECULAR DIAGNOSTIC METHODS

Select and interpret serological, antigen-based, and molecular diagnostic tests according to the clinical presentation, suspected pathogen, and stage of disease. Recognise the strengths, limitations, and appropriate clinical application of these methods.

OUTCOME 4 - APPLY TYPING METHODS AND REFERENCE LABORATORY SUPPORT

Apply appropriate phenotypic and genotypic typing methods in clinical and outbreak-related situations, recognising their principles, indications, and limitations. Use reference laboratory referral and laboratory information systems appropriately to support result reporting, laboratory data retrieval, surveillance, and outbreak investigation, including interpretation of the use and limitations of the antibiogram during outbreak investigation.

Training Goal 2 - Laboratory Safety, Governance, & Quality Improvement

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the safe and effective delivery of microbiology laboratory services. The Fellow will apply biosafety and risk assessment principles, contribute to laboratory management and accreditation, and use audit and quality improvement methods relevant to microbiology practice.

OUTCOME 1 - APPLY LABORATORY SAFETY AND BIOSAFETY PRINCIPLES

Apply relevant health and safety principles and legislative requirements to laboratory and clinical microbiology practice, including the Health and Safety at Work Act 2005 (Ireland) and Genetically Modified Organisms (Contained Use) regulations. Perform infection-control risk assessments for hospital and laboratory procedures, including for pregnant and immunocompromised staff, and recognise the additional requirements for handling category 3 and 4 pathogens.

OUTCOME 2 - CONTRIBUTE TO LABORATORY GOVERNANCE AND MANAGEMENT

Contribute to the safe and effective management of a microbiology laboratory, including laboratory organisation, planning, implementation of policies and rotas, prioritisation of work, and the organisational and managerial factors that affect laboratory performance and service delivery.

OUTCOME 3 - APPLY QUALITY ASSURANCE AND ACCREDITATION STANDARDS

Apply the principles of internal quality assurance, external quality assessment, and laboratory accreditation in routine practice. Contribute to compliance with relevant accreditation standards and requirements, including those of the Irish National Accreditation Board, NEQAS schemes, and ISO 15189 for medical laboratories.

OUTCOME 4 - CONDUCT AUDIT AND QUALITY IMPROVEMENT

Design, deliver, and evaluate audit and quality improvement activities relevant to microbiology practice, infection prevention, and antimicrobial stewardship. Apply appropriate quality improvement methods, including measurement for improvement and PDSA cycles, and use laboratory information systems appropriately to support audit, surveillance, and laboratory data retrieval.

OUTCOME 5 - COMMUNICATE MICROBIOLOGY DATA EFFECTIVELY IN CLINICAL SERVICE DELIVERY

Present microbiological and virological data to clinicians and other healthcare workers in an effective manner, and apply appropriate laboratory information systems and data retrieval tools to support communication, audit, and service delivery.

Training Goal 3 - Infection in the Community

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in the assessment and management of common infections encountered in the community, integrating clinical, laboratory, and epidemiological information to support antimicrobial treatment and public health action where required.

OUTCOME 1 – ASSESS AND MANAGE COMMUNITY INFECTION

Assess patients with common infections encountered in the community and formulate specific or differential diagnoses using clinical presentation, appropriate investigations, specimen results, and epidemiological information.

OUTCOME 2 - ADVISE ON ANTIMICROBIAL TREATMENT IN COMMUNITY INFECTION

Advise on the treatment of common infections encountered in the community. Tailor recommendations to the site of infection, likely pathogens, host factors, microbiological findings, and epidemiological context, and select appropriate antimicrobial therapy in the clinical setting.

OUTCOME 3 - IDENTIFY PUBLIC HEALTH IMPLICATIONS AND INITIATE ACTION

Identify the epidemiological and communicable disease implications of important community infections, including tuberculosis, viral hepatitis, genitourinary infections, and vaccine-preventable diseases. Recognise when urgent epidemiological action is required and liaise with relevant public health structures and services as needed.

Training Goal 4 - Healthcare-Associated Infection & Infection Prevention & Control

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the prevention, investigation, and management of healthcare-associated infection. The Fellow will apply infection prevention and control principles, interpret surveillance and infection control information, and contribute to safe practice across hospital, primary care, and other healthcare settings.

OUTCOME 1 - ASSESS HEALTHCARE-ASSOCIATED INFECTION RISK AND TRANSMISSION

Assess the reservoirs, sources, routes of transmission, portals of entry, and patient or environmental risk factors that contribute to healthcare-associated infection.

OUTCOME 2 - ADVISE ON COMMON HEALTHCARE-ASSOCIATED INFECTIONS

Advise on the prevention and management of common healthcare-associated infections, including surgical site infection, device-associated infection, and infection caused by major multidrug-resistant organisms, including MRSA, GRE, *Clostridioides difficile*, ESBL-producing organisms, and carbapenemase-producing Enterobacteriaceae. Recommend antimicrobial treatment or prophylaxis appropriate to the clinical situation and microbiological findings.

OUTCOME 3 - APPLY INFECTION PREVENTION AND ENVIRONMENTAL CONTROL PRINCIPLES

Apply the principles of screening, isolation, disinfection, sterilisation, ventilation, and environmental control in the prevention of healthcare-associated infection. Interpret the relevance of the healthcare environment and associated systems to infection prevention and control, including ward, departmental, and operating theatre design.

OUTCOME 4 - CONTRIBUTE TO HCAI SURVEILLANCE, STANDARDS, AND IPC GOVERNANCE

Contribute to the surveillance, analysis, and interpretation of healthcare-associated infection data using appropriate definitions, methods of data collection, validation, and approaches to analysis. Use this information to support infection prevention standards, audit, controls assurance requirements, and the work of infection control teams and committees.

Training Goal 5 - Antimicrobial Stewardship

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in contributing to the delivery of an antimicrobial stewardship programme, applying stewardship principles through clinical advice, guideline development, education, and audit in hospital and primary care settings.

OUTCOME 1 - APPLY ANTIMICROBIAL STEWARDSHIP PRINCIPLES IN PROGRAMME DELIVERY

Apply the principles of antimicrobial stewardship as defined by HIQA, recognise the governance structures that support an antimicrobial stewardship programme, and contribute to its practical delivery in routine clinical work.

OUTCOME 2 - CONTRIBUTE TO ANTIMICROBIAL GUIDELINE DEVELOPMENT AND IMPLEMENTATION

Contribute to the development, implementation, and review of antimicrobial guidelines in line with local and national guidance. Apply appropriate antimicrobial stewardship tools and recognise where these should be used in stewardship practice.

OUTCOME 3 - ADVISE ON APPROPRIATE USE OF ANTIMICROBIALS

Advise on the appropriate use of antimicrobials in clinical practice, including antimicrobials of concern such as carbapenems, and the use of outpatient parenteral antibiotic therapy, oral switch programmes, and surgical prophylaxis. Apply stewardship principles at points of clinical decision-making in hospital and primary care settings.

OUTCOME 4 - USE EDUCATION, AUDIT, AND COMMUNICATION TO SUPPORT AMS

Use education and audit to support antimicrobial stewardship activity, and collaborate effectively with prescribing clinicians, pharmacists, medical laboratory scientists, and infection prevention and control nursing staff to ensure stewardship principles are understood and implemented.

Training Goal 6 - Infection in Immunocompromised Patients and Critical Care

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in the assessment and management of infection in immunocompromised patients and in critical care, advising on opportunistic infection, sepsis, and ICU-associated infection.

OUTCOME 1 - ASSESS INFECTION RISK IN IMMUNOCOMPROMISED PATIENTS

Assess the causes and microbiological implications of immunodeficiency in transplant, haematology, and oncology patients, and identify those at increased risk of opportunistic or severe infection.

OUTCOME 2 - MANAGE INFECTION IN IMMUNOCOMPROMISED PATIENTS

Advise on the investigation, prevention, and treatment of opportunistic and other severe infections in immunocompromised patients, tailoring recommendations to patient factors, likely pathogens, and urgency.

OUTCOME 3 - ADVISE ON SEPSIS AND ICU-RELATED INFECTION

Advise on the diagnosis and management of sepsis and common ICU-associated infections, including ventilator-associated pneumonia, line infection, and bloodstream infection, integrating microbiological findings and source control into management.

Training Goal 7 - Outbreaks & Surveillance

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in outbreak investigation and communicable disease control, applying surveillance data and liaison with public health and reference services to support the prevention and control of infection.

OUTCOME 1 - IDENTIFY AND RESPOND TO OUTBREAKS

Identify outbreaks and other abnormal patterns of infection using clinical information, laboratory findings, and surveillance data, and initiate appropriate investigation and control measures. Undertake immediate control measures, escalation, specimen referral, and activation of relevant local and out-of-hours procedures.

OUTCOME 2 - APPLY SURVEILLANCE TO COMMUNICABLE DISEASE CONTROL

Apply routine and enhanced surveillance to monitor infectious disease trends, identify abnormal patterns, and support communicable disease control. Use data handling, trend analysis, and appropriate statistical or information technology methods to inform local response and antimicrobial resistance monitoring.

OUTCOME 3 - WORK WITH PUBLIC HEALTH AND REFERENCE SERVICES

Liaise with public health services, including the Health Protection Surveillance Centre, reference laboratories, occupational health, infection prevention teams, and other relevant services in the prevention and control of infectious disease. Recognise when specialist referral, reference laboratory support, or public health action is required during incidents and outbreaks.

COMPLEMENTARY TRAINING & EDUCATIONAL ACTIVITIES

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](#)).

Educational Activities

The International Fellow will also be invited to attend relevant Pathology 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 Pathology, 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 Pathology 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.

Core Learning

- Critically evaluate communication theory and analyse efficacy in a clinical environment
- Create more effective communications culture within a team

Effective Communication

- Critically analyse different styles of leadership
- Assess equitable outcomes for patients
- Deliver effective and safe clinical care within a safe environment
- Develop a psychologically safe team and understand how to support and prioritise teamwork

Leadership & Management

- Integrate patient safety principles and approaches into healthcare practice
- Apply quality improvement tools and methods in practice

Patient Safety & QI

- Illustrate person-centred care principles, manage stress and prevent burnout, engage the patient in discussions on outcomes and experience
- Explore ethical and legal dilemmas, identify resources to support healthcare staff, manage diverse needs of patients
- Develop skills in advance care planning and recognize legislative impact on patients' decisions

Person-Centred Care

- Apply research and data skills
- Utilise data for research, evaluation and improvement
- Understand methods and responsible data management processes

Research

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.
EOPA End of Post Assessment	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.
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).

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		
		160
Ward Rounds/Consultations		
Consultant led (minimum 1 per week)	Required	40
Liaison with other specialties	Required	40
Consultations	Required	1
Procedures/Practical Laboratory Bench Skills		
Sample preparation	Desirable	1
Microscopy (light/electron)	Desirable	1
Culture (bacteria, fungi, mycobacteria) and reading of plates	Desirable	1
Identification	Desirable	1
Antimicrobial susceptibility testing	Desirable	1
Nucleic acid detection	Desirable	1
Serological testing	Desirable	1
Other	Desirable	1
Laboratory experience other than Bench Skills		
Interpreting/reporting preliminary results e.g. Gram stain/culture/serology/susceptibility/other results	Required	40
Interpreting/reporting/authorizing final results e.g. Gram stain/culture/serology/susceptibility/other results	Required	1
Safe disposal of waste (containment/disinfection/disposal)	Required	1
Health and safety policy and practice	Required	1
Laboratory application of information technology	Required	1
Management Experience		
Workload management	Required	1
Laboratory accreditation	Required	1
Complaints	Required	1
Systems (Root Cause) Analysis	Required	1
Details of cases/clinical experience/specialised rounds		
Medical	Required	1
Surgical	Required	1

Experience Type	Required/ Desirable	Expected Frequency
Haematology/Oncology	Required	1
Neurosurgery	Required	1
Transplant	Required	1
Critical Care	Required	1
Public Health/Outbreaks	Required	1
Relatively Unusual Cases	Desirable	1
Records of on call for pathology (Record work outside of normal working hours, Monday to Friday). Briefly document the nature of the commitment (on site or off site, immediate consultant support or telephone support) and the experience gained.	Desirable	1
Record Guidelines/Policies - Involved in a minimum of 1 policy or guideline per year. A record of contribution to review or development of guideline or policy documents e.g. antimicrobial use, infection control.	Required	1
Infection Control (Record a minimum of 1 entry per category per month and cover a broad range of activities over the period of your training, 10 in total from the list below)	Required	10
Record of Offsite Activities (In general record 1 episode per week - it is accepted that in general this engagement will be by telephone but opportunities to participate in person are encouraged. Aim to cover as broad a range of activities as possible)	Required	40
Engagement with Public Health/HPSC	Required	1
Visit to Virus Reference laboratory	Required	1
Other	Required	1
Educational Activities		
Courses	Desirable	
In-house Activities	Required	
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		

Experience Type	Required/ Desirable	Expected Frequency
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