



**INSTITUTE
OF MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme

PALLIATIVE MEDICINE

OUTCOME BASED EDUCATION CURRICULUM



This ICFP Curriculum in Palliative Medicine was developed in 2025 by Professor Karen Ryan and Dr Clare McAleer (Consultants in Palliative Medicine) and the RCPI Education Team. It is approved by the Specialist Training Committee in Palliative Medicine and the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
1.0	January 2026	Mariangela Esposito	New Curriculum
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> .

Table of Contents

INTRODUCTION	3
ICFP Overview	4
ICFP in Palliative Medicine	4
Training Programme Duration & Organisation of Training	5
Summary of Expected Experience	9
Programme Management	10
ePortfolio	10
CORE PROFESSIONAL SKILLS.....	11
SPECIALTY SECTION - Training Goals in Palliative Medicine	12
Training Goal 1 – Principles of Palliative Care	13
Training Goal 2 – Communication	14
Training Goal 3 – Optimising Comfort & Quality of Life	16
Training Goal 4 – Care Planning & Collaborative Practice	20
Training Goal 5 – Cultural & Spiritual Care Including Loss, Grief, & Bereavement	22
Training Goal 6 – Professional & Ethical Practice	24
ASSESSMENT GUIDELINES	26
TEACHING APPENDIX	28

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, to enhance and improve the individual's medical training and learning and, in the medium to long term, the health services in their own countries.

This ICFP 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 Palliative Medicine

This ICFP aims to offer comprehensive training in Palliative Medicine to International Fellows who will be able to provide care to patients with complex problems related to life-limiting illness, including: patients with complex and difficult to manage pain and other symptoms; patients and families with severe psychosocial problems associated with a diagnosis of life-limiting illness; complex decision making in relation to appropriate goals of care, and addressing issues of near futility, withholding and withdrawing of treatment; current, future and advance care planning in the context of life-limiting illness; conflict within and between teams, patients and families about clinical decisions.

Palliative medicine specialists, through consultation services and formal and informal education, support other health care staff in providing the palliative care approach, therefore they need to develop expertise in the management of life-limiting illnesses, and the associated symptoms; excellent communication skills with patients, families, and other health care staff; expertise in legal and ethical concepts relevant to the field.

Training Programme Duration & Organisation of Training

The period of clinical training provided for this ICFP is 3 years.

Each post within the programme has a named trainer/educational supervisor, and programmes are under the direction of the National Specialist Directors of the relevant medical specialty.

Successful completion of this ICFP will result in the participant being issued 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

Training Principles

During the period of training the international fellow must take increasing responsibility for seeing patients, undertaking ward consultations, making decisions, and operating at a level of responsibility which would prepare him/her/ them for practice as an independent Consultant. New patients should be seen throughout the training period under suitable supervision in in-patient, community, day hospice, out-patient and hospital settings and the consultant trainer should review specialist palliative care in-patient admissions directly with the international fellow. Supervision should be particularly close during the first one or two years. At the start of each post, fill out a Personal Goals form with their trainer and upload it on ePortfolio; the form should be agreed and signed by both the international fellow & Trainer.

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 the international fellow should re-affirm those competencies during ICFP in Palliative Medicine. No timescale of acquisition is imposed, but failure to make progress towards meeting these important objectives at an early stage would cause concern about an international fellow's ability to successfully achieve certification

Recording of Evidence of Training

Training in ICFP in Palliative Medicine requires expert knowledge and skill in assessment and management of palliative care problems occurring in a broad range of conditions. Problems may be experienced by patients located in home, hospital, or hospice-based settings. Palliative Medicine physicians may provide care on a consultative basis, as part of a shared-care arrangement, or as the Most Responsible Physician. The fundamental basis of training in Palliative Medicine, therefore, is rotation with experience developed from exposure to different services, different settings of care, different specialties, and different trainers.

To complete the ICFP Training Programme in Palliative Medicine, the international fellow is expected to spend a minimum of 3 years training and are expected to observe the following rotations requirements:

- A minimum of 12 months in a high-intensity specialist palliative care in-patient unit (SPC IPU) post (see table 1 below for guidance on 'high-intensity' versus 'low intensity' posts)
- A minimum of 6 months in a high-intensity community palliative care (CPC) post or a minimum of 12 months in low-intensity community palliative care posts.
- A minimum of 12 months in a high-intensity hospital palliative care (HPC) post or a minimum of 18 months in low-intensity hospital palliative care posts.

Table 1: Expected palliative care clinical experience

	High intensity	Low intensity
In-patient unit (IPU)	The international fellow is afforded opportunity to gain in-depth experience working with an IPU MDT and providing care to a broad range of in-patients from point of admission to discharge or death. High-intensity SPC IPU posts must afford Trainees opportunity to participate in a minimum of: • Two consultant-led ward rounds per week, • One Trainee-led ward round per week, • One family meeting per week, • One admission meeting per week, • One handover meeting per week • One MDT per week. • One consultant-led ward round per month that occurs the morning after the Trainee has been on call.	Not applicable
Community palliative care (CPC)	The international fellow is afforded opportunity to gain in-depth experience working with a CPC MDT and providing care to a broad range of CPC patients from point of clerking to discharge, transfer or death. High-intensity CPC posts must afford the international fellow the opportunity to participate in a minimum of: • One consultant-led 'dry round' / 'indirect case review' and/ or CPC MDT per week, • One handover meeting, • Four patient reviews per week (can be either new patients or review patients; can comprise in-person and virtual consultations). High-intensity CPC posts should also afford the international fellow the opportunity to conduct family meetings and chair MDT meetings on a regular basis according to the international fellow's acquired competences. High-intensity CPC posts should afford the international fellow the opportunity	The international fellow is afforded the opportunity to gain in-depth experience working with a CPC MDT and providing care to a broad range of CPC patients from point of clerking to discharge, transfer or death. Low-intensity CPC posts must afford the international fellow the opportunity to participate in a minimum of: • Two consultant-led 'dry rounds' / 'indirect case reviews' and/ or CPC MDTs per month. • One handover meeting, • Eight patient reviews per month (can be either new patients or review patients; can comprise in-person and virtual consultations). Low-intensity CPC posts should also afford the international fellow the opportunity to conduct family meetings and chair MDT meetings on a regular basis according to the international fellow's acquired competences. Low-intensity CPC posts should afford the international fellow opportunity to engage with GP, primary care, and other

	to engage with GP, primary care, and other community-based teams (e.g., residential care teams, integrated care teams).	community-based teams (e.g., residential care teams, integrated care teams). In a low-intensity CPC post, the international fellow may spend the remainder of the week in SPC IPU/ OPD or hospital-based services.
Hospital palliative care (HPC)	The international fellow is afforded opportunity to gain in-depth experience working with an HPC MDT and providing care to a broad range of in-patients from point of admission to discharge or death. High-intensity HPC posts must afford the international fellow the opportunity to participate in a minimum of: • Two consultant-led consultation rounds per week, • One international fellow-led consultation round per week, • One family meeting per week, • One handover meeting per week • One MDT per week.	The international fellow is afforded opportunity to gain in-depth experience working with an HPC MDT and providing care to a broad range of in-patients from point of admission to discharge or death. Low-intensity HPC posts must afford the international fellow the opportunity to participate in a minimum of: • One consultant-led consultation round per month • Two international fellow -led consultation round per month, • One family meeting per month, • One handover meeting per month • Two MDTs per month. In a low-intensity CPC post, the international fellow may spend the remainder of the week in SPC IPU/ OPD or hospital-based services.

Other Rotational Requirements

- The International fellow may spend two years based in one specialist palliative care service only when:
 - 1. The international fellow has a different trainer assigned each year
 - 2. The service is organised such that the training experience afforded to the trainee on the second year is substantially different to the training experience afforded in the first year, and offers new learning opportunities in the opinion of the STC (e.g., the MDT attached to each trainer functions independently and separate ward rounds/ MDTs are held for high intensity IPU posts; a trainee works in a high intensity IPU post for the first year and a high intensity CPC post for the second year within the same SPC service).
- The International fellow may not spend three years based in one specialist palliative care service regardless of number of trainers present in that SPC service. It should be noted that hospital and hospice services that are closely linked (i.e., where consultants have shared working arrangements across neighbouring hospices and hospitals) are considered as single functional SPC services for the purposes of Higher Specialist Training.
- At the start of each post, trainees are expected to fill out a Personal Goals form with their trainer and upload it on ePortfolio; the form should be agreed and signed by both Trainee & Trainer
- To regularly participate in on call rota

Clinics, Ward Rounds, Consultations, Training Activities

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

Hospital-Based Learning and In-House Commitments

The International fellow is expected to attend in-house commitments:

- At least one **Grand Rounds** per month
- At least one **Journal Club** per month
- At least three **MDT meetings** per month

Research, Audit and Teaching Experiences

The International fellow is expected to complete the following activities:

- Deliver 2 **teaching sessions** (to include tutorials, lectures, bedside teaching, etc.) over the course of 3 years of ICFP
- Complete 1 Audit or Quality Improvement Project, per year of ICFP
- Attend 1 **National or International Meeting**, per each year of ICFP

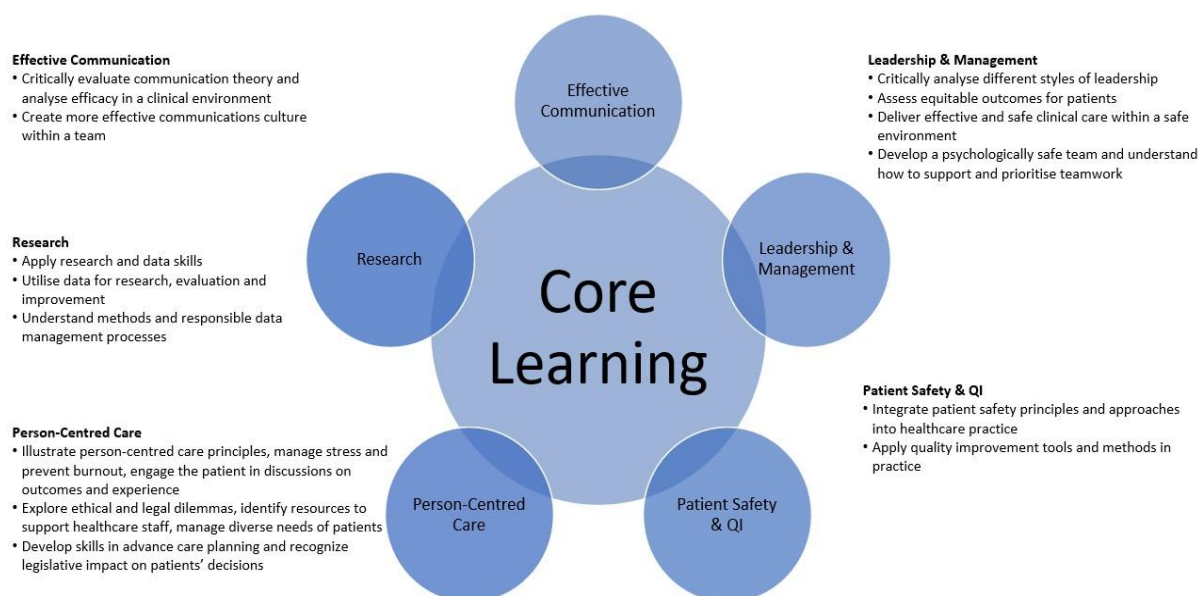
Teaching Attendance

The International Fellow will also be invited to attend all **Palliative Medicine Study Days** and could be eligible to complete the **HST Taught Programme in Palliative Medicine**.

The International Fellow can be assigned to a tutorial group with the HST Trainees from Institute of Medicine 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.



The international fellow is expected to attend all the courses and study days as detailed in the [Teaching Appendix](#), at the end of this document.

Evaluations, Assessments and Evaluations

The International fellow is expected to:

- Complete **4 quarterly assessments per training year** (1 Assessment per quarter)
- Complete **1 end of post assessment at the end of each post** (this can replace the quarterly Assessment if happening at the end of a post, for more information, please check the [Assessment Guidelines](#) at the end of this document)
- Complete **1 end of year evaluation at the end of each training year**
- Complete all the **workplace-based assessments** as outlined in the table below and as agreed with Trainer.

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

Summary of Expected Experience

Experience Type	Expected	ePortfolio Form
Rotation Requirements	Complete all requirements related to the posts agreed	n/a
Personal Goals	At the start of and midway through each post complete a Personal Goals form on ePortfolio, agreed with your trainer and signed by both the international fellow & Trainer.	Personal Goals
On-call Commitments	Partake in on-call commitments in Palliative Medicine for the full duration of the programme and record attendance on ePortfolio	Clinical Activities
Clinics	Attend Palliative Medicine (or appropriate) Medicine outpatient and or related Clinics as agreed with your trainer and record attendance per each post on ePortfolio	Clinics
Ward Rounds/Consultations	Gain experience in clinical handover and ward rounds as agreed with your trainer and record attendance per each post on ePortfolio	Clinical Activities
MDT	Gain experience in presentation at multidisciplinary team meeting	
Deliver Teaching	Record on ePortfolio all the occurrences where you have delivered Tutorials/lectures/bedside teaching at least 2 over the course of the 3 years	Delivery of Teaching
Audit	Complete and report on an audit or Quality Improvement (QI) per year of ICFP	Audit and QI
Attendance at In-House Activities	Regular attendance at in house activities, depending on training site, for example, Grand Rounds, Journal Clubs, Radiology Conferences, MDT Meetings. Record attendance on ePortfolio	Attendance at In-House Activities
National/International Meetings	Attend 1 per year of training	Additional Professional Activities
Teaching Attendance	Attend courses and Study Days as detailed in the Teaching Appendix	Teaching Attendance
Evaluations and Assessments	Complete a Quarterly Assessment/End of post assessment with your trainer 4 times in each year. Discuss your progress and complete the form.	Quarterly Assessments/End-of-Post Assessments
Workplace-based Assessment	Complete all the workplace-based assessment as agreed with your trainer and complete the respective form.	CBD/DOPS/Mini-CEX
End of Year Evaluation	Prepare for your End of Year Evaluation by ensuring your portfolio is up to date and your End of Year Evaluation form is initiated with your trainer.	End of Year Evaluation

Programme Management

- Coordination of the training programme lies with the Training Department at RCPI.
- 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.
- The International Fellow will be registered to the ePortfolio and will be expected to fulfil all requirements relating to the management of yearly training records.

ePortfolio

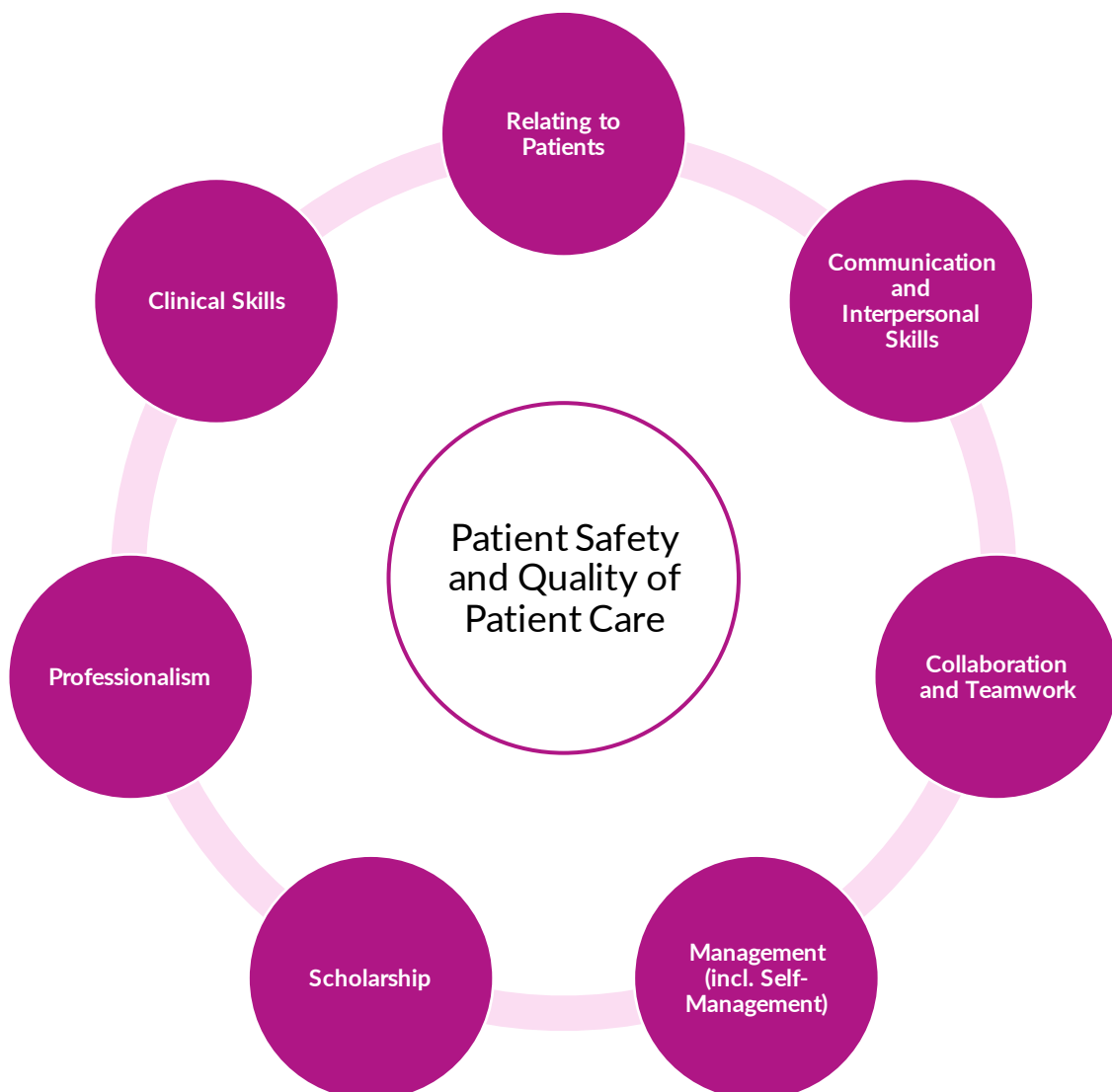
International Fellows will be required to keep their ePortfolio up to date and maintained throughout the programme. The ePortfolio will be countersigned as appropriate by the supervising Trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies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

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.

Principles of Palliative Care

Training Goal 2.

Optimising Comfort & Quality of Life

Training goal 3

Communication

Training Goal 4.

Care Planning & Collaborative Practice

Training Goal 5.

Cultural & Spiritual Care

Training Goal 6.

Professional & Ethical Practice

Training Goal 1 – Principles of Palliative Care

By the end of this Fellowship, the International Fellow is expected to understand the role of Palliative Medicine as a specialty within the wider health service, demonstrate the ability to lead a palliative care service, educate other healthcare professionals about palliative care, and promote the concept of palliative care amongst wider society.

OUTCOME 1 – PRACTICE ACCORDING TO THE PRINCIPLES OF PALLIATIVE CARE

For the International Fellow to Practice according to the principles of palliative care, demonstrating appropriate self-awareness and taking account of the origins and evolution of the specialty.

International fellow will be able to:

- Understand the historical development of palliative care services including the evolution of palliative care e.g., early integration and chronic disease management.
- Demonstrate personal and professional skills that engage in critical examination of personal attitudes, values, and beliefs with regards to life and death
- Demonstrate awareness of societal expectations and perceptions regarding life-limiting conditions and death
- Be aware of one's own personal values and belief systems and how these can influence professional judgements and behaviours
- Promote palliative care for all – understand the role of patients, families, and communities in enhancing quality of life for people with life limiting conditions
- Demonstrate awareness of population perspective in the development and management of palliative care services including understanding health promoting concepts in palliative care and support community engagement in health-promotion about end of life
- Demonstrate awareness of individual and structural barriers to care, including system gaps and factors which cause health inequities in palliative care access

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX)
- RCPI Taught Programme
- Study Day(s)
- Domiciliary Visits
- Family Meetings

Training Goal 2 – Communication

By the end of this fellowship the International Fellow is expected to become proficient in advanced communication skills with a wide variety of people that they will be engaged with in day-to-day practice. These include fellow Palliative medicine specialists, other specialists, patients, families, and carers, patient support groups, health, and social care professionals. Trainees will develop and demonstrate sensitive and specific communication skills using a person-centred approach.

OUTCOME 1 – COMMUNICATE SENSITIVELY AND EFFECTIVELY WITH PATIENTS AND FAMILIES

Able to communicate sensitively and effectively with patients and families using a person-centred approach, active listening and using the communication style most appropriate to the situation, taking account of the patient / family member's age, life experience and health status, using technology and communication aids as appropriate.

International fellow will be able to:

- Use expert communication as a therapeutic intervention to manage care
- Communicate using a person-centred approach that respects autonomy and is characterized by empathy and compassion
- Communicate sensitively, using active listening, consulting, negotiating, and engaging patients and those close to them in their care
- Adapt the style of communication that most appropriately considers the impact of health conditions on patients' and carers' ability to process and understand information
- Understand the different communication needs of children, adolescents, and young adults (as family members of patients) at different development stages
- Be aware of factors which may impact an individual's ability to communicate (e.g., Life experience, health status) and communicate according to their needs including the application of technology to aid clinical assessment and communication in palliative care

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

OUTCOME 2 – COMMUNICATE EFFECTIVELY IN THE INTER AND INTRADISCIPLINARY PROVISION OF PALLIATIVE CARE.

For the International Fellow to facilitate effective inter and intradisciplinary communication, including providing feedback and/or mediation when needed.

International fellow will be able to:

- Recognise the importance of effective communication in the care of patients with life limiting conditions who have multiple healthcare professionals involved in their care.
- Understand roles and responsibilities within the MDT, is able to elicit input and engage in bidirectional feedback.
- Demonstrates the ability to anticipate, mediate, and manage complex and challenging situations within the MDT
- Demonstrates the ability to facilitate effective communication across teams, organisations, and care settings, in written/verbal formats.

Assessment and Learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

Training Goal 3 – Optimising Comfort & Quality of Life

By the end of this Fellowship, the International Fellow is expected to demonstrate the ability to perform a comprehensive specialist palliative medical assessment on patients with complex specialist palliative care needs, to manage complex symptoms in patients with life limiting conditions across all care settings.

OUTCOME 1 – HOLISTIC ASSESSMENT OF PALLIATIVE CARE NEEDS

For the International Fellow to undertake a holistic assessment of palliative care needs that is consistent with best practice, taking account of relevant contextual factors such as illness trajectory, and forming appropriate conclusions regarding plan of care.

International fellow will be able to:

- Identify and advocate for the palliative care needs of patients and families
- Understand the evolving needs of patients and families over the course of illness
- Understand the impact of Illness in patients with pre-existing health problems (social, psychiatric, psychological, physical)
- Be aware of the social and financial impact on partners and families in caring for patients with life limiting illness across all settings
- Recognise transition points during illness and the need for reassessment and review of patients
- Support individuals in adapting to or challenging change and overcoming adversity
- Identify the level of palliative care service provision that is required to address need
- Recognise the need for regular review of symptom response and adverse effects of treatment
- Understand how and when to adopt a palliative rehabilitation approach to care of people with life limiting conditions, engaging effectively with health and social care professionals, and agreeing goals with patients as appropriate.
- Demonstrate knowledge of national and international clinical guidelines, position papers etc.

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

OUTCOME 2 – ASSESSMENT AND MANAGEMENT OF PAIN DUE TO LIFE-LIMITING CONDITIONS

For the International Fellow to assess pain due to life-limiting conditions, taking account of pathophysiology, concept of total pain, contextual factors such as history of substance misuse, and manage pain using safe and appropriate pharmacological and non-pharmacological strategies.

International fellow will be able to:

- Demonstrates ability to engage with patients and carers in setting SMART goals and manage expectations
- Demonstrates the ability to formulate clear, individualised management plan considering patient preferences and reversibility
- Demonstrate advanced understanding of pathophysiology of pain
- Demonstrates ability to appropriately use investigations in the assessment of pain
- Demonstrate an advanced understanding of the pharmacology of opioids and other medications used to manage pain in life limiting conditions, and ability to prescribe same safely and effectively, taking account of relevant practical, legal and supply issues.
- Demonstrates ability to apply evidence based pharmacological management of complex pain including safe prescribing

- Demonstrates ability to prescribe safely in patients with organ failure, frailty, low body weight, substance use disorder and patients with co-morbid psychiatric illness
- Demonstrates ability to refer to, and work collaboratively with other pain services, including knowledge of interventional pain techniques to effectively manage complex pain
- Demonstrate knowledge of the use non-pharmacological strategies to manage pain
- Demonstrate knowledge of the role of HSCPs in the management of pain
- Recognise intractable pain and adopt appropriate management strategies
- Understand the concept of total pain and strategies to support patients and families
- Support teams in caring for patients who choose to have suboptimal management of their pain

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

OUTCOME 3 –ASSESSMENT AND MANAGEMENT OF NON-PAIN SYMPTOMS DUE TO SECONDARY LIFE LIMITING CONDITIONS

For the International Fellow to assess and manage non-pain symptoms secondary to life-limiting conditions using pharmacological and non-pharmacological strategies, taking appropriate account of factors such as illness, frailty and treatment escalation plan, patient's preferences, reversibility of underlying cause(s) of symptoms and roles and responsibilities within the interdisciplinary team.

International fellow will be able to:

- Demonstrate knowledge and skills to recognise, assess and manage symptoms in patients with life limiting/life threatening conditions across a range of systems
- Understand the pathophysiology of symptoms in serious illness
- Demonstrates ability to formulate a clear, individualised management plan considering patient preferences and reversibility
- Manage symptoms in the context of uncertain trajectory
- Identify patients with symptoms caused by complications of cancer and anticancer treatments and refer when appropriate
- Understand the impact of multi-morbidity, advanced ageing, and frailty in people with life limiting illness
- Consider the benefits, burdens and risks of investigations and treatments to aid decision making regarding appropriateness of these for individual patients
- Demonstrate understanding of the indications for and complication of, and gains experience through observation, of paracentesis and tracheostomy management in patients with life limiting conditions
- Set up and manage continuous subcutaneous infusion, and have expert knowledge of medication compatibility
- Demonstrate knowledge of the effective use of non-pharmacological interventions for symptoms
- Recognise one's own limitations of individual knowledge and experience
- Support teams in caring for patients who chose to have suboptimal management of their symptoms

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

OUTCOME 4 – MANAGEMENT OF PSYCHOLOGICAL CONDITIONS

For the International Fellow to assess and manage psychological symptoms secondary to life limiting conditions.

International fellow will be able to:

- Recognise the psychological response to illness
- Understand the impact of co-morbid psychological and psychiatric illness on the psychological response to illness
- Manage patient and family hopes, fears, and expectations
- Recognise of the psychological impact of pain and intractable symptoms
- Recognise the impact of illness on interpersonal relationships, body image, sexuality, employment
- Demonstrate knowledge of therapeutic interventions for psychological distress e.g., CBT
- Recognise and manage psychiatric illness in patients with life limiting conditions
- Know when and how to refer to specialist mental health services
- Differentiate between sadness and clinical depression
- Differentiate between expressions of death wish, requests for assisted dying and suicidal ideation and manage appropriately
- Undertake an assessment of suicidal ideation
- Support individuals at risk of harm to themselves or others

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

OUTCOME 5 – IDENTIFICATION OF MEDICAL EMERGENCIES IN ALL PALLIATIVE CARE SETTINGS

For the International Fellow to identify medical emergencies across all palliative care settings, and management of same as appropriate to the individual patient's circumstances.

International fellow will be able to:

- Identify medical emergencies in all palliative care settings.
 - Identify medical emergencies across all palliative care settings, and management of same as appropriate to the individual patient's circumstances. Assess, identify, and manage a range of emergencies including but not limited to:
 - Delirium
 - Spinal Cord Compression
 - Superior Vena Cava Obstruction
 - Massive Haemorrhage
 - Hypercalcaemia
- Status Epilepticus
 - Pathological Fractures
 - Overwhelming pain & distress
 - Sepsis
- Adopt a palliative care approach to management of emergencies and to determine when attempts at reversibility and/ or intervention are inappropriate

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

OUTCOME 6 – RECOGNISING WHEN DEATH IS IMMINENT AND DEVELOPING INDIVIDUALIZED CARE PLANS

For the International Fellow to manage End of Life Care across all care settings, recognising when death is imminent and developing appropriate individualised care plans to effectively optimise comfort and facilitate patient's wishes.

International fellow will be able to:

- Recognise when death is imminent and develop individualised care plans
- Manage End of Life Care across all care settings
- Understand the role of environment in caring for the dying patient
- Recognise the dying phase
- Understand clinical uncertainty and limited reversibility in people with progressive life-limiting conditions
- Plan anticipatory care for patients who are approaching the last days of life
- Prescribe medication safely and effectively in the dying phase to manage common and complex symptoms
- Judge the appropriateness of interventions in dying patients
- Provide on-going care for dying patients and their families
- Identify and support patient preferences at end of life and work with patient, family and HSCPs to support achievement of realistic goals
- Facilitate discharges including rapid discharges for patients at end of life

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

Training Goal 4 – Care Planning & Collaborative Practice

By the end of this Fellowship, the International Fellow is expected to demonstrate the ability to coordinate and integrate person-centred care to promote quality of life for people with life-limiting conditions and their families in their individual social context. The International Fellow will be able to understand the needs of patients, families and others and be able to organise the most appropriate care, using leadership, management, teamwork, and influencing skills.

OUTCOME 1 – COORDINATE PATIENT CARE ACROSS PATIENT SETTINGS

For the International Fellow to coordinate patient care across care settings in collaboration with patients, families, hospital, and community-based healthcare professionals to enhance the quality of care for patients with life-limiting conditions.

International fellow will be able to:

- Understand and promote the importance of family meetings, involving other team members and services as appropriate
- Understand and promote advance care planning and ability to engage in discussions about preferences for care with people with life-limiting conditions and their families
- Identify and support patient preferences at end of life and work with patient, family, and HCPs colleagues to support achievement of realistic goal
- Demonstrate respect for an individual's values, needs and emotions and challenge where appropriate
- Facilitate management of competing and changing priorities in goals of care
- Provide an expert opinion in situations where there is clinical uncertainty or conflict with patients and/or those close to them
- Triage referrals to the service and appropriately plan patient care in line with available resources within a specialist palliative care service
- Recognise when it is appropriate to consider discharge from specialist palliative care and be aware of issues to be considered in future care planning e.g., use of opioids post discharge

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX, DOPS)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme

OUTCOME 2 – APPLY MANAGEMENT AND TEAM WORKING SKILLS

The International Fellow will demonstrate the ability to support educate, influence, and develop members of the wider multi-professional team to deliver high-quality palliative care across all care settings.

International fellow will be able to:

- Understand the roles, responsibilities, and professional boundaries of individual members of the interdisciplinary team within scope of practice
- Appropriately challenge other senior healthcare professionals in multi-professional discussions to support decision making
- Understand the need to develop and adapt one's personal leadership style according to the situation and team context
- Identify and manage distress in oneself, the team and other HSCPs
- Develop and maintain effective relationships with referring doctors, other HSPCs, related services and the public
- Demonstrate awareness of and ability to work alongside community and social services to support marginalised and hard to reach patient groups

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX, DOPS)
- Domiciliary Visits
- Family Meetings
- RCPI Course HST Leadership in Clinical Practice
- Study Day

Training Goal 5 – Cultural & Spiritual Care Including Loss, Grief, & Bereavement

By the end of this Fellowship, the International Fellow is expected to demonstrate the ability to support patients and families/carers in dealing with distress, loss, and grief and be able to respond to spiritual concerns and recognise and respond to spiritual distress.

OUTCOME 1 – AWARENESS AND RESPECT FOR THE SOCIAL AND CULTURAL VALUES OF PATIENTS

For the International Fellow to demonstrate awareness of and respect for the social and cultural values of patients facing life-limiting illness and their families.

International fellow will be able to:

- Assume a stance of cultural humility to understand the needs of individuals
- Understand the impact of culture and ethnicity on the meaning of illness for patients and their families
- Anticipate, recognise, and manage conflict between patient and family beliefs and values, and those of the clinical team
- Demonstrate comprehensive knowledge of the context for and the role of on the advocate in the health care service, especially, for vulnerable groups
- Demonstrate commitment to engage in anti-discriminatory practice in relation to end of life care and service delivery

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX, DOPS)
- Domiciliary Visits
- Family Meetings
- Study Days

OUTCOME 2 – PREPARE INDIVIDUALS FOR BEREAVEMENT AND SUPPORT THE GRIEVING PERSON OR FAMILY

For the International Fellow to prepare individuals for bereavement, to support the grieving person or family and identify those who require additional bereavement supports.

International fellow will be able to:

- Support patients and families in dealing with distress, loss, and grief
- Demonstrate awareness of bereavement theories including the process of grieving, adjustment to loss and the social model of grief
- Anticipate and recognise complicated grief and utilize resources appropriately
- Work in partnership with parents, guardians, and other family members to prepare and support children and vulnerable adults for bereavement
- Act as a resource to support the multidisciplinary team in the management of loss, grief, and bereavement
- Be aware of dying as a social process and understand the impact of community engagement in end-of-life care

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX, DOPS)
- Participation in bereavement information event/remembrance service
- Domiciliary Visits
- Family Meetings
- Study Days

OUTCOME 3 – AWARENESS AND RESPECT FOR THE RELIGIOUS AND SPIRITUAL BELIEFS AND PRACTICES

For the international Fellow to demonstrate awareness of and respect for the religious and spiritual beliefs and practices of patients and families.

International fellow will be able to:

- Understand the role of spiritual care in relation to life-limiting illness
- Recognise the importance of hope and the ability to reframe it
- Recognise and respond to spiritual distress
- Demonstrate knowledge of the major cultural and religious practices which relate to clinical practice, dying, mourning and bereavement
- Demonstrate knowledge of support systems within different religious and cultural communities and ability to work with their representatives within the multidisciplinary team
- Demonstrate ability to accommodate differences in beliefs and practices

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX, DOPS)
- Domiciliary Visits
- Family Meetings
- Study Days

OUTCOME 4 – EXPLORE AND ASSESS THE IMPACT OF ILLNESS ON SEXUALITY

For the International Fellow to be able to explore and assess impact of illness on sexuality and gender identity.

International fellow will be able to:

- Describe the impact of illness on body image, sexuality, and role
- Elicit and respond to concerns about body image and sexuality
- Sensitively explore sexual orientation or gender history including an ability to use appropriate language in communication

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX, DOPS)
- Domiciliary Visits
- Family Meetings
- Study Day

Training Goal 6 – Professional & Ethical Practice

By the end of this Fellowship, the International Fellow is expected to demonstrate skills in ethical reasoning and decision making in serious and life limiting illness and to practise Palliative Medicine within a legal framework with understanding of relevant legislation and processes that guide practice.

OUTCOME 1 – DEMONSTRATE EXPERT SKILLS IN ETHICAL REASONING AND DECISION MAKING

For the International Fellow to demonstrate expert skills in ethical reasoning and decision making in serious and life limiting illness.

International fellow will be able to:

- Demonstrate knowledge and understanding of ethical and legal frameworks and legislation supporting decision making in serious and life limiting illness
- Understand the importance of working within an ethical and legal frameworks and legislation supporting decision making in serious and life limiting illness
- Facilitate the discussion and contribute towards resolution of ethical dilemmas in practice in a manner that is socially and culturally appropriate for individual patients and their families
- Anticipate and address potential ethical issues that may be encountered at end of life such as: Do Not Attempt Cardio-pulmonary Resuscitation Orders; Withdrawal and withholding of treatment; Treatment Escalation Plans; use of artificial hydration and feeding; palliative sedation and requests for assisted dying
- Use available resources fairly in the context of providing appropriate care to the person with life-limiting illness

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX, DOPS)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

OUTCOME 2 – PRACTICE PALLIATIVE MEDICINE WITHIN A LEGAL FRAMEWORK

For the International Fellow to practice palliative medicine within a legal framework, demonstrating understanding of relevant legislation and processes that guide practice.

International fellow will be able to:

- Apply in practice the legislation and processes as applicable to palliative care including but not limited to
 - Undertake an assessment of patients' capacity
 - Understand decision making process in settings where patient lacks capacity to engage in decisions
 - Demonstrates ability to engage in assisted decision making with patients
 - Demonstrate understanding of certification of death procedures, including definition and procedure for confirming brain death
 - Demonstrate understanding of Coroner's Law and rules of reporting of deaths
 - Demonstrate understanding and proficiency regarding procedures for post-mortem and cremation
 - Demonstrates understanding of safeguarding and role and responsibility as a mandated person
 - Demonstrate ability to work within a clinical governance framework and the ability to contribute to creating an environment where excellence in care flourishes by:
 - Providing evidence-based care
 - Engaging with risk assessment, patient safety initiatives, and patient safety improvement strategies

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX, DOPS)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

OUTCOME 3 – KNOWLEDGE, SKILLS AND ATTITUDES REQUIRED FOR EFFECTIVE PALLIATIVE MEDICINE SERVICE DEVELOPMENT

For the International Fellow to demonstrate the knowledge, skills and attitudes required of a palliative medicine consultant as a leader in delivering and developing palliative care services.

International fellow will be able to:

- Work in partnership with healthcare managers and providers to assess, coordinate, promote and improve safety in the context of palliative care
- Understands what is meant by continuous service development and processes of quality improvement in the context of palliative care. Including an understanding of the clinical audit process.
- Demonstrates the ability to engage in audit and or quality improvement activities, including collecting and using data to improve patient care
- Understands what is meant by a culture of open disclosure by maintaining a no fault/no blame
- Understand what is meant by supporting patient and public involvement in the design and delivery of services
- Understand the essential elements of professional relationships and the dangers associated with boundary crossing

Assessment and learning opportunities:

- Informal feedback (Informal discussion or informal observation)
- Workplace Based Assessments (CBD, Mini-CEX, DOPS)
- Domiciliary Visits
- Family Meetings
- RCPI Taught Programme
- Study Days

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

- 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.

Summative Assessment

- Provides a final judgment of competency at various stages of training.
- Involves formal evaluations and workplace-based assessments.
- Used to assess whether the International 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 International fellow's daily clinical practices employed in their work setting. These are primarily based on the observation of International fellows' 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 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 Fellow's 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 four phases: 1. Planning: The International Fellow selects which training outcome they wish to be assessed on by their trainer in line with their personal goals plan. 2. Planning: The International Fellow selects two or more cases which reflect performance relevant to that outcome to present to the Trainer. 3. Discussion: Using the cases as starting point for the assessment, the Trainer verifies the International Fellow's clinical reasoning and professional judgment, determining the International Fellow's diagnostic, decision-making and management skills in the case. The outcome being assessed, as detailed in the curriculum should then be discussed more fully, with the opportunity for the Trainer to assess the International Fellow on aspects of the outcome not addressed in the chosen case. 4. Feedback: The Trainer provides constructive feedback to the International Fellow. It is good practice to complete at least one CBD or MiniCEX per week 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. It is good practice to complete at least one CBD or MiniCEX per week of training.
Feedback Opportunity	Designed to record as much feedback as possible. It is based on observation of the International Fellow 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).

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. International fellows will be assigned to a tutorial group and will remain with their tutorial group for the duration of HST.

International fellows will receive their induction content and timetable ahead of their start date on HST. International fellows 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 the International fellows 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)

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

The international fellow should always refer to their training Curriculum for a full list of requirements for their ICFP programme. When not sure, the international fellow 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 ICFP Curriculum. The international fellow should seek to attend study days which are in line with personal goals plan