



**INSTITUTE OF
OBSTETRICIANS &
GYNAECOLOGISTS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in

UROGYNAECOLOGY

OUTCOME BASED EDUCATION CURRICULUM



This ICFP curriculum in Urogynaecology was developed in 2026 by Dr Suzanne O’Sullivan, Consultant Obstetrician and Urogynaecologist at Cork University Maternity Hospital, and the RCPI Education Team. It is approved by the Specialist Training Committee in Obstetrics and Gynaecology and the Institute of Obstetrics and Gynaecology.

Version	Date Published	Last Edited By	Version Comments
1.0	July 2026	Maurice Kinsella	New curriculum in OBE format

Table of Contents

INTRODUCTION.....	3
ICFP Overview	4
ICFP in Urogynaecology	4
Training Programme Duration & Organisation of Training	5
Programme Management	5
ePortfolio	5
CORE PROFESSIONAL SKILLS.....	6
SPECIALTY SECTION - Training Goals in Urogynaecology	7
TRAINING GOAL 1 - Clinical Assessment & Urodynamic Investigation of Pelvic Floor Disorders	8
TRAINING GOAL 2 - Multiprofessional & Non-Surgical Management of Pelvic Floor Disorders	9
TRAINING GOAL 3 - Surgical Management of Pelvic Floor Disorders	10
COMPLEMENTARY TRAINING & EDUCATIONAL ACTIVITIES	11
Training Activities	11
Educational Activities	11
ASSESSMENT GUIDELINES	13
SUMMARY TABLE OF EXPECTED EXPERIENCE	15

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 Urogynaecology

This ICFP is designed to provide structured training in urogynaecology, urodynamic investigation and primary vaginal surgery. It supports the development of the clinical knowledge, practical skills and professional judgement required to assess and manage women with pelvic floor disorders, including urinary incontinence, pelvic organ prolapse, voiding dysfunction and related bowel symptoms. The Fellowship is intended for clinicians who wish to develop urogynaecology as a special interest. By the end of the Fellowship, the International Fellow should be able to undertake a urogynaecological history and examination, perform and interpret relevant urodynamic investigations, contribute effectively to multiprofessional care, undertake selected primary continence and prolapse procedures where available, and recognise cases requiring referral to a subspecialist or regional service.

Training Programme Duration & Organisation of Training

The period of clinical training provided for this ICFP is 2 years.

Each post within the programme has a named trainer/educational supervisor, and programmes are under the direction of the National Specialist Director(s) of the relevant medical speciality.

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 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

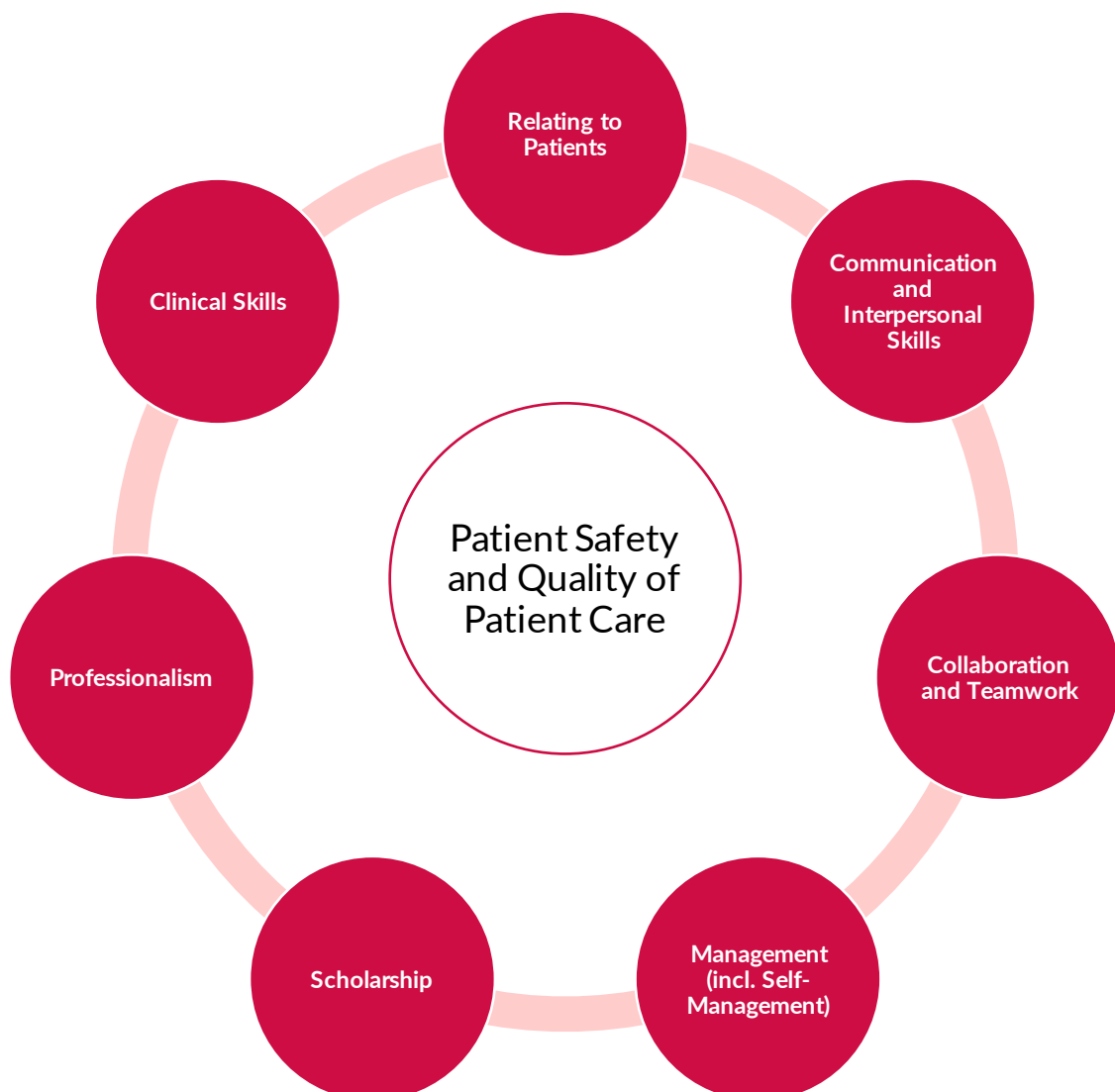
International Fellows will be required to keep their ePortfolio up to date and maintained throughout their Fellowship training. The ePortfolio will be countersigned as appropriate by the supervising Trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition 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 International Fellow's achievements, will be reviewed.

CORE PROFESSIONAL SKILLS

The Core Professional Skills define the standards of practice expected of all International Fellows training in Ireland. For RCPI's International Curricula, these skills are detailed by reference to the Irish Medical Council's [Eight Domains of Good Professional Practice](#), which describe the behaviours, responsibilities, and capabilities that support safe, effective, and patient-centred care.

The Core Professional Skills are developed through practice-based learning, supervision, review meetings, and structured educational activity. Fellows are expected to develop and demonstrate these skills throughout training, with evidence gathered through workplace-based assessments and ePortfolio documentation.

Collectively, the eight domains provide a framework for practice and support professionalism as an integrated component of postgraduate medical training and development.



SPECIALTY SECTION - Training Goals in Urogynaecology

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 (OSATS, 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 - Clinical Assessment & Urodynamic Investigation of Pelvic Floor Disorders

- Outcome 1 - Clinical assessment of pelvic floor disorders
- Outcome 2 - Urodynamic investigation of lower urinary tract symptoms
- Outcome 3 - Advanced urodynamic assessment and complex investigation

TRAINING GOAL 2 - Multiprofessional & Non-Surgical Management of Pelvic Floor Disorders

- Outcome 1 - Pharmacological and behavioural management of lower urinary tract symptoms
- Outcome 2 - Pelvic floor rehabilitation and multidisciplinary working
- Outcome 3 - Non-surgical management of pelvic organ prolapse and anorectal dysfunction

TRAINING GOAL 3 - Surgical Management of Pelvic Floor Disorders

- Outcome 1 - Preoperative assessment and counselling for pelvic floor surgery
- Outcome 2 - Primary surgical management of stress urinary incontinence and pelvic organ prolapse
- Outcome 3 - Complication management and complex or recurrent cases

TRAINING GOAL 1 - Clinical Assessment & Urodynamic Investigation of Pelvic Floor Disorders

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the clinical assessment and urodynamic investigation of women with pelvic floor disorders. This encompasses the evaluation of lower urinary tract symptoms and pelvic organ prolapse, with emphasis on history-taking, physical and neurological examination, quality of life assessment, and the full urodynamic investigative pathway from uroflowmetry to advanced modalities, and appropriate use of International Continence Society (ICS) terminology throughout.

OUTCOME 1 - CLINICAL ASSESSMENT OF PELVIC FLOOR DISORDERS

Assess women presenting with pelvic floor dysfunction, taking an appropriate history to include urinary, prolapse, and bowel symptoms, quality of life impact, and relevant medical conditions, using bladder diaries and validated questionnaires. Perform general, pelvic, and neurological examination, including prolapse staging, assessment of bladder neck mobility, demonstration of stress incontinence, and neurological examination of the S4 pathway.

OUTCOME 2 - URODYNAMIC INVESTIGATION OF LOWER URINARY TRACT SYMPTOMS

Formulate and implement a urodynamic investigation plan, selecting from pre-urodynamic investigations - including urinalysis, mid-stream urine, frequency volume charts, and pad tests - through to subtracted dual-channel filling and voiding cystometry. Obtain good quality traces, identify artefacts, interpret results, and provide treatment recommendations.

OUTCOME 3 - ADVANCED URODYNAMIC ASSESSMENT AND COMPLEX INVESTIGATION

Incorporate advanced urodynamic modalities - and urethral pressure profiling if necessary- where standard assessment is insufficient. Recognise the indications for imaging of the lower urinary tract and demonstrate awareness of regional referral pathways for complex cases requiring subspecialist input.

Learning and Assessment:

- Attendance at urogynaecology clinics
- Multidisciplinary team meetings
- OSATS (minimum ten; at least five demonstrating full technical competency)
- Case-based discussion (CBD)

TRAINING GOAL 2 - Multiprofessional & Non-Surgical Management of Pelvic Floor Disorders

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the multiprofessional and non-surgical management of pelvic floor disorders. This encompasses pharmacological management of lower urinary tract symptoms, pelvic floor rehabilitation, bladder retraining, and non-surgical management of pelvic organ prolapse and anorectal dysfunction, with emphasis on multidisciplinary care and patient counselling.

OUTCOME 1 - PHARMACOLOGICAL AND BEHAVIOURAL MANAGEMENT OF LOWER URINARY TRACT SYMPTOMS

Formulate and implement management plans for women with lower urinary tract symptoms, including overactive bladder, incorporating antimuscarinic therapy and bladder retraining programmes. Prescribe appropriately and refer to community continence services at an appropriate stage. Counsel women regarding adverse effects, containment measures, and available community support.

OUTCOME 2 - PELVIC FLOOR REHABILITATION AND MULTIDISCIPLINARY WORKING

Incorporate pelvic floor muscle training and physical therapies into management plans for women with urinary incontinence and pelvic floor dysfunction, referring to physiotherapists and nurse specialists at an early stage. Contribute to multidisciplinary team case discussions and liaise with community continence services and allied health colleagues.

OUTCOME 3 - NON-SURGICAL MANAGEMENT OF PELVIC ORGAN PROLAPSE AND ANORECTAL DYSFUNCTION

Formulate and implement non-surgical management plans for women with pelvic organ prolapse, including the selection and fitting of an appropriate vaginal pessary. Recognise the indications for anorectal investigation, demonstrate a basic understanding of anorectal dysfunction, and refer appropriately to specialist colleagues. Counsel women regarding pessary management and simple treatments for faecal incontinence.

Learning and Assessment:

- Attendance at urogynaecology clinics
- Attendance at physiotherapy clinic
- Multidisciplinary team case discussions
- Case logbook
- Case-based discussion (CBD)

TRAINING GOAL 3 – Surgical Management of Pelvic Floor Disorders

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the surgical management of pelvic floor disorders. This encompasses preoperative assessment and patient selection, primary surgical management of stress urinary incontinence and pelvic organ prolapse, and complication management, with emphasis on safe operative technique, patient counselling, and recognition of the indications for referral to a urogynaecology subspecialist.

OUTCOME 1 - PREOPERATIVE ASSESSMENT AND COUNSELLING FOR PELVIC FLOOR SURGERY

Assess and select women appropriately for primary surgical management of stress urinary incontinence and pelvic organ prolapse, demonstrating knowledge of the indications and complications of cystoscopy, colposuspension, mid-urethral slings, bladder neck injections, and surgical management of detrusor overactivity and faecal incontinence. Recognise the indications for subspecialist referral prior to intervention and counsel women regarding potential complications of surgery.

OUTCOME 2 - PRIMARY SURGICAL MANAGEMENT OF STRESS URINARY INCONTINENCE AND PELVIC ORGAN PROLAPSE

Perform primary pelvic floor surgery, including cystoscopy, anterior repair, posterior repair, vaginal hysterectomy, and mid-urethral sling procedures. Manage postoperative bladder care, including instructing nursing staff on catheter management and supervising patients undergoing intermittent self-catheterisation programmes.

OUTCOME 3 - COMPLICATION MANAGEMENT AND COMPLEX OR RECURRENT CASES

Recognise and manage intraoperative and postoperative complications of pelvic floor surgery - including visceral injury, repair of simple operative bladder injury, postoperative voiding difficulty, and major haemorrhage. Recognise the indications for re-do surgery for recurrent pelvic organ prolapse and stress urinary incontinence, and identify cases requiring referral to a regional urogynaecology subspecialist.

Learning and Assessment:

- Surgical training programme with direct observation and consultant supervision
- Case logbook
- OSATS (minimum ten, with full competency achieved for each surgical procedure)
- Case-based discussion (CBD)

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 all **O&G Study Days** and could be eligible to complete the **HST Taught Programme in O&G**.

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 O&G, 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 Institute of Obstetrics & Gynaecology starting in July.

The assigned supervisor/clinical lead determines whether it is appropriate for the International Fellow to attend the Taught Programme or portions of it.

The diagram below illustrates the content covered by the Taught Programme.

Taught Programme. Core Learning

- 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 OSATS.
- 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 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.
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.
OSATS Observed Structured Assessment of Technical Skills	1. Planning: The International Fellow and Trainer select a procedure and agree on relevant curriculum goals. 2. Observation: The Trainer watches the Fellow perform the procedure, assessing technical and professional skills. 3. Feedback: The Trainer gives structured feedback. It is good practice to complete at least one OSATS per quarter in each year of training.
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, OSATS 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 offers a blueprint of all the activities that are part of this ICFP and it summarises the type and frequency of the expected experience that should be completed and recorded on the ePortfolio.

Curriculum Requirement	Required/Desirable	Minimum Requirement
Training Plan		
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1
Training Activities		
Urogynaecology clinics (min 3 per week)	Required	120
Urodynamics Clinics	Required	30
Other Clinics		
Attendance at Physiotherapy clinic	Required	1
Procedures/Practical Skills/Surgical Skills		
Cystoscopy	Required	10
Anterior Repair	Required	10
Posterior Repair	Required	10
Vaginal Hysterectomy	Required	10
Mid-urethral tape (TVT or TOT) - procedure not always available	Desirable	10
Educational Activities		
RCPI Taught Programme	Required	As Required
Study Days	Required	3
Attendance at In-House Activities		
Journal Club	Required	10
MDT Meetings	Required	10
Delivery of Teaching		
Lecture/tutorial	Required	5
Bedside Teaching/Teaching Ward Rounds	Required	5
Research	Required	1
Publications	Desirable	1
Presentations During Training	Required	1
Audit activities and Reporting (either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1
Assessments		
OSATS		
Cystoscopy	Required	10
Anterior Repair	Required	10
Posterior Repair	Required	10
Vaginal Hysterectomy	Required	10
Investigations	Required	10
Case reports (1000 words max)	Required	10
Case Based Discussion (CBD)	Required	1
Mini-CEX	Required	2
Quarterly Assessments/End of Post Assessments	Required	4
End of Year Evaluation	Required	1