



**INSTITUTE OF
OBSTETRICIANS &
GYNAECOLOGISTS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in

ADVANCED GYNAECOLOGY SURGERY & MINIMALLY INVASIVE SURGERY

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This ICFP curriculum in Advanced Gynaecology Surgery & Minimally Invasive Surgery was developed in 2026 by Dr Suzanne O’Sullivan, Consultant Obstetrician and Urogynaecologist at Cork University Maternity Hospital, Dr Ruaidhri McVey, Dr Chummun Kushal, and the RCPI Education Team. It is approved by the Specialist Training Committee in Obstetrics and Gynaecology and the Institute of Obstetrics and Gynaecology.

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1. INTRODUCTION

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

1.1. ICFP Overview

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

The purpose of the ICFP is to enable overseas Trainees to gain access to structured training and active clinical environments, 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.

1.2. ICFP in Advanced Gynaecology Surgery & Minimally Invasive Surgery

This ICFP is designed to equip International Fellows with advanced clinical, organisational, and leadership skills to manage complex obstetric care and lead high-functioning labour ward teams. The Fellowship combines hands-on training in labour ward management with structured learning in governance, risk management, quality improvement, and perinatal outcomes, preparing Fellows to provide safe, effective, and evidence-based Advanced Gynaecology Surgery & Minimally Invasive Surgery in their home institutions.

1.3. Training Programme Duration and Organisation of Training

The period of clinical training provided for this ICFP is 2 years and can be extended up to 3 years, including additional training requirements, where appropriate and feasible.

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.

1.4. 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.

1.5. 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.

2. CORE PROFESSIONAL SKILLS

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

*The Medical Council has defined **eight domains of good professional practice**.*

These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.



Comhairle na nDochtúirí Leighis
Medical Council

Eight Domains of Good Professional Practice as devised by Medical Council



3. SPECIALTY SECTION - Training Goals in Advanced Gynaecology Surgery & Minimally Invasive Surgery

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 Opportunities on ePortfolio.

Specialty Training Goals

Training Goal 1.

Open Benign Gynaecology Surgery

Training Goal 2.

Laparoscopic Benign Surgery

Training Goal 3.

Hysteroscopic Benign Surgery

Training Goal 4.

Diagnostic Hysteroscopy - Outpatients

Training Goal 5.

Research and Quality Improvement

Training Goal 1 – Open Benign Gynaecology Surgery

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in open benign gynaecological surgery, including safe patient selection, operative management, complication recognition, and multidisciplinary collaboration.

OUTCOME 1

For the International Fellow to select appropriate patients for open benign gynaecological surgery, including comprehensive risk assessment, counselling, and informed consent.

OUTCOME 2

For the International Fellow to perform abdominal hysterectomy with or without bilateral salpingo-oophorectomy safely and effectively.

OUTCOME 3

For the International Fellow to perform oophorectomy, ovarian cystectomy, salpingectomy, and myomectomy using sound surgical principles.

OUTCOME 4

For the International Fellow to undertake adhesiolysis and manage infection or postoperative collections following hysterectomy or oophorectomy.

OUTCOME 5

For the International Fellow to anticipate, recognise, and control major intraoperative haemorrhage, including escalation and use of multidisciplinary support.

OUTCOME 6

For the International Fellow to recognise and manage bowel, ureteric, and bladder injuries, including timely repair and referral to appropriate specialties.

OUTCOME 7

For the International Fellow to identify, manage, and counsel patients regarding intraoperative, postoperative, and long-term complications of open surgery.

Training Goal 2 – Laparoscopic Benign Gynaecology Surgery

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced laparoscopic surgical skills, including safe access, procedural proficiency, complication management, and minimally invasive decision-making.

OUTCOME 1

For the International Fellow to select and assess patients for laparoscopic surgery, incorporating risk management, counselling, and informed consent.

OUTCOME 2

For the International Fellow to perform safe laparoscopic set-up, including troubleshooting equipment and ergonomics.

OUTCOME 3

For the International Fellow to establish safe abdominal entry using Veress needle, Hasson direct, and Palmer's point techniques.

OUTCOME 4

For the International Fellow to position and insert secondary ports safely, minimising risk to underlying structures.

OUTCOME 5

For the International Fellow to systematically assess the peritoneal cavity, including identification of ureters and major vessels.

OUTCOME 6

For the International Fellow to apply advanced laparoscopic tissue handling, retrieval, and suturing techniques.

OUTCOME 7

For the International Fellow to perform laparoscopic adhesiolysis, ovarian cystectomy, and oophorectomy safely and efficiently.

OUTCOME 8

For the International Fellow to excise and ablate uncomplicated peritoneal endometriosis and ovarian endometriomas using appropriate energy modalities.

OUTCOME 9

For the International Fellow to perform laparoscopically assisted vaginal hysterectomy and total laparoscopic hysterectomy in uncomplicated patients competently.

OUTCOME 10

For the International Fellow to recognise and manage intraoperative, postoperative, and long-term complications of laparoscopic surgery.

Training Goal 3 – Hysteroscopic Benign Surgery

By the end of this Fellowship, the International Fellow is expected to perform advanced hysteroscopic procedures safely, efficiently, and independently, with effective fluid, energy, and complication management.

OUTCOME 1

For the International Fellow to perform first-generation endometrial ablation procedures safely and effectively.

OUTCOME 2

For the International Fellow to undertake transcervical resection of the endometrium (TCRE) and transcervical resection of fibroids (TCRF).

OUTCOME 3

For the International Fellow to resect submucous fibroids (FIGO types 0–2) using appropriate hysteroscopic techniques.

OUTCOME 4

For the International Fellow to manage intrauterine adhesions and uterine septa hysteroscopically.

OUTCOME 5

For the International Fellow to use loop, ball, Collins knife, and/or bipolar electrodes appropriately and safely.

OUTCOME 6

For the International Fellow to apply principles of electrosurgery and hysteroscopic fluid management to minimise patient risk.

OUTCOME 7

For the International Fellow to perform hysteroscopic procedures in a fluent, efficient, and safe manner, recognising early signs of complications.

Training Goal 4 – Diagnostic Hysteroscopy – Outpatient

By the end of this Fellowship, the International Fellow is expected to deliver high-quality outpatient diagnostic hysteroscopy with a focus on patient comfort, safety, and effective complication management.

OUTCOME 1

For the International Fellow to manage difficult cervical access, including appropriate use of dilation techniques, analgesia, and local anaesthesia.

OUTCOME 2

For the International Fellow to counsel patients effectively regarding procedures, expectations, and pain management strategies.

OUTCOME 3

For the International Fellow to identify and manage intraoperative and postoperative complications in the outpatient setting.

OUTCOME 4

For the International Fellow to deliver patient-centred care that prioritises comfort, dignity, and informed decision-making.

Training Goal 5 – Research and Quality Improvement

By the end of this Fellowship, the International Fellow is expected to contribute to research and quality improvement initiatives that enhance safety, effectiveness, efficiency, and patient experience in gynaecological surgery.

OUTCOME 1

For the International Fellow to design or participate in research projects evaluating safety, effectiveness, and outcomes of gynaecological surgical procedures.

OUTCOME 2

For the International Fellow to evaluate patient experience and comfort associated with surgical and outpatient procedures.

OUTCOME 3

For the International Fellow to compare surgical techniques and approaches to inform evidence-based practice.

OUTCOME 4

For the International Fellow to develop and implement quality improvement initiatives, including standardised checklists for surgical and outpatient procedures.

OUTCOME 5

For the International Fellow to improve service efficiency, including reducing cancellations and optimising clinic and theatre flow.

OUTCOME 6

For the International Fellow to design and implement rapid response pathways for intraoperative and postoperative complications.

OUTCOME 7

For the International Fellow to use audit data to drive continuous improvement in gynaecological surgical care.

4. COMPLEMENTARY TRAINING AND EDUCATIONAL ACTIVITIES

4.1. Training Activities

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

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

4.2. Educational Activities

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

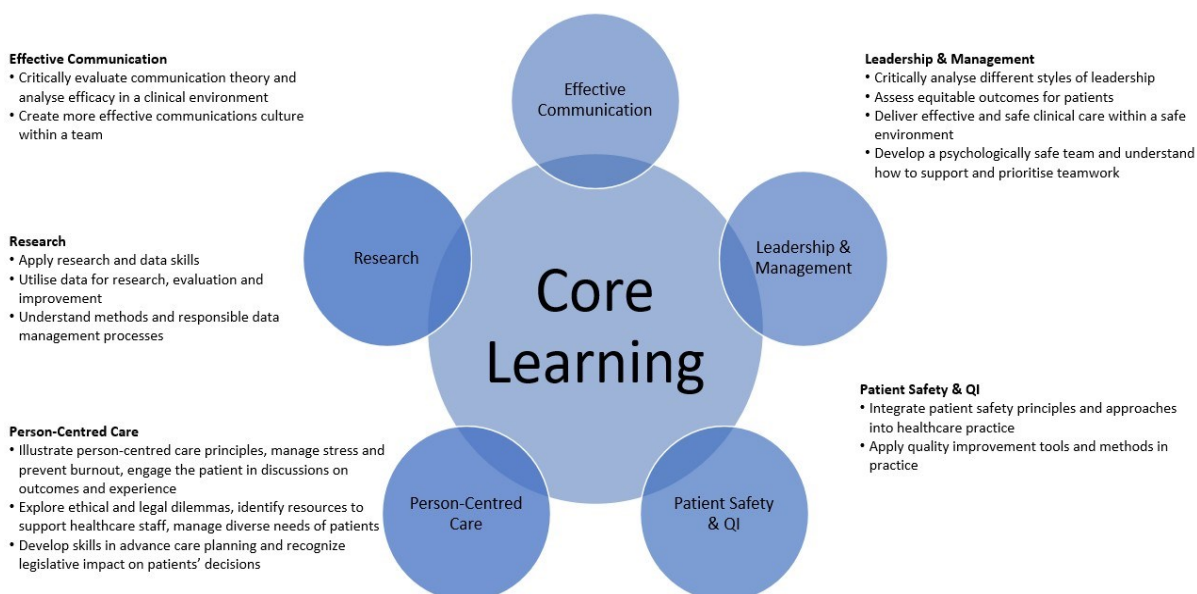
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

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 Faculty of Paediatrics starting in July.

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

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



5. ASSESSMENT GUIDELINES

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

Formative Assessment

- 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 trainee 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	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 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	<p>The Trainer is required to observe and assess the interaction between the International Fellow and a patient. This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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. <p>It is good practice to complete at least one OSATS per quarter in each year of training.</p>
Feedback Opportunity	<p>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)</p>
MANDATORY EVALUATIONS	
QA Quarterly Assessment	<p>As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months).</p> <p>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.</p>
EOPA End of Post Assessment	<p>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.</p> <p>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.</p>
EOYE End of Year Evaluation	<p>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).</p>

6. 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.

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		
Clinics		
	Required	Agreed with Supervisor
	Required	Agreed with Supervisor
	Required	Agreed with Supervisor
Ward Rounds/Consultations	Required	Weekly
Surgery Sessions		
Benign Gynaecological Surgery sessions	Required	At least 2 per week
Procedural Skills		
TAH +/- BSO	Required	20 per training programme
Oophorectomy	Required	5 per training programme
Ovarian Cystectomy	Required	5 per training programme
Adhesiolysis	Required	10 per training programme
Drainage of pelvic abscess	Required	5 per training programme
Post-hysterectomy oophorectomy	Required	5 per training programme
Ovarian cystectomy and oophorectomy	Required	10 per training programme
Excision/ablation of peritoneal endometriosis and ovarian endometrioma	Required	10 per training programme
Laparoscopically assisted vaginal hysterectomy and laparoscopic hysterectomy	Required	10 per training programme
First generation endometrial ablation/TRCE/TRCF	Required	20 per training programme
Resect submucous fibroids grade 0-2	Required	5 per training programme
Resect intrauterine adhesions/septum	Required	5 per training programme
Educational Activities		
In-house activities		
Grand rounds/teaching presentations	Required	Monthly
Journal Club	Required	Monthly
MDT Meetings	Required	Monthly
Teaching Attendance		
Study Days	Required	4 per year
RCPI Taught Programme	Required	Every three months
Delivery of Teaching		
Lecture, Tutorial, Bedside Teaching	Required	Monthly

Experience Type	Required/ Desirable	Expected Frequency
Teaching Ward Rounds	Required	Monthly
Clinical Audit activities and reporting	Required	1 per year
Publications	Desirable	
Presentations	Desirable	
National/International meetings	Desirable	
Assessments and Evaluations		
Workplace-Based Assessments (WBAs)		
Case Based Discussion	Required	2 per year
OSATS	Required	1 per year
Mini-CEX	Required	1 per year
Feedback Opportunity	Required	Every three months
Mandatory Evaluations		
Quarterly Assessment (1 every 3 months)	Required	4 per year
End of Year Evaluation	Required	1 per year