



**INSTITUTE
OF MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in
DERMATOLOGIC SURGERY

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This ICFP curriculum in Dermatologic Surgery was developed in 2025 by Dr Asad Salim, the Dermatology Training Committee, and the RCPI Workplace Education Team. It is approved by the Institute of Medicine.

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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 Dermatologic Surgery

This ICFP aims to offer comprehensive training in Dermatologic Surgery, with broad clinical exposure across inpatient, outpatient, and public health settings.

The curriculum is aligned with the Royal College of Physicians of Ireland (RCPI) Higher Specialist Training (HST) in Dermatology, and reflects the principles set out by the European Union of Medical Specialists (UEMS) and relevant national standards for consultant-level competence.

1.3. Training Programme Duration and 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 Dr Sinead Field and Dr Richard Watchorn.

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

2. CORE PROFESSIONAL SKILLS

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

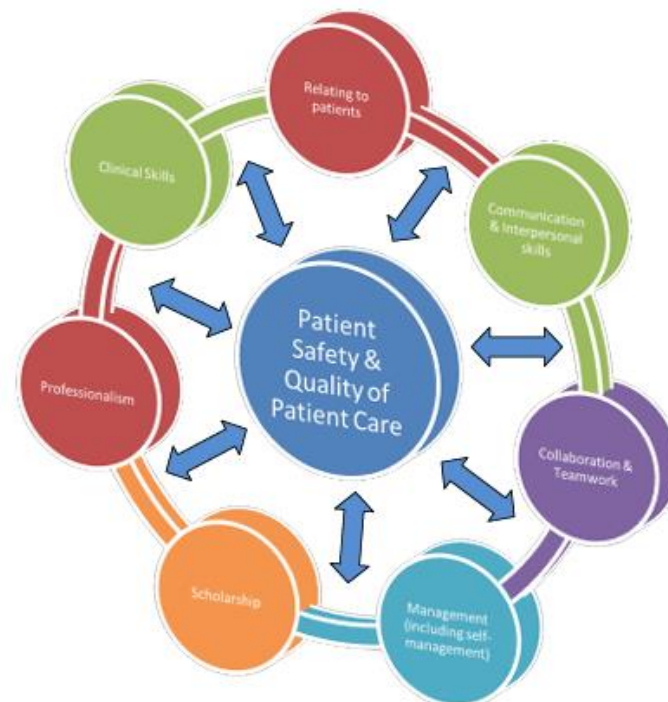
*The Medical Council has defined **eight domains of good professional practice**.*

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



Comhairle na nDochtúirí Leighis
Medical Council

Eight Domains of Good Professional Practice as devised by Medical Council



3. SPECIALTY SECTION - Training Goals in Dermatologic 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 Opportunity on ePortfolio.

Specialty Training Goals

Training Goal 1: General Dermatology

Training Goal: Dermatopathology and MDT Attendance

Training Goal 3: Anatomy and Physiology Relevant to Dermatological Surgery

Training Goal 4: Perioperative Management and Assessment

Training Goal 5: Cutaneous Laser Therapy

Training Goal 6: Mohs Micrographic Surgery

Training Goal 7: Reconstructive Dermatologic Surgery

Training Goal 8: Management of Benign and Malignant Cutaneous Tumours

Training Goal 1: General Dermatology

By the end of the Fellowship, the International Fellow is expected to assess and manage a broad range of both common and complex dermatoses, across inpatient and outpatient settings. Fellows will apply diagnostic reasoning, select appropriate investigations, formulate differential diagnoses, and manage treatment plans.

OUTCOME 1 – CONDUCT SPECIALIST DERMATOLOGICAL ASSESSMENTS

Elicit clinical history and perform structured examinations of the skin, mucous membranes, hair, and nails. Recognise patterns of symptoms and physical signs, and consider systemic associations where appropriate.

OUTCOME 2 – INVESTIGATE AND INTERPRET DERMATOLOGICAL FINDINGS

Select and apply relevant investigations, including histology, mycology, and immunofluorescence. Understand their indications, limitations, and diagnostic value. Integrate investigation results with clinical findings to support diagnostic reasoning.

OUTCOME 3 – DIAGNOSE AND MANAGE DERMATOSES

Demonstrate knowledge of the pathophysiology, natural history, and treatment of a broad spectrum of skin conditions, including:

- Melanoma
- Non-melanoma skin cancer
- Lichen sclerosis
- Pigmentary disorders
- Skin disease associated with systemic pathology
- Hair and nail disease
- Sebaceous and sweat gland disorders

Identify atypical presentations and rare dermatoses. Initiate appropriate treatment and escalate care when needed. Formulate working and differential diagnoses based on clinical examination and investigations.

OUTCOME 4 – MANAGE DERMATOLOGICAL CARE

Prescribe and supervise treatment using appropriate topical, systemic, or procedural approaches. Provide information and advice to patients and other healthcare providers, ensuring treatment plans are managed effectively. Tailor treatment plans according to patient needs and monitor progress through follow-up care.

Training Goal 2: Dermatopathology and MDT Attendance

By the end of the Fellowship, the International Fellow is expected to demonstrate competence in recognising, investigating, and managing common and uncommon dermatopathologies, and participate in multidisciplinary team (MDT) meetings.

OUTCOME 1 – DIAGNOSE AND MANAGE VIRAL INFECTIONS

Recognise, assess, and manage the cutaneous manifestations of viral infections, including warts (digital, periungual, plane, filiform, plantar, genital), herpes simplex types 1 and 2, herpes zoster, and common viral exanthemata. Select appropriate investigations to confirm diagnosis, and understand the natural history, complications, and likely outcomes of each condition. Demonstrate knowledge of available physical treatment modalities, including cryotherapy, diathermy, curettage, and laser therapy. Understand the biology and oncogenic potential of relevant viruses. Counsel patients clearly on treatment options, prognosis, and the indications for intervention versus natural resolution.

OUTCOME 2 – INVESTIGATE AND TREAT BACTERIAL SKIN INFECTIONS

Diagnose and manage primary and secondary bacterial skin infections, including cellulitis, impetigo, MRSA, and mycobacterial diseases such as tuberculosis, atypical infections, and leprosy. Understand normal skin flora, pathogen carriage, and the principles of managing deep or disseminated infections, especially in immunocompromised or migrant patients. Select, collect, and interpret appropriate specimens (e.g. blood cultures, swabs, split-skin smears). Initiate topical or systemic antibiotics based on clinical context, with knowledge of appropriate agents, dosing, and potential adverse effects. Follow local antimicrobial guidelines and MRSA protocols, and liaise with microbiology and infection control teams to ensure coordinated care.

OUTCOME 3 – DIAGNOSE AND TREAT FUNGAL INFECTIONS

Identify and manage superficial fungal infections of the skin, nails, hair, and mucosa. Recognise clinical signs of subcutaneous and systemic mycoses, including rare presentations. Demonstrate understanding of dermatophyte and non-dermatophyte organisms, their epidemiology, and diagnostic methods. Collect and interpret skin scrapings, nail clippings, and hair samples using potassium hydroxide mounts, microscopy, and culture. Understand when clinical diagnosis is sufficient and when mycological confirmation is required. Prescribe antifungal agents with knowledge of their mechanisms, spectrum of activity, tissue kinetics, dosing, duration, and potential side effects.

OUTCOME 4 – RECOGNISE AND MANAGE PARASITIC INFESTATIONS

Diagnose and manage common ectoparasitic infestations, including lice and scabies, and less common conditions such as cutaneous leishmaniasis, larva migrans, and onchocerciasis. Perform diagnostic procedures such as skin snips and microscopic identification of scabetic burrow, isolate acarus or eggs. Recognise sensitisation eruptions associated with ectoparasites. Provide guidance on patient treatment, contact management, resistance patterns, and strategies for recurrence prevention.

OUTCOME 5 – APPLY PUBLIC HEALTH PRINCIPLES IN INFECTION MANAGEMENT

Demonstrate understanding of the public health implications of transmissible skin infections and infestations. Recognise duties relating to contact tracing, outbreak prevention, and patient education. Collaborate with microbiologists and infection control services as appropriate.

OUTCOME 6 – PARTICIPATE IN MULTIDISCIPLINARY TEAM (MDT) MEETINGS

Contribute to MDT discussions and provide consultative dermatology input in both inpatient and outpatient care. Collaborate with medical teams to support diagnostic reasoning for complex dermatological conditions. Understand the structure, governance, and purpose of MDT processes in complex infection care.

Training Goal 3: Anatomy and Physiology Relevant to Dermatological Surgery

By the end of the Fellowship, the International Fellow is expected to describe in detail the anatomy and physiology relevant to dermatological surgery, and apply this knowledge intra-operatively to support safe, effective treatment and repair.

OUTCOME 1 – DESCRIBE ANATOMY RELEVANT TO DERMATOLOGICAL SURGERY

Describe the anatomy relevant to dermatological surgery, with emphasis on the head and neck region. Topographical features and underlying bony and cartilaginous structures, relaxed skin tension lines, cosmetic units, junction lines, reservoirs of excess skin on the head and neck, and anatomic free margins.

OUTCOME 2 – UNDERSTAND VASCULAR, NEURAL, AND LYMPHATIC STRUCTURES OF THE HEAD AND NECK

Describe the blood supply of the face, the sensory and motor innervations of the head and neck and their surface anatomy relationships, the muscles of facial expression, and the lymphatic drainage of the head and neck and lymph node levels.

OUTCOME 3 – RECOGNISE MICROSCOPIC ANATOMY AND SKIN CHARACTERISTICS

Describe the microscopic anatomy of the skin and subcutaneous tissues. Explain the characteristics and causes of photoaging and intrinsic ageing of the skin. Describe the characteristics of skin in different cosmetic units.

OUTCOME 4 – APPLY ANATOMICAL KNOWLEDGE INTRA-OPERATIVELY

Identify and demonstrate anatomical structures during surgery. Recognise 'danger' areas of the face and neck. Formulate treatment and repair options based on anatomical knowledge. Recognise the consequences of intra-operative disruption of anatomical structures and the primary and secondary effects of tissue movement.

Training Goal 4: Perioperative Management and Assessment

By the end of the Fellowship, the International Fellow is expected to demonstrate competence in the assessment, preparation, execution, and follow-up of patients undergoing dermatological surgery. This includes the appropriate use of anaesthesia, management of comorbidities, risk mitigation, and postoperative care, including the recognition and response to complications.

OUTCOME 1 – UNDERSTAND ANAESTHESIA PHARMACOLOGY AND DOSIMETRY

Explain the pharmacology and dosimetry of topical and injectable anaesthetic agents. Describe topical, local, and regional anaesthesia techniques, including appropriate selection, reactions, and complications. Recognise the role of preoperative anxiolytics. Select and administer anaesthesia tailored to the procedure, maintaining patient comfort and safety.

OUTCOME 2 – CONDUCT COMPREHENSIVE PREOPERATIVE ASSESSMENT

Evaluate patients preoperatively by reviewing medical history, medications, allergies, social history, and comorbidities. Perform targeted physical examination and plan lesion excision or closure with anatomical and histological considerations. Identify the need for antibiotic prophylaxis and relevant diagnostic tests. Collaborate with other specialties where appropriate.

OUTCOME 3 – FORMULATE AND COMMUNICATE TREATMENT PLANS

Prepare individualised treatment plans based on clinical findings and multidisciplinary input. Communicate clearly with patients and carers about proposed procedures, alternatives, and risks. Engage in collaborative planning with plastic surgery, ENT, radiotherapy, and dermatopathology when necessary.

OUTCOME 4 – MANAGE POSTOPERATIVE CARE, COMPLICATIONS, AND SCARRING

Demonstrate knowledge of wound healing physiology, antibiotic use, and scar revision techniques. Manage postoperative complications including bleeding, haematoma, infection, dehiscence, delayed healing, and surgical emergencies such as anaesthetic toxicity and anaphylaxis. Deliver clear postoperative education on wound care, recovery expectations, and red flags. Treat suboptimal scars using surgical methods (e.g. z-plasty, w-plasty, dermabrasion) and non-surgical approaches (e.g., intralesional steroids, silicone, massage). Address patient expectations with sensitivity and seek senior input when appropriate.

OUTCOME 5 – NAIL SURGERY

Demonstrate knowledge of nail anatomy, common nail disorders, and surgical techniques. Perform nail avulsion, punch, incisional, and longitudinal biopsies, excision of the growth plate, and chemical or surgical matricectomy (with or without laser). Understand options for nail unit reconstruction, including linear closure, flaps, and grafts. Consult with plastic or orthopaedic surgeons as needed.

Training Goal 5: Cutaneous Laser Therapy

By the end of the Fellowship, the International Fellow is expected to demonstrate competence in the assessment, diagnosis, and management of photosensitive diseases, as well as understand the principles, indications, and safe application of cutaneous laser therapies.

OUTCOME 1 – UNDERSTAND PRINCIPLES OF LASER THERAPY

Demonstrate knowledge of the physical characteristics of laser light, the output from lasers used for cutaneous disorders, basic safety procedures, and risk factors and contraindications for laser treatment. Understand laser-skin interactions and the disorders suitable for laser treatment, including pigmented and vascular lesions and ablation. Understand the distinction between therapeutic and aesthetic laser therapy, with particular emphasis on therapeutic applications for dermatological conditions.

OUTCOME 2 – SELECT, COUNSEL, AND SUPERVISE PATIENTS UNDERGOING LASER THERAPY

Identify appropriately for laser treatment (e.g. pigmented and vascular lesions, and for ablation). Advise patients appropriately on common responsive skin disorders. Be able to supervise patients undergoing laser treatment. Ensure that the patient has a realistic expectation of the potential benefit of laser therapy.

Training Goal 6: Mohs Micrographic Surgery

By the end of the Fellowship, the International Fellow is expected to demonstrate advanced procedural competence in Mohs Micrographic Surgery (MMS), including the selection of suitable cases, execution of tissue removal, interpretation of frozen sections, and integration of surgical and histological findings to achieve complete tumour excision with minimal tissue loss. Fellows should work confidently with dermato-pathologists and recognise their own limitations in managing complex or high-risk cases.

OUTCOME 1 – SELECT AND ASSESS PATIENTS APPROPRIATE FOR MOHS MICROGRAPHIC SURGERY

Identify appropriate indications for MMS and determine case suitability, including complex or high-risk presentations such as recurrent tumours, difficult anatomical sites (e.g. nasal ala, medial canthus, lid margin), and tumours with high-risk histological features or extensive size.

OUTCOME 2 – APPLY PRINCIPLES OF MOHS EXCISION AND TISSUE MAPPING

Describe and apply the principles of Mohs excision, including the bevelled technique, correct orientation, division, and accurate mapping of tissue specimens. Understand the importance of precise margin control in ensuring complete tumour clearance.

OUTCOME 3 – UNDERSTAND AND SUPERVISE MOHS LABORATORY PROCESSES

Explain the processes involved in preparing frozen sections, including common difficulties. Distinguish between horizontal and vertical sectioning, and demonstrate awareness of the technical requirements and limitations of frozen section preparation.

OUTCOME 4 – INTERPRET HISTOLOGY RELEVANT TO MOHS SURGERY

Demonstrate knowledge of normal skin histology on frozen section and recognise histological features of tumours commonly treated with MMS (e.g. nodular/infiltrative BCC, SCC). Identify adverse features such as perineural or vascular invasion and recognise rarer tumours treatable with MMS (e.g. Microcystic Adnexal Carcinoma, Sebaceous Carcinoma, DFSP, Lentigo Maligna).

OUTCOME 5 – PERFORM MMS UNDER SUPERVISION AND RECOGNISE LIMITATIONS

Demonstrate correct removal of tissue layers, interpretation of histological margins, and decision-making regarding further stages. Recognise the limits of one's competence and seek supervision appropriately.

Training Goal 7: Reconstructive Dermatologic Surgery

By the end of the Fellowship, the International Fellow is expected to demonstrate knowledge and technical proficiency in reconstructive dermatologic surgery following excisional procedures. Fellows must apply principles of wound closure, tissue handling, and flap/graft reconstruction with an emphasis on patient safety, appropriate technique selection, and multidisciplinary collaboration where needed.

OUTCOME 1 – DEMONSTRATE KNOWLEDGE OF RECONSTRUCTIVE SURGICAL TECHNIQUES

Describe the range of techniques used in dermatologic reconstruction, including direct closure, random and axial pattern flaps, rotation flaps, advancement flaps, transposition flaps, pedicle flaps (cutaneous, fasciocutaneous, and myocutaneous), and grafts (full thickness, composite, cartilage harvesting, and cartilage grafting).

OUTCOME 2 – MAINTAIN ASEPSIS AND SURGICAL SAFETY

Demonstrate correct aseptic technique, including anaesthesia preparation, scrubbing, gloving, site preparation, and tourniquet use. Identify safety concerns in the operating environment, including sharps and infection control.

OUTCOME 3 – PERFORM RECONSTRUCTIVE PROCEDURES WITH TECHNICAL COMPETENCE

Demonstrate instrument handling, atraumatic tissue management, haemostasis, and appropriate undermining. Perform a range of suture techniques including simple interrupted, running, vertical and horizontal mattress, tip stitches, purse string, and plexing sutures.

OUTCOME 4 – APPLY APPROPRIATE CLOSURE AND WOUND MANAGEMENT STRATEGIES

Select and perform optimal closure techniques or healing by secondary intent. Perform correct post-operative dressing application and demonstrate suture removal.

Training Goal 8: Management of Benign and Malignant Cutaneous Tumours

By the end of the Fellowship, the International Fellow is expected to demonstrate competence in the surgical management of benign and malignant skin tumours and an understanding of appropriate referral and treatment pathways. Fellows must be able to perform minor procedures, identify suitable candidates for alternative therapies, and participate in multidisciplinary care for skin cancer patients.

OUTCOME 1 – PERFORM SURGICAL MANAGEMENT OF BENIGN AND MALIGNANT TUMOURS

Perform surgical procedures for a range of benign and malignant skin tumours, including electro-surgery (electrodesiccation, electrofulguration, electrocoagulation, electrosection, electrocautery), cryosurgery, and excision of benign lesions such as chondrodermatitis nodularis helices, cysts, lipomas, neurofibromas, and cylindromas.

OUTCOME 2 – SELECT AND APPLY ALTERNATIVE AND COMBINED TREATMENT MODALITIES

Demonstrate competence in selecting patients for non-surgical treatments, including radiotherapy, photodynamic therapy (PDT), laser therapy, and topical immunomodulatory or chemotherapeutic agents. Utilise a combination of surgical and non-surgical approaches where appropriate. Choose conservative management when clinically indicated.

OUTCOME 3 – UNDERSTAND TUMOUR BIOLOGY, HISTOPATHOLOGY, AND THERAPEUTIC RATIONALE

Describe the biology and histopathology of benign, pre-malignant, and malignant skin tumours. Understand the rationale and limitations of different treatment modalities, including risks and benefits of local and systemic interventions.

OUTCOME 4 – FOLLOW GUIDELINES AND NAVIGATE CANCER PATHWAYS

Explain local and national guidelines for the management of skin cancer. Understand care pathways, treatment planning, and surveillance protocols for skin malignancies and pre-malignant lesions.

OUTCOME 5 – PARTICIPATE IN MULTIDISCIPLINARY CARE FOR CUTANEOUS ONCOLOGY

Describe the roles of the following health care practitioners: Dermatologists, Oncologists, Maxillofacial, Plastic, Oculoplastic and Reconstructive Surgeons, Radiologists, Specialist Nurses, Advanced Nurse Practitioners, MDT Coordinators, and Data Managers. Work collaboratively within the multidisciplinary team and participate in MDT meetings as appropriate.

OUTCOME 6 – COUNSEL PATIENTS ON MANAGEMENT OPTIONS

Provide clear, evidence-based explanations of surgical and non-surgical treatment options. Support patients in shared decision-making, particularly when multiple modalities are available.

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 Institute of Medicine Study Days and could be eligible to complete the HST Taught Programme in Dermatology.

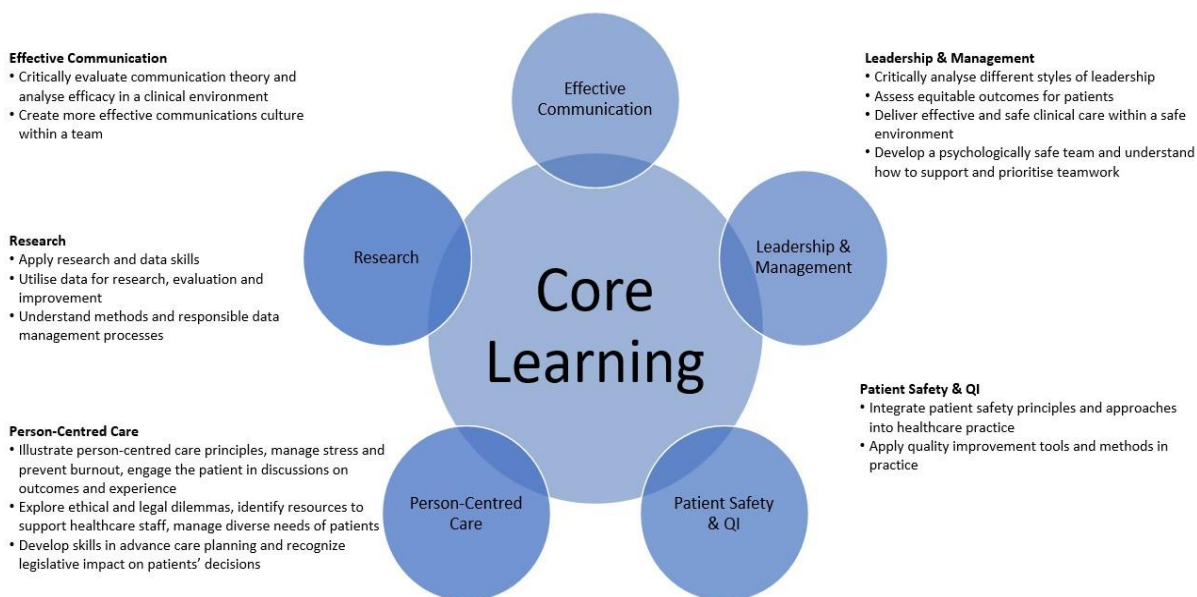
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials are delivered by Tutors related to Dermatology 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 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.



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 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 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.
DOPS Direct Observation of Procedural Skills	<p>This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter.</p> <p>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.</p>
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.
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, it summarises the type and frequency of the expected experience that should be completed and then 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		
Outpatient Clinics		
Outpatient Clinics		
Dermatology Clinics (a minimum of 2 dermatology clinics per week – predominantly lesion-based dermatology) Can include Laser	Required	80
Emergencies/Complicated Cases	Desirable	1
Procedures/Practical Skills/Surgical Skills		
Skin biopsy	Required	100
Shave excision	Required	100
Curettage	Required	100
Full thickness Excision	Required	200
Full thickness excision - face	Required	100
Flaps (various techniques)	Required	100
Grafts	Required	20
Mohs surgery - assistant	Required	250
Mohs surgery - primary Surgeon	Required	50
Wound care	Required	100
Secondary intention	Required	50
Additional/Special Experience Gained	Desirable	1
Relatively Unusual Cases (DFSP/MAC/Sebaceous carcinoma)	Desirable	4
Chronic Cases/Long-term care , e.g. melanoma, Gorlins, Immunosuppressed patients	Required	10
Management experience	Desirable	1
Educational Activities		
Mandatory Courses		
ACLS	Desireable	1
Laser safety course	Required	1
Skin Surgery Course	Required	1
Skin Biology	Desirable	1
Advanced Medical Dermatology	Desirable	1
Attendance at in-house activities		
Grand Rounds	Required	5
Journal Club	Required	5
MDT Meetings	Required	40

Experience Type	Required/ Desirable	Expected Frequency
Dermatopathology (slide and biopsy interpretation, in weekly sessions)	Required	20
Attend In-House teaching when available	Required	1
Delivery of Teaching		
Tutorial	Required	4
Study Days (min 6 per year)	Required	6
Research	Desirable	1
Audit activities and Reporting (either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1
Publications	Desirable	2
Presentations	Desirable	2
National/International meetings	Desirable	3
Additional Qualifications	Desirable	1
Assessments and Evaluations		
DOPS	Required	1
CBD	Desireable	5
Mini-CEX	Desireable	2
Quarterly Assessments	Required	4
Annual Evaluation of Progress (AEP)	Required	1