



**FACULTY OF  
PAEDIATRICS**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in  
**DEVELOPMENTAL PAEDIATRICS  
& NEURODISABILITY**

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This ICFP curriculum in Developmental Paediatrics and Neurodisability was developed in 2025 by Dr Zaheera Yusuf (Consultant in Paediatric Neurodisability), Dr Louise Gibson (Consultant in Community Paediatrics) and the RCPI Workplace Education Team. It is approved by the Specialist Training Committee in Paediatrics and the Faculty of Paediatrics.

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## 1. INTRODUCTION

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*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.*

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## 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. 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 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.

## 1.3. 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.

## 1.4. 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 Developmental Paediatrics and Neurodisability

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*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.*

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## Training Goal 1 – Developmental Delay and Neurodisabling Conditions

By the end of this Fellowship, the International Fellow is expected to competent in the assessment, diagnosis, and early management of children with developmental delay or neurodisabling conditions.

### TRAINING OUTCOMES

1. For the International Fellow to understand normal and abnormal patterns of development.
2. For the International Fellow to apply knowledge of neuroanatomy, neurophysiology, and embryogenesis to clinical presentations.
3. For the International Fellow to assess children with global or specific developmental delay, including intellectual, physical, sensory, and social-emotional domains.
4. For the International Fellow to select and interpret appropriate investigations to identify underlying diagnoses.
5. For the International Fellow to recognise signs of progressive neurological disorders and refer accordingly.
6. For the International Fellow to refer appropriately to other specialists and MDT members.
7. For the Fellow to remain current with epidemiology and emerging research in neurodisabling conditions.
8. For the International Fellow to interpret multidisciplinary assessments and tools used by allied health professionals.
9. For the International Fellow to initiate early parental guidance and interventions for developmental delay.
10. For the International Fellow to understand commonly used interventions (e.g. Lámh, Hanen).

## Training Goal 2 – Community and Disability Services

By the end of this Fellowship, the Fellow is expected to demonstrate a comprehensive understanding of community-based and disability-specific services for children.

### TRAINING OUTCOMES

1. For the International Fellow to understand universal child health surveillance pathways in Ireland.
2. For the International Fellow to identify how developmental delays are detected through universal screening.
3. For the International Fellow to access and navigate community health services including public health nursing and dental care.
4. For the International Fellow to work collaboratively with other professionals across education, social care, and voluntary sectors.
5. For the International Fellow to understand the structure and function of Community Disability Network Teams (CDNTs) under PDSCYP.
6. For the International Fellow to communicate effectively with community-based services to optimise child outcomes.
7. For the International Fellow to develop awareness of international models of disability and service delivery.

## Training Goal 3 – Cerebral Palsy and Disorders of Tone and Movement

By the end of this Fellowship, the Fellow is expected to be proficient in diagnosing and managing cerebral palsy and complex movement disorders across the spectrum of severity.

### TRAINING OUTCOMES

1. For the International Fellow to understand the pathophysiology underlying tone and movement disorders.
2. For the International Fellow to accurately describe types of cerebral palsy and associated movement disorders.
3. For the International Fellow to perform detailed physical assessments to differentiate spasticity, dystonia, dyskinesia, and ataxia.
4. For the International Fellow to understand functional implications of movement disorders and their treatment pathways.
5. For the International Fellow to counsel families regarding impact and prognosis of movement disorders.
6. For the International Fellow to identify abnormal joint ranges and consider when intervention is required.
7. For the International Fellow to become familiar with medications used to treat tone abnormalities, including their indications and side effects.
8. For the International Fellow to identify target muscles for botulinum toxin based on clinical findings.
9. For the International Fellow to participate in the administration of botulinum toxin and understand advanced tone treatments such as ITB and SDR.
10. For the International Fellow to work collaboratively with orthopaedics, neurosurgery, and HSCPs in developing management plans.
11. For the International Fellow to use classification systems such as GMFCS, MACS, and CFCs to support care planning.

## Training Goal 4 – Intellectual Disability

By the end of this Fellowship, the Fellow is expected to be skilled in diagnosing, managing, and supporting children and young people with intellectual disability.

### TRAINING OUTCOMES

1. For the International Fellow to recognise and diagnose common genetic and syndromic causes of intellectual disability.
2. For the International Fellow to interpret dysmorphic features and their relevance to underlying conditions.
3. For the International Fellow to provide genetic counselling where appropriate.
4. For the International Fellow to understand the role of array CGH and genome sequencing in diagnostic pathways.
5. For the International Fellow to develop long-term management plans for children with intellectual disability.
6. For the International Fellow to make appropriate referrals to allied health and specialist services.
7. For the International Fellow to manage co-morbidities such as epilepsy, endocrine disorders, behavioural challenges, and nutritional concerns.
8. For the International Fellow to support transition to adolescence with focus on independence and advocacy.

## Training Goal 5 – Sensory Disability. Hearing and Visual Impairment

By the end of this Fellowship, the Fellow is expected to be competent in the assessment and management of children presenting with sensory disorders, including hearing loss and visual impairment.

### TRAINING OUTCOMES

1. For the International Fellow to understand the causes and developmental impacts of hearing and vision loss in childhood.
2. For the International Fellow to conduct assessments and investigations for permanent childhood hearing loss using international guidelines.
3. For the International Fellow to interpret audiological assessments accurately.
4. For the International Fellow to understand referral pathways, including those for cochlear implantation.
5. For the International Fellow to recognise hearing loss as a co-morbidity or associated condition in broader syndromes.
6. For the International Fellow to assess vision, with attention to cerebral visual impairment, and coordinate interdisciplinary assessment.
7. For the International Fellow to manage visual impairment, including counselling and early intervention.
8. For the International Fellow to liaise effectively with ENT, audiology, ophthalmology, and educational services.
9. For the International Fellow to utilise reliable sources to address knowledge gaps, including audiology and genetic websites.

## Training Goal 6 – Social and Communication Disorders / Autism Spectrum Disorder

By the end of this Fellowship, the Fellow is expected to be proficient in the management of social and communication disorders and autism spectrum disorder, particularly when co-existing with developmental delay or intellectual disability.

### TRAINING OUTCOMES

1. For the International Fellow to recognise the presentation of ASD and make timely referrals for formal assessment.
2. For the International Fellow to interpret diagnostic tools used in assessing ASD (e.g. ADI-R, ADOS, DISCO).
3. For the International Fellow to counsel families regarding ASD diagnosis and implications.
4. For the International Fellow to understand and discuss available interventions and services for ASD.
5. For the International Fellow to manage common medical co-morbidities in ASD (e.g. sleep issues, ARFID, continence problems).
6. For the International Fellow to identify and refer psychiatric co-morbidities appropriately.
7. For the International Fellow to contribute medical input in managing behaviours that challenge.
8. For the International Fellow to support independence and self-advocacy through adolescence.
9. For the International Fellow to stay up to date with developments in ASD research and interventions.

## Training Goal 7 – Neural Tube Defects

By the end of this Fellowship, the Fellow is expected to develop expertise in managing children with neural tube defects, particularly myelomeningocele, and provide comprehensive family support across the childhood span.

### TRAINING OUTCOMES

1. For the International Fellow to understand the pathogenesis and complications of myelomeningocele.
2. For the International Fellow to conduct neonatal assessments to identify complications and functional levels.
3. For the International Fellow to counsel families on prognosis for mobility, cognition, and independence.
4. For the International Fellow to assess functional impacts and coordinate interdisciplinary care.
5. For the International Fellow to liaise with neurosurgery, urology, and orthopaedics in ongoing management.
6. For the International Fellow to support transitions through adolescence with focus on self-advocacy.
7. For the International Fellow to manage acute illness and deterioration in this patient group.

## Training Goal 8 – Children with Complex Medical Needs (CMN) and Disability

By the end of this Fellowship, the International Fellow is expected to be skilled in the holistic care of children with complex medical needs or significant neurological impairment as a result of their disability.

### TRAINING OUTCOMES

1. For the International Fellow to confidently care for children with CMN/SNI and recognise their unique medical challenges.
2. For the International Fellow to monitor for and manage multiple co-morbidities across systems, including feeding, respiratory, neurological, and renal.
3. For the International Fellow to assess and rationalise polypharmacy, balancing efficacy, side effects, and drug interactions.
4. For the International Fellow to understand home care, equipment, and adaptation needs.
5. For the International Fellow to communicate compassionately with families to identify and resolve care challenges.
6. For the International Fellow to facilitate access to social and financial supports for families.
7. For the International Fellow to advocate for the necessary services and community supports to maintain quality of life.

## Training Goal 9 – Feeding and Nutrition

By the end of this Fellowship, the Fellow is expected to be skilled in the assessment and management of nutrition in children with disabling conditions.

### TRAINING OUTCOMES

1. For the Fellow to monitor growth and puberty in children with disabilities.
2. For the Fellow to identify faltering growth or malnutrition and intervene appropriately.
3. For the Fellow to investigate causes of feeding disorders and malnutrition, including neurological and gastrointestinal factors.
4. For the Fellow to demonstrate competence in the medical management of malnutrition and growth failure.
5. For the Fellow to manage gut health across all paediatric age groups.
6. For the Fellow to understand and collaborate with the MDT to optimise nutritional care.
7. For the Fellow to prescribe and manage enteral feeding plans with dietetic input.
8. For the Fellow to understand indications for, and care of, different enteral feeding methods including blended diets.
9. For the Fellow to recognise indications for videofluoroscopic swallow studies (VFSS).

## Training Goal 10 – Epilepsy and Neurophysiology

By the end of this Fellowship, the Fellow is expected to be proficient in managing epilepsy in children with neurodisabling conditions.

### TRAINING OUTCOMES

1. For the Fellow to understand the neurophysiology of seizures.
2. For the Fellow to recognise and differentiate seizure activity from other episodic events.
3. For the Fellow to initiate treatment and monitor children with common epilepsy syndromes.
4. For the Fellow to identify cases requiring shared care with neurology services.

## Training Goal 11 – Sleep Disorders

By the end of this Fellowship, the Fellow is expected to identify and manage sleep disorders in children with disabling conditions.

### TRAINING OUTCOMES

1. For the Fellow to recognise and describe common sleep problems.
2. For the Fellow to perform comprehensive assessments of sleep patterns and routines.
3. For the Fellow to diagnose sleep disorders and their underlying causes.
4. For the Fellow to manage sleep disorders, including referral for specialty input when needed.
5. For the Fellow to interpret sleep studies with support from specialty colleagues.
6. For the Fellow to explain the developmental impact of sleep disruption in children with disabilities.
7. For the Fellow to make evidence-based recommendations on improving sleep hygiene.

## Training Goal 12 – Fundamentals of Paediatric Rehabilitation

By the end of this Fellowship, the Fellow is expected to demonstrate foundational knowledge and skills in paediatric rehabilitation.

### TRAINING OUTCOMES

1. For the Fellow to perform comprehensive assessments using the ICF-CY framework.
2. For the Fellow to conduct detailed physical and functional assessments relevant to disability.
3. For the Fellow to work effectively within an interdisciplinary team, understanding each role.
4. For the Fellow to lead goal-setting and evaluate outcomes in rehabilitation plans.
5. For the Fellow to formulate and implement patient-centred rehabilitation programmes.
6. For the Fellow to apply appropriate outcome measures and assessment tools.
7. For the Fellow to understand the developmental and psychosocial impact of acquired disability.
8. For the Fellow to liaise with schools and other agencies to support reintegration and participation.
9. For the Fellow to manage clinical and family-related conflicts sensitively.

## Training Goal 13 – Acquired Brain Injury (ABI)

By the end of this Fellowship, the Fellow is expected to assess, manage, and coordinate care for children with acquired brain injury.

### TRAINING OUTCOMES

1. For the Fellow to assess children with ABI considering medical, developmental, and social context.
2. For the Fellow to understand the causes, severity, and prognosis of ABI.
3. For the Fellow to identify and manage the physical and cognitive consequences of ABI.
4. For the Fellow to assess post-traumatic amnesia using recognised tools.
5. For the Fellow to coordinate rehabilitation plans addressing fatigue, feeding, and sleep issues.
6. For the Fellow to refer appropriately to community and specialist services.
7. For the Fellow to understand classroom and psychosocial implications of ABI.
8. For the Fellow to use pharmacological interventions appropriately for complications of ABI.

## Training Goal 14 – Spinal Cord Injury (SCI)

By the end of this Fellowship, the Fellow is expected to manage the multidisciplinary needs of children with spinal cord injuries.

### TRAINING OUTCOMES

1. For the Fellow to assess children with SCI and anticipate complications.
2. For the Fellow to identify and manage neurogenic bowel, bladder, and autonomic issues.
3. For the Fellow to monitor musculoskeletal health and growth in children with SCI.
4. For the Fellow to assess and manage nutrition post-SCI.
5. For the Fellow to plan for the long-term impact on education, mental health, and relationships.
6. For the Fellow to collaborate with the MDT and coordinate adaptations at home and school.
7. For the Fellow to use medications appropriately in managing SCI-related complications.

## Training Goal 15 – Disorders of Consciousness

By the end of this Fellowship, the Fellow is expected to understand, assess, and manage children with disorders of consciousness.

### TRAINING OUTCOMES

1. For the Fellow to describe the spectrum of consciousness disorders.
2. For the Fellow to assess level of consciousness using recognised scales.
3. For the Fellow to understand prognostic implications of persistent disorders of consciousness.
4. For the Fellow to design management plans involving the MDT and families.
5. For the Fellow to contribute to service development for assessing disorders of consciousness.

## Training Goal 16 – Bowel and Bladder Care

By the end of this Fellowship, the Fellow is expected to be proficient in the assessment and management of bowel and bladder dysfunction in children with neurodisabling conditions.

### TRAINING OUTCOMES

1. For the Fellow to understand the pathophysiology of bowel and bladder dysfunction in neurodisabling conditions.
2. For the Fellow to assess bladder function using appropriate history, examination, and investigations.
3. For the Fellow to evaluate the impact of bowel and bladder issues on quality of life and functioning.
4. For the Fellow to collaborate effectively with Urology and Nursing teams.
5. For the Fellow to assess constipation and understand its interplay with other functional disorders.
6. For the Fellow to implement and review individualised bowel care plans.
7. For the Fellow to communicate clearly with families regarding management plans.
8. For the Fellow to promote autonomy and independence in bowel and bladder care.

## Training Goal 17 – Equipment and Assistive Technology

By the end of this Fellowship, the Fellow is expected to apply knowledge of assistive technology to optimise functional outcomes for children with disabilities.

### TRAINING OUTCOMES

1. For the Fellow to identify and select appropriate mobility aids based on clinical assessment.
2. For the Fellow to understand the indications for home and environmental adaptations.
3. For the Fellow to assess the need for and use of augmentative and alternative communication aids.
4. For the Fellow to contribute to decisions regarding orthoses and splints.
5. For the Fellow to anticipate and plan for changing equipment needs over time.
6. For the Fellow to collaborate with the interdisciplinary team in selecting and reviewing assistive devices.

## Training Goal 18 – Child and Adolescent Mental Health (CAMH)/Psychiatry

By the end of this Fellowship, the Fellow is expected to recognise, assess and contribute to the management of mental health and behavioural concerns in children with neurodisability.

### TRAINING OUTCOMES

1. For the Fellow to identify behavioural issues and assess their medical causes.
2. For the Fellow to participate in multidisciplinary assessments of behaviour.
3. For the Fellow to manage behavioural concerns in collaboration with CAMH colleagues.
4. For the Fellow to identify when referral to psychiatry is appropriate.
5. For the Fellow to provide informed care as part of shared psychiatric management.

## Training Goal 19 – Genetics in Neurodisability

By the end of this Fellowship, the Fellow is expected to integrate genetic knowledge into the assessment and care of children with neurodisability.

### TRAINING OUTCOMES

1. For the Fellow to recognise clinical signs that suggest a genetic aetiology.
2. For the Fellow to construct and interpret a three-generation family tree.
3. For the Fellow to understand the principles of informed consent in genetic testing.
4. For the Fellow to support families through the genetic diagnostic process.
5. For the Fellow to identify appropriate indications for genetic referral and testing.

## Training Goal 20 – Advocacy and Development of Services

By the end of this Fellowship, the Fellow is expected to advocate effectively for children with disabilities and contribute to service development.

### TRAINING OUTCOMES

1. For the Fellow to assess unmet needs in individual cases and broader populations.
2. For the Fellow to engage with stakeholders and service providers to advocate for resources.
3. For the Fellow to use data and clinical evidence to support advocacy.
4. For the Fellow to understand relevant policies and legal frameworks affecting service provision.
5. For the Fellow to contribute to service improvement initiatives.

## Training Goal 21 – Research and Clinical Science

By the end of this Fellowship, the Fellow is expected to understand and apply the principles of clinical research and data collection to improve care.

### TRAINING OUTCOMES

1. For the Fellow to collect and interpret clinical data as part of routine care.
2. For the Fellow to design and conduct a research or audit project.
3. For the Fellow to collaborate with research departments for ethical and methodological guidance.
4. For the Fellow to present and, where appropriate, publish findings from clinical research.
5. For the Fellow to complete research training and engage in continuous scientific learning.

## Training Goal 22 – Palliative and End-of-Life Care

By the end of this Fellowship, the Fellow is expected to recognise and respond to the palliative care needs of children with life-limiting conditions.

### TRAINING OUTCOMES

1. For the Fellow to identify when a palliative care approach is appropriate.
2. For the Fellow to communicate sensitively with families regarding palliative goals of care.
3. For the Fellow to manage symptoms effectively, including at the end of life.
4. For the Fellow to consult with palliative care services and engage in collaborative care.
5. For the Fellow to incorporate ethical, legal, and cultural considerations into care planning.
6. For the Fellow to use structured tools for advanced care planning and documentation.

## Appendix – Key Resources

These are the resources which provide the basic and advanced training that the fellow can use to enrich their basic and advanced knowledge in paediatric community child health and neurodisability. A thorough grounding in these should stand the trainee in very good stead, in the context of appropriate clinical exposure and learning opportunities.

### Books

*Regular access to the following books would be an advantage: i.e., worth buying yourself, or getting your local hospital department or library to buy:*

Aicardi J. *Diseases of the Nervous System in Childhood*. Mac Keith Press, 2nd Ed. 1998. ISBN10: 1898683166, ISBN 13: 9781898683162

Hall D. and Hill P. *The Child with a Disability*. Wiley & Sons. Ltd. Ltd, 2nd Ed. 1996. ISBN: 0632047763

Maria B L. *Current Management in Child Neurology*. BC Decker (available in UK via Elsevier Health Sciences), 3<sup>rd</sup> Edition (includes CD-ROM). 2005. ISBN10: 1550092928, ISBN 13: 9781550092929

Fenichel G. *Clinical Paediatric Neurology A Signs and Symptoms Approach*. Elsevier Health Sciences. 5<sup>th</sup> Edition, May 2005. ISBN 10: 1416001697, ISBN 13: 9781416001690

Capute A and Accardo P. *Developmental Disabilities in Infancy and Childhood*. Brookes Publishing Cp. 1996. ISBN 13: 978-1-55766-756-4

Aicardi J. *Epilepsy in Children*. Lippincott, Williams and Wilkins, 3<sup>rd</sup> edition. 2002. ISBN-10: 0781726980, ISBN-13: 978-0781726986

Wallace S. *Epilepsy in Children*. Hodder Arnold. 2004. ISBN-10: 0340808144, ISBN-13: 9780340808146

Stephenson J and King M. *A Handbook of Neurological Investigations in Children*. Mackeith Press.. 2010. ISIN B0012O4)W6

Gillberg C. *Clinical Child Neuropsychiatry*. CUP. 1995. ISBN 10: 0521433886, ISBN 13: 9780521433884

Reynolds C and Fletcher-Janzen E. *Clinical Child Neuropsychology*. Springer. 1997. ISBN 10: 030645257X ISBN 13: 978-0306452574

Jones K. *Smith's Recognisable patterns of Human Malformation*. Saunders. 6<sup>th</sup> Edition. 2005 ISBN-10: 0-7216-0615-6, ISBN-13: 978-0-7216-0615-6

Forsyth R and Newton R. *Paediatric Neurology*. Oxford University Press. 2007. ISBN: 978-0-19-856939-8

Firth H. and Hurst J. *Clinical Genetics and Genomics*. Oxford University Press. 2017. ISBN-10 0199557500

Goldman A., Hain R. and Liben S. *Palliative Care for Children*. Oxford University Press. 2006. ISBN: 0198526539

Davies H and Fallowfield L (Eds). *Counselling and Communication in Health Care*. John Wiley and Sons. 1991. ISBN 10: 0471929654, ISBN 13: 978-0471929659

Corney R (Ed). *Developing Communication and Counselling Skills in Medicine*. Tavistock/Routledge. 1991. ISBN 0415042364

Kurz S. *Teaching and Learning Communication Skills*. Radcliffe Medical Press. Feb 1998. ISBN10 1857756584, ISBN13: 9781857756586

Davies H. *Counseling Parents of Children with Chronic Illness or Disability*. British Psychological Society Books. 1993. ISBN: 9781854330918

Alexander M.A., Matthews D (Ed) *Pediatric Rehabilitation* 4th Edition, 2010, ISBN 10: ISBN: 9781933864372

Menkes B., Sarnat H.B., Maria B.L. (Ed) *Child Neurology* by Menkes, 7th Edition. ISBN 10: 0781751047, ISBN 13: 978-0781751049

Gilberg C., Aicardi J., Bzx M., *Diseases of the nervous system in childhood*, London: Mac Keith Press 2009 3rd edition, ISBN 9781898683926

Moore P., Naumann M, *Handbook of Botulinum Toxin Treatment*, second edition, Blackwell Science, 2003. ISBN 063205957-5

Fernandez-Alvarez E., Aicardi J., *Movement disorders in children* / Mac Keith Press 2001, ISBN 1898683239

Dan B., Mayston M., Paneth N., Rosenbloom L., (Ed) *Cerebral Palsy Science and Clinical Practice*. Wiley 1<sup>st</sup> edition 2014. ISBN: 9781909962385

MacGregor DL., Kulkarni AV., Dirks PB., Rumney P., (Ed) *Head injury in children and adolescents* / Mac Keith Press 2007, ISBN 9781898683506

## **Journals and Publications**

Developmental Medicine and Child Neurology  
<http://www.blackwellpublishing.com/journal.asp?ref=0012-1622>

MacKeith Press clinics in Developmental Medicine  
<http://www.mackeith.co.uk/cdmlist.html>

Child: Health, Care and Development  
<http://www.blackwellpublishing.com/journal.asp?ref=0305-1862&site=1>

Archives of Disease in Childhood  
<http://adc.bmjjournals.com>

**Pediatric Neurology**

<http://www.pedneur.com>

**NICE Guidelines relevant to Paediatric Neurodisability**

<http://www.nice.org.uk/page.aspx?o=guidelines.completed>

**WHO International Classification of Function**

<http://www.who.int/classifications/icf/en/>

**Access to the following is also recommended****Journal of Child Psychology and Child Psychiatry**

<http://www.blackwellpublishing.com/journal.asp?ref=0021-9630>

**Archives of Physical Medicine and Rehabilitation**

<http://journals.elsevierhealth.com/periodicals/yapmr>

**Clinical Rehabilitation**

<http://www.sagepub.co.uk/journalsProdDesc.nav?prodId=Journal201806>

**ILEA**

[www.epilepsy.org](http://www.epilepsy.org)

**Videos**

The following *videos* are highly recommended:

Two Way Street. Triangle and NSPCC. 2001 – about communicating with disabled children and young people

<http://www.triangle-services.co.uk/index.php?page=publications>

DoH Video on transition

[www.dh.gov.uk/rtansition](http://www.dh.gov.uk/rtansition)

Informing Families of their child's disability: National Best Practise Guidelines - DVD to be watched.

**Courses and Meetings**

Attendance at seminars, courses, and annual scientific meetings of following organisations is recommended:

Newly formed Irish Academy of Childhood Disability 2021

British Academy of Childhood Disability

European Academy of Childhood Disability

British Paediatric Neurology Association (including Paediatric Epilepsy Training Courses PET1, PET2 etc )

Down Syndrome Medical Interest Group

All Island Children's Palliative Care Conference

Cerebral Palsy and Developmental Medicine Associations in American academy ACPDM, Australia, Asia and Europe. Yearly meetings with excellent joint meetings usually every second year.

Faculty of Paediatrics Biannual Meetings

RCPCH Annual meeting

#### **Other Organisations and Websites of Interest**

American Academy of Neurology

American Academy of Paediatrics

## 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 **Paediatrics Study Days** and could be eligible to complete the **HST Taught Programme in Paediatrics**.

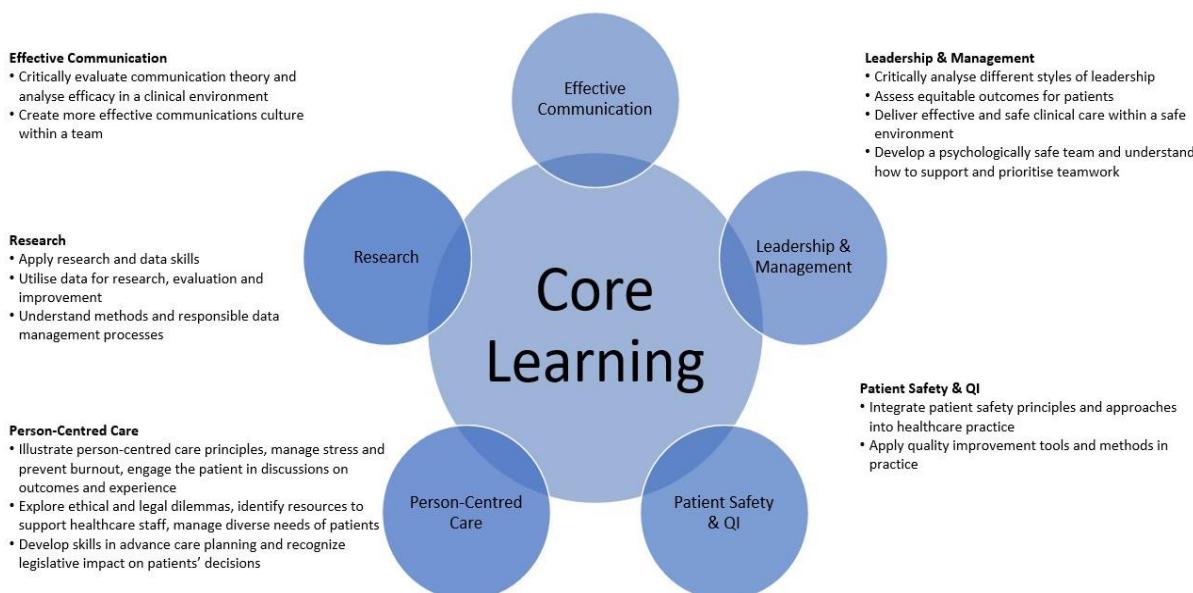
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials are delivered by Tutors related to Paediatrics 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 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	
<b>CBD   Case Based Discussion</b>	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol>
<b>DOPS   Direct Observation of Procedural Skills</b>	<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>
<b>MiniCEX   Mini Clinical Examination Exercise</b>	<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"> <li>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).</li> <li>2. The International Fellow is then expected to suggest a diagnosis and management plan for the patient based on the history/examination.</li> <li>3. The Trainer assesses the overall International Fellow's performance by using the structured ePortfolio form and provides constructive feedback.</li> </ol>
<b>Feedback Opportunity</b>	<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	
<b>QA   Quarterly Assessment</b>	<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>
<b>EOPA   End of Post Assessment</b>	<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>
<b>EOYE   End of Year Evaluation</b>	<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
<b>Training Plan</b>		
<b>Personal Goals Plan</b> (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
<b>Sample of Weekly Timetable</b> (per post)	Required	1 per post
<b>Training Activities</b>		
<b>Clinics</b>		
Neurodisability clinics (including down-syndrome, complex care and autism and intellectual disability)	Required	1 per week
Spina bifida	Required	3 per programme
Spasticity management clinics	Required	3 per programme
Botulinum toxin injection sessions	Desirable	3 per programme
Selective Dorsal Rhizotomy Assessment Forum	Desirable	1 per programme
Multidisciplinary Feeding Clinic	Required	1 per programme
Gait Laboratory	Required	1 per programme
Acquired Brain Injury	Required	1 per programme
Genetics clinics	Desirable	4 per programme
Metabolic clinics	Desirable	4 per programme
Child Psychiatry	Desirable	4 per programme
<b>Ward Rounds/Consultations</b>	Required	1 per week
<b>Procedures/Practical/Surgical Skills</b>		
Botox injection	Desirable	2 per programme
Post-traumatic amnesia assessment	Desirable	1 per programme
Observation of autism assessment tool	Desirable	1 per programme
Observation of a Baclofen Pump maintenance (ITB)	Desirable	1 per programme
Ages and stages screening	Required	1 per programme
Observation of psychological cognitive assessment	Desirable	1 per programme
<b>Additional/Special Experience</b>	Required	4 per year on average
Child vision	Required	1 per programme
Cochlear implant	Desirable	1 per programme
<b>Educational Activities***</b>		
<b>Courses</b>		
Paediatric Epilepsy training (PET - to at least level 2)	Desirable	
WeeFIM	Desirable	
FIM + FAM	Desirable	
Motor Management BPNA Course	Desirable	
CPRR	Desirable	
RCPI Taught Programme	Required	1 live tutorial every 3

Experience Type	Required/ Desirable	Expected Frequency
		months
<b>In-house activities</b>		
Grand Rounds	Required	1 per month
Journal Club	Required	1 per month
Radiology Conferences	Required	1 per month
<b>MDT Meetings</b>		
Multidisciplinary care with joint clinics and meetings (Physiotherapists for spasticity management, SLT for feeding management, OT for sleep disorders)	Required	5 per year
Attendance at HSCP therapy sessions as necessary to understand and share competencies (saliva control management, sensory dysregulation management, sleep management, spasticity management behaviour therapy and psychology for disturbed behaviour)	Desirable	5 per year
Discharge planning meetings	Required	4 per year
<b>Teaching Attendance</b>		
Lectures/Seminars	Required	4 per year
Study Days	Required	4 per year
<b>Delivery of Teaching (1 per month on average)</b>		
Tutorial	Desirable	
NCHD and Student Teaching	Desirable	
Lecture	Desirable	
Bedside Teaching	Desirable	
<b>Clinical Audit activities and reporting</b>	Required	1 per year
<b>Research</b>	Required	1 per programme
<b>Publications</b>	Desirable	
<b>Presentations</b>	Desirable	
<b>National/International meetings</b> (e.g., IACD/BACD/EACD/AACPDM/BPNA)	Required	attend at least 1 from the list
<b>Additional Activities</b>		
Liaison with other sites	Desirable	
Committee Attendance	Desirable	
<b>Assessments and Evaluations</b>		
<b>Workplace-Based Assessments (WBAs)</b>		
Case Based Discussion	Required	4 per year
Mini-CEX	Required	4 per year
Feedback Opportunity (1 every 3 months)	Required	4 per year
<b>Mandatory Evaluations</b>		
Quarterly Assessment (1 every 3 months)	Required	4 per year
End of Year Evaluation	Required	1 per year