



This ICFP Curriculum in Endocrinology and Diabetes Mellitus was reviewed in 2025 by Dr Conall Denny and the RCPI Workplace Education Team. It is approved by the Specialist Training Committee in Endocrinology and the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
1.0	July 2025	Stephen Capper	New Curriculum in OBE Format

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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. ICFP in Endocrinology & Diabetes Mellitus

This ICFP aims to offer comprehensive training in Endocrinology & Diabetes Mellitus. The programme offers broad exposure to the clinical management of Endocrinology & Diabetes Mellitus across inpatient, outpatient, and other health settings under the appropriate supervision. The curriculum is aligned with the Royal College of Physicians of Ireland (RCPI) Higher Specialist Training (HST) in Endocrinology & Diabetes Mellitus, and reflects the principles 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 3 years.

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

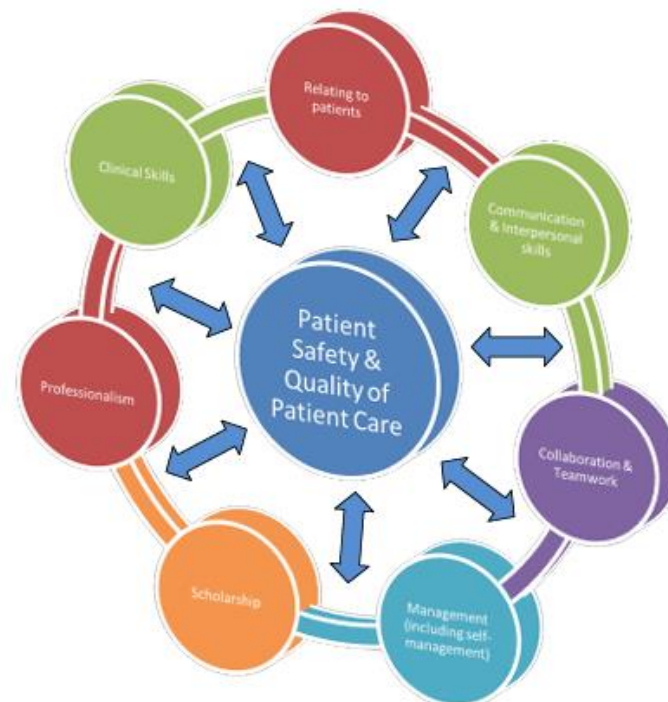
*The Medical Council has defined **eight domains of good professional practice**.*

*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 Endocrinology & Diabetes Mellitus

*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.

Diabetes

#### Training Goal 2.

Obesity and Lipids

#### Training Goal 3.

Thyroid

#### Training Goal 4.

Calcium and Bone

#### Training Goal 5.

Pituitary and Electrolytes

#### Training Goal 6.

Reproductive Health and Gender Care

Training Goal 7 Neuroendocrine and Rare Endocrine

Training Goal 8 Neuroendocrine and Rare Endocrine

Training Goal 9. Service Development and Data Management

## Training Goal 1 – Diabetes

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a focused management plan for common presentations of diabetes. They are also expected to diagnose, manage, and implement appropriate treatment strategies for complicated and rare forms of diabetes.

### **OUTCOME 1 – HISTORY TAKING AND EXAMINATION**

For the International Fellow to be able to take a focused and comprehensive history and examination.

### **OUTCOME 2 – DIAGNOSE AND MANAGE THE SPECTRUM OF DIABETES PRESENTATIONS AND PATIENTS' GROUPS**

For the International Fellow to correctly diagnose and manage the spectrum of diabetes presentations and patients' groups.

### **OUTCOME 3 – APPROPRIATE USE OF SCREENING AND MANAGEMENT OF DIABETES COMPLICATIONS**

For the International Fellow to enable screening for and correctly manage diabetes complications.

### **OUTCOME 4 – EFFECTIVE USE OF TECHNOLOGY**

For the International Fellow to demonstrate practical and effective use of technology.

### **OUTCOME 5 – KNOWLEDGE OF STRUCTURED EDUCATIONAL PROGRAMMES FOR DIABETES**

For the International Fellow to develop a working knowledge of structured education programmes for Diabetes to cover, but not limited to, diet and exercise.

### **OUTCOME 6 – PARTICIPATE IN MDT ACTIVITIES**

For the International Fellow to actively participate in multidisciplinary team activities.

### **OUTCOME 7 – EXPERIENCE AND KNOWLEDGE OF INTEGRATED DIABETES CARE**

For the International Fellow to gain experience and knowledge of integrated diabetes care.

### **OUTCOME 8 – ADVOCATE FOR PATIENT EMPOWERMENT AND DEMONSTRATE EMPATHY**

For the International Fellow to advocate for patient empowerment and demonstrate empathy with the patient's lived experience.

## Presentations and conditions

The table below details the key conditions of Diabetes commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate competence across the relevant training outcomes. For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management, and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

<b>Training Goal 1. Diabetes</b>	
<b>Diabetes Types</b>	Type 1 Diabetes, inc. Latent Autoimmune Diabetes of Adulthood
	Type 2 Diabetes
	Monogenic Diabetes
	Gestational Diabetes
	New-onset Diabetes after Transplantation
	Steroid-induced Diabetes
	Cystic Fibrosis Related Diabetes
	Diabetes secondary to pancreatitis / post pancreatic resection
	Diabetes associated with other genetic conditions eg DIDMOAD
<b>Diabetes Presentations</b>	Diabetes ketoacidosis inc. euglycaemic ketoacidosis (secondary to SGLT2s, or in pregnancy)
	Hyperglycaemic Hyperosmolar state
	Severe Hypoglycaemia
<b>Medical Managements of Diabetes</b>	Glucose targets
	Blood pressure targets
	Cholesterol targets
	Activity goals
	Appropriate use and interpretation of Continuous Glucose Monitoring Sensors
	Appropriate use of Insulin pumps
	DAFNE / Carbohydrate Counting
	Optimising transition in Diabetes
	Awareness of Psychology needs / Recognising Diabetes Distress
	Pre-pregnancy planning for women with pre-existing diabetes
	Diabetes Management during pregnancy
	Peri-operative Diabetes management
<b>Diabetes Associated Complications</b>	Nephropathy
	Retinopathy
	Cardiovascular disease
	Cerebrovascular disease
	Lipohypertrophy
	Cognitive impairment
	Diabetes distress
	Diabetic Neuropathy - peripheral and autonomic (inc. Erectile dysfunction)
	Diabetes-related skin disorders (inc. Necrobiosis Lipoidica)
	Diabetes Foot problems (inc. Charcot joints)
	Musculoskeletal disorders (inc. Frozen Shoulder)

## Training Goal 2 – Obesity and Lipids

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a focused management plan for usual clinical presentations of hyperlipidaemia and obesity. They are also expected to achieve proficiency in the development of a focused management plan for rare forms of hyperlipidaemia and for complex obesity.

### OUTCOME 1 – HISTORY TAKING AND EXAMINATION

For the International Fellow to be able to take a focused and comprehensive history and examination.

### OUTCOME 2 – DIAGNOSE AND MANAGE LIPID DISORDERS MEDICAL AND POST-SURGICAL TREATMENTS FOR OBESITY

For the International Fellow to correctly diagnose and manage lipid disorders and medical and post-surgical treatments for obesity.

### OUTCOME 3 – APPROPRIATE SCREENING FOR AND MANAGEMENT OF OBESITY COMPLICATIONS

For the International Fellow to correctly screen for and manage complications of obesity, including the psychological impact of the condition.

### OUTCOME 4 – ACTIVELY PARTICIPATE IN MDT ACTIVITIES

For the International Fellow to actively participate in multidisciplinary team activities.

### OUTCOME 5 – ADVOCATE FOR PATIENT EMPOWERMENT AND DEMONSTRATE EMPATHY

For the International Fellow to advocate for patient empowerment and demonstrate empathy with the patient's lived experience.

### Types and Presentations

The table below details the key aspects of knowledge such as epidemiology, diet and exercise, clinical assessment, and treatments of complications of Obesity commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate competence across the relevant training outcomes. For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management, and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 2. Obesity	
	Prevalence in children and adults in different regions globally
	The extent to which obesity contributes to other non-communicable diseases, especially diabetes, cardiovascular disease, and cancer.

<b>Epidemiology of Obesity</b>	The relative contributions of genetic factors (to variations in obesity risk at any point in time) and environmental factors (to changes in population distribution of body weight over time).
	The need for population-level preventive strategies as well as individual-level treatment strategies.
<b>Importance of Diet and Physical Activity in Obesity Pathogenesis</b>	Awareness of the principles of energy intake and expenditure and the methods that are available to quantify these.
	Understanding the commercial determinants of health, and how these have profoundly influenced the food environment and population dietary behaviours.
	The importance of the built environment and transport infrastructure on population physical activity patterns.
	The role of structured lifestyle modification programmes in the treatment of obesity and its complications.
<b>Clinical Assessment of Obesity</b>	The importance and limitations of “body mass index” as an indicator of obesity severity
	Structured approaches to obesity severity staging, such as “Kings” and “Edmonton” systems
	Diagnostic and screening tests for obesity complications, particularly in relation to diabetes, fatty liver disease, insulin resistance, polycystic ovary syndrome and subfertility.
	Consideration of the added burden of self-stigma and weight bias internalisation for some patients
<b>Identification of Unusual Symptoms</b>	Consideration of secondary endocrine causes of obesity such as hypothyroidism and hypercortisolaemia.
	Awareness of clinical features in the history (consanguinity, hypothalamic polyphagia, young onset) and physical examination (hair colour, acanthosis, learning difficulty) suggestive of monogenic or syndromic “extreme phenotype” obesity.
<b>Treatment and Complications</b>	The need for compassionate, personalised, non-stigmatising communication with affected individuals using “patient first” language.
	The importance of the multidisciplinary team including surgical, nursing, physiotherapy, medical, occupational therapy, psychology, exercise physiology, dietetic expertise, as needed.
	Different metabolic-bariatric surgical techniques, their indications, contra-indications, mechanisms of action and early and late complications, especially bypass surgeries and sleeve gastrectomy.
	Different drug treatments for obesity, most importantly incretin-based therapies, their indications, contra-indications, mechanisms of action and early and late complications.
	Specific dietary approaches, including meal-replacement programmes, low-calorie, low-fat, and low-carbohydrate diet, and the difficulties with sustaining these.
	Consideration of the cost-effectiveness and health economic aspects of treatment delivery, and the impact of treatment on cardiovascular disease, diabetes, and other obesity complications.
	Management of suboptimal therapeutic responses to structured lifestyle modification, drug therapy or surgery, including combining therapies.

## Training Goal 3 – Thyroid

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a focused management plan for usual clinical hyperthyroid and hypothyroid presentations, and thyroid nodules. They are also expected to achieve proficiency in the development of a focused management plan for complex thyroid disorders and thyroid cancer.

### OUTCOME 1 – HISTORY TAKING AND EXAMINATION

For the International Fellow to be able to take a focused and comprehensive history and examination.

### OUTCOME 2 – DIAGNOSE AND MANAGE THYROID DISORDERS

For the International Fellow to correctly diagnose and manage thyroid disorders.

### OUTCOME 3 – INTERPRET INVESTIGATIONS AND UNDERSTAND LIMITATIONS OF TESTS

For the International Fellow to correctly interpret thyroid laboratory and radiology investigations and understand the limitations of diagnostic laboratory and radiology tests.

### OUTCOME 4 – ACTIVELY PARTICIPATE IN MDT ACTIVITIES

For the International Fellow to actively participate in multidisciplinary team activities.

### OUTCOME 5 – ADVOCATE FOR PATIENT EMPOWERMENT AND DEMONSTRATE EMPATHY

For the International Fellow to advocate for patient empowerment and demonstrate empathy with the patient's lived experience.

### Presentations and conditions

The table below details the key measurement function tests and Thyroid conditions commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate competence across the relevant training outcomes. For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management, and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 3. Thyroid	
Thyroid Function Tests	TSH measurement and limitations of assay and limitations of measuring in isolation
	Free hormone measurement
	Influence of drugs on thyroid function tests
	Knowledge of antibodies in thyroid disease
	Interpretation of thyroid function tests in common thyroid conditions and understanding of discordant thyroid function tests

<b>Medical Management of Thyroid Conditions (including but not limited to)</b>	Graves' disease, including. <ul style="list-style-type: none"> <li>• Graves' disease treated with surgery</li> <li>• Graves' disease treated with radioactive iodine</li> <li>• Graves' disease with thyroid eye disease</li> <li>• Graves' disease with dermopathy</li> <li>• Graves' disease with acropachy</li> <li>• Graves' disease and pregnancy</li> </ul>
	Secondary Hyperthyroidism
	Subclinical Hyperthyroidism
	Thyroid Nodules
	Multinodular Goitre
	Non-Thyroidal illness
	Thyroiditis
	Hypothyroidism
	Subclinical Hypothyroidism
	Amiodarone and Thyroid Function
	Thyroid Cancer

## Training Goal 4 – Calcium and Bone

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a focused management plan for usual clinical presentations of calcium and bone disorders. They are also expected to achieve proficiency in the development of a focused management plan for rare forms of calcium and bone disorders.

### OUTCOME 1 – HISTORY TAKING AND EXAMINATION

For the International Fellow to be able to take a focused and comprehensive history and examination.

### OUTCOME 2 – DIAGNOSE AND MANAGE CALCIUM AND BONE DISORDERS

For the International Fellow to correctly diagnose and manage calcium and bone disorders.

### OUTCOME 3 – INTERPRET LABORATORY AND RADIOLOGICAL INVESTIGATIONS INCLUDING DEXA

For the International Fellow to correctly interpret laboratory and radiological investigations including DEXA.

### OUTCOME 4 – ADVOCATE FOR PATIENT EMPOWERMENT AND DEMONSTRATE EMPATHY

For the International Fellow to advocate for patient empowerment and demonstrate empathy with the patient's.

### Presentations and conditions

The table below details the key Calcium and Bone disorders commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate competence across the relevant training outcomes. For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management, and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 4. Calcium and Bone	
<b>Bone and Calcium conditions</b>	Osteoporosis including fragility fractures and atypical fractures
	Osteomalacia
	Primary Hyperparathyroidism
	Acute Hypercalcaemia
	Acute Hypocalcaemia
	Hypophosphataemia
	Paget's disease of bone
	DXA Scan
	Isotope Bone Scan Report
	MRI and CT Reports

<b>Appropriate Investigations for Calcium and Bone work ups</b>	Parathyroid US Report
	Parathyroid Uptake Scan Report
	Ga PET Report (desirable)
	Ionised / total adjusted calcium, phosphate, magnesium, alkaline phosphatase & bone-specific alkaline phosphatase, serum protein electrophoresis, etc..
	Secondary Osteoporosis workup
	Familiarity with list of national genomics programmes applicable to NGS panels
<b>Calcium and Bone Disorder managements and treatments</b>	Prescription of oral and IV bisphosphonates, denosumab, teriparatide, oestrogen / testosterone replacement including suitability for same, safety advice, monitoring, decision re end date and follow up treatment / monitoring as required
	Management of complications of above NB osteonecrosis of the jaw and atypical femoral fractures
	Management of acute hypocalcaemia
	Management of acute hypercalcaemia
	Vitamin D replacement in osteomalacia
	Management of alfacalcidol / calcitriol, cholecalciferol and calcium replacement in post op hyperparathyroidism patients with falling calcium
	Indications for treatment and bisphosphonate in Paget's disease of bone

## Training Goal 5 – Pituitary and Electrolytes

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a focused management plan for usual clinical presentations of pituitary disease and electrolytes imbalance. They are also expected to achieve proficiency in the development of a focused management plan for complex forms of pituitary disease and electrolytes imbalance.

### OUTCOME 1 – HISTORY TAKING AND EXAMINATION

For the International Fellow to be able to take a focused and comprehensive history and examination.

### OUTCOME 2 – DIAGNOSE AND MANAGE PITUITARY DISORDERS

For the International Fellow to correctly diagnose and manage pituitary disorders including rare presentations.

### OUTCOME 3 – DIAGNOSE AND MANAGE ELECTROLYTES IMBALANCES

For the International Fellow to correctly diagnose and manage electrolytes imbalances including rare presentations.

### OUTCOME 4 – INTERPRET RADIOLOGICAL INVESTIGATIONS

For the International Fellow to correctly interpret radiological investigations.

### OUTCOME 5 – SELECT, PERFORM, AND INTERPRET DYNAMIC PITUITARY FUNCTION TESTS

For the International Fellow to demonstrate ability to select, perform (if possible) and interpret dynamic pituitary function tests.

### OUTCOME 6 – ACTIVELY PARTICIPATE IN MDT ACTIVITIES

For the International Fellow to actively participate in multidisciplinary team activities.

### OUTCOME 7 – ADVOCATE FOR PATIENT EMPOWERMENT AND DEMONSTRATE EMPATHY

For the International Fellow to advocate for patient empowerment and demonstrate empathy with the patient's lived experience.

### Presentations and conditions

The table below details the key conditions commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate competence

across the relevant training outcomes. For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management, and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

<b>Training Goal 5. Pituitary and Electrolytes</b>	
<b>Pituitary Conditions</b>	Acromegaly
	Cushing syndrome
	Diabetes insipidus
	Pituitary tumor
	Prolactinoma
	Empty Sella Syndrome
	Hypopituitarism
	Growth hormone deficiency
	Kallman syndrome
	Infertility
<b>Electrolyte Disorders</b>	Hypernatremia / Hyponatremia
	Hypercalcemia / Hypocalcemia
	Hyperchloremia / Hypochloremia
	Hypermagnesemia / Hypomagnesemia
	Hyperphosphatemia / Hypophosphatemia
	Hyperkalemia / Hypokalemia

## Training Goal 6 – Reproductive Health and Gender Care

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a focused management plan for usual clinical presentations of reproductive health. They are also expected to achieve proficiency in the development of a focused management plan for complex forms of reproductive health and gender care.

### OUTCOME 1 – HISTORY TAKING AND EXAMINATION

For the International Fellow to be able to take a focused and comprehensive history and examination.

### OUTCOME 2 – DIAGNOSE AND MANAGE REPRODUCTIVE PRESENTATIONS

For the International Fellow to correctly diagnose and manage reproductive presentations.

### OUTCOME 3 – RECOGNISE AND MANAGE GENDER CARE PRESENTATIONS

For the International Fellow to correctly recognise and manage gender care presentations.

### OUTCOME 4 – INTERPRET LABORATORY AND RADIOLOGICAL INVESTIGATIONS

For the International Fellow to correctly interpret laboratory and radiological investigations for reproductive care.

### OUTCOME 5 – ACTIVELY PARTICIPATE IN MDT ACTIVITIES

For the International Fellow to actively participate in multidisciplinary team activities.

### OUTCOME 6 – ADVOCATE FOR PATIENT EMPOWERMENT AND DEMONSTRATE EMPATHY

For the International Fellow to advocate for patient empowerment and demonstrate empathy with the patient's lived experience.

### Presentations and conditions

The table below details the key conditions commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate competence across the relevant training outcomes. For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management, and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

<b>Training Goal 6. Reproductive Health and Gender Care</b>	
<b>Conditions Associated with Reproductive Medicine (Female)</b>	Polycystic Ovary Syndrome
	Premature ovarian insufficiency
	Congenital adrenal hyperplasia
	Hypothalamic amenorrhoea
	Primary / Secondary amenorrhoea
	Pubertal delay
	Menopause/perimenopause
	Hypogonadotropic hypogonadism
	Infertility (desired)
	Turner Syndrome
	Investigating hyperandrogenaemia (hyperthecosis, ovarian tumour, PCOS etc)
	Disorders of sexual development
Prolactinoma	
<b>Conditions Associated with Reproductive Medicine (Male)</b>	Hypogonadotropic hypogonadism
	Functional hypogonadism
	Primary testicular failure
	Klinefelter's syndrome
	Infertility (desired)
	Congenital adrenal hyperplasia
	Exogenous testosterone use/abuse
	Delayed puberty
<b>Clinical Managements of Reproductive Conditions (Female)</b>	Induction of puberty
	Prescribing HRT
	Prescribing hormonal and non-hormonal contraception
	Medical management of PCOS- endometrial protection, treating hyperandrogenic symptoms, metabolic/weight management, fertility, long term health screening and treatment
	Basics of fertility treatment/understanding ovulation induction and IVF
	Steroid replacement in CAH
	Optimising CAH for fertility
<b>Clinical Managements of Reproductive Conditions (Male)</b>	Induction of puberty
	Steroid replacement in CAH
	Optimising CAH for fertility
	Testosterone treatment – indications, preparations, monitoring, risks, impact on fertility
	Interpreting semen analysis
	Induction of spermatogenesis

## Training Goal 7 – Adrenal

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a focused management plan for usual clinical presentations of adrenal diseases. They are also expected to achieve proficiency in the development of a focused management plan for complex forms of adrenal disease.

### OUTCOME 1 – HISTORY TAKING AND EXAMINATION

For the International Fellow to be able to take a focused and comprehensive history and examination.

### OUTCOME 2 – DIAGNOSE AND MANAGE ADRENAL DISORDERS

For the International Fellow to correctly diagnose and manage adrenal disorders.

### OUTCOME 3 – INTERPRET LABORATORY AND RADIOLOGICAL INVESTIGATIONS

For the International Fellow to correctly interpret appropriate laboratory and radiological investigations.

### OUTCOME 4 – ACTIVELY PARTICIPATE IN MDT ACTIVITIES

For the International Fellow to actively participate in multidisciplinary team activities.

### OUTCOME 5 – ADVOCATE FOR PATIENT EMPOWERMENT AND DEMONSTRATE EMPATHY

For the International Fellow to advocate for patient empowerment and demonstrate empathy with the patient's lived experience.

### Presentations and conditions

The table below details the key conditions commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate competence across the relevant training outcomes. For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management, and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 7. Adrenal	
Core Conditions	Adrenal insufficiency – primary/secondary/tertiary
	Adrenal Cushing's
	Mineralocorticoid excess – primary and secondary
	Adrenal adenoma and associated biochemical work up
	Phaeochromocytoma and paraganglioma (PPGL)
	Congenital adrenal hyperplasia (21 hydroxylase deficiency)

	Mild autonomous cortisol syndrome (MACS)
<b>Desirable</b>	Adrenocortical carcinoma (ACC) Mitotane therapy in ACC Adrenal metastases and haemorrhage Congenital adrenal hyperplasia (other genotypes) Genetic syndromes of PPGL – VHL/SDHB and D/MEN2A
<b>Investigations</b>	Biochemical – short synacthen test, overnight dexamethasone suppression test, saline suppression test, adrenal vein sampling; baseline or random cortisol/ACTH in work up of adrenal insufficiency; 17OHP for work up of CAH Genetic – work up for patients with PPGL Radiological investigations for patients with adrenal nodule/adrenal mass
<b>Management/Treatments</b>	Adrenalectomy (bilateral v unilateral) Management of postoperative adrenal insufficiency post adrenalectomy and patients at risk of same Optimisation of steroid replacement in adrenal insufficiency Optimisation of steroid replacement in CAH Pre- and perioperative management of pheochromocytoma Management of acute adrenal crisis Medical management of Cushing's/cortisol excess Mitotane therapy for patients with ACC Medical v surgical management of primary aldosteronism

## Training Goal 8 – Neuroendocrine Diseases and Rare Endocrine Disorders

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a focused management plan for neuroendocrine tumours, polyendocrine syndromes and inherited endocrine tumour syndromes.

### OUTCOME 1 – HISTORY TAKING AND EXAMINATION

For the International Fellow to be able to take a focused and comprehensive history and examination.

### OUTCOME 2 – DIAGNOSE AND MANAGE NEUROENDOCRINE PRESENTATIONS

For the International Fellow to correctly diagnose and manage neuroendocrine presentations including neuroendocrine tumours, polyendocrine syndromes and inherited endocrine tumour syndromes.

### OUTCOME 3 – INTERPRET LABORATORY, RADIOLOGICAL, AND GENETIC INVESTIGATIONS

For the International Fellow to correctly interpret laboratory, radiological, and genetic investigations.

### OUTCOME 4 – ACTIVELY PARTICIPATE IN MDT ACTIVITIES

For the International Fellow to actively participate in multidisciplinary team activities.

### OUTCOME 5 – ADVOCATE FOR PATIENT EMPOWERMENT AND DEMONSTRATE EMPATHY

For the International Fellow to advocate for patient empowerment and demonstrate empathy with the patient's lived experience.

### Conditions and Presentations

The table below details rare and neuroendocrine disorders commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate competence across the relevant training outcomes. For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management, and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 8. Neuroendocrine and Rare Disorders	
Rare Disorders	Craniopharyngioma
	Primary Hyperparathyroidism
	Familial Isolated Hypoparathyroidism
	Autoimmune Polyglandular Syndrome Type 1
	Hypoparathyroidism
	Congenital Adrenal Hyperplasia

	Multiple Endocrine Neoplasia Type 1
<b>Neuroendocrine Disorders</b>	Endocrine myopathy
	Cushing syndrome
	Neuroendocrine tumours
	Carcinoid syndrome

## Training Goal 9 – Service Development and Data Management

By the end of this Fellowship, the International Fellow is expected develop leadership skills to support service development in hospital and community settings. This would include integrated data management, QI, and audit.

### **OUTCOME 1 – DELIVER ANNUAL AUDIT CYCLE**

For the International Fellow to deliver annual audit cycle.

### **OUTCOME 2 – DELIVER AT LEAST ONE QI PROJECT**

For the International Fellow to deliver at least one QI project over the course of training.

### **OUTCOME 3 – DEMONSTRATE LEADERSHIP SKILLS**

For the International Fellow to demonstrate leadership skills.

### **OUTCOME 4 – KNOWLEDGE OF ELECTRONIC DATA MANAGEMENT SYSTEMS AND HEALTH SYSTEMS**

For the International Fellow to have knowledge of the electronic data management systems and health systems available and their clinical utility in delivering integrated services.

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

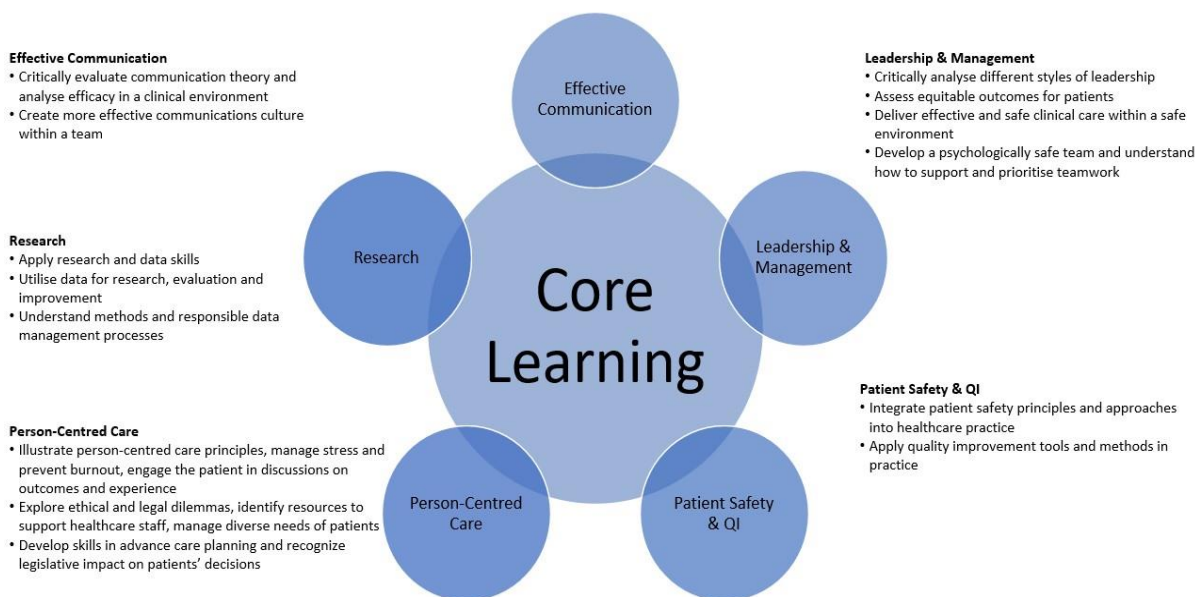
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials are delivered by Tutors related to the Institute of Medicine and they will use specialty-specific examples throughout each tutorial.

International Fellows can be assigned to a tutorial group with the HST Trainees from Institute of Medicine starting in July.

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

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



## 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.

<b>WORKPLACE-BASED ASSESSMENTS</b>	
<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>
<b>MANDATORY EVALUATIONS</b>	
<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, 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
<b>Training Plan</b>		
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
<b>Training Activities</b>		
<b>Clinics</b>		
General Endocrine (including, but not limited to Adrenal, Pituitary, Thyroid)	Required	1 per week
General Diabetic	Required	1 per week
Reproductive Endocrine	Required	10 per programme
Antenatal Diabetic	Required	10 per programme
Diabetic/Endocrine/Paediatric/Young Adult	Required	10 per programme
Renal Diabetes	Required	10 per programme
Foot Clinic/MDT	Required	10 per programme
Patient education and daycare	Required	5 per programme
<b>Ward Consultations</b>		
Consultant-Led	Required	1 per week
Fellow-Led	Required	1 per week
Consultations	Required	1 per week
<b>Procedures</b>		
Insulin Tolerance Test	Required	5 per programme
ACTH Stimulation Test	Required	5 per programme
Supervision of Prolonged Fast	Required	5 per programme
LH-RH Testing	Required	5 per programme
Observation of fine Needle Aspiration of thyroid nodules - Ultrasound guided	Required	1 per programme
<b>Cases Experience</b>		
Metabolic Bone Cases		10 over the programme
Rare Cases of Dyslipidaemia		4 over the programme
Active complex ophthalmic cases (diabetic and endocrine)		10 over the programme
Diabetic Emergency Cases		10 per year
Endocrine Emergency Cases		10 per year
<b>Laboratory Experience</b>		
Endocrine Laboratory		4 over the programme
<b>Educational Activities</b>		

Experience Type	Required/ Desirable	Expected Frequency
<b>In-house activities***</b>		
Grand Rounds	Required	1 monthly
Journal Clubs	Desirable	1 monthly
MDT Meeting	Required	2 monthly
Multidisciplinary Conference	Required	1 monthly
Seminar	Required	1 monthly
Lecture	Required	1 monthly
<b>Formal Teaching Activity (1 per month)</b>		
Lecture	Required	Ad hoc
RCPI Taught Programme	Required	1 per quarter
<b>Research</b>	Desirable	
<b>Clinical Audit activities and reporting</b>	Required	1 per year
<b>Publications</b>	Desirable	1 per programme
<b>Presentations</b>	Desirable	1 per year
<b>National/International meetings</b>	Required	1-2 per year
<b>Assessments and Evaluations</b>		
<b>Workplace Based Assessments (WBAs)</b>		
Case Based Discussion	Required	4 per year as agreed with trainer
Mini-CEX	Required	2 per year as agreed with trainer
DOPS	Required	1 per year as agreed with trainer
<b>Feedback Opportunity</b>	Required	As agreed with trainer
<b>Examinations</b>		
<ul style="list-style-type: none"> <li>European Board Examination in Endocrinology, Diabetes and Metabolism, or the UK Speciality Certificate Exam in Endocrinology and Diabetes</li> </ul>	Optional	
<b>Mandatory Evaluations</b>		
Quarterly Assessment (1 every 3 months)	Required	4 per year
End of Year Evaluation	Required	1 per year