



**INSTITUTE
OF MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in
INFECTIOUS DISEASES

OUTCOME-BASED EDUCATION - OBE CURRICULUM



This ICFP curriculum in Infectious Diseases was developed in 2026 by Dr Eoin Feeney and Dr Sarah O’Connell, and the RCPI Workplace Education Team. It is approved by the Specialist Training Committee in Infectious Diseases and the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
1.1	July 2026	Maurice Kinsella	Updated Core Professional Skills Section

Contents

1. INTRODUCTION.....	3
2. CORE PROFESSIONAL SKILLS	6
3. SPECIALTY SECTION - Training Goals in Infectious Diseases	7
Training Goal 1 – Clinical Management of Community-Acquired Infections	8
Training Goal 2 – Prevention and Treatment of Travel-Related and Imported Infections.....	9
Training Goal 3 – Management of HIV.....	10
Training Goal 4 – Management of Immunocompromised Patients	11
Training Goal 5 – Management of Infections in Migrant Populations.....	12
Training Goal 6 – Antimicrobial Stewardship.....	13
Training Goal 7 – Management of Antiviral Therapy.....	14
Training Goal 8 – Infectious Disease Management in High-Risk and Complex Settings.....	15
Training Goal 9 – Infection Control, Safety, and Governance	16
Training Goal 10 – Laboratory-Based Medicine.....	17
Training Goal 11 – Research, Epidemiology, and Data Interpretation	18
4. COMPLEMENTARY TRAINING AND EDUCATIONAL ACTIVITIES	19
5. ASSESSMENT GUIDELINES.....	21
6. SUMMARY TABLE OF EXPECTED EXPERIENCE	23

1. INTRODUCTION

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

1.1. ICFP Overview

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

The purpose of the ICFP is to enable overseas Trainees to gain access to structured training and active clinical environments, to enhance and improve the individual's medical training and learning and, in the medium to long term, the health services in their own countries.

This ICFP will allow participants to access a structured period of training and experience as developed by the Royal College of Physicians of Ireland (RCPI) to specifically meet the clinical needs of participants as defined by their home country's health service.

Core elements of all programmes include:

- Patient care that is appropriate, effective and compassionate in dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- Capability to be a scholar, contributing to development and research in the field of the chosen specialty.
- Professionalism.
- Ability to understand health care and identify and carry out system-based improvement of care.

1.2. ICFP in Infectious Diseases

This ICFP aims to offer comprehensive training in Infectious Diseases. The programme offers broad exposure to the clinical management of infectious diseases across inpatient, outpatient, and public health settings.

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

1.3. Training Programme Duration and Organisation of Training

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

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

Successful completion of this ICFP will result in the participant being issued with a formal Certificate of completion for the International Fellowship Programme by the Royal College of Physicians of Ireland. This Certificate will enable the participant's training body in their sponsoring home country to formally recognise and accredit their time spent training in Ireland.

Appointed International Fellows are:

- Enrolled with RCPI and are under the supervision of a consultant doctor registered on the Specialist Division of the Register of Medical Practitioners maintained by the Irish Medical Council and who is an approved consultant trainer.
- Registered on the Supervised Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland.
- Agreeing on a training plan with their trainers at the beginning of each training year.
- Directly employed and directly paid by their sponsoring state at a rate appropriate to their training level in Ireland and benchmarked against the salary scales applicable to NCHD in Ireland.

1.4. Programme Management

- Coordination of the training programme lies with the Training Team at RCPI.
- The training year usually runs from July to July in line with National Higher Specialist Training programmes.
- Each International Fellow will be issued with a training agreement on appointment to the training programme and will be required to adhere to all policies and procedures relating to ICFP.
- Annual evaluations usually take place between April and June each year.
- International Fellows will be registered to the ePortfolio and will be expected to fulfil all requirements relating to the management of yearly training records.

1.5. ePortfolio

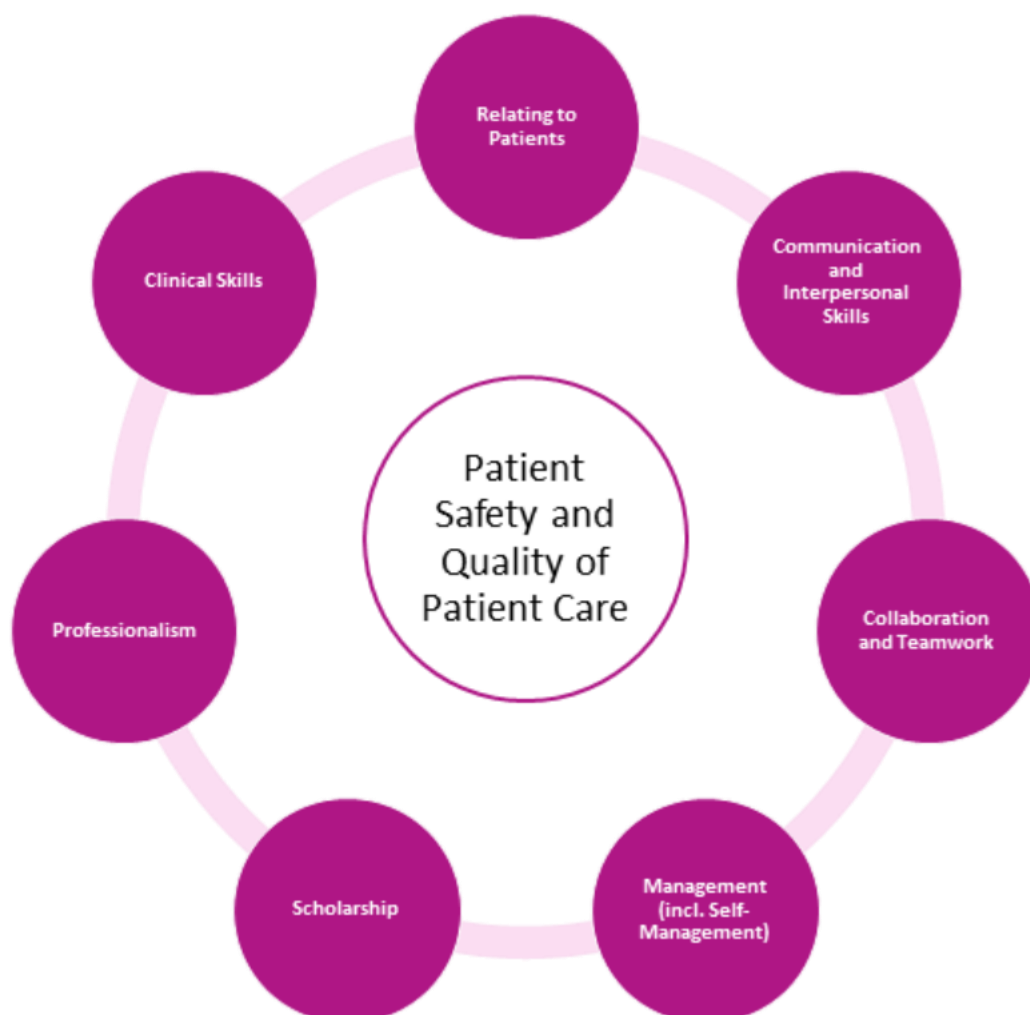
International Fellows will be required to keep their ePortfolio up to date and maintained throughout the programme. The ePortfolio will be countersigned as appropriate by the supervising Trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies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

2. CORE PROFESSIONAL SKILLS

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

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

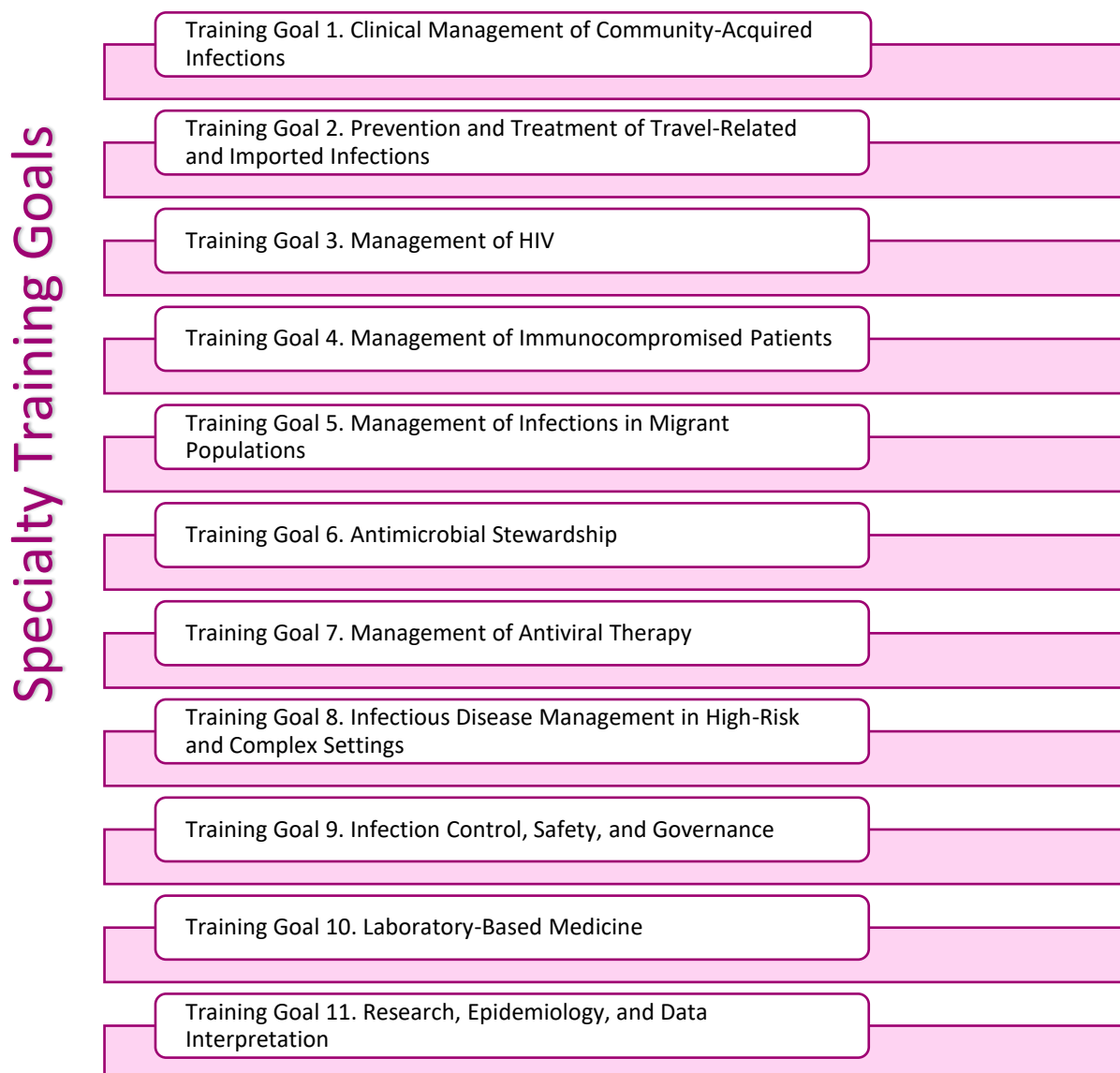
Collectively, the eight domains provide a framework for practice and support professionalism as an integrated component of postgraduate medical training and development.



3. SPECIALTY SECTION - Training Goals in Infectious Diseases

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.



Training Goal 1 – Clinical Management of Community-Acquired Infections

By the end of the Fellowship, the International Fellow is expected to independently assess, investigate, diagnose, and manage community-acquired infections using evidence-based approaches. This includes selecting appropriate care settings, contributing to service development, working collaboratively with laboratories and clinical teams, and participating in community outbreak response.

OUTCOME 1 – CONDUCT STRUCTURED CLINICAL ASSESSMENT

Obtain accurate and structured patient histories, including in situations complicated by language, cognitive, or physical impairment. Perform relevant physical examinations with sensitivity to the physiological basis of signs, while upholding patient dignity and confidentiality. Attempt to meet patients' and relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines

OUTCOME 2 – CONDUCT DIAGNOSTIC INVESTIGATIONS AND FORMULATE DIAGNOSES

Select, perform, and interpret appropriate diagnostic investigations, considering yield, cost-effectiveness, and safety. Integrate clinical, laboratory, and epidemiological data to formulate, revise, and communicate differential and definitive diagnoses. Respond to emerging information and patient concerns to support accurate, empathetic decision-making.

OUTCOME 3 – INITIATE AND MONITOR EVIDENCE-BASED TREATMENT

Initiate appropriate antimicrobial and supportive treatments aligned with national and local guidelines and resistance trends. Monitor patient response and adapt management accordingly. Provide patients with clear and comprehensible explanations of their treatment plans and expected outcomes.

OUTCOME 4 – COORDINATE CARE ACROSS SETTINGS AND CLINICAL DOMAINS

Determine the most appropriate care pathway (e.g. outpatient, inpatient, OPAT) and manage infections spanning clinical specialties (e.g. respiratory, urinary, soft tissue). Collaborate with other services to ensure safe, timely, and responsive care. Liaise with microbiology and diagnostic teams to interpret investigations (e.g. Gram stains, cultures) and resistance profiles.

OUTCOME 5 – PARTICIPATE IN SURVEILLANCE AND COMMUNITY OUTBREAK RESPONSE

Display a willingness to engage with public health and infection control teams during outbreaks. Contribute to surveillance activities, escalate risk where appropriate, and apply community-level infection prevention strategies.

Training Goal 2 – Prevention and Treatment of Travel-Related and Imported Infections

By the end of the Fellowship, the International Fellow is expected to deliver comprehensive pre-travel infection risk assessment and preventive care, and to diagnose and manage infections acquired abroad using epidemiological, clinical, and laboratory data in collaboration with specialist services.

OUTCOME 1 – CONDUCT PRE-TRAVEL RISK ASSESSMENTS AND DELIVER PREVENTIVE CARE

Take and document structured medical and travel histories. Assess individual travel plans, underlying health conditions, and likely exposure risks to inform targeted advice. Provide appropriate preventive measures, including food and water precautions, vector avoidance, injury prevention, vaccination, and malaria prophylaxis. Record and report adverse drug reactions in line with local protocols.

OUTCOME 2 – MANAGE SPECIAL GROUPS OF TRAVELLERS AND UNDERSTAND VACCINE SAFETY

Recognise the needs of elderly, immunocompromised, pregnant, or paediatric travellers. Apply knowledge of vaccine efficacy, safety, and contraindications. Understand the medical and legal responsibilities associated with pre-travel advice and immunisation.

OUTCOME 3 – DIAGNOSE AND MANAGE IMPORTED INFECTIONS USING SPECIALISED TESTS

Identify and manage imported diseases by integrating clinical features, epidemiological context, and incubation periods. Select and interpret specialised diagnostics (e.g. malaria smears, serology), understanding their performance characteristics and limitations. Revise differential diagnoses based on epidemiological data, test results, and treatment.

OUTCOME 4 – COLLABORATE WITH LABORATORY AND SPECIALIST SERVICES

Liaise with microbiologists, virologists, and tropical medicine specialists to support accurate diagnosis and management. Escalate to specialist centres when needed.

Training Goal 3 – Management of HIV

By the end of the Fellowship, the International Fellow is expected to demonstrate clinical competence in the diagnosis, evaluation, and management of HIV infection in both inpatient and outpatient adult care.

OUTCOME 1 – PERFORM ASSESSMENTS AND INITIATE MANAGEMENT

Perform history-taking, physical examination, and appropriate selection and interpretation of investigations in patients with HIV infection, including those presenting acutely. Demonstrate knowledge of antiretroviral therapy (ART) indications, mechanisms, side effects, drug interactions, and resistance. Initiate, monitor, and adjust therapy appropriately, including use of resistance testing and salvage regimens.

OUTCOME 2 – MANAGE OPPORTUNISTIC INFECTIONS AND AIDS-DEFINING CONDITIONS

Recognise and treat early signs of immunodeficiency and opportunistic infections. Implement prevention strategies, including prophylaxis and immunisation.

OUTCOME 3 – ADDRESS HIV-RELATED COMORBIDITIES AND LONG-TERM COMPLICATIONS

Manage co-infections (e.g. TB, HBV, HCV), cardiovascular risk, bone health, and other long-term effects of HIV and its treatment.

OUTCOME 4 – COMMUNICATE EFFECTIVELY AND WORK ACROSS SYSTEMS

Communicate clearly and sensitively with patients and healthcare professionals. Collaborate across multidisciplinary teams (e.g. pharmacy, virology, nursing). Address psychological, social, and cultural challenges. Demonstrate commitment to continuity of care, respect for patient dignity, and awareness of support services.

Outcome 5 – HIV Prevention

Understand the principles of HIV-prevention, and demonstrate the ability to apply these principles, including the delivery of HIV-PrEP in an ambulatory setting.

Training Goal 4 – Management of Immunocompromised Patients

By the end of the Fellowship, the International Fellow is expected to demonstrate competence in the assessment, investigation, and management of immunocompromised patients, including transplant recipients and patients receiving immunosuppressive or immunomodulatory therapies.

OUTCOME 1 – ASSESS IMMUNE STATUS AND IDENTIFY INFECTION RISK

Evaluate the biological and iatrogenic aetiology of immunodeficiency. Assess the degree of immunodeficiency and identify clinical signs of infection in immunocompromised patients, including typical presentations across oncology, haematology, and transplant settings.

OUTCOME 2 – INVESTIGATE, DIAGNOSE AND INITIATE MANAGEMENT

Select and interpret appropriate diagnostic tests (e.g. microbiology, radiology, serology) for immunocompromised patients, considering safety, limitations, and resource use. Formulate differential diagnoses for acutely unwell patients, and initiate evidence-based treatment, including antimicrobial therapy and prophylaxis (e.g. MOPP).

OUTCOME 3 – COLLABORATE WITH MULTIDISCIPLINARY TEAMS

Work effectively with laboratory, radiology, transplant, and oncology services. Communicate clearly with patients, staff, and support groups. Participate in multidisciplinary decision-making and continuity of care.

Training Goal 5 – Management of Infections in Migrant Populations

By the end of the Fellowship, the International Fellow is expected to assess, manage, and communicate effectively with migrants presenting with acute or chronic infections. Fellows will apply knowledge of population movement, healthcare access, and cultural factors to provide equitable and appropriate infectious disease care.

OUTCOME 1 – RECOGNISE INFECTION RISKS AND DELAYED PRESENTATIONS IN MIGRANT POPULATIONS

Demonstrate knowledge of the clinical and epidemiological features of infectious diseases common in migrant populations, including the impact of delayed healthcare access and incomplete immunisation.

OUTCOME 2 – UNDERSTAND MIGRATION-RELATED HEALTH CONTEXTS

Describe the health needs of diverse migrant groups, including awareness of population shifts and vaccine-preventable diseases among late entrants to the Irish healthcare system.

OUTCOME 3 – APPLY CULTURALLY SENSITIVE CLINICAL PRACTICE

Consider interactions of psychological and social well-being on the physical symptoms, and show empathy towards the patient. Work effectively with interpreters and patient support groups to ensure accurate, respectful communication and engagement in care.

OUTCOME 4 – CONTRIBUTE TO DISEASE SURVEILLANCE

Support the updating of disease surveillance systems, contributing to public health reporting mechanisms.

Training Goal 6 – Antimicrobial Stewardship

By the end of the Fellowship, the International Fellow is expected to demonstrate the ability to lead antimicrobial stewardship at an institutional level by applying knowledge of antimicrobial resistance, prescribing practices, and surveillance systems. Fellows will be skilled in differentiating between colonisation and infection, interpreting laboratory data, and prescribing appropriate antimicrobials in diverse clinical settings, considering both economics and patient concerns.

OUTCOME 1 – KNOWLEDGE AND APPLICATION OF ANTIMICROBIAL STEWARDSHIP STRATEGIES

Select and prescribe antimicrobial agents based on pathogen profile, infection site, pharmacokinetics, host factors, and resistance data. Tailor prophylactic, pre-emptive, and targeted regimens according to clinical guidelines and best practice. Interpret susceptibility testing, antibiograms, and molecular resistance results to differentiate colonisation from infection and guide initiation, adjustment, or cessation of therapy. Integrate antimicrobial stewardship principles, including surveillance trends, resistance risks, resource use, and institutional policies, into clinical decision-making and quality improvement.

OUTCOME 2 – DEMONSTRATE PROFICIENCY IN ANTIMICROBIAL PHARMACOLOGY AND TOXICOLOGY

Describe mechanisms of action, spectrum, toxicity, pharmacokinetics, and drug interactions of antimicrobial agents. Recognise the limitations of individual agents and combination therapies, including with new/emerging drugs.

OUTCOME 3 – COLLABORATE WITH MULTIDISCIPLINARY AMS TEAMS

Engage proactively with microbiologists, pharmacists, infection prevention personnel, and clinical teams during stewardship rounds. Support antimicrobial escalation, de-escalation, IV-to-oral switches, and documentation.

OUTCOME 4 – LEAD AND EDUCATE ON ANTIMICROBIAL USE

Provide education and supervision to junior staff and clinical teams on appropriate antimicrobial prescribing. Communicate treatment rationale to patients and families, considering concerns about side effects or toxicities. Engage in antimicrobial audit, feedback, and AMS committee initiatives.

Training Goal 7 – Management of Antiviral Therapy

By the end of the Fellowship, the International Fellow is expected to demonstrate the ability to initiate, monitor, and optimise antiviral therapy for acute and chronic viral infections, including HIV, HBV, and HCV. Fellows will use diagnostics and resistance testing to guide regimen selection, manage drug interactions and toxicities, and ensure patient engagement in treatment decisions is aligned with evidence-based best practice.

OUTCOME 1 – EVALUATE AND STAGE PATIENTS FOR ANTIVIRAL THERAPY

Conduct clinical and laboratory assessment prior to initiating antiviral therapy, including disease staging, baseline investigations (e.g. viral load, CD4, LFTs), and evaluation of comorbidities.

OUTCOME 2 – APPLY PHARMACOLOGICAL AND RESISTANCE KNOWLEDGE TO REGIMEN SELECTION

Demonstrate understanding of the pharmacokinetics, mechanisms of action, therapeutic targets, and toxicity profiles of current antiviral therapies for HIV, HBV, HCV, and COVID-19. Interpret resistance testing (e.g. HIV genotyping, HCV resistance profiles) and apply findings to select and adjust treatment regimens. Understand principles of cross-resistance and salvage therapy. Maintain knowledge of emerging therapies, indications, and treatment algorithms.

OUTCOME 3 – RECOMMEND AND TAILOR ANTIVIRAL REGIMENS

Select appropriate antiviral regimens based on diagnosis, co-infection status, resistance profiles, and patient-specific factors, including pregnancy. Adapt strategies in complex or high-risk cases and support shared decision-making by clearly communicating risks, benefits, and expected outcomes.

OUTCOME 4 – MONITOR EFFICACY, TOXICITY, AND LABORATORY MARKERS

Track treatment response using appropriate diagnostic markers (e.g. viral load suppression, CD4 recovery, transaminases) and monitor for side effects or toxicities that require treatment adjustment.

OUTCOME 5 – MANAGE DRUG INTERACTIONS AND POLYPHARMACY

Identify and mitigate drug-drug interactions, such as for patients with complex regimens or comorbidities. Collaborate with pharmacy colleagues to optimise safety and efficacy.

OUTCOME 6 – DELIVER CARE ACROSS DISEASE SPECTRUM AND SETTINGS

Manage acute and long-term complications of antiviral therapy. Provide chronic care for stable patients, and contribute to palliative care planning where appropriate.

Training Goal 8 – Infectious Disease Management in High-Risk and Complex Settings

By the end of the Fellowship, the International Fellow is expected to demonstrate advanced competence in managing infectious diseases in complex and high-risk settings, including ICUs, post-operative wards, and outbreak scenarios. This includes prompt, evidence-based responses to sepsis and HAIs, and participation in institutional infection control processes.

OUTCOME 1 – DIAGNOSE AND MANAGE ICU AND HEALTHCARE-ASSOCIATED INFECTIONS

Identify and manage healthcare-associated infections (HAIs) and ICU-associated infections, taking into account the local epidemiology and the patient's clinical complexity. Apply clinical history-taking, examination, and relevant investigations to formulate management plans, collaborating with infection control teams as necessary. Differentiate between colonisation and active infection, ensuring sensitive communication with patients, relatives, and healthcare professionals.

OUTCOME 2 – DELIVER SEPSIS AND CLINICAL DETERIORATION MANAGEMENT

Implement evidence-based management of sepsis, septic shock, and clinical deterioration, with prompt decision-making based on current guidelines and laboratory data, particularly in the context of multi-resistant organisms. Lead multidisciplinary input during acute episodes, ensuring timely escalation and effective management. Demonstrate a responsible approach to patient care, including the appropriate use of antibiotics and management of withdrawal of care. Respect consent and confidentiality in critically ill or unconscious patients, and communicate effectively with families and teams.

OUTCOME 3 – MANAGE AND ESCALATE HIGHLY INFECTIOUS PRESENTATIONS

Recognise rare or highly transmissible conditions and understand when tertiary care or specialist advice is necessary, including access to the National Isolation Unit and outbreak protocols. Escalate promptly to tertiary services and seek specialist guidance when limitations are identified. Follow institutional or national protocols for outbreak prevention and control, using available information sources effectively.

OUTCOME 4 – SUPPORT INFECTION CONTROL INTERVENTIONS AND PARTICIPATE IN OUTBREAK RESPONSE

Support the implementation of infection control protocols during high-risk scenarios at institutional level and contribute to multidisciplinary rounds and safety meetings. Contribute to the planning, surveillance, containment, and response to healthcare-based or regional outbreaks in collaboration with infection prevention and control and public health teams, ensuring adherence to governance frameworks and reporting pathways.

OUTCOME 5 – CONTRIBUTE TO THE ORGANISATION AND DELIVERY OF INFECTIOUS DISEASES SERVICES

Contribute to the organisation and delivery of infectious disease service models, including OPAT, outpatient clinics, and integrated care pathways. Adapt services to institutional resources and the needs of the local population. Collaborate with multidisciplinary teams and public health authorities to respond to infection risks at individual and population levels.

Training Goal 9 – Infection Control, Safety, and Governance

By the end of the Fellowship, the International Fellow is expected to contribute to the implementation, leadership, and governance of infection prevention and control (IPC) systems, ensuring adherence to health and safety protocols in clinical and laboratory environments. Fellows will demonstrate knowledge of and compliance with IPC and biosafety regulations at institutional, national, and international levels, support occupational safety practices, and maintain a high standard of safety and ethics in all care settings.

OUTCOME 1 – UNDERSTAND AND APPLY IPC POLICIES AND EVIDENCE

Demonstrate knowledge of the rationale and evidence base for infection prevention strategies. Access and apply local, national, and international IPC protocols, aligning clinical and laboratory practice with up-to-date standards. Participate in infection control committees and contribute to the development, review, and dissemination of infection control policies and outbreak response strategies.

OUTCOME 2 – IMPLEMENT INFECTION CONTROL IN CLINICAL AND LABORATORY SETTINGS

Perform laboratory work in a safe manner consistent with local rules and national guidelines, including adherence to health and safety procedures in diagnostic laboratories and Category 3 isolation facilities. Apply appropriate infection control policies, including aseptic techniques and hand hygiene, to minimise cross-infection during patient encounters and clinical procedures. Collaborate with infection control colleagues, including participation in local infection control committees, to manage infections and prevent hospital-acquired infections.

OUTCOME 3 – MANAGE OCCUPATIONAL EXPOSURES AND BIOSAFETY INCIDENTS

Collaborate with occupational health teams to manage exposures (e.g. needlestick injuries), ensuring documentation, follow-up, staff wellbeing, and incident review.

Training Goal 10 – Laboratory-Based Medicine

By the end of the Fellowship, the International Fellow is expected to demonstrate competence in selecting, performing, interpreting, and applying laboratory and diagnostic tests to inform the management of infectious diseases. This includes proficiency in microbiological, serological, and molecular diagnostics across bacterial, viral, parasitic, and emerging pathogens.

OUTCOME 1 – SELECT, INTERPRET AND COMMUNICATE DIAGNOSTIC TESTS

Apply knowledge of the microbiological basis of disease and select appropriate tests (e.g. Gram stains, malaria smears, PCR, serology) based on the clinical context. Interpret results with consideration for test sensitivity, specificity, and limitations, and explain results clearly to clinical teams and patients. Deliver sensitive information with respect for confidentiality and cultural considerations. Provide counselling where applicable for chronic viral diagnoses.

OUTCOME 2 – INTERPRET RESISTANCE PROFILES AND SUPPORT CLINICAL MANAGEMENT

Interpret resistance data, e.g. antibiograms, HIV/HCV resistance testing, and apply findings to guide antimicrobial and antiviral therapy. Integrate laboratory findings into patient-centred, evidence-based treatment decisions and antimicrobial stewardship efforts.

OUTCOME 3 – APPLY DIAGNOSTICS IN EMERGING OR HIGH-RISK SETTINGS

Apply and interpret molecular tests (e.g. COVID-19 PCR, syndromic panels) in urgent or emerging infectious scenarios. Understand the indications and limitations of novel diagnostics, as well as knowledge of new developments in molecular diagnostics.

OUTCOME 4 – UNDERSTAND AND ENGAGE WITH LABORATORY REPORTING SYSTEMS

Collaborate effectively with microbiologists, virologists, and laboratory staff to ensure appropriate test selection and interpretation. Understand the pathways of microbiological reporting, reporting structures, turnaround times, and the potential for delays or ambiguity in diagnostic communication.

Training Goal 11 – Research, Epidemiology, and Data Interpretation

By the end of the Fellowship, the International Fellow is expected to apply research methods, epidemiological principles, and statistical reasoning to improve clinical decision-making, contribute to outbreak investigation and disease surveillance, and support collaborative research and quality improvement.

OUTCOME 1 – APPLY EPIDEMIOLOGICAL MEASURES AND STUDY DESIGNS

Describe and apply epidemiological concepts such as incidence, prevalence, and relative risk. Select and appraise appropriate study designs for surveillance, research, and outbreak contexts.

OUTCOME 2 - ENGAGE IN SURVEILLANCE, OUTBREAK RESPONSE, AND RESEARCH DESIGN

Participate in surveillance and outbreak investigations using standard tools. Formulate research questions, design clinical or epidemiological studies, and manage data ethically and securely.

OUTCOME 3 – APPLY STATISTICAL METHODS AND MATHEMATICAL MODELS IN INFECTIOUS DISEASES

Use statistical software to perform basic analyses (e.g. confidence intervals, significance testing) and interpret findings within clinical and population-level contexts. Recognise common errors and limitations. Understand and apply foundational infectious disease models (e.g. R_0 , compartmental models) to support forecasting, resource allocation, and outbreak response.

OUTCOME 4 – APPRAISE AND APPLY PUBLISHED EVIDENCE

Assess validity, relevance, and applicability of peer-reviewed literature. Adapt clinical and public health practice in response to evolving evidence.

OUTCOME 5 – COLLABORATE IN RESEARCH, AUDIT, AND QUALITY IMPROVEMENT

Display a willingness to engage in interdisciplinary research or audit projects, particularly with public health, microbiology, and academic partners. Translate findings into clinical practice improvements and service development. Demonstrate familiarity with ethical principles, including informed consent, data protection, risk-benefit balance, and institutional research governance frameworks.

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 the Infectious Diseases **Study Days** and could be eligible to complete the **HST Taught Programme in General Internal Medicine**.

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.

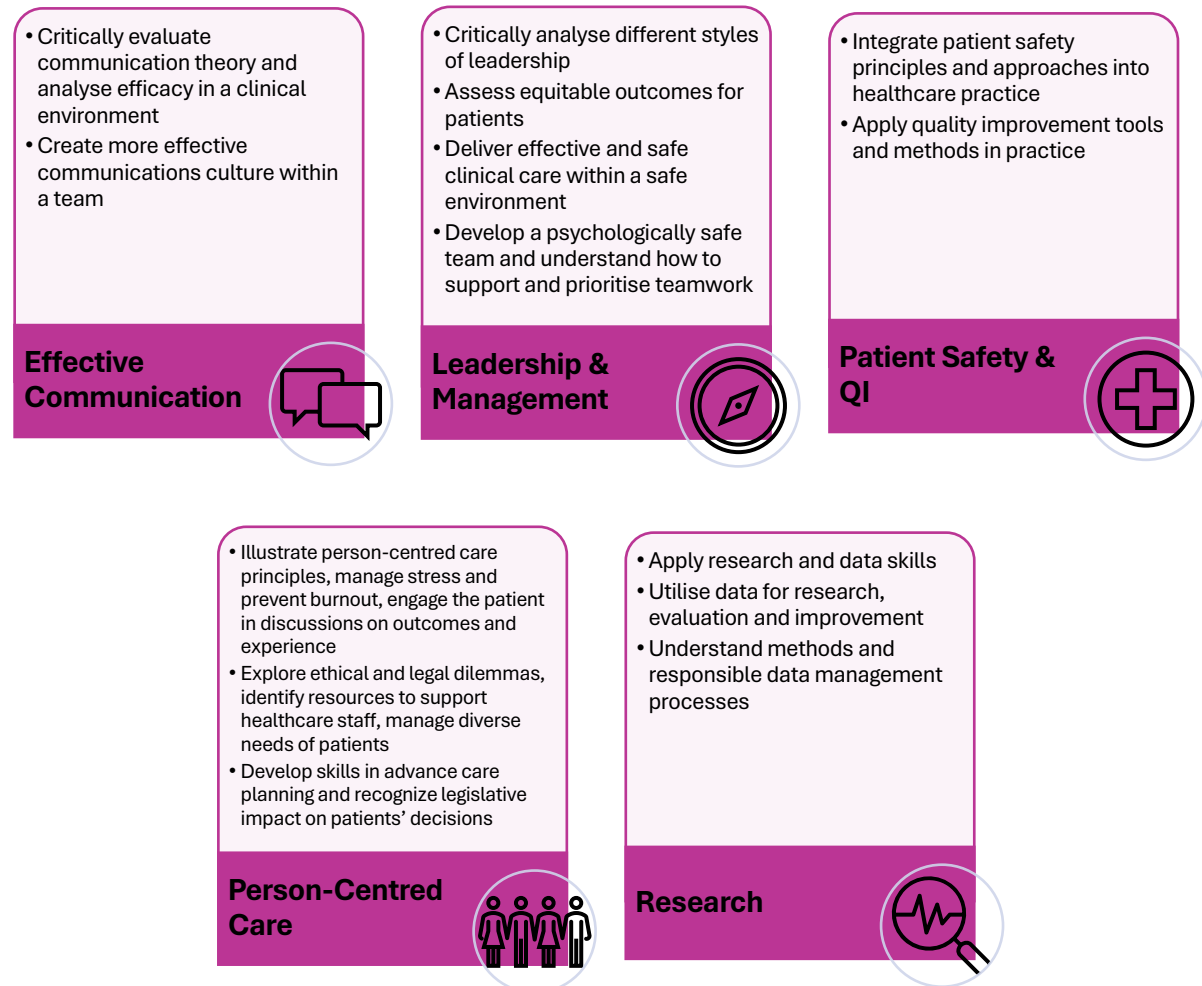
The live virtual tutorials are delivered by Tutors related to the Institute of Medicine and they will use specialty-specific examples throughout each tutorial.

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

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

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

Taught Programme. Core Learning



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	Summative Assessment
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Provides a final judgment of competency at various stages of training. • Involves formal evaluations and workplace-based assessments. • Used to assess whether the Fellow meets the necessary standards to progress in training or achieve certification (e.g. examination).

WBAs in use at RCPI

Workplace-based assessments (WBAs) refer to those assessments used to evaluate Trainees' daily clinical practices employed in their work setting. These are primarily based on the observation of Trainees' performance by Trainers.

RCPI employs a variety of WBAs with different focuses:

- Observation of clinical practice: this can be evaluated using structured assessments such as via MiniCEX and DOPS.
- Discussion of clinical cases: this can be formally evaluated via Case Based Discussion (CBD) and it is mostly used to assess clinical judgment and decision-making.
- Informal Feedback: this can be gathered by different trainers, colleagues and recorded via Feedback Opportunity Form available on ePortfolio.
- Mandatory Evaluations: these are bound to specific events or times of the academic year. For these at RCPI we use the Quarterly Assessment/End of Post Assessment and End of Year Evaluation.

Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every International Fellow has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track International Fellows' progression.

Below is a table of all the assessments available for this ICFP and a brief explanation of each.

WORKPLACE-BASED ASSESSMENTS	
CBD Case Based Discussion	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. Planning: The International Fellow selects two or more medical records to present to the Trainer who will choose one for the assessment. International Fellow and Trainer identify one or more training goals in the curriculum and specific outcomes related to the case. Then the Trainer prepares the questions for discussion. 2. Discussion: Prevalently, based on the chosen case, the Trainer verifies the International Fellow's clinical reasoning and professional judgment, determining the International Fellow's diagnostic, decision-making and management skills. 3. Feedback: The Trainer provides constructive feedback to the International Fellow. It is good practice to complete at least one CBD per quarter in each year of training.
DOPS Direct Observation of Procedural Skills	<p>This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter.</p> <p>In the context of a DOPS, the Trainer evaluates the International Fellow while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback.</p>
MiniCEX Mini Clinical Examination Exercise	<p>The Trainer is required to observe and assess the interaction between the International Fellow and a patient. This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. The International Fellow is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The International Fellow is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The Trainer assesses the overall International Fellow's performance by using the structured ePortfolio form and provides constructive feedback.
Feedback Opportunity	<p>Designed to record as much feedback as possible. It is based on observation of the International Fellows in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the International Fellow (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX)</p>
MANDATORY EVALUATIONS	
QA Quarterly Assessment	<p>As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months).</p> <p>It frequently happens that a Quarterly Assessment coincides with the end of a post, in which case the Quarterly Assessment will be substituted by completing an End of Post Assessment. In this sense the two Assessments are interchangeable, and they can be completed using the same form on ePortfolio.</p>
EOPA End of Post Assessment	<p>However, if the International Fellow will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Assessment. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Assessment to assess the end of a post.</p> <p>This means that for every specialty and level of training, a minimum of four Quarterly Assessment and/or End of Post Assessment will be completed in an academic year as a mandatory requirement.</p>
EOYE End of Year Evaluation	<p>The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen sometime before the end of the academic year (between April and June).</p>

6. SUMMARY TABLE OF EXPECTED EXPERIENCE

This table offers a blueprint of all the activities that are part of this ICFP, it summarises the type and frequency of the expected experience that should be completed and then recorded on the ePortfolio.

Experience Type	Required/ Desirable	Expected Frequency
Training Plan		
Personal Goals Plan (Copy of agreed Training Plan for the module signed by both International Fellow & Trainer at the beginning of the Training year)	Required	1 per year
Sample of Weekly Timetable (per post)	Required	1 per post
Training Activities		
Clinics		
Hepatitis B	Required	5
Hepatitis C	Desirable	5
ID Clinics	Required	5
TB Clinics	Desirable	5
STD Clinics	Required	5
HIV Clinics	Required	5
Ward Rounds/Consultations		
Consultant-led (minimum 1 per week)	Required	40
Registrar-led (minimum 1 per week)	Required	40
Consultations (OPAT – Outpatient Parental Antibiotic Therapy)	Desirable	1
Emergencies/Complicated Cases		
(Diagnosis of nature of the problem and its presentation, emergency case for investigation)	Required	10
Procedures/Practical Skills/Surgical Skills		
Gram Stain interpretation (10 stains in Microbiology)	Required	10
Malaria Smear interpretation (5 throughout training)	Required	5
Additional/Special Experience Gained		
Epidemiology, Public Health (A period of interface is desirable to enable the trainee to become familiar with principles and practicalities of immunization, vaccination, and the investigation and control of notifiable diseases and outbreaks in the community)	Desirable	1
Genito-Urinary Medicine (Experience in Genito-Urinary Medicine is essential up to 6 months recognised)	Desirable	1
Paediatric Infectious Diseases	Desirable	1
Other: (Tropical Medicine, Paediatrics, etc. Arrangements should be made to attend if possible, Hepatology and Pulmonary/TB clinics (for 6 months))	Desirable	1
Laboratory Experience: During this two-week period, the Fellow should experience observational time in the microbiology laboratory and virology, when available.		
Microbiology (minimum required two weeks in microbiology, including one week in virology, if possible).	Required	1
Molecular Diagnostics (one week in virology or molecular diagnostics.	Desirable	1
ICU/CCU Cases		
Intensive Care (Experience of Management of patients in an ITU is essential. A <u>period</u> spent in this environment should provide experience in the prevention and treatment of nosocomial infection, and include participation in ward rounds.)	Desirable	1

Experience Type	Required/ Desirable	Expected Frequency
Management Experience	Desirable	1
Educational Activities		
Mandatory Courses		
ACLS	Required	1
Taught Programme	Required	
Study Days	Required	6
National/International meetings	Required	1
Participation in In-house activities (minimum of 1 per month from the categories below:		
Grand Rounds (minimum 1 per month)	Required	10
Minimum 3-4 per week of the following:		
Journal Clubs	Required	20
MTD meetings	Required	20
Radiology Conferences	Desirable	20
Lecture	Required	20
Seminar	Required	20
Examinations		
Infectious Diseases Society of America Fellows In-Training Exam	Required	2
Delivery of Teaching	Required	10
Research	Desirable	1
Audit activities and Reporting (1 per year either to start or complete, QI projects can be uploaded against audit)	Required	1
Publications	Desirable	1
Presentations	Required	1
Committee Attendance	Required	1
Additional Qualifications	Desirable	1
Assessments and Evaluations		
CBD	Required	1
Mini-CEX (At least two Mini-CEX assessments)	Required	2
Quarterly Assessments/End-of-Post Assessment	Required	4
End-of-Year Assessments	Required	1