

This ICFP curriculum in Obesity Medicine was developed in 2026 by Professor Donal O'Shea and Dr Jean O'Connell, and the RCPI Education Team. It is approved by the Endocrinology and Diabetes Mellitus & General Internal Medicine Specialist Training Committee and the Institute of Medicine.

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Table of Contents

1. INTRODUCTION.....	3
1.1. ICFP Overview	4
1.2. ICFP in Obesity Medicine	4
1.3. Training Programme Duration and Organisation of Training	5
1.4. Programme Management.....	5
1.5. ePortfolio	5
2. CORE PROFESSIONAL SKILLS	7
3. SPECIALTY SECTION - Training Goals in Obesity Medicine	8
Training Goal 1 - Dietetics and Clinical Nutrition.....	9
Training Goal 2 - Physical Activity in Obesity Management	10
Training Goal 3 - Psychosocial Determinants of Obesity	11
Training Goal 4 - Complex Obesity.....	12
Training Goal 5 - Sleeping Disorders in Obesity.....	13
Training Goal 6 - Hepatobiliary Disease in Obesity.....	14
4. COMPLEMENTARY TRAINING AND EDUCATIONAL ACTIVITIES	15
4.1. Training Activities.....	15
4.2. Educational Activities.....	15
5. ASSESSMENT GUIDELINES.....	17
Formative Assessment	17
Summative Assessment	17
WBAs in use at RCPI.....	17
Recording WBAs on ePortfolio.....	17
6. SUMMARY TABLE OF EXPECTED EXPERIENCE	19

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, with a view to enhancing and improving the individual's medical training and learning and, in the medium to long term, the health services in their own countries.

This Programme 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 Obesity Medicine

This International Clinical Fellowship Programme (ICFP) aims to provide comprehensive training in Obesity Medicine, with broad clinical exposure across inpatient, outpatient, and community-based settings. The Fellowship builds on prior postgraduate medical training in Family Medicine and/or General Internal Medicine, and supports the development of advanced competence in obesity-related care.

The curriculum is benchmarked against relevant outcomes within existing RCPI postgraduate medical curricula and, where applicable, post-CSCST Obesity Medicine training frameworks.

1.3. Training Programme Duration and Organisation of Training

The clinical training period under this International Clinical Fellowship Programme (ICFP) is 2 years.

Each ICFP developed by the Royal College of Physicians of Ireland is designed to meet participants' training needs to support the health service in their home country.

All appointees to the ICFP will be assessed by the Royal College of Physicians of Ireland to ensure that they meet the necessary requirements with respect to training and clinical service.

Each post within the programme has a named trainer/educational supervisor and programmes are under the direction of Prof Donal O'Shea and Dr Jean O'Connell.

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 programme offered will provide opportunities to fulfil all the requirements of the curriculum of training.
- 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.



3. SPECIALTY SECTION - Training Goals in Obesity Medicine

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 - Dietetics and Clinical Nutrition

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the clinical application of nutrition in obesity medicine, with a focus on complication reduction, sustainability, and multidisciplinary care. The Fellow will integrate nutritional assessment and intervention into personalised management plans, including coordination of dietetic input within obesity pharmacotherapy and bariatric pathways.

OUTCOME 1 - ASSESS NUTRITIONAL STATUS AND DIETARY PATTERNS

Assess nutritional intake, dietary patterns, and nutritional risk among individuals with obesity, taking into account cultural, socioeconomic, and health literacy factors. Use appropriate dietary assessment methods and interpret eating behaviours, including patterns suggestive of disordered eating, barriers, and facilitators in the context of obesity severity and coexisting health conditions, and therapeutic priorities.

OUTCOME 2 - APPLY MEDICAL NUTRITION THERAPY

Apply evidence-based Medical Nutrition Therapy (MNT) approaches, including meal replacement strategies and macronutrient-modified diets, within a medical obesity management framework. Tailor nutritional interventions to clinical risk, nutritional adequacy, sustainability, and patient preference, in collaboration with dietetic services where appropriate.

OUTCOME 3 - INTEGRATE NUTRITION WITH OBESITY TREATMENTS

Integrate nutrition planning with obesity pharmacotherapy, bariatric pathways, and cardiometabolic disease management. Anticipate interactions between nutritional strategy and treatment response, and document coordinated plans that support shared care and follow-up.

OUTCOME 4 - MANAGE NUTRITIONAL COMPLICATIONS

Recognise and manage nutritional complications and deficiencies associated with obesity and post-bariatric states, including post-operative hypoglycaemia where relevant. Escalate to specialist dietetic and/or medical services where indicated to ensure timely treatment and continuity of care.

OUTCOME 5 - COLLABORATE WITH DIETETIC SERVICES

Work effectively with dietitians within multidisciplinary team structures. Demonstrate appropriate referral, shared goal-setting, documentation, and coordinated follow-up.

OUTCOME 6 - COMMUNICATE NUTRITION ADVICE EFFECTIVELY

Communicate nutrition advice in a clear, practical, and non-stigmatising manner. Support adherence through realistic framing and reinforcement over time.

Training Goal 2 - Physical Activity in Obesity Management

By the end of this Fellowship, the International Fellow is expected to assess, prescribe, and integrate physical activity as a therapeutic intervention in obesity medicine. The Fellow will tailor activity recommendations based on functional capacity, coexisting health conditions, and clinical risk, and coordinate care with physiotherapy, exercise, and community services as part of a multidisciplinary obesity management approach.

OUTCOME 1 - ASSESS AND MONITOR FUNCTIONAL CAPACITY AND ACTIVITY LEVELS

Assess physical activity levels, functional capacity, and obesity-related barriers, including pain, disability, lymphoedema, and cardiorespiratory limitation. Monitor functional outcomes longitudinally, including tolerance, mobility, and activities of daily living, and use this information to inform ongoing clinical decision-making.

OUTCOME 2 - PRESCRIBE INDIVIDUALISED ACTIVITY INTERVENTIONS

Prescribe individualised, staged physical activity plans aligned to obesity severity and coexisting health conditions within a medical management framework. Adjust recommendations based on functional limitations, risk profile, and the need for referral to physiotherapy or exercise professionals.

OUTCOME 3 - INTEGRATE PHYSICAL ACTIVITY INTO METABOLIC CARE

Integrate physical activity recommendations into broader obesity, metabolic, and mental wellbeing management plans. Identify and manage activity-related risks, including cardiovascular, musculoskeletal, and respiratory considerations, and modify care plans to maintain safety.

OUTCOME 4 - COORDINATE MULTIDISCIPLINARY AND COMMUNITY-BASED SUPPORT

Work collaboratively with physiotherapy, exercise professionals, and community-based programmes to support sustained engagement in physical activity. Ensure appropriate referral, communication, and follow-up across care settings.

Training Goal 3 - Psychosocial Determinants of Obesity

By the end of this Fellowship, the International Fellow is expected to recognise and address the psychosocial determinants of obesity and engagement with care. The Fellow will integrate psychological, behavioural, and social considerations into assessment and management, supporting equitable access, sustained engagement, and safe escalation to appropriate services.

OUTCOME 1 - IDENTIFY PSYCHOSOCIAL CONTRIBUTORS TO OBESITY AND CARE ENGAGEMENT

Identify psychosocial contributors to obesity, including trauma, stress, mental illness, social disadvantage, and medication-related factors that influence mood, appetite, weight trajectory, or engagement with care. Analyse their impact on engagement, adherence, and clinical outcomes to inform management planning.

OUTCOME 2 - ADDRESS WEIGHT STIGMA AND BIAS

Recognise and mitigate weight stigma and bias in clinical interactions. Adapt communication and care planning for individuals with low health literacy or complex social circumstances, implementing reasonable adjustments to support engagement and access.

OUTCOME 3 - APPLY BEHAVIOURALLY INFORMED, AUTONOMY-SUPPORTIVE PRACTICE

Apply behaviourally informed approaches to support engagement and sustained change within routine obesity consultations, informed by awareness of common psychological and behavioural frameworks used in obesity care (e.g., cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), trauma-informed approaches). Support patient autonomy through shared decision-making and realistic, health-focused goal-setting aligned to patient priorities and clinical need.

OUTCOME 4 - ASSESS PSYCHOLOGICAL RISK AND INITIATE APPROPRIATE REFERRAL

Screen for psychological distress and disordered eating risk using clinically appropriate tools and history-taking. Initiate timely referral and follow-up within integrated care pathways, maintaining clear professional boundaries and not providing psychological therapy.

Training Goal 4 - Complex Obesity

By the end of this Fellowship, the International Fellow is expected to manage complex and severe obesity using a structured, disease-based approach. The Fellow will apply severity staging, manage multiple long-term conditions (MLTC), and lead escalation and sequencing of specialist therapies, including pre- and post-bariatric medical management, within multidisciplinary frameworks to optimise outcomes and minimise harm.

OUTCOME 1 - APPLY CHRONIC DISEASE FRAMEWORKS AND SEVERITY STAGING

Diagnose obesity as a chronic disease and apply structured severity staging to complex presentations, such as Kings and Edmonton staging systems, based on comprehensive history-taking, examination, and formulation of a differential diagnosis. Identify features suggestive of secondary endocrine causes (e.g. hypothyroidism, hypercortisolaemia) or monogenic/syndromic (“extreme phenotype”) obesity and initiate appropriate investigation or referral.

OUTCOME 2 - MANAGE MLTC AND POLYPHARMACY IN COMPLEX OBESITY

Manage obesity in the context of MLTC and polypharmacy, including cardiometabolic conditions such as dyslipidaemia, diabetes, and cardiovascular disease, reproductive (e.g. PCOS, subfertility), and other obesity-related conditions. Adjust treatment plans to minimise risk, avoid adverse interactions, and optimise outcomes across co-existing conditions.

OUTCOME 3 - ESCALATE AND SEQUENCE SPECIALIST OBESITY THERAPIES

Prescribe and monitor obesity pharmacotherapy, including incretin-based therapies, and identify candidates for bariatric and metabolic pathways. Manage non-response, intolerance, weight regain, or incomplete response through structured reassessment and escalation within multidisciplinary care.

OUTCOME 4 – PROVIDE PRE- AND POST-BARIATRIC MEDICAL MANAGEMENT

Provide medical assessment and optimisation of patients undergoing bariatric intervention, including pre-bariatric evaluation, risk stratification, and contribution to multidisciplinary discussion regarding surgical pathways. Conduct post-bariatric medical review, including medication adjustment, management of metabolic and nutritional complications, assessment of post-surgical symptoms requiring escalation, and re-introduction of weight management therapies where clinically indicated.

OUTCOME 5 - CONTRIBUTE TO COMPLEX OBESITY MDT DECISION-MAKING

Lead or contribute to complex case discussions within specialist obesity multidisciplinary teams, informing escalation, sequencing of therapies, post-intervention care planning, and risk management decisions. Support shared clinical decision-making, documentation, and coordinated follow-up across care settings.

Training Goal 5 - Sleeping Disorders in Obesity

By the end of this Fellowship, the International Fellow is expected to recognise sleep as a core metabolic regulator and clinical domain within obesity medicine. The Fellow will assess sleep-related factors, integrate sleep optimisation into obesity management, and coordinate care for sleep disorders within multidisciplinary and shared-care frameworks.

OUTCOME 1 - ASSESS AND INTEGRATE SLEEP FACTORS INTO OBESITY CARE

Assess sleep duration, quality, and timing in patients with obesity and analyse their contribution to metabolic risk, weight regulation, and treatment response. Integrate sleep optimisation strategies into obesity treatment and lifestyle interventions.

OUTCOME 2 - MANAGE SLEEP DISORDERS WITHIN SHARED-CARE FRAMEWORKS

Identify and initiate management of common sleep disorders associated with obesity, particularly obstructive sleep apnoea, using appropriate screening and referral pathways. Interpret sleep study reports where available and coordinate investigation, treatment (including CPAP where indicated), and follow-up with respiratory and sleep medicine services as part of shared care.

OUTCOME 3 - RECOGNISE AND MANAGE INTERACTIONS BETWEEN SLEEP AND OBESITY TREATMENTS

Recognise when sleep disorders complicate obesity management, including interactions with pharmacotherapy or behavioural interventions. Modify treatment strategies and monitoring plans to minimise risk and optimise therapeutic response.

Training Goal 6 - Hepatobiliary Disease in Obesity

By the end of this Fellowship, the International Fellow is expected to assess and manage hepatobiliary disease as a core obesity-related complication. The Fellow will integrate liver disease screening, staging, and longitudinal monitoring into obesity care and coordinate specialist referral, where indicated, to optimise outcomes and minimise disease progression.

OUTCOME 1 – SCREEN, STAGE, AND REFER METABOLIC LIVER DISEASE

Screen for and diagnose metabolic liver disease, including metabolic associated steatotic liver disease (MASLD) and metabolic associated steatohepatitis (MASH), using appropriate non-invasive assessment tools. Interpret findings to stratify disease severity, identify patients requiring hepatology referral, and guide monitoring and escalation.

OUTCOME 2 - INTEGRATE AND MONITOR LIVER DISEASE WITHIN OBESITY CARE

Integrate weight management, pharmacotherapy, and lifestyle interventions into the care of hepatobiliary disease. Monitor liver-related outcomes longitudinally and adjust obesity management strategies in response to disease progression or improvement.

OUTCOME 3 - COMMUNICATE LIVER DISEASE RISK AND PROGNOSIS

Communicate liver disease risk, uncertainty, and prognosis clearly and sensitively, using patient-centred language. Support patient understanding, engagement, and adherence to long-term obesity and liver care plans.

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 relevant Endocrinology and Diabetes Mellitus & Internal General Medicine Study Days. In addition, the Fellow may access relevant RCPI educational and training opportunities aligned with the training goals of the Fellowship, including the RCPI Taught Programme.

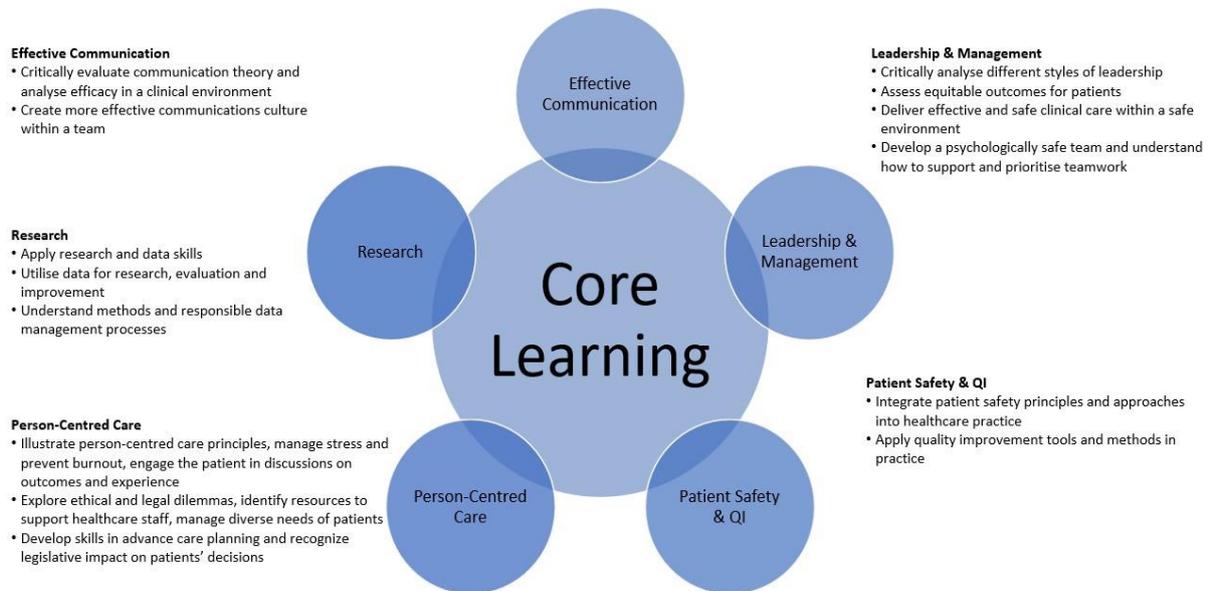
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials are delivered by Tutors related to Endocrinology and Diabetes Mellitus & General Internal 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.



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 the 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 provides a blueprint of all activities included in this ICFP. It summarises the types and frequencies of expected experiences to be completed and recorded in the ePortfolio.

Experience Type	Required/ Desirable	Expected Frequency
Training Plan		
Personal Goals Plan (Copy of agreed Training Plan for the module signed by both International Fellow & Trainer at the beginning of the Training year)	Required	1 per year
Sample of Weekly Timetable (per post)	Required	1 per post
Training Activities		
Outpatient Clinics		160
New Patient Assessment Clinics	Required	60
Surgical Follow-up Clinics	Required	30
Sleep Clinics	Required	5
Hepatology/MASLD Clinics	Required	5
Lymphoedema Clinics	Desirable	5
Adolescent/Paediatric Clinics	Required	5
Multi-disciplinary team (MDT) Review Clinics	Required	10
Ward Rounds/Consultations	Desirable	40
Emergencies/Complicated Cases	Desirable	1
Management Experience		1
<ul style="list-style-type: none"> • Includes service development, pathway design, or MDT coordination within obesity services 	Desirable	
Educational Activities		
Courses	Required	
Behaviour Change Training Course	Desirable	1
MECC Training Modules	Desirable	1
SCOPE Certification	Desirable	1
Patient Cookery Class	Desirable	1
Patient Exercise Class	Desirable	1
In-house Activities	Required	
Grand Rounds	Required	5
Journal Club	Required	5
MDT Meetings – Surgical, Complex Case Review, Weekly Review	Required	10
Formal Teaching Activity	Required	
Lecture	Required	1
Teaching	Required	1
RCPI Taught Programme	Desirable	
Research	Desirable	1
Clinical Audit Activities and Reporting	Required	1
Publications		

Experience Type	Required/ Desirable	Expected Frequency
Scholarly dissemination related to obesity medicine (e.g. peer-reviewed publications such as case reports, reviews, or educational articles)	Desirable	1
Contribution to the development, review, or implementation of clinical protocols, care pathways, or guidelines relevant to obesity medicine	Desirable	1
Presentations		
Presentation of clinical, audit, quality improvement, or research work at appropriate national or international conferences.	Desirable	1
National/International meetings		
ASOI Annual Study Day	Required	1
European Congress on Obesity	Desirable	1
EASO COM Summit	Desirable	1
Additional Training Activities		
Liaison with other sites	Desirable	
Committee Attendance	Desirable	
Assessments and Evaluations		
Workplace-Based Assessments (WBAs)		
Case Based Discussion	Required	1 per programme
Mini-CEX	Required	2 per programme
DOPS	Required	1 per programme
Mandatory Evaluations		
Quarterly Assessment (1 every 3 months)	Required	4 per year
End of Year Evaluation	Required	1 per year