



**FACULTY OF
PAEDIATRICS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in

PAEDIATRIC GASTROENTEROLOGY

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This ICFP curriculum in Paediatric Gastroenterology was developed in 2025 by Prof Seamus Hussey, Dr Emily Stenke and the RCPI Workplace Education Team. It is approved by the Specialist Training Committee in Paediatrics and the Faculty of Paediatrics.

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1. INTRODUCTION

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 Paediatric Gastroenterology

This ICFP is designed to provide comprehensive, advanced training for International Fellows in all aspects of paediatric gastroenterology, hepatology, and nutrition. Fellows will gain in-depth clinical experience, develop a robust understanding of gastrointestinal pathophysiology, and acquire diagnostic and therapeutic skills essential for managing both common and complex paediatric GI disorders. The programme incorporates structured clinical placements, exposure to advanced diagnostics including radiology and pathology, participation in multidisciplinary team meetings, and supervised involvement in endoscopic procedures. Emphasis is placed on evidence-based practice, integration of basic science into clinical reasoning, and the development of academic and research competencies. Fellows are expected to complete the programme with the knowledge and skills to independently evaluate and manage a wide range of paediatric gastrointestinal and liver conditions.

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) of the relevant medical speciality to be confirmed by the College.

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

2. CORE PROFESSIONAL SKILLS

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

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

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



Comhairle na nDochtúirí Leighis
Medical Council

Eight Domains of Good Professional Practice as devised by Medical Council



3. SPECIALTY SECTION - Training Goals in Paediatric Gastroenterology

This section includes the Specialty Training Goals that the International Fellow should achieve by the end of the ICFP.

Each Training Goal is broken down into specific and measurable training outcomes. Per each training outcome, International Fellows can record workplace-based assessments (DOPS, MiniCEX, CBD) and Feedback Opportunities on ePortfolio.

Specialty Training Goals

Training Goal 1.

General Paediatric Gastroenterology

Training Goal 2.

Gastrointestinal Radiology and Histopathology

Training Goal 3.

Integration of Basic Science into Clinical Practice

Training Goal 4.

Management of Cystic Fibrosis-Associated Liver and GI Disease

Training Goal 5.

Pancreatic Disorders

Training Goal 6.

Small Bowel Transplantation and Related Therapeutics

Training Goal 7.

Knowledge in Paediatric Hepatology

Training Goal 8.

Inflammatory Bowel Disease

Training Goal 9.

Paediatric Nutrition

Training Goal 10.

Safe and Effective Use of GI Pharmacotherapy

Training Goal 1 – General Paediatric Gastroenterology

By the end of this Fellowship, the International Fellow is expected to proficiently diagnose, evaluate, and manage the full spectrum of common gastrointestinal presentations in children.

OUTCOME 1 – IDENTIFY LIFE-THREATENING CAUSES OF GI SYMPTOMS AND INITIATE URGENT REFERRALS

For the International Fellow to identify life-threatening causes of GI symptoms and initiate urgent referrals.

OUTCOME 2 – EVALUATE COMMON MOTILITY, CONGENITAL, ALLERGIC, AND INFECTIOUS GI DISORDERS

For the International Fellow to evaluate common motility, congenital, allergic, and infectious GI disorders in paediatric patients.

OUTCOME 3 – PERFORM STRUCTURED CLINICAL ASSESSMENTS

For the International Fellow to perform structured clinical assessments including history taking and physical examination.

OUTCOME 4 – INTERPRET PRIMARY AND SECONDARY INVESTIGATIONS

For the International Fellow to interpret primary and secondary investigations including lab tests and imaging.

OUTCOME 5 – FORMULATE AND INITIATE APPROPRIATE TREATMENT PLANS OR REFERRALS

For the International Fellow to formulate and initiate appropriate treatment plans or referrals.

Training Goal 2 – Gastrointestinal Radiology and Histopathology

By the end of this Fellowship, the International Fellow is expected to interpret paediatric GI imaging and pathology findings in the context of clinical presentations.

OUTCOME 1 – UNDERSTAND RADIOLOGICAL INVESTIGATIONS

For the International Fellow to understand indications, techniques, and complications of GI radiological investigations.

OUTCOME 2 – INTEGRATE HISTOLOGICAL FINDINGS WITH CLINICAL SCENARIOS IN GI AND LIVER DISEASE

For the International Fellow to integrate histological findings with clinical scenarios in GI and liver disease.

OUTCOME 3 – IDENTIFY PATTERNS OF ABNORMAL HISTOLOGY IN LIVER AND INTESTINAL BIOPSIES

For the International Fellow to identify patterns of abnormal histology in liver and intestinal biopsies.

OUTCOME 4 – UTILISE DIAGNOSTIC IMAGING MODALITIES

For the International Fellow to utilise diagnostic imaging modalities including CT, MRI, ERCP, and nuclear medicine effectively.

OUTCOME 5 – PRESCRIBE AND MONITOR IMMUNOGLOBULIN REPLACEMENT THERAPY

For the International Fellow to prescribe and monitor immunoglobulin replacement therapy, including intravenous and subcutaneous routes.

Training Goal 3 – Integration of Basic Science into Clinical Practice

By the end of this Fellowship, the International Fellow is expected to apply knowledge of molecular biology, immunology, and pharmacology to the understanding and treatment of GI disorders.

OUTCOME 1 – EXPLAIN THE MOLECULAR MECHANISMS UNDERLYING GI INFLAMMATION AND INFECTION

For the International Fellow to explain the molecular mechanisms underlying GI inflammation and infection.

OUTCOME 2 – DESCRIBE PHARMACOLOGIC MECHANISMS AND SIDE EFFECTS OF GI MEDICATIONS

For the International Fellow to describe pharmacologic mechanisms and side effects of GI medications.

OUTCOME 3 – ELATE GUT-BRAIN AXIS CONCEPTS TO FUNCTIONAL AND MOTILITY DISORDERS

For the International Fellow to elate gut-brain axis concepts to functional and motility disorders.

OUTCOME 4 – UNDERSTAND THE IMMUNOLOGICAL BASIS OF TRANSPLANT REJECTION AND NOVEL THERAPIES

For the International Fellow to understand the immunological basis of transplant rejection and novel therapies.

Training Goal 4 – Management of Cystic Fibrosis-Associated Liver and GI Disease

By the end of this Fellowship, the International Fellow is expected to diagnose and manage hepatobiliary and gastrointestinal complications of cystic fibrosis.

OUTCOME 1 – APPLY CONSENSUS GUIDELINES IN THE DIAGNOSIS AND MANAGEMENT OF CF

For the International Fellow to apply consensus guidelines in the diagnosis and management of CF.

OUTCOME 2 – RECOGNISE AND MANAGE CF-RELATED HEPATOBILIARY DISEASE

For the International Fellow to recognise and manage CF-related hepatobiliary disease, including biliary cirrhosis and portal hypertension.

OUTCOME 3 – TREAT NUTRITIONAL DEFICIENCIES AND MALABSORPTION ASSOCIATED WITH CF

For the International Fellow to treat nutritional deficiencies and malabsorption associated with CF.

OUTCOME 4 – MANAGE COMPLICATIONS

For the International Fellow to manage complications such as DIOS, SIBO, and CF-related pancreatitis.

Training Goal 5 – Pancreatic Disorders

By the end of this Fellowship, the International Fellow is expected to diagnose and manage exocrine pancreatic dysfunction and paediatric pancreatitis.

OUTCOME 1 – RECOGNISE AND INVESTIGATE CAUSES OF PANCREATIC DYSFUNCTION

For the International Fellow to recognise and investigate hereditary and acquired causes of pancreatic dysfunction.

OUTCOME 2 – INTERPRET PANCREATIC IMAGING AND FUNCTION TESTS

For the International Fellow to interpret pancreatic imaging and function tests.

OUTCOME 3 – INITIATE ENZYME REPLACEMENT THERAPY AND MONITOR RESPONSE

For the International Fellow to initiate enzyme replacement therapy and monitor response.

OUTCOME 4 – MANAGE ACUTE AND CHRONIC PANCREATITIS

For the International Fellow manage acute and chronic pancreatitis and its complications.

Training Goal 6 – Small Bowel Transplantation and Related Therapeutics

By the end of this Fellowship, the International Fellow is expected to understand indications for small bowel transplant and manage post-operative care.

OUTCOME 1 – EVALUATE PATIENTS FOR TRANSPLANTATION

For the International Fellow to evaluate candidates for small bowel or combined liver-intestinal transplantation.

OUTCOME 2 – MANAGE IMMUNOSUPPRESSIVE THERAPIES

For the International Fellow to manage immunosuppressive therapies and monitor for side effects.

OUTCOME 3 – RECOGNISE POST-TRANSPLANT COMPLICATIONS

For the International Fellow to recognise complications such as rejection and infection post-transplant.

OUTCOME 4 – COORDINATE MULTIDISCIPLINARY NUTRITIONAL AND MEDICAL CARE POST-TRANSPLANT

For the International Fellow to coordinate multidisciplinary nutritional and medical care post-transplant.

Training Goal 7 – Knowledge in Paediatric Hepatology

By the end of this Fellowship, the International Fellow is expected to diagnose and manage a broad range of paediatric liver diseases.

OUTCOME 1 – SISTEMATICALLY APPROACH LIVER DISEASES

For the International Fellow to approach jaundice, hepatomegaly, and acute liver failure systematically.

OUTCOME 2 – DIFFERENTIATE LIVER DISEASES

For the International Fellow to differentiate between genetic, metabolic, infectious, and autoimmune liver diseases.

OUTCOME 3 – MANAGE COMPLICATIONS OF CHRONIC LIVER DISEASE

For the International Fellow to manage complications of chronic liver disease including portal hypertension and ascites.

OUTCOME 4 – PARTICIPATE IN THE EVALUATION AND FOLLOW-UP OF LIVER TRANSPLANT PATIENTS

For the International Fellow to participate in the evaluation and follow-up of liver transplant patients.

Training Goal 8 – Inflammatory Bowel Disease

By the end of this Fellowship, the International Fellow is expected to confidently diagnose and manage paediatric IBD including Crohn's disease and ulcerative colitis.

OUTCOME 1 – DISTINGUISH BETWEEN CD AND UC

For the International Fellow to distinguish between CD and UC using clinical, histological and imaging findings.

OUTCOME 2 – INITIATE AND MONITOR PHARMACOLOGIC THERAPIES

For the International Fellow to initiate and monitor pharmacologic therapies including immunomodulators and biologics.

OUTCOME 3 – MANAGE EXTRA-INTESTINAL MANIFESTATIONS AND SURGICAL CONSIDERATIONS IN IBD

For the International Fellow to manage extra-intestinal manifestations and surgical considerations in IBD.

OUTCOME 4 – PROVIDE HOLISTIC CARE IN IBD

For the International Fellow to provide holistic care including nutrition, vaccination, and mental health support in IBD.

Training Goal 9 – Paediatric Nutrition

By the end of this Fellowship, the International Fellow is expected to assess and manage the nutritional needs of children with GI and liver disease.

OUTCOME 1 – ASSESS NUTRITIONAL STATUS

For the International Fellow to assess nutritional status using clinical and laboratory data.

OUTCOME 2 – MANAGE MALNUTRITION AND MICRONUTRIENT DEFICIENCIES

For the International Fellow to manage malnutrition and micronutrient deficiencies.

OUTCOME 3 – PRESCRIBE AND MONITOR ENTERAL AND PARENTERAL NUTRITION

For the International Fellow to prescribe and monitor enteral and parenteral nutrition.

OUTCOME 4 – COUNSEL FAMILIES ON DIETARY MANAGEMENT

For the International Fellow to counsel families on dietary management in conditions like IBD, CF, and short bowel syndrome.

Training Goal 10 – Safe and Effective Use of GI Pharmacotherapy

By the end of this Fellowship, the International Fellow is expected to prescribe and monitor drug therapies in paediatric gastroenterology safely and effectively.

OUTCOME 1 – UNDERSTAND GI AND HEPATIC PHARMACOTHERAPIES

For the International Fellow to understand the mechanisms, dosing, and monitoring of GI and hepatic pharmacotherapies.

OUTCOME 2 – MANAGE SIDE EFFECTS AND COMPLICATIONS

For the International Fellow to manage side effects and complications of immunosuppressive, antiviral, and biologic agents.

OUTCOME 3 – APPLY PHARMACOLOGICAL KNOWLEDGE

For the International Fellow to apply pharmacological knowledge to motility, acid suppression, and antimicrobial therapies.

OUTCOME 4 – CONTRIBUTE TO SAFE PRESCRIBING PRACTICES AND PATIENT EDUCATION

For the International Fellow to contribute to safe prescribing practices and patient education.

4. COMPLEMENTARY TRAINING AND EDUCATIONAL ACTIVITIES

4.1. Training Activities

The International Fellow is expected to participate in different Training Activities in a variety of settings, such as Outpatient Clinics; Ward Rounds; Consultations; Emergencies/Complicated Cases; Grand Rounds; Multidisciplinary Team Meetings; Clinical Audits.

Specific requirements for this ICFP are outlined in the final section of this document ([Summary Table of Expected Experience](#)).

4.2. Educational Activities

The International Fellow will also be invited to attend all **Paediatrics Study Days** and could be eligible to complete the **HST Taught Programme in Paediatrics**.

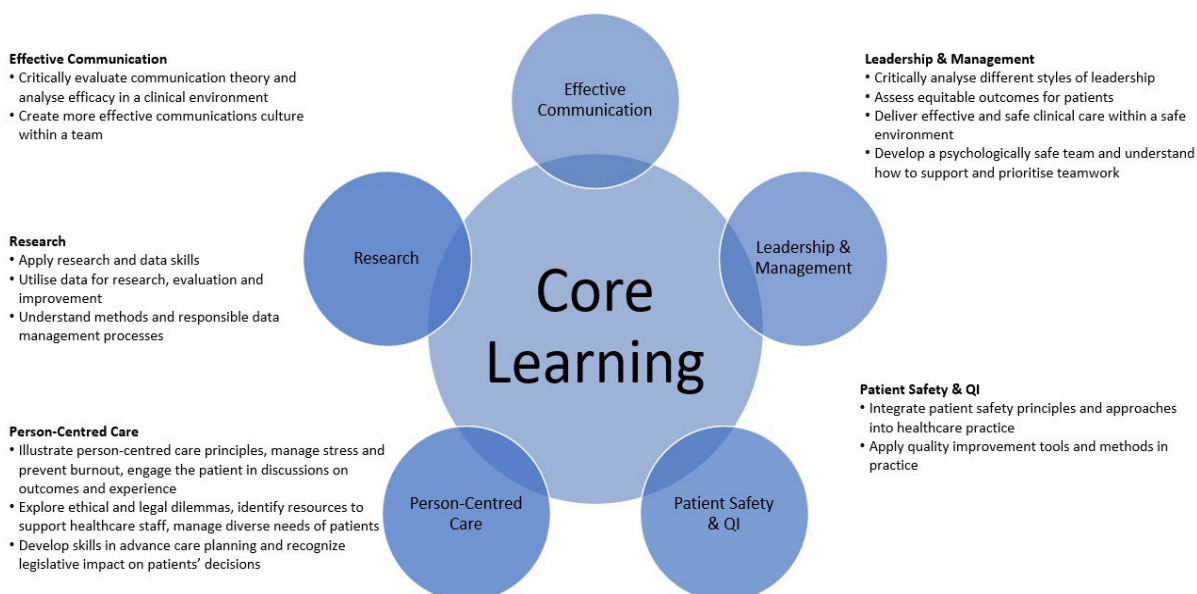
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

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

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

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

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



5. ASSESSMENT GUIDELINES

The progression of the International Fellow throughout the programme is monitored and evaluated making use of both formative and summative assessments.

Formative Assessment

- Focuses on continuous feedback and developmental growth.
- Includes multiple opportunities for reflection, discussions, and skill evaluations throughout the training period.
- Helps identify areas for improvement and supports ongoing learning.

Summative Assessment

- Provides a final judgment of competency at various stages of training.
- Involves formal evaluations and workplace-based assessments.
- Used to assess whether the trainee meets the necessary standards to progress in training or achieve certification (e.g. examination).

WBAs in use at RCPI

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

RCPI employs a variety of WBAs with different focuses:

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

Recording WBAs on ePortfolio

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

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

WORKPLACE-BASED ASSESSMENTS	
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 and it summarises the type and frequency of the expected experience that should be completed and recorded on the ePortfolio.

Experience Type	Required/ Desirable	Expected Frequency
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		
General Paediatric Gastroenterology Clinic	R	20/year
IBD Clinic	R	20/year
Hepatology Clinic	R	20/year
Pancreas and CF-Liver Disease Clinic	D	2/year
Nutrition and Feeding Clinic	R	5/year
Liver Transplant Clinic	R	10/year
Motility and Functional GI Disorders Clinic	D	2/year
Small Bowel Transplant Clinic	D	1/year
Transition Clinic	R	4/year
Ward Rounds/Consultations	R	6 blocks of inpatient/ward based work/year
Procedures/Practical Skills		
Upper GI Endoscopy (OGD/EGD)	R	100
Lower GI Endoscopy (Flexible Sigmoidoscopy / Colonoscopy)	R	50
Capsule Endoscopy (observational and/or reporting)	R	10
GI Physiology & Functional Testing	D	1
Parenteral and Enteral Nutrition Procedures	R	10
Cases Experience		
Paediatric IBD	R	As they present
Coeliac Disease	R	As they present
Constipation and Functional GI Disorders	R	As they present
Faltering Growth / Nutritional Failure	R	As they present
Allergic GI Disease	R	As they present
Chronic Liver Disease	R	As they present
Pancreatic Disorders	R	As they present
GI Bleeding	R	As they present
Vomiting and Reflux Symptoms	R	As they present
Emergency Cases	R	As they present
Educational Activities		
In-house activities		
Grand Rounds	Required	Weekly

Experience Type	Required/ Desirable	Expected Frequency
Journal Club	Required	Fortnightly
MDT Meetings	Required	Fortnightly
Teaching Attendance (1 per month on average)		
RCPI Taught Programme	Required	1 Tutorial online every 3 months
Study Days	Required	4 per year
Delivery of Teaching (lecture, tutorial, seminar, bedside teaching etc.)	R	10/year
Research	Desirable	1 per programme
Clinical Audit activities and reporting	Required	1 per year
Publications	Required	1 per programme
Presentations	Required	1 per programme
National/International meetings	Required	1 per programme
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
Feedback Opportunity (1 every 3 months)	Required	4 per year
Examinations	Desirable	
Mandatory Evaluations		
Quarterly Assessment (1 every 3 months)	Required	4 per year
End of Year Evaluation	Required	1 per year