



**FACULTY OF
PAEDIATRICS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in
PAEDIATRIC NEPHROLOGY

OUTCOME-BASED EDUCATION – OBE CURRICULUM



This ICFP curriculum in Paediatric Nephrology was updated to an OBE format in 2025 by Dr Clodagh Sweeney, Dr Michael Riordan, 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 Nephrology

This Paediatric Nephrology ICFP provides comprehensive, structured clinical and academic training in the management of children with renal disorders. Through supervised rotations in inpatient care, dialysis, transplantation, outpatient clinics, and the consult service, the International Fellow will gain in-depth expertise across the spectrum of paediatric nephrology. The programme fosters competence in decision-making, procedural skills, multidisciplinary collaboration, ethical practice, and holistic care for children and their families. Fellows progress towards independent practice in both general and specialised nephrology settings.

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 Nephrology

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.

Inpatient Paediatric Nephrology Care

Training Goal 2.

Nephrology Consult Service

Training Goal 3.

Renal Transplantation

Training Goal 4.

Chronic Kidney Disease Management

Training Goal 5.

Evaluation and Management of Elevated Creatinine

Training Goal 6.

Growth and Development in Renal Disease

Training Goal 7.

Fluid and Electrolyte Disorders

Training Goal 8.

Dialysis - Principles and Practice

Training Goal 9.

Haemodialysis (HD)

Training Goal 10.

Peritoneal Dialysis (PD)

Training Goal 11.

Renal Biopsy

Training Goal 12.

Apheresis in Nephrology

Training Goal 13.

Drug Dosing in Renal Disease

Training Goal 1 – Inpatient Paediatric Nephrology Care

By the end of this Fellowship, the International Fellow is expected to independently manage paediatric nephrology inpatients with a broad spectrum of renal conditions.

OUTCOME 1

For the International Fellow to manage children with nephrotic syndrome, glomerulonephritis, pyelonephritis, and tubulopathies.

OUTCOME 2

For the International Fellow to diagnose and treat hypertension, including hypertensive emergencies.

OUTCOME 3

For the International Fellow to manage fluid and electrolyte disturbances across nephrological conditions.

OUTCOME 4

For the International Fellow to evaluate and manage renal failure, including indications for dialysis.

OUTCOME 5

For the International Fellow to treat infections in structurally abnormal urinary tracts.

OUTCOME 6

For the International Fellow to take accurate histories and perform focused physical examinations.

OUTCOME 7

For the International Fellow to formulate differential diagnoses and treatment plans.

OUTCOME 8

For the International Fellow to recognise and manage nephrology emergencies effectively.

OUTCOME 9

For the International Fellow to demonstrate accurate documentation and medico-legal awareness.

Training Goal 2 – Nephrology Consult Service

By the end of this Fellowship, the International Fellow is expected to provide expert nephrology consultations across hospital departments and manage urgent and elective referrals.

OUTCOME 1

For the International Fellow to independently assess and manage fluid and electrolyte disorders (e.g., hyponatraemia, hyperkalaemia).

OUTCOME 2

For the International Fellow to recognise indications for and initiate acute dialysis modalities (e.g., CVVH, CVVHD).

OUTCOME 3

For the International Fellow to adjust drug dosing for renal impairment and avoid nephrotoxic agents.

OUTCOME 4

For the International Fellow to recognise indications for renal biopsy and manage the process and complications.

OUTCOME 5

For the International Fellow to diagnose and manage nephrolithiasis, nephrocalcinosis, and genetic kidney diseases (e.g., ARPKD, Alport's syndrome).

OUTCOME 6

For the International Fellow to manage urological anomalies such as posterior urethral valves and vesicoureteric reflux.

OUTCOME 7

For the International Fellow to counsel families about antenatal renal findings and coordinate postnatal care.

OUTCOME 8

For the International Fellow to diagnose and treat dysuria, pyuria, haematuria, and proteinuria.

OUTCOME 9

For the International Fellow to assess and manage acute kidney injury and formulate decisions about dialysis.

OUTCOME 10

For the International Fellow to demonstrate comprehensive assessment and management of glomerulonephritis and nephrotic syndrome.

OUTCOME 11

For the International Fellow to evaluate hypertension and institute appropriate investigations and treatments.

OUTCOME 12

For the International Fellow to provide clear clinical reasoning and maintain accurate documentation.

Training Goal 3 – Renal Transplantation

By the end of this Fellowship, the International Fellow is expected to independently manage paediatric renal transplant recipients in both inpatient and outpatient settings.

OUTCOME 1

For the International Fellow to conduct thorough pre- and post-transplant clinical assessments, including immunological evaluation.

OUTCOME 2

For the International Fellow to manage complications such as rejection, infection, and graft dysfunction.

OUTCOME 3

For the International Fellow to interpret therapeutic drug levels and adjust immunosuppressive regimens.

OUTCOME 4

For the International Fellow to understand transplant immunology, including HLA matching, PRA testing, and immune responses.

OUTCOME 5

For the International Fellow to demonstrate knowledge of ethical and practical aspects of organ allocation and donor selection.

OUTCOME 6

For the International Fellow to manage failing renal transplants and determine indications for dialysis or nephrectomy.

OUTCOME 7

For the International Fellow to identify and treat long-term transplant complications (e.g., chronic allograft nephropathy, obesity, bone disease).

OUTCOME 8

For the International Fellow to recognise and support patients with psychosocial issues such as non-adherence and mental health concerns.

OUTCOME 9

For the International Fellow to assist with the transition of adolescent transplant recipients to adult services.

OUTCOME 10

For the International Fellow to interpret transplant biopsies in the context of clinical findings.

OUTCOME 11

For the International Fellow to collaborate effectively with the multidisciplinary transplant team.

Training Goal 4 – Chronic Kidney Disease (CKD) Management

By the end of this Fellowship, the International Fellow is expected to provide comprehensive, longitudinal care for children with CKD.

OUTCOME 1

For the International Fellow to identify CKD aetiologies and apply appropriate staging systems.

OUTCOME 2

For the International Fellow to implement strategies to preserve renal function and monitor progression.

OUTCOME 3

For the International Fellow to manage CKD complications, including anaemia, growth failure, bone disease, and cardiovascular risk.

Training Goal 5 – Evaluation and Management of Elevated Creatinine

By the end of this Fellowship, the International Fellow is expected to evaluate and manage children with acute or chronic renal dysfunction.

OUTCOME 1

For the International Fellow to understand the pathophysiology and differential diagnosis of elevated serum creatinine.

OUTCOME 2

For the International Fellow to initiate appropriate investigations and clinical interventions.

Training Goal 6 – Growth and Development in Renal Disease

By the end of this Fellowship, the International Fellow is expected to assess and support growth and development in children with renal disorders.

OUTCOME 1

For the International Fellow to monitor growth and puberty in children with CKD.

OUTCOME 2

For the International Fellow to address growth delay through hormonal and nutritional interventions.

Training Goal 7 – Fluid and Electrolyte Disorders

By the end of this Fellowship, the International Fellow is expected to diagnose and manage common fluid and electrolyte disturbances.

OUTCOME 1

For the International Fellow to manage hypo- and hypernatraemia, hyperkalaemia, calcium/phosphate imbalances, and acid–base disorders.

Training Goal 8 – Dialysis – Principles and Practice

By the end of this Fellowship, the International Fellow is expected to manage children requiring acute and chronic dialysis, including peritoneal and haemodialysis.

OUTCOME 1

For the International Fellow to assist families in dialysis modality selection and planning.

OUTCOME 2

For the International Fellow to initiate and monitor dialysis, adjusting prescriptions based on clinical need.

OUTCOME 3

For the International Fellow to manage dialysis-related complications and psychosocial impacts.

Training Goal 9 – Haemodialysis (HD)

By the end of this Fellowship, the International Fellow is expected to understand and manage all aspects of paediatric HD.

OUTCOME 1

For the International Fellow to prescribe and tailor HD based on patient-specific needs.

OUTCOME 2

For the International Fellow to manage vascular access and related complications.

OUTCOME 3

For the International Fellow to understand machine function, dialysis adequacy, and extracorporeal therapy principles.

Training Goal 10 – Peritoneal Dialysis (PD)

By the end of this Fellowship, the International Fellow is expected to manage children on chronic or acute PD.

OUTCOME 1

For the International Fellow to write and modify PD prescriptions for optimal delivery.

OUTCOME 2

For the International Fellow to understand catheter-related issues and manage complications.

OUTCOME 3

For the International Fellow to interpret peritoneal function tests to inform clinical decisions.

Training Goal 11 – Renal Biopsy

By the end of this Fellowship, the International Fellow is expected to understand the indications and processes involved in paediatric renal biopsies.

OUTCOME 1

For the International Fellow to identify biopsy indications, contraindications, and potential complications.

OUTCOME 2

For the International Fellow to manage patients before and after biopsy procedures.

OUTCOME 3

For the International Fellow to interpret pathology results in the context of clinical management.

Training Goal 12 – Apheresis in Nephrology

By the end of this Fellowship, the International Fellow is expected to participate in therapeutic apheresis planning and management.

OUTCOME 1

For the International Fellow to recognise clinical indications for apheresis.

OUTCOME 2

For the International Fellow to manage procedure-related risks and complications.

Training Goal 13 – Drug Dosing in Renal Disease

By the end of this Fellowship, the International Fellow is expected to adjust medications appropriately in renal impairment.

OUTCOME 1

For the International Fellow to understand pharmacokinetics in CKD and during dialysis.

OUTCOME 2

For the International Fellow to Modify medication dosing appropriately and avoid nephrotoxic agents.

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**.

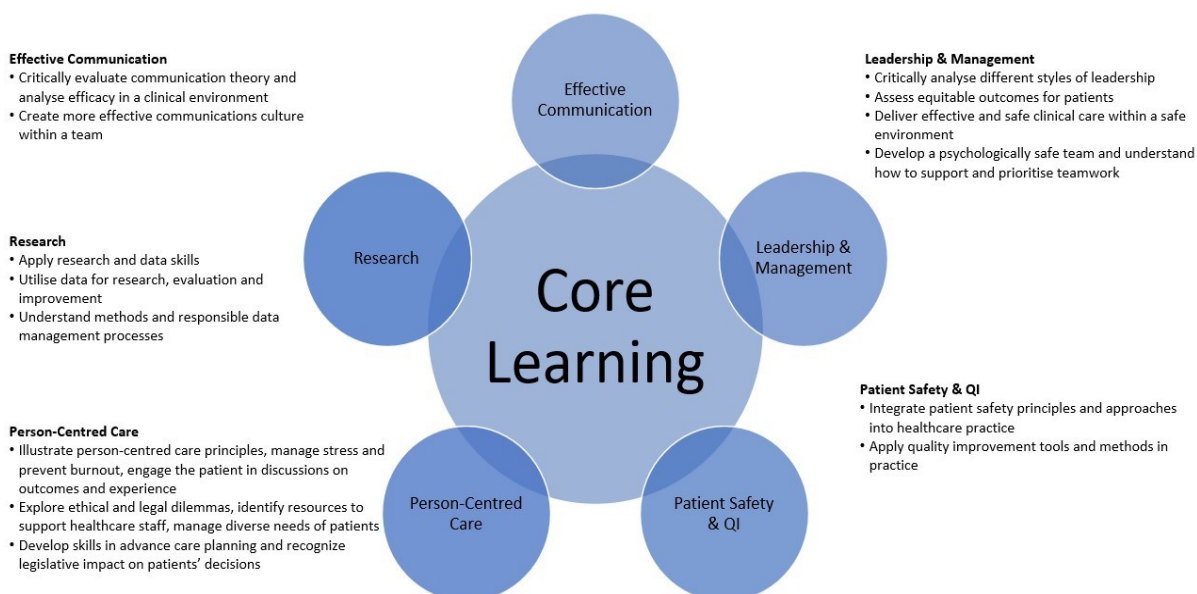
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

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 Nephrology	Required	40 per year
Specialist Nephrology	Required	80 per year
Transplant Clinic	Required	20 per year
Rapid Access	Required	20 per year
Low Clearance	Required	20 per year
Ward Rounds/Consultations		
Consultant led (minimum 1 per week)	Required	40 per year
Fellow led (1 per week)	Required	40 per year
Haemodialysis rounds	Required	4 per year
Consultations (including Day Ward, in house and Nation-wide consults)	Required	1
Emergencies/Complicated Cases	Required	10
Clinical Cases		
Nephrotic Syndrome	Required	1
Acute Glomerulonephritis	Required	1
Tubulopathies	Required	1
Chronic Renal Failure	Required	1
Pyelonephritis with renal dysfunction	Required	1
Transplant	Required	1
Dialysis	Required	1
Hemodialysis	Required	1
Graft Dysfunction	Required	1
Procedures/Practical Skills/Surgical Skills in older infants and children		
Interpretation of tissue typing	Required	1
Interpretation of cross match results	Required	1
Additional/Special Experience Gained	Desirable	1
Relatively Unusual Cases	Desirable	1
ICU/CCU	Desirable	1
Chronic Cases/Long term care	Desirable	1
Management Experience	Desirable	1
Educational Activities		

Experience Type	Required/ Desirable	Expected Frequency
In-house activities		
Grand Rounds (minimum 1 per month)	Required	10 per year
Journal Clubs (minimum 1 per month)	Required	10 per year
MDT meetings weekly	Required	40 per year
Psychosocial Meetings	Required	4 per year
Teaching Attendance (1 per month on average)		
RCPI Taught Programme	Required	1 Tutorial online every 3 months
Study Days	Required	6 per year
Seminar	Required	1 per year
Lecture	Required	1 per year
Mandatory Courses		
APLS	Required	1 per year
Delivery of Teaching		
Lecture/Presentation	Required	1 per year
Tutorial	Required	3 per year
Bedside teaching	Required	3 per year
Research	Desirable	
Clinical Audit activities and reporting	Required	2 per year
Publications	Desirable	
Presentations	Desirable	
National/International meetings	Desirable	
Additional Activities	Desirable	
Committee Attendance	Desirable	
Assessments and Evaluations		
Workplace-Based Assessments (WBAs)		
Case Based Discussion	Required	2 per year
Mini-CEX	Required	2 per year
DOPS	Required	1 per year
Feedback Opportunity (1 every 3 months)	Required	4 per year
Mandatory Evaluations		
Quarterly Assessment (1 every 3 months)	Required	4 per year
End of Year Evaluation	Required	1 per year