



**INSTITUTE
OF MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in

GASTROENTEROLOGY

OUTCOME BASED EDUCATION CURRICULUM



This ICFP Curriculum in Gastroenterology was reviewed in 2025 by Prof Steve Patchett (Consultant Gastroenterologist) and the RCPI Workplace Education Team. It is approved by the Specialist Training Committee in Gastroenterology and the Institute of Medicine.

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INTRODUCTION

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

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.

ICFP in Gastroenterology

This ICFP aims to offer comprehensive training in Gastroenterology, specifically in the management and diagnosis of diseases of the gastrointestinal tract, liver and pancreas and in the diagnosis and treatment of intraabdominal malignancy.

In addition, this ICFP offers training opportunities in diagnostic and therapeutic upper and lower endoscopy.

ICFP Fellows are expected to develop skills in both diagnostic and therapeutic endoscopy.

Training Programme Duration & 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 Directors of the relevant medical speciality.

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

Appointed International Fellows are:

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

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.

ePortfolio

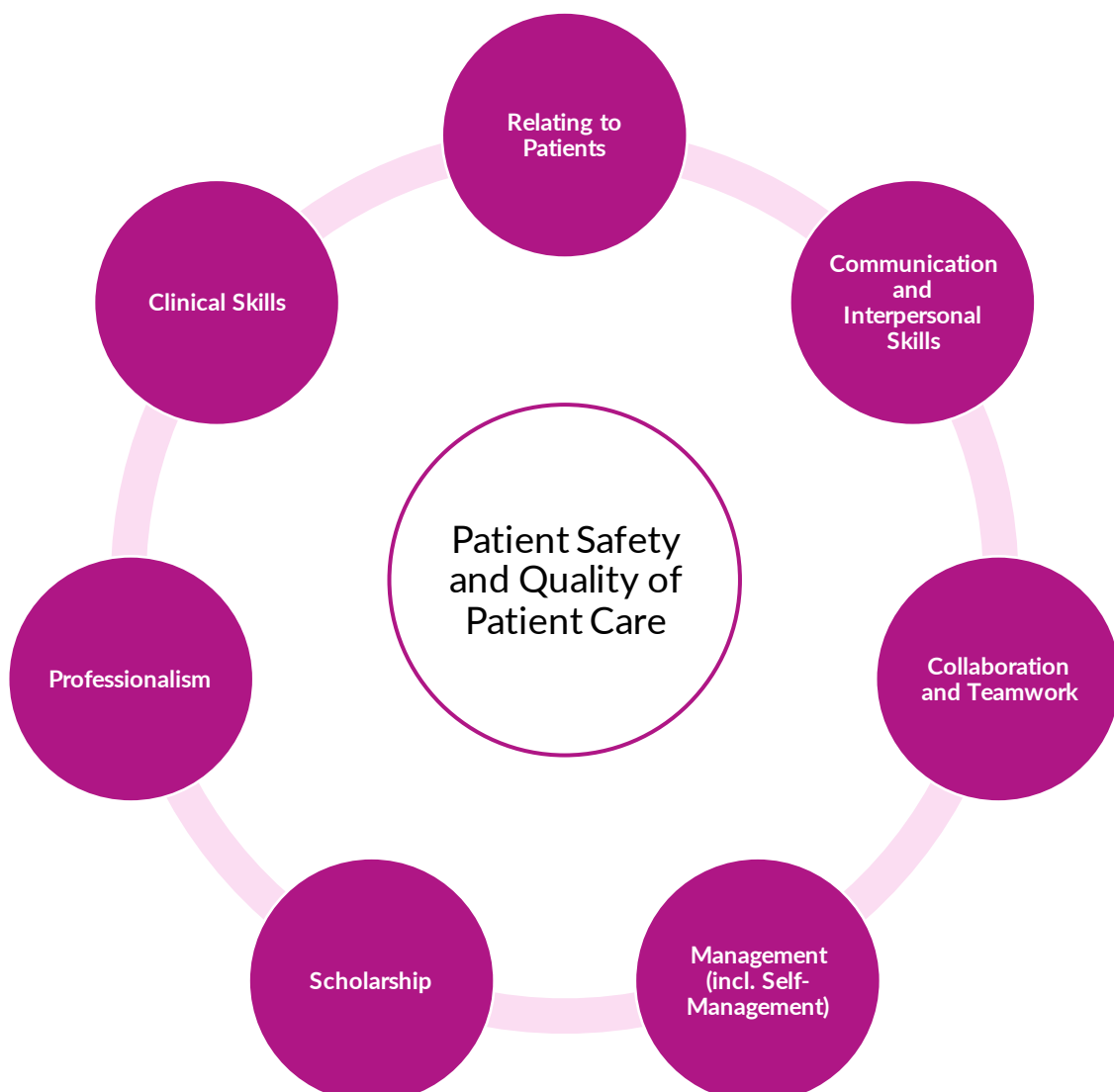
International Fellows will be required to keep their ePortfolio up to date and maintained throughout the programme. The ePortfolio will be countersigned as appropriate by the supervising Trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies 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.

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.



SPECIALTY SECTION – TRAINING GOALS IN 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 Opportunity on ePortfolio

In order to achieve the Outcomes it is recommended to agree on the most appropriate type of training and assessment methods with the assigned Trainer.

Specialty Training Goals

Training Goal 1. Upper GI Tract

Training Goal 2. Absorption & Nutrition

Training Goal 3. Lower GI Tract

Training Goal 4. Inflammatory Bowel Disease

Training Goal 5. Hepatology

Training Goal 6. Endoscopy

Training Goal 1 – Upper GI Tract

By the end of this Fellowship, the International Fellow is expected to be capable of evaluating the significance of symptoms referable to the upper GI tract and providing effective management of patients.

OUTCOME 1 – DYSPHAGIA, REFLUX AND NON-CARDIAC CHEST PAIN

For the International Fellow to be capable of assessing the significance of symptoms such as dysphagia and retrosternal pain, and arranging appropriate investigations with a view to providing effective management.

OUTCOME 2 – UPPER ABDOMINAL PAIN/DYSPEPSIA

For the International Fellow to assess the significance of symptoms of upper abdominal pain and dyspepsia and arrange for appropriate investigation, with a view to providing effective management.

OUTCOME 3 – NAUSEA AND VOMITING

For the International Fellow to assess the significance of symptoms such as dyspepsia, nausea and vomiting in relation to disease of the GI tract, to investigate them appropriately and to manage patient's with these symptoms effectively and safely.

OUTCOME 4 – GASTRIC AND OESOPHAGEAL CANCERS

For the International Fellow to recognise presenting features of upper GI cancers and to obtain evidence to confirm the diagnosis: to advise and initiate treatment which is appropriate to the patient's needs.

OUTCOME 5 – UPPER GASTROINTESTINAL BLEEDING

For the International Fellow to determine the cause and deal with the effects of acute and chronic bleeding from sources in the upper GI tract such as hiatus hernia, peptic ulcer, varices, tumours and vascular abnormalities.

OUTCOME 6 – CLINICAL AND LABORATORY TESTS OF GI STRUCTURE AND FUNCTION

For the International Fellow to be competent in the selection, application and correct interpretation of tests of GI structure and their function which are appropriate to the patient's needs.

Training Goal 2 – Absorption & Nutrition

By the end of this Fellowship, the International Fellow is expected to understand the anatomy and physiology of digestion and intestinal absorption, and the pathological processes that may interfere with it and to recognise, assess and manage the underlying cause, providing an appropriate response to the patient's needs.

OUTCOME 1 – MALABSORPTION, ANOREXIA AND WEIGHT LOSS

For the International Fellow to recognise the potential significance of steatorrhea and other features of malabsorption, anorexia and weight loss; to investigate the cause and to plan management which is appropriate.

OUTCOME 2 – SHORT BOWEL SYNDROME AND ILEOSTOMY

For the International Fellow to understand the fluid, electrolyte and metabolic consequences and to be capable of providing appropriate supporting measures.

OUTCOME 3 – NUTRITIONAL SUPPORT

For the International Fellow to understand energy homeostasis, under nutrition and be capable of determining nutritional status, applying that knowledge and appropriate skills to providing additional nutritional support, when that is in the patients' best interests.

OUTCOME 4 – EVALUATION OF ANAEMIA

For the International Fellow to recognise different types of anaemia, understand their pathogenesis and be capable of determining the cause and arranging treatment.

Training Goal 3 – Lower GI Tract

By the end of this Fellowship, the International Fellow is expected to be capable of evaluating the significance of symptoms referable to the lower GI tract and providing effective management of patients.

OUTCOME 1 – ABDOMINAL PAIN

For the International Fellow to differentiate the various causes of acute, recurrent and chronic abdominal pains; to arrange and interpret investigations appropriately and interpret the results and to recommend treatment.

OUTCOME 2 – CONSTIPATION, DIARRHOEA OR CHANGE IN BOWEL HABIT

For the International Fellow to recognise symptoms of colonic dysfunction and be able to differentiate between the potential causes using appropriate examinations and investigations, in order to arrange or recommend treatment.

OUTCOME 3 – RECTAL BLEEDING AND PERIANAL FISTULAE

For the International Fellow to appreciate the importance of rectal bleeding as a symptom and to be capable of carrying out necessary examinations and arranging appropriate investigations and treatment.

OUTCOME 4 – COLORECTAL CANCER

For the International Fellow to recognise presenting features of lower GI cancers and to obtain evidence to confirm the diagnosis: to advise and initiate treatment which is appropriate to the patient's needs.

OUTCOME 5 – INFLAMMATORY BOWEL DISEASE

For the International Fellow to:

- understand the pathophysiology of Inflammatory bowel disease (IBD), its diagnosis and assessment of disease severity.
- have a clear understanding of the pharmacological, surgical and nutritional treatments of the disease.

Training Goal 4 – Inflammatory Bowel Disease

By the end of this Fellowship, the International Fellow is expected to have an applied knowledge of the aetiology of IBD, diagnosis and differentials, and wide experience of management strategies available for IBD, including knowledge of medical therapies, surgical options, and the importance of multidisciplinary patient care.

OUTCOME 1 – UNDERSTAND IBD AND ITS DIAGNOSIS

For the International Fellow to understand the pathogenesis and natural history of IBD and the principles underlying diagnosis and management.

OUTCOME 2 – TREATMENT OPTIONS AND INDIVIDUALISED CARE

For the International Fellow to understand and discuss the various treatment options with patients and provide individualised patient care.

OUTCOME 3 – IBD MULTIDISCIPLINARY TEAM

For the International Fellow to understand the importance of the MDT in decision making to maximise the quality of patient care.

OUTCOME 4 – SURGERY AND IBD

For the International Fellow to understand the indications for surgery in IBD and the importance of medical-surgical liaison in good decision-making.

OUTCOME 5 – IBD AND NUTRITION

For the International Fellow to be aware of the nutritional considerations relating to patients with IBD.

OUTCOME 6 – SEXUAL HEALTH, REPRODUCTIVE HEALTH, PREGNANCY AND LACTATION

For the International Fellow to understand the effect of IBD and its treatment on sexual health, reproductive health, pregnancy and lactation.

OUTCOME 7 – PSYCHOSOCIAL ASPECTS OF IBD

For the International Fellow to understand the psychosocial impact of living with IBD.

Training Goal 5 – Hepatology

By the end of this Fellowship, the International Fellow is expected to understand the pathophysiology of hepatic dysfunction, its investigation, assessment, differential diagnosis, likely cause and contributing factors.

OUTCOME 1 – ASSESSMENT OF LIVER FUNCTION

For the International Fellow to:

- understand and be able to recognise the manifestations of hepatic dysfunction and the range of disease processes which may be responsible.
- know the range of investigations available and be able to advise of the selection and interpretation of appropriate tests
- understand the place of liver biopsy in the management of patients with liver dysfunction, to know the indications, contra-indications and risks, and the techniques available.

OUTCOME 2 – JAUNDICE

For the International Fellow to understand the production of bile, the structure and function of the biliary system; diseases of the biliary tract, the significance of jaundice, its causes and investigation. And to be able to advise on the management of a patient with jaundice and recommend treatment.

OUTCOME 3 – HEPATOSPLENOMEGALY

For the International Fellow to determine the cause of a hepatosplenomegaly and to recommend appropriate management or refer for other specialist opinion.

OUTCOME 4 – ASCITES AND OTHER ABDOMINAL SWELLINGS

For the International Fellow to determine the cause of an abdominal swelling and to recommend appropriate management or refer for other specialist opinion.

OUTCOME 5 – LIVER FAILURE AND ENCEPHALOPATHY

For the International Fellow to:

- understand the pathogenesis of the features of acute and chronic liver failure, and the occurrence of hepatic encephalopathy.
- be able to separate encephalopathy from other confusional states in patients with liver disease and to arrange to provide treatment which is appropriate.

Training Goal 6 – Endoscopy

For the International Fellow to demonstrate competence as measured by DOPS.

The core competencies will be:

- To assess and refer patients appropriately for GI endoscopy
- To ensure that informed consent is obtained from the patient prior to endoscopy or to ensure that appropriate steps are taken if the patient cannot give informed consent
- To ensure patient safety is maintained during preparation for the procedure, throughout the procedure and in the period following the procedure
- To demonstrate an understanding of scope reprocessing and accessory handling
- To demonstrate an understanding of the issues involved in running an endoscopic service
- To provide safe and effective conscious sedation where appropriate for endoscopic procedures
- To perform diagnostic and therapeutic endoscopic procedures within the limit of their technical ability but to accepted national and international standards and norms Specifically the trainee will be expected to diagnose benign and malignant disease found at GI endoscopy and direct its appropriate management Furthermore the trainee will be expected to manage upper and lower GI bleeding, upper GI strictures and GI polyps
- To correctly identify pathology found at endoscopy and to direct appropriate management following its discovery
- To collect appropriate specimens and to provide direction on their handling
- To provide reports and review results of endoscopic procedures
- To participate in personal and institutional audit of endoscopic practice and outcome

COMPLEMENTARY TRAINING AND EDUCATIONAL ACTIVITIES

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; National Autologous Haematopoietic Stem Cell Meeting (held monthly via MSTeams).

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

Educational Activities

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

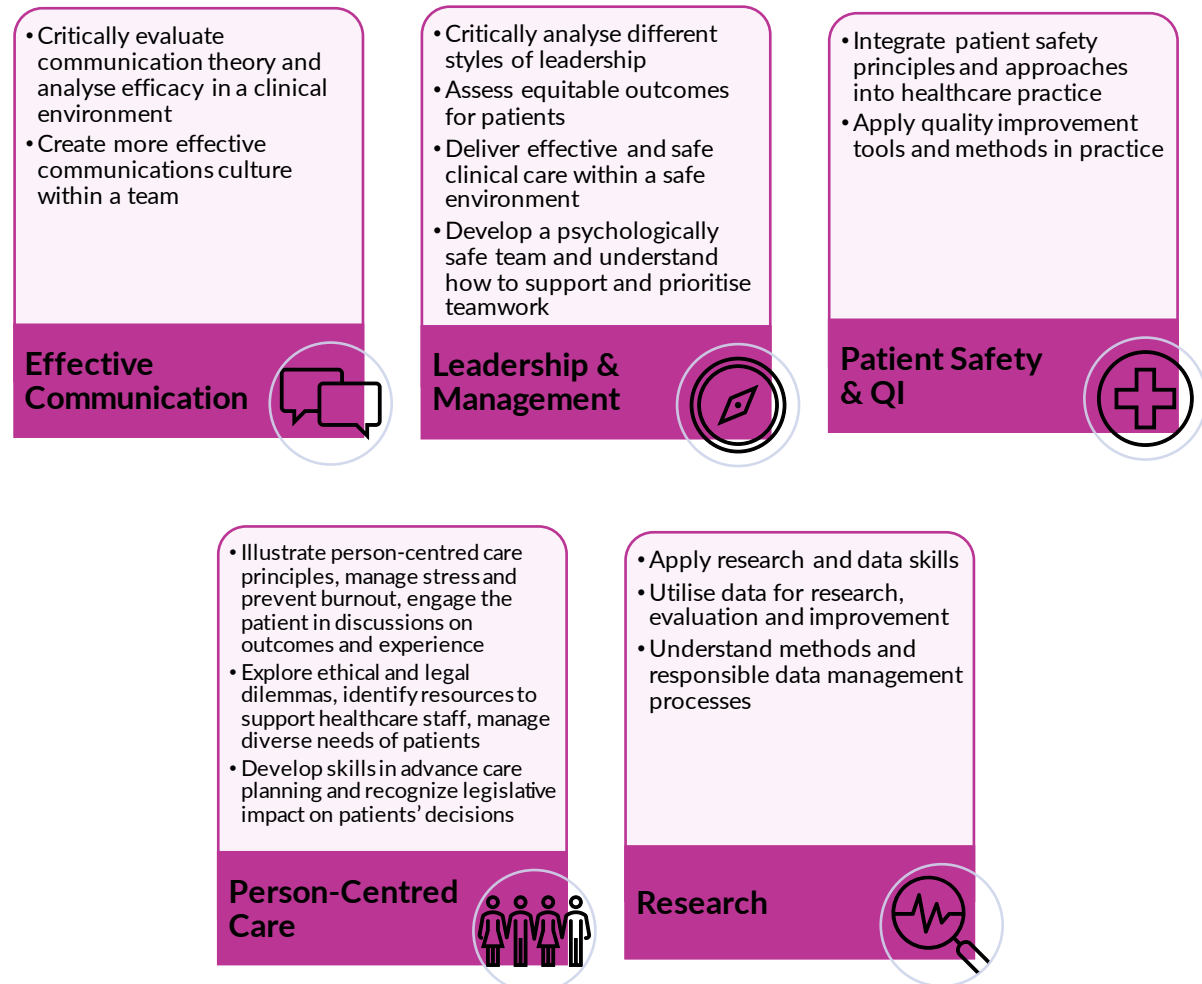
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

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

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

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

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

Taught Programme. Core Learning

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	This assessment is developed in three phases: 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	This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter. 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.
MiniCEX Mini Clinical Examination Exercise	The Trainer is required to observe and assess the interaction between the International Fellow and a patient. This assessment is developed in three phases: 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	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)
MANDATORY EVALUATIONS	
QA Quarterly Assessment	As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months). 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.
EOPA End of Post Assessment	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. 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.
EOYE End of Year Evaluation	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).

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		
General Gastroenterology Clinic	Required	1 per week
General Liver Clinic	Required	2 per week
Ward Consultations		
Consultant-Led	Required	1 per week
Fellow-Led	Required	1 per week
Consultations	Required	1 per week
Procedures		
Non-endoscopic procedures - Paracentesis	Required	2 per week
Upper Gastrointestinal Endoscopy (OGD) (Therapeutic & Diagnostic)	Required	2 per week
Colonoscopy (Therapeutic & Diagnostic)	Required	2 per week
Cases Experience		
GI infections	Required	10 over the programme
Acute abdomen	Required	10 over the programme
Bleeding oesophageal varices	Required	10 over the programme
Bleeding peptic ulcer	Required	10 over the programme
Fulminant colitis	Required	10 over the programme
Cholangitis	Required	10 over the programme
Liver failure	Required	10 over the programme
Acute pancreatitis	Required	10 over the programme
ICU/CCU Cases	Required	10 over the programme
Chronic Cases/Long term care Examples: Chronic liver disease; Liver transplantation; Management of ascities; irritable bowel syndrome; Chronic pancreatitis; AIDS; Dysphagia; Ulcer disease; Oesophageal & Gastric cancer	Required	20 over the programme
Educational Activities		
In-house activities		

Experience Type	Required/ Desirable	Expected Frequency
Grand Rounds	Required	2 per week
Journal Clubs	Required	2 per week
Radiology conference	Required	2 per week
Pathology conference	Required	2 per week
MDT Meeting	Required	2 per week
Seminar	Required	1 per month
Lecture	Required	1 per month
Teaching Attendance		
Delirium Recognition and Response (online course)	Required	1
Endoscopic Management of Barrett's Oesophagus course (online)	Desirable	1
ACLS (hospital-based course)	Required	1
Basic Skills – online course for GI/surgical trainees (Year 1)	Required	1
Hands on colonoscopy	Required	1
Gastroenterology Study Days	Required	4 per year
RCPI Taught Programme	Required	1 tutorial every 3 months
Delivery of Teaching (lecture/tutorial/bedside teaching)	Required	1 per month
Research	Desirable	
Clinical Audit activities and reporting	Required	1 per year
Publications	Desirable	
Presentations	Desirable	
National/International meetings	Required	1-2 per year
Assessments and Evaluations		
Workplace Based Assessments (WBAs)		
Case Based Discussion	Required	4 per year
Mini-CEX	Required	1 per year
DOPS		
OGD	Required	5 per programme
Colonoscopy	Required	5 per programme
PEG	Required	5 per programme
Feedback Opportunity	Required	5 per programme
Mandatory Evaluations		
Quarterly Assessment (1 every 3 months)	Required	4 per year
End of Year Evaluation	Required	1 per year