FACULTY OF PAEDIATRICS

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in

# PAEDIATRIC REHABILITATION MEDICINE

## OUTCOME-BASED EDUCATION – OBE CURRICULUM

**This ICFP curriculum in Paediatric Rehabilitation Medicine was developed in 2026 by Dr Irwin Gill and the RCPI Education Team. It is approved by the Paediatrics Training Committee and the Faculty of Paediatrics.**

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|---|---|---|---|
| 1.0 | July 2026 | Maurice Kinsella | New curriculum in OBE format |

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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, 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.

## ICFP in Paediatric Rehabilitation Medicine

This International Clinical Fellowship Programme (ICFP) provides advanced training in Paediatric Rehabilitation Medicine, with clinical exposure across inpatient, outpatient and day patientrehabilitation services. The fellowship is based at the National Rehabilitation Hospital, and at Children's Health Ireland at Temple Street. The programme builds on prior postgraduate training in rehabilitation medicine and develops advanced competence in the assessment and management of children with acquired neurodisability,. Emphasis is placed on evidence-based practice, multidisciplinary collaboration, and integration of rehabilitation principles across paediatric care pathways. The curriculum is benchmarked against outcomes within RCPI postgraduate medical curricula and aligned with recognised international standards in paediatric rehabilitation practice.

## Training Programme Duration & Organisation of Training

The clinical training period under this International Clinical Fellowship Programme (ICFP) is two 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. The post in the National Rehabilitation Hospital is jointly supervised by Dr Irwin Gill and Dr Susan Finn, and the post in Children's Health Ireland at Temple Street is supervised by Dr Irwin Gill.

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 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.

## 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 Paediatric Rehabilitation 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*

*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.*

## Training Goal 1 - Foundations of Paediatric Rehabilitation Medicine

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the core clinical practice of paediatric rehabilitation medicine. The Fellow will conduct comprehensive rehabilitation assessment, formulate rehabilitation needs and priorities, and develop goal-directed care plans within multidisciplinary paediatric rehabilitation practice.

### OUTCOME 1 - CONDUCT COMPREHENSIVE REHABILITATION ASSESSMENTS

Conduct comprehensive rehabilitation assessments in children with disability, evaluating impairments, functional abilities, activity limitations and participation restrictions, as well as relevant developmental or contextual factors. Use this assessment to define the child's rehabilitation needs and inform clinical decision-making.

### OUTCOME 2 - APPLY FRAMEWORKS OF DISABILITY AND FUNCTIONING

Apply recognised frameworks of disability and functioning to formulate rehabilitation needs, define clinical priorities, and guide structured care planning. Use these frameworks and standardised outcome measures to support consistent clinical reasoning and rehabilitation diagnosis within paediatric practice.

### OUTCOME 3 - FORMULATE GOAL-DIRECTED REHABILITATION PLANS

Formulate goal-directed rehabilitation plans that integrate medical management, multidisciplinary therapy input, and child or family priorities. Ensure that care plans are function-focused, developmentally appropriate, and responsive to the child's clinical context.

### OUTCOME 4 - COORDINATE MULTIDISCIPLINARY REHABILITATION CARE

Coordinate a large interdisciplinary rehabilitation team in the planning and review of paediatric rehabilitation care in acute and subacute settings. Contribute to team-based goal-setting, communication, and ongoing adjustment of rehabilitation plans across relevant clinical settings.

## Training Goal 2 - Acquired Neurological Injury & Neurorehabilitation

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the rehabilitation management of children with acquired neurological injury affecting cognition, mobility, communication, consciousness, and functional independence. The Fellow will assess rehabilitation needs, coordinate multidisciplinary neurorehabilitation care, and support longitudinal rehabilitation planning for children with acquired brain injury, spinal cord injury, and related neurological complications.

### OUTCOME 1 - ASSESS AND MANAGE ACQUIRED BRAIN INJURY

Assess and manage rehabilitation needs following acquired brain injury, including traumatic and non-traumatic causes, with attention to cognitive, physical, communicative, and behavioural consequences. Integrate these findings into structured rehabilitation planning and ongoing multidisciplinary management, as well as counselling of young people and families, managing expectations, leading family meetings, and prognosticating where appropriate.

### OUTCOME 2 - MANAGE PAEDIATRIC SPINAL CORD INJURY WITHIN REHABILITATION CARE

Assess and manage paediatric spinal cord injury within a rehabilitation framework, including functional rehabilitation planning, prevention of secondary complications, and multidisciplinary coordination. Incorporate ongoing functional needs into rehabilitation review and care planning, as well as counselling of young people and families, managing expectations, leading family meetings, and prognosticating where appropriate.

### OUTCOME 3 - EVALUATE AND MANAGE POST-TRAUMATIC AMNESIA AND DISORDERS OF CONSCIOUSNESS

Evaluate and manage PTA and disorders of consciousness following neurological injury, incorporating rehabilitation goals, multidisciplinary review, and ongoing reassessment of function and recovery. Use this assessment to guide rehabilitation planning and communication with the wider care team.

### OUTCOME 4 - INCORPORATE NEUROLOGICAL COMORBIDITIES INTO REHABILITATION PLANNING

Recognise neurological comorbidities affecting rehabilitation, including hypertonia (spasticity/ dystonia), movement disorders, epilepsy, cerebral visual impairment, agitation in the context of ABI, sleep disturbance, and incorporate their functional impact into rehabilitation planning. Coordinate appropriate specialist input where neurological comorbidity significantly influences rehabilitation progress, safety, or care needs.

## Training Goal 3 - Rehabilitation Assessment & Outcome Measurement

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the clinical use of standardised assessment tools and formal outcome measures within paediatric rehabilitation medicine. The Fellow will use structured measurement to support rehabilitation formulation, monitor change over time, evaluate response to intervention, and inform evidence-based rehabilitation decision-making.

### OUTCOME 1 - SELECT AND APPLY STANDARDISED REHABILITATION ASSESSMENTS

Select and apply standardised functional assessment tools used in paediatric rehabilitation medicine to characterise impairment, activity, and participation. Use these assessments to support structured rehabilitation evaluation and clinical planning.

### OUTCOME 2 - INTERPRET OUTCOME MEASURES TO MONITOR PROGRESS

Interpret rehabilitation outcome measures to monitor functional progress over time, review response to intervention, and guide care planning. Use outcome data to support longitudinal review of rehabilitation needs and priorities.

### OUTCOME 3 - INTEGRATE OUTCOME DATA INTO REHABILITATION DECISION-MAKING

Integrate assessment and outcome data into clinical decision-making, goal review, and evaluation of rehabilitation interventions. Use this information to refine rehabilitation plans and support consistent, evidence-informed rehabilitation practice.

## Training Goal 4 - Medical Complications Affecting Participation

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in the assessment and management of common medical complications associated with paediatric disability and neurological impairment that affect rehabilitation participation, safety, comfort, and progress. The Fellow will assess rehabilitation-relevant physiological and functional complications, incorporate these into rehabilitation planning, and coordinate multidisciplinary management to support safe and effective participation in rehabilitation.

### OUTCOME 1 - ASSESS AND MANAGE BOWEL AND BLADDER DYSFUNCTION

Assess and manage bowel and bladder dysfunction associated with neurological and developmental conditions, incorporating its impact on comfort, continence, participation, and rehabilitation progress. Use these findings to inform rehabilitation planning and ongoing clinical review.

### OUTCOME 2 - INCORPORATE FEEDING AND NUTRITIONAL DIFFICULTIES INTO REHABILITATION CARE

Assess feeding and nutritional difficulties affecting health, growth, and rehabilitation participation and outcomes, and incorporate these into rehabilitation planning with appropriate specialist input where required.

### OUTCOME 3 - RECOGNISE AND MANAGE SECONDARY COMPLICATIONS OF DISABILITY

Recognise, anticipate and manage secondary complications of disability, including joint contracture, pain, fatigue, and deterioration in function, where these affect rehabilitation participation, safety, or progress. Integrate these complications into clinical review and rehabilitation decision-making.

### OUTCOME 4 - INTEGRATE MEDICAL MANAGEMENT WITH MULTIDISCIPLINARY REHABILITATION

Integrate medical management of rehabilitation-relevant complications with therapy programmes and multidisciplinary rehabilitation plans, ensuring that medical issues are addressed in a timely manner to support participation and progress, and communicated effectively to members of the rehabilitation team. Contribute to coordinated review and adjustment of rehabilitation care as clinical needs evolve.

## Training Goal 5 - Assistive Technology & Rehabilitation Equipment

By the end of this Fellowship, the International Fellow is expected to demonstrate advanced competence in the clinical assessment, prescription, and review of assistive technologies and rehabilitation equipment used in paediatric rehabilitation medicine. The Fellow will assess equipment needs, incorporate assistive technologies into rehabilitation planning, and coordinate multidisciplinary input to support independence, function, and participation across paediatric care settings.

### Outcome 1 - Assess and advise regarding mobility aids and adaptive equipment

Assess functional needs and recommend mobility aids and adaptive equipment to support independence, mobility, and participation. Incorporate equipment recommendations into rehabilitation planning and ongoing functional review.

### Outcome 2 - Incorporate orthoses, seating, and positioning supports into rehabilitation care

Assess the need for orthoses, seating systems, and positioning supports, and contribute to their prescription within multidisciplinary rehabilitation care. Use these interventions to support posture, function, comfort, and participation as part of wider rehabilitation planning.

### Outcome 3 - Incorporate communication technologies into rehabilitation planning

Assess indications for communication devices and other assistive technologies alongside the rehabilitation therapy team, incorporating these into rehabilitation planning with appropriate specialist input to support participation, interaction, and functional development.

### Outcome 4 - Review functional outcomes following equipment provision

Review the functional impact of equipment provision and environmental adaptation through ongoing reassessment, adjusting rehabilitation plans in response to changing needs or effectiveness to ensure safe, appropriate, and functionally beneficial use.

## Training Goal 6 - Longitudinal Rehabilitation Care for Complex Disability

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in the longitudinal rehabilitation management of children with complex disability and complex medical needs requiring coordinated multidisciplinary care. The Fellow will coordinate rehabilitation care over time across hospital, community, and educational settings, and support continuity through developmental and service transitions.

### OUTCOME 1 - MANAGE THE REHABILITATION IMPLICATIONS OF COMPLEX MEDICAL NEEDS

Assess and manage the rehabilitation implications of complex medical needs in children requiring coordinated multidisciplinary care. Incorporate medical complexity into rehabilitation planning, functional review, and ongoing multidisciplinary decision-making.

### OUTCOME 2 - DEVELOP LONGITUDINAL REHABILITATION CARE PLANS

Develop longitudinal rehabilitation care plans that address functional development, participation, and evolving clinical needs over time. Use ongoing review to adapt rehabilitation goals and interventions in response to the child's changing needs and circumstances.

### OUTCOME 3 - COORDINATE REHABILITATION CARE ACROSS SETTINGS

Contribute to the coordination and shared planning of rehabilitation care across hospital, community, and educational settings to support continuity of care, participation, and consistent implementation of rehabilitation goals.

### OUTCOME 4 - FACILITATE TRANSITION TO ADULT REHABILITATION SERVICES

Facilitate transition planning from paediatric to adult rehabilitation or community disability services, ensuring continuity of rehabilitation goals, care arrangements, and functional support. Incorporate transition planning into longitudinal review and multidisciplinary care coordination.

## Training Goal 7 – Other Subspecialties Interfacing with Paediatric Rehabilitation

By the end of this Fellowship, the International Fellow is expected to demonstrate competence in understanding the interface between paediatric neurodisability and other medical/surgical subspecialties to optimise care and planning for children with rehabilitation needs, including those with significant medical complexity, severe neurological impairment or life-limiting conditions. The Fellow will recognise when rehabilitation input is appropriate, how rehabilitation goals should be adapted in the context of progressive illness, complex disability, or end-of-life care, and will contribute to multidisciplinary planning that supports comfort, function, quality of life, and family-centred decision-making.

### Outcome 1 - Interface with neurosurgery, oncology and orthopaedic surgery as applied to rehabilitation

Develop understanding of the work processes of key teams with close working relationships and shared patients with rehabilitation services, including which patient cohorts from other services are appropriate for specialist rehabilitation input.

### Outcome 2 - Interface with paediatric palliative care

Recognise children whose disability or life-limiting condition requires integration of rehabilitation and palliative care approaches. Use this assessment to guide timely adaptation of rehabilitation goals and involvement of appropriate multidisciplinary services, balancing comfort, function, participation, and quality of life.

### Outcome 3 - Contribute to advance care planning and complex decision-making

Support families in complex decision-making, contributing a rehabilitation perspective within multidisciplinary discussions and care planning. Communicate clearly and sensitively within one's professional role and scope of practice. Support families involved in advance care planning.

### Outcome 4 - Align rehabilitation input with multidisciplinary supportive care

Collaborate with multidisciplinary teams to align rehabilitation input with the priorities of other healthcare teams to optimise quality of life, comfort and functioning. Contribute to coordinated review and adjustment of care as clinical needs and goals evolve.

# COMPLEMENTARY TRAINING & 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.

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 relevant Paediatrics 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.

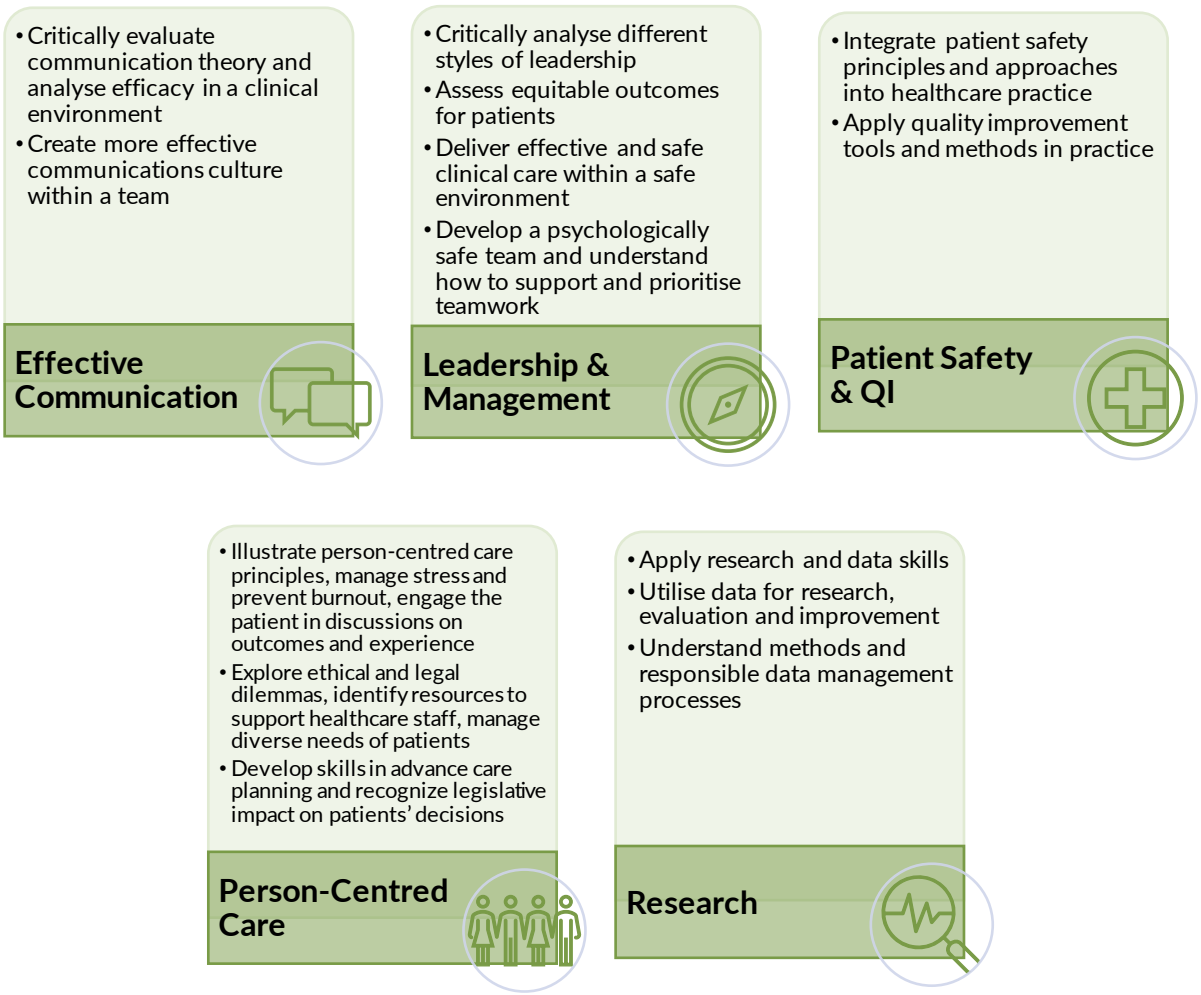
The live virtual tutorials are delivered by Tutors related to Paediatrics, and they will use specialty-specific examples throughout each tutorial.

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.




*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 | Summative Assessment |
|---|---|
| •Focuses on continuous feedback and developmental growth.<br>•Includes multiple opportunities for reflection, discussions, and skill evaluations throughout the training period.<br>•Helps identify areas for improvement and supports ongoing learning. | •Provides a final judgment of competency at various stages of training.<br>•Involves formal evaluations and workplace-based assessments.<br>•Used to assess whether the Fellow meets the necessary standards to progress in training or achieve certification (e.g. examination). |

## WBAs in use at RCPI

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

RCPI employs a variety of WBAs with different focuses:

- Observation of clinical practice: this can be evaluated using structured assessments such as via MiniCEX and DOPS.
- Discussion of clinical cases: this can be formally evaluated via Case Based Discussion (CBD) and it is mostly used to assess clinical judgment and decision-making.
- Informal Feedback: this can be gathered by different trainers, colleagues and recorded via 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 | This assessment is developed in three phases:<br>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.<br>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.<br>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.<br>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:<br>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).<br>2. The International Fellow is then expected to suggest a diagnosis and management plan for the patient based on the history/examination.<br>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).<br>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.<br>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.<br>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. |
| **EOPA** \| End of Post Assessment | |
| **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 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 programme |
| **Training Activities** | | |
| **Outpatient Clinics** | | |
| Rehabilitation | Required | 40 per year |
| Neurodisability/Developmental | Required | 10 per year |
| Community Paediatrics | Required | 5 per year |
| Subspeciality Clinic | Required | 10 per year |
| **Ward Rounds/Consultations** | Desirable | 40 per year |
| **Emergencies/Complicated Cases** | Desirable | 1 per year |
| **Management Experience**<br>• Includes service development, pathway design, or MDT coordination within other services | Desirable | 1 per year |
| **Educational Activities** | | |
| **Courses** | | |
| | Desirable | 1 per year |
| **In-house Activities** | | |
| Grand Rounds | Required | 20 per year |
| Journal Club | Required | 20 per year |
| MDT Meetings | Required | 40 per year |
| **Formal Teaching Activity** | | |
| Lecture | Required | 1 |
| Teaching | Required | 1 |
| RCPI Taught Programme | Desirable | As required |
| **Research** | Desirable | 1 per programme |
| **Clinical Audit Activities and Reporting** | Required | 1 per programme |
| **Publications** | | |
| Scholarly dissemination (e.g. peer-reviewed publications such as case reports, reviews, or educational articles) | Desirable | 1 per programme |
| Contribution to the development, review, or implementation of clinical protocols, care pathways, or guidelines | Desirable | 1 per programme |
| **Presentations** | | |
| Presentation of clinical, audit, quality improvement, or research work at appropriate national or international conferences. | Desirable | 1 per programme |

| Experience Type | Required/ Desirable | Expected Frequency |
|---|---|---|
| **National/International meetings** | | |
| Attend national or international meeting | Desirable | 1 per programme |
| **Additional Training Activities** | | |
| Liaison with other sites | Desirable | As required |
| Committee Attendance | Desirable | As required |
| **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 |