FACULTY OF PAEDIATRICS

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

International Clinical Fellowship Programme in

PAEDIATRIC RESPIRATORY MEDICINE

OUTCOME-BASED EDUCATION – OBE CURRICULUM

This ICFP curriculum in Paediatric Respiratory Medicine was developed in 2026 by Prof Des Cox, and the RCPI Education Team. It is approved by the Paediatrics Training Committee and the Institute of Paediatrics.

Version	Date Published	Last Edited By	Version Comments
1.0	July 2026	Maurice Kinsella	New curriculum in OBE format

Table of Contents

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 Respiratory Medicine

This International Clinical Fellowship Programme (ICFP) provides training in Paediatric Respiratory Medicine to develop advanced capability in the assessment, investigation, diagnosis, management, and long-term care of children and young people with respiratory disease.

The programme provides clinical exposure across inpatient, outpatient, high-dependency, intensive care, multidisciplinary, and community-facing respiratory services. It supports the development of specialist capability across common, complex, acute, chronic, and rare respiratory presentations, including airway disease, infection, sleep-disordered breathing, respiratory failure, complex lung disease, and respiratory complications. Emphasis is placed on evidence-based practice, safe use of investigations and procedures, prevention, family-centred care, multidisciplinary collaboration, and effective interface with specialist and community services.

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 and programmes are under the direction of Prof Des Cox.

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 an 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 IN PAEDIATRIC RESPIRATORY 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.

Specialty Training Goals

- Training Goal 1 - Respiratory Foundations & Lung Function Assessment
- Training Goal 2 - Pulmonary Imaging & Radiology
- Training Goal 3 - Flexible Bronchoscopy & Airway Procedures
- Training Goal 4 - Asthma, Wheeze & Respiratory Allergy
- Training Goal 5 - Cystic Fibrosis & Bronchiectasis
- Training Goal 6 - Respiratory Infections, Pneumonia & Empyema
- Training Goal 7 - Neonatal Respiratory Disease & Congenital Lung/Airway Malformations
- Training Goal 8 – Complex Spinal & Chest Wall Disorders, Interstitial & Systemic Lung Disease
- Training Goal 9 - Pulmonary Disease in the Immunocompromised Child
- Training Goal 10 - Respiratory Assessment & Care in PICU/HDU Settings
- Training Goal 11 - Paediatric Sleep Medicine
- Training Goal 12 - Respiratory Failure & Ventilatory Support
- Training Goal 13 - Respiratory Complications of Neuromuscular & Neurological Disease

Training Goal 1 - Respiratory Foundations & Lung Function Assessment

By the end of this fellowship, the international fellow is expected to demonstrate advanced competence in applying the anatomical, physiological, pathological, and microbiological basis of respiratory disease to clinical assessment and investigation. The fellow will have an understanding of the development biology of the lungs and airways. The fellow will perform, supervise, and interpret pulmonary function tests, integrating findings with clinical, pathological, and microbiological data to inform diagnosis and management.

OUTCOME 1 - APPLY RESPIRATORY ANATOMY, PATHOLOGY AND MICROBIOLOGY TO CLINICAL ASSESSMENT

Apply knowledge of respiratory anatomy, physiology, pathology and respiratory microbiology to the assessment of children with respiratory disease. The fellow should be able to interpret microbiology and pathology reports and integrate findings with physiological and radiological data to inform differential diagnosis and management. Liaise with pathologists and microbiologists to support accurate diagnosis.

OUTCOME 2 - PERFORM AND INTERPRET PULMONARY FUNCTION TESTS

Perform, supervise, and interpret pulmonary function tests - including spirometry, plethysmography, respiratory muscle function tests, bronchial provocation testing, and single-breath diffusing capacity - integrating findings across modalities to characterise obstructive, restrictive, and mixed patterns.

OUTCOME 3 - ASSESS FUNCTIONAL RESPIRATORY CAPACITY AND IMPAIRMENT

Interpret blood gas analyses, gain supervised exposure to cardiopulmonary exercise testing, and interpret fitness to fly assessment results, applying findings to evaluate functional respiratory capacity and impairment in clinical management decisions.

Training Goal 2 - Pulmonary Imaging & Radiology

By the end of this fellowship, the international fellow is expected to demonstrate competence in selecting, requesting, and interpreting the range of imaging investigations used in paediatric respiratory medicine. The fellow will integrate radiological findings with clinical data to inform diagnosis and management, apply knowledge of radiation safety and imaging contraindications, and collaborate effectively with radiologists within a multidisciplinary team.

Outcome 1 - Select and request appropriate imaging investigations

Identify when advanced imaging is indicated and select the appropriate imaging modality, applying knowledge of the indications, contraindications, and comparative utility of plain chest radiography, CT, MRI, and ultrasound.

Outcome 2 - Interpret chest radiographs and cross-sectional imaging

Interpret plain chest radiographs and CT scans, identifying pathological patterns including consolidation, collapse, hyperinflation, interstitial and parenchymal disease, pleural disease, and mediastinal and hilar abnormalities, and apply findings to differential diagnoses and management decisions.

Training Goal 3 - Flexible Bronchoscopy & Airway Procedures

By the end of this Fellowship, the international fellow is expected to demonstrate clinical competence in paediatric flexible bronchoscopy across a range of age groups and clinical indications, applying knowledge of airway anatomy, bronchoscopic technique, and procedural safety to perform bronchoscopy to the required supervised threshold and integrating findings to inform diagnosis and management.

OUTCOME 1 - APPLY KNOWLEDGE OF AIRWAY ANATOMY, INDICATIONS AND PROCEDURAL SAFETY

Apply knowledge of normal and abnormal airway anatomy and of the indications, contraindications, and complications of flexible bronchoscopy, including sedation and anaesthetic requirements across paediatric age groups and in the PICU context, to inform clinical decision-making.

OUTCOME 2 - PERFORM FLEXIBLE BRONCHOSCOPY AND BRONCHOALVEOLAR LAVAGE

Perform flexible bronchoscopy, including BAL, applying knowledge of its clinical indications and diagnostic applications. Obtain informed consent for bronchoscopy, providing patients and families with explanation of the procedure, risks, and expected benefits.

OUTCOME 3 - INTEGRATE BRONCHOSCOPIC FINDINGS INTO CLINICAL MANAGEMENT

Integrate bronchoscopic and BAL findings with clinical, microbiological, and radiological data to inform diagnosis and management, and communicate findings to patients, families, and clinical teams.

Training Goal 4 - Asthma, Wheeze & Respiratory Allergy

By the end of this Fellowship, the international fellow is expected to demonstrate advanced competence in the assessment, diagnosis, and management of paediatric asthma, wheeze, and respiratory allergy, including allergic rhinitis, allergen investigation, and immunotherapy pathways. The fellow will manage the clinical spectrum from recurrent infant wheeze to difficult asthma, address the psychosocial and environmental dimensions of disease, and support patients and families through structured education and self-management.

Outcome 1 - Assess and diagnose wheeze, asthma and respiratory allergy

Assess children presenting with wheeze, asthma, or suspected allergy, differentiating asthma phenotypes from other causes of wheeze and applying appropriate diagnostic tools to characterise allergic risk and guide management.

Outcome 2 - Initiate and monitor pharmacological and non-pharmacological management

Initiate and adjust pharmacological management of asthma tailored to severity, phenotype, and patient preference, assessing and demonstrating correct inhaler technique, developing personalised asthma action plans, and managing acute asthma through appropriate escalation and treatment monitoring.

Outcome 3 - Manage difficult asthma and allergen immunotherapy

Assess and manage children with difficult or severe asthma, identifying modifiable factors – including adherence, inhaler technique, comorbid allergic rhinitis, and alternative diagnoses – demonstrating correct intranasal corticosteroid technique, and applying knowledge of allergen avoidance and immunotherapy indications to initiate and monitor sublingual immunotherapy.

Outcome 4 - Support self-management, address environmental factors and communicate effectively

Communicate diagnoses, treatment rationale, and monitoring plans clearly to patients and families, collaborating with asthma nurses to deliver structured education, addressing environmental contributors including household tobacco smoke, and providing smoking cessation counselling for carers.

Training Goal 5 - Cystic Fibrosis & Bronchiectasis

By the end of this Fellowship, the international fellow is expected to demonstrate advanced competence in the specialist assessment and management of paediatric cystic fibrosis and non-CF bronchiectasis. The fellow will manage the multisystem complexity of CF, contribute to annual review and transitional care, and work as a member of a multidisciplinary CF team.

OUTCOME 1 - DIAGNOSE AND STAGE CYSTIC FIBROSIS AND BRONCHIECTASIS

Assess children with suspected CF or bronchiectasis, applying aetiology and pathophysiology knowledge to identify and investigate causes - including CF, TB, immunodeficiency, foreign body aspiration, post-pneumonic bronchiectasis, and primary ciliary dyskinesia - using appropriate diagnostic investigations. Recognise and interpret results from the newborn CF screening programme, including CFSPID and atypical CF presentations.

OUTCOME 2 - MANAGE RESPIRATORY DISEASE IN CYSTIC FIBROSIS AND BRONCHIECTASIS

Manage the respiratory manifestations of CF and bronchiectasis - including airway infection, pulmonary exacerbations, and chronic disease progression - identifying and managing complications including ABPA, NTM, multi-resistant organisms, and pneumothorax. Determine indications for hospitalisation, home IV antibiotic programmes, and relevant vaccination. Gain knowledge of the role of CFTR modulators in the management of children with CF.

OUTCOME 3 - MANAGE NUTRITIONAL AND METABOLIC COMPLICATIONS OF CYSTIC FIBROSIS

Assess and manage the nutritional and metabolic manifestations of CF, applying appropriate screening and treatment protocols.

OUTCOME 4 - MANAGE ADVANCED DISEASE, ESCALATION AND TRANSPLANTATION REFERRAL

Manage long-term oxygen therapy, non-invasive and mechanical ventilation, and vascular access in the context of advanced CF, evaluate functional status and disability, and identify indications for surgical intervention and lung transplantation referral.

OUTCOME 5 - LEAD MULTIDISCIPLINARY CARE, PSYCHOLOGICAL SUPPORT AND ANNUAL REVIEW

Lead or contribute to the CF multidisciplinary team, supporting referral to psychology, applying awareness of psychological intervention approaches to inform collaborative working, and using validated quality of life questionnaires to contribute to systematic annual review across all organ systems.

OUTCOME 6 - SUPPORT TRANSITIONAL CARE AND PSYCHOLOGICAL SUPPORT

Support transitional care programmes, ensuring continuity between paediatric and adult CF services, and communicate with families throughout the care pathway.

Training Goal 6 - Respiratory Infections, Pneumonia & Empyema

By the end of this Fellowship, the international fellow is expected to assess, investigate, and manage the range of community-acquired paediatric respiratory infections, integrating clinical, microbiological, and radiological assessment and coordinating care across relevant specialist services. Infections in immunocompromised hosts in Training Goal 9.

OUTCOME 1 - DIAGNOSE AND MANAGE PAEDIATRIC RESPIRATORY INFECTIONS

Diagnose and manage paediatric respiratory infections, including upper and lower respiratory tract infections, bacterial pneumonia, lung abscess, and infections caused by key paediatric pathogens, selecting appropriate microbiological investigations and initiating evidence-based antimicrobial therapy.

OUTCOME 2 - ASSESS AND MANAGE EMPYEMA AND PARAPNEUMONIC PLEURAL EFFUSION

Assess children with suspected empyema or complicated parapneumonic effusion, integrating clinical, radiological, and ultrasound findings to determine the indication for chest drain insertion, and manage inpatient chest drain care, liaising with radiology and cardiothoracic surgery regarding procedural intervention and escalation.

OUTCOME 3 - COORDINATE MULTIDISCIPLINARY AND PUBLIC HEALTH MANAGEMENT

Liaise with microbiology, radiology, infectious diseases, and cardiothoracic surgery teams, applying national and international guidelines to clinical decision-making and engaging with public health services in relation to notifiable infections and community outbreak response.

Training Goal 7 - Neonatal Respiratory Disease & Congenital Lung/Airway Malformations

By the end of this Fellowship, the international fellow is expected to demonstrate specialist competence in the assessment, investigation, and management of chronic lung disease of prematurity in children with congenital lung and airway malformations.

OUTCOME 1 - ASSESS AND MANAGE CHRONIC LUNG DISEASE OF PREMATURITY

Assess children with chronic lung disease of prematurity (Bronchopulmonary Dysplasia (BPD)). This includes understanding the pathophysiology of BPD, optimising respiratory support and oxygen therapy and monitoring for respiratory morbidity. Fellows should become proficient in supporting the transition from the neonatal intensive care unit to the community and tertiary respiratory services.

OUTCOME 2 - ASSESS AND MANAGE CONGENITAL LUNG MALFORMATIONS

Assess and manage children with congenital lung malformations, applying knowledge of developmental anatomy and embryology to clinical, radiological, and pathological investigation, identifying indications for surgical treatment and initiating timely referral, and contributing to radiology and clinico-pathology meetings and multidisciplinary assessment.

OUTCOME 3 ASSESS AND MANAGE CONGENITAL AIRWAY MALFORMATIONS

The fellow will acquire competency in the assessment and multidisciplinary management of congenital airway abnormalities, including tracheomalacia, bronchomalacia, laryngeal clefts, vascular rings, congenital tracheal stenosis and congenital pulmonary airway malformations. Training will include assessment of airway dynamics, recognition of respiratory compromise and recurrent infection, and formulation of medical and surgical management plans in collaboration with ENT, paediatric surgery, cardiothoracic surgery, radiology and intensive care teams.

Training Goal 8 – Complex Spinal & Chest Wall Disorders, Interstitial & Systemic Lung Disease

By the end of this Fellowship, the international fellow is expected to assess and manage children with complex spinal and chest wall disorders, paediatric interstitial lung disease, and the pulmonary manifestations of systemic disease, integrating specialist investigation, multidisciplinary assessment, and long-term management planning.

OUTCOME 1 – ASSESS AND MANAGE CHILDREN WITH COMPLEX SPINAL AND CHEST WALL DISORDERS

Assess and manage respiratory complications associated with complex spinal disorders and chest wall deformities, including scoliosis, kyphosis, pectus deformities and thoracic insufficiency syndromes. Training should encompass assessment of restrictive lung disease, respiratory muscle weakness, cough effectiveness, sleep-disordered breathing and chronic respiratory failure. Fellows will gain experience in pulmonary function testing, overnight respiratory monitoring, initiation and management of non-invasive ventilation and airway clearance strategies. This will often involve multidisciplinary care alongside orthopaedic surgery, neurology, rehabilitation medicine and physiotherapy. Emphasis will be placed on preoperative respiratory optimisation and supporting long-term respiratory health.

OUTCOME 2 - ASSESS AND MANAGE PAEDIATRIC INTERSTITIAL LUNG DISEASE

Assess children with suspected ILD using non-invasive and invasive investigations, applying knowledge of the classification, pathophysiology, and immunological basis of paediatric ILD and its differences from adult presentations. Training will include recognition of age-specific clinical presentations, interpretation of high-resolution chest CT, pulmonary function testing and genetic investigations, and an understanding of the indications for bronchoscopy, bronchoalveolar lavage and lung biopsy. Fellows will gain experience in the multidisciplinary management of childhood ILD, including the use of immunomodulatory therapies, oxygen supplementation, pulmonary rehabilitation and long-term follow-up. The fellow should contribute to international ILD registries where available.

OUTCOME 3 - RECOGNISE AND MANAGE PULMONARY MANIFESTATIONS OF SYSTEMIC DISEASE

Assess and manage respiratory involvement in children with systemic disorders, including rheumatological, immunological, metabolic, neuromuscular, haematological and oncological conditions. Training should encompass the assessment of pulmonary complications such as interstitial lung disease, pulmonary haemorrhage, pulmonary hypertension, recurrent infection, aspiration, respiratory muscle weakness and treatment-related lung injury. Fellows will gain experience in coordinating multidisciplinary care with the relevant specialities. Particular emphasis should be placed on early recognition of respiratory complications, optimisation of respiratory health before and during systemic therapies, and the provision of coordinated, family-centred long-term care.

Training Goal 9 - Pulmonary Disease in the Immunocompromised Child

By the end of this Fellowship, the international fellow is expected to assess, investigate, and manage pulmonary disease in immunocompromised children, including those with congenital or acquired immunodeficiency, haematological malignancy, and solid organ or haematopoietic stem cell transplantation.

OUTCOME 1 - RECOGNISE AND INVESTIGATE PULMONARY COMPLICATIONS IN THE IMMUNOCOMPROMISED HOST

Identify respiratory complications in immunocompromised children, recognising opportunistic pathogens and non-infectious complications, including drug-induced and radiation-induced pneumonitis and pulmonary fibrosis, and select and interpret appropriate non-invasive and invasive investigations.

OUTCOME 2 - INITIATE AND MONITOR MANAGEMENT

Initiate evidence-based treatment of pulmonary complications in immunocompromised children, applying knowledge of treatment modalities and prognostic factors, monitoring response and adjusting management accordingly, and applying prophylactic strategies where indicated.

OUTCOME 3 - COORDINATE MULTIDISCIPLINARY CARE AND COMMUNICATE WITH PATIENTS AND FAMILIES

Collaborate with immunology, oncology, haematology, infectious diseases, and transplant services – attending clinics and contributing to joint case discussions – and communicate clearly and sensitively with patients and families.

Training Goal 10 - Respiratory Assessment & Care in PICU/HDU Settings

By the end of this Fellowship, the international fellow is expected to recognise children requiring escalation to PICU or HDU for respiratory conditions, contribute to their management within the critical care team, and apply knowledge of physiological monitoring, multidisciplinary roles, and the ethical framework of paediatric intensive care. Ventilatory management capability is addressed in Training Goal 12.

Outcome 1 - Identify and escalate patients requiring PICU or HDU care

Evaluate critically ill children to determine the appropriate level of care, interpreting physiological monitoring data to inform escalation decisions, and identifying indications for tracheostomy, long-term ventilation, and bronchoscopic assessment.

Outcome 2 - Contribute to multidisciplinary care in the critical care environment

Contribute to ward rounds and multidisciplinary care in PICU and HDU, demonstrating awareness of the modes and monitoring requirements of invasive and non-invasive mechanical ventilation to support effective clinical communication and handover.

Outcome 3 - Apply ethical and legal principles in paediatric critical care

Engage sensitively with children and families in goals-of-care discussions arising in PICU and HDU, including decisions regarding escalation and withdrawal of treatment, demonstrating awareness of the ethical and legal framework governing critical care practice.

Training Goal 11 - Paediatric Sleep Medicine

By the end of this Fellowship, the international fellow is expected to carry out specialist assessment and management of paediatric sleep disorders, with a focus on sleep-disordered breathing and hypoventilation, interpreting relevant sleep investigations and integrating sleep assessment into the broader management of children with respiratory disease.

OUTCOME 1 - ASSESS SLEEP-RELATED RESPIRATORY DISORDERS

Assess children with suspected sleep-disordered breathing, taking a structured history and examining for clinical features across paediatric age groups, recognising presentations in children with comorbid conditions – including obesity, Down Syndrome, and neuromuscular disease – in which sleep-disordered breathing carries elevated risk.

OUTCOME 2 - INTERPRET SLEEP INVESTIGATIONS

Interpret overnight oximetry, capnography, and cardiopulmonary polysomnography as mandatory competencies, integrating findings with clinical assessment to guide management and referral decisions. The fellow will also gain some exposure to advanced sleep testing, such as full polysomnography.

OUTCOME 3 - MANAGE PAEDIATRIC SLEEP DISORDERS

Manage paediatric sleep disorders, selecting from pharmacological, surgical, and non-invasive ventilation options as appropriate, integrating sleep management with daytime respiratory care and coordinating with ENT, paediatric surgery, sleep medicine, and community services as appropriate.

Training Goal 12 - Respiratory Failure & Ventilatory Support

By the end of this Fellowship, the international fellow is expected to assess and manage acute and chronic respiratory failure in children, and to initiate, titrate, and monitor non-invasive and invasive ventilatory support. The critical care environment and multidisciplinary interface are addressed in Training Goal 10.

OUTCOME 1 - ASSESS AND INVESTIGATE RESPIRATORY FAILURE

Assess children with acute or chronic respiratory failure and select and interpret appropriate investigations, including blood gas analysis, pulmonary function tests, chest radiology, and sleep studies.

OUTCOME 2 - INITIATE, TITRATE AND MONITOR NON-INVASIVE VENTILATION

Initiate NIV, selecting appropriate modes and interfaces for the clinical context and patient age, and titrate settings in response to clinical, oximetric, and capnographic monitoring. Recognise and manage complications of NIV, and support families in the safe use of home NIV equipment where home ventilation is initiated.

OUTCOME 3 - APPLY KNOWLEDGE OF INVASIVE VENTILATION IN COLLABORATION WITH CRITICAL CARE

Demonstrate knowledge of the physiology, indications, modes, monitoring, and complications of invasive mechanical ventilation in children, and contribute to the management of invasively ventilated children in collaboration with anaesthesia and intensive care staff.

Training Goal 13 - Respiratory Complications of Neuromuscular & Neurological Disease

By the end of this Fellowship, the international fellow is expected to assess and manage the respiratory complications of neuromuscular and neurological disease in children, including respiratory muscle weakness, secretion retention, swallow dysfunction, sleep-disordered breathing, and respiratory failure, integrating clinical assessment with MDT advance care planning.

Outcome 1 - Assess respiratory function in neuromuscular and neurological disease

Assess the respiratory consequences of neuromuscular and neurological disease, applying knowledge of the mechanisms of compromise to perform and interpret spirometry, respiratory muscle strength tests, including cough strength measurement, blood gas analyses, and overnight sleep monitoring, and to select and interpret investigations for aspiration lung disease in collaboration with speech and language therapy.

Outcome 2 - Manage airway clearance, ventilatory support and acute deterioration

Manage the respiratory complications of neuromuscular and neurological disease by applying airway clearance techniques and respiratory muscle training strategies, initiating NIV and managing chronic and acute respiratory failure, managing aspiration and swallow dysfunction in collaboration with speech and language therapy and gastroenterology, and contributing to respiratory planning for scoliosis surgery in coordination with orthopaedic surgery, anaesthesia, and critical care.

Outcome 3 - Lead multidisciplinary care, psychosocial support, advance care planning and transition

Lead or contribute to multidisciplinary management, collaborating with neurology, physiotherapy, dietetics, occupational therapy, and respiratory nursing, and identifying when referral to psychology, child psychiatry, or social work is indicated. Initiate advance care planning, incorporating palliative care principles, and plan transition to adult care services, ensuring continuity of respiratory management.

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 Paediatric 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.

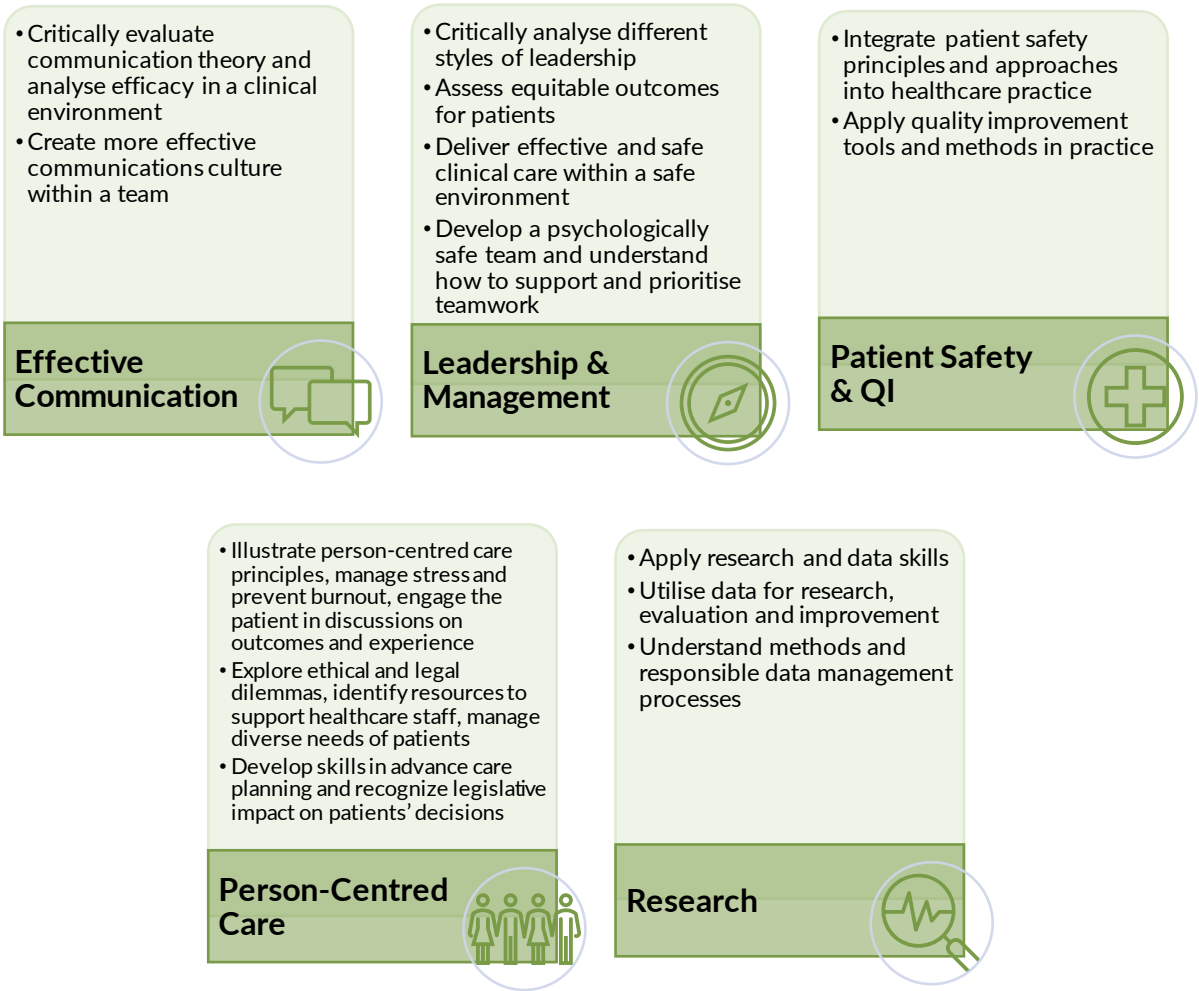
The live virtual tutorials are delivered by Tutors related to Paediatrics, and they will use specialty-specific examples throughout each tutorial.

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 fellowto 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. •Includes multiple opportunities for reflection, discussions, and skill evaluations throughout the training period. •Helps identify areas for improvement and supports ongoing learning.	•Provides a final judgment of competency at various stages of training. •Involves formal evaluations and workplace-based assessments. •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 fellowhas 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 fellowselects 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. 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.
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.

Curriculum Requirement	Required/Desirable	Minimum Requirement * *to be covered over the two years of the fellowship*
Training Plan		
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1
On Call Rota	Desirable	1
Training Activities		
Outpatient Clinics		
General Respiratory	Required	60
Cystic fibrosis	Required	40
Non-invasive ventilation/sleep clinic	Required	12
Neuromuscular clinic	Required	6
Asthma clinic	Required	6
Ward Rounds/Consultations	Required	20
Emergencies/Complicated Cases (Diagnosis of nature of problem and its presentation, emergency case investigation)	Required	10
Procedures/Practical Skills:		
Nasal ciliary brushings	Required	10
Flexible bronchoscopy	Required	50
Interpretation and reporting of pulmonary function tests:		
Basic spirometry (+/- reversibility)	Required	50
Fractional Exhaled Nitric Oxide (FeNO) testing	Required	50
Lung volumes	Required	30
Diffusion capacity (DLCO)	Required	30
Exercise challenge testing	Required	10
Cardiopulmonary exercise testing	Desirable	5
Nasal Nitric Oxide testing	Desirable	5
Interpretation and reporting of sleep studies:		
Full polysomnography	Desirable	5
Cardiorespiratory polysomnography	Required	20

Overnight oximetry	Required	40
Overnight capnography	Required	20
Additional/Special Experience Gained	Desirable	1
Relatively Unusual Cases	Desirable	5
Chronic Cases/Long term care	Desirable	5
ICU/CCU Cases	Desirable	5
Educational Activities		
RCPI Taught Programme	Required	
Mandatory Courses		
Study Days	Required	6
National/International meetings (attend minimum 1 per year)	Required	1
Participation at In-house activities		
Grand Rounds (minimum 1 per month)	Required	10
Journal Club	Required	10
MDT meetings	Required	10
Respiratory MDT radiology conference	Required	10
Pathology Conference	Desirable	1
Delivery of Teaching	Required	10
Lecture		
Tutorial		
Bedside Teaching		
Research	Required	1
Audit Activities and Reporting (1 per year to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1
Publications	Desirable	1
Examinations – European Respiratory Society (ERS) HERMES exam in paediatric respiratory medicine	Desirable	1

