INSTITUTE
OF MEDICINE

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

International Clinical Fellowship Programme

RHEUMATOLOGY

OUTCOME-BASED EDUCATION – OBE CURRICULUM

This ICFP Curriculum in Rheumatology was reviewed in 2025 by Dr Finbarr O'Shea and the RCPI Education Team. It is approved by the Specialist Training Committee in Rheumatology and the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
2.0	July 2026	Stephen Capper	Updates to the Core Professional Skills section to explicitly align with the *Eight Domains of Good Professional Practice*.

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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 Rheumatology

This ICFP aims to offer comprehensive training in Rheumatology. The programme offers broad exposure to the clinical management of Rheumatology across inpatient, outpatient, and other health settings under the appropriate supervision. The curriculum is aligned with the Royal College of Physicians of Ireland (RCPI) Higher Specialist Training (HST) in Rheumatology, and reflects the principles and relevant national standards for consultant-level competence.

Training Programme Duration & Organisation of Training

The period of clinical training provided for this ICFP is 3 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

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

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

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

SPECIALTY SECTION - Training Goals in Rheumatology

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 – Inflammatory Arthritis

By the end of this Fellowship, the International Fellow is expected to perform a comprehensive assessment and be able to evaluate the various advanced treatment strategies appropriate to the complexity of the patient.

Outcome 1 – History taking and examination

For the International Fellow to perform a detailed and focused history and examination.

Outcome 2 – Differences in clinical presentations and pathophysiology

For the International Fellow to discuss the differences in clinical presentations and pathophysiology of inflammatory arthritis.

Outcome 3 – Appropriate use of laboratory, radiological and bed-side investigations for diagnosis

For the International Fellow to demonstrate appropriate use of laboratory, radiological and bed-side investigations for diagnosis of inflammatory arthritis.

Outcome 4 – Appropriate use of DMARDs

For the International Fellow to demonstrate understanding of the appropriate use of disease modifying antirheumatic drugs (DMARDs).

Outcome 5 – Appropriate interaction with MDT in managing patients

For the International Fellow to demonstrate appropriate interaction with all the members of the MDT in managing patients.

Outcome 6 – Managing patients with complex needs

For the International Fellow to demonstrate experience in managing patients with complex needs (e.g., multimorbidity, pregnancy, adolescents, etc.)

Conditions

The table below provides a sample of the key conditions of Rheumatology commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate proficiency across the relevant training outcomes. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 1. Inflammatory Arthritis	
Clinical Area	**Conditions (including but not limited to)**
Inflammatory Arthritis	Rheumatoid arthritis
	Psoriatic arthritis
	Axial spondyloarthritis
	Others including
	Sarcoidosis,
	Enteropathic arthritis
	Reactive arthritis
	Lyme disease
	Viral arthritis
	Pigmented villonodular synovitis
	SAPHO syndrome

Training Goal 2 – Osteoarthritis & Chronic Pain Syndromes (Regional & Widespread)

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a basic management plan, including involvement of other clinical specialties. They are also expected to be able to evaluate advanced treatment strategies available, including the role of other clinical specialties.

Outcome 1 – History taking and examination

For the International Fellow perform a detailed and focused history and examination.

Outcome 2 – Differences in presentations of osteoarthritis

For the International Fellow to discuss the differences in presentations of osteoarthritis.

Outcome 3 – Differences in presentations of chronic pain syndromes

For the International Fellow to discuss the differences in presentations of chronic pain syndromes.

Outcome 4 – Appropriate use of laboratory, radiological and bed-side investigations for diagnosis

For the International Fellow to demonstrate appropriately use of laboratory, radiological and bed-side investigations for diagnosis.

Outcome 5 – Appropriate use of analgesics

For the International Fellow to demonstrate understanding of the appropriate use of analgesics.

Outcome 6 – Use of joint and soft tissue injections

For the International Fellow to demonstrate proficiency in the use of joint and soft tissue injections.

Outcome 7 – Appropriate interaction with MDT in managing patients

For the International Fellow to demonstrate appropriate interaction with all the members of the MDT in managing patients.

Outcome 8 – Managing patients with complex needs

For the International Fellow to demonstrate experience in managing patients with complex needs (e.g., multimorbidity, pregnancy, adolescents, etc.)

Conditions

The table below provides a sample of the key conditions of Rheumatology commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate proficiency across the relevant training outcomes. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 2. Osteoarthritis & Chronic Pain Syndromes (Regional & Widespread)	
Clinical Area	**Conditions (including but not limited to)**
Osteoarthritis	Knee
	Hip
	Spine
	Hand
Chronic Pain Syndromes (Regional)	Rotator Cuff syndrome
	Trochanteric Bursitis
	Carpal Tunnel Syndrome
	Epicondylitis
	Text Neck Syndrome
	Complex Reginal Pain Syndromes (CRPS)
Chronic Pain Syndromes (Widespread)	Fibromyalgia
	Hypermobility syndrome

Training Goal 3 – Connective Tissue Disorders & System Vasculitis

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a basic management plan, including involvement of other clinical specialties. They are also expected to evaluate the various advanced treatment strategies appropriate to the complexity of the patient, including the role of other clinical specialties.

Outcome 1 – History taking and examination

For the International Fellow to perform a detailed and focused history and examination.

Outcome 2 – Differences in clinical presentations and pathophysiology of connective tissue disorders

For the International Fellow to discuss the differences in clinical presentations of and pathophysiology of connective tissue disorders.

Outcome 3 – Differences in clinical presentations and pathophysiology of systemic vasculitis

For the International Fellow to discuss the differences in clinical presentations and pathophysiology of systemic vasculitis.

Outcome 4 – Appropriate use of laboratory, radiological and bed-side investigations for diagnosis

For the International Fellow to demonstrate appropriately use of laboratory, radiological and bed-side investigations for diagnosis.

Outcome 5 – Appropriate use of immunosuppressive therapies

For the International Fellow to demonstrate understanding of the appropriate use of immunosuppressive therapies.

Outcome 6 – Appropriate interaction with MDT in managing patients

For the International Fellow to demonstrate appropriate interaction with all the members of the MDT in managing patients.

Outcome 7 – Appropriate interaction with other specialties

For the International Fellow to demonstrate appropriate interaction with members of other relevant specialties.

Outcome 8 – Managing patients with complex needs

For the International Fellow to demonstrate experience in managing patients with complex needs (e.g., multimorbidity, pregnancy, adolescents, etc.)

Conditions

The table below provides a sample of the key conditions of Rheumatology commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate proficiency across the relevant training outcomes. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 3. Connective Tissue Disorders & System Vasculitis	
Clinical Area	**Conditions (including but not limited to)**
Connective tissue disorders and system vasculitis	Systemic Lupus Erythematosus
	Scleroderma
	Idiopathic Inflammatory Myopathies
	Sjogren's Disease
	Overlap disease
	Vasculitis
	A. Small Vessel
	B. Medium Vessel
	C. Large Vessel

Training Goal 4 – Infections & Crystal Arthropathies

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, joint aspiration, formulation of a differential diagnosis and development of a basic management plan. They are also expected to evaluate the various advanced treatment strategies appropriate to the complexity of the patient.

Outcome 1 – History taking and examination

For the International Fellow to perform a detailed and focused history and examination.

Outcome 2 – Presentations of septic arthritis

For the International Fellow to discuss the presentations of septic arthritis.

Outcome 3 – Differences in presentations of crystal arthropathies

For the International Fellow to discuss the differences in the presentations of crystal arthropathies.

Outcome 4 – Appropriate use of laboratory, radiological and microscopy for diagnosis

For the International Fellow to demonstrate appropriately use of laboratory, radiological and microscopy for diagnosis.

Outcome 5 – Use of joint aspiration and injection

For the International Fellow to demonstrate proficiency in the use of joint aspiration and injection.

Outcome 6 – Appropriate use of antibiotics

For the International Fellow to demonstrate understanding of the appropriate use of antibiotics.

Outcome 7 – Appropriate use of urate lowering therapy

For the International Fellow to demonstrate understanding of the appropriate use of urate lowering therapy.

Outcome 8 – Appropriate interaction with other specialties in management of patients

For the International Fellow to demonstrate appropriate interaction with other clinical specialties in managing patients.

Outcome 9 – Managing patients with complex needs

For the International Fellow to demonstrate experience in managing patients with complex needs (e.g., multimorbidity, pregnancy, adolescents, etc.)

Conditions

The table below provides a sample of the key conditions of Rheumatology commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate proficiency across the relevant training outcomes. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 4. Infections & Crystal Arthropathies	
Clinical Area	**Conditions (including but not limited to)**
Infections and Crystal Arthropathies	Septic arthritis
	Crystal Arthropathies
	A. Gout
	B. Calcium pyrophosphate deposition disease (CPPD)
	C. Other

Training Goal 5 – Bone Health, Endocrine & Metabolic

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, formulation of a differential diagnosis and development of a basic management plan. They are also expected to perform a comprehensive assessment and be able to evaluate the various advanced treatment strategies appropriate to the complexity of the patient.

Outcome 1 – Interpretations of DEXA scan

For the International Fellow to discuss interpretations of DEXA scan.

Outcome 2 – Pathophysiology of bone disease and appropriate treatments

For the International Fellow to demonstrate an understanding of the pathophysiology of bone disease and the appropriate use of treatments.

Outcome 3 – Rheumatological manifestations of endocrine disease

For the International Fellow to demonstrate awareness of potential rheumatological manifestations of endocrine disease.

Outcome 4 – Rheumatological manifestations of metabolic and storage disease

For the International Fellow to demonstrate awareness of potential rheumatological manifestations of metabolic and storage disease.

Conditions

The table below provides a sample of the key conditions of Rheumatology commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate proficiency across the relevant training outcomes. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 5. Bone Health, Endocrine and Metabolic	
Clinical Area	**Conditions (including but not limited to)**
Bone Disease	Paget Disease of Bone
	Osteoporosis
	Osteomalacia and Rickets
Endocrine and Metabolic disease	A. Rheumatic manifestations of endocrine disease
	i. Diabetes Mellitus
	ii. Acromegaly
	iii. Adrenal dysfunction
	iv. Thyroid disorders
	v. Hyperparathyroidism
	B. Rheumatic Manifestations of Renal Disease
Deposition / Storage Disorders	Hyperlipidemia
	Haemochromatosis
	Gaucher's disease
	Mucopolysaccharidoses

Training Goal 6 – Rare & Miscellaneous

By the end of this Fellowship, the International Fellow is expected to achieve proficiency in history-taking, examinations, and formulation of a differential diagnosis. They are also expected to perform a comprehensive assessment and be able to evaluate the various advanced investigation strategies and treatment appropriate to the complexity of the patient.

Outcome 1 – Presentations, pathophysiology, investigation, and treatment of multisystem disease

For the International Fellow to demonstrate an understanding of the presentations, pathophysiology, investigation, and treatment of multisystem disease.

Outcome 2 – Presentations, pathophysiology, investigation and treatment of neoplastic musculoskeletal disorders

For the International Fellow to demonstrate an understanding of the presentations, pathophysiology, investigation, and treatment of neoplastic musculoskeletal.

Outcome 3 – Presentations, pathophysiology, investigation and treatment of musculoskeletal disorders caused by cancer therapies

For the International Fellow to demonstrate an understanding of the presentations, pathophysiology, investigation, and treatment of musculoskeletal disorders caused by cancer therapies.

Outcome 4 – Presentations, pathophysiology, investigation and treatment of rheumatic manifestations of systemic disease

For the International Fellow to demonstrate an understanding of the presentations, pathophysiology, investigation, and treatment of rheumatic manifestations of systemic disease.

Outcome 5 – Presentations, pathophysiology, investigation and treatment of rare genetic disorders

For the International Fellow to demonstrate an understanding of the presentations, pathophysiology, investigation, and treatment of rare genetic disorders.

Outcome 6 – Presentations, pathophysiology, investigation and treatment of autoinflammatory disease

For the International Fellow to demonstrate an understanding of the presentations, pathophysiology, investigation, and treatment of autoinflammatory disease.

Conditions

The table below provides a sample of the key conditions of Rheumatology commonly associated with this Training Goal. Each of these should be regarded as a clinical context in which trainees should be able to demonstrate proficiency across the relevant training outcomes. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Training Goal 6. Rare & Miscellaneous	
Clinical Area	**Conditions (including but not limited to)**
Multisystem disease	IGG4-related disease
	Relapsing polychondritis
Neoplastic Disorders	Tumours
	i. Sarcoma
	ii. Multicentric nodular reticulohistiocytosis iii. Synovial osteochondromatosis
Cancer Therapy-related	Checkpoint inhibitors
	Aromatase inhibitors
Rheumatological presentations of other systemic diseases	Hypertrophic osteoarthropathy
	Haemophilia and other bleeding disorders
	Haemoglobinopathies
Rare genetic disorders	Osteogenesis imperfecta
	Ehlers Danlos syndrome
	Marfan's syndrome
	Skeletal dysplasias
	VEXAS syndrome
Autoinflammatory diseases	Adult onset still disease
	Periodic fever syndromes
	Familial Mediterranean fever
	Macrophage activation syndrome and HLH
	Amyloidosis
	Sweet's syndrome

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; Radiology Conferences.

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 **Rheumatology Study Days** and could be eligible to complete the **HST Taught Programme in Rheumatology**.

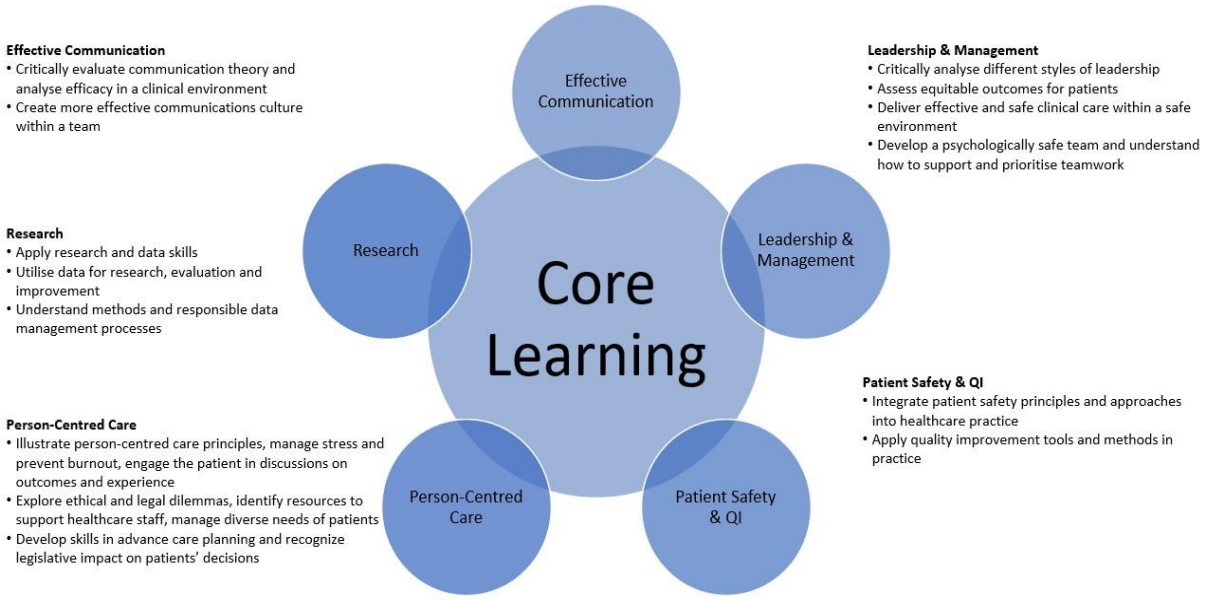
The RCPI Taught Programme consists of a series of modular elements. Content delivery is a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

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.



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 employes 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. 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 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 Rheumatology	Required	1 per week
Early Arthritis	Required	1 per month
Subspecialty Rheumatology	Required	1 per month
Ward Consultations		
Consultant-Led	Required	1 per week
Fellow-Led	Required	2 per week
Consultations	Required	2 per week
Procedures/Joint Injections		
Crystal analysis	Required	5 per year
Microscopy	Required	1 per year
Joint aspiration and injection	Required	2 per week
1ST CMC Joint	Required	1 per year
Wrist Joint	Required	1 per year
Shoulder joint – medial approach	Required	4 per year
Knee joint - medial approach	Required	4 per year
Knee joint – lateral approach	Required	4 per year
1st MTP joint	Required	1 per year
Ankle joint	Desirable	1 per year
De Quervain's tenosynovitis	Required	1 per year
Lateral epicondylitis	Required	1 per programme
Subacromial bursa	Required	1 per programme
Trochanteric bursitis	Required	1 per programme
Hand-flexor tendon nodule	Required	1 per programme
Carpal tunnel	Desirable	1 per programme
Mortons neuroma	Desirable	1 per programme
Plantar fascia	Desirable	1 per programme
Supervised use of polarizing microscopy	Desirable	1 per year

Experience Type	Required/ Desirable	Expected Frequency
Cases Experience - Diagnosis of nature of problem and its presentation, emergency case for investigation		
Range of Rheumatology cases		10 per year
Additional Special Experience/Laboratory Experience		
Immunology	Desirable	1 per programme
Educational Activities		
In-house activities		
Grand Rounds	Required	2 monthly
Journal Clubs	Required	1 monthly
Radiology conference	Required	1 monthly
Pathology conference	Desirable	1 annually
MDT Meeting	Required	1 monthly
Seminar	Required	1 per year
Lecture	Required	1 per year
Formal Teaching Activity (1 per month)		
Lecture	Required	Ad hoc
RCPI Taught Programme	Required	1 per quarter
Research	Desirable	
Clinical Audit activities and reporting	Required	1 per year
Publications	Desirable	
Presentations	Desirable	1 per year
National/International meetings	Required	1 per year
Assessments and Evaluations		
Workplace Based Assessments (WBAs)		
Case Based Discussion	Required	4 per year
Mini-CEX	Required	4 per year
DOPS	Required	As required
Feedback Opportunity	Required	As required
Examinations		
EULAR Exam	Optional	
Mandatory Evaluations		
Quarterly Assessment (1 every 3 months)	Required	4 per year
End of Year Evaluation	Required	1 per year