INSTITUTE OF MEDICINE

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

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BASIC SPECIALIST TRAINING IN

GENERAL INTERNAL MEDICINE FLAGSHIP ADDENDUM 2026

A supplementary document designed to accompany the official national BST GIM curriculum 2026 for the Flagship group Trainees and Trainers.

July 2026 | Tina Dignam

Summary

This addendum is designed as a formal supplement to the national BST GIM Curriculum 2026 for the Flagship group. This document provides structured guidance for Flagship Trainees and Trainers to plan and optimise additional specialty rotations in year one of the Two-Year BST GIM Training Programme. Year one for the Flagship group delivers 8 six-week speciality blocks over 52 weeks, each supported by a descriptor outlining targeted learning opportunities, short on-demand lectures focused on acute medicine skills, and in-person case-based learning at training hospitals. This mixed educational method is designed to develop clinical competency and promote reflective practice during the early postgraduate clinical training phase.

Acknowledgements

The design of this addendum has been a collaborative effort that integrates expertise from multiple specialties to ensure breadth and depth in the Flagship group's educational experiences. We gratefully acknowledge Dr Emer Kelly, Prof Denise Sadlier, and Dr Sean Fleming, for their significant contributions in shaping the addendum and taking the lead in developing educational materials, particularly across Acute Medicine, Respiratory Medicine, Cardiology, and Nephrology. We also extend our sincere thanks to all HST NSDs for their valuable input into descriptors and educational materials in Rheumatology, Endocrinology & DM, Infectious Diseases, Gastroenterology, and Geriatric Medicine, in particular, Prof Barry O'Shea, Dr Lorraine O'Neill, Dr Antoinette Tuthill, Prof Eoin Feeney, Dr Sarah O'Connell, Dr Juliette Sheridan, and Dr Claire Murphy (BST). We also thank Dr Orla Collins, Dr Omar El-Sherif, Prof Garret Cullen, Prof Corinna Sadlier, Dr Caoimhe Marie Casey, Dr Maura Moriarty, Dr Amanda Lavan, Dr Avril Beirne, Dr Cliona Nic Giolla Phadraig for their contributions to on-demand lectures and case-based learning materials. We thank all Flagship Trainers and Trainees for their commitment to the Flagship.

The addendum was developed in 2025-2026 by the IMT curriculum working group, led by Dr Emer Kelly, and the education team, and was formally approved by the Institute of Medicine.

Contents

1 Introduction

The addendum sets out the distinctive features for the Flagship group of Trainees and Trainers. It outlines the rotation structures, specialty-specific learning descriptors, and additional educational resources intended to support the development of acute medicine competencies and knowledge acquisition. This document is to be used in conjunction with the official BST General Internal Medicine (GIM) Curriculum 2026 to ensure coherence with national standards. Trainees and Trainers in the Flagship group are encouraged to participate in ongoing evaluation by providing structured feedback throughout the training year, contributing to the quality improvement of this new training initiative.

The official BST GIM Curriculum 2026[1] defines the overarching purpose, core learning content, training experience and assessment requirements, serving as the definitive reference for Trainee progression and accreditation. The official curriculum contains five specialty training goals: history-taking, physical examination, differential diagnosis, acute medicine experience, and safe prescribing. This addendum supplements the curriculum by detailing additional structured learning opportunities and training events. It does not introduce new mandatory training goals or modify the existing curricular requirements. Instead, it provides more learning opportunities and adds educational value to the acquisition of knowledge and skills in acute medicine.

[1] BST GIM Curriculum 2026 is on the RCPI website (Link to Curriculum)

2 Rationale for Increased Rotations in Year One

Internal medicine training in Ireland is primarily delivered through hospital-based clinical rotations, which are fundamental to acquiring broad exposure to the specialty and relevant practical skills. The Flagship introduces eight 6-week specialty rotations (see Table 1) and includes several educational strategies for Trainees to:

- prepare for each rotation with a descriptor that outlines learning opportunities
- engage in deliberate clinical practice aligned with the descriptor
- reinforce knowledge through short on-demand lectures
- participate in case-based learning in small groups at each hospital site to enhance clinical reasoning skills

Table 1. An Exemplary Structure and Rotation for Year One

Year of Training	Specialty	Length	Learning Resources
Flagship/Year One	Acute Medicine*	6 weeks	Specialty-related on-demand Acute Medicine lectures and case-based learning delivered by Trainers in training hospitals
	Respiratory Medicine*	6 weeks	
	Cardiology*	6 weeks	
	Geriatric Medicine*	6 weeks	
	Nephrology	6 weeks	
	Gastroenterology	6 weeks	
	Infectious Diseases	6 weeks	
	Endocrinology & Diabetes Mellitus	6 weeks	
	Rheumatology	6 weeks	

(Note: Each Trainee must rotate through four core specialties in asterisks and in total at least 7 out of 9 specialties listed above. The sequence of the assigned rotations is flexible. Rotations are also subject to the availability and approval of posts.)

The increased number of rotations is supported by on-site, case-based learning that utilises authentic or common clinical scenarios within each rotation. This approach aims to enhance core clinical skills through engaging small-group discussions. Trainees are encouraged to proactively align each rotation's learning opportunities with the overarching two-year BST GIM curricular training goals. This involves planning targeted assessments for each rotation and setting meaningful personal goals. Documenting the achievement of these goals and outcomes in the ePortfolio system is essential, as it offers tangible evidence of ongoing learning and professional development, thereby reinforcing the educational value of the training process. This will enable Trainers and

evaluation panels to make informed decisions regarding Trainee progression and to facilitate early identification of gaps in the completion of curricular requirements.

2.1 Additional Educational Resources to Support Rotations

The Flagship group of Trainees is supported by a series of 17 short, on-demand lectures, each approximately 20 minutes in duration. Trainees are expected to complete two self-paced lectures per six-week rotation (refer to Table 2) and a minimum of 15 lectures throughout the Flagship year. The goal of watching these videos extends beyond mere content consumption: Trainees should actively identify key practical points from these lectures, incorporate them into daily clinical practice, engage in reflective practice, and prepare for assessments, evaluations, and examinations.

Each six-week rotation also includes one facilitated case-based learning session, with the scheduling and venue determined by the flexibility of the local training site. These sessions use real or commonly encountered clinical cases and emphasise clinical reasoning, differential diagnosis, and treatment planning. Attendance at these case-based learning sessions should be recorded locally, requiring a minimum of 7 out of 9 sessions to be attended. The educational benefit of attending case-based learning sessions should be evidenced in the ePortfolio by a linked case experience or learning event/activity, where appropriate.

Table 2. Additional Educational Resources Per Rotation

	Specialties	On-demand Lectures	Case-based Learning
1	Acute Medicine*	• TIA • DVT	Syncope
2	Respiratory*	• Chest X-ray & Pneumonia • Breathless & COPD	Chest pain & Breathlessness
3	Cardiology*	• Chest Pain • Acute Coronary Syndrome and ECGs	Dyspnoea - CHF
4	Geriatric Medicine*	• Optimising Prescribing in Older Patients • Recognise and Manage Delirium	Fall workup
5	Nephrology	• Hyponatraemia & CKD/HD	AKI and Vasculitis
6	Endocrinology and DM	• Adrenal Insufficiency • Manage Diabetes Emergencies	Management of Type II Diabetes, or Hyperglycaemia
7	Gastroenterology	• Management of Ascites • Gastrointestinal Bleeding	GI Bleeding
8	Infectious Diseases	• Common ID Presentations • Duration of Antibiotic Courses	Prolonged Fever
9	Rheumatology	• Knee Monoarthritis	Hot Swollen Joint

3 Descriptors

These descriptors serve as clear guidelines, outlining the essential clinical knowledge and practical skills that Trainees are expected to develop during each rotation. They function primarily as formative educational tools, promoting focused practice and reflective learning. It is important to note that they do not constitute an exhaustive checklist of all learning opportunities. Trainees are strongly encouraged to seek additional clinical experiences beyond these descriptors whenever possible to promote their personal professional development.

3.1 Acute Medicine*

Targeted Learning Opportunities and Practices

Acute Medicine* Descriptor
During this rotation, Trainees are expected to: • Assess and plan the initial management for patients presenting with common acute medical conditions, including deep vein thrombosis (DVT), syncope, transient ischaemic attack (TIA), pyelonephritis, COPD exacerbation, pneumonia, seizure and alcohol detoxification • Request appropriate medical tests and interpret the results • Safely perform venepuncture, arterial blood gas sampling, urinary catheterisation, nasogastric tube insertion and lumbar puncture • Be aware of the specific needs of the pregnant patient, the frail older patient and the patient with cognitive disorders • Perform BSL and ACLS for emergencies • Familiarise with and apply INEWS protocol • Provide education to the patient and family on the diagnosis, implications and lifestyle modifications associated with the common presentations
On-Demand Lecture Topics
• Transient Ischaemic Attack • Deep Vein Thrombosis
Case-based Learning
• Syncope

Indicative training goals mapping:

1. Training Goal 3 Differential Diagnosis and Next Steps
2. Training Goal 4 Acute Medicine Experience

Suggested ePortfolio recording:

1. Case Experience: Diagnosis
2. Case Experience: Acute Medicine
3. DOPS Lumber Puncture

3.2 Respiratory Medicine*

Targeted Learning Opportunities and Practices

Respiratory Medicine* Descriptor
During this rotation, Trainees are expected to: • Assist in the initial assessment and management of the patient with breathlessness • Understand the presentations and treatment of common respiratory diseases, e.g. chronic obstructive pulmonary disease (COPD), pneumonia, asthma, bronchiectasis, and interstitial lung disease • Define and distinguish obstructive and restrictive deficits while assessing lung performance • Safely perform venepuncture, arterial blood gas sampling and prescribe oxygen therapy, adhering to target saturation guidelines. • Explain the role of non-invasive ventilation in a sick respiratory patient • Understand pleural disease assessment and treatment approaches, such as pleural effusion, pneumothorax, and observe or assist in pleural procedures (e.g., thoracentesis) and demonstrate understanding of indications and potential risks
On-Demand Lecture Topics
• Chest X-rays and Pneumonia • Breathless and COPD
Case-based Learning
• Chest Pain and Breathlessness

Indicative training goals mapping:

1. Training Goal 3 Differential Diagnosis and Next Steps
2. Training Goal 4 Acute Medicine Experience

Suggested ePortfolio recording:

1. Case Experience: Diagnosis
2. Case Experience: Acute Medicine

3.3 Cardiology*

Targeted Learning Opportunities and Practices

Cardiology* Descriptor
During this rotation, Trainees are expected to: • Assess patients with chest pain, syncope, palpitations, dyspnoea of suspected cardiac origin • Initiate the diagnosis and management of common cardiological clinical cases, including but not limited to myocardial infarction, unstable angina, atrial fibrillation, heart failure/cardiomyopathy, aortic stenosis, endocarditis, syncope and hypertension • Familiarise with and apply national published management algorithms, should they exist, to manage common heart conditions such as ACS, acute heart failure, and arrhythmias • Safely operate available equipment, including but not limited to monitoring, cardiac pacemakers, and defibrillators • Perform ACLS for emergencies • Demonstrate awareness of the existing evidence and apply an evidence-based approach to clinical practice
On-Demand Lecture Topics
• Chest Pain • Acute Coronary Syndrome and ECGs
Case-based Learning
• Dyspnoea – CHF

Indicative training goals mapping:

1. Training Goal 2 Physical Examination
2. Training Goal 3 Differential Diagnosis and Next Steps
3. Training Goal 4 Acute Medicine Experience

Suggested ePortfolio recording:

1. Case Experience: Diagnosis
2. Case Experience: Acute Medicine

3.4 Geriatric Medicine*

Targeted Learning Opportunities and Practices

Geriatric Medicine* Descriptor
During this rotation, Trainees are expected to: • Assess and initiate management of older patients with acute stroke and TIA, acute delirium, dementia and falls • Take, gather and analyse collateral medical history • Perform structured delirium screening and mobility assessment • Demonstrate knowledge of the principles of polypharmacy risks and medicines reconciliation and prescribing for older patients • Contribute to and interact with multidisciplinary care planning, including rehabilitation and discharge planning • Understand community-based services
On-Demand Lecture Topics
• Optimising Prescribing in Older Patients • Recognise and Manage Delirium
Case-based Learning
• Fall Workup

Indicative training goals mapping:

1. Training Goal 1 History Taking
2. Training Goal 2 Physical Examination
3. Training Goal 3 Differential Diagnosis and Next Steps
4. Training Goal 4 Acute Medicine Experience
5. Training Goal 5 Safe Prescribing

Suggested ePortfolio recording:

1. Case Experience: Diagnosis
2. Case Experience: Acute Medicine
3. Collaborative Activities (MDT Meetings)

3.5 Nephrology

Targeted Learning Opportunities and Practices

Nephrology Descriptor
During this rotation, Trainees are expected to: • Demonstrate an understanding of renal physiology, including fluid balance, electrolytes and acid-base balance • Recognise common conditions including Acute Kidney Injury (AKI), Chronic Kidney Disease (CKD), Renal Replacement Therapy (RRTx) and electrolyte disturbances • Demonstrate an understanding of urinalysis interpretations • Understanding of the indication and use of common laboratory tests, including urine and blood testing, in the diagnosis and management of kidney disease, and demonstrate a basic interpretation of the results • Demonstrate a good working knowledge of common procedures and imaging modalities utilised in this specialty • Develop differential diagnosis for renal dysfunction and support initial management plans. • Understand the indications for dialysis and the different dialysis modalities (intermittent Haemodialysis, Peritoneal Dialysis and Continuous Dialysis) • Recognise common presentations of CKD and RRTx and support initial management plans. services including pre-dialysis care, HD patients and PD patients • Contribute effectively to multidisciplinary ward rounds/meetings, dialysis rounds and handover
On-Demand Lecture Topics
• Hyponatraemia • CKD/HK
Case-based Learning
• AKI and Vasculitis

Indicative training goals mapping:

1. Training Goal 3 Differential Diagnosis and Next Steps
2. Training Goal 4 Acute Medicine Experience
3. Training Goal 5 Safe Prescribing

Suggested ePortfolio recording:

1. Case Experience: Diagnosis
2. Case Experience: Acute Medicine
3. Collaborative Activities (MDT Meetings)

3.6 Gastroenterology

Targeted Learning Opportunities and Practices

Gastroenterology Descriptor
During this rotation, Trainees are expected to: • Assess GI bleed, differentiate stable vs unstable using examination, investigations and established scoring systems such as Glasgow-Blatchford score • Early management of GI Bleed • Recognise indications for OGD, Colonoscopy and ERCP • Demonstrated knowledge of laboratory tests required and when to use them in common GI Diseases, including blood work-up, stool samples (FCP and C&S), Ascitic tap (Serum-Ascites Albumin Gradient), cell count, and culture, and basic findings on PFA • Management in the ED department of liver patient (including recognising signs of variceal bleed, encephalopathy, management of ascites, POD) • Management of constipation • Work-up of diarrhoea • Management of Acute severe ulcerative colitis • Practical skills –ascitic tap, observation of endoscopy
On-Demand Lecture Topics
• Management of Ascites • Gastrointestinal Bleeding
Case-based Learning
• Gastrointestinal Bleeding

Indicative training goals mapping:

1. Training Goal 2 Physical Examination
2. Training Goal 3 Differential Diagnosis and Next Steps
3. Training Goal 4 Acute Medicine Experience

Suggested ePortfolio recording:

4. Case Experience: Diagnosis
5. Case Experience: Acute Medicine

3.7 Infectious Diseases

Targeted Learning Opportunities and Practices

Infectious Disease Descriptor
During this rotation, Trainees are expected to: • Assess, investigate, identify likely sources, and initiate management for patients presenting with common syndromes, including undifferentiated sepsis, meningitis, CAP, UTI/CA-UTI, febrile returning traveller, infective endocarditis, acute HIV infection, and PUO • Develop a differential list for undifferentiated sepsis, assess for potential source, initiate early management and recognise severity and need for escalation and interactions with ICU/HDU • Recognise the presentation of meningitis, understand potential causes, including listeria, order tests, demonstrate knowledge of when CT is required before a lumbar puncture, which antibiotics to prescribe to initiate management, and the requirements for isolation to prevent infection • Assess and initiate management of CAP, demonstrate knowledge of CURB-65, outline rationales for different antibiotics and identify patients suitable for early discharge on oral therapies • Assess and initiate management of UTI and CA-UTI • Recognise high-risk infections of febrile returning travellers, including malaria and typhoid, initiate investigations, apply appropriate isolation precautions and escalate promptly for senior help • Recognise risk factors of infective endocarditis and febrile patients with a prosthetic valve, explain the rationale for taking blood cultures prior to antibiotic prescribing, and apply diagnostic trees (TTE vs TOE) • Recognise clinical features of acute HIV infection, identify at-risk populations, understand testing strategies, and formulate differentials such as syphilis, EBV • Apply a structured approach to investigate the PUO, considering infectious, inflammatory, and neoplastic causes and ordering tests in CTTAP, blood cultures, Echo, autoantibodies and ESR, etc.
On-Demand Lecture Topics
• Common ID Presentations • Duration of Antibiotic Courses
Case-based Learning
• Prolonged Fever

Indicative training goals mapping:

1. Training Goal 2 Physical Examination
2. Training Goal 3 Differential Diagnosis and Next Steps
3. Training Goal 4 Acute Medicine Experience

Suggested ePortfolio recording:

1. Case Experience: Diagnosis
2. Case Experience: Acute Medicine
3. DOPS Lumbar Puncture

3.8 Endocrinology and Diabetes Mellitus

Targeted Learning Opportunities and Practices

Endocrinology and Diabetes Mellitus Descriptor
During this rotation, Trainees are expected to: • Recognise the range of treatment options available for people with 2 diabetes and considerations such as sick day rules, adjustment in renal / liver failure • Appreciate the presentation, investigation and management of diabetic foot infections • Demonstrate an awareness of the role of technology in managing diabetes, including CGM and insulin pumps • Understand how to titrate basic insulin regimens • Safely manage patients presenting with endocrine or diabetes emergencies such as DKA, HHS, adrenal insufficiency and/or pituitary apoplexy • Demonstrate an awareness of the role of dynamic endocrine testing, including but not limited to short synacthen tests, water deprivation tests, and saline suppression tests • Diagnose and consider initial management of electrolyte imbalances such as hyponatraemia and hypercalcaemia
On-Demand Lecture Topics
• Adrenal Insufficiency • Manage Diabetes Emergencies
Case-based Learning
• Considerations in Managing Type II Diabetes • Or Hyperglycaemia

Indicative training goals mapping:

1. Training Goal 3 Differential Diagnosis and Next Steps
2. Training Goal 4 Acute Medicine Experience

Suggested ePortfolio recording:

1. Case Experience: Diagnosis
2. Case Experience: Acute Medicine

3.9 Rheumatology

Targeted Learning Opportunities and Practices

Rheumatology Descriptor
During this rotation, Trainees are expected to: • Differentiate inflammatory and mechanical joint pain • Demonstrate interpretive skills of key lab results • Demonstrate understanding of principles and adverse effects of glucocorticoids and disease-modifying therapy • Assess and plan the initial management of common acute rheumatological conditions, including acute monoarthritis, giant cell arteritis and crystal arthritis • Observe and assist with knee arthrocentesis and injection
On-Demand Lecture Topics
• Knee Monoarthritis
Case-based Learning
• Hot Swollen Joint

Indicative training goals mapping:

1. Training Goal 3 Differential Diagnosis and Next Steps
2. Training Goal 4 Acute Medicine Experience

Suggested ePortfolio recording:

1. Case Experience: Diagnosis
2. Case Experience: Acute Medicine

4 Supervision

A key component of the Flagship is the appointment of an educational supervisor to oversee the entire training process and address issues as they arise. Each Trainee is assigned to a single, consistent Trainer throughout the training year. This continuity ensures ongoing supervision and guidance, fostering a stable, trusting supervisory relationship. Such consistency not only enhances Trainees' learning but also facilitates the early detection of any need for additional support or remediation, ultimately promoting their professional development and competence. Please refer to the General Internal Medicine BST Training Handbook on the RCPI website for the general rules and regulations governing training.

5 Assessment

The End-of-Post Assessments and the End-of-Year Evaluation remain at the same frequency and standard as the official BST GIM Curriculum 2026: every three months and at the end of the year. All other elements, such as core clinical activities, BST taught programme, MRCPI Examination, collaborative and educational activities, adhere to the standards and requirements outlined in the official BST GIM Curriculum 2026.