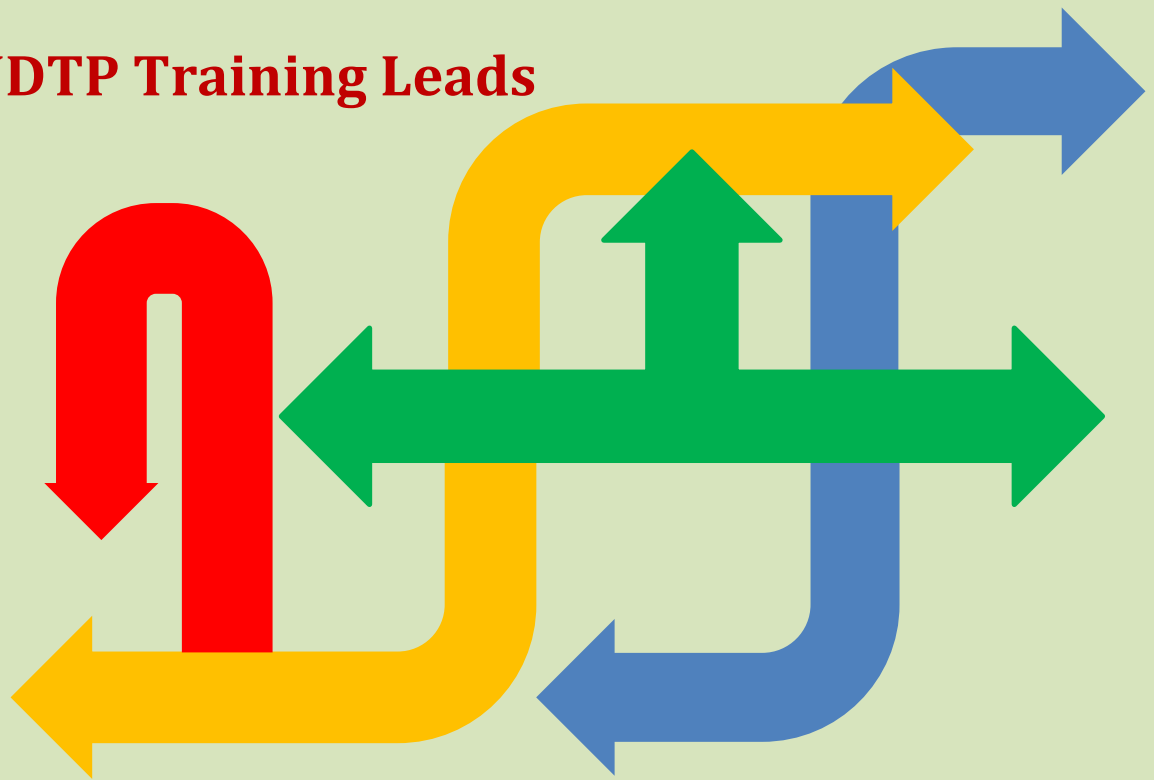




# Medical Disciplines, Specialties and Training Pathways 2021

**DMHG NDTP Training Leads**



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## Medical Disciplines, Specialties and Pathways

### 1. **Anaesthesiology (College of Anaesthesiologists of Ireland)**

#### Anaesthesiology

##### Description

**Anaesthesiology** refers to the practice of administering medications either by injection or by inhalation (breathing in) that block the feeling of pain and other sensations, or that produce a deep state of unconsciousness that eliminates all sensations, which allows medical and surgical procedures to be undertaken without causing undue distress or discomfort.

##### Pathway

##### **Entry Requirements**

Recruitment to Specialist anaesthesiology training (SAT) is through the College of Anaesthesiologists of Ireland (CAI) centralised appointment process only.

Candidates must be eligible for the Trainee Division of the Medical Council Register at the time of application and fulfil all other requirements.

##### **Duration & Organisation of Training**

The six years of Anaesthesiology training is based in accredited hospitals. Training is structured to maximise opportunities for learning and to provide a broad range of experience in different types of hospitals and of different sub-specialties in Anaesthesiology. Training comprises a combination of practical experience, clinical learning, theoretical learning, learning in non-clinical areas, individual study, and mandatory elements including simulation courses.

.

Training will be subject to close supervision and trainees will be subject to assessment and formal examination throughout their training and are expected to record their clinical practice and academic activities through the CAI e-Portfolio for Training system. .

Progression through the six year programme will depend upon achieving certain milestones, and competencies, and these will be reviewed through formal CAI interviews arranged by the Training Department. Training will not be considered complete until after a formal review has taken place, this will then lead to the granting of a CSCST.

Following completion of the programme trainees can apply for a consultant role in Anaesthesiology. Trainees also have the opportunity to sub specialise in a number of sub specialties including the award of a dual CSCST in either Pain Medicine or Intensive Care Medicine.

## Intensive Care Medicine

### Description

**Intensive care medicine (ICM)** is a new specialty arising from developments in medical treatment and technology aimed at treating acute organ failure. ICM involves prompt and careful patient assessment, resuscitation and on-going treatment, and close integration with many other specialties. The Intensive Care doctor's job entails the ongoing management of organ support, the interpretation of the patient's response to treatments and communication - mainly with the relatives of the critically ill patient. Most specialists in ICM (called intensivists) train first in another specialty and then attain higher specialist training in ICM before appointment to a Critical Care hospital team. College of Anaesthesiologists of Ireland, Royal College of Surgeons in Ireland, Royal College of Physicians of Ireland, Intensive Care Society of Ireland – collectively forming the 'Joint Faculty of Intensive Care Medicine of Ireland'

### Pathway

The Joint Faculty, on behalf of the College, supports Specialist Anaesthesiology Trainees to develop their practice of Intensive Care Medicine during their training programme. The College has set down certain minimum standards regarding duration and structure of training in Intensive Care Medicine. All trainees should complete six months of structured, supervised training in intensive care medicine. This should be modular in format comprising at least one 2-month module in an ICU recognized for training for the Diploma of the Irish Board of Intensive Care Medicine (DIBICM). The DIBICM examination is under the auspices of the Joint Faculty of Intensive Care Medicine of Ireland (JFICMI).

## Pain Medicine

### Description

**Pain Medicine** is practised internationally on a multidisciplinary basis informed by the latest developments in neuroscience. It involves the treatment of acute pain (pain less than 3 month's duration) – classically postoperative pain in the hospital setting and chronic pain (pain of 3-6 months duration) in a variety of settings depending on the aetiology of the pain.

### Pathway

Consultant in Pain Medicine (Level 2) OR

Consultant with a sub-specialty interest in Pain Management (Level 1)

For Anaesthesiology Trainees:

Step 1 (Post FCAI or MCAI\*)

You will need 6 months modular training and completion of the Exam: DPMCAI (post 2012)

\*DPMCAI only conferred after FCAI passed

Step 2 (1 yr Special Interest Year (SAT))

Level 1 Consultant with sub-specialty interest in Pain Management

Needs to have completed the requirements of the training programme in Anaesthesiology.

If further training is desired:

Step 3

1 yr Fellowship (Local or overseas/prior approval)

Step 4

Take Exam: FPMCAI\* (can be taken after 1 yr of Pain Medicine training)

Level 2 Consultant in Pain Medicine (CST in Pain Medicine)

\*FPMCAI only conferred after completion of 2nd year.

CVs can be assessed on a case by case basis for 2 year duration of dedicated Pain Medicine training.



## **2. Emergency Medicine (Irish Committee for Emergency Medicine Training)**

### **Emergency Medicine**

#### **Description**

**Emergency Medicine** is a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development.

#### **Pathway**

Core Specialist Training in Emergency Medicine (CSTEM) is a 3-year programme consisting of a series of relevant posts at Non-Consultant Hospital Doctor (NCHD) level that lay the professional groundwork for subsequent specialisation. During this time, doctors obtain a wide range of experience in a variety of specialties, structured as 6-month posts:

- **Year 1**

Emergency Medicine

Trauma & Orthopaedic Surgery or Plastic Surgery or Acute Medicine

- **Year 2**

Paediatric Emergency Medicine (PEM) or Acute General Paediatrics

Emergency Medicine

- **Year 3**

Anaesthesia and/or Critical Care Medicine (CCM)

Emergency Medicine

EM posts on CSTEM are restricted to those Emergency Departments (EDs) inspected and recognised for CSTEM. A nominated trainer in each department will act as educational supervisor for CSTEM trainees in that unit – the CSTEM lead trainer.

#### **EDs recognised for CSTEM are:**

- Adelaide and Meath incorporating the National Children's Hospital, Tallaght, Dublin
- Beaumont Hospital, Dublin
- Cavan General Hospital
- Connolly Hospital, Blanchardstown, Dublin
- Cork University Hospital
- Mater Misericordiae University Hospital, Dublin
- Midlands Regional Hospital, Tullamore

- Our Lady's Children's Hospital, Crumlin
- Our Lady of Lourdes Hospital, Drogheda
- Sligo General Hospital
- St. James's Hospital, Dublin
- St. Vincent's University Hospital, Dublin
- Temple Street University Hospital
- University Hospital Galway
- University Hospital Limerick
- University Hospital Waterford

## Paediatric Emergency Medicine (Not Recognised)

### Description

Paediatric emergency care in Ireland is delivered in facilities ranging from departments staffed with consultants in PEM and PEM-trained nurses 24/7 to care delivered in areas in smaller hospitals staffed by local paediatricians and general nursing staff. There is wide geographical variation in the acute and urgent service provided to children and young people and in this document the following definitions are used:

- The term Paediatric Emergency Department in this document is used to describe departments governed by consultants in PEM and PEM-trained nurses, and staffed by paediatric and emergency medicine trainees who provide services 24/7.
- The term Paediatric Medical Emergency Area is used to describe rooms or areas in local or regional hospitals governed by general paediatricians and staffed by paediatric trainees
- The term Emergency Department is used to describe a facility where adults and children attend 24 hours a day governed by Emergency Medicine specialists and trainees.

### Pathway

## Specialty Training in Paediatric Emergency Medicine

Currently PEM is not a recognised specialty in the Register of Medical Specialists in Ireland. The Specialty has been formally recognised in the UK by the General Medical Council in recent years and in North America and Australasia for significantly longer. There exists a precedent in Ireland where by PEM might be recognised as a specialty i.e. Paediatric Cardiology is a recognised subspecialty of Paediatrics and has a similar number of specialists currently in practice.

The existing route to specialty training and accreditation in PEM and ultimately employment as a Consultant in PEM in Ireland has been through the achievement of a Certificate of Completion of Training (CCT) in Emergency Medicine with one year's additional training, typically including six months dedicated PEM and six months of ward-based paediatrics, of which at least three months would include Paediatric Intensive Care (PIC). This route has been previously ratified as satisfactory by the College of Emergency Medicine when considering the issue of run-through training and Modernising Medical Careers.

However, trainees in General Paediatrics have been disadvantaged by these pre-existing arrangements. While it has been possible for a trainee with a CCT in paediatrics to obtain a Consultant post in PEM in Ireland, this was only possible if that trainee qualified to apply for such a post through an 'experiential' route: mandatory requirements would be at least seven years post registration clinical experience, with at least four years clinical EM experience and two years in paediatric-related specialties. The continuation of this position will pose obvious problems for any paediatric Specialist Registrar (SpR) with aspiration to pursue a career in PEM. The RCPCH (UK) has gone some way to offering clarity and guidance for trainees and there is acceptance that an additional two years of PEM-focused training is sufficient to gain subspecialty accreditation in PEM.

### ***Emergency Medicine Trainees***

- Core Specialist Training in Emergency Medicine (CSTEM)
- Advanced Specialist Training in Emergency Medicine (ASTEM)
- CSCST in Emergency Medicine
- Subspecialty Training in PEM
- CSCST in PEM

### ***Paediatric Trainees***

- Basic Specialist Training
- Higher Specialist Training
- CSCST in General Paediatrics
- Subspecialty Training in PEM
- CSCST in PEM

([http://www.iaem.ie/wp-content/uploads/2013/02/the\\_development\\_of\\_paediatric\\_emergency\\_medicine\\_in\\_ireland\\_as\\_agreed\\_with\\_hse\\_metr\\_fprcpi\\_october\\_2010\\_final.pdf](http://www.iaem.ie/wp-content/uploads/2013/02/the_development_of_paediatric_emergency_medicine_in_ireland_as_agreed_with_hse_metr_fprcpi_october_2010_final.pdf))

### 3. General Practice (Irish College of General Practitioners)

#### General Practice

##### Description

A The General Practitioner training programme is three or four years in duration. Some doctors with appropriate training and qualifications can apply for three year training, this is called Recognition of Prior Learning, whereby the duration of training is reduced from four to three years.

On a four year training scheme the first two years are spent primarily in hospital settings, with third and fourth year in supervised general practice. On a three year training scheme the first year is spent primarily in hospital settings, with third and fourth year in supervised general practice.

All trainees attend day release on a weekly basis at their scheme for individual and group learning.

There are currently 14 training schemes in general practice:

- Ballinasloe Specialist Training Scheme for General Practice
- Cork Specialist Training Scheme for General Practice
- Donegal Specialist Training Scheme in General Practice
- North Dublin Inner City Specialist Training Scheme in General Practice
- HSE Dublin Mid Leinster Specialist Training Scheme in General Practice
- HSE South East General Practice Training Scheme
- Mid Leinster Specialist Training Scheme in General Practice
- Mid-West Specialist Training Scheme in General Practice
- North Eastern Regional Training Scheme in General Practice
- RCSI/Dublin North East General Practice Training Scheme
- Sligo Specialist Training Scheme in General Practice
- South West Specialist Training Scheme in General Practice
- TCD/HSE Specialist Training Scheme in General Practice
- Western Training Scheme in General Practice

##### Assessment

- Trainees must complete all elements of the ICGP assessment process. In addition, trainees will undergo formative and summative assessment of core curriculum learning

##### Completion of Specialist Training

A certificate of satisfactory completion of specialist training (CSCST) is issued to trainees who have completed all elements of the training programme, including formative assessment and summative assessment. The CSCST allows entry onto the General Practitioners Specialist Register of the Irish Medical Council.

##### Type of Work

A general practitioner is a medical graduate who gives personal, primary, and continuing care to individuals, families and a practice population, irrespective of age, gender and illness; it is the synthesis of these functions which is unique. A GP will:

Attend patients in consulting rooms, in patients' homes and sometimes in clinics/hospital settings. Their aim is to make early diagnosis.

Include and integrate physical, psychological, and social factors in their considerations about health and illness. This will be expressed in their care of patients.

Make an initial decision about every problem which is presented to them as a doctor.

Undertake the continuing treatment of patients with chronic, recurrent, or terminal illness. Prolonged contact means that the GP can use repeated opportunities to gather information at a pace appropriate to each patient and build up a relationship of trust, which can be used professionally.

Practice in co-operation with other colleagues, medical and non-medical.

Know when and how to intervene through treatment, prevention and education, to promote the health of patients and their families.

Recognise that they also have a professional responsibility to the community

Parallel with training, four modules of the MICGP Examination must be undertaken. These modules are usually spread over the training period.

## **Military Medicine**

### **Description**

**Military Medicine** constitutes the art and science of medicine as practiced in the Defence Forces or other military environments. It is a composite specialty, rooted in general practice and occupational medicine, embracing a wide variety of skills and knowledge, applicable both in the on-island and deployed setting, with the primary goal of contributing to the success of the mission. Practitioners are required to work in a unique socio-cultural environment with its own command structure but are also required to adhere to the traditional ethical principles of medical practice.

### **Pathway**

#### **Initial Specialist Training**

This phase is conducted over two years. Trainees are commissioned into the Permanent Defence Forces (PDF) in the rank of Lieutenant and are released to rotate through hospital posts in medicine, paediatrics, emergency medicine, psychiatry and an optional placement in another suitable post. Trainees also undergo basic military induction, conducted over week-long periods in the Defence Forces Training Centre (DFTC) in the Curragh.

## Higher Specialist Training

This phase is conducted over 3 years with trainees promoted to the rank of Captain (Medical Officer). A further block of modular military training is to be conducted in the Defence Forces Training Centre (DFTC) Military College and Medical School during this period. The trainee is allocated alternating supervised clinical posts in Military Medicine (MM), composed of both Military General Practice and Military Occupational Medicine, and General Practice (GP), each with unique learning opportunities. General Practice training posts fulfil all criteria required by the ICGP. Military Medicine posts also fulfil the necessary criteria including trainee supervision and access to a trainer, and expose trainees to the provision of primary care to soldiers in the daily sick parade and a variety of occupational assessments. Trainees also fulfil medico-legal, pre-hospital, public health, managerial and educational roles as part of their training.

## Training Locations

### Civilian

The FMMI engages with the National Doctor Training and Planning (NDTP) Office of the HSE in order to secure appropriate training posts in the required specialties. The FMMI engages with HSE Primary Care Division, the ICGP / Trinity College Dublin GP Training Scheme and individual GP Trainers in order to secure placements for trainees.

### Military

Clinical placements are undertaken in the following military settings:

- Domestic placements in occupational and primary care roles in St Bricin's Military Medical Facility, Dublin, the Military Medical Facility, Curragh, Co Kildare, and the Military Medical Facility, Collins Barracks, Cork.
- Overseas placements in a deployed operational role according to current Defence Forces operational taskings. Defence Forces Medical Officers are currently deployed in Lebanon and Syria. Deployment with a partner nation may also be considered. For the duration of these placements, trainees are assigned an appropriate on-site mentor, have a prescribed and agreed role, have regular communication with training authorities in Ireland, and have recourse to direct contact with an assigned member of the training authority, normally the Tutor.

### Specialist Military Placements.

#### Naval Service

Naval Base, Haulbowline, Co. Cork, and/or Naval Service Ships deployed in Irish or international waters.

#### Air Corps

Casement Aerodrome, Baldonnel, Dublin, and/or Emergency Aeromedical Service, Custume Barracks, Athlone.

## **Day Release**

Military Medicine are aligned with the ICGP / Trinity College Dublin Training Scheme in General Practice based in Tallaght and trainees attend day release with the partner training scheme. This alignment ensures the viability and sustainability of the day release programme with sufficient trainee numbers. The base for the military elements of the training scheme is the Medical School, Defence Forces Training Centre (DFTC) in the Curragh, Co Kildare.

## **Block Training**

Block training periods, covering elements of basic military training and operational medical training in particular, of one to two weeks are conducted in the Defence Forces Training Centre over the 5 year training programme.

## **Assessment**

Trainees must complete all elements of the ICGP assessment process. In addition, trainees undergo formative and summative assessment of core curriculum learning in Military Medicine.

### **Military Medicine Formative Assessment**

The progress of each trainee is continuously assessed throughout the programme by means of formative assessments, including:

- Work place based assessments
- Day release assessments
- Trainee Logbook
- Supervisor reports
- Short courses
- Project work

Each assessment ultimately informs a twice-yearly Trainee Progress Report.

### **Military Medicine Summative Assessment**

#### **Block Training**

Certain modules in the training programme are delivered in short block training periods that include summative assessment. These training elements are: Basic Military Training, Chemical Biological Radiological and Nuclear Medicine, Pre-hospital Medicine, Tactical Medicine and Major Incident Management

#### **Endpoint Assessment**

Trainees are evaluated by two summative endpoint assessments, undertaken in years four and five of the training programme respectively. The first part of the endpoint assessment is an Applied Knowledge Test (AKT) towards the completion of Year 4. The second part is a Clinical Skills Assessment (CSA) and Applied Knowledge Test (AKT) during Year 5.

### **Completion of Specialist Training**

A certificate of satisfactory completion of specialist training is issued to trainees who have completed all elements of the training programme, including experiential elements, formative assessment and summative assessment.

Candidates must complete specialist training in both General Practice and Military Medicine. The dual specialist award does not exist in isolation.



## 4. Medicine (Institute of Medicine, RCPI)

### Cardiology

#### Description

**Cardiology** deals with diseases of the heart and circulatory system. Higher Specialist Training Cardiology is a 6 year training programme which is intended to produce fully trained Cardiologists who will follow one of two paths. The decision as to which path to follow will be made after 4 years of Basic Cardiology, which all trainees will complete. Cardiologists may wish to engage on a particular aspect such as cardiac ultrasound, electrophysiology, adult congenital heart disease, or preventive cardiology

#### Pathway

### **BST (Basic Specialist Training Medical Pathway)**

Basic Specialist Training is the first step after intern year towards a career in Medicine.

Basic Specialist Training (BST) in General Internal Medicine is a two-year programme of supervised clinical training in Senior House Officer (SHO) posts. Completion of the intern year is an essential entry requirement.

You will be placed on a rotation and you will know in advance what posts you will be working in over the next two years. Your rotation will incorporate the following core elements:

Your BST programme lasts for 24 months in total, and is made up of eight 3 month rotations.

The criteria for your programme are as follows:

1. You will rotate through three out of the five following core specialties:
  - a. Cardiology
  - b. Respiratory
  - c. Geriatric Medicine
  - d. Endocrinology
  - e. Gastroenterology
2. You will spend a minimum of 6 months outside of the metropolitan area. Metropolitan areas in Ireland include the Dublin Metropolitan Area, Cork Metropolitan Area and Galway Metropolitan Area.
3. You will spend time in a level 4 hospital and a level 3 or 2 hospital
4. A core academic programme will be in place at each training site. This will include journal clubs, case based small group teaching, grand rounds and MDT meetings

You will have a named trainer for each post in your programme.

The combination of posts ensures a broad exposure to General Medical Specialties over the two years.

In addition to supervised clinical training in the hospital, you are required to pass the Membership of the Royal College of Physicians of Ireland (MRCPI) examination in General Internal Medicine. You are also required to attend a number of mandatory courses that will help you to develop professionally and acquire the non-clinical skills and knowledge needed to provide excellent patient care. Entry to BST is competitive.

During your time in the BST programme you are required to maintain an up-to-date ePortfolio to record your training, educational and assessment activities as you progress. ePortfolio is used as an official record of satisfactory completion of training at the end of your programme.

### Facts about BST in Medicine

<b>Duration</b>	Two years
<b>Job title/grade of doctor</b>	Senior House Officer (SHO)
<b>Sample rotation breakdown</b>	<b>Year 1</b>
	Jul – Oct – General Medicine
	Oct – Jan – Rheumatology
	Jan – Apr – Geriatrics
	Apr – Jul – Nephrology
	<b>Year 2</b>
	Jul – Oct – Gastroenterology
	Oct – Jan – Infectious Diseases
	Jan – Apr – Endocrinology
	Apr – Jul – Haematology
<b>Average intake each year</b>	250 – 280

<b>Exams to pass</b>	Membership of the Royal College of Physicians of Ireland (MRCPI) examination
<b>Mandatory educational courses to be completed as part of BST</b>	BST Leadership in Clinical Practice Ethics, Prescribing Skills and Blood Transfusion Infection control Advanced Cardiac Life Support (ACLS)
<b>Training body</b>	Institute of Medicine, RCPI
<b>When to apply</b>	October

## Higher Specialty Training in Cardiology

Following basic specialty training doctors may choose to continue training at higher specialist training level. Doctors must decide the specialty they wish to pursue.

The information below outlines important information about training in the specialty of Cardiology.

### Entry Requirements for Higher Specialist Training in Cardiology

Applicants for Higher Specialist Training (HST) in Cardiology must have completed a minimum of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or (UK\*).

### ***Duration & Organisation of Training***

The six years of HST in Cardiology is intended to produce fully trained Cardiologists who will follow one of two paths (Path 1 or Path 2). The decision as to which path to follow will be made after

4 years of Basic Cardiology, which all trainees will complete.

The training period shall be so arranged that during basic training (i.e. first four years), trainees will be provided with the opportunity to gain experience in the minimum number of procedures as required:

Path 1 will lead to certification in Cardiology (CSCST) with acknowledgement of additional training having been undertaken in a subspecialty of Cardiology which will be identified on the certificate issued.

Path 2 will lead to Dual accreditation in Cardiology and General Internal Medicine, utilising the time allocated to subspecialty training during Path 1 (above), to obtain the additional training needed for completion of the GIM curricular requirements

The importance to the practising Cardiologist of an adequate training in General Medicine is acknowledged by the inclusion in the General Cardiology Curriculum of a mandatory year of GIM. It must also be recognised that Specialist Cardiologists, to a greater extent than most other Medical Specialists, need to develop certain additional highly technical skills and competencies. Their capacity to acquire such skills cannot be ascertained prior to entry into HST. As a result, trainees are not asked to decide from the outset which of the two training paths they will eventually follow .

All trainees are enrolled initially in General (Internal) Medicine as well as in Cardiology. Then, based on the results of assessments of progress made annually, and particularly on an assessment made during the latter part of basic training a decision is made prior to the commencement of a fifth year of training, enabling the General Internal Medicine CSCST option to be dropped

## Clinical Genetics

### Description

**Clinical Genetics** deals with the diagnosis and management of inherited disorders and birth defects, with the estimation of genetic risks and with genetic counselling of family members. Genetic disorders can affect people of all ages and involve all body systems. Clinical genetic specialists work in multidisciplinary regional genetic centres with laboratory scientists, clinical co-workers and academic colleagues. The specialty is constantly changing and specialists must take account of new developments and alter clinical practice accordingly. Communication skills are particularly important in explaining complex concepts and genetic test results to families enabling them to make informed decisions.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

#### **Higher Specialty Training In Clinical Genetics Entry Requirements**

The training pathway to become a Clinical Geneticist starts with Basic Specialist Training (BST) in General Internal Medicine (GIM).

BST in GIM is a common training programme for people who wish to specialise as Physicians in Ireland.

The program is two years long and trainees have the opportunity to experience a number of specialties during this time.

A BST Certificate is awarded to all those who successfully complete the two year programme. Candidates who have a qualification which is deemed equivalent are also eligible to apply for higher specialist training in Clinical Genetics.

### ***Duration and Organisation of Training***

The Clinical Genetics Higher Specialist Training programme is 4 years in duration.

Higher Specialist Training in Clinical Genetics includes clinical, laboratory and theoretical work.

Trainees will gain an understanding of the investigation, diagnosis and management of inborn errors of metabolism (IMD) and the principles of new-born screening.

Trainees should be competent in the diagnosis of an IMD with familiarity with treatment of management of common conditions such as PKU, organic acidopathies, urea cycle defects, lysosomal disorders and the modalities of treatment (substrate reduction, organ and HSCT/stem cell transplantation, chaperone and substrate inhibitor treatments, enzyme replacement therapy and the principles of gene therapy and gene manipulation therapies.) The majority of trainees will be expected to have undertaken a supervised research project by the end of their training.

**Clinical Genetics Research Module:** Trainees may also choose to follow the academic training pathway will be required to meet additional objectives. After entering an approved programme, some trainees wish to spend a longer period in research by stepping aside from clinical training for up to three years. This is dependent on the research being prospectively approved by the College and with the support of the NSD and Dean of Postgraduate Specialist Training.

## **Clinical Neurophysiology**

### **Description**

**Clinical Neurophysiology** is a branch of the neurosciences which is concerned with the investigation of neurological disease by techniques, which depend upon the electrical properties of neural tissue and muscle. The specialty is primarily involved with the diagnosis of nerve entrapments, neuromuscular disease, epilepsy and ophthalmological disease. It increasingly includes the intra-operative monitoring of the integrity of the spinal cord during scoliosis surgery. Other uses include mapping of the cortex during epilepsy surgery and localisation of the subthalamic nuclei for surgery for Parkinsons Disease and tremor.

### **Pathway**

## **Specialist Division Scheme**

### ***On The Specialist Division Of The Medical Council Register?***

**We offer six Professional Competence Schemes for doctors on the Specialist Division of the Medical Council Register:**

- Faculty of Occupational Medicine Specialist Division Scheme

- Faculty of Paediatrics Specialist Division Scheme
- Faculty of Pathology Specialist Division Scheme
- Faculty of Public Health Medicine Specialist Division Scheme
- Institute of Obstetricians & Gynaecologists Specialist Division Scheme
- Institute of Medicine Specialist Division Scheme (Medicine)

If you're not sure what type of registration you hold, you can check this using the Irish Medical Council Search for a Registered Doctor service.

### ***Entry Requirements***

To enrol on a Specialist Division Professional Competence Scheme you must be on the Irish Medical Council's Specialist Register in the relevant specialty.

If you're not sure if this is the right Scheme for you, contact us and we will be glad to help.

### ***More Than One Registered Specialty?***

If you have more than one registered specialty, you only need to enrol on one Professional Competence Scheme. Choose the scheme that is most appropriate to your current practice.

### ***Have You Enrolled Before?***

If you have enrolled on a Professional Competence Scheme before, you don't need to complete another application. You are however required to renew your enrolment each year. Contact us if you need help with this.

### ***Faculty Of Occupational Medicine Specialist Division Scheme***

If you want to enrol on the Faculty of Occupational Specialist Division Scheme you must be a registered specialist in Occupational Medicine.

### ***Enrol on the Faculty of Occupational Medicine Specialist Division Scheme***

### ***Faculty Of Paediatrics Specialist Division Scheme***

If you want to enrol on the Faculty of Paediatrics Specialist Division Scheme, you must hold specialist registration in one of the following specialties:

- Paediatrics
- Paediatric Cardiology

### ***Enrol on the Faculty of Paediatrics Specialist Division Scheme***

### ***Faculty Of Pathology Specialist Division Scheme***

If you want to enrol on the Faculty of Pathology Specialist Division Scheme you must be a registered specialist in one of the following specialties:

- Chemical Pathology
- Clinical Microbiology
- Haematology
- Histopathology
- Immunology
- Neuropathology

### ***Enrol on the Faculty Of Pathology Specialist Division Scheme***

### ***FACULTY OF PUBLIC HEALTH MEDICINE SPECIALIST DIVISION SCHEME***

If you want to enrol on the Faculty of Public Health Medicine Specialist Division Scheme you must be a registered specialist in Public Health Medicine.

### **Enrol on the Faculty of Public Health Medicine Specialist Division Scheme**

#### **INSTITUTE OF OBSTETRICIANS & GYNAECOLOGISTS SPECIALIST DIVISION SCHEME**

If you want to enrol on the Institute of Obstetricians & Gynaecologists Specialist Division Scheme, you must be a registered specialist in Obstetrics & Gynaecology

### **Enrol on the Institute of Obstetricians & Gynaecologists Specialist Division Scheme**

#### **INSTITUTE OF MEDICINE SPECIALIST DIVISION SCHEME (MEDICINE)**

If you want to enrol on the Institute of Medicine Specialist Division Scheme you must be a registered specialist in:

- Cardiology
- Clinical Genetics
- Clinical Neurophysiology
- Clinical Pharmacology and Therapeutics
- Dermatology
- Endocrinology and Diabetes Mellitus
- Gastroenterology
- General (Internal) Medicine
- Genitourinary Medicine
- Geriatric Medicine
- Infectious Diseases
- Medical Oncology
- Nephrology
- Palliative Medicine
- Pharmaceutical Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Rheumatology

### **Enrol on the Institute Of Medicine Specialist Division Scheme**

(<https://www.rcpi.ie/professional-competence/enrol-on-a-scheme/enrol-on-a-specialist-division-scheme/>)

## **Clinical Pharmacology & Therapeutics**

### **Description**

The remit of the specialty of **Clinical Pharmacology and Therapeutics** is to improve the care of patients by promoting safe and effective use of medicines and to evaluate and introduce new therapies. The role of CPT is based on rational and cost-effective prescribing, and should therefore be used, not only in service planning at the highest level, but also in the education of those who deliver care across all specialties and all disciplines. Specialists in CPT generally combine their work with another specialty such as Cardiology, Stroke Medicine, Internal Medicine, Care of the Elderly etc.

### **Pathway**

The Higher Specialist Training Programme in Clinical Pharmacology and Therapeutics is run by the Institute of Medicine, Royal College of Physicians of Ireland.

## **Entry Requirements**

Applicants for Higher Specialist Training (HST) in Clinical Pharmacology and Therapeutics must have completed a minimum of two years Basic Specialist Training (BST) in General Internal Medicine in approved posts and obtained the MRCPI or (UK\*) ) in General Internal Medicine.

## **Duration**

The duration of HST in Clinical Pharmacology & Therapeutics is 4 years, one year of which may be gained from a period of full-time research. Those who wish to obtain dual certification in Clinical Pharmacology & Therapeutics and General Internal Medicine will require at least a fifth year of training.

## **Training Programme**

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for the Clinical Pharmacology and Therapeutics programme in accredited training hospitals. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Director(s) for Clinical Pharmacology and Therapeutics. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a sub-specialty interest.

The experience gained through rotation around different departments is recognised as an essential part of HST. It is preferable that a SpR does not remain in the same unit for longer than 2 years of clinical training or with the same trainer for more than 1 year. However, given that Clinical Pharmacology and Therapeutics is a small specialty, there is flexibility in this respect and a trainee will mostly likely spend 2 years with the same trainer.

## **How to Apply**

The recruitment and selection process for Higher Specialist Training (HST) opens in November every year. The deadline to submit an application for HST is normally the last working day in November, with interviews for shortlisted candidates taking place the following February and March. As there are a limited number of places in HST, entry to each specialty is competitive.

## **Dermatology**

### **Description**

**Dermatology** is concerned with the structure, functions and appearance of the skin, hair, nails and mucous membranes (mouth and genitalia), and the impacts on these of both primary and systemic diseases affecting the integument. Dermatologists will diagnose the conditions presenting and advise on the management of diseases affecting the skin and its appendages. Besides the pathological processes involved and the physical impact of each condition, psycho-social effects must also be understood. Benefits and risks of specific treatments must be learned.



### *Pathway*

## **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## **Higher Specialty Training in Dermatology**

Following basic specialty training doctors may choose to continue training at higher specialist training level. Doctors must decide the specialty they wish to pursue.

The information below outlines important information about training in the specialty of Dermatology

### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Dermatology must have completed a minimum of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or (UK\*).

### ***Duration & Organisation of Training***

The duration of HST in Dermatology is 5 years; one year of which may be gained from a period of full-time research. Higher Specialist Training in Dermatology must provide the ability to diagnose and manage the full range of diseases that can affect the skin and its appendages.

These include primary diseases of the skin and diseases of the mucous membranes (mouth and genitalia), hair and nails and systemic diseases with skin involvement. To achieve these goals, the trainee must have ready access to advice from a consultant at all times, both in the outpatient department and on the ward.

During the first year, the trainee must obtain a solid grounding in the subject and well-defined goals are set for this period. Thereafter, the training requirements become more flexible.

## **Endocrinology & Diabetes Mellitus**

### ***Description***

Endocrinology & Diabetes Mellitus is a predominantly clinical specialty dealing with diseases of the endocrine glands as they affect people of all ages. Besides the pathophysiological processes involved and the physical impact of each condition, psycho-social effects must also be understood. The potential benefits and risks of specific treatments must be learned and experience gained in the multi-disciplinary approach to management of patients with diabetes mellitus. The physician may later wish to subspecialise in Endocrinology or Diabetes Mellitus develop to a greater extent, so it is important that an interest in such topics can be facilitated during training.

### *Pathway*

## **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## **Higher Specialty Training in Endocrinology & Diabetes Mellitus**

### **Entry Requirements**

Applicants for Higher Specialist Training (HST) in Endocrinology & Diabetes Mellitus must have a certificate of completion in Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

### **Duration & Organisation of Training**

The duration of HST in Endocrinology & Diabetes Mellitus and General Internal Medicine is five years, one year of which may be gained from a period of full-time research.

For further information on dual training in General Internal Medicine please refer to the GIM Curriculum on our website [www.rcpi.ie](http://www.rcpi.ie).

While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Endocrinology & Diabetes Mellitus under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Endocrinology & Diabetes Mellitus (e.g. pituitary endocrinology, thyroidology etc.), this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in the entire Medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting any of these important objectives at an early stage would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

([https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Endocrinology\\_and\\_Diabetes\\_Mellitus\\_-\\_Printable\\_Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Endocrinology_and_Diabetes_Mellitus_-_Printable_Version.pdf))

## **Gastroenterology**

### **Description**

**Gastroenterology** is the study of diseases involving the digestive tract, liver and pancreas, which include chronic inflammatory bowel disease, autoimmune conditions involving the liver and pancreas, functional bowel disorders, coeliac disease, dysmotility disorders and GI cancers. Gastroenterologists spend a significant proportion of their time performing procedures ranging from basic diagnostic endoscopies including gastroscopies and colonoscopies to both diagnostic and therapeutic procedures including Endoscopic ultrasound, ERCP, double balloon enteroscopy and more advance interventional luminal endoscopy. There is considerable scope for research and sub-

specialisation e.g. Hepatology (viral Hepatology, transplant Hepatology), luminal Gastroenterology, functional disease, interventional endoscopy and pancreaticobiliary medicine

### *Pathway*

## **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## **Higher Specialty Training in Gastroenterology**

### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Gastroenterology must have a certificate of completion in Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

### ***Duration & Organisation of Training***

The duration of HST in Gastroenterology and General Internal Medicine is five years, one year of which may be gained from a period of full-time research.

For further information on dual training in General Internal Medicine please refer to the GIM Curriculum on our website [www.rcpi.ie](http://www.rcpi.ie)

HST will provide experience in both teaching hospitals (or other major centres with academic activity) and regional hospitals. The posts within the programme to which the trainee is appointed will have named consultant trainers. In addition, one consultant will act as a Programme Director who will co-ordinate the training and report to the National Specialty Director for Gastroenterology, appointed by the Institute of Medicine.

**Essential Training:** Trainees must attend study days as advised by the National Speciality Director.

The Conjoint Board of the Royal College of Physicians of Ireland (RCPI) and the Royal College of Surgeons in Ireland (RCSI) oversee training in Endoscopy in Ireland for SpRs who are registered on a RCPI or RCSI Higher Specialist Training (HST) programme.

Trainees are expected to complete their endoscopic training within a 5 year period while registered on a HST programme. Accreditation will be awarded at two levels: General and Specialist level.

### **Procedure requirements for General Training:**

The following requirements must be met for General level of training:

- Upper gastrointestinal endoscopy:
  - perform at least 200 unassisted and completed examinations independently under supervision.
  - a minimum of 20 therapeutic procedures excluding polypectomy; of these 10 must involve control of upper gastrointestinal haemorrhage.
  - DOPS assessments annually at 1 month, 6 months and at end of year. Additional DOPS assessments may be required at the discretion of the trainer

- Colonoscopy:
  - perform a minimum of 200 unassisted, supervised, complete colonoscopies to the caecum in patients with intact colons ( i.e. no previous colonic resection)
  - perform snare polypectomies in a minimum of 30 patients.
  - achieve at least a 90% caecal intubation rate by the completion of training

For further details see the Endoscopy module in the Speciality section of the curriculum. While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Gastroenterology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Gastroenterology (e.g. hepatology, ERCP etc.), this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

"Generic" knowledge, skills and attitudes support competencies which are common to good medical practice in all the medical and related specialties. It is intended that all Specialist Registrars should reaffirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

[https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Gastroenterology\\_-\\_Printable\\_Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Gastroenterology_-_Printable_Version.pdf)

## General (Internal) Medicine

### Description

Acute and Internal Medicine forms the foundation of most other medical specialties. Over 99% of trainees opt for dual-training in internal medicine with another subspecialty. Training requires expert knowledge and skill in the diagnosis and management of a range of acute disorders spanning the spectrum of medical diseases. Training is obtained using a mixture of high and low intensity training years rotating on different specialties with different trainers. Core competencies are assessed to ensure good medical practice as outlined in the specific curriculum developed by the RCPI.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

As training programmes go, BST in General Internal Medicine is broader and more general in nature, offering you the chance to experience lots of different subspecialties. It provides a solid foundation for further training in 23 specialties and is a great choice if you want to keep your options open.

Completion of BST in General Internal Medicine is an essential entry requirement for Higher Specialist Training in:

- Cardiology
- Clinical Pharmacology and Therapeutics
- Clinical Genetics
- Dermatology
- Endocrinology and Diabetes Mellitus
- Gastroenterology
- Genitourinary Medicine
- Geriatric Medicine
- Infectious Diseases
- Medical Oncology
- Nephrology
- Neurology
- Palliative Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Rheumatology

Completion of BST in General Internal Medicine will also help you meet the entry requirements for Higher Specialist Training in:

- Chemical Pathology
- Clinical Microbiology
- Haematology
- Immunology
- Occupational Medicine
- Public Health Medicine
- Radiology.

### ***WHAT TO EXPECT***

Basic Specialist Training in General Internal Medicine is a two-year programme completed in Senior House Officer (SHO) posts.

You will be placed on a two-year rotation so you will know in advance what posts you will be working in.

You will rotate to a different SHO post every three months. You will spend at least 12 months in posts involving acute unselected medical 'take' (general medical on-call) and you will rotate through at least three out of the following five core specialties:

- Cardiology
- Respiratory Medicine
- Geriatric Medicine
- Endocrinology
- Gastroenterology

A minimum of six months will be spent outside your main metropolitan area and you will spend time in a Level 4 (large tertiary) hospital and a Level 3 (general) or Level 2 hospital (local hospital with selected/GP-referred medical patients).

It will also provide valuable experience in acute medicine for those who want to undertake training in General Practice.

Information about what to include in your application can be found on our About Basic Specialist Training page.

### ***What Do I Need to Do in Addition to Clinical Training?***

In addition to supervised clinical training in the hospital, you are required to pass the Membership of the Royal College of Physicians of Ireland (MRCPI) examination in General Medicine.

You are also required to attend a number of mandatory courses, listed below, that will help you to develop professionally and acquire the non-clinical skills and knowledge needed to provide excellent patient care.

(<https://www.rcpi.ie/training/basic-specialist-training-about/general-internal-medicine/>)

### ***Higher Specialty Training In General (Internal) Medicine***

#### ***HST: THE FINAL STEP TOWARDS BECOMING A SPECIALIST***

On satisfactory completion of Higher Specialist Training (HST), you will receive a Certificate of Satisfactory Completion of Specialist Training (CSCST) which allows you to enter the Specialist Division of the Register with the Medical Council. This means you can apply for consultant posts.

Many doctors spend some time working abroad and building up their portfolio of research, audits and publications before becoming a consultant.

However, you will have met the core requirement for consultant appointment, which is registration on the Specialist Division of the Register with the Medical Council.

### ***What to Expect***

Your first two years of HST will be spent in full-time clinical SpR posts in Ireland.

After that, you can continue to train in full-time posts in Ireland, or you can start a period of full-time research or develop a subspecialty interest.

You can apply for up to 12 months' credit towards your Certificate of Satisfactory Completion of Specialist Training (CSCST) for research undertaken during HST.

During the annual allocation of SpR posts, we will endeavor to be as flexible as possible, within the confines of your specialty requirements, to allow you to develop a subspecialty interest.

Depending on your specialty, you will need to see a set number of emergencies and complicated cases, attend a certain number of outpatient clinics, and demonstrate competence in certain procedures and practical skills during HST.

### ***Dual Training***

As a specialist in internal medicine, you will need expert knowledge of a wide range of common acute disorders due to the nature of your specialty and the patients you will encounter.

Some specialties have developed Dual Training (additional training in General Internal Medicine), whereby you receive a Certificate of Satisfactory Completion of Specialist Training (CSCST) in both your main specialty and in General Internal Medicine.

The following specialties offer Dual Training:

- Cardiology
- Clinical Pharmacology and Therapeutics
- Endocrinology and Diabetes Mellitus
- Gastroenterology
- Geriatric Medicine
- Infectious Diseases
- Nephrology
- Respiratory Medicine
- Rheumatology

For further information about Dual Training please refer to the General Internal Medicine Curriculum.

### ***What Do I Need To Do In Addition To Clinical Training?***

In addition to supervised clinical training in the hospital, you will attend a number of mandatory courses and study days designed to help you develop professionally and acquire the non-clinical skills and knowledge needed to provide excellent patient care.

Depending on your specialty, you may be required to attend more mandatory courses in addition to the ones listed below. To see what's required for your specialty, check the HST curriculum.

## **Genito-Urinary Medicine**

### **Description**

Genito-urinary medicine (GUM) is an expanding specialty which is primarily related to the treatment and prevention of sexually transmitted infections (STIs). A large part of the work is involved in the clinical management of patients with HIV infection at all stages of disease, including inpatient management. The work involves a number of non-infectious medical genital problems such as dermatoses. A number of GUM departments also offer other sexual health services such as contraception, colposcopy (for the diagnosis and treatment of cervical dysplasia) and sexual dysfunction.

### **Pathway**

### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## Higher Specialty Training in Genito-Urinary Medicine

### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Genito-Urinary Medicine must have completed a **minimum** of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or (UK\*).

BST should consist of a minimum of 24 months involved with direct patient care supervised by senior clinicians and based on a clinical curriculum and professional and ethical practice learnt through mentorship by senior clinicians and supported by RCPI's mandatory courses.

### **BST in General Internal Medicine (GIM) is defined as follows:**

- A minimum of 24 months in approved posts, with direct involvement in patient care and offering a wide range of experience in a variety of specialties.
- At least 12 of these 24 months must be spent on a service or services in which the admissions are acute and unselected.
- Assessment of knowledge and skills gained by each trainee during their clinical experience. This assessment takes place in the form of the mandatory MRCPI examination (\*The MCRPI examination was introduced as mandatory for BST as of July 2011)
- For further information please review the BST curriculum

Those who do not hold an MRCPI or (UK) must provide evidence of equivalent qualification.

### ***Duration & Organisation of Training***

The duration of HST in Genito-Urinary Medicine and General Internal Medicine is five years, one year of which may be gained from a period of full-time research. For further information on the training requirements for General Internal Medicine please refer to the GIM curriculum.

No particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs. The earlier years will usually be directed towards acquiring a broad general experience of Genito-Urinary Medicine under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Genito-Urinary Medicine this should be accommodated as far as possible within the training period, readjusting timetables and postings accordingly.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in the entire Medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a SpR's suitability and ability to become independently capable as a specialist.



## Geriatric Medicine

### Description

**Geriatric Medicine** focuses on health care of older people. It aims to promote health and to prevent and treat diseases and disabilities in older adults. A trainee in Geriatric Medicine should develop expertise the clinical, rehabilitative, preventive, and social aspects of illness in the older adult. Specific expertise should be gained in the comprehensive assessment and management of older people with acute and chronic illness in a wide variety of clinical settings – in hospital, at the out-patients department, in an ambulatory care setting, in continuing long term care & in the patients' own home.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

### **Higher Specialty Training in Geriatric Medicine**

#### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Geriatric Medicine must have a certificate of completion in Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

#### ***Duration & Organisation of Training***

The duration of HST in Geriatric Medicine and General Internal Medicine is five years, one year of which may be gained from a period of full-time research. For further information on the training requirements for General Internal Medicine please refer to the Higher Specialist Training General Internal Medicine Curriculum on our website [www.rcpi.ie](http://www.rcpi.ie).

Trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or Out of Programme Clinical Experience (OCPE). The earlier years of training will usually be directed towards acquiring a broad general experience of Geriatric Medicine under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Geriatric Medicine (e.g. Stroke, Falls etc.), this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

Trainees on HST programme in Geriatric Medicine are given a rotation of posts at the start of the programme. Each rotation will provide the trainee with experience in different hospitals so as to acquire the broad range of training required. A degree of flexibility to meet the individuals training needs is possible especially towards the end of the training programme following discussion with the NSDs.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in all the medical and related specialties. It is intended that all Specialist Registrars should fulfil those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a Specialist Registrar's suitability and ability to become independently capable as a specialist.

([https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Geriatric\\_Medicine\\_-\\_Printable\\_Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Geriatric_Medicine_-_Printable_Version.pdf))

## Infectious Diseases

### Description

**Infectious Diseases** is a clinical specialty of internal medicine focusing on the assessment, diagnosis and management of acute and chronic infections. Trainees in Infectious Diseases must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum. The duration of HST in Infectious Diseases is 4 years, one year of which may be gained from a period of full-time research. Those who wish to obtain dual certification in Infectious Diseases and e.g. in General Internal Medicine will require at least a fifth year of training.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## **Higher Specialty Training in Infectious Diseases**

### **Entry Requirements**

Applicants for Higher Specialist Training (HST) in Infectious Diseases must have a certificate of completion Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCP.

### **Duration & Organisation of Training**

The duration of Higher Specialist Training in Infectious Diseases and General Internal Medicine is five years, one year of which may be gained from a period of full-time research. For further information on the training requirements for General Internal Medicine please refer to the Higher Specialist Training General Internal Medicine curriculum on our website [www.rcpi.ie](http://www.rcpi.ie).

Essential:

- Microbiology+ /- Virology
- Management of Sexually Transmitted Infections
- Management of Complex Nosocomial Infections
- Management of Community-Acquired Infections
- Management of HIV Infection
- Management of the Immunosuppressed Host

- Infection in the returning traveller & International Health
- Hospital Epidemiology (Infection Control and Outbreak Management)
- Committee Memberships

Desirable:

- Public Health
- Travel Clinic
- TB clinics
- Hepatology Clinics
- Immunology Clinics
- Paediatric ID Experience

While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Infectious Diseases under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Infectious Diseases (e.g. Hospital Epidemiology) this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

"Generic" knowledge, skills and attitudes support competencies which are common to good medical practice in all-the Medical and related specialties. It is intended that all Specialist Registrars should reaffirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

[https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Infectious\\_Diseases\\_-\\_Printable\\_Version-2016.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Infectious_Diseases_-_Printable_Version-2016.pdf)

## Intensive Care Medicine

### Description

Intensive Care Medicine (ICM) is a new specialty arising from developments in medical treatment and technology aimed at treating acute organ failure. ICM involves prompt and careful patient assessment, resuscitation and on-going treatment, and close integration with many other specialties. The Intensive Care doctor's job entails the ongoing management of organ support, the interpretation of the patient's response to treatments and communication - mainly with the relatives of the critically ill patient. Most specialists in ICM (called intensivists) train first in another specialty and then attain higher specialist training in ICM before appointment to a Critical Care hospital team.

## Pathway

### Higher Specialty Training in Intensive Care Medicine

#### a) Current Training pathways and regulations

**Year 1** of specialty ICM training is characterised by the acquisition of the competencies specified within the curriculum, technical and procedural expertise (see Logbook / Procedures) and success at a summative Fellowship exam (Written, Clinical plus Viva) which is undertaken (FJFICMI) at the end of year 1. Intensive Care training at Year 1 may be achieved as a special interest year (SIY) in ICM, as per the established CAI training programme. Completion of Year 1 shall be in the senior years of advanced training for all base specialties (ie. SAT 5/6 for anaesthesia trainees and equivalent for other base specialties). Where this year of intensive care training is not completed within the anaesthesia or other training programme, the trainee will need to complete 2 years of ICM training post base specialty CSCST.

During **year 2** of specialty training, there is no further exam in ICM but publications / project or other accreditation (for example in critical care echocardiography) is required - as is suitable to a pre-consultant year of training. Competencies to be attained are as outlined in the JFICMI Curriculum document, with a particular focus on professionalism, and clinical leadership.

By the end of training, year 2 trainees will have completed 24 months of dedicated ICM training to include:

- Completion of all the 12 domains of ICM competency
- Basic Critical Care echocardiography competence
- Attendance at a BASIC course
- Attendance at an IDAP (Donor Awareness Programme) course
- Completion of a prospectively approved audit or research project with associated presentations and publication(s)
- Specific advanced training in critical care echocardiography or extra-corporeal life support (ECLS) training and accreditation or an alternative pathway to research (duration of training would preclude satisfactory completion of both research and specific advanced training modules).

#### b) Current Training Outcomes and Career Structure:

The successful completion of one year of ICM training (as above), which includes success at the FJFICMI exam, allows eligibility (in Ireland) for a 'consultant with a special interest in ICM' position provided also that CSCST in base specialty is achieved. This career option is only utilised / available in Anaesthesia at present.

The successful completion of a pre-approved second 'supra-specialist' year of ICM training (see guidance above) will allow accreditation as a completed trainee in ICM. Such status will allow eligibility for specialist registration in ICM with the Medical Council of Ireland and eligibility to apply for a Consultant in Intensive Care Medicine position.

(<https://jficmi.anaesthesia.ie/wp-content/uploads/2017/12/Higher-Specialist-Training-in-Intensive-Care-Medicine.pdf>)

## Medical Oncology

### Description

**Medical Oncology** is a medical discipline rather than surgical, and focuses on developing expertise in the management of cancer patients. The management of care should be based on well-established standards and should ensure that the patient is cared for as a whole person. This care involves clinical and other investigations, management of the complications of the disease and its treatment and the provision of appropriate emotional, social and psychological support for patients and their families. The medical oncologist is an essential member of the cancer team and is frequently the central figure in the provision of total care for the cancer patient in the multidisciplinary setting.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

### **Higher Specialty Training in Medical Oncology**

#### **Entry Requirements**

Applicants for Higher Specialist Training (HST) in Medical Oncology must have a certificate of completion Basic Specialist Training (BST) in General Internal Medicine) and obtained the MRCPI.

#### **Duration & Organisation of Training**

The duration of HST in Medical Oncology is 4 years, one year of which may be gained from a period of full-time research.

Essential Training: Trainees must attend study days as advised by the National Speciality Director.

During the initial two years of training the trainee must acquire a sound theoretical knowledge of cancer biology and the scientific principles of therapy. Simultaneously the trainee must acquire basic clinical skills in the non-surgical management of cancer. Dominant among these will be the use of chemotherapy, aspects of palliative care including symptom control, the common complications of malignancy and the common side-effects associated with cancer therapy. The trainee must also learn good communication skills and the capacity to educate the patient regarding his/her illness.

A basic understanding of radiotherapy both radical and palliative should be acquired. This should include dosing, scheduling, clinical indications, limitations and short-term and long-term toxicities. This should be achieved by working jointly with radiation oncologist in a multidisciplinary setting.

The final 2 years of training will allow trainees to extend the range and depth of experience and knowledge. Trainees should have more primary responsibility for patient care with a relaxation of consultant supervision. Recording of further experience and skills should take place in the training record and, where areas of weakness in training to date exist, deficiencies should be corrected. To allow trainees to develop specialist interests, site-specialisation experience should be an integral part of this phase of training.

In addition to these general principles, training should include:

- Assessment of new patients, including presentation of their history and clinical findings and a plan of management.
- Planning and delivery of treatment under supervision.
- Follow up and assessment of outcome.
- Pathology review meetings.
- Radiology meetings.
- Involvement in discussions on clinical trials and the development of treatment protocols.
- Recording of data for clinical trials plus experience of data management and clinical research methodology.
- Relevant clinical research.

Additional specific skills which the trainee should acquire during the final two years of training include:

- Complex and intensive chemotherapy regimens, e.g. for high grade lymphoma, testicular cancers.
- High dose chemotherapy and stem cell support in the context of research trials.
- Supportive care following intensive and high dose chemotherapies.
- Clinical trial design (phase I, II, III).
- Novel therapies, including for example new drugs, infusional chemotherapy, biological agents.
- The management of rare tumours.

While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Medical Oncology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Medical Oncology this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in all the Medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives **at an early stage** would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

[https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Medical-Oncology - Printable Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Medical-Oncology_-_Printable_Version.pdf)

## Nephrology

### Description

**Nephrology** is a predominantly clinical specialty dealing with diseases of the kidneys as they affect people of all ages. Besides the pathophysiological processes involved and the physical impact of each condition, psycho-social effects must also be understood. The potential benefits and risks of specific treatments must be learned and experience gained in the multi-disciplinary approach to management of patients with kidney disease. The physician may later wish to may develop subspecialty expertise in areas such as transplantation, obstetric medicine, vasculitis, etc. so it is important that an interest in such topics can be facilitated during training.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

#### **Higher Specialty Training in Nephrology**

Entry Requirements Applicants for Higher Specialist Training (HST) in Nephrology must have a certificate of completion Basic Specialist Training (BST) in General Internal Medicine) and obtained the MRCPI.

#### ***Duration & Organisation of Training***

The duration of Higher Specialist Training in Nephrology and General Internal Medicine is 5 years, at least one year of which must involve high-intensity Nephrology exposure, including dedicated acute Nephrology on-take and acute renal transplantation exposure, and be free of any General Internal commitment. One year of the 5 may also be gained from a period of full-time research. For further information on the training requirements for General Internal Medicine please refer to the GIM curriculum.

**Essential Training:** Trainees must attend study days as advised by the National Speciality Director.

All SpRs are expected to take the ASN (American Society of Nephrology) examination in their second year of training and once again before completing the SpR Program. This is organised by your specialty coordinator.

**Minimum Procedures:** While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Nephrology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Nephrology this should be accommodated as far as possible within the training period, readjusting timetables and postings accordingly.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in all of the medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives **at an early stage** would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

([https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Nephrology-Printable\\_Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Nephrology-Printable_Version.pdf))

## Neurology

### Description

**Neurology** is the study of the nervous system including the brain, spinal cord and peripheral nerves, and the diseases and disorders that may affect it. Common neurological disorders include Epilepsy, Multiple Sclerosis, Parkinson's Disease, Migraine.

A Neurologist works with patients to understand, investigate, diagnose, treat and manage neurological disorders of the brain and the nervous system.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## **Higher Specialty Training in Neurology**

### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Neurology must have completed a minimum of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or (UK\*).

### ***Duration & Organisation of Training***

The duration of HST in Neurology is 5 years, one year of which may be gained from a period of full-time research.

During the period of training the trainee must take responsibility for seeing new patients, undertake ward consultations, and operate at a level of responsibility which would prepare him/her for practice as an autonomous Consultant Neurologist. The trainee should undertake three outpatient clinics weekly throughout the training period. This may be reduced to two, but never routinely increased to four. New patients should be seen throughout the training period under suitable supervision in outpatients and the consultant trainer should review ward consultations directly with the trainee.



Supervision should be particularly close during the first one or two years. Particularly experienced trainees may undertake the running of an outpatient clinic on their own without direct consultant supervision.

The earlier years will usually be directed towards acquiring a broad general experience of Neurology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

By the end of the five-year period the trainee must have obtained experience in

- Clinical Neurophysiology
- Rehabilitation Medicine
- Neuropathology
- Intensive Care
- Neuroradiology
- Clinical Audit

In addition, the trainee is encouraged to obtain experience in Neuro-Ophthalmology, Neuro-Otology, Paediatric Neurology, Neurosurgery, Neurogenetics, Neuropsychiatry and Research.

Sub-specialities may be studied on a sessional basis or during a continuous period of release from other duties. Special attention must be paid to Clinical Neurophysiology, Neuroradiology and Neuropathology.

In the final two years of the training period the trainee may be encouraged to develop a special interest in one of the sub-specialities if the trainee so wishes.

## Palliative Medicine

### Description

**Palliative Medicine** is the branch of medicine involved in the treatment of patients with life-limiting disease for whom the focus of care is to optimise their quality of life through expert symptom management and psychological, social and spiritual support. Palliative Medicine specialists may work in hospital, in the community and in specialist palliative care units. Palliative Medicine specialists provide care directly to patients with complex needs related to life-limiting disease, and support other doctors in providing care for patients with life-limiting illnesses with non-complex palliative care needs

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

#### **Higher Specialty Training in Palliative Medicine**

### **Entry Requirements**

Applicants for Higher Specialist Training (HST) in Palliative Medicine must have a certificate of completion in Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPi.

### **Duration & Organisation of Training**

The four years of HST in Palliative Medicine are intended to produce fully trained Palliative Medicine physicians. The programmes will be flexible and designed to give opportunity for experience of the various settings in which palliative medicine is practised, i.e. in specialist palliative care units, in hospitals or other major centres with academic activity, and community based settings. It is essential that a period of three years full time is spent in clinical practice in specialist palliative care units or teams where a full range of services are provided in different settings, two years of which must be in specialist palliative care units.

The experience gained through rotation around different departments is recognised as an essential part of HST. A Specialist Registrar may **not** remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year.

Where an essential element of the curriculum is missing from a programme, access to it should be arranged, by day release for example, or if necessary by secondment.

One year of training may be spent in posts in general medicine or other relevant specialities e.g. medical oncology, radiation oncology, infectious diseases, haematology, geriatric medicine, pain management or general practice, provided such posts are approved for higher medical training.

The programme to which trainees are appointed will have named consultant trainers for each slot in the programme. The Institute of Medicine will appoint a national co-ordinator for training within each speciality (National Specialty Director for Palliative Medicine).

([https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Palliative\\_Medicine\\_-\\_Printable\\_Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Palliative_Medicine_-_Printable_Version.pdf))

## **Pharmaceutical Medicine**

### **Description**

**Pharmaceutical Medicine** is the medical specialty which encompasses the discovery, development, evaluation and licensing of medicines together with their marketing and monitoring of safe use in clinical practice. Pharmaceutical medicine shares some common themes with clinical pharmacology, but has unique features including the extensive clinical research aspects of drug development, licensing procedures of medicines and monitoring of their safety profile in clinical practice. It includes the provision of accurate and timely medical and technical information to assist healthcare professionals and patients in the appropriate use of medicines and the implementation of regulatory compliance throughout the lifecycle of a medicine.

### **Pathway**

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## **Higher Specialty Training In Pharmaceutical Medicine**

### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Respiratory must have a certificate of completion Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

Other entrants with appropriate higher examinations (including MICGP, MRCSI) may be considered.

All applicants must be employed in a position that is within a national regulatory agency such as the Health Products Regulatory Authority (HPRA) or a Pharmaceutical Company e.g. Pfizer. The applicant's employment location must be listed as an approved training site for Pharmaceutical Medicine. Applicants to the training programme must be supported by their employer organisation and will be required to supply evidence of this at application stage.

Those that do not hold a BST Certificate and MRCPI must provide evidence of equivalency.

Entry on the training programme is at year 1. Deferrals are not allowed on entry to the Higher Specialty Training Programme.

### ***Duration and Organisation of Training***

Whilst the curriculum is competency-based, the duration of training must meet the European minimum of 4 years for full-time speciality training adjusted accordingly for flexible training.

The programme has a modular structure, which takes into account the major areas of competence required by the pharmaceutical medicine (PM) specialist. There are 6 core modules, in addition to the generic components module. Trainees must complete each of these core modules during their period of training.

In addition, each trainee must complete a postgraduate course (diploma / MSc) in pharmaceutical medicine / drug development sciences, by the end of year 3 of the training programme (see figure 1). This is funded by the trainee's employer or self-funded. This will enable trainees to demonstrate that they have a broad understanding of the various areas of pharmaceutical medicine and its overarching public health role in the promotion of the rational use of medicines.

The curriculum incorporates the European harmonised curriculum for pharmaceutical medicine, formally approved by the European Commission recognised Innovative Medicines Initiative Joint Undertaking (IMI JU) PharmaTrain project and by the UK Faculty of Pharmaceutical Medicine. Each trainee will complete a 4-year training programme, in order to acquire practical competency-based training.

Trainees in the Pharmaceutical Medicine HST programme are encouraged to spend time in research. However due to the nature of the specialty there is no period of research or out of programme experience that will count towards the completion of the training program. Many of the core programme modules already incorporate significant research elements. If trainees express an interest in undertaking research during the training programme they can do as part of the specialty

module: New Medicines Development. The Pharmaceutical Medicine NSD and Dean of Postgraduate Medical Education & Training will review the application prospectively for appropriateness of the research topic and the candidate to undertake the work. For those intending to pursue an academic path, an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained.

The earlier years of training will usually be directed towards acquiring a broad general experience of Pharmaceutical Medicine under appropriate supervision.

An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

“Generic” knowledge, skills and attitudes support competencies which are common to good medical practice in all the Medical and related specialties. It is intended that all Specialist Registrars should reaffirm relevant competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives **at an early stage** would cause concern about a Trainee’s suitability and ability to become independently capable as a specialist.

([https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2019/07/HST\\_Pharmaceutical\\_Medicine\\_Curriculum\\_2019\\_20\\_Printable-Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2019/07/HST_Pharmaceutical_Medicine_Curriculum_2019_20_Printable-Version.pdf))

## Rehabilitation Medicine

### Description

**Rehabilitation Medicine** aims to enhance and restore functional ability and quality of life to those with physical impairments or disabilities. Training in Rehabilitation Medicine requires expertise in a broad range of clinical skills, not only medical, but also psychological, technical and social. A sound knowledge and experience of the wide variety of disorders encountered is necessary together with skills to co-ordinate a range of medical and paramedical expertise, social agencies and personal support services. Specialists in Rehabilitation Medicine work closely with allied specialties such as Rheumatology, Neurology, Geriatric medicine and Spinal injury.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

#### **Higher Specialty Training in Rehabilitation Medicine**

#### **Entry Requirements**

Applicants for Higher Specialist Training (HST) in Rehabilitation Medicine must have a certificate of completion in Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

## ***Summary of Training Content***

The duration of HST in Rehabilitation Medicine is 4 years, one year of which may be gained from a period of full-time research.

Training rotations may include up to 1 year in (HST) approved posts in specialties such as Neurology, Rheumatology, Geriatric medicine and GIM. Some flexibility in training requirements with regard to those with experience of other specialties may be shown particularly where there is evidence of transferable skills such as interdisciplinary teamwork and work with disabled people, carers, social services, and voluntary organisations.

The four-year Higher Specialist Training in Rehabilitation Medicine consists of **Obligatory Experience** and **Optional Experience**, each of which will be assessed formally, together with other aspects of training which can be acquired by short attachments or attendance at relevant courses or meetings. The outline of training is given below and described in detail in the specialty section of this curriculum.

## ***Core Training***

Approval of a training programme will only be granted if it includes experience in all of the following:

### **1. Neurological Rehabilitation**

Over a minimum period of **12 months** trainees should gain experience in assessment and management of patients with single incident neurological injury and progressive neurological conditions

### **2. Spinal Injury**

A **3 month** attachment to a spinal unit is mandatory as minimum training. For those who will take responsibilities for such services a period of **one year** is recommended.

### **3. Musculoskeletal Rehabilitation**

A minimum period of **6 months** is required. Trainees should gain experience in the management of rheumatological and non-inflammatory joint disorders (particularly those acquired as a consequence of neurological injury), back pain, pain management, inflammatory joint disorders and metabolic bone disease.

### **4. Prosthetics, orthotics, limb absence and**

A minimum period of 3 months is required. During this period all levels of amputation should be seen and experience gained at more than one centre. For those who will take responsibility for such services, one year of training is recommended. Training in the following areas (5 - 10 below) will normally take place throughout the programme rather than for specified periods but details of the training received and completed satisfactorily, countersign where appropriate, will be required for certification.

### **5. Wheelchairs and assistive technology**

6. The rehabilitation process
7. Social and community aspects of rehabilitation
8. Psychosocial aspects of rehabilitation, disability and handicap
9. Organisational and managerial aspects of rehabilitation medicine
10. Environmental control systems and assistive technology
11. Driving for disabled people

([https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Rehab\\_Medicine\\_Curriculum\\_Printable\\_Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Rehab_Medicine_Curriculum_Printable_Version.pdf))

## Respiratory Medicine

### Description

Respiratory Medicine is a clinical specialty dealing primarily with diseases of the lungs but also their effects on other organs. Many diverse pathological processes are involved in producing such disorders and in addition to the common diseases such as asthma, chronic obstructive pulmonary disease (COPD) and carcinoma of the lung, many other inflammatory, infective and degenerative processes lead to a wide variety of diverse diseases.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

#### **Higher Specialty Training in Respiratory Medicine**

##### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Respiratory must have a certificate of completion Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCP.

##### ***Duration & Organisation of Training***

The duration of HST in Respiratory Medicine and General Internal Medicine is five years, one year of which may be gained from a period of full-time research. For further information on the training requirements for General Internal Medicine please refer to the Higher Specialist Training General Internal Medicine curriculum on our website [www.rcpi.ie](http://www.rcpi.ie).

A minimum period of 4 months spent on an attachment to an intensive care unit is desirable for training in Respiratory Medicine.

Some experience of thoracic surgery especially rigid bronchoscopy and mediastinoscopy is mandatory and all trainees should attend such procedures.

While no particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs, trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or out of programme clinical experience (OCPE). The earlier years will usually be directed towards acquiring a broad general experience of Respiratory Medicine under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Respiratory Medicine (e.g. cystic fibrosis, lung transplantation, non-invasive ventilation etc.) this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in the entire Medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

[https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Respiratory\\_Medicine\\_-\\_Printable\\_Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Respiratory_Medicine_-_Printable_Version.pdf)

## Rheumatology

### Description

Rheumatology is a sub-specialty of internal medicine involving the diagnosis and treatment of rheumatic diseases. It incorporates the study of joints, soft tissues and related structures called connective tissues. Many rheumatic disorders are defined as 'auto-immune' conditions because the triggers for disease onset and maintenance are related to immune aberrations that identify 'self' proteins as foreign. Equally, newer and more sophisticated treatments use specific components of the immune system to mitigate the disease process.

### Pathway

#### **Entry Requirements**

Applicants for Higher Specialist Training (HST) in Rheumatology must have completed a minimum of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or (UK\*).

#### **Duration & Organisation of Training**

The duration of HST in Rheumatology is 4 years, one year of which may be gained from a period of full-time research. Those who wish to obtain dual certification in Rheumatology and e.g. in General (Internal) Medicine will require at least a fifth year of training.

No particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs. The earlier years will usually be directed towards acquiring a broad general experience of Rheumatology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

A trainee in Rheumatology must have an in-depth knowledge of internal medicine, excellent general diagnostic skills, an aptitude for clinical analysis and an ability to work in a team environment with clinicians and health professionals from different specialties. Proficiency in joint and soft tissue aspiration and injection is also essential.

### **How to Apply**

The recruitment and selection process for Higher Specialist Training (HST) opens in November every year. The deadline to submit an application for HST is normally the last working day in November, with interviews for shortlisted candidates taking place the following February and March. As there are a limited number of places in HST, entry to each specialty is competitive

## **Tropical Medicine**

### **Description**

**Tropical Medicine** (also sometimes called International medicine) is the branch of medicine that deals with health problems that occur uniquely, are more widespread, or prove more difficult to control in tropical and subtropical regions.

### **Pathway**



## 5. Obstetrics & Gynaecology (Institute of Obstetrics & Gynaecology, RCPI)

### Obstetrics & Gynaecology

#### Description

Obstetrics & Gynaecology is a predominantly clinical specialty. A trainee must deal with normal and abnormal pregnancy and with disorders of the female reproductive organs. Besides the physiological and pathological processes involved the psycho-social effects of reproductive events and of gynaecological disorders must be understood. The Obstetrician-Gynaecologist must develop diagnostic and therapeutic skills and a particularly high competence in communication. Simultaneously, the trainee must develop competence in all Obstetric procedures and in a number of core Gynaecological surgical procedures.

#### Pathway

### Basic Specialist Training In Obstetrics and Gynaecology

Basic Specialist Training (BST) in Obstetrics and Gynaecology is a three-year programme of supervised clinical training in Senior House Officer (SHO) and junior Registrar posts. Completion of the intern year is an essential entry requirement.

You will be placed on a rotation and you will know in advance what posts you will be working in for the first two years. Your rotation will incorporate the following core elements:

- The combination of posts ensures a broad exposure to Obstetrics and Gynaecology over the three years
- Not more than six months is spent in any one SHO post
- There is an on-call commitment in Obstetrics, Gynaecology or combined Obstetrics and Gynaecology for the full three years
- The third year is spent in a junior Registrar post

In addition to supervised clinical training in the hospital, you are required to pass the **Membership of the Royal College of Physicians of Ireland (MRCPI) examination in Obstetrics & Gynaecology**. You are also required to attend a number of mandatory courses that will help you to develop professionally and acquire the non-clinical skills and knowledge needed to provide excellent patient care. Entry to BST is competitive. We manage national recruitment to BST in Obstetrics and Gynaecology every year.

### Facts about BST in Obstetrics and Gynaecology

Duration	Three years
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<b>Job title/grade of doctor</b>	Senior House Officer (SHO) in years 1 and 2, Junior Registrar in year 3
<b>Sample rotation breakdown</b>	In years 1 and 2 Trainees rotate to a new SHO post in Obstetrics and Gynaecology every six months. Year 3 is spent in one Registrar post.
<b>Average intake each year</b>	20 – 25
<b>Exams to pass</b>	Membership of the Royal College of Physicians of Ireland (MRCPI) examination in Obstetrics & Gynaecology
<b>Mandatory educational courses to be completed as part of BST)</b>	BST Leadership in Clinical Practice Ethics, Prescribing Skills and Blood Transfusion Family Planning Certificate in Basic Ultrasound for Obstetrics and Gynaecology Basic Practical Skills in Obstetrics and Gynaecology Basic Surgical Skills (PROMPT or ALSO) Infection control
<b>Training body</b>	Institute of Obstetricians and Gynaecologists
<b>When to apply</b>	December each year

## Higher Specialist Training In Obstetrics & Gynaecology

Following [basic specialty training in Obstetrics & Gynaecology](#) doctors may choose to continue training at higher specialist training level.

The information below outlines important information about higher training in the specialty of Obstetrics & Gynaecology.

### ***Entry Requirements***

Applicants for Higher Specialist Training in Obstetrics and Gynaecology must have completed [Basic Specialty Training in Obstetrics and Gynaecology](#) (or an equivalent training programme) and obtained the [MRCPI \(Obstetrics and Gynaecology\)](#) or MRCOG.

### ***Duration & Organisation of Training***

The duration of Higher Specialist Training in Obstetrics and Gynaecology is 5 years, one year of which may be gained from a period of out of programme experience either through full time research or a clinical programme.

All trainees should have exposure to Obstetrics and Gynaecology practice in a number of different settings. Exposure to Gynaecology in a general hospital setting is desirable for all trainees. Participation in perinatal and maternal audit is essential for all trainees. All trainees must complete an approved Management Course.

If a trainee intends to develop further a special interest within Obstetrics and Gynaecology, such as Colposcopy, Gynaecological or Obstetric Ultrasound, this will be accommodated as far as possible within the training period, re-adjusting timetables and postings if possible, provided the trainee's core competencies are not compromised.

Your five-year Higher Specialist Training programme in Obstetrics and Gynaecology will incorporate the following core elements:

- Exposure to Obstetrics and Gynaecology practice in a variety of settings
- Exposure to Gynaecology in a variety of hospital settings, including stand-alone maternity hospitals and academic teaching hospitals
- In addition, one year can be spent in full-time research. This is optional, but encouraged

## 6. Psychiatry (College of Psychiatrists of Ireland)

### Adult Psychiatry

#### Description

The specialty of **Psychiatry** provides for the assessment, diagnosis and management of mental illness in persons who are aged between 18 and 65 years. Adult Psychiatrists manage a patient population that includes those with psychosis, mood disorders, organic brain disorders, and personality disorders. A thorough knowledge of pharmacological treatments, psychological approaches, and an understanding of the social factors contributing to the development and perpetuation of mental illness is required in this specialty and is emphasised in training. Various areas of specialisation after a period of higher training include academic psychiatry, addiction psychiatry, forensic psychiatry, liaison psychiatry, psychotherapy and social and rehabilitation psychiatry.

#### Pathway

### Basic Specialist Training In Psychiatry

Psychiatry Training in Ireland comprises a streamlined career path through Basic Specialist Training (BST) and Higher Specialist Training (HST) including integrated opportunities for research and teaching.

The programme is operated and regulated by the **College of Psychiatrists of Ireland** under the aegis of the Irish Medical Council (IMC). The College of Psychiatrists is the only body recognised by the IMC to provide psychiatry training.

In 2012 the College of Psychiatrists of Ireland introduced a new Curriculum with continuous assessment which facilitates competency-based rather than time-based training. This allows for credit to be given to those entering Psychiatry training from other specialties and other jurisdictions and provides a mechanism for Trainees to accelerate through training based on competency.

#### ***Duration & Organisation of Training***

As with other areas of medicine, there are a wide variety of sub-specialties in Psychiatry; for example focussing on working with adults, older people, children and adolescents, people with learning disabilities, those with addictions and those with combined mental and physical disorders.

The initial 4 years of specialist training (1 year foundation, 3 years BST) consist of 8 x 6 month clinical attachments providing exposure to these varied sub-specialties.

#### ***How to Apply***

Entry to the Psychiatry Training Programme is advertised in the Medical Press each November and all application documentation is accessible from the College of Psychiatry website <http://www.irishpsychiatry.ie/postgraduate-training/bst/>

There is a single national recruitment and successful applicants will be allocated to one of the 9 Deaneries, each of which is linked to a university. Allocation is based on applicant's preference combined with ranking at interview.

### ***Higher Specialist Training***

Following successful completion of the Basic Specialty Training Programme trainees will move into their sub specialty area. Trainees select further training in either adult or child and adolescent psychiatry.

In Ireland, psychiatry has four major areas of activity:

- Adult Psychiatry
- Child and Adolescent Psychiatry
- Psychiatry of Learning Disability
- Psychiatry of Old Age

### **Higher Specialty Training In Adult Psychiatry**

Following basic specialty training doctors may choose to continue training at higher specialist training level. Doctors must decide the specialty they wish to pursue.

The information below outlines important information about training in the specialty of Adult Psychiatry.

### ***Entry Requirements***

Psychiatry Training in Ireland comprises a streamlined career path through Basic Specialist Training (BST) and Higher Specialist Training (HST).

Entry to the Adult Psychiatry Higher Specialist Training is dependent on successful completion of the Basic Specialty Training Programme in Psychiatry.

“Streamlining Candidates” – individuals who are completing the College of Psychiatrists of Ireland BST programme in Psychiatry (i.e. those who have received a satisfactory outcome at their BST3 Annual Review of Progress and passed the College's Clinical Exam) will be asked to provide the following information at the time of application.

- A scanned / PDF of other degree/diplomas (if applicable).
- Two scanned / PDF references (with relevant hospital stamp) must be uploaded with your application

Non-Streamlining Candidates – (please refer to the College’s Regulations – July 2020 for Basic and Higher Specialist Training on ‘Streamlined Training’), will be required to meet the eligibility criteria for entry to Higher Specialist Training.

- You must have successfully completed a formal Basic Specialist Training programme in Psychiatry and MRCPsych Examination or equivalent.
- You must be eligible for inclusion on the Trainee Specialist Division of the Medical Council’s register by July of the intake year and provide evidence of same at the time you apply
- You must have proof of competency in the English language in line with HSE Specifications.

Non-Streamlining candidates must provide the following at the time of application.

A scanned / PDF of Medical Council of Ireland Registration Certificate (if applicable).

An email from the Medical Council of Ireland attesting eligibility for entry in the Trainee Specialist Division of the Medical Register (if applicable).

- A scanned / PDF of IELTS or OET Test Results (if applicable).
- A scanned / PDF transcript of exam results from your Medical School/University must be included
- A scanned / PDF of MRCPsych (or equivalent) Certificate must be included
- A scanned / PDF of CCBST Certificate – must be included
- A scanned / PDF of other degree/diplomas (if applicable).
- Two Scanned / PDF references (with relevant hospital stamp) must be included
- A scanned colour copy of Passport Identification page (including picture) must be included

### ***Duration & Organisation of Training of Higher Specialist Training in Adult Psychiatry***

Specialisation within Psychiatry Training occurs during the final three years of the career pathway. The final 3 years of training consist of 3 x 12 month clinical attachments resulting in the award of a Certificate of Completion of Specialist Training

In Adult Psychiatry, two of the final three years will be in general Adult Psychiatry clinical placements and the third year may be spent in General Adult Psychiatry, psychiatric research or one of the other Adult specialties or subspecialties (Forensic, Liaison, Social & Rehabilitation, or Addiction, Medical Psychotherapy, Academic).

Those who chose higher training in adult psychiatry may become specialists in Psychiatry (General Adult) alone (single certification) or in combination with, Learning Disability Psychiatry or Psychiatry of Old Age (dual certification).

## Child and Adolescent Psychiatry

### Description

Child and Adolescent Psychiatry involves the assessment, diagnosis and management of severe mental health problems in children and adolescents from birth up to the age of eighteen. Child and Adolescent Psychiatry services are actively engaged in teaching, research and academic activities. They also engage in consultation and liaison with other services and specialties such as Adult Psychiatry, paediatrics, primary care, schools, educational psychology, an garda síochána, social work and psychology services all of whom may be involved with a particular child and family. Therapeutic interventions may include assisting parents with behavioural management, family therapy, play therapy, cognitive therapy, supportive psychotherapy, psychoanalytic psychotherapy and pharmacological therapy.

### Pathway

## BST (Basic Specialist Training In Psychiatry Pathway)

See Adult Psychiatry for [Psychiatry BST Pathway](#)

## Higher Specialty Training In Child and Adolescent Psychiatry

### Entry Requirements

Psychiatry Training in Ireland comprises a streamlined career path through Basic Specialist Training (BST) and Higher Specialist Training (HST).

Entry to the Child & Adolescent Psychiatry Higher Specialist Training is dependent on successful completion of the Basic Specialty Training Programme in Psychiatry.

“Streamlining Candidates” – individuals who are completing the College of Psychiatrists of Ireland BST programme in Psychiatry (i.e. those who have received a satisfactory outcome at their BST3 Annual Review of Progress and passed the College’s Clinical Exam) will be asked to provide the following information at the time of application.

- A scanned / PDF of other degree/diplomas (if applicable).
- Two scanned / PDF references (with relevant hospital stamp) must be uploaded with your application

Non-Streamlining Candidates – (please refer to the College’s Regulations – July 2020 for Basic and Higher Specialist Training on ‘Streamlined Training’), will be required to meet the eligibility criteria for entry to Higher Specialist Training.

- You must have successfully completed a formal Basic Specialist Training programme in Psychiatry and MRCPsych Examination or equivalent.

- You must be eligible for inclusion on the Trainee Specialist Division of the Medical Council's register by July of the intake year and provide evidence of same at the time you apply
- You must have proof of competency in the English language in line with HSE Specifications.

Non-Streamlining candidates must provide the following at the time of application.

A scanned / PDF of Medical Council of Ireland Registration Certificate (if applicable).

An email from the Medical Council of Ireland attesting eligibility for entry in the Trainee Specialist Division of the Medical Register (if applicable).

- A scanned / PDF of IELTS or OET Test Results (if applicable).
- A scanned / PDF transcript of exam results from your Medical School/University must be included
- A scanned / PDF of MRCPsych (or equivalent) Certificate must be included
- A scanned / PDF of CCBST Certificate – must be included
- A scanned / PDF of other degree/diplomas (if applicable).
- Two Scanned / PDF references (with relevant hospital stamp) must be included
- A scanned colour copy of Passport Identification page (including picture) must be included

## **Duration & Organisation of Training for Child & Adolescent Psychiatry**

Specialisation within Psychiatry Training occurs during the final three years of the career pathway. In Child and Adolescent Psychiatry, all of these years will be in Child and Adolescent Psychiatry services with a minimum of 6 months in an In-patient setting.

Trainees wishing to specialise in Child and Adolescent must also undertake 2 x 6 month clinical attachments in Child and Adolescent Psychiatry services during the initial four years of the training pathway.

## **Psychiatry of Learning Disability**

### **Description**

The **Psychiatry of Learning Disability** is a specialty of psychiatry, dealing with the assessment and treatment of emotional, behavioural and psychiatric disorders in persons who have a learning disability (the term Intellectual Disability is synonymous). Practitioners also provide advice and education about behavioural aspects of learning disability to parents and other carers and to other professionals such as teachers. The nature of problems dealt with is broad and includes organic psychiatric disorders (dementia, delirium, etc.); functional psychiatric disorders (affective disorder, schizophrenia, etc.); autism; challenging behaviour; behavioural phenotypes; epilepsy.

### **Pathway**

## **BST (Basic Specialist Training In Psychiatry Pathway)**

See Adult Psychiatry for [Psychiatry BST Pathway](#)



## Higher Specialty Training In Learning Disability Psychiatry

### ***Entry Requirements***

Psychiatry Training in Ireland comprises a streamlined career path through Basic Specialist Training (BST) and Higher Specialist Training (HST).

Entry to the Learning Disability Psychiatry Higher Specialist Training is dependent on successful completion of the Basic Specialty Training Programme in Psychiatry.

### ***Duration & Organisation of Training***

Specialisation within Psychiatry Training occurs during the final three years of the career pathway. In Psychiatry of Learning Disability, two of the final three years will be in Psychiatry of Learning Disability clinical placements and the third year may be spent in general Adult Psychiatry, psychiatric research or one of the other Adult specialties or subspecialties (Forensic, Liaison, Social & Rehabilitation, or Addiction, Medical Psychotherapy, Academic).

## Psychiatry of Old Age

### ***Description***

Psychiatry of Old Age is a specialty that provides a service to those who develop mental illness over the age of 65. Mental illness in older people is common and often has a complex or multi-factorial cause. Old Age Psychiatrists therefore provide a service in general hospitals, at community clinics, in patient's own homes, and in nursing homes. Old Age Psychiatrists work as part of a multi-disciplinary team that may include mental health nurses, clinical psychologists, occupational therapists, and social workers. In addition, Old Age Psychiatrists work closely with their colleagues in general hospital departments including medicine for the elderly, neurology, neuropsychology, neuroradiology, and in primary care.

### ***Pathway***

### **BST (Basic Specialist Training In Psychiatry Pathway)**

See Adult Psychiatry for [Psychiatry BST Pathway](#)

## Higher Specialty Training In Old Age Psychiatry

### ***Entry Requirements***

Psychiatry Training in Ireland comprises a streamlined career path through Basic Specialist Training (BST) and Higher Specialist Training (HST).

Entry to the Psychiatry of Old Age Higher Specialist Training is dependent on successful completion of the Basic Specialty Training Programme in Psychiatry.

### ***Duration & Organisation of Training***

Specialisation within Psychiatry Training occurs during the final three years of the career pathway. In Psychiatry of Old Age, two of the final three years will be in Psychiatry of Old Age clinical placements and the third year may be spent in general Adult Psychiatry, psychiatric research or one of the other Adult specialties or subspecialties (Forensic, Liaison, Social & Rehabilitation, or Addiction, Medical Psychotherapy, Academic).

## 7. Occupational Medicine (Faculty of Occupational Medicine, RCPI)

### Occupational Medicine

#### Description

A trainee in Occupational Medicine must have experience in dealing with the impact of health on work, the effect of work on health, prevention of occupational injury and disease and the promotion of health, safety and welfare in the work environment.

The training programme will produce a doctor trained as an attentive listener, a careful observer, an effective communicator and a capable clinician. The trainee will have a training system that provides guidance, teaching, assistance, appraisal, assessment and support.

Besides these specialty specific elements, trainees in Occupational Medicine must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

#### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

### Higher Specialty Training In Occupational Medicine

#### **Entry Requirements**

Applications for Higher Specialist Training (HST) in Occupational Medicine must have:

EITHER

(1a) completed a minimum of two years Basic Specialist Training (BST), (which will include passing the MRCPI for intake from July 2013), in approved posts recognised by the RCPI. Other equivalent clinical posts may be accepted subject to approval by the Faculty of Occupational Medicine, RCPI (FOM) and Institute of Medicine.

OR

(1b) completed an approved Irish College of General Practitioner (ICGP) training course (or equivalent) in General Practice. Candidates who have completed BST in other specialties may also be considered.

AND

MRCPI, MRCP UK or MICGP (or equivalent) is desirable, but not an essential requirement for entry to higher specialist training in the specialty. Applicants without MRCP/MICGP/MRCGP who compete for

HST posts must provide evidence of appropriate knowledge, training and experience equivalent to MRCP/MICGP/MRCGP standard.

Entry on the training programme is at year 1. Deferrals are not allowed on entry to Higher Specialist Training.

#### **Duration & Organisation of Training**

The duration of HST in occupational medicine is four years full time equivalent. Up to one year of research, or time spent in academic training, may be a constituent part of the four year programme, provided that the content is relevant to occupational medicine. Each post within the programme to which the trainee is appointed will have a named supervisor/trainer. HST programmes will be under the supervision of the National Specialty Director for Occupational Medicine.

The four year training programme should contain:-

- A minimum of 18 months in an industrial sector (i.e. heavy and light industry, engineering, electronics, manufacturing, pharmaceutical, chemical, transport etc.).
- A minimum of 1 year in the service sector (i.e. healthcare, financial services, insurance, office environment etc) to include at least clinics in the health service.

The occupational health units which provide training posts must be recognised by the Faculty of Occupational Medicine and Institute of Medicine as suitable for HST. Trainees will be required to have work experience in units that offer a wide range of exposure to the various elements of the training curriculum for occupational medicine.

Time spent in overseas training posts in occupational medicine outside Ireland may be recognised provided that such posts and the content of the training and level of supervision they provide meets the requirements for HST as required by the Faculty of Occupational Medicine and Institute of Medicine and prospective approval has been sought to undertake such training.

The Diploma of Membership of the Faculty of Occupational Medicine (MFOM) is an essential requirement for trainees enabling them to demonstrate that they have a broad understanding of occupational medical issues and their application in practice.

Trainees must spend the first two years of training in programme before undertaking any period of research or Out of programme experience (OCPE).

### ***Exams***

You are required to pass two exams during Higher Specialist Training: Licentiate of the Faculty of Occupational Medicine (LFOM) and Membership of the Faculty of Occupational Medicine (MFOM).

As well as being an essential requirement for a Certificate of Satisfactory Completion of Specialist Training (CSCST) in Occupational Medicine, passing the MFOM is also a requirement for doctors who want to become Members of the Faculty of Occupational Medicine.

Remember:

- You must pass both the LFOM and the MFOM in order to be eligible for a CSCST
- You should aim to sit the LFOM at the end of your second year of HST
- You are expected to obtain the MFOM by the end of your third year

## 8. Ophthalmology (Irish College of Ophthalmologists)

### Ophthalmology

#### Description

Ophthalmology is the branch of medicine that deals with the anatomy, physiology and diseases of the eye and visual system. Ophthalmologists diagnose and treat patients to preserve and prevent sight loss in patients. Ophthalmology is also an adaptive and continuously evolving specialty. Ophthalmic practice is an innovative specialty and frequently adapts and implements new and emerging technologies such as imaging techniques, laser, the use of intraocular lenses and stents.

Ophthalmologists work as part of a multi-disciplinary team. The eye is not an isolated unit and has complicated relationships with numerous other bodily systems and functions including that of the brain and nervous system. Ophthalmologists work in close collaboration with other specialists including diabetologists, rheumatologists, neurologists, ENT and maxillo-facial surgeons as well as paediatricians and geneticists. Other eye health professionals including ophthalmic nurses, orthoptists, optometrists and ophthalmic technicians play an important role in the care of eye patients and teamwork is essential.

The Irish College of Ophthalmologists (ICO) is the accredited postgraduate training body responsible for the delivery of Specialist Training in Medical and Surgical Ophthalmology in Ireland. The College delivers two training pathways, Specialist Training in Medical Ophthalmology and Specialist Training in Surgical Ophthalmology.

**Medical Ophthalmologists** have varying roles in health care in Ireland. Consultant Medical Ophthalmologists work in the acute and/or non-acute setting. Graduates of the programme are trained to deliver general ophthalmology care with subspecialty expertise in glaucoma, paediatric ophthalmology and medical retina. Graduates may opt to continue with further subspecialty Fellowship training and practice in either the public or the private sector. Many ophthalmologists combine private practice with their HSE role.

The programme of specialist training in ophthalmology is designed to equip doctors to work in the hospital, community, both or in the independent sector.

**Surgical Ophthalmology** is a well-established Consultant position in the Irish health care. Graduates of the programme are trained to deliver general ophthalmology care with subspecialty expertise in a range of ophthalmic areas. Surgical ophthalmologists have a range of responsibilities and duties, which include cataract extraction, squint and glaucoma surgery, oculoplastic and nasolacrimal surgery. Many surgical ophthalmologists choose to sub-specialise in a particular area although most will also continue to perform cataract surgery.

The majority of graduates will go on an overseas subspecialty fellowship and practice in either the public or the private sector. Many ophthalmologists combine private practice with their HSE role.

The programme of specialist training in ophthalmology is designed to equip Doctors to work in the public or in the independent sector.

Ophthalmology is a continuously developing specialty. Patient needs have expanded and developed in line with treatment advances.

The HSE/ICO Model of Care for Ophthalmology, describes a service model that reconfigures care away from the acute setting and into the non-acute setting. This involves the transfer of specialist services into new locations. This Model of Care, which aligns with the SlainteCare objectives, is purposefully patient centric and a very positive realignment with eye care demand in Ireland.

Significant public investment in the development of ophthalmology services including the recruitment of Consultant Medical Ophthalmologists for the Integrated Eye Care Team (IECT) model, is currently underway nationally to deliver increased specialist eye care services across the community and hospital setting. This is in line with the approved Model of Eye Care recommendations and the Government Sláintecare policy. Priorities for the IECT include the management of children referred from the screening programme, collaborating with screeners to improve the accuracy of the referrals and managing adult patients with a focus on medical retina, glaucoma and the delivery of pre & post op cataract care. The teams will provide ongoing care for patients diagnosed in the community or ongoing care for patients transferred from the acute hospital.

With respect to the new Consultant Medical Ophthalmologist posts, this role is designed to deliver specialist care in both the traditional acute setting and the developing non-acute setting. The design of the new appointments is deliberately co-located. The incumbents work in both settings, to ensure access to acute inpatient services if required, sub specialty resources for more complex cases, cross specialty multidisciplinary care and participation in the delivery of on-call services.

Patients will be provided with specialist care irrespective of whether it is delivered within the traditional acute hospital building or in newly developed and equipped primary care centres.

### *Pathway*

#### **Basic Training in Medical Ophthalmology**

The purpose of the foundation years is to provide a broad based initial training in ophthalmology with attainment of knowledge, skills and professional behaviours relevant to the practice of ophthalmology in any specialist discipline. Following successful completion of BMT1 –BMT3, Training requires passing the MRCSI Ophth examination; candidates can compete to enter Higher Specialist Training in Medical Ophthalmology, HMT4 – HMT5.

Information on Basic Training application and entry process is available on the ICO website [here](#).

#### ***Higher Specialist Training in Medical Ophthalmology***

The purpose of the Higher Specialist Training in Ophthalmology programme is to provide in-depth training to equip doctors with skills they require to independently practice as specialist Medical Ophthalmologists. The programme has a modular approach and is framed around the three subspecialties located at the core of future independent practice – Medical Retina, Glaucoma and Paediatric ophthalmology.

In medical retina, new advances in intraocular injections and laser have revolutionised the treatment of two common sight-threatening conditions, namely age-related macular degeneration and diabetic maculopathy. As these conditions are very responsive to the new therapies, the work is very rewarding. Over the next 20 years, Ireland will see a significant increase in both older patients and diabetics and therefore, the number of medical ophthalmologists required to treat these patients is also expected to increase.

Trainees, irrespective of preference and future career choice, need to complete all three modules to successfully complete their training.

For full details of the curriculum, please visit the ICO website.

## 9. Paediatrics (Faculty of Paediatrics, RCPI)

### Paediatrics

#### Description

**General Paediatrics** is a multidisciplinary specialty that primarily deals with diagnosis, treatment and prevention of diseases affecting infants, children and adolescents. A trainee in General Paediatrics must be competent in the prevention, diagnosis and management of a wide range of diseases and in hospital based interventional procedures. Above all the General Paediatrician should have the competencies to deal with acute presentation of illness affecting concurrently one or more organ systems and the administration of all necessary immediate care. These competencies must relate to all aspects of Paediatrics including the special needs in both treatment and immediate care of the neonate.

#### Pathway

#### **Basic Specialist Training in Paediatrics**

Basic Specialist Training (BST) is the first step towards specialisation in medicine. BST is a hospital-based training programme completed in Senior House Officer (SHO) posts. It prepares you for Higher Specialist Training, which is the final stage of training.

We offer Basic Specialist Training programmes in four specialties:

- General Internal Medicine
- Paediatrics
- Histopathology
- Obstetrics and Gynaecology

Entry to BST is competitive and we manage the national recruitment process every year.

(<https://www.rcpi.ie/training/basic-specialist-training-about/>)

#### **Higher Specialist Training in Paediatrics**

##### **Entry Requirements**

Applicants for Higher Specialist Training in Paediatrics must have completed Basic Specialty Training in Paediatrics (or an equivalent training programme) and obtained the MRCPI (Paediatrics).

##### **Duration & Organisation of Training**

The duration of Higher Specialist Training in Paediatrics is 5 years, one year of which may be gained from a period of out of programme experience either through full time research or a clinical programme.

The experience gained by rotating through different departments is an essential part of HST in Paediatrics. For this reason, you will not be placed in the same unit for more than two years of clinical training, or with the same trainer for more than one year.

Your five-year Higher Specialist Training programme in General Paediatrics will incorporate the following core elements:



- At least two years in acute General Paediatrics, in inpatient and outpatient settings, with general on-call not less than one-in-six
- 12 months in General Paediatrics, including 3 months of Community Paediatrics
- 12 months continuous experience in neonatal intensive care
- Experience in assessment and treatment of children in Accident & Emergency departments
- Experience in large teaching hospitals with academic activity
- At least one year in a subspecialty, the preferred option being training in a number of subspecialties
- In addition, one year can be spent in full-time research. This is optional, but encouraged.

When you complete Higher Specialist Training, you will receive a Certificate of Satisfactory Completion of Specialist Training (CSCST) and can practice independently as a specialist.

## Paediatric Cardiology

### Description

**Paediatric Cardiology** is the specialty concerned with diseases of the heart in the growing and developing individual. Paediatric cardiologists investigate and treat patients with congenital or acquired heart disease, diseases of cardiac rhythm and conduction, and disturbances of cardiac and circulatory function. The specialty provides a service from foetal life through childhood into adulthood.

### Pathway

Entry requirements are a BST in General Paediatric and successful application to the HST Cardiology. During the HST in Cardiology you do a year General Paediatrics also and then 4 years Cardiology.

## Neonatology

### Description

**Neonatology** encompasses the management of prematurity and all the attendant physiological and pathological challenges as well as the diagnosis and management of congenital anomalies (identified both ante- and postnatally). It includes care of the well and sick infant in the newborn period, as well as long term follow-up of certain infants at risk of complications including neurodisability.

### Pathway

Entry requirements are a BST in General Paediatric and successful application to the HST General Paediatric. After two years on the HST you then apply for the Neonatology programme, which is then a three year programme. At the end you will receive a CSCST in Neonatology and if you wanted to do an extra general Paediatric year you could be awarded a CSCST in General Paediatric as well.

## 10. Pathology (Faculty of Pathology, RCPI)

### Chemical Pathology

#### Description

**Chemical Pathology** deals with the entire range of disease. It encompasses detecting changes in a wide range of substances in blood and body fluids in association with many diseases. It involves detecting and measuring tumour) markers, hormones, poisons and therapeutic and illicit drugs. The largest part of a Chemical Pathologist's day is typically spent in clinical liaison - advising clinicians about the appropriate tests for the investigation of a particular clinical problem, the interpretation of results and follow-up, and the effect of interferences. Evaluation of new technologies and the development of new tests is an on-going process.

#### Pathway

### Higher Specialist Training In Chemical Pathology

#### Entry Requirements

Applicants for Higher Specialist Training (HST) in Chemical Pathology must:

Either:

a) Have spent a minimum of one year in approved Chemical Pathology SHO/Registrar posts in which they have completed the first year of the Core Training Programme in Chemical Pathology. Furthermore, it is recommended that all candidates for HST in the Specialty should have some post registration training in General Medicine including experience in endocrinology, diabetes and metabolic diseases.

Or:

b) Applicants for Higher Specialist Training (HST) in Chemical Pathology must have completed a minimum of two years Basic Specialist Training (BST) in General Internal Medicine in approved posts and obtained the MRCPI or (UK\*), or MRCPCH.

#### Duration & Organisation of Training

Training is undertaken in posts in departments which are educationally approved by the Faculty of Pathology (RCPI), the Royal College of Pathologists and the ICHST.

The minimum duration of HST in Chemical Pathology is 5 years, which can include 1 year in an approved post in Chemical Pathology completed prior to appointment at SpR grade.

Candidates who have experience in approved chemical pathology posts prior to appointment to this scheme may count time spent in such posts towards the Core Training Programme for HST.

HST in Chemical Pathology will provide experience in several teaching hospitals or other major centres with academic activity, or regional hospitals

### **Examinations**

During the training programme trainees are required to obtain the the Royal College of Pathologist's FRCPath Part 1 and 2 Part 2 examinations.

The Part 1 FRCPath Part 1 and 2 examinations is normally taken after a minimum of three years' training of which two years should be in HST. The Part 2 is taken after a minimum of five years recognised training including four years of HST.

The posts within the programme will have named consultant Trainers. In addition, one consultant will act as a Programme Director, who will coordinate the training and report to the National Specialty Director appointed by the ICHST.

### **How to Apply**

The recruitment and selection process for Higher Specialist Training (HST) opens in November every year. The deadline to submit an application for HST is normally the last working day in November, with interviews for shortlisted candidates taking place the following February and March. As there are a limited number of places in HST, entry to each specialty is competitive.

([https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST\\_Chemical\\_Pathology\\_-\\_Printable\\_Version.pdf](https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/07/HST_Chemical_Pathology_-_Printable_Version.pdf))

## **Haematologists**

### **Description**

**Haematologists** often take an active part in every stage of the patients assessment from initial clinic visit, to laboratory assessment/diagnosis and finally to treatment.

The specialty is developing rapidly with respect to therapeutic advances and lends itself to research.

Within the specialty of haematology there is the opportunity to further specialise in a wide variety of clinical and laboratory areas.

### **Pathway**

## **Histopathology**

### **Description**

**Histopathology** is primarily concerned with the microscopic examination of tissues taken, either as biopsy samples (e.g. gastric biopsies) or resection specimens (e.g. mastectomy). These tissues are assessed macroscopically and material taken for microscopic examination for the purpose of diagnosis, prognosis and directing appropriate treatment. There is a significant component of cytology which is the microscopic assessment of preparations of cells as aspirated or obtained from

body tissues. Patient management related clinical liaisons via regular (daily) multidisciplinary meetings are extensive, but direct patient contact is of a limited nature.

### *Pathway*

## **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## **Higher Specialist Training In Haematology**

### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Haematology must have completed a minimum of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or (UK\*).

### ***Duration & Organisation of Training***

The duration of HST in Haematology is 5 years, one year of which may be gained from a period of full-time research.

No particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs. The earlier years will usually be directed towards acquiring a broad general experience of Haematology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

## **Immunology**

### **Description**

**Immunology** is a medical discipline which encompasses both clinical and laboratory aspects. In addition to carrying responsibility for running service laboratories, Immunologists are increasingly engaged in clinical management of patients. Their training has thus to address both the technical and managerial skills of the laboratory and the clinical skills relating to patient care. The discipline of Immunology includes allergy.

### *Pathway*

## **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## **Higher Specialist Training In Immunology**

### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Immunology must have completed Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI or (UK\*).

OR

Equivalent, i.e. satisfactorily completed two years in approved senior house officer / registrar posts in Ireland and obtained the MRCPI or (UK\*)

OR

Equivalent outside Ireland, i.e. satisfactorily completed two years in an approved training programme outside Ireland and obtained the MRCPI or (UK\*)

### ***Duration & Organisation of Training***

The total minimum time to complete HST in Immunology (CSCST eligible) is 5 years. In exceptional circumstances, this can include a period of up to 1 year's credit for training in Immunology undertaken at Basic Specialist (Registrar) Grade. Following an application and after consideration, the duration of training at SpR grade may be reduced to 4 years: this will require the explicit agreement of the National Specialty Director and the Institute of Medicine Dean of Higher Medical Training.

In the SpR grade, trainees will continue to work under Consultant supervision in the Immunology service, gradually widening their knowledge and experience in each area so that by the time they have passed the FRCPath Part II they are able to work largely independently.

The exact rotational arrangements will vary according to the development of departments in the various regional centres, the number of placements on the training scheme and the number of other trainees in the Training Programme. The training scheme should be organised in such a way as to give each trainee some experience in most recognised areas of sub-specialisation. More formal teaching and regionally and nationally organised training courses will supplement the day-to-day supervised training. The rotas should also be arranged in such a way that

The total minimum time for completion of training in Immunology and award of a CSCST is 5 years.

1. This period of training may include one year of Basic Specialty Training at Registrar grade.
2. Satisfactory completion is consequent upon acquisition of FRCPath Part II which can only be undertaken after a minimum of 4½ years total training time in the Specialty.

### ***Examinations***

During the training programme trainees are required to obtain The Royal College of Pathologist's FRCPath Part 1 and 2 Part 2 examinations.

Part I of the FRCPATH is a test of knowledge which can be taken after a minimum of two and a half years training.

FRCPATH Part II may be taken after a minimum of four and a half years total training time, of which three and a half years must have been in the SpR grade. Both of these examinations can be taken in Immunology.

### ***How to Apply***

The recruitment and selection process for Higher Specialist Training (HST) opens in November every year. The deadline to submit an application for HST is normally the last working day in November, with interviews for shortlisted candidates taking place the following February and March. As there are a limited number of places in HST, entry to each specialty is competitive.

## **Microbiology**

### **Description**

**Microbiology** is a clinical specialty which focuses on the study of human diseases caused by microorganisms including bacteria, viruses, fungi and parasites. It includes the study of microbial pathogenesis and epidemiology and is related to the study of disease pathology and immunology. It is a speciality which encompasses both the laboratory diagnostic aspects and prevention and clinical management of microbial diseases.

### **Pathway**

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## **Higher Specialist Training In Clinical Microbiology**

### ***Entry Requirements***

Applicants for Higher Specialist Training (HST) in Clinical Microbiology must have completed a minimum of two years Basic Specialist Training (BST) in approved posts and obtained the MRCP (UK\*).

### ***Duration & Organisation of Training***

The duration of HST in Clinical Microbiology is 5 years, one year of which may be gained from a period of full-time research.

In the normal course of events, the Part I FRCPATH will be taken after a minimum of twelve months training in Microbiology. The Part II FRCPATH is taken after a minimum of three years of recognised training. However, this exam is under review and trainees are strongly urged to contact the RCPATH in London for up-to-date advice.

Adequate experience in virology is required as part of the HST programme in Clinical Microbiology, however, this may be addressed as part of assignments to hospitals in which the General Clinical Microbiology service includes a substantial element of virology.

## Neuropathology

### Description

**Neuropathology** is the study of disease of nervous system tissue, usually in the form of either small surgical biopsies or whole autopsy brains. Neuropathology is a subspecialty of anatomic pathology, neurology and neurosurgery.

### Pathway

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

## Higher Specialist Training In Neurology

### **Entry Requirements**

Applicants for Higher Specialist Training (HST) in Neurology must have completed a minimum of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or (UK\*).

### **Duration & Organisation of Training**

The duration of HST in Neurology is 5 years, one year of which may be gained from a period of full-time research.

During the period of training the trainee must take responsibility for seeing new patients, undertake ward consultations, and operate at a level of responsibility which would prepare him/her for practice as an autonomous Consultant Neurologist. The trainee should undertake three outpatient clinics weekly throughout the training period. This may be reduced to two, but never routinely increased to four. New patients should be seen throughout the training period under suitable supervision in outpatients and the consultant trainer should review ward consultations directly with the trainee. Supervision should be particularly close during the first one or two years. Particularly experienced trainees may undertake the running of an outpatient clinic on their own without direct consultant supervision.

The earlier years will usually be directed towards acquiring a broad general experience of Neurology under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

By the end of the five-year period the trainee must have obtained experience in

- Clinical Neurophysiology
- Rehabilitation Medicine
- Neuropathology

- Intensive Care
- Neuroradiology
- Clinical Audit

In addition, the trainee is encouraged to obtain experience in Neuro-Ophthalmology, Neuro-Otology, Paediatric Neurology, Neurosurgery, Neurogenetics, Neuropsychiatry and Research.

Sub-specialities may be studied on a sessional basis or during a continuous period of release from other duties. Special attention must be paid to Clinical Neurophysiology, Neuroradiology and Neuropathology.

In the final two years of the training period the trainee may be encouraged to develop a special interest in one of the sub-specialities if the trainee so wishes.



## **11. Public Health Medicine (Faculty of Public Health Medicine, RCPI)**

### **Public Health Medicine**

#### **Description**

**Public Health Physicians** who practice Public Health Medicine (PHM) work within national and international policy frameworks at all levels. They must deliver comprehensive Public Health Programmes for populations, including vulnerable groups, to improve and protect health. Public Health Physicians rely on partnerships with communities and local government and voluntary sector. They engage in activities which provide an assessment of the health of the population.

#### **Pathway**

#### **BST (Basic Specialist Training Medical Pathway)**

See Cardiology for [Medical BST Pathway](#)

### **Higher Specialist Training In Public Health Medicine**

#### **Entry Requirements**

There is no Basic Specialist Training programme in Public Health Medicine. If you want to train in this specialty you first need to meet the entry requirements for Higher Specialist Training in Public Health Medicine:

Completed Basic Specialist Training (or an equivalent programme) in one of the following specialties:

- Anaesthetists
- General Internal Medicine
- Histopathology
- Obstetrics and Gynaecology
- Ophthalmology
- Paediatrics
- Psychiatry
- Surgery (Core Surgical Training)
- Or have spent at least two years post-internship in hospital posts that have been approved for training by the relevant authority
- Or have completed at least two years on an accredited training programme in General Practice
- Or are registered on the General Practice specialist division with the Medical Council of Ireland

#### **Additional desirable experience**

Although they are not essential entry requirements, the following qualifications and experience will be viewed favourably during the interview process for Higher Specialist Training in Public Health Medicine.

- Master of Public Health (MPH)
- Experience in Public Health Medicine or Infectious Diseases

- Part 1 of the Membership of the Faculty of Public Health Medicine Ireland (MFPHMI) examination or Part A of the MFPH (UK) examination or equivalent examination

### ***Duration & Organisation of Training***

Higher Specialist Training in Public Health Medicine is a four-year programme of structured, supervised clinical training in Specialist Registrar (SpR) posts.

The experience gained by rotating through different training locations is an essential part of HST. For this reason, you will rotate at least once during HST and you will spend at least six months in the Department of Health and Children.

Specialists in Public Health Medicine operate a 24-hour ***Public Health Out Of Hours Service***. This service provides national cover for the International Health Regulations (IHR), an Irish government commitment to the World Health Organisation and its Member States. The service also provides out of hours guidance on infectious disease control and outbreak management, for example in a crèche, hospital or nursing home. To prepare for out of hours specialist cover, you will be required to participate in a health protection working hours on-call rota during HST.

You are also required to pass the Membership of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland (MFPHMI) examination.

## **12. Diagnostic Radiology & Radiation Oncology (Faculty of Radiologists, RCSI)**

### **Diagnostic Radiology**

#### **Description**

**Radiologists** are medical doctors that specialise in diagnosing and treating injuries and diseases using medical imaging (radiology) procedures (exams/tests) such as X-rays, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET), ultrasound and interventional radiology which refers to minimally invasive, image-guided medical treatments using real time imaging techniques. Their work can be vital in finding an accurate and early diagnosis - improving the prospects for treatment - and is fundamental to the management of cancer care. They also play an important role in identifying sources of disease and reducing the possible risks of further spread.

#### **Pathway**

#### **Entry Requirements**

#### **Higher Specialist Training in Diagnostic Radiology**

All applicants must hold at least 2 years clinical experience (one year as an intern and one year as an SHO is the minimum acceptable pre-radiology training)

All candidates must be registered or eligible for registration with the Irish Medical Council ([medicalcouncil.ie](http://medicalcouncil.ie))

#### **Duration & Organisation of Training**

Higher Specialist Training in Diagnostic Radiology is a five-year programme of structured, supervised clinical training in Specialist Registrar (SpR) posts.

#### **Approved Hospitals:**

- Beaumont Hospital, Dublin
- St. Vincent's University Hospital, Dublin
- St. James Hospital, Dublin
- Tallaght University Hospital, Dublin
- Mater Misericordiae University Hospital, Dublin
- Children's Hospital Ireland at Crumlin, Dublin
- Children's Hospital Ireland at Temple St, Dublin
- University Hospital Limerick
- University Hospital Galway
- Cork University Hospital
- Mercy University Hospital, Cork
- University Hospital Waterford

Additional hospitals may be approved during the course of your training. Successful candidates may be required to rotate throughout Ireland.

The 5<sup>th</sup> year of training in diagnostic radiology is dedicated to a sub-specialty. These include:

- Interventional Radiology
- Cross Sectional Imaging
- Chest Imaging
- Neuroradiology
- Breast Imaging
- Cancer Imaging / PET CT
- Musculoskeletal Radiology
- Cardiovascular CT/MRI
- Paediatric Radiology
- CT/MR/US/Radioisotope Imaging

## Radiation Oncology

### Description

**Radiation Oncologist** doctors are those who treat cancer patients primarily with a treatment known as radiotherapy, which is now one of the most common treatments used for cancer. Radiation Oncology is defined as a specialty as the branch of clinical medicine that using Ionizing Radiation, either alone or a combination using other modalities for the treatments of patients with malignant or other diseases.

### Pathway

#### Entry Requirements

#### Higher Specialist Training in Radiation Oncology

All applicants must have, at a minimum, at least 3 years clinical experience. (1 year as an intern and 2 years as an SHO is the minimum acceptable Radiation Oncology training)

All candidates must be registered or eligible for registration with the Irish Medical Council ([medicalcouncil.ie](http://medicalcouncil.ie))

#### Duration & Organisation of Training

Higher Specialist Training in Radiation Oncology is a five-year programme of structured, supervised clinical training in Specialist Registrar (SpR) posts.

#### Approved Hospitals:

- St Luke's Radiation Oncology Network
- University Hospital Galway
- Cork University Hospital



### **13. Sport and Exercise Medicine (Faculty of Sports & Exercise Medicine, RCSI, RCPI)**

#### **Sport and Exercise Medicine**

##### **Description**

**Sport and Exercise Medicine** is a multidisciplinary clinical and academic speciality of medicine dealing with health promotion for the general population. The sport medicine physician achieves this by encouraging a physically active lifestyle with diagnosis, treatment, prevention and rehabilitation following injuries or illnesses from participation in physical activities, exercises and sport at all levels.

##### **Pathway**

##### **Entry Requirements**

Medical Practitioners who have completed an HST programme in another specialty and who have been awarded an MSc in Sports and Exercise Medicine may apply to enter the HST programme in Sport and Exercise Medicine for 2 years of flexible training.

##### **Duration and Organisation of Training Programme**

The minimum duration of HST is 2 years, and must comprise supervised clinical training in posts approved by the Faculty of SEM. It is essential that the trainee spend a period, equivalent to at least 1 year part time with a variety of sports teams under the supervision of an approved trainer. The construction of the programme will be flexible to ensure that trainees from different backgrounds complete the programme with a similar breadth of experience. The programme to which the trainee is appointed will have named approved trainers (educational supervisors) for each element of the training programme and a Programme Director. HST in Sport and Exercise Medicine may provide experience in both the public health service and the private sector within approved clinics. The training will be overseen by Training Committee in SEM. In keeping with guidelines provided by the Postgraduate Medical Education Training Board (PMETB), the curriculum provides:

- Opportunities for self-directed learning
- Regular feedback from educational supervisors and trainers to the trainee
- Appropriate career advice and counselling
- Processes for extra support
- Processes for mediation and retraining

([https://fsem.ie/images/Stephanies\\_documents\\_-\\_hyperlink/FINAL\\_-\\_HST\\_SEM\\_Curriculum\\_-\\_website\\_2019.pdf](https://fsem.ie/images/Stephanies_documents_-_hyperlink/FINAL_-_HST_SEM_Curriculum_-_website_2019.pdf))

## 14. Surgery (Royal College of Surgeons in Ireland)

### General surgery

#### Description

**General Surgery** as itself is not truly a specialty in Ireland. It has been replaced by general surgeons with a special interest in additional specialties which would include colorectal surgery, upper gastrointestinal surgery, breast and endocrine surgery, and hepatobiliary and transplant surgery. All specialty surgeons have experience in basic general surgery and take part in the general surgical on call rota.

#### Pathway

### Core Surgical Training (ST1 & ST2)

**Core Surgical Training** is a common trunk of training which is undertaken by all surgical trainees, irrespective of their future specialty aspiration. It is intended to introduce trainees to the principles of surgery in general and give them the knowledge, skills and attitudes which are required by all surgical specialties in preparation for Specialty Training (ST3- ST8).

Throughout the two years of core training trainees are assessed via the Competency Assessment and Performance (CAPA) process.

ST3 is entry level into Specialty Training which completes at ST8. This is based on on-going progression assessment (CAPA), successful completion of the MRCS exam and specialty interview (ST3-ST8).

#### Entry Requirements

Medical graduates wishing to pursue a career in Surgery must complete an internship and must competitively apply for a position on the National Surgical Training Programme, commencing at Core Surgical Training (ST1 – ST2).

Appointed Trainees will be continuously assessed for progression to ST3 (first year of ‘higher’ Specialty Training through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview in their chosen surgery.

The applications process is run through the [Royal College of Surgeons in Ireland \(RCSI\)](#) and opens in October and closes in December each year, with commencement on ST1 of the National Surgical Training Programme in July.

#### Exams

During the training pathway (ST1 – ST8) a trainee is expected to take and successfully pass 2 key exams the Membership exam of the Royal College of Surgeons ([MRCS](#)) and the Fellowship exam Royal College of Surgeons.

The Membership exam of the Royal Colleges (MRCS) is an important part of the eligibility criteria for progression into Specialty Training (ST3- ST8) & must be completed before Specialty Interview in March each year.

The MRCS exam forms part of your successful completion of Core Surgical Training and the awarding of the Certificate of Completion of Core Surgical Training (CCST), a mandatory requirement for progression to ST3

## ***Specialty Training (ST3- ST8) In General Surgery***

### ***Entry Requirements***

Entry point to Specialty Training for General Surgery can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on core training will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in General Surgery which completes at ST8. This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements.

### ***Duration and Organisation of Training***

The training pathway to becoming a General Surgeon in Ireland commences at Core Surgical Training ST1 and completes at Specialty Training ST8.

The General Surgery training programme has a defined curriculum that trainees need to complete. Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST8.

Trainees need to complete the curriculum and the FRCS examination in order to achieve a Certificate of Completion of Surgical Training (CCST). Without the fellowship exam (FRCS) a trainee cannot receive their Certificate of Completion of Specialist Training (CCST) which forms a part of the eligibility criteria for registration with the Irish Medical Council.

## **Cardiothoracic Surgery**

### **Description**

**Cardiothoracic Surgery** involves the surgical treatment of diseases affecting organs inside the thorax and general treatment of conditions of the heart and lungs. Cardiothoracic surgeons will also undertake training in the management of chest wall and oesophageal pathologies. Cardiothoracic training is undertaken in a 6 year Specialty Training Programme.



## *Pathway*

### **Core Surgical Training (ST1 & ST2)**

See General Surgery for [Core Surgical Training](#)

### **Specialty Training (ST3- ST8) In Cardiothoracic Surgery**

#### ***Entry Requirements***

Entry point to Specialty Training for Cardiothoracic Surgery can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on Core training will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in Cardiothoracic Surgery which completes at ST8 . This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements.

#### ***Duration & Organisation of Training***

Cardiothoracic training is undertaken in a 6 year Specialty Training Programme (ST3 – ST8).

During the 6 years of training an appointed trainee will be expected to spend some time in each of the approved public cardiothoracic surgical units to acquire a rounded knowledge of the specialty. At a minimum Specialist trainee's will spend three years doing adult cardiac surgery, six months doing thoracic surgery and six months in Paediatric cardiothoracic surgery.

The cardiothoracic training programme has a defined curriculum that trainees need to complete. Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Curriculum ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST8.

Specialty trainees then have the option of focusing their training on a sub-specialty in cardiothoracic surgery i.e. adult cardiac, adult thoracic, transplantation or congenital cardiothoracic surgery. At the current time there are no sub-specialty divisions on the Irish Medical Council cardiothoracic register, however in other jurisdictions such as the United Kingdom trainees can train towards sub-specialist recognition i.e. congenital or thoracic. In Ireland at present most consultant cardiothoracic surgeons have a specialist interest (adult cardiac, adult thoracic, congenital or transplantation) and they may practice across the sub-specialties. However in recent years some consultants have been appointed into single sub-specialty clinical practice i.e. thoracic surgery.

#### **Cardiothoracic sub-specialty training: –**

- Adult cardiac specialist are expected to do a minimum of 4 years of adult cardiac surgery training and will frequently undertake specialist training in areas such as mitral repair, aortic root surgery, minimal invasive surgery or hybrid procedures (TAVI, TEVR).

- Thoracic specialist is expected to do a minimum of 2 years of adult thoracic training, which may include oesophageal surgery. They will frequently do specialist training in thoracic oncology, VATS surgery or robotics.
- Transplantation specialist is expected to do a minimum of one year in thoracic organ transplantation and they may focus on heart or lung transplantation depending on their other area of interest (thoracic or cardiac surgery).
- Congenital cardiothoracic trainees are expected to spend a minimum of three years doing congenital cardiothoracic training. Often 1-2 of these years is done post Higher Surgical Training as a fellow.

Adult cardiothoracic surgery is performed at the Mater Misericordiae University Hospital, St James's Hospital, St Vincent's Hospital (Thoracic), Cork University Hospital and Galway University Hospital. The Heart and Lung transplantation Program and the ventricular assist program are delivered in the Mater Misericordiae University Hospital. All Paediatric cardiothoracic surgery is performed in Our Lady's Children's Hospital, Crumlin. The various programmes report their results to the society of cardiothoracic surgery of Great Britain and Ireland and NICOR, which allows the results to be compared with international units. The results are published annually and [online](#).

Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST8.

Trainees need to complete the curriculum and the FRCS C-Th examination in order to achieve a Certificate of Completion of Surgical Training (CCST). Awarding of CCST deems eligibility for registration with Irish Medical Council.

## Intensive Care Medicine

### Description

Intensive care medicine (ICM) is a new specialty arising from developments in medical treatment and technology aimed at treating acute organ failure. ICM involves prompt and careful patient assessment, resuscitation and on-going treatment, and close integration with many other specialties. The Intensive Care doctor's job entails the ongoing management of organ support, the interpretation of the patient's response to treatments and communication - mainly with the relatives of the critically ill patient. Most specialists in ICM (called intensivists) train first in another specialty and then attain higher specialist training in ICM before appointment to a Critical Care hospital team.

### Pathway

#### Entry Requirements

As per the introduction, specialty training in intensive care medicine comprises base specialties (Anaesthesia, Internal and Emergency Medicine and Surgery) and 2 years supra-specialty intensive care training.

Base specialty training is commonly 6 years. One year of intensive care training is allowed within the base specialty programme, either as a year out-of-programme or a special interest year. A second year is undertaken post base specialty CSCST. Hence the total duration of training is between 6 and 7

years for many trainees. The corresponding pathways to ICM training are outlined below in accordance with the particular specialty background of the prospective Intensive Care Medicine postgraduate trainee doctor.

### ***Application Process***

Trainees are appointed to supervised training posts through a central applications process under the auspices of the JFICMI. Currently there is an annual intake of trainees, with variable training numbers contingent on the numbers of applicants for special interest year posts and those eligible for post-CST appointment. The numbers of each is approximately 8 at special interest year and 4 at post CSCST year in 2017.

Application process is advertised in October, interviews in November / December, and appointments generally commence in July of the following year.

All training posts are in intensive care units accredited via the JFICMI visitation process (see website for accredited hospital list, [www.jficmi.ie](http://www.jficmi.ie))

### **Training Pathways**

#### **a) Current Training pathways and regulations**

Year 1 of specialty ICM training is characterised by the acquisition of the competencies specified within the curriculum, technical and procedural expertise (see Logbook / Procedures) and success at a summative Fellowship exam (Written, Clinical plus Viva) which is undertaken (JFICMI) at the end of year 1. Intensive Care training at Year 1 may be achieved as a special interest year (SIY) in ICM, as per the established CAI training programme. Completion of Year 1 shall be in the senior years of advanced training for all base specialties (ie. SAT 5/6 for anaesthesia trainees and equivalent for other base specialties). Where this year of intensive care training is not completed within the anaesthesia or other training programme, the trainee will need to complete 2 years of ICM training post base specialty CSCST.

During year 2 of specialty training, there is no further exam in ICM but publications / project or other accreditation (for example in critical care echocardiography) is required - as is suitable to a pre-consultant year of training. Competencies to be attained are as outlined in the JFICMI Curriculum document, with a particular focus on professionalism, and clinical leadership.

By the end of training, year 2 trainees will have completed 24 months of dedicated ICM training to include:

- Completion of all the 12 domains of ICM competency
- Basic Critical Care echocardiography competence
- Attendance at a BASIC course
- Attendance at an IDAP (Donor Awareness Programme) course
- Completion of a prospectively approved audit or research project with associated presentations and publication(s)

- Specific advanced training in critical care echocardiography or extra-corporeal life support (ECLS) training and accreditation or an alternative pathway to research (duration of training would preclude satisfactory completion of both research and specific advanced training modules).

Current Training Outcomes and Career Structure:

The successful completion of one year of ICM training (as above), which includes success at the FJFICMI exam, allows eligibility (in Ireland) for a 'consultant with a special interest in ICM' position provided also that CSCST in base specialty is achieved. This career option is only utilised / available in Anaesthesia at present. 6 The successful completion of a pre-approved second 'supra-specialist' year of ICM training (see guidance above) will allow accreditation as a completed trainee in ICM. Such status will allow eligibility for specialist registration in ICM with the Medical Council of Ireland and eligibility to apply for a Consultant in Intensive Care Medicine position

## Neurosurgery

### Description

Neurosurgery (or neurological surgery) is the medical specialty concerned with the prevention, diagnosis, treatment, and rehabilitation of disorders which affect any portion of the nervous system including the brain, spinal cord, peripheral nerves, and extra-cranial cerebrovascular system. Surgery often covers the full range of neurological disorders. The two main specialist centres for Neurosurgery in Ireland are Beaumont Hospital, Dublin and Cork University Hospital, Cork.

### Pathway

#### **Specialty Training (ST3- ST8) In Neurosurgery**

##### **Entry Requirements**

Entry point to Specialty Training for Neurosurgery can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on core training will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in Neurosurgery which completes at ST8. This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements.

##### **Duration & Organisation of Training**

The Neurosurgery Surgery training programme has a defined curriculum that trainees need to complete. Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST8. Trainees need to complete the curriculum and the FRCS examination in order to achieve a Certificate of Completion of Surgical Training (CCST) . Without the fellowship exam (FRCS) a trainee cannot receive their Certificate of Completion of Specialist Training (CCST) which forms a part of the eligibility criteria for registration with the Irish Medical Council.

## Ophthalmology Surgery

### Description

**Ophthalmology** is the branch of medicine that deals with the anatomy, physiology and disease of the eye and visual system.

Surgical ophthalmology refers to ophthalmologists who perform microsurgical intraocular operations such as cataract extraction surgery or retinal detachment repair surgery. Surgical ophthalmologists nearly all perform cataract surgery as well as specialize in one of eleven different surgical subspecialties.

### Pathway

#### Basic Training in Surgical Ophthalmology

The purpose of the foundation years of surgical ophthalmology training is to provide a broad based initial training in ophthalmology with attainment of knowledge skills and professional behaviours relevant to the practice of ophthalmology in any specialist discipline. Following successful completion of Basic Training in Surgical Ophthalmology (requires passing the MRCSI exam) and depending on career preference and ability, candidates can compete to enter Higher Specialist Training in Surgical Ophthalmology.

***Basic Training is based on a clearly defined curriculum which sets out:***

- Training structure and pathway
- Educational content
- Assessment and appraisal processes
- Examination format and regulations
- Counselling and support arrangements
- Core Training in Ophthalmology introduces trainees to the specialty of ophthalmology and ophthalmic surgery and to the care and management of the ophthalmic patient;
- Principles of assessment and investigation of the surgical patient (elective / emergency)
- Pre-operative preparation, peri-operative management and postoperative care of the surgical patient.
- Principles of operative surgery and theatre etiquette.
- Surgical and multidisciplinary team working
- Professional behaviour/ethical practice
- Pattern of lifelong learning

There are clearly defined competencies which must be achieved in order to progress to the next phase of training. This curriculum defines the principles and practice of Basic Training.

(<https://www.eyedoctors.ie/trainees/Basic-Training-in-Surgical-Ophthalmology.asp>)

#### Higher Specialist Training In Surgical Ophthalmology

### Overview

The surgical ophthalmology curriculum is a seven-year competence-based curriculum, which consists of three core years followed by four years of subspecialty training. The purpose of the Higher Ophthalmic Surgical Training is to provide in-depth surgical training so as to equip trainees with skills both in cataract surgery as well as in the surgical subspecialties of anterior segment surgery (corneal transplant), glaucoma (trabeculectomy), paediatric ophthalmology and strabismus (strabismus surgery), vitreo-retinal (retinal detachment repair), nasolacrimal, oculoplastic and orbital (enucleations) surgery and neuro-ophthalmology. Higher Surgical trainees, irrespective of preference and future career choice, need to complete training in all subspecialties to successfully complete their training.

### ***Training Programme Framework***

Trainees commence the four-year Higher Ophthalmic Surgical Training Programme in ST4. At the end of training, a Trainee is awarded a Certificate of Completion of Specialist Training (CCST) if they have achieved the surgical, clinical, personal and professional competences defined in the surgical curriculum, fulfilled the mandatory assessment requirements and passed the FRCSI Exit Examination. Full requirements are outlined in the CCST section of this document. Retrospective recognition will not be considered for trainees on the streamlined pathway. Trainees may apply for Out of Programme Training (OOPT). This experience may be recognized for training. There is an application process in place, which must be followed for this to be considered, and a maximum of one year applies. Further information is outlined in the OOPT section of this document. Trainees who are awarded recognition of OOPT must complete a minimum of three years on the Higher Ophthalmic Surgical Training Programme in approved accredited posts in Ireland, which is a mandatory requirement for completion of training. OOPT should be taken in the final year of training.

([https://www.eyedoctors.ie/medium/images/ST4-7\\_HST\\_Trainee\\_Guide\\_2019-n.pdf](https://www.eyedoctors.ie/medium/images/ST4-7_HST_Trainee_Guide_2019-n.pdf))

## **Oral & Maxillo-Facial Surgery**

### **Description**

Oral and maxillofacial is involved in all aspects of the diagnosis and surgical care of the mouth, jaws, skull, face, head and neck as well as associated structures and their reconstruction. The aim of the specialty is to provide a comprehensive diagnostic and surgical service, often in a multidisciplinary manner to medical and dental colleagues in a defined anatomical area - the Head and Neck.

Oral and maxillofacial surgery in Ireland and the UK is a medical / surgical specialty requiring both medical and dental degrees. All oral and maxillofacial surgeons must also have a registrable qualification with the Dental Council as well as a postgraduate qualification in dentistry before beginning higher specialty.

### **Pathway**

### ***Specialty Training (ST3- ST8) In Oral & Maxillo-Facial Surgery***

The pathway to becoming an Oral and maxillofacial surgeon is somewhat different.

Oral and maxillofacial surgery in Ireland and the UK is a medical / surgical specialty requiring both medical and dental degrees, culminating in an appropriate qualification, Intercollegiate Fellow of the

Royal College of Surgeons, FRCS (omfs) and a Certificate of Completion of Specialist Training (CCST) from the RCSI.

All Oral Maxillofacial surgeons must also have a registrable qualification with the Dental Council as well as a postgraduate qualification in dentistry before beginning higher specialty training.

In order to be deemed eligible to progress into specialty training in OMFS a surgical trainee must be able to provide evidence that they have already completed their qualification in dentistry

Once this is provided a trainee can progress through the surgical training pathway commencing with entry in the National Surgical Training Programme at ST1.

The length of surgical training for an OMFS trainee will be 7 years (ST1 – ST7) excluding their dentistry degree.

Within these 7 years of training a trainee will /should have undergone a Core Surgical Training in ST1 & ST2 or equivalent. Core Training is a common trunk of training which is undertaken by all surgical trainees, irrespective of their future specialty aspiration. It is intended to introduce trainees to the principles of surgery in general and give them the knowledge, skills and attitudes which are required by all surgical specialties in preparation for Specialty Training (ST3- ST7).

Throughout the two years trainees are assessed via the Competency Assessment and Performance (CAPA) process.

Entry point to Specialty Training for can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on Core training will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in Oral and maxillofacial Surgery which completes at ST8. This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements.

The Oral Maxillo Facial training programme has a defined curriculum that trainees need to complete. Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST7. Trainees need to complete the curriculum and the FRCS examination in order to achieve a Certificate of Completion of Surgical Training (CCST) at end of training.

## Otolaryngology

### Description

Otorhinolaryngology (otolaryngology), is the study of ear, nose, and throat (ENT) conditions. The head and neck region contains a number of our sense organs; hence ENT surgeons deal with problems affecting hearing, balance, taste and smell. Since the head/face/neck forms a visible portion of our bodies, surgeons must be cognisant of the cosmetic aspects of their interventions. Procedures such as nose and ear re-shaping form a part of their work-load. Otolaryngologists treat children with a range of problems such as tonsillitis. Adult patients are often treated for sinus infections, age-related hearing loss, and occasionally cancers of the head and neck.

### Pathway

#### **Specialty Training (ST3- ST8) In Otolaryngology**

##### **Entry Requirements**

Entry point to Specialty Training for Otolaryngology can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on core training will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in Otolaryngology which completes at ST8. This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements

##### **Duration & Organisation of Training**

Within these 8 years of training a trainee will /should have undergone a Core Surgical Training in ST1 & ST2 or equivalent. Core Training is a common trunk of training which is undertaken by all surgical trainees, irrespective of their future specialty aspiration. It is intended to introduce trainees to the principles of surgery in general and give them the knowledge, skills and attitudes which are required by all surgical specialties in preparation for Specialty Training (ST3- ST8).

Entry to Otolaryngology Specialty Training is at ST3 and completes at ST8.

The Otolaryngology training programme has a defined curriculum that trainees need to complete. Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST8. Trainees need to complete the curriculum and the FRCS examination in order to achieve a Certificate of Completion of Surgical Training (CCST) this forms part of the eligibility criteria for registration with Irish Medical Council.



## Paediatric Surgery

### Description

Paediatric Surgery includes surgery in children from birth to 16 years in the following disciplines: neonatal surgery, general surgery of childhood, hepato-biliary, oncology and urology. At present there are 7 paediatric surgeons, performing paediatric surgery in three Children's hospitals in Dublin. Specialty training is usually six years with emphasis on general paediatric surgery in the first 4 – 5 years and sub specialisation in the final year. There are also post CCST (Certificate of Completion of Specialty Training) specialist fellowships in paediatric urology and hepatobiliary surgery available for one year in the UK.

### Pathway

#### **Specialty Training (ST3- ST8) In Paediatric Surgery**

##### **Entry Requirements**

Entry point to Specialty Training for Paediatric Surgery can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on core training will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in Paediatric Surgery which completes at ST8. This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements

##### **Duration & Organisation of Training**

Within these 8 years of training a trainee will /should have undergone a Core Surgical Training in ST1 & ST2 or equivalent. Core Training is a common trunk of training which is undertaken by all surgical trainees, irrespective of their future specialty aspiration. It is intended to introduce trainees to the principles of surgery in general and give them the knowledge, skills and attitudes which are required by all surgical specialities in preparation for Specialty Training (ST3- ST8).

ST3 is entry level into Specialty Training in Plastic Surgery which completes at ST8. Entry can be via the Core Training Programme ST2- ST3 or via the ESR route as outlined above, both entry levels will undergo a Specialty interview.

The paediatric training programme has a defined curriculum that trainees need to complete. Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST8. Trainees need to complete the curriculum and the FRCS examination in order to achieve a Certificate of Completion of Surgical Training (CCST) this forms part of the eligibility criteria for registration with Irish Medical Council.

## Plastic, Reconstructive & Aesthetic Surgery

### Description

**Plastic Surgery** is named from the Greek *plastos* meaning to change. Plastic Surgeons change and save lives by utilising their skill in reconstructive surgery. Our skills are required in many areas ranging from skin cancer to head and neck cancer and the excision and reconstruction of both. Some specialise in hand surgery, others in breast reconstruction surgery, post bariatric reconstruction and burn surgery.

### Pathway

#### **Specialty Training (ST3- ST8) In Plastic, Reconstructive & Aesthetic Surgery**

##### **Entry Requirements**

Entry point to Specialty Training for Plastic, Reconstructive & Aesthetic Surgery can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on Core training will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in Plastic, Reconstructive & Aesthetic Surgery which completes at ST8. This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements.

##### **Duration & Organisation of Training**

The training pathway to becoming a Plastic & Reconstructive & Aesthetic Surgeon in Ireland commences at Core Surgical Training ST1 and completes at Specialty Training ST8.

Within these 8 years of training a trainee will undergo Core Surgical Training in ST1 & ST2. Core Training is a common trunk of training which is undertaken by all surgical trainees, irrespective of their future specialty aspiration. It is intended to introduce trainees to the principles of surgery in general and give them the knowledge, skills and attitudes which are required by all surgical specialities in preparation for Specialty Training (ST3- ST8).

Throughout the two years trainees are assessed via the Competency Assessment and Performance Appraisal (CAPA) process.

ST3 is entry level into Specialty Training in Plastic Surgery which completes at ST8. Entry can be via the Core Training Programme ST2- ST3 or via the ESR route as outlined above, both entry levels will undergo a Specialty interview.

The Plastic & Reconstructive & Aesthetic Surgery training programme has a defined curriculum that trainees need to complete. Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST8. Trainees need to complete the curriculum and the FRCS examination in order to achieve a Certificate of Completion of Surgical Training (CCST) Awarding of CCST deems eligibility for registration with Irish Medical Council.

## Trauma and Orthopaedic Surgery

### Description

**Trauma and Orthopaedic Surgery** involves treating traumatic, developmental and degenerative conditions of the musculoskeletal system and also some tumours that affect bones and soft tissues. It combines medical and surgical skills with a problem solving attitude where a great many innovative techniques are constantly being developed. Paediatric orthopaedic surgery often involves correcting deformity or modulating bone and joint growth and development.

### Pathway

#### Core Surgical Training (ST1 & ST2)

See General Surgery for [Core Surgical Training](#)

#### **Specialty Training (ST3- ST8) In Trauma and Orthopaedic Surgery**

##### **Entry Requirements**

Entry point to Specialty Training for Trauma and Orthopaedic Surgery can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on Core training will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in Trauma and Orthopaedic Surgery which completes at ST8. This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements

#### **Duration & Organisation of Training**

The training pathway to becoming a Trauma & Orthopaedic Surgeon in Ireland commences at Core Surgical Training ST1 and completes at Specialty Training ST8.

Within these 8 years of training a trainee will undergo Core Surgical Training in ST1 & ST2 . Core Training is a common trunk of training which is undertaken by all surgical trainees, irrespective of their future specialty aspiration. It is intended to introduce trainees to the principles of surgery in general and give them the knowledge, skills and attitudes which are required by all surgical specialties in preparation for Specialty Training (ST3- ST8).

ST3 is entry level into Specialty Training in Trauma & Orthopaedic which completes at ST8. Entry can be via the Core Training Programme ST2- ST3 or via the ESR route as outlined above, both entry levels will undergo a Specialty interview.

The Trauma & Orthopaedic training programme has a defined curriculum that trainees need to complete. Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST8. Trainees need to complete the curriculum and the FRCS examination in order to achieve a Certificate of Completion of Surgical Training (CCST). Awarding of CCST deems eligibility for registration with Irish Medical Council.

## Urology

### Description

**Urology** is a surgical specialty that deals with the treatment of conditions involving the male and female urinary tract and the male reproductive organs. Specialists in the field of urology are called urologists, healthcare professionals who are trained to diagnose, detect and treat this group of disorders and diseases.

Traditionally Urology has had a smaller number of trainees compared to other specialties with training concentrated to 8 hospitals in Ireland. One of the major benefits of urology training in Ireland is that a trainee will rotate through at least 4 of the 8 major academic urology units during the scheme.

### Pathway

#### **Specialty Training (ST3- ST8) In Urology**

#### **Entry Requirements**

The Entry point to Specialty Training for Urology can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on Core training will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in Urology which completes at ST8. This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements

### ***Duration & Organisation of Training***

The training pathway to becoming a Consultant Urologist in Ireland commences at Core Surgical Training ST1 and completes at Higher Specialty Training ST8.

Within these 8 years of training a trainee will undergo Core Surgical Training in ST1 & ST2 . Core Training is a common trunk of training which is undertaken by all surgical trainees, irrespective of their future specialty aspiration. It is intended to introduce trainees to the principles of surgery in general and give them the knowledge, skills and attitudes which are required by all surgical specialities in preparation for Higher Specialty Training (ST3- ST8).

ST3 is entry level into Urology Higher Specialty Training which completes at ST8. This is based on on-going progression assessment (CAPA), successful completion of the MRCS exam and specialty interview (ST3-ST8).

The urology training programme has a defined curriculum that trainees need to complete. Biannual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme ([www.iscp.ac.uk](http://www.iscp.ac.uk)) are used to track progression throughout ST3 – ST8. Trainees need to complete the curriculum and the FRCS examination in order to achieve a Certificate of Completion of Surgical Training (CCST) .Awarding of CCST deems eligibility for registration with Irish Medical Council.

## **Vascular surgery**

### **Description**

**Vascular Surgery** is a specialty dealing primarily with diseases and abnormalities of arteries, veins and lymphatic vessels. Patients requiring vascular surgery suffer from many different vascular disorders such as aortic aneurysm, varicose veins, lymphatic disorders, diabetic foot complications. 50% of patients with vascular disease present urgently or as an emergency, many of whom require immediate complex major surgery. Vascular surgical skills were part of the domain of the general surgeon. The increase in the volume and complexity of vascular conditions, and the development of new minimally invasive techniques has led to the need for vascular surgery to become a separate specialty.

### **Pathway**

#### **Core Surgical Training (ST1 & ST2)**

See General Surgery for [Core Surgical Training](#)

### **Entry Requirements**

Entry point to Specialty Training for Vascular Surgery can be direct via competitive interview from the end point of Core Surgical Training (ST2) into ST3 or via the Equivalent Standards route (ESR).

Those trainees on *Core training* will compete to progress to ST3 in their selected specialty towards the end of ST2.

ST3 is entry level into Specialty Training in Vascular Surgery which completes at ST8. This based on continuous assessment during ST1 & ST2 through the CAPA (Competency Assessment Performance Appraisal) process, successful completion of the MRCS exam and Specialty interview.

ST3 entry via ESR is subject to assessment, shortlisting and interview based on application to specialty training as per the application guidelines and specialty requirements

### **Training pathway**

The training pathway to becoming a vascular surgeon in Ireland commences at Core Surgical Training (CST) in ST1 and completes at Specialty Training, ending at ST8. Within these eight years of training, you will undergo CST in ST1 and ST2. Core training is undertaken by all surgical trainees, irrespective of their future specialty aspiration, and aims to introduce all trainees to the principles of surgery in general and give them the knowledge, skills and attitudes required in preparation for specialty training (ST3 - ST8).

ST3 is entry level into Specialty Training in Vascular Surgery which completes at ST8. Entry can be via the Core Training Programme ST2- ST3 or via the ESR route as outlined above, both entry levels will undergo a Specialty interview.

All Specialty Training programmes have a defined curriculum that you will need to complete. Bi-annual assessments, training courses, wet labs and modalities such as the Intercollegiate Surgical Training Programme (ISCP) are used to track progression throughout ST3 - ST7. Successful completion of the FRCS exam is required in order to achieve a Certificate of Completion of Surgical Training (CCST) at the end of training, which deems you eligible for registration with the Irish Medical Council.

The purpose of this curriculum is to train vascular surgeons up to Certificate of Completion of Training (CCST) level to work independently and to the standard of a consultant or equivalent.

As such, most of your skills as a vascular surgeon will relate to the management of 'everyday' vascular elective and emergency surgery, and this forms the basis of the curriculum, with the competencies, both non-operative and operative, being completed by the final year of training.

The curriculum also allows a degree of flexibility to respond to the changing needs of our patients and the development of new models of healthcare delivery – incorporating technological advances, particularly in the endovascular field.

The syllabus includes elective and emergency vascular surgery topics which you will need to complete to enable you to manage the conditions listed in the Scope and Standards of Vascular Surgical Practice key topics. The syllabus also includes specific competencies in elective and emergency gastrointestinal surgery to complement the management of intra-abdominal vascular conditions. These are normally obtained during one indicative year of upper and lower gastrointestinal surgery, undertaken during intermediate training in ST3/ST4.

Some complex vascular and endovascular procedures are performed in only a few specialised centres and therefore do not require every trainee to reach a stage of full competence by the time of CCT. Trainees wishing to work in such centres should seek further experience and mentorship after CCT, although all trainees will be expected to have knowledge of these procedures so that they can initiate an appropriate referral to a specialist centre.