



ICGP Alterations to CSCST for GP Training in the COVID-19 Crisis



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ICGP Alterations to CSCST for GP Training in the Covid Crisis

Adopted by PGTC May 2020

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ICGP CSCST alterations in the Covid crisis

This is a report prepared for PGTC by a working subgroup of the NCCT, April 2020.

Introduction

Disruption to GP training due to the Covid pandemic has occurred in the following ways:

1. Sickness or self isolation of trainees which has impeded 75% attendance in post at the clinical site.
2. Redeployment of trainees from their planned rotation due to service requirements
3. Disruption of the day release. In most instances, schemes are continuing a form of day release via videoconferencing (VC) facilities.
4. Inability of trainees to attend a VC day release due to service demands – this is mostly in the hospital placements.
5. Dramatic alteration in the day time work and patient case mix causing loss of the traditional means of fulfilling a criteria, e.g women's health module, out of hours experience.
6. Personal circumstances of the trainee restricting face to face patient contact, e.g pregnancy, immunosuppression.
7. Sickness or self isolation of clinical supervisors/trainers which dilutes to usual level of supervision.
8. Postponement of modules of the ICGP exam.

On the other hand trainees have experienced educational benefit in being part of a dramatic adaption process within the Irish health service. This has encompassed skills in improving communication, accessing and evaluating a changing evidence base, working in concert with other multiple agencies, rapidly learning and applying new skills, and learning about how the health system works.

All of the above have compelled the ICGP to find alternative means of assessment so that notification of satisfactory completion of training can be awarded. It is important to protect the integrity of the qualification MICGP. In order to do so, the Irish Medical Council recommended resources(1–3) will be used to guide alterations in CSCST.

The guiding principles will therefore include:

- The achievement of the qualification of MICGP will indicate that certain explicitly defined learning outcomes have been achieved. This report will use the ICGP criteria for satisfactory completion of training, guided by the ICGP curriculum as a basis for recommendations. The alternative assessments, as much as possible, makes an evidence based determination whether the learning outcome has been achieved.
- The ICGP will seek the views and opinions of peers in the training community on the proposed arrangements as a means of ensuring good practice and due recognition.
- The alternative assessment should require an equivalent effort on the part of the trainee.

The ICGP PGTC requests all training scheme steering committees to apply flexibility in the interpretation of the criteria for completion of training such that, while patient safety is maintained and training time is completed, a doctor in training is not unreasonably adversely effected by disruptions, which occur through no fault of the trainee, as a result of the Covid-19 emergency.

The core assessments for notification of successful completion of training include the following

Success in the three modules of the MICGP exam and:

- 9.2.1** Trainee Hospital Logs for each hospital training post
- 9.2.2** Consultant Teacher Reports* for each hospital training post
- 9.2.3** Trainee logs for each GP Practice training post
- 9.2.4** Trainer reports* for each GP Practice training post
- 9.2.5** PDT report* for participation in the day-release course
- 9.2.6** Written analysis of video-recorded patient consultations
- 9.2.7** A current certificate in Cardio-Pulmonary Resuscitation
- 9.2.8** ICGP Women's Health Log
- 9.2.9** Written audit/research project
- 9.2.10** A minimum of 120 hours per year out-of-hours duty

*Reports must certify

- (a) at least 75% attendance (in post);
- (b) active participation in training;
- (c) satisfactory skills and performance standards.

Where appropriate in this document guidance from the ICGP Criteria for Postgraduate Training Programmes in General Practice(4) and from the ICGP Curriculum(5) is observed.

An accompanying list of recommended online learning modules is in Appendix 1.

This alteration in the CSCST is to cover the period March to September 2020, inclusive and will be reviewed by the PGTC at their September meeting. The guidelines in this document applies to trainees between now and September 2020. We do not know at this stage how the guidelines will be changed after that, but the principle of fairness will be employed into the future.

4th Year trainees

In expectation of qualifying from GP training in July current 4th years are most urgently in need of consideration. It is expected that trainee hospital logs and consultant teacher's reports have been completed, so this report will focus on the other 8 criteria for this report.

Trainee logs for each GP practice training posts

Current 4th year trainees will have had 7 months of normal experience in their second year of GP practice. Adaption of General Practice to the crisis will have encompassed learning outcomes from the following ICGP curriculum chapters:

- Personal and Professional Development
- Practice Management
- Patient Safety and Quality of Care
- Evidence Based Practice, Critical Thinking and Research
- Infectious Disease and Travel Health
- Mental health
- Health Promotion
- Acute Care and Out of Hours.

Trainees are encouraged to review the 8 chapters described above, in conjunction with their trainers and to write a brief report on the achievement of learning outcomes which their experience in the adaption to the Covid crisis has entailed.

With regards the remainder of the curriculum trainees are requested to review the other 25 chapters, or conduct a learning needs assessment by any other instrument in use by the scheme, to consider the breadth of clinical experience accumulated to date. A presentation on conducting a learning needs assessment is available here:

https://www.icgp.ie/go/become_a_gp/educational_resources/learning_resources_for_the_educator

Common GP presentations identified by the 4th year trainee, in conjunction with their trainer, to which the trainee has had less exposure than would be expected at the end of training should be identified. The altered nature of current general practice may not make it possible to gain exposure to these conditions.

These learning needs can be somewhat addressed by the use of the resources at the end of the relevant chapter in the curriculum, which link to modules for which certificates of learning can be produced, e.g ICGP modules, BMJ Learning. Also consider case based discussions and role play.

Trainer report for each GP practice training post

Many GP practice placements will be deficient in the number of clinical practice days in the Covid crisis compared to the normal level of clinical exposure by a trainee on completing 4th year.

With regard to certification by the trainer:

- 75% attendance will apply to the placement length including any time spent in Community Assessment Hubs. However hours worked in the Hubs cannot be double counted for 75% attendance and OOH.
- Active participation in training will apply as normal.
- Satisfactory skills and performance standards – The usual instruments in use by the scheme will continue. The current necessary changes in practice may have prevented some usually occurring skills, apart from any specified below, to have not been witnessed. In this case, the trainer will satisfy themselves that the trainee has sufficient consultations skills, good habits in evidence identification and application and has demonstrated sufficient initiative and adult learning ability to acquire those skills independently. Production by the trainee of certificates of completion of online modules will help build the evidence base by which a trainer can comfortably certify satisfactory skills and performance standards.

In cases where the trainer has continuing uncertainty about their trainee due to disruption in the normal trainer-trainee relationship, they will seek guidance from the programme directing team or the steering committee of the scheme, whichever is most appropriate.

PDT report on the participation in day release

Trainees who are completing day release are likely to have had some interruptions in the final three months of their day release. Most schemes have continued a form of day release.

75% attendance will only apply to the number of day release sessions which have been available.

Where a 4th year trainee has been unable to satisfy the 75% attendance in 2020 due to service demands, there should be a written record from the trainee describing the dates of non attendance and the circumstances which prevented attendance. The PDT, in consultation with the steering committee or the chair of the steering committee will review the case with a view to making allowances for the exceptional circumstances unless competence or safety issues have been identified.

Written analysis of video-recorded patient consultations

It is hoped that most 4th years will have this criterion already achieved and in the file. As per to the ICGP Criteria document, this is up to the standard set by the steering committee of the scheme.

Where this is not already in the file, it will be more difficult to achieve in the current situation where there are far fewer face to face consultations. For trainees able to continue face to face consultations, they may be in a position to achieve this criterion in ongoing antenatal appointments or in the small number of face to face consultations which continue to occur.

In situations where this is not possible, it may be possible to simulate a consultation through a VC recording using other trainees in role play or actors which the scheme may appoint. If a scheme wishes

to access the ICGP exams actors, the ICGP exams manager, Ms. Muriosa Prendergast, is available to assist in this. For this year only, the ICGP will allow simulated consultations as well as real patient consultations.

A current certificate in Cardio-Pulmonary Resuscitation

It is hoped that most 4th year trainees will already possess this certificate which is required to be within the 2 years since the last CPR course.

The ICGP has been in communication with the Irish Heart Foundation who co-ordinate resuscitation training for the HSE. The IHF has confirmed that courses continue to award a current certificate of CPR. More preparatory work is done through an online theory course, and practical training is conducted taking into account social distancing rules. Continuing courses can be found here:

<https://irishheart.ie/your-health/cpr/healthcare-professionals/>

For this year only, it is also allowable to accept a CPR cert from within the last 3 years.

ICGP Women's Health Log

It is hoped that this is complete or almost complete in each trainee portfolio. Where it is not complete the trainee should review, as a matter of priority, the portfolio with a member of the PDT or their trainer.

Where deficiencies in the Women's health log have been identified, the following online courses will assist in providing the evidence base for completion of the women's health log:

National screening service on line courses : <https://nssresources.ie>

- HPV cervical screening module
- Cervical Check in practice 2020
- Cervix visual assessment guide and recognising the suspicious cervix.

These three courses, which are free once registered, provide online certificates which can be included in the trainee portfolio.

Also consider the following ICGP webinars:

Available at <https://www.icgpeducation.ie/course/view.php?id=38>

- Cytology, HPV and what the future holds in cervical screening.
- STIs in 2019; 5 key messages

Consider the following modules on PrescriptionRevision

- Combined oral contraception
- PostCoital contraception
- Treatment of menopause symptoms

Consider the following modules on GPbuddy.ie

- An assessment of infertility
- Practical questions of HRT
- There are two LARC modules also.

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The following 5 clinical examinations/procedures from the women's health log require particular attention:

- Perform antenatal clinical exam and assessment
- Complete with confidence the maternal postnatal check
- Complete with confidence the 2 and 6 week baby check
- Perform an appropriate breast examination
- Perform an appropriate pelvic examination

It is essential that the trainee is competent in these 5 procedures prior to qualification. Models for simulation of pelvic examination are available in most HSE education centres.

Written audit/research project

It is hoped that this is complete or almost complete in each trainee portfolio. Where it is not yet complete there is still time to conduct an audit.

Whether the trainee is seeing patients face to face or not, or is in a Covid hub or in practice, unless the trainee is cocooned, opportunities will be present to conduct a quality cycle.

The following are examples taken from the PCS resources section of the ICGP which most trainees should be able to do:

1. Audit of hand-washing technique

https://www.icgp.ie/go/pcs/practice_improvements_from_gps/9861058D-3149-407B-BC2B73B8D583576B.html

2. Repeat prescribing audit

https://www.icgp.ie/go/pcs/practice_improvements_from_gps/F5D88810-F91A-4D58-A7C82D67A751D943.html

Other suggested audits for the Covid crisis

- Quality of referral letters
- Audit of donning and doffing of PPE
- Antimicrobial prescribing in the hubs – consistent with national guidelines?

A clinical audit which includes the following steps will suffice for the research and audit requirements of CSCST:

Select topic; select guidelines; derive criteria; set audit standards; collect data; compare findings to audit standards; make recommendations for change. Collection of a second round of data after implementing change is not required in this year due to the interruptions to clinical activity.

A minimum of 120 hours per year out-of-hours duty

Current 4th year trainees will have had 7 months of normal experience in their second year of GP practice. Taken on a pro-rata basis, it is hoped that trainees have at least 70 hours of OOH duty completed to date. Also the ICGP notes that the work to be undertaken in the Covid hubs can satisfy some, but not all, of the learning outcomes related to OOH work described in Appendix 2.

The obstacles to satisfying this criterion include:

- Some trainees have been stopped from doing face to face clinical duties. This does not prevent telephone triage and phone/video consultations in the OOH setting.
- Trainees should not be expected to do OOH in the weeks in which they serve in the Covid hubs. The Covid hubs are likely to be physically draining.
- The nature of OOH consultations have altered dramatically and do not currently reflect previous learning in OOH. It is expected most 4th year trainees will have had at least 190 OOH over their 3rd and 4th year time in the community to date.

The ICGP allows

- Where a 4th year trainee has a deficit in reaching the 120 OOH requirement through normal OOH clinical work, recorded hours working in the Covid hubs can make up the deficit. However hours worked in the Hubs cannot be double counted for 75% attendance and OOH. For assistance in calculating this, please see appendix 3.
- Where a 4th year trainee has a deficit in reaching the 120 OOH requirement through normal OOH clinical work, recorded hours volunteered with the National Ambulance Service can make up the deficit.
- Schemes should facilitate trainees who are not working in Covid hubs to find ways of fulfilling the OOH requirement.

Each 4th year trainee should review the ICGP curricular learning outcomes which are achieved in OOH in Appendix 2 with their trainer, supported by their PD team as a matter of urgency to ensure these learning outcomes have been achieved.

3rd, 2nd, 1st years

Trainee hospital logs for each hospital training post

Hospital teacher's report for each hospital training post

Many 1st and 2nd years (and some 3rd years) have not accomplished the 75% in post as planned due to redeployment, illness or necessary self isolation.

75% in post of 24 months in hospital posts are required to be served in GP training, this is 75% in post of 12 months for RPL trainees who have received a credit of a year of hospital experience.

4 months of hospital medicine and paediatrics are mandatory experiences. These two mandatory experiences can have been acquired prior to commencing GP training if this has been granted through the RPL process, or, without shortening training, if the experience fulfils item 4.7 of the criteria document.

According to the criteria document 75% in post of 3 months minimum in O+G, psychiatry and Emergency Medicine are acceptable for completion of these posts.

Without shortening training, and taking into account the flexibility which is afforded by our structures of training, schemes are requested to facilitate flexibility in the rotation lengths which have necessarily been affected by service demands.

Trainee logs for each GP practice training posts;

Trainer report for each GP practice training post

The same principles apply as for 4th years. However there is a larger buffer in which to achieve the necessary learning outcomes.

PDT report on the participation in day release

Most schemes have continued a form of day release. 75% attendance will only apply to the number of day release sessions which have been available.

Where a 1st, 2nd or 3rd year trainee has been unable to satisfy the 75% attendance in 2020 due to service demands, there should be a written record from the trainee describing the dates of non attendance and the circumstances which prevented attendance. The PDT, in consultation with the steering committee or the chair of the steering committee will make review the case with a view to making allowances for the exceptional circumstances unless competence or safety issues have been identified.

Written analysis of video-recorded patient consultations

A current certificate in Cardio-Pulmonary Resuscitation

ICGP Women's Health Log

Written audit/research project

There should be sufficient time for 1st, 2nd and 3rd years to complete these elements. However extra care in the one to one reviews is necessary to supervise the progress towards these attainments.

A minimum of 120 hours per year out-of-hours duty

Current 3rd year trainees will have had 7 months of normal experience in their second year of GP practice. Taken on a pro-rata basis, it is hoped that trainees have at least 70 hours of OOH duty completed to date.

The problems with regard this criterion include:

- Some trainees have been stopped from doing face to face clinical duties. This does not prevent telephone triage and phone/video consultations in the OOH setting.
- Trainees should not be expected to do OOH in the weeks in which they serve in the Covid hubs.

The ICGP allows

- Where a 3rd year trainee has a deficit in reaching the 120 OOH requirement through normal OOH clinical work, recorded hours working in the Covid hubs can make up the deficit.
- All hours worked in the Covid hubs are counted towards OOH
- All hours worked in volunteering for the National Ambulance Service can be counted towards OOH.
- Schemes should facilitate trainees who are not working in Covid hubs to find ways of fulfilling the OOH requirement.

Trainees with a medical vulnerability.

There are two situations of medical vulnerability – those which allow a trainee to continue in non face to face clinical work, e.g trainees who are pregnant or have some underlying medical conditions, and those trainees, who due to particular other underlying conditions are not able to work at all at present as they are cocooned.

Those trainees who can work in non face to face work can continue their training through maximising all resources which are available – online resources, video- conferencing facilities and exposure to a wide range of GP presentations through telephone consultations and continuing tutorials.

Trainee who are unable to continue with non face to face work will have to pause their training. It is recommended that such trainees engage with their local CHO HR office in order to preserve the funding available for them to continue their training once this can be accommodated.

References

1. GUIDING PRINCIPLES FOR ALTERNATIVE (DEVISED IN RESPONSE TO THE COVID-19 EMERGENCY. 2020.
2. 10 Points to Consider in Choosing Alternative Assessment Methods for the Online Environment. 2020.
3. Academic Integrity in Online Assessment. 2020.

4. ICGP. Criteria for Postgraduate Training Programmes in General Practice. [Internet]. 2016 [cited 2020 Apr 12]. Available from: https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents
5. McEllistrem B, Carroll NO. ICGP Curriculum for GP Training in Ireland [Internet]. ICGP. 2018 [cited 2019 Mar 18]. Available from: <https://www.icgp.ie/go/library/catalogue/item/487E0DA6-DF99-4F7E-92F3748287E8B02E>

Appendix 1 – Online resources for GP training which facilitate certificates of completion

The following sources facilitate evidence of ongoing education. With the exception of the ICGP core curriculum, they all prepare certificates on successful completion of the learning event for upload into a training portfolio.

ICGP resources

ICGP curriculum

https://www.icgp.ie/go/become_a_gp/core_curriculum

Interactive and hyperlinked throughout.

Use to assess learning needs and address those learning needs through use of the resources at the end of each chapter.

ICGP online modules

https://www.icgp.ie/go/courses/continuous_professional_education

Interactive learning modules and ICGP guides in 11 major clinical topics (cardiovascular, respiratory, dermatology etc.) and in “other” =allergy and pain management.

ICGP live educational webinars to book

https://www.icgp.ie/go/courses/education_webinars

Assorted education webinars, about once a week and is continuing through the Covid crisis.

ICGP Forum MCQs

<https://www.icgpeducation.ie/>

Website under construction. Can be used at present to take the MCQs for each month’s Forum distance learning.

HSE Resources:

HSELand

<https://www.hseland.ie/>

A few hoops to jump through to get registered, this is the official training hub for the HSE. Use your medical council registration when asked for your staff number.

It is well worth it as it gives you full access to HSE library. For Trainers, you can go to the HSE library, set up an Open Athens account and have access to lots of things like BMJ learning and

There are a few other things of interest in the website – the courses section has a couple of things in the clinical skills section -an overview of all mental health services, anaphylaxis training and a module on rheumatological assessment of the musculoskeletal system.

National Screening Service eLearning

<https://nssresources.ie>

This is the e-learning portal for the National Screening Service. It has particularly useful resources for cervical screening.

BMJ Sites:

<https://bestpractice.bmj.com/>

If you always log in, then go to furthest right hand tab at the top of the page, the site will create for you a certificate of the number of hours, and topics checked each month, automatically based on your activity.

<https://learning.bmj.com/>

Trainees have access to this through HSE library services

Other sites.

GP buddy.ie

<https://www.gpbuddy.ie/index.cfm>

Developed by one of our PDs, Darach O Ciaradh, once entered into the site, the education tab leads to 64 short lectures on useful GP clinical topics. Having listened to the lecture, which is in Q+A format, complete the quiz to access your certificate.

Doctor CPD

<https://www.medilearning.ie/doctorcpd>

Sponsored by the Medical Independent, this site contains case studies, tutorial, Q+As (webinars not yet developed) on a variety of good topics, e.g face pain, diabetes, asthma, psoriasis.

Prescription Revision

<https://prescriptionrevision.com/>

This is the only resources which requires a payment. It is included as it has been developed and resourced by our own Dr. Paul Ryan. It is an online theoretical course which will equip trainees for common GP therapeutics presentations. The €190 subscription allows the completion of 27 modules, all very relevant to Irish GP. The 27 clinic topics can be reviewed on the website without a subscription.

FEMMA

Appendix 2; Learning Outcomes from the ICGP curriculum which require OOH exposure to acquire full competence.

OHLPM3A	Recognise those illnesses where immediate action is needed to reduce death and significant morbidity
OHLPM6A	Take responsibility for a decision to refer on an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient
ADLSP2A	Discuss contraceptive and emergency contraceptive options and assist adolescents to make informed choices
SXLPC4A	Assess the competency of young people in making their own health decisions regarding their sexual health, including contraception
SXLS3A	Know how to prescribe contraception including emergency contraception and its pharmacology, use, patient concordance issues for both genders.
MHLAC2A	Understand the Mental Treatment Act and how to create an immediate safety plan with a suicidal patient
DALSP1A	Recognize the symptoms and signs of drug and alcohol misuse as well as the signs and symptoms of withdrawal.
DALSP2A	Manage a request for benzodiazepines and other drugs with a street value using a rational prescribing policy and in a manner that maintains a healthy doctor patient relationship
MHLSP10A	Understand the principles of managing a patient following self-harm, and suicidal ideation.
MHLAC2A	Understand the Mental Treatment Act and how to create an immediate safety plan with a suicidal patient
MHLSP23A	Understand the primary care management of psychosis and other severe psychiatric disorders
OHLSP5A	Evaluate a patient's presentation without access to his or her medical records.
SHLSP2.1A	Management of children at risk cases.
SHLSP2.3A	Detection and management domestic violence.
OHLPC3A	Understand the challenges of maintaining continuity of care in acute illness and

taking steps to minimise this by making suitable handover and follow- up arrangements.

- OHLSP4A** Demonstrate an ability to use telephone triage and advise the patient/carer as to whether they need further review and to modify your own communication skills to accommodate this.
- OHLPM6A** Take responsibility for a decision to refer on an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient
- PALSP8A** Describe legal responsibilities surrounding death/disease certification; regarding mental illness; referrals to coroner; also in criminal cases
- OHLPC4A** Attend to the needs of carers involved at the time of the acutely ill person's presentation.
- OHLPC5A** Demonstrate an awareness of any conflict regarding management that may exist between patients and their relatives, and act in the best interests of the patient always.
- OHLSP3A** Demonstrate an ability to deal sensitively and professionally with people who may have a serious diagnosis and refuse admission.
- OHLAC2A** Demonstrate an understanding of the local arrangements for the provision of out-of-hours care including IT set up, house visits and follow up of test results and patient consultations
- OHLAC3A** Understand your ability to work in a busy and time-pressured environment and self-awareness of how you respond to stress.
- CHLAC1A** Understand the importance of the workload issues raised by paediatric problems, especially the demand for urgent appointments and the mechanisms for dealing with this
- IDLAC1A** Demonstrate the ability to use personal protective equipment for infection scenarios
- OHLAA2A** Understand the value of effective teamwork in the out-of-hours situation and the roles and responsibilities of all staff, both administrative and clinical.
- MHLSP5A** Understand the initial management of those who present following violent behaviour (domestic, sexual assault, staff safety, restraint)
- MHLPM11A** Protect and support colleagues where appropriate where known violence or aggression can be exhibited
- MNLCO6A** Be aware that men presenting with aggressive behaviour could be a sign of psychological stress
- OHLAS2A** Demonstrate an understanding of written protocols that are available from local OOH centres and how these may be adapted.

OHLAC1A	Demonstrate an awareness of legal frameworks affecting acute healthcare provision especially regarding compulsory admission and certification in mental health emergencies.
OHLCO2A	Manage and address health seeking behavior where appropriate to help achieve effective and efficient use of OOH services
OHLCO4A	Advise on the other sources of help that they may access for urgent and unscheduled care.
OHLAS3A	Evaluate performance in regard to the care of the acutely ill person; including an ability to conduct significant event analyses and take appropriate action.

Appendix 3; Guidance on how to count clinical hours towards OOH:

Counting 75% in post and OOH during the redeployment to the Community Assessment Hubs

The Alteration in CSCST document states

“With regard to certification by the trainer:

- 75% attendance will apply to the placement length including any time spent in Community Assessment Hubs.”

And

“Where a 4th year trainee has a deficit in reaching the 120 OOH requirement through normal OOH clinical work, recorded hours working in the Covid hubs can make up the deficit. “

While the same hours working in the Covid hubs cannot be double counted both for Trainer sign off on 75% attendance in post, and OOH, there should be good leeway to use assessment hub hours worked towards the OOH requirement as described below:

The NCHD contract sets out the expectation of 114 working days from January to July (second Monday of each month) and 113 working days from July to January (second Monday of each month). This takes into account leave entitlements and bank holidays.

To satisfy 75% attendance the minimum period in post must be 85 days of work (excluding days of sick/educational leave) if it is a 6 month post, **inclusive of day release**. As day release provision differs across the country, this is why the calculation is inclusive of day release. A

minimum of 65 – 70 days will be spent in the practice in a six month placement, although most trainees spend more days than this in the practice.

For the purposes of flexibility in addressing the redeployments with the Covid crisis, the PGTC proposes that days worked in the community hubs can be allowed towards the 120 OOH requirement, so long as these hours are not also counted towards 75% in post.

This means that, taking the January to July six month period, for example, when a trainee adds all the days worked in their practice, plus all the days worked in the community hub, plus all the days when day release was attended, this total should come to a minimum of 85 days worked.

Any day worked in the hubs which are in excess of 85 days summed up above can be allowed towards the OOH requirement.

FINAL

