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# Standards for Postgraduate Training Schemes



07 May 2020



**IRISH COLLEGE OF GENERAL PRACTITIONERS**  
**STANDARDS FOR POSTGRADUATE TRAINING SCHEMES**  
**IN IRISH GENERAL PRACTICE 2020**

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Ratified by PGTC. May 2020

# Introduction

The legislation underpinning General Practitioner training is the Medical Practitioners Act (MPA) 2007 and the European Directive 2005/35/EEC. The MPA provides for the accreditation of recognised training bodies in the context of the statutory requirements laid down in the Act, and the European Union (EU) Directive outlines the requirements to facilitate the free movement of doctors and the mutual recognition of diplomas, certificates and other evidence of formal qualifications within the EU. The Medical Council of Ireland is the governing authority, which functions in accordance with the MPA 2007 and recognises the Irish College of General Practitioners (ICGP) as the accredited training body for general practice.

The Postgraduate Training Committee (PGTC) of the ICGP has responsibility for the promotion and maintenance of standards of General Practice training in Ireland. The Accreditation Sub-Committee of the PGTC executes the accreditation function by defining the standard for General Practice (GP) training schemes and undertaking their accreditation and reaccreditation.

General Practice training in Ireland is funded by the Health Services Executive (HSE).

This document defines the standard for Irish GP training schemes and describes the criteria required to achieve the necessary standard. This encourages and allows for the innovation and independence of each scheme in deciding how best to achieve these standards.

This updated document reflects the views of the ICGP in 2020. This current edition will be published and become operational in 2020 for reaccrediting training schemes. It incorporates changes to meet the Medical Council standards for postgraduate training.

The ICGP and the HSE are currently undertaking a review of the organisation and structure of General Practice training in Ireland. When completed, the outcome of this review will be incorporated in future updates of this standards' document, as appropriate. In the interim, it is important that the ICGP continues to accredit schemes according to this standard to ensure training of future general practitioners meets the needs of the communities they serve.

## Domains of Good Professional Practice

The Medical Council has defined eight domains of good professional practice (Fig. 1). These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. Since they describe the outcomes which doctors should strive to achieve, doctors should refer to these domains throughout the process of maintaining competence in line with the standards. For example, the domains can be used to assess needs and plan maintenance of professional competence and they can be cross-referenced with specific activities for maintenance of professional competence.



**Fig. 1: The Medical Council Eight Domains of Good Professional Practice**

## General Practice Curriculum

The Curriculum Development Committee, which is also a sub-committee of the PGTC, was established in 2003 to review and make recommendations on the content of training for General Practice while allowing for diversity among training schemes. The ICGP's definition of general practice in Ireland was adopted at its AGM in 2005. The curriculum is based on this definition and was initially published in 2007. It was extensively modified in 2016 and further updated in 2018 and 2019. This curriculum is the basis for training and will continue to be updated regularly by the ICGP. The Membership of the ICGP (MICGP) examination and all assessment processes are mapped to the curriculum.

## Training Scheme

The overall responsibility for content and administration of each training scheme rests with the respective scheme's steering committee. To complete training it is necessary for each participant to achieve all elements of satisfactory completion of training as defined by the ICGP (see Ch. 9). A record of achievement of these elements of training is maintained by the scheme. A letter of nomination for certification of completion, signed by the Chair of the steering committee and the Programme Director is submitted to the ICGP. This letter of nomination, together with success in the MICGP examination, allows the ICGP to award the final certificate of satisfactory completion of specialist training (CSCST). Doctors who hold the ICGP CSCST gain membership of the ICGP and it entitles the holder to apply for entry on to the General Practice Specialist Division of the Register of Medical Specialists with the Medical Council of Ireland. Entry on the GP specialist division of the Medical Council of Ireland is required to hold a state contract as a general practitioner.

The ICGP has extended indemnity to GP trainers, directing teams and steering committees in the context of their respective roles and obligations as specified in this document in relation to the nomination for completion of training.

### Documentation to support Nomination for Certification of Completion of Specialist Training

The ICGP has produced core documentation to record each of the required elements for a nomination of completion of training. Documentation maintained by training schemes should be consistent with this core documentation and will be reviewed at each accreditation visit.

General Practice training is of four years' duration. Schemes offer two years of hospital posts encompassing the major subspecialties and two years in training practices under the guidance of a GP trainer. Throughout these years, participants must attend the release course run by the scheme that focuses specifically on the learning needs of general practice, drawn from the ICGP Curriculum. GP Training should be completed within six years of commencement in order to preserve the educational integrity of the training process. Duration of training can be allowed to extend beyond 6 years in particular rare circumstances, as presented to and agreed by the PGTC, through the National Director of Training.

In brief, trainees must occupy each post assigned to them for a minimum 75% of its duration, participate actively in the training offered within the post, and achieve the required clinical standard. The Consultant teacher or GP trainer must certify that these conditions have been met for each post assigned within the scheme.

While full attendance is expected, trainees must achieve a minimum 75% attendance\* at the day release course provided by the scheme. During training they must also complete hospital and GP

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\* Trainees/Registrars participating in the Recognition of Prior Learning (RPL) programme must achieve 80% attendance at the day-release course.

experience logs, a minimum of 120 hours of out-of-hours (OOH) experience per year in General Practice, a Women's Health log book, an analysis of video-recorded real patient consultations, a research or audit project and hold a current certificate of proficiency in cardio pulmonary resuscitation.

### **Registration**

Under the MPA 2007, a Trainee Register was established in March 2009. The accredited training bodies are required to validate the continuing registration of trainees based on periodic provision of the necessary documentation. The ICGP holds the register for GP training. Trainees are required to notify both scheme and GP training unit of the ICGP of leave outside of annual leave and educational leave as per their training agreement with the training body. Trainees must maintain their registration on the trainee specialist division of the medical register for the duration of their training and are bound by its rules.

Ratified by PGTC. May 2020

## Chapter 1

### The Steering Committee

**Standard: There will be a fully representative functioning steering committee capable of addressing the needs of all stakeholders.**

- 1.1 The body that holds overall responsibility for a training scheme in general practice is the steering committee.
  - 1.1.1 The steering committee, in line with the standards and policies as laid down by the ICGP<sup>1</sup> and with legislative frameworks and the policies and procedures of the employing authority, determines policy and is responsible for the delivery of training.
  - 1.1.2 The steering committee oversees the due process of the Nomination for Certification of Completion of Specialist Training.
  - 1.1.3 The steering committee ensures liaison is maintained between the many elements of the Scheme.
  - 1.1.4 The steering committee shall operate according to Terms of Reference specified below.
  - 1.1.5 Terms and conditions of employment are the responsibility of the appropriate employing authority.
  - 1.1.6 The steering committee is the advisory board on appointments.
- 1.2 The steering committee will operate as follows:
  - 1.2.1 The steering committee membership will be representative of the broad spectrum of interests in GP training in the region. This should include, at least, named representatives of General Practice trainers, Consultant teachers, a minimum of two Trainees/Registrars, the HSE and the ICGP. The Programme Director (PD), or her/his nominee from the Programme-Directing Team (PDT), should also attend the steering committee and act under its guidance. The steering committee should agree its own voting procedures.
  - 1.2.2 The membership of the steering committee shall be subject to a regular reselection process whereby, named representatives will be elected / re-elected at least three-yearly.
  - 1.2.3 Members of the steering committee may represent one stakeholder group only, for example, the Chair may not also represent a stakeholder group.
  - 1.2.4 The steering committee shall elect a Chair from its members on at least a three-yearly basis. The Chair may serve a maximum of two consecutive terms. The Chair and the Programme Director are responsible for signing the Nomination letter for Certification of

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<sup>1</sup> ICGP GP Training Policy Documents, available at:

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)



Completion of Specialist Training which is submitted to ICGP.

- 1.2.5** Steering committee meetings will only proceed if a quorum has been reached. A quorum consists of one representative from three of the five stakeholder groups plus the Chair or her/his nominee, plus the PD or her/his nominee from the PDT.
- 1.3** The steering committee will meet at least three times per year. Alternatively, the steering committee will meet on at least two occasions and will appoint a smaller representative Management Sub-Committee to facilitate its role in managing the General Practice training scheme.
- 1.3.1** Each individual management sub-committee will be appointed by the steering committee and will consist of the Chair of the steering committee and a representative from at least three stakeholder groups.
- 1.3.2** The management sub-committee must meet on at least two further occasions per annum and report formally to the steering committee.
- 1.4** The agenda, attendance and minutes for meetings will be maintained and should be available for inspection.
- 1.5** The terms of reference for steering committees of training schemes for General Practice are as follows:
- 1.5.1** To devise and operate schemes of training subject to the standards and policies laid down by the ICGP<sup>2</sup> and in line with legislative frameworks and with policies and procedures of the employing authority.
- 1.5.2** To issue to ICGP, as the training body, a nomination letter indicating satisfactory completion of training signed by the Chair of the steering committee and the scheme Programme Director.<sup>3</sup>
- 1.5.3** To ensure that recruitment and selection is compliant with relevant legislative frameworks and with ICGP and national policy.
- 1.5.4** To select accredited hospital posts, maintain a register of these and maintain an accreditation process for each post as in Chapter 4 of this document.
- 1.5.5** To select accredited GP training posts,<sup>4</sup> maintain a register of these and maintain an accreditation process for each post as in Chapter 5 of this document.

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<sup>2</sup> ICGP GP Training policies available at:

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

<sup>3</sup> ICGP Policy on how to accredit activities in determining satisfactory completion of post and the 75% attendance rule, available at:

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

<sup>4</sup> ICGP Policy on Trainer Recruitment available at:

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

- 1.5.6** To ensure that Trainees/Registrars sign the ICGP training agreement as agreed between the HSE and the recognised postgraduate training bodies.
- 1.5.7** To ensure that GP trainers are offered the appropriate GP Trainer Contract, as negotiated between the IMO and the HSE.
- 1.5.8** To ensure that PDT-members are offered appropriate contracts.
- 1.5.9** To act as the advisory board on appointments.
- 1.5.10** To identify the learning needs of trainees/registrars who fail to achieve satisfactory completion of training and to make recommendations accordingly. Where remediation is considered necessary, to ensure that funding for this purpose is made available in line with the HSE training contract and formally to notify the National Director of Training.
- 1.5.11** To liaise with the ICGP and other bodies involved in postgraduate training for General Practice.
- 1.5.12** To oversee the delivery of training and to facilitate, encourage and support all teaching personnel in the further development of teaching skills.
- 1.5.13** To arbitrate when required, on problems within the training scheme and in disciplinary matters, with reference to local and national resolution processes.<sup>5</sup>
- 1.5.14** To make recommendations as to the required funding and resources for the operation of the scheme.

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<sup>5</sup> GP Trainee Procedures relating to Educational Grievances, available at:  
[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

## Chapter 2

### Administration of a Training Scheme

**Standard: The administration systems will demonstrate the continuous management of all the essential areas of the scheme.**

- 2.1** The scheme must maintain and retain documentation of all components of training, consistent with documentation issued by the ICGP to support the letter of nomination for certification of completion of training in GP and to demonstrate the continuous and effective management of all essential areas. Administrative systems must comply with all relevant legislation including General Data Protection Regulation (GDPR), the Irish Data Protection Act 2018, the Freedom of Information Act 2014 and Medical Council guidelines.
- The administration systems will demonstrate the continuous management of all the essential areas:

- 2.1.1** Steering Committee;
- 2.1.2** Administration and financing of a training scheme;
- 2.1.3** Programme Director & Assistant Programme Directors;
- 2.1.4** Hospital posts;
- 2.1.5** The GP Trainer components;
- 2.1.6** The Trainee/Registrar;
- 2.1.7** Trainee/Registrar Assessment;
- 2.1.8** Recruitment;
- 2.1.9** All elements of Nomination for Certification of Satisfactory Completion of Specialist Training.

- 2.2** The scheme must have administrative processes to cope with the contingencies of training such as:

- Maternity/Paternity leave
- Parental Leave
- Safety leave
- Part-Time Training
- Flexible training
- Overseas Placements
- Remedial Training
- Inter-scheme Transfer/Exchange

The scheme must be responsive to unforeseen changes in training, market demands, political, economic, social and technological influences and changes in legislation, HSE and ICGP guidelines.

### **2.3 Accommodation**

- 2.3.1** Accommodation of the scheme must consist of offices with adequate space for the administrating and teaching staff, and teaching accommodation with adequate space for the participants.

### **2.3.2 The offices shall:**

- 2.3.2.1** Be conveniently located to the teaching accommodation;
- 2.3.2.2** Be suitably equipped;
- 2.3.2.3** Have locked storage with adequate security;
- 2.3.2.4** Have access to a separate office in which meetings of a confidential nature can be held;
- 2.3.2.5** Have tutorial rooms sufficient to accommodate all training groups of the scheme in small group and plenary formats, and
- 2.3.2.6** Have internet access to assist training and research.

## **2.4 Equipment**

- 2.4.1** There must be access to up to date audio-visual teaching equipment sufficient to cater for the needs of the training scheme.
- 2.4.2** There must be easily accessible general practice evidence-based literature and websites for teaching and research purposes both for teaching staff and trainees.

## **2.5 Staff**

- 2.5.1** The provision of administrative support should be sufficient to meet the administrative needs of the scheme. The operational aspect of work should come under the direction of the Programme Director.
- 2.5.2** The Administrator(s) will have a defined contract and job description which will be compliant with all legislative frameworks.

## **2.6 Funding**

Provision will also be made in a training scheme budget for outlays as detailed:

- 2.6.1** Teaching staff should be paid the nationally agreed rate of remuneration;
- 2.6.2** Travelling expenses will be available to programme directors (PDs), assistant programme directors (APDs) and Trainers at HSE rates;
- 2.6.3** PDT-members and trainers will be reimbursed registration fees, subsistence and other necessary costs incurred for attendance at relevant approved meetings;
- 2.6.4** Subscriptions by PDs, APDs and Trainers to educational organisations deemed appropriate by the steering committee and agreed with the HSE will be reimbursed;
- 2.6.5** In agreement with the local primary care office, honoraria and reasonable expenses will be paid to guest speakers;

- 2.6.6** In agreement with the local primary care office, a budget for educational materials will be available for the scheme;
- 2.6.7** In agreement with the local primary care office, there will be provision for professional development of all scheme staff. The allocation of this funding should be directed by the Programme Director in collaboration with the steering committee;
- 2.6.8** Trainers in general practice should be paid in accordance with the terms of the GP Trainer Contract, as agreed between the IMO and the HSE, and
- 2.6.9** Trainees/Registrars in general practice should be paid in accordance with the terms of the GP Trainee/Registrar Contract, as agreed between the IMO and the HSE.

Ratified by PGTC. May 2020

## Chapter 3

### The Programme Directing Team

**Standard: The Programme Directing Team will coordinate the organisation, delivery, assessment and development of training.**

- 3.1 The composition of the PDT will reflect the ethos of General Practice and will comprise of a PD and two or more APDs, depending on the size of the scheme. All members of the PDT should have teaching duties as well as responsibility for development, assessment and organisational tasks. The role of the APDs is to complement and support the PD in fulfilling his/her duties. The APD will be familiar with the PD's responsibilities and be capable of fulfilling the role of the PD, should the need arise. The selection criterion for prospective PDs and APDs is described in Chapter 8.
- 3.2 The role of the PD is to provide effective administration and coordination of the training scheme for doctors undergoing training in General Practice. The main duties and responsibilities are as follows:
  - 3.2.1 To co-ordinate training, subject to the general direction of the steering committee, and in accordance with the standards issued by the ICGP.
  - 3.2.2 To be substantially involved in the development, provision and assessment of the educational process.
  - 3.2.3 To provide advice and assistance for the teachers and Trainees/Registrars in the scheme.
  - 3.2.4 To keep under review the evaluation of all elements of teaching, assessment and training of the PDT.
  - 3.2.5 To supervise and support the overall progress of each trainee, in line with Chapter 6 and with ICGP policies and relevant legislative frameworks.
  - 3.2.6 The PD will retain a teaching responsibility.
- 3.3 Each PD will have a contract and a job description which will be compliant with all legislative frameworks. The rate of remuneration is that which is agreed nationally between the IMO and the HSE.
- 3.4 These duties of the PDT can be distributed among the Programme Director and Assistant Programme Directors as desired, but the Programme Director will have overall responsibility for the effective management of teaching, assessment and certification of training. A description of the defined areas of responsibility of all PDT-members must be recorded by the PDT.
- 3.5 The PD or APDs may not hold the post of Trainer concurrently within the same scheme.
- 3.6 The PDT will participate in peer review of teaching methods during the day release course.

- 3.7** The PDT will be expected to engage in regular formal and informal team meetings to ensure the effective co-ordination of the scheme. A record of agendas, attendance and minutes of formal PDT meetings must be kept.
- 3.8** Each scheme, through its PD, will foster, encourage and support members of its PDT to maintain a satisfactory level of knowledge in clinical and teaching skills including participation in the NAPD.
- 3.9** The PD or APD must complete a Programme Director's report for overall participation on each trainee/registrar in the day release course at least annually. This must be consistent with the documentation issued by the ICGP, and address day-release attendance of at least 75% and active participation in training. Trainees/Registrars participating in the Recognition of Prior Learning (RPL) programme must achieve 80% attendance at the day-release course. Where a PDT is not satisfied that a trainee/registrar has fulfilled this requirement, this should be made known, with supporting evidence in writing, to both the Trainee/Registrar and the steering committee. The PDT will devise a remedial learning plan with the trainee involved in such circumstances and will notify the National Director of GP Training.<sup>6</sup>
- 3.10** The PDT will submit an annual report to the ICGP's National Director of GP training.

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<sup>6</sup> Managing the Trainee with Difficulties, available at:  
[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

## Chapter 4

### The Hospital Component

**Standard: The hospital-based GP trainee will experience appropriate curriculum-based learning in quality-assured and regulated posts.**

- 4.1** Two years of GP training will take place in a hospital setting under the direction of the GP training scheme. A broad range of experience over at least four different disciplines relating to general practice is necessary. Each hospital discipline will be recognised for a maximum of six months' duration. PDT will ensure that appropriate ICGP curriculum learning outcomes are addressed in each of the hospital rotations.
- 4.1.1** Hospital rotations must include a minimum of four months in each of Paediatrics and Medicine.
- 4.1.2** The medical rotation can be general medicine or one of the following and should include general medical on-call
- 4.1.2.1** Endocrinology
  - 4.1.2.2** Cardiology
  - 4.1.2.3** Respiratory Medicine
  - 4.1.2.4** Neurology
  - 4.1.2.5** Gastroenterology
  - 4.1.2.6** Rheumatology
  - 4.1.2.7** Medicine for the Elderly
  - 4.1.2.8** Renal Medicine
- 4.2** A minimum of three months and a maximum of six months recognition will be given for rotations in any of the following:
- 4.2.1** Obstetrics/Gynaecology
  - 4.2.2** Psychiatry
  - 4.2.3** Emergency Medicine
- 4.3** A maximum of four months recognition can be awarded for time spent in the following specialties:
- 4.3.1** Ophthalmology
  - 4.3.2** ENT
  - 4.3.3** Dermatology
  - 4.3.4** Rehabilitation Medicine.
  - 4.3.5** Genitourinary Medicine.
  - 4.3.6** Palliative Care
  - 4.3.7** Oncology/Haematology
  - 4.3.8** General Surgery



- 4.4 Where a trainee has previous experience in a specialty, alternative rotations may be provided at the discretion of the steering committee. For prior experience to be recognised, it should have been undertaken in a post approved by that speciality for training in that speciality or by a GP training scheme. The steering committee will require an assessment report from the relevant consultant supervisor indicating proficiency in the specialty. This does not allow for the duration of training to be shortened except in the specific case of the ICGP's RPL programme.<sup>7</sup>
- 4.5 Each hospital training post must have an appointed Consultant teacher responsible for the supervision, education and ongoing assessment of the Trainee. Each consultant teacher must have current specialist medical registration with the Medical Council for the relevant specialty.
- 4.6 Each post must be at an appropriate training level: Senior House Officer (SHO) or higher.
- 4.7 There will be a documented induction process for each trainee on entry to each hospital post and records of trainees' participation in this must be maintained by the scheme. Specific training for specialised procedures in that post must be provided.
- 4.8 There must be adequate supervision appropriate to the level of the trainee's clinical experience, including appropriate supervision for night and weekend duties.
- 4.9 There must be a formal process for teaching and evaluation of the trainee in each post, drawn up in consultation between the hospital and the scheme.
- 4.10 There must be a curriculum checklist consistent with the ICGP curriculum provided to the Consultant teacher by the Training Scheme. The Consultant teacher must complete a Consultant teacher's report for each trainee completing that post.
- 4.11 There must be a written record of regular appraisal between the Consultant and the trainee during the course of the post consistent with the ICGP documentation.
- 4.12 There must be regular communication by Consultant teachers with the PD/APDs.
- 4.13 The Consultant teacher must ensure that the trainee is facilitated to attend the weekly half-day release course during the GP training term.
- 4.14 There must be an adequately resourced and readily accessible library with relevant evidence-based GP literature and information technology (IT) learning resources available.
- 4.15 There must be written records of the accreditation system of hospital posts within the training scheme to ensure that a hospital post fulfils the minimum criteria for acceptance as a training post and maintains this standard at regular re-accreditation. Formal re-accreditation at steering-committee level should take place at least three-yearly.

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<sup>7</sup> ICGP, Recognition of Prior Learning (RPL)

[https://www.icgp.ie/go/become\\_a\\_gp/gp\\_trainee\\_recruitment/recognition\\_of\\_prior\\_learning\\_rpl](https://www.icgp.ie/go/become_a_gp/gp_trainee_recruitment/recognition_of_prior_learning_rpl)

- 4.16** Where a post has an on-call commitment, the trainee's roster must be compliant with the European Working Time Directive (EWTD).
- 4.17** The training scheme must maintain a record of previous trainees' feedback on each post.
- 4.18** The Consultant teacher must sign a certificate of completion of hospital training post for each trainee completing the post indicating:
- 4.18.1** Attendance in the post for a minimum 75% of its duration (leave from each post must be taken pro-rata for the duration of the post);
  - 4.18.2** Active participation in training, and
  - 4.18.3** Attainment of appropriate clinical skills and performance standards (in line with the ICGP Curriculum for GP training).
- 4.19** Where a Consultant teacher is not satisfied to sign a certificate of satisfactory completion then he/she should make this known, with supporting evidence, in writing, to both the trainee and the steering committee.<sup>8</sup> The steering committee must inform the National Director of Training.

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<sup>8</sup> Managing the Trainee with Difficulties, available at:  
[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

## Chapter 5

### The Training Practice Component

**Standard: The GP registrar will experience comprehensive general practice exposure in a quality-assured regulated working environment led by a competent GP trainer who will provide teaching, appropriate clinical supervision and mentoring.**

- 5.1** The GP registrar's experience in the training practice is fundamental to their development as a competent GP. It provides the opportunity to practice a wide range of skills in the setting of General Practice. Early exposure to the general practice setting during the first two years of training is considered essential to the formative development of trainees. They learn to appreciate the needs and demands of general practice and how it differs from hospital practice, taking into account the many facets of health and illness in the community – physical, psychological and social. It helps establish the principles of primary care and the high standard of care delivered by the general practitioner.
- 5.1.1** The scheme must record evidence of trainees' early exposure placements during the first two years of training.
- 5.2** Trainers are selected by each training scheme using the criteria for trainer selection (see Chapter 8 and according to ICGP policy<sup>9</sup>)
- 5.2.1** The number of trainers appointed should be at the discretion of the steering committee. The agreed national minimum standard is one extra trainer per six registrars and the ideal is two extra trainers per six registrars.
- 5.2.2** Appointment of trainers should be made by open competition.
- 5.2.3** Each trainer should be offered the current Trainers' Contract.
- 5.2.4** There must be written records of the accreditation system of GP training posts within the training scheme to ensure that a GP training post fulfils the minimum criteria for acceptance as a training post and maintains this standard at regular re-accreditation. This must include regular practice visits. Where a practice visit is required outside the normal accreditation visit, the trainer should be provided with notice of the visit and the reason for the visit. This visit must be facilitated by the trainer within 28 days of notification. Formal re-accreditation at steering-committee level should take place at least three-yearly.
- 5.2.5** The steering committee must follow the agreed disciplinary procedure and appeals process in line with the disputes and termination clause of the trainers' employment contract if minimum requirements have not been met.

<sup>9</sup> ICGP Policy on Trainer Recruitment, available at:

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

- 5.2.6** Where the steering committee has an unresolved educational issue, the issue must then be referred to ICGP in line with the ICGP Procedures relating to Educational Grievances.<sup>10</sup>
- 5.2.7** The trainer must be a member in good standing of the ICGP.
- 5.2.8** The trainer must have current full medical registration with Medical Council and be on the Specialist Register in the General Practice division.
- 5.2.9** The trainer must show active participation in continuing professional development (CPD) by submission to the PDT of their annual certificate of participation from the ICGP.
- 5.2.10** The trainer must have a minimum of three years' fulltime general practice experience or part-time equivalent.
- 5.2.11** The trainer should be a Principal in the practice. (A Principal is considered to be either a General Medical Services (GMS) contract holder in a single-handed practice or a partner within a GMS practice.)
- 5.2.12** Job-sharing trainers may be appointed in the same practice at the discretion of the steering committee and according to ICGP policy.<sup>11</sup>
- 5.2.13** The steering committee may consider placement of more than one registrar in a practice only where there are sufficient WTE trainers to ensure a 1:1 WTE mentorship relationship for each registrar and the ICGP policy criteria for multiple GP registrars in a practice are met.<sup>12</sup>
- 5.3** The relationship between the trainer and registrar is considered central to a satisfactory educational experience. This model is a form of apprenticeship, a continuum of learning where knowledge, skills and attitudes are honed in the areas of medical practice, continuing education and life as a GP. Apart from the formal teaching, there are considerable learning opportunities afforded by the trainer and all members of the practice team in the everyday course of the practice. The trainer then becomes teacher, mentor and role model supported by the training practice team.
- 5.4** The continuing professional development of the trainer:
- 5.4.1** The trainer must attend a national New Trainer's Workshop prior to having a registrar in his/her practice.
- 5.4.2** The trainer must attend at least one National Trainers' Workshop every three years and a record of such attendance must be kept by the scheme.

<sup>10</sup> [https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

<sup>11</sup> ICGP Policy on Trainer Recruitment, available at:

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

<sup>12</sup> Ibid.

- 5.4.3** The trainer must participate in the scheme's local Trainers' Workshop for a year, or in induction and orientation workshops of equivalent time, and must be satisfied that their individual learning needs as a new trainer have been addressed, prior to the first placement of a registrar in their practice.

The local Trainers' Workshop must contain the following:

**5.4.3.1** There must be an orientation process for new trainers with a written record including content and attendance.

**5.4.3.2** Participation in trainers' workshops should address educational methods and teaching skills for individual teachers. A written record of trainers' needs assessment must be kept and used in the development of the workshop agenda.

**5.4.3.3** There must be a minimum of five Trainers' Workshops, or an equivalent allocation of fifteen hours, per year.

**5.4.3.4** Full attendance is expected at the Trainers Workshop. A minimum of 75% attendance is required for the trainer to remain in good standing.

**5.4.3.5** There must be a record of attendance, educational content and minutes of the workshop meetings which reflect sufficient standards to meet the ongoing GP training CPD needs of the trainers. This must be held by the scheme and be available for inspection.

## **5.5 The Trainer must:**

**5.5.1** Be willing to submit to assessment;

**5.5.2** Participate in regular peer review with colleague teachers;

**5.5.3** Submit an annual self-assessment of his/her teaching practice and performance according to the ICGP standards for postgraduate GP training schemes and as part of the scheme's training post accreditation process.

## **5.6 Teaching and Supervisory Roles**

**5.6.1** The trainer & registrar should practice contemporaneously out of the same premises for a minimum of six sessions per week. A session describes the period of time in which a registrar is seeing patients continuously (allowing for interruptions such as clinical emergencies, for example). It is important that the trainer is present during the registrar's clinical session in order to alert the registrar to any particular issues in the session ahead, to be available for questions during the session and to review the session with the registrar afterwards. A session typically involves between 2.5 and 3.5 hours of clinical consulting time and a variable amount of clinical paperwork thereafter. The standard working day consists of two sessions in an average GP's day: a morning and an afternoon session.

**5.6.2.** In the absence of the trainer a suitably qualified nominated substituting supervisor must be available to provide adequate clinical supervision according to current ICGP

policy.<sup>13</sup>

**5.6.2.1** A suitably qualified nominated substituting supervisor must always be clarified, in advance, in line with current ICGP policy with the registrar and supervisor.<sup>13</sup>

**5.6.2.2** The substituting supervisor will normally be a principal in the practice must be an experienced general practitioner and should hold MICGP or equivalent.

**5.6.2.3** Where an unforeseen absence is longer than one month, the substituting supervisor must be a trainer, unless otherwise agreed with the steering committee.

**5.6.3** In the event that the trainer and the trainee are unable to consult in the same location, the trainer or a suitably qualified nominated substituting supervisor must be available to provide adequate clinical supervision according to current ICGP policy.<sup>14</sup>

**5.6.3.1** A registrar must have been assessed by their trainer as clinically competent before they may consult alone in an offsite situation.

**5.6.4** The trainer must ensure that the registrar's workload and supervision is appropriate to his/her experience, competency and learning needs both within the normal working day and during rostered OOH duty. Review of the number of consultations required per hour must be carried out at the start of a placement and regularly throughout its duration to assess whether it reflects the balance and appropriate exposure of day-to-day practice and the ICGP curriculum. Thus, the registrar will be capable of consulting efficiently and effectively to complete the workload of a competent GP on completion of training

**5.6.5** The trainer is responsible for the OOH arrangements in accordance with ICGP policy<sup>15</sup> and must make provision for the registrar to gain appropriate OOH experience, under their supervision or that of a nominated suitably qualified nominated substituting supervisor. This OOH experience should be not less than 120 hours per annum during each of the years spent in general practice and it must adhere to current EWTD. In the case of GP rotas and co-operatives, registrars on-call requires designated supervision by their trainer, or a nominated suitably qualified GP, at all times. The GP trainer has responsibility to ensure that registrars do not work simultaneously in a co-op situation without on-site supervision by a trainer, or a nominated suitably qualified GP.

**5.6.5.1** The trainer must ensure that the registrar receives an OOH induction, that the registrar keeps an OOH log and receives debriefing following each OOH shift.

<sup>13</sup> ICGP Policy on: Registrars working in situations remote from the training practice (satellite surgeries and nursing homes) and Out of Hours; available at

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

<sup>14</sup> ICGP Policy on: Registrars working in situations remote from the training practice (satellite surgeries and nursing homes), and Out of Hours; available at

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

<sup>15</sup> ICGP Policy on Out of Hours, available at

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

- 5.6.6** The trainer must allocate time for educational activity. This requires a minimum of two hours protected one-to-one teaching time per week within the normal working day, in addition to less formal problem-solving encounters.
- 5.6.7** The Trainer must have an understanding of the aims and educational outcomes of the ICGP curriculum and demonstrate its use in carrying out registrar needs assessment and planning of tutorials.
- 5.6.8** The trainer must facilitate video recording of real-patient consultations by the registrar in line with the requirements of satisfactory completion of training and according to ICGP guidelines.<sup>16</sup>
- 5.6.9** The trainer must facilitate the registrar and certify that the registrar has achieved the requirements of the Women's Health Log.<sup>17</sup>
- 5.6.10** The trainer will maintain a teaching log that reflects the activity during the protected teaching time within the practice.
- 5.6.11** The trainer must determine the individual learning needs of the registrar with reference to the ICGP Curriculum that are best addressed within the practice setting and devise a scheme to address these needs in conjunction with the PDT.
- 5.6.12** The trainer must have knowledge of audit and research and its use in practice to meet the learning needs of the registrar.
- 5.7** The trainer must complete a Trainer's Report consistent with ICGP documentation for each registrar completing a placement in their practice. This should address learning outcomes as agreed with the scheme and according to the ICGP Curriculum.
- 5.8** The trainer must sign a certificate of satisfactory completion indicating:
- 5.8.1** Attendance in the post for a minimum of 75% of its duration (leave from each post must be taken pro-rata for the duration of the post);
- 5.8.2** Active participation in training, and
- 5.8.3** Attainment of appropriate clinical skills and performance standards.
- 5.9** Where a trainer is not satisfied to sign a certificate of satisfactory completion, then he/she should make this known, with supporting evidence in writing, to both the registrar and the steering committee. Where remediation is considered necessary, the steering committee

<sup>16</sup> ICGP Guidelines for Recorded Patient Consultations, available at:

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)

<sup>17</sup> Women's Health Log Book, available from

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/reference\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/reference_documents)



will oversee the process according to ICGP policy.<sup>18</sup> The duration of training may be extended.

An application to extend training is made from the steering committee through the National Director of Training to PGTC. Applications to extend training requiring decisions between PGTC meetings will be jointly assessed by the National Director and Chair of PGTC and reported at the next PGTC meeting.

In cases where training is fragmented, the Programme Director will consult with each supervising trainer.

## **5.10 Practice Organisation and Premises**

The following criteria are required of a Training Practice to ensure a suitable learning environment for a registrar in general practice. Evidence of these criteria being met must be sought and maintained by the scheme during its accreditation process.

Each Training Practice will have:

- 5.10.1** Sufficient consultation rooms to enable the registrar to practice at the same time and in the same premises as the trainer in all clinical practice sites.
- 5.10.2** Adequate clinical equipment to provide the normal service of a general practice surgery.
- 5.10.3** Satisfactory working relationships with all practice staff.
- 5.10.4** Co-operation with other members of the primary care team.
- 5.10.5** Means of access to radiological, laboratory and other diagnostic services.
- 5.10.6** Provision for the exposure of the registrar to practice administration, practice business meetings and business methods including appointment systems, the GMS, disease registers, accounting systems and the role of the GP as an employer.
- 5.10.7** Evidence of the use of evidence-based medicine, for example, structured chronic disease management, e.g. Diabetes, Asthma, COPD or Cardiovascular Disease.
- 5.10.8** Ready access to the internet and a practice library providing access to evidence-based resources, current peer-reviewed journals and reference books as recommended by the Training Scheme.

<sup>18</sup> ICGP Policy: Managing the Trainee with Difficulties, available at:

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/policy\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents)



## 5.11 Practice Records

An efficient records system is a vital component of the training practice. There is a wide range of options available to GPs in choosing a records system and individual choice and variation is allowed for. However, the following standards are agreed as minimum for medical records in training practices. All new trainers should use an accredited electronic record system.

The practice records must demonstrate:

- 5.11.1 An individual patient clinical record system.
- 5.11.2 Records which are legible.
- 5.11.3 Ease of retrieval of major events and problems of continuing significance.
- 5.11.4 Easily discernible drug therapy data for patients on long-term therapy.
- 5.11.5 A record of each doctor-patient interaction including the name of the attending doctor.
- 5.11.6 Identifiable up-to-date problem lists and/or past medical history.
- 5.11.7 A process of identification of certain chronic medical conditions, e.g. Diabetes, Asthma, Ischaemic Heart Disease.

## 5.12 Computer Software

All computer software systems should be in full compliance with ICGP Guidelines<sup>19</sup> with particular emphasis on the following:

- 5.12.1 Entries of all doctors including registrar will be clearly discernible on the system
- 5.12.2 All patients of the practice should be registered on the computer with basic data such as name, address, date of birth and telephone number.
- 5.12.3 All acute and repeat medications should be recorded in the computer system.
- 5.12.4 Summary lists or coding systems of significant illness e.g. International Classification of Disease (ICD) or International Classification of Primary Care (ICPC) should be available and should be updated regularly.
- 5.12.5 Immunisations should be recorded.
- 5.12.6 The system should be capable of generating recalls.

<sup>19</sup> ICGP GPIT: Requirements for Accreditation 2018, available at [https://www.icgp.ie/?spKey=in\\_the\\_practice.it\\_in\\_the\\_practice.gpit.publications\\_reports](https://www.icgp.ie/?spKey=in_the_practice.it_in_the_practice.gpit.publications_reports); Processing of Patient Personal Data: Guideline for General Practitioners, available at [https://www.icgp.ie/go/in\\_the\\_practice/data\\_protection](https://www.icgp.ie/go/in_the_practice/data_protection)

**5.12.7.** Allergy lists should be kept up to date.

**5.12.8** Training Practices should be familiar with simple IT problem-solving techniques for the computer system in use.

**5.12.9** Security of the system, including regular back-up, should be maintained.

Ratified by PGTC. May 2020

## Chapter 6

### The Educational Component

**Standard: The educational component will provide a four-year trainee-centred integrated programme delivered in a small-group learning environment.**

The day release scheme forms an essential, integral and central component of the training process for the aspiring GP. With the expansion of GP training schemes to incorporate larger numbers of trainee and registrars, the emphasis on key tenets of the day-release scheme needs to be maintained to ensure that specific educational standards are met.

- 6.1 The Scheme will deliver an induction process for trainees and registrars embarking on training. This induction for new entrants will facilitate early understanding of the philosophy of the scheme, the definition of general practice, the ICGP curriculum and linked documentation<sup>20</sup>, the training process and the practical components of training.
- 6.2 The scheme will assess learning needs and interests of individual trainees, registrars and groups early on and at regular intervals throughout training. The content of the course will reflect these needs and interests. The scheme will maintain documentation in support of the method by which this process was achieved.
- 6.3 The scheme will deliver a release course that provides for the development of trainee and registrar knowledge, skills and attitudes. This will be facilitated by the PDT in a small-group format involving 8 – 12 trainees. This integrated course will take place throughout the duration of training. During the hospital component, the course will allow the learning opportunities presented in the hospital setting to be considered and related to the trainee's future role as a general practitioner.
- 6.4 There will be a curriculum, syllabus and teaching record for each training scheme. These will be relevant to general practice, will be devised after consultation with all those involved in the scheme and will follow the general content of the ICGP Curriculum for General Practice<sup>21</sup>. The scheme will make a syllabus available to all trainees and registrars at the start of each academic term.
- 6.5 Cognisance of emerging methods of accessing up-to-date, evidence-based medical information must be incorporated into the teaching methods.
- 6.6 The scheme will demonstrate trainee and registrar involvement in both preparing for and delivering small-group discussions and presentations under the guidance of the PDT. The PDT must ensure that a balance between their guidance and learner involvement is achieved to ensure that trainees and registrars develop the skills of self-directed life-long learning necessary for a career in general practice.
- 6.7 The scheme will provide the release course according to the following criteria:

<sup>20</sup> [https://www.icgp.ie/go/become\\_a\\_gp](https://www.icgp.ie/go/become_a_gp)

<sup>21</sup> ICGP Curriculum, [https://www.icgp.ie/go/become\\_a\\_gp/core\\_curriculum](https://www.icgp.ie/go/become_a_gp/core_curriculum)

- 6.7.1** A minimum of thirty half-day teaching sessions per year should be provided for trainees during the hospital-based component of general practice training;
- 6.7.2** A half-day teaching session is generally regarded as being of three hours' duration.
- 6.7.3** A minimum of thirty full-day teaching sessions (two sessions) per year should be provided for registrars during the practice-based component.
- 6.7.4** In order to meet the criteria for satisfactory completion of training each trainee/registrar must attend a minimum of 75% of the teaching sessions provided by the scheme, either half-day or full-day, over the full duration of training. In the case of flexible training, the final total attendance at day release should equal the attendance of the full time trainee/registrar. In the case of RPL candidates, 80% of teaching sessions must be attended. The scheme must maintain attendance records for each trainee/registrar.
- 6.7.5** The PDT will develop a report and maintain a record for each trainee and registrar on their overall commitment to, and participation and performance during, the day-release component. This must also include a record of performance at MICGP examinations and evidence of audit or research projects and publications, along with other scholarly activity.
- 6.7.6** The scheme must collect and maintain a record of trainee/registrar and PDT-member evaluation of all teaching sessions.
- 6.8** In order to meet the criteria for completion of training, each trainee/registrar must submit a minimum of one written analysis of a real-patient consultation for each year in their GP training posts. The written analysis should be consistent with ICGP documentation<sup>22</sup> and meet the satisfactory standard as defined by the scheme.
- 6.9** In order to meet the criteria for completion of training, each trainee/registrar must submit a written research or audit project to the Scheme. The project must be documented in a manner consistent with ICGP documentation and reach a satisfactory standard as defined by the scheme.

## **6.10 Trainee Assessment**

Assessment during the training period is in two forms, formative and summative. The programme directing team plays a key role in assessment. Each trainee must be willing to submit to assessment. The scheme will demonstrate records of its system for monitoring, evaluating and regulating each trainee's progress throughout the duration of training.

- 6.10.1** Each scheme must have, and maintain documentary evidence of, a protocol for trainee/registrar assessment, which will include, at a minimum, the following:
- 6.10.1.1** Review & feedback by Consultant teacher at the end of each hospital attachment;

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<sup>22</sup> Guidelines for Recorded Patient Consultations,

[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/reference\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/reference_documents)

- 6.10.1.2** Twice-yearly formal reviews by GP trainer during practice training posts to include review of trainee performance, trainee log (which includes reflective elements and self-assessment of learning outcomes) and proposed learning plan;
- 6.10.1.3** Twice-yearly individual trainee review by PDT-member to assess progress and identify future learning needs. The scheme will, where necessary, put in place a remediation plan.
- 6.10.2** The scheme must communicate an outline of assessment processes to the trainee at the commencement of training.
- 6.10.3** The scheme must demonstrate records of regular interaction by the programme-directing team with hospital- and practice- based teachers to ensure appropriate feedback to the trainee. Supervisors should identify learning needs in a timely manner to facilitate remediation as soon as possible, in the interest of fair process.
- 6.10.4** The steering committee, with reference to the relevant ICGP documentation,<sup>23</sup> will support the PDT in the management of trainees whose assessments reveal that performance fails to meet the minimum standard for their point of training.
- 6.10.5** A record of feedback should be maintained by the scheme.

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<sup>23</sup> Managing the Trainee with Difficulties,  
[https://www.icgp.ie/go/become\\_a\\_gp/educational\\_resources/reference\\_documents](https://www.icgp.ie/go/become_a_gp/educational_resources/reference_documents)

## Chapter 7

### Submission for approval of further General Practice Training Places

**Standard:** Expansion of general practice training will occur in a regulated quality-assured manner.

The role of the Accreditation Sub-Committee in planning of expansion needs to be reviewed with the ICGP.

Ratified by PGTC. May 2020

## Chapter 8

### Guidelines for Recruitment & Selection

**Standard: Recruitment of trainees, trainers, programme directors and assistant programme directors will be in line with ICGP policy.**

#### 8.1. GP Trainee recruitment and selection:

The scheme will adhere to and co-operate with the agreed national recruitment policy.

**8.2. GP Trainer recruitment and selection:** The recruitment and selection processes must be compliant with relevant legislative frameworks and with ICGP and national policy.

- 8.2.1 Advertisement:** In line with relevant recruitment policy, there must be open advertisement for suitably qualified GPs (Table 8.1) for trainer vacancies as determined by the steering committee. All advertisements must include a clear statement on equal opportunities.
- 8.2.2 Application Form:** All applicants must use the nationally agreed standard application form for the position of GP Trainer.
- 8.2.3 Selection Process:** Practices will be visited by the PDT to assess the suitability of the premises and records, in line with the requirements outlined in Chapter 5 of this document, as part of the recruitment procedure. Appointment post interview is subject to a satisfactory practice visit. The practices can be visited either pre- or post-interview.
- 8.2.4 Interview Board:** The interview board will be appointed by the steering committee.
- 8.2.5 Trainer Appointment:** The appointed GP trainer will be offered the relevant trainer's contract.
- 8.2.6 Trainer Panel:** Recruitment of new trainers can result in the creation of a panel at each round of recruitment. Trainers are appointed in rank order according to the listed criteria for recruitment. Doctors who qualify as a Trainer at the interview process but for whom there is not capacity in the region to become an active Trainer at that time, remain on the panel. Panelled Trainers are offered a GP Registrar in rank order until either the list of qualifying doctors is exhausted, or until three years has elapsed since the recruitment, whichever comes first. The panel is disbanded three years after the recruitment process. The next recruitment process should take place when the next vacancy arises after disbandment of a panel.

**Table 8.1 GP TRAINER SPECIFICATION**

FACTORS	DESCRIPTION
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>• Full specialist medical registration with the Medical Council in the General Practice division.</li> <li>• MICGP</li> <li>• Principal<sup>‡</sup> in a GMS practice.</li> </ul>
<b>Experience</b>	<p>A minimum of three years' full-time general practice experience* (or part-time equivalent), two of which must be in Irish general practice.</p> <p>Must be a principal in practice.</p>
<b>Knowledge &amp; Skills</b>	<p>Must have an understanding of GP training including its aims and objectives. Must have knowledge of the structure and future plans of GP training in Ireland.</p> <p>Have, or be prepared to develop, the following:</p> <ul style="list-style-type: none"> <li>• An ability to assess Trainees' learning needs and maintain a log to reflect the teaching during the protected time of two hours per week.</li> <li>• Ability to evaluate a trainees' progress and give feedback.</li> <li>• A range of practical teaching skills and willingness to attend teaching skills courses.</li> <li>• A willingness to submit to assessment, including peer reviews, and maintain documentary evidence for submission to the PDT.</li> <li>• Evidence of competence in audit.</li> </ul>
<b>Professional Development</b>	<p>Evidence of continuous professional development, e.g. attendance at continuing medical education groups, post-graduate meetings, education workshops.</p>
<b>Multi-Disciplinary Approach to Care</b>	<p>Co-operation with all branches of the medical and social services including public health nurses, social workers, physiotherapists, area medical officers, community welfare officers.</p>
<b>Equipment &amp; Environment</b>	<p>Designated room with access to adequate clinical equipment in order that the GP registrar can practice at the same time as their trainer in the same premises.</p> <p>Evidence of the use of recognised evidence-based practice guidelines in the treatment of patients with chronic disease.</p> <p>Evidence of a systemic approach to repeat prescription management with a strong emphasis on safety.</p> <p>Practice library with current journals, reference books and IT sources as recommended by the training scheme.</p> <p>A computerised records system. (Chapter 5)</p>

<sup>‡</sup> Principal: Defined as either a GMS contract holder or a legal partner in a practice. Must have executive power over the workload, level of responsibility and supervision of the trainee.

\* Minimum 8 sessions per week and after graduation from GP training.



	<p>Provision for the registrar to have experience of out-of-hours (OOH) cover of not more than 1 in 3 under the supervision of his/her trainer or nominated suitably qualified GP.</p> <p>Provision for the registrar to have experience of OOH cover of not less than 120 hours per year under the supervision of her/his trainer or nominated, suitably qualified, substitute supervisor.</p> <p>Provision for the exposure of the registrar to practice systems, including administration, practice business meetings and business methods including appointment systems, the General Medical Services, disease registers and accounting systems.</p> <p>A workload (including OOH work) that is appropriate to the registrar's experience and learning needs.</p>
<b>Desirable Qualities &amp; Skills</b>	<p>Excellent Interpersonal &amp; Communication skills</p> <p>Motivation</p> <p>Leadership skills</p> <p>Training skills</p> <p>Organisational skills</p> <p>Planning skills</p> <p>Flexibility</p> <p>Innovative approach to projects</p> <p>Computer skills</p> <p>Presentation skills</p> <p>Negotiation skills</p> <p>Delegation skills</p>
<b>Other requirements of the post</b>	<p>The capacity to satisfy the minimum ICGP requirement of 2 hours one-to-one teaching with the registrar and arrange protected time to perform other trainer duties.</p> <p>A willingness to enable and encourage the registrar to attend appropriate courses outside the practice as recommended by the training scheme.</p> <p>The GP must hold appropriate medical indemnity.</p>

**8.3 Programme Director Recruitment and selection:** The recruitment and selection processes must be compliant with relevant legislative frameworks and with ICGP and national policy.

**8.3.1 Advertisement:** In line with relevant recruitment policy, there must be open advertisement for suitably qualified health professionals (Table 8.2) for PD vacancies as determined by the steering committee. All advertisements must include a clear statement on equal opportunities.

**8.3.2 Application Form:** All applicants must use a standard application form as approved by the steering committee.

**8.3.3 Selection Process:**

**8.3.3.1** The steering committee in the individual schemes should manage the selection and interview process to ensure fairness, openness, and transparency and that best practice for both employment and equal opportunities is observed in compliance with relevant legislative frameworks and with ICGP and national policy.

**8.3.3.2** Short-listing criteria may be agreed and applied to each applicant.

**8.3.3.3** The interview panel will be representative of relevant stakeholders in general practice training and will be determined by the steering committee with a minimum composition of a PD/APD, GP trainer and HSE Representative (with at least one extern). Consideration should be given to include an ICGP representative on the interview board.

**8.3.3.4** It is the responsibility of each scheme to ensure that its interviewers are up-to-date with employment law and adopt policies and procedures in line with legislative frameworks.

**Table 8.2: Programme Director Specification**

<b>General Practitioner</b>	<b>Essential</b>	<b>Desirable</b>
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>Full medical registration with Medical Council and be on the Specialist Register in the General Practice division.</li> <li>M.I.C.G.P.</li> <li>Educational qualification</li> </ul>	Higher professional qualification
<b>Experience</b>	<p>Active in general practice for a minimum period of five years full-time or equivalent part-time.</p> <p>High level of organisational experience.</p> <p>High level of teaching experience and/or facilitation skills.</p>	<p>Active in postgraduate general practice training</p> <p>Research skills</p> <p>IT skills</p>

OR:

<b>Non-General Practitioner</b>	<b>Essential</b>	<b>Desirable</b>
<b>Qualifications</b>	<p>Higher professional qualification.</p> <p>Affiliation with appropriate professional body.</p> <p>Health services background.</p>	Masters in medical education
<b>Experience</b>	<p>Active in general practice training for a minimum period of five years full-time or equivalent part-time.</p> <p>High level of organisational experience.</p> <p>High level of teaching experience and/or facilitation skills.</p>	<p>Active in postgraduate general practice training</p> <p>Research Skills</p> <p>IT skills</p>

**8.4 Assistant Programme Director recruitment and selection:** The recruitment and selection processes must be compliant with relevant legislative frameworks and with ICGP and national policy.

**8.4.1 Advertisement:** In line with relevant recruitment policy, there must be open advertisement for suitably qualified health care personnel (Table 8.3) for APD vacancies as determined by the steering committee. All advertisements must include a clear statement on equal opportunities.

**8.4.2 Application:** All applicants must use a standard application form as approved by the steering committee.

**8.4.3 Selection Process:**

**8.4.3.1** The steering committee in the individual schemes should manage the selection and interview process to ensure fairness, openness, and transparency and that best practice for both employment and equal opportunities is observed in compliance with relevant legislative frameworks and with ICGP and national policy.

**8.4.3.2** Short-listing criteria may be agreed and applied to each applicant.

**8.4.3.3** The interview panel should be representative of a PD/APD, GP trainer and HSE representative (with at least one extern).

**8.4.3.4** It is the responsibility of each scheme to ensure that its interviewers are up-to-date with employment law and adopt policies and procedures in line with legislative framework.

**8.4.3.5** It is important that the General Practice ethos of the PDT be maintained when appointments are being considered.

**Table 8.3 Assistant Programme Director Specification:**

All Applicants	Essential	Desirable
<b>Qualifications</b>	Suitable third-level qualification. Affiliation with appropriate professional body. If a General Practitioner, <ul style="list-style-type: none"> <li>Full medical registration with Medical Council and be on the Specialist Register in the General Practice division.</li> <li>M.I.C.G.P.</li> </ul>	Higher professional qualification  Medical education qualification
<b>Experience</b>	High level of organisational skills. High level of teaching experience and/or facilitation skills. Health services background	Research skills  IT skills

## Chapter 9

**Standard: All elements of general practice training will be documented and certified for the purposes of notification of completion of training to the ICGP.**

### Completion of Training in General Practice

- 9.1 It is necessary to complete four years of training, at least 50% of which must be in general practice medicine, attached to a recognised training scheme. Training should be completed within six years of commencement to preserve the educational integrity of the training process.
- 9.2 The Chair of a steering committee and PD will sign the nomination letter indicating completion of training when the following documents are completed and submitted by the trainee to the steering committee via the PD:
- 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 Practice logs for each GP training post;
  - 9.2.4 GP Trainer Reports\* for each GP training post;
  - 9.2.5 PDT Reports† for attendance and overall participation in the day-release course;
  - 9.2.6 Written trainee analysis of video-recorded real-patient consultations to the standard required by the scheme;
  - 9.2.7 A current certificate in Cardio-Pulmonary Resuscitation;
  - 9.2.8 ICGP Women's Health Log;
  - 9.2.9 Written audit or research project to the standard required by the scheme, and
  - 9.2.10 A minimum of 120 hours per year in General Practice OOH duty.

\*Reports must certify:

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

† Report must certify:

- (a) At least 75% attendance at day-release course (80% attendance for RPL candidates);
- (b) Active participation in day-release course.

### List of Abbreviations:

APD	Assistant Programme Director
CSCST	Certificate of Satisfactory Completion of Specialist Training
CPD	Continuing Professional Development
EU	European Union
EWTD	European Working Time Directive
GMS	General Medical Services
GP	General Practice
HSE	Health Services Executive
ICD	International Classification of Diseases
ICGP	Irish College of General Practitioners
ICPC	International Classification of Primary Care
IMO	Irish Medical Organisation
IT	Information Technology
MICGP	Membership of the ICGP
MPA	Medical Practitioners Act
NAPD	National Association of Programme Directors
OOH	Out-of-Hours
PD	Programme Director
PDT	Programme-Directing Team
PGTC	Postgraduate Training Committee
RPL	Recognition of Prior Learning
SHO	Senior House Officer
WTE	Whole-Time Equivalent

