



Registrars Working in Situations Remote from the Training Practice. (e.g. Satellite Surgeries and Nursing homes)

The ICGP model of training is that of an apprenticeship, with the trainee working alongside the trainer for the majority of training time.

1. In all situations where the trainee is in a different location there must be clarity about the lines of supervision. At a minimum this supervision should include constant availability of the trainer (or substitute) by telephone and the availability of the trainer (or substitute) to travel to the registrar within a time span that provides for patient safety in all circumstances. A pre-planned emergency response protocol may be necessary in rural areas.
2. The trainer must be satisfied that the trainee is clinically safe practising remotely. The trainer and registrar must agree this is the case, however patient safety is always the determining factor.
3. In rare circumstances where the trainer is not available, the name of the substituting supervisor must always be clarified in advance, in writing, with the registrar and substituting supervisor. The substituting supervisor will normally be a principal in a practice, must be an experienced general practitioner and should hold MICGP or equivalent. The substituting supervisor must be a trainer if an absence is longer than one month unless otherwise agreed with the steering committee.
4. A period of supervised consulting on the same premises will always precede registrars consulting alone offsite. A registrar shall not consult alone in an offsite situation until they have been assessed by their Trainer as clinically competent.

At a minimum, an in-house assessment, (e.g. consultation observation tool of RCGP) must be successfully undertaken and documented prior to such exposure.

5. Registrars and trainers will always be on site together for a minimum of six sessions per normal week, but ideally for all sessions, as required by the current edition of ICGP criteria for training practices. On days of absence of the trainer, the above supervision arrangements apply.
6. There will always be provision made for a debriefing time at the end of the day, or on the following working day, when a registrar has consulted in a remote situation.

7. While this document seeks to name minimum criteria, the level of supervision required may need to be increased depending on the registrar's capabilities. The programme directing team and, if necessary, steering committee support should be sought on such occasions.
8. The trainer and registrar will be familiar with the HSE Lone worker policy. Registrars are to be encouraged to make any discomfort they feel, about their own safety through being alone, explicit to their trainer or programme directing team. This will also apply to situations where registrars are first to arrive or last to leave the main surgery or satellite surgery. The trainer is expected to put the appropriate structures in place to comply with the Lone worker policy and other relevant legislation. The question of supervision in remote situations should be a routine part of practice assessment.
9. GP Training Schemes have a responsibility to ensure that the practices (including satellite surgeries) meet Medical Council clinical site and ICGP accreditation standards.
10. All training practices will have an induction process in line with HSE induction policy, which will include preparation for remote situations, before such consulting takes place. The registrar's first month in practice will be seen as a time when particular attention is given to patient safety and availability of registrar supervision by the trainer or a supervisor who satisfies the criteria in article 3 of this document will be explicit. Certain clinical contexts may provide trainees with complex challenges. Appropriate support needs to be in place for these eventualities.
11. GP trainees can practice in a separate location provided the criteria are met as outlined in this document, as the educational merit of registrars practising alone, with remote supervision, is potentially of great value. However this value should be constantly questioned and researched and the principles herein are offered with this future interrogation anticipated. They attempt to allow a registrar to become capable of independent practice while maintaining safety for all stakeholders.

Adopted by PGTC on 6th May 2016.
Reviewed by NCCT September 2017.