ICGP Policy on how to Accredit activities in determining satisfactory completion of post and the 75% attendance rule.

Adopted by PGTC – May 2018

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Introduction:

The aim of GP Training is to produce fit for purpose General Practitioners capable of independent practice following completion of their training. The core of this training takes places in the general practice training setting. The learning that takes place in the practice is essentially experiential learning based on day to day general practice. This will set the template for learning needs going forward, and provide the basic skills for self-identified learning needs and lifelong learning. The time spent in the practice should be optimized in training.

Background:

The learning journey for each family doctor starts before medical school and finishes when she or he stops practising. The ICGP Curriculum however, concentrates on the journey that takes the individual from the beginning of specialty training for family medicine until they are certified as a competent independent general practitioner. This journey takes the learner through specialty fields relevant to Irish general practice to the home territory of primary care.

The Irish College of General Practitioners (ICGP) curriculum defines the learning outcomes for the specialty of general practice and describes the competencies required to practise medicine as a general practitioner in Ireland. The curriculum is based on the original framework statement for the discipline of general practice that was developed by WONCA Europe (World Organization of National Colleges and Academies of General Practice/Family Medicine). These characteristics of the discipline of general practice relate to the abilities that every family doctor should master, and are the basis of developing the curriculum for training in Irish general practice.

The MICGP is the one element of the assessment process in Irish GP training and the continuous assessment as indicated in the Notification of Successful Completion of GP Training is the other. These two processes provide both developmental and summative assessment during the whole of the four-year programme. It is intended that these will cover the Curriculum for General Practice. No other certificates, diplomas or higher qualifications are needed for Entry onto the Specialist Register. The Study Leave support during training is primarily to ensure that the GP curriculum is covered and that the MICGP examination is achieved within the normal time.

Where GP trainees identify personal learning needs that require additional training during their training program the ICGP document ‘Guideline on Educational Leave’ provides guidance while considering the need to match the proposed leave to the GP trainee’s personal learning needs and to the competencies of General Practice.

The purpose of this document:

The purpose of this document is to provide national guidance on what constitutes a GP registrar's normal working week, specifically to provide guidance on what activities should be considered as qualifying for consideration in 75% attendance in post. This document also guides on how to attribute educational leave towards successful completion of 75%.

The overall responsibility for content and administration of the Training Programme currently rests with the respective Programme Steering Committee. To complete training it is necessary for each participant to meet the needs of satisfactory completion of training as defined by the ICGP. These elements of training are recorded and the records are retained by the Programme.

Principles involved:

For a full time GP registrar the working requirements are 39 hours per week. These hours are as follows:

- Clinical sessions: practice based clinical work.
- Practice/Clinical Structured educational time.
- Scheme Structured educational time. Trainees must achieve a minimum 75% attendance in the day release Programme provided by their local GP Training Scheme. There are usually 30-36 days of formal day release per year.
- In the 16-22 weeks in which day release is not formally organised, other appropriate educational activities may be facilitated by the day release team. Attendance at these is optional for the trainee as an alternative to working in the Practice/Clinical Placement.

In addition to 39 hours usual working time, GP registrars will need to undertake out-of-hour duties. The nature of the sessions which are available will depend upon local arrangements and are outlined in the ICGP 'Out of Hours' document.

The above reflects an overview of activity likely to equip a GP trainee to meet the learning outcomes of the GP curriculum. The balance of activities may have flexibility based on individual training needs of GP trainees as identified in discussions between trainees and their Educational Supervisors. Actual timings are also not exact each week, as flexibility is also needed to reflect education and service provisions. There will occasionally be exceptional circumstances where patient safety concerns make service provision a priority.

Duties and activities that contribute to clinical sessions and Practice structured educational time (and that qualify for 75% attendance in post):

1. Supervised/supported consultations within the practice, with a minimum appointment length of 10 minutes for face to face consultations. There should be consideration that at end of any consulting period a trainee should be able to debrief with the supervising GP within a reasonable timeframe.
2. Telephone consultations.
3. Supervised/supported home visits, nursing home visits, homeless facilities, prison surgeries, and community hospital duties including time for debriefing, and travelling.
4. Administrative work that directly and indirectly supports clinical care, which includes: reviewing investigations and results, writing referral letters, acting upon clinical letters, preparing reports, and general administration.
5. Time spent with other members of the practice and primary care team for the purposes of patient care and Registrar learning e.g. practice nurses, community mental health nurses, community physiotherapists, nurses with a role in chronic disease management, receptionists, triage nurses in out of hours care, other health care professionals, dispensing and pharmacy professionals gaining experience in these areas.
6. Primary care team meetings.
7. Participation in clinics run by other GPs–such as Long Acting Reversible Contraceptive lists, especially where direct supervision is required in the process to get formal verification of procedural competences.
8. Structured and planned educational activities in practice outside of the one to one tutorial. This includes practice based meetings involving the GP team e.g. critical event analysis in practice, management meetings etc.
9. Audit/research within the practice as agreed with the GP Trainer.

These activities should link to specified learning outcomes and such activities planned and agreed with the Educational Supervisor. The relationship between the Trainer and the Trainee must be supportive of learning. In the interest of maintaining a healthy educational relationship between the Trainer and Trainee, some flexibility in the list above can be encouraged if it is on sound educational principles and agreed by Trainee, Trainer and Scheme.

Activities that contribute to Scheme Structured Educational Time – may be undertaken by the trainee in lieu of Training practice attendance when day release is in recess.

Where day release is in recess and no educational activities have been organised by the day release team, the Registrar must be in their training practice on a working day. Educational activities in recess should be agreed between the Trainer and the Programme Directing Team. Where agreed between Trainer and Programme Directing Team, these activities are not counted as educational leave. Please note that the summer period, while day release is in recess, can be an excellent opportunity for Registrars who have just begun their GP practice rotations (generally in third year) to adapt to General Practice in a less pressurised manner. The recess where the Registrar is "finding their feet" may be best spent, if well supported, in the General Practice setting.

For trainees on less than full time rotations the number of hours for clinical and educational events will be on a pro-rata basis. Approved educational activities during day release recess includes the following:

1. Time spent in activities relating to achieving Diplomas and other higher degrees apart from MICGP.
2. Time spent in specialist clinics; especially where these are arranged to gain exposure to patient groups and illnesses not covered elsewhere in a trainee's programme, e.g. family planning clinics, joint injection clinics.
3. Attendance at specialist outpatient clinics if this area if felt to be absent within the trainees coverage of the GP curriculum.
4. Locally organised educational events, e.g. specialty-specific educational programmes run by the local vocational training committee or hospital services outside of "day-release" sessions.
5. Educational supervisor meetings and other educational reviews.

Educational Leave:

In principal Educational Leave is not counted towards 75% in post requirement for the Practice/Clinical Placement except in one circumstance as described next. Where there has been absence due to other leave, e.g sick leave/maternity/parental leave it may not be possible for the trainee to fully complete a clinical placement to the 75% requirement and avail of all approved educational leave. In this case the ICGP Statement on Accreditation for GP Training in Prolonged Leave situations applies where the Leave is more than 10 days in a six month period or pro rata. However where the Leave is less than 10 working days in a six month rotation, the Scheme Steering Committee can assess whether a proportion of the Educational leave, usually 1-3 days, can be substituted for Clinical Placement. This will be adjudicated by the Steering Committee on a case by case basis, taking into account the global accomplishments of the trainee.

Conclusion:

The document is written to be flexible enough to accommodate changes to the structure of GP speciality training. Specifically if funding models and accreditation pathways emerge in Irish General Practice to support and facilitate GPwSI the document will require modification. Training placements must be of sufficient length both to enable trainees to become members of the clinical team and to enable team members to make reliable judgments about the trainee's abilities, performance and progress. Doctors must not work beyond the limits of their competence and it is the first duty of GP training to produce doctors who are competent general practitioners. The value of general practice to a cost effective healthcare system has been demonstrated, and it is vitally important that a general practice service to patients is not compromised. The key elements of a clinical generalist in the community must remain, and in a primary care centred health service, the specialist general practitioner is likely to become increasingly important.

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