



The Irish College of General Practitioners

2022

ICGP Alterations to Certification of Satisfactory Completion of Training (CSCST) for GP Training in the Covid Crisis

Adopted by PGTC January 2021 –
updated January 2022

Table of Contents

Introduction	2
Trainee hospital logs for each hospital training post.....	3
Hospital teacher’s report for each hospital training post.....	3
Trainee logs for each GP practice training posts	4
Trainer report for each GP practice training post.....	5
PDT report on the participation in day release.....	5
Written analysis of video-recorded patient consultations	5
A current certificate in Cardio-Pulmonary Resuscitation	6
ICGP Women’s Health Log	6
Written audit/research project.....	7
A minimum of 120 hours per year out-of-hours duty (OOH)	8
Trainees with a medical vulnerability.	8
Trainers and remote Clinical Supervision	9
Appendix 1 – Online resources for GP training which facilitate certificates of completion.....	11
Appendix 2: Learning Outcomes from the ICGP curriculum which require OOH exposure.....	14-16

ICGP CSCST alterations in the Covid crisis

This is a report prepared for PGTC by a working subgroup of the NCCT, Winter 2020. The revised criteria was adopted by PGTC in January 2021 and updated in January 2022

Introduction

Disruption to GP training due to the Covid pandemic can occur 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. Change of the day release. Schemes are continuing 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. 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 vulnerable workers.
7. Sickness or self isolation of clinical supervisors/trainers.
8. 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 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 core assessments for notification of completion 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 or EPA in Womens Health
- 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 Standards for Postgraduate Training Programmes in General Practice(4) from ICGP training policies 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 from January 2022 and will be reviewed again in January 2023.

[Trainee hospital logs for each hospital training post](#)

[Hospital teacher's report for each hospital training post](#)

Some hospital based trainees have not accomplished the 75% in post as planned due to redeployment, illness or necessary self isolation.

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

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 standards 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 rotations and lengths of rotations which have necessarily been affected by service demands.

Trainee logs for each GP practice training posts

Current 4th year trainees will have had 7 months of normal experience in their first year of GP practice. Current third years have begun Registrar life in a covid environment. Adaptation of General Practice to the crisis will have encompassed learning out comes 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.

GP Registrars are encouraged to review the 8 chapters described above, in conjunction with their trainers, consider how well these learning outcomes have been achieved and make provision to cover gaps. With regards the remainder of the curriculum GP Registrars 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 GP Registrar, 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 makes it difficult 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 and the many facets of audio and video technology enhanced teaching which has entered GP teaching since the beginning of the Covid crisis.

Trainer report for each GP practice training post

Many GP practice placements will have a reduction the number of clinical practice days in the Covid crisis compared to the normal level of clinical exposure by a Registrar. 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 must 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

Schemes have continued to provide day release via Zoom with the aid of licenses provided by the ICGP.

The requirement for 75% attendance (80% for RPL trainees) will apply to the number of day release sessions which are provided by the scheme. Where a trainee has been unable to satisfy the 75% attendance in 20/21 due to sick leave/ 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

Registrars are encouraged to achieve this criterion in face to face consultations which continue to occur.

Training in the art of the consultation is a core skill essential to GP training.

In situations where this is not possible, it may be possible to view a simulated consultation using other trainees in role play or actors, with the trainee in question being in doctor role. This can happen with trainer or with programme director and peer group.

A current certificate in Cardio-Pulmonary Resuscitation

The Irish Heart Foundation 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/what-is-cpr/healthcare-professionals/>

ICGP Women's Health Log

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. Registrars are reporting greater difficulty in gaining proficiency in cervical test taking. While this is not essential, what is essential is proficiency in visual assessment of the cervix, and also proficiency in bimanual examination of the female pelvis. Registrars are encouraged to discuss with their trainer means by which these proficiencies can be achieved.

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 Prescription Revision

- 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.

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.

Trainers may need to be aware that extra effort may need to be invested in making sure their trainee has adequate competence in female pelvic examination, taking into account patient preferences and the limitations of face to face consultations in this pandemic.

Written audit/research project

All trainees should complete the written audit /Research project as required for completion of training. The Audit should be practice based and complete with two cycles and should be written up in the format required by the scheme steering committee.

Two audits are listed below to demonstrate opportunities that can be availed of together with some further suggestions.

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?

All audits should include a full audit cycle.

A minimum of 120 hours per year out-of-hours duty (OOH)

The requirement for minimum 120 OOH still stands. However in the pandemic, some flexibility is encouraged in the manner described below:

The ICGP allows

- Where a GP Registrar 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 working in the Covid hubs cannot be double counted towards the OOH complement and the 75% in practice complement. Also, the number of hours of hub work which can count towards the OOH requirement is limited to a maximum of 50 hours per year.
- Arranging the trainee's OOH experience remains the responsibility of the Trainer. However when the Trainer's hours does not allow the fulfilment of 120 hours, the scheme Steering Committee should facilitate attainment by allowing supervision by another approved Principal. See also the ICGP policy on OOH.
- Schemes should facilitate trainees who are not working in Covid hubs to find ways of fulfilling the OOH requirement.

Each GP Registrar should review the ICGP curricular learning outcomes which are achieved in OOH in Appendix 2 with their trainer, supported by their PD team to ensure these learning outcome have been achieved.

Trainees with a medical vulnerability.

HSE Employer guidance on healthcare workers who are at increased risk in Covid is available on the HSE website: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/guidance-on-fitness-for-work-of-healthcare-workers-in-the-higher-risk-categories.pdf>

Healthcare workers can be high risk or very high risk. High risk healthcare workers should work from home if possible, can see patients face to face but should avoid care of patients who are Covid positive or suspected Covid positive. Very high risk healthcare workers can work from home but should not see patients face to face. **HSE occupational health** services can advise on high risk or very high risk status.

General Practice is hugely dependant on building relationships with patients and requires advanced communication and clinical skills. It is clear that the requirements of GP training cannot be fulfilled without adequate exposure to face to face consultation. Short periods of non face to face clinical activity can allow progression in a number of areas of competency, such as prescription reviews and practice management. As much training time as is possible should be through face to face patient contact and this must be actively pursued by both trainee and scheme. Guidance on the actual proportion of training time which must be through face to face patient contact can be determined by the steering committee in each scheme, with trainee accomplishments in ensuring patient safety being the guiding principle. Currently Registrars/Trainees have to be in practice for a minimum of 75% of the period of clinical placement. Where remote consulting is necessary for prolonged periods due to Covid issues, steering committees should determine an appropriate amount of on site supervised clinical experience to ensure acquisition of the necessary consultation skills and exposure to breadth

of presentations necessary to acquire clinical competence. Coverage of the curriculum and exposure to the 18 areas of clinical activity described by the ICGP EPAs may also be used to guide the steering committee. If in doubt, individual cases may be brought to the attention of PGTC. *As a guide, the PGTC suggest that up to 2 months of non face to face activities should be acceptable to recognise towards training for most trainees, and this can be extended to three months at the discretion of the steering committee. Cases where non face to face training extends beyond three months should be brought to PGTC on a case by case basis.*

Trainees who are unable to see patients face to face indefinitely are likely to need to pause their training, although again individual cases can be brought to the attention of the PGTC through the Programme Directing Team. 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.

Trainers and remote Clinical Supervision

Where trainers are supervising remotely due to health reason because of the pandemic, the scheme steering committee must be satisfied that adequate clinical supervision is in place at all times, and that the required teaching and feedback is continuing. Please see also the ICGP “Registrars working in situations remote from the training practice” document. Until the next revision of this document, the ICGP Standards document requirement (5.6.1) that “The trainer & registrar should practice contemporaneously out of the same premises for a minimum of six sessions per week” can be replaced by “remote contemporaneous supervision for a minimum of six sessions per week” where the steering committee is satisfied that clinical supervision and teaching is adequate. The trainee should at all times be practicing alongside a doctor who, according to the “Registrars working in remote situations” document is “an experienced General Practitioner and should hold MICGP or equivalent”.

It is not recommended to have long term remote supervision by the Trainer without some face to face contact with the Trainee. If a Trainer, for health reasons is not engaging in any face to face patient care for the foreseeable future, it is suggested that consideration be given to retirement from training.

While remote clinical supervision by the Trainer due to the pandemic can be acceptable for periods of months, a trainee should not commence in a practice under remote supervision by their Trainer. Even if not in a position to see patients face to face, the Trainer should be physically in the practice with their trainee at the commencement of the practice placement and for a sufficient number of regular hours thereafter such that a supportive supervision relationship is established.

References

1. QQI. Guiding Principles for Alternative Assessments (Devised in response to the Covid-19 emergency restrictions) 26 March 2020 (Extended until August 2021). Available from: <https://www.qqi.ie/sites/default/files/media/file-uploads/Guiding%20Principles%20for%20Alternative%20Assessment%20%28COVID-19%29%2018-11-20.pdf> [Accessed 7th Feb 2022]
2. T&L National Forum for the enhancement of teaching and learning in Higher Education. 10 Points to Consider in Choosing Alternative Assessment Methods for the Online Environment. March 2020. Available from: <https://hub.teachingandlearning.ie/resource/10-points-to-consider-in-choosing-alternative-assessment-methods-for-the-online-environment/> [Accessed 7th Feb 2022]
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4. ICGP. Criteria for Postgraduate Training Programmes in General Practice. 2016. Available from: https://www.icgp.ie/go/become_a_gp/educational_resources/policy_documents [Accessed 7th Feb 2022]
5. McEllistrem B, ICGP Curriculum for GP Training in Ireland. Dublin: Irish College of General Practitioners; 2020. <https://www.icgp.ie/go/library/catalogue/item/269FA691-DB89-4123-A473171DFA746676>

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.icgpeducation.ie/>

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/>

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

ICGP Library

Search the ICGP Library Catalogue

https://www.icgp.ie/go/library/library_home/

Access ICGP Online Journals

<http://www.icgp.ie/journals>

Access ICGP Library Information Skills for GPs: The 5 Steps to Success

<https://www.icgpeducation.ie/course/view.php?id=110>

Access is free for ICGP members simply by entering their ICGP login details.

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.

There are a few other things of interest on 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:

BMJ Best Practice

<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.

Other sites.

GP buddy.ie

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

Developed by one of our PDs, Darach O Ciardha, 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.

Appendix 2: Learning Outcomes from the ICGP curriculum which require OOH exposure

Learning outcomes from the ICGP curriculum which require OOH 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 |
| SXLSP3A | 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 behaviour 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.

Final