



GP Trainee Handbook 2025-2026

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Welcome to the Irish College of GPs

It is my pleasure to welcome you to GP training. I am delighted that you have chosen to become part of a learning community that exists to help you fully realise your potential, and to advance the quality of healthcare in Ireland. The training programme, its schemes, and its affiliated trainers stand ready to guide and assist you throughout your educational journey.

Postgraduate training brings with it a wealth of experience and opportunity. It also confers certain responsibilities on trainees including providing safe, ethical, and compassionate patient care, and fully participating in the training and educational activities offered by the programme. This Handbook aims to make clear those opportunities and responsibilities in a straightforward way.

We look forward to working and learning with you in the years ahead.

Dr Cathy Cullen, National Director of GP Training





Our vision, mission and values

Vision

General practice at the heart of patient care, ICGP at the heart of general practice, and GPs at the heart of College.

Mission

To support our members, trainees, and GP-led Teams to excel and lead general practice through training, education, research, and advocacy, continuing to ensure the highest standards of patient care and providing the tools to shape the future of general practice

Values

Our values describe the principles that guide us as we work to achieve our mission.

We strive to demonstrate:

Leadership: we will through strong leadership inspire others to action on behalf of our members and align policies, guidelines, structures and services to members

Quality: we will achieve the highest quality standards in training, research and medical education in support of continuous quality improvement

Advocacy: we will advocate for general practice as central to the delivery of an effective and equitable healthcare system

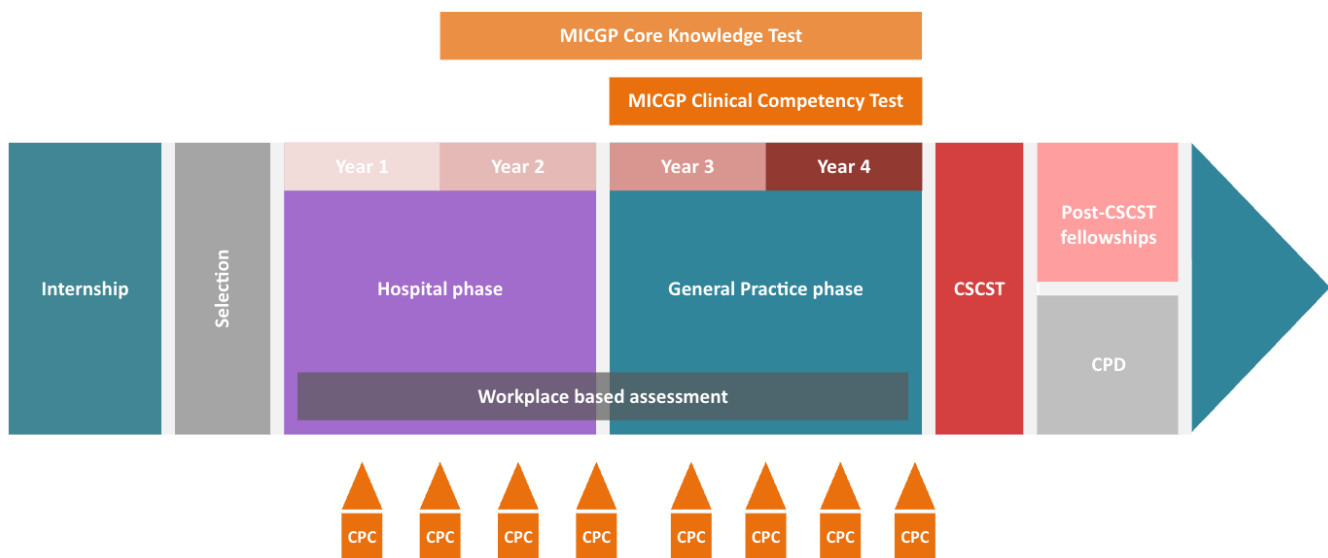
Sustainability: we will focus on the long-term wellbeing of our members and colleagues, our profession, our patients, and the world around us

Inclusivity: we will continue to value diversity as part of our communities and treat everyone with respect
Innovation We will provide an environment which encourages innovation and best practice in everything we do

1.0 Overview of GP training

The National Specialist Training Programme in General Practice is a four-year, run-through programme of training and assessment. Trainees receiving recognition of prior learning may have training shortened to three years. Entry to the programme is by a competitive process followed by matching to training schemes based on candidate preference and selection rank. The programme incorporates 13 training schemes distributed across Ireland.

Training is divided into two phases. In Years 1 and 2, trainees generally undertake rotations in hospital and community settings in secondary care specialties of relevance to general practice. In Years 3 and 4, trainees generally undertake rotations in general practice. Trainees receiving recognition of prior learning are accredited one year for prior hospital-based training, shortening their training to three years in total.



At the start of training, all trainees sign a training agreement which sets out the terms and conditions of their enrolment on the training programme. They must also attend an induction day to prepare them for commencement.

Throughout the programme, trainees engage in workplace-based learning, guided by their designated trainer, and attend a programme of day release teaching and learning delivered by their training scheme.

Trainees are assessed at six-monthly intervals on their progress and performance through the competency progression process. Factors considered in assessment include, but are not limited to, workplace-based assessments, attendance and engagement at day release, and Membership of the Irish College of GPs examinations (MICGP exams).

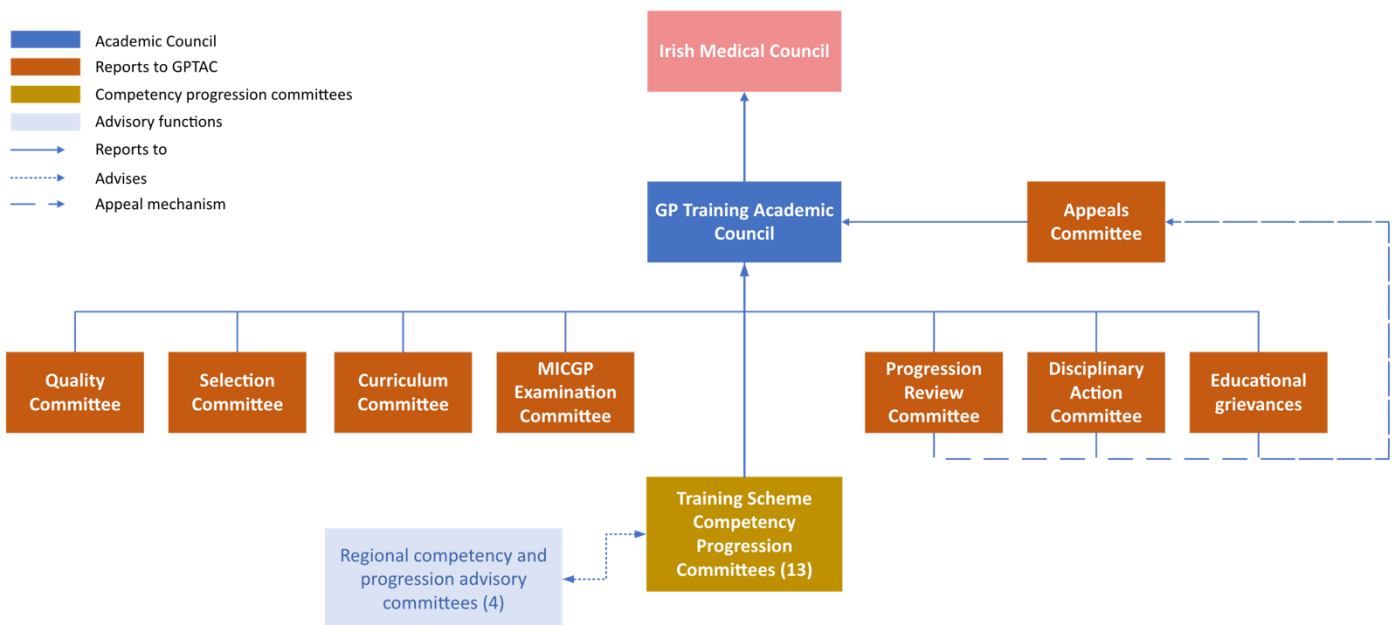
Satisfactory progression through the programme, along with successful completion of all requirements, culminates in the award of a Certification of Satisfactory Completion of Specialist Training (CSCST), whereupon the College recommends to the Irish Medical Council (IMC) that the trainee be placed on the Specialist Register of Medical Practitioners (General Practice Division). The trainee – now General Practitioner— can then commence independent practice as a College member.

The training journey is rewarding and an opportunity for personal and professional growth and development. It is also rigorous and demanding. Trainees who do not progress satisfactorily are afforded additional support and assistance through the training programme and it will in rare circumstances be necessary to evaluate trainees’ suitability to continue in training through the Progression Review process. Trainees are also expected to adhere to the highest professional standards throughout training as set down in the Irish Medical Council’s Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

Relevant documents:

- [Competency Progression Committee process and rules of procedure](#)
- [Training Agreement](#)
- [Guide to Professional Conduct & Ethics for Registered Medical Practitioners](#)

1.1 Governance





The Irish College of GPs (“the College” or “College”) is the professional body for general practice in Ireland. Its purpose is to encourage, foster and maintain the highest possible standards in general medical practice. The National Specialist Training Programme in General Practice is accredited by the Irish Medical Council.

Since its foundation in 1984 and with a membership of over 5,100 GPs, the College has remained committed to the education and training of general practitioners enhancing their skills, competencies, and professionalism. The College is dedicated to general practice education, training, research, and advocacy on behalf of the profession and patients.

The GP Training Academic Council (GPTAC) provides academic leadership within the College on the development, delivery, evaluation, and continuous improvement of GP training. It is the ultimate academic decision-making authority in relation to the training programme.

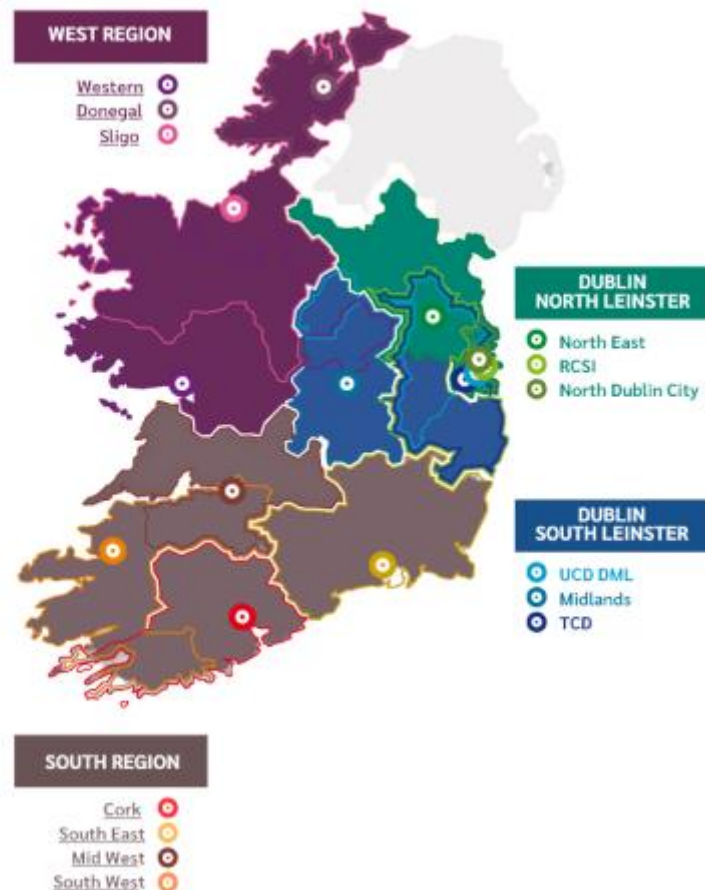
The Quality, Selection, Curriculum and Examination committees report to GPTAC and inform policy and quality development in their respective areas. The Progression Review Committee, Disciplinary Action Committee, and Educational Grievances also report to GPTAC. Their functions are outlined below.

Training scheme Competency and Progression Committees (CPCs) monitor and evaluate trainee progression and nominate trainees for CSCST where all programme requirements have been met.

The GP Training Directorate is a forum for operational decision making within GP training and receives referrals from all regions and training schemes. Through its decisions, the Directorate implements training policies as approved by GPTAC.

1.2 Management and organisation

The training programme is organised into four regions and 13 constituent training schemes. Each scheme has an affiliated Competency Progression Committee.



Trainees are supported from the time they enter the scheme to issue of CSCST. The following are key people in this journey.

The **National Director of GP Training** holds a pivotal role in upholding the highest standards of excellence and in leading further developments in the College's support to trainees, trainers and directing staff.

Regional Programme Directors (RPDs) hold oversight for the training schemes in their region and are responsible for ensuring the quality and consistency of training. They are an important link between schemes and national structures.



Scheme Directors (SDs) lead the delivery of the educational programme with the training scheme educational teams. This includes the overall management of the scheme, and liaison with local stakeholders, including trainers, trainees and HSE managers.

Assistant Scheme Directors (ASDs) assist the Scheme Director in the promotion of coordinated training within the training scheme. ASDs facilitate small-group sessions with trainees and assist with syllabus planning, including the development of teaching materials and resources. They usually act as primary reviewer in the CPC process.

Regional Programme Coordinators (RPCs) support the Regional Programme Director and the schemes within their region, encourage and foster a collaborative working environment within and across regions and support training schemes in implementing systems change and roll out of technologies to support the delivery of GP training.

Scheme Administrators work with the Scheme Director, Assistant Scheme Directors, trainees and other stakeholders to provide comprehensive administrative support. They assist with all activities in the training programme, keep track of trainee progress and are in close contact with trainers and supervisors.

Trainers provide supervision, teaching and mentorship to trainees in both secondary care and general practice settings.

The College provides several important support functions to the training programme including but not limited to governance, curriculum, examinations, conferences, blended learning resources, ePortfolio and IT support.

1.3 Key personnel

National GP Training Directorate	
National Director of GP Training	Dr. Cathy Cullen
Deputy National Director of GP Training	Dr. Kathy Murray
Executive Director of Training & Assessment	Mr. Brian O'Malley
Deputy Executive Director for GP Training	Ms. Martina McDonnell
Dublin North Leinster Region	
Regional Programme Director	Dr. Ronan O'Connell
Scheme Director, Northeast	Dr. Niall Maguire
Scheme Director, RCSI	Dr. Niamh O'Carroll
Scheme Director, North Dublin City	Dr. Austin O'Carroll
Regional Programme Coordinator	Ms. Janvier Ouko
Dublin South Leinster Region	
Regional Programme Director	Dr. Méabh Ní Bhroin
Scheme Director, UCD Dublin Mid Leinster	Dr. Conor O'Kelly
Scheme Director, Trinity College Dublin (TCD)	Dr. Aisling Ní Shúilleabháin
Scheme Director, Midlands	Dr. Edel Doorley
Regional Programme Coordinator	Mr. Morgan Danaher
South Region	
Regional Programme Director	Dr. Edward McSwiney
Scheme Director, Cork	Dr. Deirdre O'Grady
Scheme Director, Midwest	Dr. Brian McEllistrem
Scheme Director, Southeast	Dr. Darach Brennan
Scheme Director, Southwest	Dr. Peadar Ó'Fionnáin
Regional Programme Coordinator	Ms. Emily O'Reilly

West Region	
Regional Programme Director	Dr. Muiris O’Sullivan
Scheme Director, Donegal	Dr. Mark Hudson
Scheme Director, Sligo	Dr. Brian McMorrow
Scheme Director, Western	Dr. Aoife Jackson
Regional Programme Coordinator	Ms. Stef Byrne

1.4 Communication

All formal communication with the training scheme should be via staff’s dedicated College email address or phone number. Trainees may wish to discuss issues informally with their scheme directing team members at day release, but they may not contact staff on their personal emails or personal phone/text/social media. Similarly, College staff will not contact trainees using their personal email.

2.0 Starting GP training

2.1 Employment contract

Throughout training, trainees hold an employment contract as a Non-Consultant Hospital Doctor (NCHD) with the Health Service Executive (HSE)¹. There is no employment relationship with the College. As such, all issues relating to contracts of employment, HR, salary, line management, occupational health and clinical service commitments are the domain of the employer. Trainees are encouraged to read their contract in detail prior to commencing employment.

Trainee participation in the programme is contingent upon holding a current contract of employment. If a trainee resigns from their contract or is dismissed by their employer, the College reserves the right to terminate their training agreement and remove them from training.

¹ Note that in some instances, the employment contract is with the hospital directly and not the HSE in which case employment-related matters/policies may differ. Trainees should contact their local HR representative for more information.

2.1.1 Trainees from overseas

It is normally not possible to be employed in Ireland without a right of residence. Overseas trainees must ensure they maintain their immigration status is in order prior to commencing and during training. If a trainee faces visa issues, the College will not advocate to the Irish Immigration Service or the employer on their behalf.

2.2 The Training Agreement

To participate in the training programme, trainees sign a training agreement with the College. They must abide by its terms to remain in good standing on the programme. Trainees are expected to read this document in detail and in full.

Relevant document:

- [Training Agreement](#)

2.3 Data sharing and management

The College collects, stores, processes, and discloses trainee data in accordance with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and the Privacy Policy.

Also, the College will share trainee personal data with the HSE/employer for the purposes of employment, with the Medical Council, and with any other bodies as may be required to operate the training programme, perform its obligations to trainees, or under law, and/or for purposes set forth in the Training Agreement.

To learn more about how the College processes personal data or want to exercise rights under the GDPR, contact the Data Protection Officer directly at dataprotection@icgp.ie.

Relevant documents:

- [Training Agreement](#)
- [Privacy Policy](#)



2.4 Registration with the Irish Medical Council

Trainees must be registered on the trainee specialist division of the IMC for the duration of their training. Click [here](#) to access the IMC website.

If a trainee takes prolonged leave or time out of programme from the training scheme and are not in clinical practice, it is advisable that they inform the IMC as a suspension of registration may be appropriate. When returning from a prolonged absence, it is incumbent upon the trainee to ensure that their registration on the trainee specialist division is current prior to recommencing clinical work.

2.5 General Practice ePortfolio Platform (GPEP)

GPEP is the ePortfolio platform for trainees.

GPEP is the repository of all evidence and information leading to the award of CSCST. It is used by training schemes to assess trainee progression. It is therefore imperative that trainees upload all necessary records in a timely manner and keep the system up to date.

Although access to a trainee's ePortfolio is restricted, it may become a public document in specific circumstances; recent legal precedent in neighbouring jurisdictions should remind trainees that all reflective entries should be carefully anonymised and not contain identifiable patient data.

Trainees can refer to the "Do's and Don'ts" video on their GPEP dashboard for more information.

2.6 DIME and NER

Doctors Integrated Management E-System (DIME) and National Employment Record (NER) are managed through the employer. Further information is available [here](#).

2.7 Induction

There is an annual national trainee induction programme in which newly enrolled trainees participate followed by induction locally with the relevant training scheme.

Employment-related induction is coordinated via the trainee's HR representative.

3.0 Criteria for Certification of Satisfactory Completion of Specialist Training

The following are the minimum requirements to support a CPC decision that a trainee is ready for independent practice and can be recommended for the specialist register of the Irish Medical Council:

1. Duration of training

Certified training is four years in duration (unless by exception for trainee receiving recognition of prior learning) of which a minimum of 50% must be in general practice. Training must be completed **within six years** of the date of commencement of the first training post to preserve the educational validity of the process. In exceptional circumstances, this period of six years can be considered for extension by the GP Training Directorate.

2. Clinical and competency progression components

Clinical service commitments must be fulfilled in accordance with the terms and conditions of Health Service Executive (HSE) employment contracts. Full attendance is expected by trainees in their clinical posts and a minimum of 75% attendance is mandatory in each clinical post for trainees on a four-year scheme. For RPL trainees, a minimum of 80% attendance is mandatory in each clinical post.

Satisfactory completion of each clinical rotation is evidenced by the submission of the standard end of rotation evaluation (In Training Evaluation Report/ITER) for each rotation. 3 ITERs must be mandatorily completed per 12 months of GP registrar placement.

Demonstrated competency progression in each clinical post will be evidenced through Entrustable Professional Activity (EPA) records. These are reviewed by the training scheme as defined by Competency Progression Committee (CPC) policy.

EPA records must satisfy the agreed national standard, to include the following required intimate examinations:

- Breast examination;
- Bimanual examination of the female pelvis;
- Vaginal/vulval examination in women, considering also trans men;
- Scrotal/penile examination in men, considering also trans women;
- Digital rectal examination.

3. Day release participation

Evidenced by training scheme reports. Full attendance and participation at day release is expected unless evidence is supplied for any leave or mitigation. Day release is an integral part of the working week and is governed by the same employment expectations as clinical work.

4. Video consultations

Evidenced by written trainee analysis of a video-recorded real patient consultations as required by the agreed training scheme and/or national standard.

5. Basic life support certification

Evidenced by a certificate of completion of basic life support by an accredited provider within the previous 2 years of the proposed date of satisfactory completion of training.

6. Urgent and unscheduled care

Demonstrated competence in urgent/unscheduled care, including out of hours duty, to the agreed national standard of a minimum of 120 hours per year in Years 3 and 4 of training.

7. Research and audit

Demonstrated competence in research and/or quality assurance and enhancement skills to the agreed training scheme and/or national standard.

8. MICGP examinations

Evidenced by the satisfactory completion (by achieving the passing standard) of all MICGP examinations according to the provisions set down in the MICGP exam regulations.

9. Compliance with GP training policies

Throughout training, trainees will comply with College policies and procedures as approved by the GP Training Academic Council, and with the terms and conditions set down in the GP Training Agreement.

See the following sections for more information.

Relevant documents:

- [Training Agreement](#)
- [Recorded Consultations Guideline](#)
- [Out of Hours Experience Policy](#)

4.0 Educational content and curriculum

The curriculum defines the learning outcomes for the specialty of general practice and describes the competencies doctors require to independently 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) and formally launched during its meeting in London in 2002, and revised in 2005 and again in 2011. The WONCA framework describes the fundamental characteristics of general practice, a role description of the specialist in family medicine, and the competencies required of general practitioners. 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.

A new curriculum is currently under development with publication planned for late 2025.

Relevant document:

- [2020 Curriculum](#)

4.1 Workplace-based learning

Through direct observation, feedback, and reflective practice, workplace-based learning promotes continuous development and bridges the gap between theoretical knowledge and its application in clinical care. It forms the cornerstone of GP training.

Up to two years of training takes place in hospital and other secondary care clinical learning environments. Trainees rotate through a variety of specialties relevant to General Practice including paediatrics, emergency medicine, psychiatry, obstetrics and gynaecology, and internal medicine.

At least two years of training, usually in Years 3 and 4, takes place in accredited training practices under the supervision of a GP trainer.

4.1.1 Electives and early exposure to general practice

Schemes have discretion to direct trainees to electives to gain additional exposure to clinical settings or patient populations relevant to general practice or to provide early exposure to general practice, usually in Years 1 and 2.

Relevant documents:

- [General Practice Rotations Policy](#)
- [Non-GP Clinical Rotations Policy](#)

4.2 Day release

Day release refers to the structured educational programme delivered by training schemes. Day release takes place during normal working hours for 36 weeks of the year. During Years 1 and 2, trainees typically attend day release for a half day. During Years 3 and 4, they attend for a full day.

Day release does not constitute educational leave. As such, it takes place during contracted time and is subject to the same rules and regulations as clinical work. Full attendance and participation, in accordance with both national and local scheme requirements, is mandatory and trainee engagement at day release is routinely reviewed through the CPC process.

4.3 Library and eLearning resources

The College library provides access to information relevant to Irish general practice. Trainees can access the College library services and Forum through the [Clinical Hub](#).

The [Digital Resources Hub](#) gives trainees access to a suite of interactive, case-based and accessible blended learning on key curriculum topics.

Trainees also have access to [HSE Library Services](#).

Trainees may also access research supports and apply for ethical approval for research via the College [Research Hub](#).

5.0 Assessment

5.1 Workplace-based assessments

Workplace-based assessments evaluate trainee progress in areas of professional practice and behaviour best tested in the workplace and differ from the Core Knowledge Test (CKT) and the Clinical Competency Test (CCT).

These assessments look at trainee performance in day-to-day practice to provide evidence for learning and reflection based on real experiences.

5.1.1 Entrustable professional activities (EPAs)

EPAs are essential tasks of a healthcare profession that trainees are trusted to perform independently once they have demonstrated the necessary competence, integrating knowledge, skills, and professional attitudes in real clinical settings.

The College has defined 18 EPAs. Each EPA integrates key general practice competencies, allowing supervisors to assess trainees based on actual clinical performance.

Feedback and assessment play an important role in trainee development. EPA feedback is a key driver of learning and improved clinical performance, shifting the focus from assessment alone to ongoing development.

An EPA dashboard within the trainee ePortfolio (GPEP) allows trainees, clinical supervisors, and educational mentors to track progress across competencies in a structured and transparent way.

Obtaining EPA feedback is mandatory and is reviewed regularly by the CPC as part of ongoing progression assessments. To be awarded CSCST, trainees must demonstrate the ability to independently perform all 18 EPAs.

Relevant documents:

- [Trainee Guide to EPAs](#)
- [Guideline on EPA Supervision Levels](#)
- [Guideline on EPA Descriptors](#)
- [Digital Blended Learning Resource: EPAs in GPEP](#)

5.1.2 In training evaluation reports (ITERS)

Hospital and community trainers complete ITERS for each trainee. Supervisors provide feedback on trainee performance in the clinical setting by highlighting strengths, identifying areas for improvement, and assessing performance levels.

ITERS also certify:

- Attendance in the post for a minimum of 75% of its duration (80% for RPL trainees), leave from each post must be taken pro rata for the duration of the post;
- Active participation in training;
- Satisfactory clinical skills and performance.

ITERS are required for each rotation and form key evidence for CSCST.

- An ITER must be completed for each hospital placement;
- A minimum of three ITERS must be completed per 12 months of General Practice placement.

Trainees must ensure that ITERS are completed in a timely fashion as they contribute towards the CPC process and delays in completion can reduce their validity and reliability. An ITER may be completed by the trainee and supervisor together; this provides an opportunity for feedback. The supervisor may also complete the evaluation form alone should the situation demand it.

5.1.3 A note on feedback

Timely and accurate feedback (also known as formative assessment or assessment for learning) is essential to develop and improve. While feedback skills in educators are important, they are also crucial on the part of the trainee. This includes understanding what is said, acting on it, but also being able to manage the emotions that arise out of this process. This is termed “feedback literacy”.

5.2 MICGP examinations

The Member of the Irish College of General Practitioners examination (MICGP) comprises two modules. The Core Knowledge Test (CKT) is a single best answer multiple choice question exam, and the Clinical Competency Test (CCT) is a simulated clinical examination.

Trainees bear responsibility for registering for examinations. Those who pass all component parts of the MICGP exams and who successfully complete the training programme are judged to be competent to work independently in general practice.

5.2.1 Expected MICGP exams timelines

Trainees must successfully complete all modules of the MICGP exams within two years of completing their training programme. Furthermore, they have a maximum of five attempts at passing each module. If a trainee fails on four occasions, they are required to seek the input of an educational supervisor to enhance the likelihood of success in a final attempt.

5.2.2 Withdrawing from an exam

Trainees that have registered for an exam can withdraw with no financial penalty if cancelling more than 30 days prior to the exam. Those who withdraw from an exam 30 days or less prior to the exam will be charged 25% of the total exam fee.

Trainees who feel they are unable to be present for their exam, by reason of ill health, access to technology, family responsibility or any other reasonable concerns, and who notify the College less than 30 days before the exam, may be able to defer attendance via the mitigating circumstances process. Trainees will be required to submit documentary evidence, and a decision will be made by the MICGP Exams Subcommittee as to whether a financial penalty applies.

5.2.3 Reasonable adjustments

Trainees who feel they need a reasonable adjustment for completion of MICGP exams (i.e. trainees with a disability or a significant long-term health condition) should declare this and request reasonable adjustments when making an online application for their examination. It is the trainee's responsibility to provide the necessary information and supporting documentation to the College so that requests for reasonable adjustments can be assessed.

Relevant document:

- [MICGP Exam Regulations](#)

5.3 The Competency Progression process

The competency progression of all trainees is assessed on a six-monthly basis by each training scheme's competency progression committee (CPC) using a defined process. The overall purpose of the CPC process is to regularly assess trainee progress and determine if a trainee is ready for independent practice and can be recommended for CSCST.

5.3.1 CPC process: Primary reviewer assessment

The CPC meeting is preceded by a one-to-one meeting with the trainee's scheme-based mentor to review their progress. This meeting aims to provide a concise synthesis and opinion of a trainee's performance during the

previous six months. Trainees should be able to demonstrate feedback and satisfactory progression across multiple EPAs and associated competency domains.

5.3.2 CPC process: Competency Progression Committee (CPC) meeting

Following the one-to-one meeting described above, the scheme CPC meets to evaluate the progression of all trainees enrolled on the training scheme. The committee is composed of scheme directing team members and affiliated trainers and medical educators.

The CPC can make one of the following recommendations regarding a trainee's progress:

- | | |
|----|---|
| A. | Progressing as expected. |
| B. | Not progressing as expected due to focused educational need(s) - Recommend locally implemented individualized learning plan. |
| C. | Not progressing as expected due to significant educational need(s) - Recommend a remediation period (may involve extra time in training). |
| D. | Progressing faster than expected - Recommend advanced learning opportunities. |
| E. | All mandatory requirements for CSCST achieved. |
| F. | Insufficient data to determine progress status - Discuss at the next CPC meeting. |
| G. | Failure to progress satisfactorily despite maximal support - referral for assessment by the Progression Review Committee. |
| H. | Trainee inactive due to extended leave - No recommendation required at this meeting. |
| I. | Eligible for CSCST once the following outstanding criteria have been satisfactorily achieved. |

After each CPC meeting, trainees receive a report stating the outcome and outlining any feedback. The report will also be included in their ePortfolio for future reference.

If trainees have completed all the required learning components for their stage of training and have actively engaged with their clinical supervisor and the scheme directing team upon receiving feedback (including EPAs and ITERs), the CPC recommendation and feedback should not be unexpected. Instead, they should serve as a valuable tool to support and guide their ongoing learning journey.

The committee also may assess what supports a trainee may require. In rare instances, where a trainee is not progressing as expected despite having received maximal support, the CPC may award Recommendation "G" and refer the trainee to the Progression Review Committee (PRC). The PRC will review the circumstances that

brought the trainee before them and assess whether they should continue with their training. See the relevant section below for more information on the progression review process.

Once a trainee satisfies all criteria for CSCST, the National GP Training Unit will be notified via the CPC process. The Unit will then issue the trainee's eCSCST and eMICGP Membership certificate. The trainee can then apply to the Irish Medical Council to transfer from the trainee register to the specialist register. Printed copies of CSCST and MICGP Membership certificate are awarded at the MICGP graduation ceremony.

Trainees are encouraged to review the following in detail at least six months before their nominal CSCST date:

- Demonstrated competency progression through EPA records including mandatory intimate examinations;
- Documented satisfactory completion of required clinical rotations to date including completed ITERs;
- Attendance and participation at day release;
- Evidence of completed video consultations;
- Validity of current BLS certification;
- Progression in urgent and unscheduled care/out of hours requirements;
- Audit, quality improvement and research project completions;
- MICGP exam completions.

Relevant documents:

- [Competency and Progression Committee Process and Rules of Procedure](#)
- [Scheme Competency and Progression Committee Terms of Reference](#)
- [Regional Competency and Progression Advisory Committee \(RCPAC\) terms of reference](#)

6.0 Support structures

GP training can bring to light different kinds of personal and professional stresses which can be difficult to cope with. Should this happen, there are several avenues for support. The College suggests that trainees first speak to someone close to them, be it a colleague, their trainer or supervisor. If further support is needed, multiple options exist.

6.1 Formal trainee support process

The trainee support process is a framework designed to facilitate the provision of support to trainees who find themselves in difficulty during their training. Trainees are considered to be in difficulty if they are not progressing or performing as expected for their stage in training, or if they are experiencing health or other difficulties that are impeding their progress.

Any trainee who requests support under this process or is identified as needing support will be afforded reasonable and proportionate assistance to resolve the issues affecting them and return to satisfactory progression in their training. If, however, despite maximal support under this process the trainee fails to return to satisfactory progression, the CPC may refer them for progression review.

Relevant documents:

- [Trainee with Disability](#)
- [Trainee Support Policy](#)
- [Trainee Support Procedures](#)

6.2 Mitigating circumstances

Mitigating circumstances are things that might happen, which a trainee could not have reasonably expected to happen, and that may compromise the trainee's ability to undergo assessment by a required deadline. These assessments may include, but are not limited to research, quality improvement and audit project work and may also include coursework required for competency and progression evaluations such as in training evaluation report (ITER) forms and evidence of video consultation analysis.

In general, an application for mitigation should be exceptional and a last resort. Trainees should take all measures possible to complete assessments by the required deadline.

Relevant document:

- [Mitigating Circumstances Policy](#)

6.3 Trainees before the Irish Medical Council

While in training, some trainees may be called before the Irish Medical Council for a variety of reasons. Communication with the training programme when this scenario arises is particularly important. If the trainee is subject to a complaint, they should notify their trainer and training scheme. Where an issue is the result of an educational need, the training scheme can provide reasonable levels of support.

However, if a trainee is subject to sanctions, including supervision on grounds relating to health, registration or disciplinary matters, they must inform their training scheme as soon as practicable.

Relevant document:

- [Managing the Trainee Before the Medical Council](#)

6.4 Wellbeing and inclusion programmes

6.4.1 Trainee health and wellbeing

The College engages a Health and Wellbeing manager who focuses on trainee wellbeing, inclusion, diversity, and equity (WIDE) initiatives. They offer confidential guidance on supports available to best suit a trainee's needs. They are accessible via email at trainee wellbeing@icgp.ie.

Relevant documents:

- [Trainee with Disability](#)
- [Policy on Bullying, Discrimination and Harassment](#)
- [Trainee Support Policy](#)
- [GP Trainee Wellbeing & Inclusion webpage](#)

6.4.2 Trainee equity diversity inclusion (TEDI)

TEDI is a targeted programme with early interventions aimed at reducing the risk of differential attainment. Differential attainment is a gap in achievement levels between different groups of trainees due solely to one group having completed their primary medical qualification outside Ireland.

All trainees from overseas are expected to attend a one-day workshop in Years 1, 2 and 3, the first being within 2 months of commencement.

6.4.3 Doctors' Health in Practice Programme

This programme aims to promote and support self-care, healthy lifestyles and a good work-life balance. They can be contacted by phone at 0857601274 or email confidential@practitionerhealth.ie.

Relevant document:

- [Doctors' Health in Practice Programme webpage](#)

6.4 Networks

6.4.1 The Network of Establishing GPs (NEGs)

NEGs provides a suite of supports and services to establishing College members. Trainees become NEGs members from Year 4 until five years after graduation. Their publication "Signposts to Success" is a useful guide to the business and organisational skills needed in general practice.

Relevant document:

- [Network of Establishing GPs webpage](#)

6.4.2 Network of GP Trainees

The Network is the GP trainee voice, advocating for and representing trainees in matters of education, training and professional development. Any trainee can be a committee member. There are two trainee representatives per scheme.

Relevant document:

- [Network of GP Trainees webpage](#)

6.5 NDTP financial supports

NDTP and HSE provide some financial supports at the College's recommendation including:

- Training Supports Scheme (TSS);
- Clinical Course and Exam Refund Scheme (CCERs); and
- Specialist Training Fund for Higher Specialist Trainees.

Relevant documents:

- [NCHD Training Supports Scheme \(TSS\)](#)
- [Clinical Course & Examination Refund Scheme for NCHDs](#)

7.0 Leave from training

The College manages trainee leave only as it relates to the training programme. Leave approved by the College does not guarantee approval by the employer or vice versa. Trainees must liaise with their employer about leave entitlements under their employment contract. Leave is generally taken pro rata from each training rotation.

Trainees must also ensure they speak to their employer and scheme directing team well in advance of their intention to take leave to help with the review and approval process, particularly if extended leave is being envisaged. There may be implications to training progress and advance notice allows the employer time to organise suitable coverage.

Training time will not be accelerated because of time away from training. All elements for nomination of CSCST must be achieved.

7.1 Statutory leave

Statutory leave is divided into two categories: ordinary and extraordinary statutory leave. Ordinary statutory leave consists of annual leave and educational leave; all other forms of statutory leave, including illness leave, maternity leave and parental leave are extraordinary statutory leave.

Both forms of statutory leave are taken by the trainee with agreement of their employer, but trainees must notify the College via ePortfolio given the potential impact of longer periods of leave on training. Such periods of extraordinary statutory leave taken during a training year may sometimes need to be remediated or “made up”.

7.2 Exceptional leave

Exceptional leave is a non-statutory leave which trainees may take in exceptional circumstances with the agreement of the training scheme in the first instance and then with the employer under the relevant policy. Examples include out of programme research experience and out of programme clinical experience of relevance to general practice.

7.3 Educational leave

Educational leave is discretionary as per the employment contract and must be approved by the employer. Educational leave should be prospectively planned in liaison with trainers and scheme mentors and should take CPC recommendations into account. Further information is available in the Educational Leave Guideline below.

7.3.1 Degrees and diplomas

Degrees and diplomas offered by recognised awarding institutions may provide opportunities for advanced learning for trainees who are seen to be progressing more rapidly than expected for their stage of training at Competency Progression Committee (CPC) review. Educational leave *may* be considered in this context as a part of prospective individual educational planning in conjunction with trainers and scheme directing teams.

It is important to note, however, that such courses are subordinate to core GP training activities, particularly experiential learning in the clinical learning environment, day release training, and preparation for MICGP exams.

Integrated clinical academic programmes such as ICAT are generally supported but do not shorten the total duration of training.

7.4 Returning from leave

The amount of time away from training due to leave has an impact on a trainee's return, from a training and administrative point of view. As such, trainees may be required to complete a period of remediation, including a return to training plan.

Trainees should contact their scheme directing team and employer well in advance of their planned return to training to help in organising a return placement.

Relevant documents:

- [Trainee Leave Policy](#)
- [Policy on Managing Absences from Training](#)
- [Educational Leave Guideline](#)
- [Exceptional Leave Policy](#)
- [Return to Training Procedure](#)
- [Remediation of Time Away Procedure](#)

8.0 Progression review

Trainees may be referred for a formal review of their progress on the training programme in the following circumstances:

- The trainee's situation creates a high level of concern such that the trainee poses a danger to themselves, or others and the trainee support process would not be appropriate and/or is unlikely to mitigate risk;
- The trainee receiving a "G" recommendation from the CPC ("Failure to progress satisfactorily despite maximal support");
- Referrals from the examinations department (where the trainee has exceeded the maximum number of attempts and/or the maximum allowable time limits for summative assessments);
- The trainee consistently fails to meet training requirements within the time limits set by the programme or to act in accordance with the standards set by the College (e.g. not obtaining recommendation "E" or "I" at the last CPC meeting for their training programme);
- A complaint to the IMC against the trainee which was upheld.

The Progression Review Committee (PRC) will then evaluate the trainee's progress and their fitness to continue in training; this may include a formal hearing which the trainee attends.

Following evaluation, the PRC may:

- Remove the trainee from the training programme;
- Allow the trainee to remain on the training programme, subject to the successful completion of additional assessments, remediation and/or training as specified by the Committee; or
- Allow a trainee to continue in the training programme.

PRC rulings may be appealed under the Appeals Policy and Procedure.

Relevant documents:

- [Progression Review Policy](#)
- [Progression Review Committee Procedures](#)

9.0 Conduct

Trainees must learn and demonstrate professional conduct throughout the training programme. Trainees are bound by The Medical College's Guide to Professional Conduct & Ethics for Registered Medical Practitioners. Read it carefully.

Trainees need to take responsibility for their learning and actions. This includes communicating with supervisors, training sites and programme team effectively and appropriately, and completing programme-related administrative tasks in a timely manner. Trainees are also expected to complete an annual declaration in a timely manner.

Furthermore, everyone involved in GP training has a responsibility to treat colleagues with dignity and respect. Discrimination, bullying and sexual harassment either in the practice or training are completely unacceptable and inappropriate under any circumstance and will not be tolerated.

Relevant documents:

- [Guide to Professional Conduct & Ethics for Registered Medical Practitioners](#)
- [Annual Trainee Declaration](#)
- [Policy on Bullying, Discrimination and Harassment](#)
- [HSE Dignity at Work policy for the Public Health Service](#)

10.0 Disciplinary action

If trainees fall short of the College's or IMC's expectations during training and/or engage in misconduct, the College may initiate a range of disciplinary actions, including formal written warnings. Trainees may also be referred for a formal disciplinary hearing, the outcome of which may include removal from the training programme.

In addition, the Training Agreement may be terminated summarily by the College on giving 15 days written notice if the trainee:

- Breaches any provision of the Agreement and fails to remedy that breach within 15 days of written notification of that breach;
- Is convicted of a criminal offence;
- Is considered by the College to be guilty of serious misconduct, a breach of confidentiality, a breach of professional conduct rules, fraud, or dishonesty;
- Has knowingly or recklessly provided inaccurate or misleading information to the College;
- Has neglected or failed or refused to observe the requirements of the training programme.

Relevant documents:

- [Training Agreement](#)
- [Disciplinary Action Policy](#)
- [Disciplinary Action Procedure](#)
- [Guide to Professional Conduct & Ethics for Registered Medical Practitioners](#)

11.0 Exit from GP training

Typically, trainees exit the programme after obtaining CSCST. However, some may resign or be removed from the programme prior to CSCST as described below. All will be expected to complete an exit interview, of which the anonymised data is submitted to NDTP.

11.1 Resignation

This is likely to be a rare event. However, there may be several reasons for a trainee to feel that they need to resign their training post. In this case, they are required to formally submit a letter of resignation and meet any contractual requirements such as a notice period as defined by the employer.

11.2 Removal

A trainee may be removed from the training programme following a decision by the Disciplinary Action Committee (DAC), an assessment by the Progression Review Committee (PRC) or any significant events not covered by the DAC or the PRC.

Removal from training terminates the Training Agreement with immediate effect.

Relevant document:

- [Exit from GP Training Policy](#)

12.0 Appeals

Trainees may, in specific circumstances, appeal a decision made by the College on the grounds of fairness or where there is evidence of bias or maladministration. They cannot appeal a decision involving academic judgement, including the academic judgement of examiners.

Trainees have 14 calendar days from receiving notification of a decision to submit an appeal in writing to gptraining@icgp.ie using the appropriate form.

Relevant document:

- [Appeals Policy and Procedure](#)

13.0 Educational grievances

Trainees have access to a grievance process for legitimate educational grievances related to the application of a College rule, procedure or policy. It is overseen by a Complaints Officer who ensures its integrity.

Trainees should first speak to their scheme directing team to try and resolve issues through open communication. If this proves unsuccessful, trainees may submit a grievance notification to the Complaints Officer using the standard notification template via this email address: complaints.training@icgp.ie.

For grievances relating to conditions of employment, trainees should consult their HR department.

Relevant documents:

- [Educational Grievance Policy](#)
- [Educational Grievance Notification Form](#)
- [Educational Grievance FAQs for Trainees](#)

14.0 Flexible training

HSE/NDTP offer a supernumerary flexible training scheme for trainees enrolled on specialist training programmes. Trainees are encouraged to discuss applications with their scheme director prior to submission.

Relevant document:

- [HSE National Supernumerary Flexible Training Scheme](#)

15.0 Indemnity

Where trainees are employed by the state, the state provides indemnity against claims arising from their professional practice through the State Claims Agency.

State indemnity will only cover the financial consequences of a claim for clinical negligence. Its purpose is to ensure patients are compensated if they suffer harm, rather than protect trainees or their professional interests.

However, the State Claims Agency does not cover:

- Internal complaints and disciplinarys related to trainees' clinical practice;
- Regulatory body actions (such as Medical Council complaints);
- Criminal allegations arising from the provision of clinical care.

Medical indemnity bodies (such as Medisec or the Medical Protection Society) do provide cover for these situations.

The College advises all doctors, regardless of their working arrangements, to seriously consider obtaining their own professional indemnity. Additional benefits include, but are not limited to, free communication skills and risk management workshops, verifiable CPD and CEU, emergency medicolegal advice available 24/7, and support and assistance for Good Samaritan acts.

Relevant document:

- [Clinical Indemnity Scheme](#)

16.0 Change in circumstances

The College must be able to contact trainees during their training. Trainees must inform their scheme directing team if there are any changes in their circumstances, including change of address, employment status, change in post from the planned training programme, Medical Council registration status, or any other important events that may bear on their participation in the programme.

17.0 Use of social media

The use of social media is increasing, particularly in areas that enhance learning, sharing of knowledge and in developing professional relationships. The ethical principles that apply in professional interactions also apply to social media.

Trainees must maintain boundaries and confidentiality, and respect for colleagues and patients in matters of privacy and anonymity.

Relevant document:

- [Guide to Professional Conduct & Ethics for Registered Medical Practitioners](#)

18.0 Use of AI

Artificial Intelligence (AI) can be a useful tool in someone's training journey, but there are legal and ethical considerations. While the College does not bar the use of AI, trainees must use it wisely while maintaining integrity and preserving the trust bestowed upon general practitioners.

19.0 College policies and procedures

The College has developed a suite of policies and procedures which are constantly evolving and are designed to support trainees throughout their training.

Refer to the College [website](#) for details.



20.0 Contact

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15 Hogan Place
Dublin 2
D02 DK23
Ireland

T: 01 6763705

E: gptraining@icgp.ie

W: www.irishcollegeofgps.ie

This Handbook is for information and guidance purposes only and does not form part of any training contract. If there is a discrepancy with any College rule, policy or procedure, those will prevail over this Handbook.