



General practice rotations policy

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1.0 Purpose

This policy defines the acceptable parameters of trainee rotations in general practice based clinical learning environments.

2.0 Scope

This policy applies to the national programme of GP training, its constituent schemes, and clinical learning environments affiliated with those schemes.

3.0 Policy statement

3.1 Trainer recruitment

Trainers will be recruited by training schemes in conjunction with the affiliated primary care manager in accordance with the HSE GP trainer contract for services and the Irish College of GPs (“College”) guideline on trainer recruitment 2020.

3.2 Accreditation

There must be a written record of the accredited GP trainer and GP training practices within the training scheme. The list of trainer and training practices must be reported to GP training on a yearly basis.

Formal accreditation will include practice visits by the scheme directing team at defined intervals viz

- Before a newly appointed trainer receives their first trainee
- At least every three years thereafter

Where a practice visit is required outside the normal accreditation schedule, the trainer must be provided with notice of the visit and the reason for the visit. This visit must be facilitated by the trainer within 28 days of notification.

3.2.1 Trainer accreditation

Trainers must:

- Have current full medical registration with Medical Council, must be on the Specialist Register in the General Practice division, and must be a member in good standing of the Irish College of GPs;

- Be willing to submit to assessment;
- Participate in continuing professional development as set down in 3.3 below
- Participate in regular peer review with colleague teachers;
- Submit an annual self-assessment of his/her teaching practice and performance according to College standards

The scheme, in liaison with the primary care manager, must follow the agreed disciplinary procedure and appeals process in line with the disputes and termination clause of the trainers' employment contract if minimum requirements have not been met.

3.2.2 Practice accreditation

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

3.2.2.1 Premises and organisation

Each training practice will have:

- Sufficient consultation rooms to enable the registrar to practice at the same time and in the same premises as the trainer in all clinical practice sites.
- Adequate clinical equipment to provide the normal service of a general practice surgery.
- Means of access to radiological, laboratory and other diagnostic services.
- Provision for the exposure of the registrar to practice administration, practice business meetings and business methods including appointment systems, the GMS, disease registers, accounting systems and the role of the GP as an employer.
- Evidence of the use of evidence-based medicine
- Ready access to the internet and providing access to evidence-based resources, current peer-reviewed journals and reference books as recommended by the Training Scheme.

3.2.2.2 Practice records and clinical software

The practice records must demonstrate:

- An individual patient clinical record system.
- Records which are legible.
- Ease of retrieval of major events and problems of continuing significance.
- Easily discernible drug therapy data for patients on long-term therapy.
- A record of each doctor-patient interaction including the name of the attending doctor.

- Identifiable up-to-date problem lists and/or past medical history.
- A process of identification of certain chronic medical conditions, e.g. Diabetes, Asthma, Ischaemic Heart Disease.

All new trainers will use an accredited electronic medical record system.

All computer software systems should be in full compliance with College Guidelines with particular emphasis on the following:

- Entries of all doctors including registrar will be clearly discernible on the system
- Trainees must have a dedicated login for practice computer systems
- All patients of the practice should be registered on the computer with basic data such as name, address, date of birth and telephone number.
- All acute and repeat medications should be recorded in the computer system.
- Summary lists or coding systems of significant illness e.g. International Classification of Disease (ICD) or International Classification of Primary Care (ICPC) should be available and should be updated regularly.
- Immunisations should be recorded.
- The system should be capable of generating recalls.
- Allergy lists should be kept up to date.
- Training Practices should be familiar with simple IT problem-solving techniques for the computer system in use.
- Security of the system, including regular back-up, should be maintained.

3.3 Continuing professional development of trainers

3.3.1 New trainers' workshop

The trainer must attend a national New Trainer's Workshop prior to having a registrar in his/her practice.

The trainer must attend at least one National Trainers' Workshop every three years.

3.3.2 Local trainers' workshop

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

- The local Trainers' Workshop must fulfil the following criteria:
 - There must be an orientation process for new trainers with a written record including content and attendance.
 - Participation in trainers' workshops should address educational methods and teaching skills for individual teachers. A written record of trainers' needs assessment must be kept and used in the development of the workshop agenda.
 - There must be a minimum of five Trainers' Workshops, or an equivalent allocation of fifteen hours, per year.
 - Full attendance is expected at the Trainers Workshop. A minimum of 75% attendance is required for the trainer to remain in good standing.
 - There must be a record of attendance, educational content and minutes of the workshop meetings which reflect sufficient standards to meet the ongoing GP training CPD needs of the trainers. This must be held by the scheme and be available for inspection.

3.4 Supervision of trainees

3.4.1 Contemporaneous practice

The trainer and registrar should practice contemporaneously out of the same premises for a minimum of six sessions per week. A session describes the period in which a registrar is seeing patients continuously (allowing for interruptions such as clinical emergencies, for example).

It is important that the trainer is present during the registrar's clinical session to alert the registrar to any issues in the session ahead, to be available for questions during the session and to review the session with the registrar afterwards. A session typically involves between 2.5 and 3.5 hours of clinical consulting time and a variable amount of clinical paperwork thereafter. The standard working day consists of two sessions in an average GP's day: a morning and an afternoon session.

3.4.2 Substituting supervisors

In the absence of the trainer a suitably qualified nominated substituting supervisor must be available to provide adequate clinical supervision. The substituting supervisor must always be clarified in advance with the registrar and supervisor. The substituting supervisor will normally be a principal in the practice, must be an experienced general practitioner and should hold MICGP or equivalent.

Where there is an unforeseen absence of the trainer for longer than one month, the substituting supervisor must be a trainer, unless otherwise agreed with the scheme directing team.

3.4.3 Registrars working off site

If the trainer and the trainee are unable to consult in the same location, the trainer or a suitably qualified nominated substituting supervisor must be available to provide adequate clinical supervision according to current College policy. A registrar must have been assessed by their trainer as clinically competent before they may consult alone in an offsite situation.

3.4.4 Out of hours (OOH) and unscheduled care

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

The trainer is responsible for the OOH arrangements in accordance with College policy and must make provision for the registrar to gain appropriate OOH experience, under their supervision or that of a nominated suitably qualified substituting supervisor. This OOH experience should be not less than 120 hours per annum during each of the years spent in general practice and it must adhere to current EWTD.

In the case of GP rotas and co-operatives, registrars on-call require designated supervision by their trainer, or a nominated suitably qualified GP, at all times. The GP trainer has responsibility to ensure that registrars do not work simultaneously in a co-op situation without on-site supervision by a trainer, or a nominated suitably qualified GP.

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

3.5 Education of trainees and workplace-based assessment

The trainer must determine the individual learning needs of the registrar with reference to the College curriculum that are best addressed within the practice setting and devise a scheme to address these needs in conjunction with the scheme directing team. This will include the completion of entrustable professional activities (EPAs) and the provision of feedback to trainees.

The trainer must allocate time for educational activity. This requires a minimum of two hours protected one-to-one teaching time per week within the normal working day, in addition to less formal problem-solving encounters.



The trainer must facilitate video recording of real-patient consultations by the registrar in line with the requirements of satisfactory completion of training and according to College guidelines.

The trainer will maintain a teaching log that reflects the activity during the protected teaching time within the practice.

3.6 End of rotation report

The trainer must complete an interim in training evaluation report (ITER) consistent with College documentation for each registrar completing a placement in their practice. This should address learning outcomes as agreed with the scheme and according to the College curriculum.

The report should certify:

- Attendance in the post for a minimum of 75% of its duration (leave from each post must be taken pro-rata for the duration of the post);
- Active participation in training;
- Abilities and performance; and
- Satisfactory completion of the rotation.

Where a trainer decides not to certify satisfactory completion of a rotation by the trainee, he/she should notify this to the training scheme. Where remediation is considered necessary, the scheme directing team will oversee the process according to College policy. The duration of training may be extended.

4.0 Related and supporting documentation

- Trainer recruitment policy
- Trainer contract for services

5.0 Contact

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