Trainee Guide to Entrustable Professional Activities

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Owner	GP Training CBME	
Author	Edward Mc Swiney	
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Introduction to EPAs in GP Training

Entrustable Professional Activities (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 Irish College of GPs has defined 18 EPAs that structure postgraduate GP training. Each EPA integrates key General Practice competencies, allowing supervisors to assess trainees based on actual clinical performance.

Detailed guidance regarding the knowledge, skills, and professional behaviours expected of trainees at each stage of training is provided through EPA descriptors. Descriptors define progressive levels of trainee performance and are applied throughout competency-based medical education programmes to support consistent assessment, progression monitoring, and professional development.

Key resource: Guideline on EPA descriptors

Feedback and assessment play a key 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.

Grounded in the principles of effective feedback, EPA feedback is designed to promote active trainee engagement in their development - encouraging trainees to seek feedback, reflect on clinical experiences, clarify expectations, and apply insights to strengthen clinical reasoning and decision-making.

Multiple supervisors in different clinical settings during the Training Programme help trainees to recognise their strengths, identify areas for improvement, and set meaningful, actionable goals. Clinical supervisors also make ad hoc (situational, real-time) entrustment (supervision level) judgements to describe trainee progress. These judgements are informed by direct or indirect observation and dialogue, and they help guide trainee progression by identifying areas of strength and opportunities for further development.

A dedicated EPA dashboard within the trainee e-portfolio (GPEP) allows trainees, clinical supervisors, and educational mentors to track progress across competencies in a structured and transparent way.

Obtaining EPA feedback is a mandatory component of the GP Training Programme and is reviewed regularly by the competency progression committee (CPC) as part of ongoing progression assessment. To be awarded the Certificate of Satisfactory Completion of Specialist Training (CSCST), trainees must demonstrate competency progression in each clinical post as evidenced through EPA records and the ability to independently perform all 18 EPAs by the end of training as evidenced by a level of entrustment of being ready for independent practice in at least one domain within each EPA.

It is essential that you review this guide in full to gain a clear and thorough understanding of Entrustable Professional Activities (EPAs) in GP training.

Six WONCA Domains of General Practice

All EPA assessments are aligned with the following six domains, derived from the WONCA European Definition of General Practice core competencies:

1. Primary Care Management
2. Person-Centred Care
3. Specific Problem-Solving Skills
4. Comprehensive Approach
5. Community Orientation
6. Holistic Approach

These domains underpin the current GP Training Curriculum and shape the feedback structure for all EPAs.

Key resource: The European Definition of General Practice (WONCA)

EPA feedback tools

There are 3 EPA tools for recording feedback:

- CBD (case-based discussion): for feedback on a clinical experience where the feedback giver has not directly observed the trainee performance.
- PIP-P (performance in practice - procedure or physical examination): for feedback on a procedure or physical examination that has been directly observed or partially observed by the feedback giver.

- PIP-C (performance in practice - consultation): for feedback on a consultation has been directly observed or partially observed by the feedback giver.

EPA Supervision Levels

Each EPA is assessed through the domain-specific lenses and supervision levels, to track the trainee's progression. In Irish GP training, the term "supervision levels" is used to describe a trainee's progression and to support entrustment decisions arising from learning events. By identifying the level of supervision required for a trainee to complete a consultation or perform a clinical skill, educators can monitor learning progression and identify developmental needs necessary to advance to the next stage of supervision. Supervision level decisions are small but meaningful data points in a broader, longitudinal picture of development.

Most EPA supervision levels reflect ad hoc entrustment decisions – these are real-time decisions made by clinical supervisors based on a "gut-feeling" to allow a trainee to perform a clinical task. Ad hoc entrustment decisions are based on many factors - including the trainee's experience to date - and are not reflective of their year in training. Ad hoc entrustment happens every day in healthcare settings, largely as part of the flow of ordinary work-based teaching practices. Ad hoc entrustment refers to situational, real-time decisions made by you as a supervisor to allow a trainee to perform a clinical task. Ad hoc entrustment is essential for learning, as it provides trainees with opportunities to experience autonomy and develop confidence under safe conditions. Ad hoc entrustment decisions do not necessarily constitute a precedent for similar decisions in the future, and they do not imply a general judgement of the trainee's overall competence in that clinical area.

Having multiple entrustment (supervision level) decisions help to develop a picture of trainee performance and competence. A common analogy used in EPA literature is that of pixels – the greater the number and range of pixels, the clearer the photograph; the picture is also made clearer by the narrative feedback that accompanies recorded learning events, describing aspects of clinical performance.

Key resource: Guidance on EPA supervision levels

Recording EPA Feedback

Recommended frequency for recording EPA feedback

Trainees should use every day clinical practice to capture learning and seek feedback. Even routine cases can be rich with learning potential when examined through one or several of the six domains. All EPA entries should be initiated by the trainee after a feedback discussion with their clinical supervisor. Trainees are expected to **record EPA feedback on 1-2 cases per week across the entire duration of training**. In the registrar years, this frequency should be maintained when both the trainee and trainer are in practice, with consideration given to the trainer's availability - for example, avoiding feedback requests when the trainer is not in the Practice. This suggested frequency is intended as a guide and should not discourage the recording of valuable feedback encounters; additional EPA feedback should be documented where it offers meaningful educational value.

Who may provide EPA feedback

The feedback provider can be any person in the clinical environment who can be expected to have more knowledge/experience of the area than the trainee. It can be the hospital-based registrar where the trainee is an SHO, a senior allied health professional, or the nominated clinical supervisor (GP trainer or hospital consultant).

How to record EPA feedback

EPA feedback is recorded in GPEP following a meaningful two-way feedback conversation relating to an observed or discussed clinical case. The trainee should select the relevant EPA and enter a brief, single-line, non-specific case description (e.g., "elderly patient with acute back pain"). **Under no circumstances should any personally identifiable, confidential, or otherwise sensitive information relating to any individual (including patients, parents, guardians, or carers) be recorded – this is to ensure compliance with confidentiality standards and GDPR requirements.** The trainee may then either complete the EPA feedback entry collaboratively with the clinical supervisor on the trainee's device or issue a GPEP prompt to the supervisor, enabling completion on the supervisor's device, either jointly at a later time or independently by the supervisor – completing feedback on the same device is preferred and importantly, clinical supervisors may decline EPA feedback requests in GPEP where no feedback discussion has taken place. An appropriate feedback tool (CBD, PIP-P, or PIP-C), aligned with the nature of the clinical encounter, should be selected; domain supervision levels should be agreed, and narrative feedback should be documented accordingly.

Recommended timeframe for recording EPA feedback

Timely feedback following a clinical encounter enhances its specificity, relevance, and educational impact, making it more actionable for the trainee. Accordingly, EPA feedback entries should be completed as soon as possible after the encounter. As a general guide, **entries should be initiated within two weeks of the clinical event and finalised within four weeks of commencement**, with these timeframes representing upper limits to support quality and effectiveness. Clinical supervisors may decline a request to provide feedback when feedback is not requested in a timely manner.

Flagged EPA feedback

A clinical supervisor may flag an EPA feedback entry when a trainee receives feedback on a critical skill or knowledge gap that requires correction and targeted follow-up. A flag is not necessarily an indication that the trainee is struggling; high-performing trainees may have a feedback entry flagged if an important but readily correctable issue is identified. The primary purpose of flagging an EPA is to highlight and support essential learning. When feedback is flagged, the trainee's scheme will be notified via GPEP. All flagged entries are addressed in the workplace. It is the **trainee's responsibility to demonstrate that the flagged issue has been satisfactorily addressed, by providing further documented workplace-based feedback as evidence.**

Best Practice Dos and Don'ts of Recording EPA Feedback

- Do keep descriptions brief and non-specific (one line is sufficient).
- Don't include identifiable patient data (e.g., names, specific ages, locations) to ensure confidentiality and GDPR compliance.
- Don't copy and paste patient records under any circumstances.
- Do choose challenging or illustrative cases.
- Do use a mix of feedback tools (CBD, PIP-C, PIP-P).
- Do record EPA entries regularly (aim for 1–2 per week); during your registrar years this should occur when both you and your GP Trainer are in the Practice.
- Don't let entries pile up in draft - avoid bulk submissions.
- Do keep feedback requests manageable and respectful of your trainer's time and workload.

Trainee transition between GP Trainers

During the transition to a new GP Trainer, the trainees should review any EPAs with consistent feedback of 'close supervision' or 'moderate supervision' to support continuity in their development. Trainees are also expected to discuss any ongoing challenges related to their clinical performance, including relevant or flagged EPAs, with their new Trainer.

EPA Standards

Prior to qualifying from GP training the Competency Progression Committee (CPC) should be satisfied that:

- Sufficient ICGP EPA data is being logged by the trainee;
- Over time, there is evidence of entrustment level progression;
- Prior to qualifying from GP training there are some EPA records for every EPA that shows the trainee has reached the level of entrustment of being ready for independent practice - the entrustment records across all EPAs and across the entire duration of training should be of a distribution with which the CPC is satisfied;
- EPA records demonstrate application to learning by trainees;
- The entrustment levels are credible when compared to EPA supervision level descriptors for the stage of training;
- Intimate examinations which require evidence of performance are at the level of being ready for independent practice prior to completion of training as evidenced by EPA entries.

Mandatory Intimate Examinations

Trainees starting from July 2021 onward must demonstrate independent competence in the following five intimate examinations:

1. Breast examination
2. Bimanual pelvic examination
3. Vaginal/vulval examination, inclusive of trans men
4. Scrotal/penile examination, inclusive of trans women
5. Digital rectal examination

Each of these must be **recorded as EPA entries using the PIP-P feedback tool** with corresponding supervision levels.

Women's Health Requirement using EPA feedback

In seeking and recording EPA feedback, trainees should pay particular attention to Statement of the Women's Health Requirement into account.

Statement of the Women's Health Requirement:

At the end of training, the qualifying GP has demonstrated, using examples, the ability to manage common women's health problems, at the level required of a GP in independent practice. The graduating GP trainee has demonstrated, using examples, that they have consistently engaged with workplace-based feedback and have made satisfactory progress in EPAs with many examples of feedback on women's health consultations. The trainee has demonstrated the ability to care for both routine and urgent pregnancy-related presentations and provide post-partum care. The trainee has demonstrated competent care of women with common gynaecological presentations, comprehensive contraceptive advice, and the ability to identify reputable sources of evidence to guide clinical practice. The trainee has demonstrated the ability to care for women with general medical presentations. The trainee has demonstrated competent clinical examination skills relating to breast presentations, and gynaecological presentations and has included other examination skills such as the post-natal check, pregnancy care. The trainee has shown ability to identify learning needs and has demonstrated professional growth in relation to clinical challenges and commitment to lifelong learning.

Interactive Online Learning Module

All trainees who commenced in GP Training in 2021 or later must mandatorily complete the interactive online learning module *EPAs in GPEP*. By completing this detailed module – approximately 90 mins to complete - trainees should be able to:

- Identify the characteristics of a growth mindset and good feedback practice.
- Effectively use the EPA feedback tools and GPEP dashboard to support and document their progress towards independent clinical practice as a GP.

Key resource: Digital Blended Learning Resource: EPAs in GPEP

Key take home messages

- **Use EPAs to Guide Learning:** Set personalised learning goals and track your development using EPA feedback.
- **Engage Regularly:** Record EPA feedback on 1–2 clinical cases per week to maintain consistent progress.
- **Be Active with Feedback:** Proactively seek clinical supervisor input and reflect on narrative comments to deepen clinical reasoning and decision-making.
- **Prioritise Timely Feedback:** Record EPA feedback as soon as possible after the clinical encounter, ideally within two weeks and completed within four weeks of initiating the EPA entry, to maximise its quality and educational impact.
- **Protect Patient Confidentiality:** Under no circumstances should identifiable patient information be included in EPA entries. This is essential to uphold patient confidentiality and ensure full compliance with GDPR and professional standards.
- **Demonstrate Progression:** Show development in entrustment levels across all EPAs over time, reflecting growing independence.
- **Provide Evidence of Readiness:** Ensure your records demonstrate readiness for unsupervised practice across all EPAs, including procedures such as intimate examinations.
- **Support Final Review:** Build a credible EPA portfolio that demonstrates reflective learning, professional growth, and readiness for qualification, meeting the expectations of the Competency Progression Committee.

Contact

If further support is needed one of the following should be consulted:

- Competency and Progression section in GP Training Policies and Procedures
- Your Scheme Mentor, Scheme Director, or Scheme Administrator
- GP Training support; email: supporthub@icgp.ie