



## Trainee Support Procedures

Version control		
Document name	Trainee Support Procedure	
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Version	Version 1.0	
Approved	GPTAC	
Date	15 January 2025	

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## **1.0 Purpose**

The following procedures supplement the Trainee Support Policy. They set out the range of support services that can be provided to trainees enrolled in the National Specialist Training Programme in General Practice.

## **2.0 Scope**

### **2.1 General Principles**

Levels of trainee support are outlined in section 3.3 of the Policy.

In most instances, progression through the support flow is linear. However, trainees may enter the process at Level 2 or, rarely, Level 3.

Key steps are:

- Early intervention
- Transparent communication and regular performance feedback
- Clear actions and expected outcomes

At any level of the process, an action plan (whether it is a support plan or an individualised learning plan) should not exceed three (3) months in duration without review, and progress reviews between the trainee and supervisor should be completed and documented frequently.

The trainee has a right to object to have sensitive personal information (e.g. health-related information) recorded or shared as part of the support process. Any sensitive personal information recorded or shared will be with the trainee's explicit consent.

### **2.2 Informal support in the clinical learning environment**

A trainee and their supervisor are best placed to negotiate and implement individually tailored support strategies unless there are specific supervisor-related issues. The College encourages supervisors who have noticed challenges experienced by the trainee to speak to them about their observations and suggest ways to manage the situation with the help of tools at their disposal such as information and formal feedback, Entrustable Professional Activities (EPAs) and In Training Evaluation Reports (ITERS). Triggers to open discussion are outlined in Appendix 2.

In providing informal support, the supervisor should align the review dates/scheduled feedback sessions (or with the deadline for submitting their next ITER to the scheme director, for example). The trainee can identify



opportunities to demonstrate performance at the expected level in the lead up to a formal training programme assessment.

If the trainee achieves their learning objectives and meets the expected levels of performance for training, there is no need to advise the College, or future supervisors that the trainee has received informal additional support.

If the review of the performance against expected outcomes demonstrates that informal support has been unsuccessful, the supervisor should discuss this with the trainee and initiate formal trainee support either through a statement of concern, or via the Competency Progression Committee (CPC) process through the submission of an ITER form.

### **2.3 Initialisation of formal trainee support**

In general, there are four entry points to the Trainee Support Process:

- The Scheme Directing Team (SDT) receives a notification of concern from a clinical supervisor
  - This may be triggered by informal assessments and discussions between a trainee and clinical supervisor, through feedback sessions or unsuccessful informal support in the clinical learning environment (see 2.2 above)
- The scheme CPC determines that the trainee is not progressing as expected (recommendation B or C) for their stage of training and recommends that the trainee receive additional support;
- The trainee has failed an MICGP exam module on two or more occasions or;
- The SDT receives a notification that the trainee has completed an occupational health assessment through the employer.

Trainees may also request additional support if they are encountering difficulty in training; this will usually be via their clinical supervisor or their scheme mentor.

## **2.4 Support Flow Methodology**

The following steps will be taken in assessing and managing support needs:

### **Identification of concerns**

An assessment and investigation of the difficulty to determine its nature, cause and severity.

### **Exploration of underlying issues**

A documented meeting held between relevant College staff, the supervisor and the trainee to discuss and assess the identified difficulties and evaluate areas of concern. Includes a review of past performance reviews, feedback received, and trainee engagement in support process.

### **Consideration of support options (see section 2.6 for possible avenues)**

A review of support pathways offered to date; identification of reasonable additional avenues for support, including referral to external experts; requests for additional funding where required.

### **Informing or involving relevant departments and agencies**

Examples may include Trainee Health and Wellbeing, Doctors Health in Practice, HSE Occupational Health, the Irish Medical Council (IMC).

### **Agreement on specific actions**

Agreement on clear, measurable goals and expected outcomes that relate to training standards, programme requirements or other College policy or standards. To include suitable strategies to achieve those goals and a defined timeframe for review and assessment of progress.

### **Implementation and monitoring**

To include scheduling and coordinating with the trainer and relevant HSE manager on rotations.

## 2.5 Formal support

### 2.5.1 Level 1 support

A meeting or series of meetings should be held between the trainee and their scheme mentor to assess the situation and identify suitable support options.

This ensures the trainee understands the College's commitment in their success in the training programme as well as their role in achieving success. The structure of the meeting should follow the methodology outlined in section 2.4 above. Meeting minutes and the resultant support plan should be recorded using form TS-LEV1-SAP (see Appendix 3).

More than one meeting may be required to fully grasp the nature, cause and severity of the issues experienced by the trainee. In assessing concerns and underlying issues, the points made should be specific, objective and supported by evidence. This may include a combination of:

- Rotation assessments
- Day release reports
- Performance reviews
- EPAs
- Formal feedback from trainer and supervisor
- Evaluations
- Feedback from colleagues
- Examination results
- Medical professional's report, etc.

The specifics of the trainee's circumstance should be well laid out and documented before considering support options as part of the Support Action Plan, for which a template is available in Appendix 3.

Meeting participants should be honest and transparent, and work together to arrive at a plan that is based on facts, reasonable and aimed at restoring the trainee's academic performance, health and wellbeing. While College can offer educational and general pastoral support, trainees ultimately hold responsibility for their progression and success in training.

The GP Trainee Health and Wellbeing Manager and the Head of the Doctor's Health in Practice Programme, if applicable, may be asked to participate or provide input on the trainee's situation. If the assessment of the situation reveals a need for long-term/permanent accommodation (e.g. disability), the Scheme Director can engage with the GP Trainee Health and Wellbeing Manager, and where appropriate, the employer. Future support arrangements for the trainee will then be managed outside these procedures.

## **Formalising the support action plan**

It is strongly recommended that the trainee sign the support action plan to demonstrate commitment to achieving the expected outcomes. The trainee's scheme mentor/supervisor will meet with the trainee on a regular basis to review their progress, discuss any issues, provide encouragement and reinforce the trainee's commitment to the support plan. Notes of these meetings should be kept and included in the trainee's educational portfolio using the standard template (see Appendix 6). It may be advisable for the supervisor to also collect feedback from the trainee's clinical supervisor and any other relevant person involved in monitoring the trainee's performance.

At the end of the agreed plan, the scheme mentor meets with the trainee and assesses the trainee against the goals/expected outcomes. If the trainee has met the agreed goals, then the support process ends with no further action required.

If the trainee has not met the agreed goals, and if there are concerns regarding their progression, the scheme mentor informs them that the CPC will be notified of their ongoing challenges via the CPC Primary Review with possible escalation to level 2 support.

However, for serious difficulties impacting training and/or patient safety, the Scheme Director may involve the Regional Programme Director and escalate the issue to the CPC without waiting for the due date for completion of the action plan. Depending on timing, this could require a CPC meeting outside of the regularly scheduled biannual CPC meeting.

### ***2.5.2 Level 2 support***

Level 2 support flows from CPC recommendations B and C. The reader is referred to the CPC process and rules of procedure document for further details.

The CPC will formally review the trainee's case and may liaise with the Regional Competency Progression and Advisory Committee (RCPAC) and Regional Programme Director (RPD) for advice and guidance. The CPC should review the evidence available related to the challenges faced by the trainee, the steps taken at Level 1 (if applicable) and the trainee's performance and level of engagement in the support process to make recommendations for additional support.

After the CPC's review, the scheme mentor will meet with the trainee and may meet with their clinical supervisor, and any other relevant College staff that need to be involved in the support process (e.g. Manager of GP Trainee Wellbeing, Occupational Health, Head of Doctors Health Programme) to review ongoing challenges and identify any new issues.

### **Level 2 support – CPC Recommendation B**

The scheme mentor will meet with the trainee to complete form TS-LEV2-ILP using the methodology outline in section 2.4 above. This form incorporates generic level 1 supports as outlined above and an individualised learning plan (see Appendix 4)

### **Level 2 support - CPC Recommendation C**

The scheme mentor will meet with the trainee to complete form TS-LEV2-RP using the methodology outline in section 2.4 above. This form incorporates generic level 1 supports as outlined above and a remediation plan (see Appendix 5).

#### *2.5.3 Level 2 support outcomes*

Following the implementation of the level 2 support plan, the CPC will again review the trainee's case and issue a further recommendation. The CPC chair will inform the trainee of the CPC decision in writing.

Pursuant with this recommendation, the trainee may:

- Exit the support process and continue in training (recommendation A)
- Continue to receive additional Level 2 support through this process (recommendations B and C)
- Be referred to Level 3 of this process (CPC recommendation G)

If the plan agreed to at the beginning of Level 2 is unsuccessful, the trainee is formally put on notice in writing that failure to remediate the situation may result in removal from the training programme.

#### *2.5.4 Level 3 support*

Should the conditions agreed to at Level 2 not be met, and the scheme having provided maximal support to the trainee, the CPC may issue recommendation G (Failure to progress satisfactorily despite maximal support - Referral for assessment of fitness to continue training.)

Pursuant to that recommendation, the SD and CPC chair will refer the trainee for consideration of their fitness to continue in training as outlined in the Process for Assessment of the Fitness of a Trainee to continue training.



## **A note regarding extraordinary CPCs**

CPCs currently take place every six months. If there are concerns regarding a trainee such that a referral to the Fitness to Continue Training Committee is under consideration outside of this timeframe, an extraordinary CPC will be convened to consider the case at hand.

## **2.6 Support options**

The following support options may be implemented at each stage of the support process; additional training time and remediation frameworks will be more applicable in level 2 support.

### *2.6.1 Health and wellbeing supports*

The Scheme Director, or the trainee themselves, can directly request the involvement of the GP Trainee Health and Wellbeing Manager, particularly in cases where a trainee has disclosed, or there is a potential concern regarding:

- Psychosocial issues (related to work or personal life)
- Disabilities, including neurodiversity
- Medical conditions

The GP Trainee Health and Wellbeing Manager will assess the trainee's needs and recommend appropriate support options and resources, which may include:

- Referrals to the NCHD Hub (Occupational Health)
- Access to HSE or Practitioner Health counselling, psychology, or psychiatric services
- General guidance and exploration of available options
- Resources on various wellbeing and inclusion topics such as neurodiversity, mental wellbeing, relevant policies and procedures, workplace best practices, productivity tools, etc.
- HSE mediation services
- One-on-one HSE career or life coaching
- Reasonable advocacy support aligned with best practices and relevant legislation

### *2.6.2 Additional training time*

A remediation period may involve additional time in training. If a clinical supervisor refuses to certify that a trainee has satisfactorily completed a hospital or GP rotation, the trainee may be required to complete additional training so that identified deficiencies may be corrected.

It is NDTP policy that applications for extra funding in a remedial situation can only be processed if they come from the GP Training Directorate. If a trainee is deemed to require extra training time an application is made

in writing from the trainee's Scheme Director to the National Director of Training. A period of four to six months can be granted at any one time.

If a trainee requires extra training time, the trainee must be informed by the Scheme that failure to reach a satisfactory performance in the period of extra training provided may trigger a referral for assessment of progression in training per the Managing the Trainee with Difficulties guideline.

Depending on the circumstances a trainee may require one or more periods of extra training time during their specialist training.

## **2.7 Support Pathways**

### *2.7.1 Health-based support options*

- [GP Trainee Health and Wellbeing Manager](#)
- [HSE NCHD Hub \(Health and Wellbeing Unit\)](#)
- [Practitioner Health: expert, confidential help for GPs on everything from substance abuse to mental health](#)
- [HSE Employee Assistance Programme - staff counselling](#)
- [HSE Online Stress Management Programme](#)
- [HSE Silver Cloud Health](#)
- [Irish College of GPs – National GP Directorate for GP Trainees](#)
- [Irish College of GPs – Doctor's Health in Practice Programme](#)
- [Irish College of GPs Wellbeing Webinars](#)
- [Medical Benevolent Fund: Financial assistance for doctors and their families](#)
- [MyMind Ireland: Online \(video and phone counselling and psychotherapy services\)](#)
- [Aware: Depression support and awareness](#)
- [OCD Ireland: Support for sufferers and families of those with obsessive compulsive disorder](#)
- [Samaritans: Confidential emotional support 24 hours a day by telephone](#)
- [Irish Medical Council Health Sub-Committee](#)
- [HSE Schwartz Rounds](#)
- Local Occupational Health Services
- Less than full-time training (policy pending from Wellbeing team)
- The College's Trainee Wellbeing and Inclusion webpage

### *2.7.2 Competence-based support options*

- Support Action Plan Template
- Additional training time (subject to NDTP extra funding and maximum 4 months at a time)
- Dedicated one-on-one teaching and enhanced supervision
- Change training site
- Job shadowing
- Tutorials
- Enhanced supervision
- Day release
- E-learning / blended learning
- Focused reading
- Language/communication skills-based activities
- Clinical Hub, including Quick Reference Guides and Forum Journals
- ICGP audit and research supports
- Protected learning and development time
- Video consultations
- Trainer, colleague and patient feedback
- [Support contact person - HSE Staff](#) - bullying, harassment or sexual harassment

### 3.0 Roles and responsibilities

Role	Level 1 Training scheme	Level 2 CPC	Level 3 Fitness to Continue Training Committee
<b>Clinical Supervisor (CS)</b>	<ul style="list-style-type: none"> <li>• Identify and manage problems at an early stage.</li> <li>• Obtain reports from trainers about the trainee's performance</li> <li>• Recommend and encourage the trainee to seek support</li> <li>• Develop and implement a support plan with the trainee and SDT</li> <li>• Observe the trainee in their learning environment/assess level of engagement with action plan</li> <li>• Hold regular meetings with the trainee to provide feedback on their progress, raise any concerns, provide encouragement, identify needs for additional support</li> <li>• Maintain confidential records of any relevant meetings or conversations with the trainee</li> <li>• Raise support needs to SDT</li> </ul>	<ul style="list-style-type: none"> <li>• Provide information as requested regarding ongoing progress through the support plan</li> <li>• Continue communicating with the Scheme Directing Team on the trainee's progression through the support plan</li> <li>• Immediately notify the employer and Scheme Director if they become aware of the trainee's physical or mental health or other issues potentially impacting upon the safety of the trainee, patients or others</li> <li>• Maintain confidential records of any relevant meetings or conversations with the trainee</li> </ul>	Unlikely to have direct involvement at this level

<b>Scheme Directing Team (SDT) / trainee mentor</b>	<ul style="list-style-type: none"> <li>• Develop and implement a support plan with the trainee and clinical supervisor</li> <li>• Monitor the trainee's progress against the agreed plan</li> <li>• Work to resolve, if necessary, trainee–supervisor/teacher relationship issues that cannot be resolved locally</li> <li>• Provide to trainee information on or referrals for health-related support options, as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Amend the support plan per CPC review and decision and develop an ILP, if needed.</li> <li>• Monitor the trainee's progress against the agreed plan</li> </ul>	<p>Ensure complete records are available to the Fitness to Continue Training Committee</p>
<b>Scheme Director (SD)</b>	<ul style="list-style-type: none"> <li>• Assign member of the Scheme Directing Team to manage the support process</li> <li>• Monitor progress</li> <li>• Inform the trainee of the escalation to Level 2 and next steps, as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and investigate the trainee's difficulty to determine its nature, cause and severity</li> <li>• Review objectives and assess need for further training and assessment</li> <li>• Coordinate the development of a support action plan and/or ILP</li> <li>• Closely monitor progress and document all meetings held with the trainee</li> <li>• Involve the RPD if performance is not improving</li> <li>• Inform the trainee to discuss CPC decision and next steps, as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Immediately notify the employer if they become aware of the trainee's physical or mental health or other issues potentially impacting upon the safety of the trainee, patients or others</li> <li>• Ensure appropriate supervision is always available</li> <li>• Provide complete records as requested to the Fitness to Continue Training Committee</li> </ul>

		Refer to the Disciplinary Action Committee or the IMC, if appropriate	
<b>Competency Progression Committee</b>	<ul style="list-style-type: none"> <li>• Unlikely to have direct involvement at this stage</li> <li>• Available for advice and guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Consider additional support/training needs for trainee</li> <li>• Provide advice, support and management oversight to Scheme Directors who are supporting trainees</li> <li>• Consider whether the trainee is safe/fit to train</li> <li>• Consider informing the IMC</li> <li>• Refer to the Fitness to Continue Training Committee</li> </ul>	Unlikely to have direct involvement at this stage
<b>Regional Competency Progression and Advisory Committee</b>	<ul style="list-style-type: none"> <li>• Unlikely to have direct involvement at this stage</li> <li>• Available for advice and guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Provide advice, support and management oversight to Scheme Directors who are supporting trainees, as requested</li> <li>• Advise CPC on measures that may be necessary to support the trainee and on how best to implement them, as requested</li> <li>• Reports RCPAC advice to the CPC in a timely manner</li> </ul>	Unlikely to have direct involvement at this stage
<b>Regional Programme Director (RPD)</b>	<ul style="list-style-type: none"> <li>• Unlikely to have direct involvement at this stage</li> <li>• Available for advice and guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Available for advice and guidance</li> <li>• May hold meeting with the trainee and any other relevant College staff to discuss and emphasise consequences of continued poor performance and/or lack of engagement with the support process</li> </ul>	<ul style="list-style-type: none"> <li>• Regular communication with the CPC and ND, and RCPAC as needed</li> </ul>

		<ul style="list-style-type: none"> <li>• Consider additional support/training needs for trainee</li> <li>• Closely monitor progress and document all meetings held with the trainee</li> </ul>	
<b>National Directorate of GP Training (ND)</b>	Unlikely to have direct involvement at this stage	<ul style="list-style-type: none"> <li>• Unlikely to have direct involvement at this stage</li> <li>• Available for advice and guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Review case as part of the Fitness to Continue Training Committee</li> <li>• Consider additional support/training needs for trainee</li> <li>• Should additional support/training be provided, closely monitor progress</li> <li>• Inform the IMC if the trainee is removed from training or if there is evidence that suggests that the trainee is in breach of the IMC Guide to Professional Conduct &amp; Ethics for Registered Medical Practitioners</li> <li>• Inform the trainee of the Fitness to Continue Training Committee decision and next steps</li> <li>• Consider informing the IMC and the employer that the trainee was brought before the Fitness to Continue Training Committee</li> </ul>
<b>Fitness to Continue Training Committee</b>	Unlikely to have direct involvement at this stage	Unlikely to have direct involvement at this stage	<ul style="list-style-type: none"> <li>• Assess a trainee's progression in the GP training programme based on their performance and the support provided to date</li> <li>• Consider availability of last resort support options</li> </ul>

<b>Appeals Committee</b>	Unlikely to have direct involvement at this stage	Unlikely to have direct involvement at this stage	<ul style="list-style-type: none"> <li>Review the decision of the Fitness to Continue Training Committee and the trainee's case records for procedural fairness should the trainee appeal the Fitness to Continue Training Committee decision</li> </ul>
<b>Irish Medical Council</b>	Unlikely to have direct involvement at this stage	Unlikely to have direct involvement at this stage	May be notified of a trainee's removal from the Training programme by the Fitness to Continue Training Committee
<b>GP Trainee Health and Wellbeing Manager</b>	<ul style="list-style-type: none"> <li>Available for advice and guidance</li> <li>Low level concerns may still receive a referral</li> <li>Assist in signposting trainees experiencing personal or educational concerns to potential support services and resources.</li> </ul>	<ul style="list-style-type: none"> <li>Provide support and guidance to trainees when short or long-term physical or mental health challenges, including disabilities, are identified as potential underlying causes of difficulties.</li> <li>Assist in signposting trainees experiencing personal or educational concerns to potential support services and resources.</li> </ul>	Unlikely to have direct involvement at this stage
<b>Head of Doctors Health Programme</b>	<ul style="list-style-type: none"> <li>Available for advice and guidance</li> <li>Assist with the current level of difficulty and to focus on prevention activities related to prevention of deterioration</li> <li>Outline pathways and processes of support and guidance to SDT and CPC and trainee on non-clinical performance matters</li> </ul>	Provide support and guidance on the resources available for remediation, as requested	Unlikely to have direct involvement at this stage



<b>Employer</b>	Involvement in ongoing remediation and outcome, and ensure it follows employer's policies
<b>Trainee</b>	<ul style="list-style-type: none"> <li>• Inform their Scheme Director and where relevant, their employer, if they are subject of a formal complaint, involved in a serious incident or if they have been referred to the IMC.</li> <li>• Research and access new learning resources as necessary</li> <li>• Engage with the support process</li> </ul>

## 4.0 Definitions

Disability (Disability Act, 2005)	In relation to a person, means a substantial restriction in the capacity of the person to carry out a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an <u>enduring</u> physical, sensory, mental health or intellectual impairment.
Substantial restriction	A restriction that is <u>permanent (or likely to be permanent)</u> which results in significant difficulty in communication, learning or mobility and means that the person has a need for services to be provided on a continuous basis.
Health	The trainee's physical and mental health enables fulfilment of expectations for the training position, appropriate to the stage of training. This includes personal, financial or other stressors impacting wellbeing as well as disability and illness.
Competency	The trainee's application of knowledge, skills and professional behaviour is appropriate for the stage of training. This is directly linked to the relevant training programme curricula.
Disciplinary action	Action which may be taken when the trainee fails to comply with the College training programme requirements and/or adhere to College policies. This element is out scope of this policy. Such cases will be managed in accordance with the Disciplinary Action Policy and Procedure.



## 5.0 Related and supporting documentation

- Trainee Support Policy
- [Disciplinary Action Policy](#)
- [Trainee with Disability Policy](#)
- Process for Assessment of the Fitness of a Trainee to continue training

## 6.0 Contact

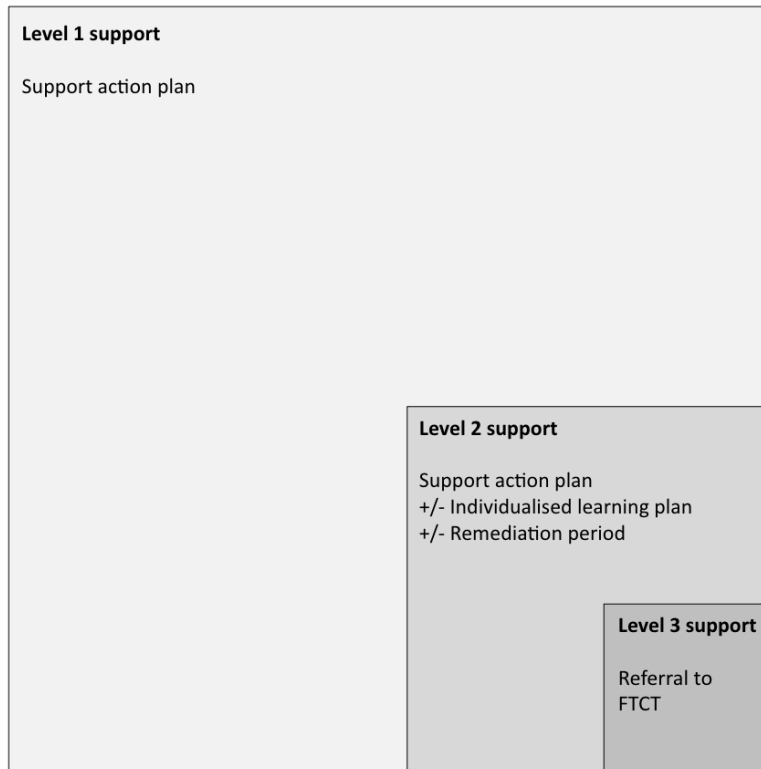
Quality Assurance and Enhancement

[qae.training@icgp.ie](mailto:qae.training@icgp.ie)

## Appendix 1: Support Process

Informal supports in the clinical learning environment

Points of entry
Trainee initiated
CPC initiated
Clinical supervisor initiated
Examination initiated
Occupational health initiated



Points of exit
Successful completion of support action plan
Successful completion of ILP / remediation period
Removal from training

## Appendix 2: Triggers to open discussion

Triggers to open discussion. Here are potential signs that a trainee may need support:

- The trainee is less visible to the clinical supervisor than the average trainee. This may be because of more frequent sick leave or the trainee, while on the premises, spends longer periods away from the sites of clinical care
- Inability to complete the workload in a suitable timeframe
- Apparent irritability, excessive sensitivity to criticism
- Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising
- 'Bypass syndrome': junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help
- Career problems: difficulty with exams; uncertainty about career choice; disillusionment with medicine

Common circumstantial problems for trainees:

- Educational challenges, exams, revision
- Anxiety concerning career decisions
- Difficulty managing risk
- Pressure of work, lack of team support
- Unfamiliarity, inexperience
- Changes in team dynamics
- Personal health problems
- Sickness within the family
- Personal relationship difficulties
- Cultural isolation, culture shock (e.g. overseas graduates)
- Domestic responsibilities or pressures

### Red Flags

The competency and progression committee process and rules of procedure refers to red flags to be aware of when assessing a trainee's progress in the support process. Red flags should be highlighted to the CPC and Regional Directorate when seeking input. Such red flags include, but are not limited to:

- Repeated failure to act on documented feedback e.g. EPA, rotation assessment/ITER, examination, CPC, and other sources of feedback
- Failure to demonstrate appropriate feedback over the breadth of EPAs or associated domains of competence
- Where the number of documented learning records through EPAs is persistently less than 2 standard deviations from the national average without a ready explanation such as leave of absence
- Failure to show appropriate progression through the supervision levels
- Failure to demonstrate proportionality in the tools (PIP-C, PIP-P, CBD)



- Failure to sit a MICGP examination at the mandated time
- Repeated failure to pass MICGP examinations
- Poor attendance or engagement with day release
- Lack of insight/persistent challenging of feedback
- Refusal of a clinical supervisor to certify a trainee as having successfully completed a clinical rotation.
- Failure to attend a scheduled Scheme Mentor meeting or similar.



### **Appendix 3: Support action plan (TS-LEV1-SAP)**

TS-LEV1-SAP

<demographics>

<mentor>

<concerns>

<goals and support options / SMART aims>

<agreed actions including deadlines>

<meeting frequency>

<next meeting>

<signatures>



## **Appendix 4: Support action plan / ILP (TS-LEV2-SAP-ILP)**

TS-LEV2-SAP-ILP

<demographics>

<mentor>

<concerns>

<goals and support options>

<ILP including SMART aims>

<agreed actions including deadlines>

<meeting frequency>

<next meeting>

<signatures>



## Appendix 5: Support action plan / remediation plan (TS-LEV2-SAP-RP)

TS-LEV2-SAP-RP

<signposting paragraph to guidance doc / [Cheong after Taylor and Hamdy, Ciccione](#)>

<demographics>

<mentor>

<concerns>

<goals and support options>

<remediation framework including SMART aims, consideration of additional time in training etc>

<agreed actions including deadlines>

<meeting frequency>

<next meeting>

<signatures>





## Appendix 6: Follow-up meeting template

<demographics>

<mentor>

<review of actions and deadlines>

<reiteration of goals and deadlines>

<next meeting>

<signatures>