



Non-GP clinical rotations policy; community, secondary and tertiary care

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1.0 Purpose

This policy defines:

- The acceptable parameters of Trainee rotations in hospitals, secondary care and other non-GP clinical learning environments;
- Minimum requirements relating to workplace-based assessment of Trainees by Trainers and other staff; and
- Regulations for assigning secondary care rotations to Trainees.

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 Minimum requirements for training rotations

3.1 Accreditation of new training rotations

Proposed new training rotations in secondary care settings must fulfil two basic criteria:

- The hospital, secondary care or community setting where the rotation is to take place has been accredited for postgraduate medical training; and
- The clinical unit has been approved for postgraduate training by the relevant cognate postgraduate training body

3.2 Supervision

Each secondary care rotation must have an appointed consultant trainer responsible for the supervision, education and ongoing assessment of the Trainee. Each consultant trainer must have current specialist medical registration with the Irish Medical Council for the relevant specialty. There must be adequate supervision appropriate to the level of the Trainee's clinical experience, including appropriate supervision for night and weekend duties.

3.3 Grade

Each post must be at the appropriate training level of senior house officer (SHO) or higher.

3.4 Induction

There must be a documented induction process for each trainee on entry to each rotation and a record of Trainees' participation in this must be maintained by the scheme. Specific training for specialised procedures in that rotation must also be provided.

3.5 Education and training

There must be a formal process for the education of the Trainee in each rotation, drawn up in consultation between the secondary care post and the Scheme. There must be a curriculum checklist consistent with the ICGP curriculum provided to the Consultant trainer by the Training Scheme.

The Consultant trainer must ensure that the trainee is facilitated to attend the weekly half-day release course during the GP training term.

4.0 Workplace based assessment

4.1 Entrustable professional activities

There must be a record of regular workplace based formative assessment by consultant Trainers and other unit staff. This will be reflected in entrustable professional activity feedback entries on the trainee's ePortfolio.

4.2 In training evaluation reports (ITER)

Each Trainee requires an end of rotation ITER for each clinical rotation undertaken. This evaluation is a core requirement of the Programme, without which a Certificate of Satisfactory Completion of Specialist Training (CSCST) cannot be issued.

The ITER consists of the following components:

- General assessment of abilities and performance, including evidence of learning and performance feedback as demonstrated by ICGP EPA feedback entries
- Certification of attendance for a minimum of 75% of its duration (leave must be taken pro rata from each post)
- Certification of satisfactory completion of the secondary care training post

Where a Trainer is not satisfied to certify satisfactory completion then he/she should make this known, with supporting evidence, in writing, to the Scheme Director.

5.0 Trainee regulations

5.1 General principles

Apart from Trainees receiving recognition of prior learning, up to two years of training will take place in the non-GP setting, usually in hospital and other secondary care environments. A broad range of experience over at least four different disciplines relevant to general practice is necessary, including:

- Mandatory rotations detailed in 5.4
- A combination of other acceptable rotations as detailed in 5.5

In general, rotations are of 4 months in duration but may be recognised for a maximum of six months' duration.

5.2 Recognition of prior learning

Where Trainees receive recognition of prior learning through the completion of a recognised basic specialist training programme, up to one year of training will take place in the secondary care setting. Trainees do not need to complete rotations in their RPL speciality but are otherwise subject to mandatory requirements as set out in section 5.4 below.

5.3 Prior clinical experience

Where a Trainee has previous clinical experience in a specialty but has not received recognition of prior learning, an alternative rotation may be provided at the discretion of the Scheme Directing Team and subject to availability. However, such Trainees remain subject to mandatory requirements set out in section 5.4 below.

5.4 Mandatory rotations

Secondary care rotations undertaken by Trainees must include a minimum of four months in each of:

- General paediatrics or paediatric emergency medicine (excepting trainees who have received recognition of prior learning in paediatrics);
- General internal medicine (excepting trainees who have received recognition of prior learning in general internal medicine)

The mandatory medical rotation can be general internal medicine or one of the following medical subspecialties provided the subspecialty incorporates general medicine on-call:

- Acute internal medicine (including acute medical units and medical assessment units)
- Endocrinology
- Cardiology
- Respiratory medicine
- Neurology
- Gastroenterology
- Rheumatology
- Medicine for the elderly
- Nephrology
- Infectious diseases

5.5 Other rotations

Other acceptable rotations include, but are not limited to, the following:

- Obstetrics and gynaecology
- Psychiatry and psychiatric subspecialties
- Emergency medicine
- Ophthalmology
- Otorhinolaryngology
- Dermatology
- Rehabilitation medicine
- Genitourinary medicine
- Palliative medicine
- Haematology – oncology
- General surgery

In general, a maximum of four months can be awarded for time spent in each of the above rotations.

6.0 Roles and responsibilities

Consultant trainers will ensure that the above policy is implemented in clinical learning environment in which they have governance, will supervise trainees, will provide formative assessment through EPAs, and will complete the end of rotation ITER.



Trainees will attend for the minimum mandatory time in post, will complete EPAs in liaison with their trainer, and will complete the end of rotation ITER in liaison with their trainer.

7.0 Related and supporting documentation

- Policy on recognition of prior learning

8.0 Contact

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