



## Competency and progression committee process and rules of procedure

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## **1.0 Purpose**

To describe the procedure for the practical implementation of policy relating to scheme competency progression committees (CPCs) and regional competency progression advisory committees (RCPACs).

## **2.0 Scope**

The procedures described in this document apply to all members of CPCs and RCPACs which take place under the auspices of ICGP (Irish College of General Practitioners) training.

## **3.0 Procedure statement**

### **3.1 Confidentiality and conflict of interest**

All CPC members must ensure that any trainee-related information will be kept strictly confidential and only used for the purpose of the CPC process and bona fide training purposes. See the sample CPC confidentiality agreement which should be signed by all CPC members.

If a CPC member has a conflict of interest, including a personal relationship with a trainee, they must inform the CPC immediately, outline the circumstance, and recuse themselves from discussions and decision-making relating to that trainee.

### **3.2 Informing trainees and Scheme Mentors of an upcoming CPC meeting**

In most instances trainees should be reviewed by the CPC based on a regularly timed review, so it is envisaged the CPC dates will be known to both CPC members and the trainee in advance of a planned meeting.

By way of a reminder the scheme administrator should send each scheme mentor the list of trainees who are scheduled to be reviewed by the CPC a recommended 6 weeks in advance of the CPC meeting. At the same time, the scheme administrator may also send a reminder to trainees.

In cases where a CPC chair selects a trainee for earlier than planned review, the scheme mentor and the trainee should be notified with as much advance notice as possible.

### **3.3 Primary Reviewer assessment of trainee progress**

A scheme mentor should meet each of their trainees for a formal one-to-one meeting in advance of a CPC meeting to carry out a detailed up-to-date review of their educational progress and establish patterns of performance. The scheme mentor should aim to complete this meeting at least 2 weeks in advance of the CPC meeting. At this meeting, the trainee should be able to demonstrate activity and assessment data required for their stage of training.

Assessment of EPA feedback is a key component of this meeting. The trainee should be able to demonstrate feedback and satisfactory progression across a multiple EPAs and their associated competency domains. Utilizing EPA feedback tools, the trainee should also be able to show satisfactory progress in the mandatory intimate clinical examinations relevant to their stage of training.

The meeting will also consider other items including:

- Rotation assessments e.g., in-training evaluation reports (ITERS)
- Relevant communication from clinical supervisors outlining excellence or performance concerns
- Day release attendance and participation reports
- MICGP (Membership of the Irish College of General Practitioners) examination results
- Trainee wellbeing

The scheme mentor should provide a concise synthesis and opinion of the trainee's progress using the primary reviewer report template. It should be noted whether the trainee agrees with the primary reviewer report or not (important for quality assurance reasons) and the trainee should receive a copy of the report. The primary reviewer report should be completed at least one week in advance of the CPC meeting so that the secondary reviewer has an opportunity to review the report in advance of the CPC meeting.

Based on a review of the trainee's educational portfolio and the one-to-one meeting, the scheme mentor should be prepared to propose a formal motion on the trainee's progress status at the CPC meeting.

### **3.4 Secondary Reviewer assessment**

In advance of the CPC meeting the secondary reviewer reviews the primary reviewer reports and may review trainee educational portfolio. The secondary reviewer is expected to be prepared to discuss their assigned trainees progress at the CPC meeting.

### 3.5 CPC meeting operation

Each CPC meeting begins with the chair confirming the purpose of the meeting, that is to:

- Synthesize results and reports from multiple GP training activities and assessments to make a recommendation on each trainee's progress.
- Make progression decisions utilizing both qualitative and quantitative Entrustable Professional Activity (EPA) data.
- Determine what supports may be necessary to assist trainees achieve their educational goals.
- Where indicated, recommend individualized learning plans and remediation periods, including where necessary extra training.
- Where necessary, refer trainees who are experiencing significant and persistent educational difficulty for discussion at the Regional Competency Progression Advisory Committee for additional advice.
- Where indicated, refer trainees for an Assessment of Fitness to Continue Training.
- Decide if the trainee has satisfied their Training Programme requirements for graduation and nominate trainees for CSCT.
- Communicate CPC outcomes to the trainee.
- Maintain confidentiality and always avoid conflicts of interest.
- Contribute to ongoing improvement of the CPC processes.

This CPC process is shown schematically in Figure 1.

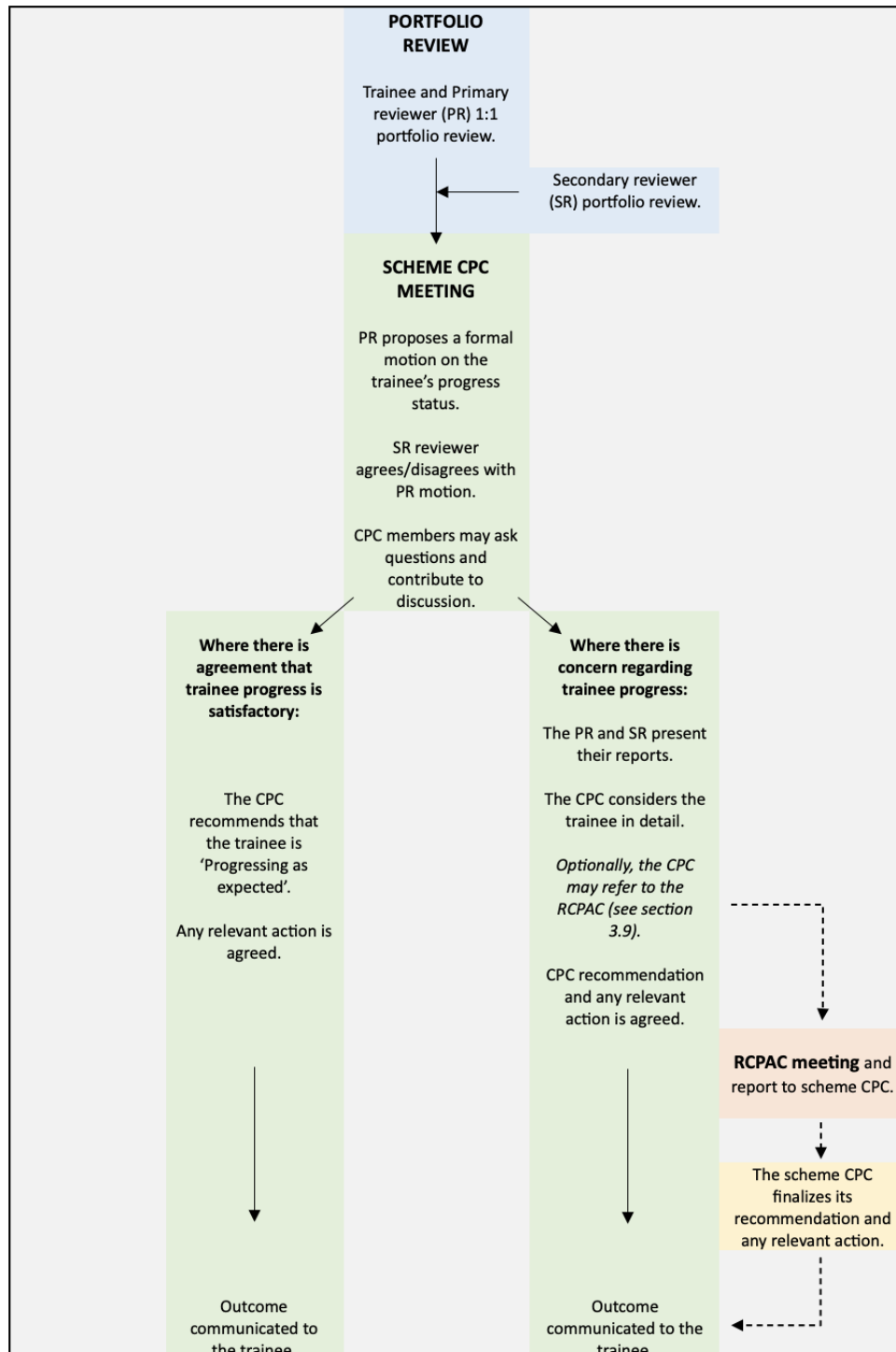


Figure 1: Process map for trainee review by the CPC



The committee must work in a timely manner to ensure fairness.

Each trainee is considered in turn.

The primary reviewer proposes a formal motion on a trainee's progress status. Where a primary reviewer recommends that the trainee is on a satisfactory learning trajectory, the secondary reviewer is asked whether they agree or not and their opinion noted. All CPC members may make contributions or ask questions relating to the trainee's progress. If there is agreement that the trainee is progressing as expected, any relevant feedback is noted, and the CPC meeting moves onto the next trainee.

If there is a difference of opinion between the primary and secondary reviewers or if another committee member expresses a concern, further discussion and deliberation takes place prior to the CPC reaching a consensus decision on the trainee's progress status.

If the primary reviewer is not satisfied with a trainee's progress, they present their primary reviewer report and explain their opinion to the CPC. After the primary reviewer's presentation, the secondary reviewer outlines their view of the primary reviewer's report and whether they agree or disagree with it. A discussion follows to allow other members of the CPC to check details, ask questions and make other contributions. Following careful deliberation, a recommendation and feedback to trainee is agreed.

It is permissible for a member of the CPC to bring new pertinent information to a discussion provided it is relevant to the learning journey of that trainee. Pertinent information should be recorded in the CPC report. The CPC must remain aware of the need for fairness and accountability when deciding what should be recorded. The record of the CPC meeting is a legitimate part of the training record of that trainee and should be accessible by the trainee.

### **3.6 Decision-making of the CPC**

Committees should determine a trainee's progression status and make recommendations while taking the following items into consideration:

- Recent performance and the pattern of performance over time
- Relevant trainee personal circumstances
- Patient safety
- Service needs of clinical rotations and the utilization of different approaches to trainee supervision.

In the CPC discussions the EPA supervision level descriptors can be used to aid decision making and to prepare tailored advice for each trainee. While there is no set minimum number of EPA feedback episodes expected of trainees, the CPC must be satisfied that there is sufficient EPA data with which to make a holistic judgement.

A CPC should sufficiently discuss each trainee so it can arrive at a consensus decision, one with which each of the members can agree.

### **3.7 Red flags**

There are several red flags findings that may indicate a trainee is not following the expected trajectory of training. 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 documented learning records through ICGP Training EPA 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).
- Repeated failure to pass MICGP examinations.
- Poor engagement with day release.

### **3.8 CPC recommendations**

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

- A. Progressing as expected.

This should apply to a trainee who is progressing normally and who demonstrates regular and consistent engagement with EPA feedback, day release, and other aspects of the trainee portfolio.

This may also apply to a trainee that is progressing normally, but where minor focused encouragement is required (e.g., if there has been limited feedback on certain EPAs, if attendance at day release is lagging) the CPC may recommend specific action.



- 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.

This may apply to a trainee that is functioning above the level expected for their stage and are achieving core requirements ahead of schedule. In this case development of a special interest through enhanced training opportunities may be accommodated.

- E. All mandatory requirements for CSCST achieved.

All trainees nominated for CSCST will be listed and reported to the central ICGP GP Training Unit and this list can be accessed by the GP Training Academic Council.

- F. Insufficient data to determine progress status - Discuss at the next CPC meeting.

This may be a may be a sign of concern. *If a trainee has insufficient data at 2 consecutive CPC meetings (except where a trainee has been inactive due to a period of extended leave), they should receive a recommendation 'B' or 'C'.*

- G. Failure to progress satisfactorily despite maximal support - Referral for assessment of fitness to continue training.
- 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 – please tick:

Day release attendance	<input type="checkbox"/>
Clinical placement attendance	<input type="checkbox"/>
CPR certificate	<input type="checkbox"/>
Written audit/research project	<input type="checkbox"/>
CKT MICGP examination	<input type="checkbox"/>
CCT MICGP examination	<input type="checkbox"/>



*This only applies to trainees being reviewed at their final regularly timed CPC meeting (i.e., at the end of their final year of training) who are progressing as expected, have demonstrated clinical competence based on workplace-based data, and who do not require further CPC review provided the outstanding specified criteria are satisfied. Taking mitigating factors into account, all outstanding criteria, except for MICGP examinations, must be completed within the normal GP training programme time limit, and no further requirement to extend training.*

### **3.9 Referral to the Regional Competency Progression Advisory Committee (RCPAC)**

A Scheme CPC may decide on an interim outcome and refer the trainee case to the Regional Competency Progression Advisory Committee for further deliberation and advice. This is only expected to occur when there is significant concern regarding a trainee's progress and where a remediation period involving extra training is likely to be required.

If a Scheme CPC refers a trainee for discussion at the RCPAC, the Scheme CPC will share the relevant interim CPC report and other relevant trainee documentation with that committee.

Following receipt of advice from the RCPAC, the CPC chair should meet to discuss the RCPAC report with the scheme director and/or the trainee's scheme mentor to finalize the CPC outcome and complete the final CPC report.

### **3.10 Provision of the CPC meeting outcome to the trainee**

The CPC chair will provide each trainee with a written CPC report which should state the outcome and outline any feedback provided. The CPC meeting report should be included in the trainee's educational portfolio.

If required, the trainee's scheme mentor can provide more detailed verbal feedback relating to the CPC meeting on a separate occasion.

It is envisaged that CPC recommendations and feedback will not be a surprise for a trainee and that they will primarily be helpful in supporting the trainee's learning trajectory. Occasionally, a CPC may need to refer a trainee for an assessment of fitness to continue training.

Where a trainee has concerns about the process by which a recommendation or decision has been made, they have recourse to the ICGP educational grievance procedure.



### **3.11 Recommendation 'I' - Eligible for CSCST once the following outstanding criteria have been satisfactorily achieved**

Some trainees when reviewed at their last CPC cannot receive recommendation 'E' (All mandatory requirements for CSCST achieved) even if there are no performance or competence concerns e.g., due to a need to fulfil a minor but mandatory time requirement resulting from a period of extended leave or need to submit a valid CPR certificate. These trainees may receive a recommendation 'I' (Eligible for CSCST once the following outstanding criteria have been satisfactorily achieved). Taking mitigating factors into account, all outstanding criteria, except for MICGP examinations, must be completed within the normal GP training programme time limit, and with no further requirement to extend training. Trainees with unsatisfactory, or lacking, EPA, ITER or video consultation data are not eligible for this recommendation.

It is the trainee's responsibility to ensure evidence of satisfactory completion of the outstanding specified criteria is provided to the CPC administrator.

Once the CPC administrator is satisfied the trainee has submitted the required evidence, a supplementary CPC meeting is convened, consisting of the CPC chair and the scheme director, supported by the CPC administrator - they determine if the specified criteria have been satisfied, and therefore, whether or not the trainee satisfies recommendation 'E' (All mandatory requirements for CSCST achieved). A supplementary CPC meeting report is completed, and where relevant, the nomination form for the certificate of satisfactory completion of specialist training is completed.

If the scheme director is also the CPC chair, this supplementary CPC meeting consists of the CPC chair and the regional programme director, supported by the CPC administrator.

All trainees with a CPC recommendation 'I' (Eligible for CSCST once the following outstanding criteria have been satisfactorily achieved) must be discussed at the next "full" CPC, as a forcing function for schemes to keep trainee files under review in case additional information is not submitted as agreed.

### **3.12 Provision of the outcome to the national training programme**

The scheme Competency Progression Committee will report anonymised CPC outcomes (i.e., the number of trainees who are given each outcome and the number of trainees referred for further deliberation by the RCPAC) to the regional programme director and the national GP training unit.

When a CPC is satisfied a trainee has successfully completed all mandatory training programme requirements, the chair of the CPC co-signs the nomination form for the certificate of satisfactory completion of specialist training (CSCST).

### **3.13 Process development**

Taking time at the end of each CPC meeting to debrief can improve future meeting processes. CPC meetings may uncover curriculum areas which require greater attention by the SDT, and these should be noted for further local and national development. CPC meetings may also contribute to the evolution of the GP training core curriculum and to improvement of ICGP EPA assessment tools including refinement of the EPA supervision level descriptors.

## **4.0 Roles and responsibilities**

All participants in CPCs and RCPAC under the auspices of ICGP training will adhere to these procedures

## **5.0 Related and supporting documentation**

- Scheme competency progression committee terms of reference
- Primary reviewer report for CPC template
- CPC member confidentiality agreement template
- CPC meeting report template
- Regional competency progression advisory committee (RCPAC) terms of reference and rules of procedure
- RCPAC meeting report template
- Supplementary CPC meeting report

## **6.0 Contact**

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