



Managing the Trainee with Difficulties (updated January 2021)

ICGP Policy on support, assessment and management of the general practice trainee whose educational progress is below average.

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Managing the trainee with difficulties

Introduction

Trainees in difficulty are those who are not making sufficient progress in training or who have experienced difficulties with certain elements of training. The training body has a responsibility to optimise the supportive structures for the trainee in difficulty, but must also advise on the summative aspects of trainee appraisal and how to manage a persistent failure to achieve required levels of performance. This policy is intended to guide all educators involved in GP training. The principle of maintaining patient safety at all times is paramount. A number of guidelines have informed this policy^{1, 2,34}

Serious performance issues are usually complex situations, often with many dimensions. Legal aspects such as health and safety, employment law, race, sexual and gender discrimination need to be considered. Other factors may include allegations of bullying, harassment or threats of litigation or complaints to the medical council. Communication can be challenging in both verbal and written form. Objectivity and record keeping are crucial. Early and proportionate intervention may prevent a problem becoming entrenched. At present, the summative aspects of GP training are the elements of satisfactory completion of the continuous assessment component of GP training and successful attainment of the MICGP exam. The trainee who is struggling to attain these, or in whom continuing performance issues are identified may need extra training and the means to access this is described in this document.

This policy assumes that the doctor to whom it is being applied meets the basic standards expected of a registered medical practitioner. If the conduct or the clinical performance of the doctor is significantly below that expected of a registered medical practitioner such that patient safety is compromised, the doctor in question should be urgently referred to the ICGP for assessment, removed from clinical practice and placed on administrative leave. Any instances of gross professional misconduct, e.g criminal behaviour or sexual misconduct should be referred to the Medical Council. The current edition of the IMC Guide to Conduct and performance for registered medical practitioners should be consulted for guidance.

<https://medicalcouncil.ie/news-and-publications/reports/guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-amended-.pdf>

Each trainee, on appointment to GP training, has signed the ICGP Training Agreement. The Agreement contains the following statement;

“If a Trainee is dismissed from employment, sanctioned by a professional regulatory body, convicted of a criminal offence (or other behaviours not consistent with the high standards and expectations of the ICGP) the ICGP reserves the right to withdraw training recognition from the Trainee, following a full assessment of the circumstances using appropriate procedures determined by the Health Service Executive Human Resource department.”

The ICGP supports the Medical Council Guide to Professional Conduct and Ethics (8th edition)⁵. This guideline specifically advises the following.

69.1 If you have a formal role in training, you should:

- supervise trainees and make sure they act within the limits of their competence;
- give trainees constructive feedback;
- be thorough, fair and objective in your assessment of trainees; and
- offer support to trainees who have problems with their performance.

General Principles

- 1. Early identification of the problem**
- 2. Clarify the circumstances.**
- 3. Explore underlying causes**
- 4. Seek advice early.**
- 5. Consider and consult to find the most acceptable solution**
- 6. Record and report, but maintain confidentiality.**

Roles and responsibilities.

A summary of roles and responsibilities for those involved in training

(adapted from National Association of Clinical Teachers NACT, 2008)

<p>Trainee</p>	<p>Holds a contractual relationship with their employer and is therefore subject to local and national terms and conditions of employment</p>
<p>HSE Employer</p>	<p>Must ensure employment law is upheld and employer duties discharged. Provide occupational health support. Are directly responsible for disciplinary issues.</p>
<p>Training site and Scheme</p>	<p>Is responsible for management of performance and disciplinary matters. Should keep the college advised of any issues arising. Colleagues in human resources and occupational health may also be involved</p> <p>Educational and clinical supervisors are likely to be involved in the identification, management and support of the trainee in difficulty. Those with more senior educational roles and responsibilities (e.g. training programme directors) may become involved, depending on the nature and severity of the difficulties faced</p>
<p>College</p> <p>National Doctors training and Planning Unit</p>	<p>Is responsible for all doctors in training and problems that arise which prevent normal progressions. They can offer a range of support to trainees in difficulty and their supervisors. They also quality manage training programmes and should address any concerns that arise</p> <p>Is responsible for ensuring the training bodies have an appropriate protocol in place for managing the trainee in difficulty. Is responsible for sanctioning funding of extra training time in exceptional circumstances, where all the processes approved by the training body have been followed.</p>
<p>IMC</p> <p>(Irish Medical Council)</p>	<p>May be involved where there are concerns around fitness to practise.</p>

Six General Principles

1. Early identification of the problem.

The trainee may self report a problem, or staff, peers, patients or educators may raise an alert. The training environment should be such that the trainees in difficulty should feel able and empowered to self report their issues at an early stage via their clinical supervisor or scheme.

Indications which should trigger a clinical/educational supervisor to encourage shared reflection on performance include the following:

Triggers to open discussion

- 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.

2. Clarify the circumstances

If the incident(s) which have brought this trainee to the attention of the educator have not been directly observed, first the **matters of fact must be established**. This needs to be conducted in a sensitive manner. Swanwick (2005)³ describes the role of the trainer/ clinical teacher/educator as that of 'structuring experiences, rather than transmitting knowledge', which underlines the importance of the experiences themselves as the vehicle for learning, at least as important as the knowledge of the trainer. Trainees appropriately expect a supportive culture of learning within the whole clinical team.

Most concerns can be addressed by early, effective discussions between the Clinical/Educational Supervisor culminating in a realistic, agreed learning plan which is reviewed regularly. Multi-source feedback is an extremely helpful assessment tool to use where there are concerns about conduct or performance and provides a good focal point for discussions

about aspects of performance that are lacking. Consider if there are systemic or organisational aspects which have contributed to the poor performance. The usual educational assessment meetings will continue as with all trainees and often the normal documentation which occurs with these meetings will be a sufficient vehicle in which to record the problem and agreed course of action, but **there must be clear evidence that follow up has occurred**. Once there is awareness of a serious concern, accurate, contemporaneous, dated and signed records of feedback, supervision and appraisal sessions must be kept by the appropriate educational/ clinical supervisor who first deals with the concern.

All trainees sign the training agreement which includes the following

1. If the Training Scheme considers that progress in the scheme is unsatisfactory the Trainee may be asked to undertake additional training or assessment. Failure to meet these requirements may result in suspension/removal from the Training Scheme following an appropriate investigation procedure¹. The Trainee will have the right to appeal removal from the Training Scheme through a documented appeals process. (details available from ICGP)

A template for recording is in Appendix 1. There should be two such written records documenting meeting with a trainee by the scheme on two different occasions prior to notification to the ICGP for the purposes of Assessment of Fitness to Continue training.

Appendix 2 contains the full training agreement.

3. Explore underlying causes.

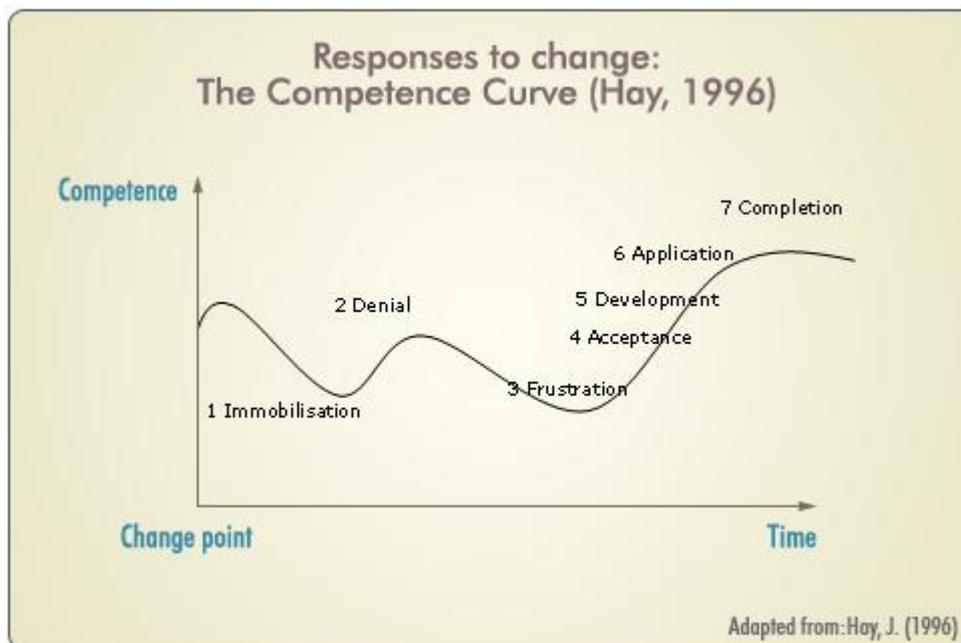
Common circumstantial problems for trainees

- 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

McKimm (2009)⁶ notes the importance of being sensitive to the support needs arising during periods of change and transition and draws on Hay's

¹ See ICGP Guidelines on Investigation Procedures

model of the Competence Curve (see figure) to highlight the possible responses trainees may have to personal change and stressors, which may compromise their competence for a period of time. As a supervisor, it is important to be alert to signs of difficulty and ready to provide specific targeted input as the trainee moves into stages of acceptance and development. McKimm suggests **routinely building in 10 minutes of 'talk time' at the beginning or end of a supervision session**, where the trainee is invited to talk about any personal issues that may be causing concern. This approach provides the trainee with permission to raise issues with you and acknowledges the interplay between 'work' and 'life'.



4. Seek advice early.

If a difficulty which has been identified is not resolved quickly within the location where it has been identified, the educational/clinical supervisor is advised to notify and seek advice early. This could be from the clinical teaching site to the scheme or from the scheme to the college GP training unit as appropriate.

Care must be taken to identify where dysfunctional team dynamics or an interpersonal difficulty with a clinical/educational supervisor is present. Due to the nature of the employment structures, the position of the trainee is always more vulnerable in such situations. Consideration of a change in arrangements, seeking of opinions of co-workers and consulting with a higher educational supervisory level is recommended where poor interpersonal dynamics exist. Document the situation. **Consider also the ICGP policy on bullying.**

All avenues of support should be considered, especially occupational health and employer human resource expertise. Where an application for extra training is being considered by the Programme Directing Team this should also be discussed at the Scheme Steering Committee, who should subsequently be kept updated on the progress of the trainee. It may not be possible to keep the identity of the trainee anonymous at the Steering Committee, but the meeting must be reminded of the requirement of **strict confidentiality** of any such cases discussed.

Most problems are expected to be resolved by a combined approach of sympathetic listening, agreed goals and monitored progress, and recruitment of supports and resources. This must be accompanied at all levels by adequate record keeping. If, having exhausted advice and support at the training site level, the scheme level and the ICGP GP unit level, there remains a concern about the continuing performance of the trainee, the college can approach the NDTP for funds for extra training for that trainee.

5. Consider and consult to find the most acceptable solution

The most acceptable solution balances equally the needs of the trainee and the requirements to complete training with all the knowledge, skills and attitudes necessary to be a successful general practitioner.

Training schemes may find it helpful to encourage the appointment of a trainee advocate. This should be someone accessible to the trainee who is not linked to the training scheme but who is available to trainees for informal advice and support. Examples include a hospital clinician who is not a clinical teacher for the scheme, or a community psychologist who is employed by the HSE but not a teacher on the scheme.

The interventions depend on the underlying problem, which may be multi-faceted so a combination of interventions may be necessary. Consider the following.

Clinical Performance

Focussed training should be considered where knowledge or technical skills is lacking. This can include an increase in clinical supervision and/or targeted task orientated training, e.g. graded interpretation of an ECG, graded assessment and examination of the shoulder. Clear documentation of the competencies agreed and achieved should be recorded.

Personality and behavioural issues

Developmental monitoring with use of socratic questioning and a supportive environment can help tackle issues of insight into behaviour. Video or simulation techniques can be used to challenge unhelpful or undesired behaviour.

Consider referral to the Practitioner Health Programme – psychological intervention and counselling can be accessed through this assessment.

Health Issues – physical and mental

Consideration of the health and wellbeing of the trainee should be embedded within training. The goal is to prevent health issues, where possible.

There are a number of supports which are available to HSE employees including GP Trainees.

The Employee Assistance and Counselling Service⁷ can deliver 4-6 free counselling sessions per year. Employees do not need to contact their line manager or HR to avail of this service, in fact the majority of users contact this service directly. The list of contact details per area is available on the website

[\(http://www.hse.ie/eng/staff/workplacehthwellbng/stfSuprts/eacounsel/\)](http://www.hse.ie/eng/staff/workplacehthwellbng/stfSuprts/eacounsel/)

Another possible support is Schwartz rounds⁸. More information on Schwartz rounds is available at:

<http://www.hse.ie/eng/about/Who/qualityandpatientsafety/staffengagement/schwartzrounds/> Accessed December 21, 2016.

If there is a concern that at the doctor's behaviour is as a result of a medical condition (including addiction) their manager (Consultant and or clinical director) should refer them to Occupational Health under the 'Managing Attendance at work policy' by filling out the Management Referral form

<https://www.hse.ie/eng/staff/Resources/managingattendance.pdf>

Local Occupational Health Services are available to assist and advise in these circumstances. Request a “fitness to engage” assessment.

If the doctor’s behaviour is as a result of a medical condition and/or addiction the OHD (Occupational Health Doctor) will advise accordingly and, with their GP, make further recommendations for treatment and fitness or otherwise for work. **There are a number of excellent supports available to doctors and the vast majority of doctors who access these make a full recovery and return to work without any further difficulties.**

If there is no medical explanation for the behaviour that the doctor should be managed with the usual management processes.

If a doctor refuses to attend Occupational Health then the situation should be managed without the benefit of medical advice i.e. as if they have no underlying medical condition.

The Practitioner Matters Programme (www.practitionerhealth.ie) can also be a useful adjunct to occupational health assessment.

The IMC ethical guide requires doctors to seek and follow advice from an occupational physician if their judgement or performance is affected by illness. Under the Disability Act 2005, employers are required to make reasonable adjustments to work pattern, content and environment⁴.

Environmental issues

In the UK, the National Clinical Assessment Service has identified that organisational issues, including systems or process failures are often under acknowledged in the investigation of poorly performing individuals. Poorly maintained equipment, persisting IT problems and substandard working environments must be considered and recorded if thought to be factors.

Particular to GP training is the fact that GP trainees often rotate at different times to their hospital colleagues. This may result in missing hospital orientation, IT inductions and difficulties in accessing post induction. Sometimes it means joining a team which has already established a certain dynamic. These factors also come into play when a trainee returns for a period of leave, e.g. sick leave or maternity leave. Understanding the circumstances of the trainee at periods of commencement of a new post is important.

6. Record and report, but maintain confidentiality

Along with records of any meetings which have resulted from identifying a problem, records which may be pertinent to managing a trainee in difficulty include workplace based assessments such as hospital teacher's report, training practice reports, audits performed by the trainee, exam results, documentation of the criteria for successful completion of training, records of day release and clinical work attendance records. The HSE guidance on performance review management may also be of use.⁹

Most situations will be resolved by adopting the principles of this policy. Where the situation has not resolved three further outcomes could ensue:

1. The trainee needs extra training to resolve the situation.

It can be difficult to access remedial hospital posts for training. It is NDTP policy that applications for extra funding in a remedial situation can only be processed if they come from the ICGP, not the scheme. Where a persisting situation has not been resolved by engagement of the principles in this guideline, **such an application should be sanctioned by the PGTC following an anonymised report to the PGTC.** This should be a notification that such an application is occurring with enumeration only of the period of time over which the problem has been recurring and the number of meetings and interventions which have been conducted to date. The Programme Director and National Director of Training are jointly responsible for this report, but it should be presented without identification of the trainee, the scheme, or the Programme Director to the PGTC in such a way that the trainee is not identified. In exceptional circumstances where additional funding is required urgently, the Programme Director, National Director and Chair of the PGTC can confer to make this decision and inform the PGTC at the next meeting, but in this case the identity of the scheme is harder to protect.

The trainee must be informed by the Scheme at this point that failure to reach a satisfactory performance in the period of extra training provided may make questionable a future career in General Practice for that Trainee.

2. Referral to the Practitioner Health Programme and or PGTC for Assessment of Fitness to Continue training.

It is envisaged that almost every situation of difficulty can be resolved through use of the appropriate assessments and supports. Before a decision is made that a career in general practice is not suitable for that

trainee, consideration must be given to a referral to the Practitioner Health Programme. This is an alternate means to access psychological assessment and support. If it is not appropriate to engage with the Practitioner Health Programme or if the trainee declines to engage with this programme, notification to the PGTC for Assessment of Fitness to Continue training can be considered. The scheme must have two written records of discussed supports to improve performance prior to this notification.

- 3. A failure to cooperate with the agreed interventions is deemed to be a disciplinary issue and the matter is referred to the Employer HR section.** This is expected to be a rare situation and the ramifications for the trainee must be carefully considered. The Scheme can make this decision but should have extensive evidence to support it and must notify to the PGTC that such an incident has taken place. There may occasionally be exceptional circumstances where serious breaches of care, professional misconduct or criminality have occurred which may require referral to the Medical Council. Such referral does not automatically mean a trainee is unsuitable to continue in training. The trainee should be made aware of the ICGP support document on "The trainee before the Medical Council" in this situation.

Conclusion

General Practice is a challenging career. For the doctor who is well prepared and has developed the traits and characteristics to meet these challenges, it is a rewarding career. Every effort must be made to support a doctor in training to fulfil this development. There will be some doctors who realise in the course of their training and support that a different career option may be more suitable for their abilities. **If appropriate, please also consult with the ICGP policy on the Trainee with a Disability.**

Where, having followed the processes described in this document, there remains a difference in opinion between the scheme and the doctor in training with regard the suitability of general practice for that doctor, the matter is referred to the PGTC. The PGTC then commences the Assessment of Fitness to Continue in Training Process. This process for is described in Appendix 3.

References

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5. Council M. *Guide to Professional Conduct and Ethics for Registered Medical Practitioners 8th Edition 2016.*; 2016. www.medicalcouncil.ie.
6. McKimm J, Swanick T. Assessing learning needs. *Br J Hosp Med (London, Engl 2005)*. 2009;70:348-351.
7. HSE. Employee Assistance and Counselling Service. <http://www.hse.ie/eng/staff/workplacehthwellbng/stfSuprts/eacounsel/>. Accessed December 21, 2016.
8. HSE. Schwarz Rounds. <http://www.hse.ie/eng/about/Who/qualityandpatientsafety/staffengagement/schwarzrounds/>. Accessed December 21, 2016.
9. HSE. *Performance Management in the HSE.*; 2012. http://www.hse.ie/eng/staff/benefitsservices/Performance_Achievement/Guidance Doc.pdf.
10. HSE. *Disciplinary Procedure for Employees of the Health Service Executive.*; 2007. <http://www.hse.ie/eng/staff/Resources/Disciplinaryprocedure.pdf>.

Appendix 1 : Record of the meeting with the trainee in difficulty:

Trainee in difficulty interview record

Always act fairly, equitably, supportively and confidentially

Name of Trainee:

Date:

Clinical Supervisor:

Educational Supervisor:

Programme:

Training Programme Director:

Persons Present:

Meeting led by:

Notes taken by:

Concerns

Discussion

Consider

*Are they
safe to
practice?*

YES / NO

*If no
discuss
with
Clinical*

Action Plan

Define Learning Need	Create Learning Objectives	How will I address them (action & resources)	Date set to achieve goal	Date actually completed

Date of next Review:

Refer to Occupational Health YES / NO Involve *(circle if appropriate)*
 Clinical Supervisor / Programme Director / National Director of Training / other
 Refer to Practitioner Health Programme YES/NO

Signed.....

Signed.....

Signed..... **Educational supervisor**
Consultant Colleague (College Tutor or representative)

Trainee

Date.....

Document agreed SMART goals and objectives

ie. Specific, Measurable, Achievable



Irish College of General Practitioners

General Practice Specialist Training Agreement 2020

The training body reserve the right to amend this agreement prior to the beginning of each year of training should circumstances demand such change.

The training body may issue updates to the trainee agreement during the course of your GP training period.

The ICGP is responsible for setting standards of general practice specialist training under the auspices of and accredited by the Irish Medical Council; and is the body responsible for the overall accreditation of the training scheme. The Medical Council is the competent authority charged with decisions relating to the Specialist Register. The remit of the Medical Council is to protect the public from health care professionals engaging in practice without appropriate expertise. The Medical Council requires advice on professional expertise from the training bodies. In view of the onerous requirement to fully satisfy the public interest, the ICGP requires a high level of verification of professionalism and expertise. Your participation on this Training Scheme is subject to your acceptance of the following specific requirements and standards:

1.1 You have been accepted on the GP Training Scheme for the duration of four years. Your employment contract is with the HSE. Depending on local arrangements an employment contract or individual contracts are issued and must be signed in respect of your employment periods on the training scheme. During your training you will be required to rotate across different locations (training sites) to meet your training requirements... This is training agreement is an agreement with regard to the supervision of your training nothing in this agreement is intended to create an employer/employee relationship other than that of supervision of training.

1.2 You must engage directly with the training site in a timely manner to ensure employment requirements are met. This includes engaging with the HR department of your training site in a responsive and timely manner. Your acceptance on and continuing appointment to a post is contingent on you satisfying all the employment requirements. An employment contract is issued and signed in respect of each employment period as you progress through the training scheme.

1.3 The employer requires that the GP Training Scheme forward copies of your application form, and references to the clinical site upon successful appointment to a training scheme. The NCHD contracts requires that the trainee “must be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service”. Any health issue which could have an impact on your ability to engage in training or your clinical work must be declared to the Occupational Health Department which oversees your first clinical post immediately on accepting a place in GP Training. This is to ensure you are properly assessed by the Occupational Health department prior to commencing training and to have the necessary supports put in place. Discovery of a significant pre-existing health issue which was not declared can invalidate your continuation of training.

- 1.4 As you continue through training there are absolute requirements from an employer perspective that need to be met prior to any medical practitioner commencing employment on a clinical site. The training scheme will work with you to ensure these requirements are met.
 - 1.5 By signing this agreement you consent (including for the purposes of the Data Protection Acts 1988, 2003, the General Data Protection Regulation (GDPR) and Irish Data Protection Act 2018) to the processing and disclosure of your data (including your personal data) by the Training Scheme to the training site for the purposes of your employment on the training site (including as outlined at clauses 1.2 and 1.3 above).
 - 1.6 By signing this agreement you consent (including for the purposes of the Data Protection Acts 1988, 2003, the General Data Protection Regulation (GDPR) and Irish Data Protection Act 2018) to the processing and disclosure of your data (including your personal data) by the Training Site to the Training Scheme, and where necessary, to the ICGP for the purposes of your assessment as you progress through training site.
 - 1.7 You must ensure that you are on the trainee register for the duration of your GP training. The Medical Council will be notified of your training rotations each year through the NCHD database. The ICGP are responsible for ensuring that you are recorded in DIME (Formerly NCHD database) as an ICGP GP trainee. The hospital sites are responsible for entering/maintaining all hospital training posts on the DIME database. The Training Scheme/Programme is responsible for entering/maintaining all GP training posts on the DIME.
 - 1.8 Behaviour, deportment, and dress should always be professional and appropriate to a doctor patient encounter in an Irish clinical context.
 - 1.9 Trainees should hold a current valid driving license or provide an undertaking to provide alternative means of transport from commencement of gp training i.e. 13th July 2020, if necessary to attend hospital posts or when providing emergency and domiciliary care to fulfil the requirements of the whole training scheme.
2. The ICGP requires that the Trainee fully co-operates in all aspects of GP Training as deemed satisfactory (by the ICGP).
 3. The ICGP is committed to supporting the Trainee throughout the scheme and will provide support and guidance on all matters relevant to training. If difficulties arise, the Trainee should seek support in the first instance from their immediate Supervisor/Trainer, and if necessary from the training scheme director. The ICGP in conjunction with the training schemes have created a GP Trainee Grievance Procedure. This procedure relates solely to educational grievances and is available to all GP trainees. This can be found under resources in the GP Training section of the ICGP website.
 4. Although registered on a training programme, trainees also fulfil a service commitment as an integral part of that training. It is the responsibility of the Trainee to ensure that they fulfil their service requirements appropriately and work co-operatively with all members of the service team.

5. The Trainee is expected to actively participate in the day release and complete all assessments and requirements for nomination of certification of satisfactory completion of specialist training (CSCST), as part of their Training Scheme. It is the Trainee's responsibility to ensure that all curriculum, logbook, and assessment requirements are fulfilled.
6. Membership of the ICGP testifies that the doctor has attained sufficient standing to practice independently and without supervision. This is based on experiential apprenticeship over a specified time and also on the outcome of periodic assessments in different domains, including knowledge, skills, behaviours, and attitudes related to the Curriculum for GP Training. Membership of the ICGP is awarded on nomination of a certificate of satisfactory completion of specialist training (CSCST), successful completion of the MICGP examination and election to membership. Fees in respect of the MICGP Examination are the responsibility of the Trainee.
7. The ICGP reserve the right to make assessments based on the curriculum in force at the time of certification. Where major changes in curricular requirements occur, such changes and any transitional requirements will be communicated in advance by the ICGP.
8. If the Training Scheme considers that progress in the scheme is unsatisfactory the Trainee may be asked to undertake additional training and/or assessment, and/or may be removed from the training scheme in accordance with the assessment of the fitness of a trainee to continue training process, as set out in Appendix 3 in the Managing Trainee with Difficulties Policy Document (September 2020).
9. If a Trainee is dismissed from employment following a full assessment of the circumstances using appropriate procedures determined by the Health Service Executive Human Resource department, the ICGP reserves the right to withdraw training recognition from the Trainee.
10. The Training Scheme is designed to be fulltime (with the exception of formal flexible training) and requires that the Trainee is fully committed and exclusively utilizes available work time for the Training Scheme. The Medical Council has clearly stated that GP Trainees cannot engage in locum practice in a private, non-training capacity while they are registered in the Trainee Specialist Division. In exceptional circumstances, in the final year of their training a GP Registrar can 'act up' as a GP for a period of up to three months with the prior approval and agreement of the Scheme Director and GP Registrar. However, GP Registrars should not receive or take up any offer of locum GP appointments outside of their training scheme, in a non-training capacity. Once a GP Registrar has been identified to 'act up', it is then a matter of ensuring that the clinical site at which they are providing cover is included in their training contract. It should, therefore, be possible for a GP Registrar in the final year of training to provide GP cover in an approved post linked to the training scheme, for a maximum of 3 months, once a suitable mentor/supervisor is available to them.
11. It is mandatory for the Trainee to maintain up-to-date personal details. All documentation/certification requests from the ICGP and Training Scheme should be attended to in a timely manner. If a trainee is on leave greater than 4 weeks duration they must notify the ICGP. If a trainee withdraws from the training scheme they must complete an exit interview with the scheme and notify the ICGP.
12. Trainees should notify their trainer, training scheme and the National Director of GP Specialist Training in the ICGP if they have been referred to the Medical Council or subject to Medical Council supervision, on grounds relating to health, registration or disciplinary matters. The purpose of this is to ensure that any GP trainee subject to intervention or scrutiny from the

Medical Council based on disciplinary, health or registration grounds is supported by the ICGP & Training Scheme in this process. The ICGP has developed a policy document 'Support for a Trainee before the Medical Council'.

13. It is expected that the Trainee will act professionally at all times in their interaction with the Training Scheme, the ICGP and associated administration.
14. It is expected that during the course of training the trainee will respect patient confidentiality at all times. Please note, the Clinical Indemnity Scheme does not cover defamation or breach of confidentiality.
15. It is expected that during the course of their training, the trainee will respect the educational process.
16. The Training Scheme undertakes to conduct its affairs transparently and impartially in the best interests of education and training standards as promoted by the ICGP. The Training Schemes procedures may be subject to review by the Postgraduate Training committee of the ICGP through an Appeals board established for this purpose.
17. While the Training Scheme will endeavour to co-ordinate and make a sequential allocation to ensure smooth, uninterrupted training, on rare occasions it may happen that there are insufficient clinical posts in a given year requiring deferment of training for a period. The ICGP has no liability to support a Trainee in such an eventuality.
18. If the training period is extended for whatever reason, employment may be continued for a defined period with the agreement of the training site and the training scheme. Alternatively the Trainee may be assigned to another training site. The reasons for this extension will be explained to the Trainee and confirmed in writing.
19. (i) By signing this agreement you agree to comply with the specific educational terms and conditions for the provision of training by the GP Specialist Training Scheme as outlined below.

The following conditions relate to the overall training requirements regarding attendance, completion and duration of training:

- Certified training is four years in duration of which a minimum of 50% must be in general practice/community medicine
- Training must be completed **within six years** of the date of commencement of the first training post in order to preserve the educational validity of the process.
- Clinical service commitments must be fulfilled in accordance with the terms and conditions of the service contract.
- 75% attendance is mandatory in each post and at the day release scheme.

20. (ii) The following documentation must be completed in compliance with the ICGP required data set and submitted by the Trainee to the Scheme Director for approval by the Steering Committee. This documentation must be submitted within the required deadlines as set out by the Training Scheme. Training schemes may include local requirements for nomination of CSCST within the Trainee log books

- Trainee Hospital Logs for each Hospital Training post
- Hospital Consultant Teacher's Reports* for each Hospital Training post

- Trainee Logs for each GP Practice Training Post.
- Trainer's Reports* for each GP Practice Training Post
- Scheme Directing Team's Reports* for attendance and overall participation in the Day-Release Scheme
- Written Trainee Analysis of Video-Recorded Real Patient Consultations to the standard required by the Scheme.
- A current Certificate of competence in Cardio-Pulmonary Resuscitation (CPR)
- ICGP Women's Health in General Practice Log Book
- Written Audit/Research Project to the standard required by the Scheme
- A certificate confirming completion of a minimum of 120 hours³ of supervised out of hours duty per year in General Practice

*Reports must certify

- (a) at least 75% attendance
- (b) active participation in training;
- (c) that appropriate skills and performance standards have been satisfactorily met.

With developments in assessment and in particular with developments in a national ePortal, the submission of documentation may change from submission to the scheme to submission centrally to the ICGP in the course of your training. You will be given ample advance notice and the necessary supports if this change is required.

21. (iii) Trainees are expected to take the Membership Examination of the Irish College of General Practitioners (MICGP) during their training. Completion of the MICGP exam is a requirement for end point assessment**.

** Entry onto the Specialist Division of the Register – Speciality of General Practice and entry into State contracts for the provision of medical services as a General Practitioner both within Ireland and the EU is subject to attaining membership of the ICGP. Membership of the ICGP is awarded on nomination of satisfactory completion of specialist training (CSCST), successful completion of the MICGP examination **and** election to membership.

Trainee in Difficulty

Appendix 3: Process for Assessment of the Fitness of a Trainee to Continue Training.

This policy assumes that the doctor to whom it is being applied meets the basic standards expected of a registered medical practitioner. If the conduct or the clinical performance of the doctor is significantly below that expected of a register medical practitioner such that patient safety is compromised, the doctor in question should be removed from clinical practice and be referred to the Medical Council. The current edition of the IMC Guide to Conduct and performance for registered medical practitioners should be consulted for guidance.

<https://medicalcouncil.ie/news-and-publications/reports/guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-amended-.pdf>

Each trainee, on appointment to GP training, has signed the ICGP Training Agreement. The Agreement contains the following statement;

“If a Trainee is dismissed from employment, sanctioned by a professional regulatory body, convicted of a criminal offence (or other behaviours not consistent with the high standards and expectations of the ICGP) the ICGP reserves the right to withdraw training recognition from the Trainee, following a full assessment of the circumstances using appropriate procedures determined by the Health Service Executive Human Resource department. “

Where the adjacent Educational Supervisor(s) question whether a doctor in training is not suitable for a career in General Practice the scheme can request that PGTC activate the Assessment of the Fitness of a Trainee to continue Training Process.

Aim

The aim of this procedure is to ensure there is an open, transparent, fair and consistent process in place for the assessment of fitness to continue training. It is the ICGP’s policy to ensure that this procedure is applied fairly and consistently throughout.

The Steps in the Process are as follows:

The trainee will be formally referred in writing for assessment for fitness to continue in training by the scheme Programme Director and the scheme Chair of Steering Committee to the National Director of Training. The referral must indicate that the trainee has been informed of performance issues at least twice in writing with at least three months period given to provide opportunity to

improve after each such notification. The referral should also indicate that any identified health issues have been supported to the satisfaction of the steering committee. The National Director of Training will then notify the Chair of PGTC.

Appointment of a Fitness to Continue Training Committee:

Following notification by the National Director of Training of the concerns in relation to the trainee, the Chair of the PGTC will appoint a representative to the Fitness to Continue Training Committee which will also consist of the Chair of the Scheme Steering Committee and the National Director of Training.

The Fitness to Continue Training Committee will gather the relevant papers and documentation and may confer confidentially with any third party who may be of assistance to the assessment.

A copy of the notification of the Training Scheme, including any documentary evidence will be provided to the Fitness to Continue Training Committee. All documentation provided to the Fitness to Continue Training Committee will also be provided to the trainee.

A meeting will be convened and the trainee will be informed of the date and time of the meeting.

The trainee has a right to be present at this meeting and will be invited to attend by the Chair the Fitness to Continue Training Committee.

The trainee will be advised in advance of the hearing of the right to be accompanied by another trainee, parent, guardian, family member, legal advisor or friend.

Meeting of the Fitness to Continue Training Committee

The appointee of the PGTC, will chair the meeting and will attend to the following;

- Conduct introductions to explain the purpose of the meeting;
- Explain the possible outcomes from the decisions of the Fitness to Continue Training Committee;

- Invite the trainee, and if applicable the trainee's representative to make a statement in his or her own words and allow members of the Fitness to Continue Training Committee to direct questions to the trainee;
- Invite any other person who may be able to provide expert evidence on specific aspects of the case to make a brief statement with members of the Fitness to Continue Training Committee being allowed to ask questions after each statement. The trainee or their advocate will be invited, through the Chair to ask questions;
- Once satisfied that all parties have had a full opportunity to make statements and ask questions, invite the trainee and their advocate to withdraw;
- Ensure the contact details of the trainee and their representative are taken and are available to the Committee;
- Chair and facilitate discussion of the case and ask for a decision to be made.

Powers of the Fitness to Continue Training Committee

The powers of the Fitness to Continue Training Committee are as follows;

- Remove the trainee from the training programme;
- Allow the trainee to remain on the training programme, subject to the successful completion of additional assessments and training as specified by the Fitness to Continue Training Committee;
- allow the trainee to continue on the training programme.

Communication of the Decision

The formal determination of the Fitness to Continue Training Committee will be given to the trainee in writing within 10 working day of the meeting.

Following the expiry of the time limit to lodge an appeal, where no appeal has been lodged by the trainee, and in the event the Fitness to Continue Training Committee has determined that the trainee should be removed from the scheme the Fitness to Continue Training Committee will also formally notice the Human Resource Department of the HSE that the trainee is no longer a member of the

training scheme. In the event that an appeal has been lodged by the trainee within the required time limit as set out below, no notification (if one is required) will be made until the determination of the appeal.

Appeal

Should the trainee not be prepared to accept the decision of the Fitness to Continue Training Committee, the trainee has a right to appeal in writing to the Chair of the PGTC within 14 days of the communication of the Fitness to Continue Training Committee's decision. The Chair of the PGTC will form an Appeal Committee which will consist of the Chair of the PGTC, Appointee of the PGTC with GP educational experience and an independent education expert appointed by the board of the ICGP. For the avoidance of doubt no member of the Appeal Committee will have been a member of the Fitness to Continue Training Committee.

Procedure of Appeals Committee

- Following on the formation of the appeals committee the Chair of the PCTC will gather the relevant papers and documentation and may confer confidentiality with any third party who may be of assistance to the appeal;
- A copy of the trainee's written appeal, including any documentary evidence provided to the Appeal Committee;
- All documentation provided to the Appeal Committee will be provided to the trainee;
- An Appeal Committee meeting will be convened and the trainee informed of the date and time of the meeting. The trainee has the right to present their appeal at the hearing and will be invited to attend by the Appeal Committee. Attendance in person by the trainee at the hearing is compulsory unless otherwise agreed in writing in advance by the Chair of the Appeal Committee. A trainee who has previously indicated that they will attend, and who fails to appear will have their appeal dismissed.

- The trainee will be advised in advance of the right to be accompanied by a parent, guardian, family member or legal adviser or friend to support the trainee.

Appeal Committee Hearing

The Chair of the appeals committee will attend to the following;

- Conduct introductions and explain the functions of the committee;
- Explain the possible outcomes from the decisions of the committee;
- Invite the trainee, and if applicable, the trainee's advocate to make a statement in his or her own words and to allow members of the committee to direct questions to the student;
- Invite any other person who may be able to provide expert advice on specific aspects of the case to make a brief statement with the members of the committee being allowed to ask questions after each statement. The trainee or their advocate will be invited, through the Chair to ask questions.
- Once satisfied that all parties have had a full opportunity to make statements and ask questions, invite the trainee and advocate to withdraw.
- Ensure that the contact details of the student and advocate are taken and are available to the committee.

Chair and facilitate discussions of the committee and ask for a decision to be made.

Powers of the Appeal Committee

The Appeal's Committee will have the following powers;

- Dismiss the appeal
- Uphold the appeal and set aside the findings of the Fitness to Continue Training Committee, in which case the trainee will be readmitted to the

programme with or without the requirement to satisfactorily complete further assessment and training prior to being readmitted.

Communication of the Decision

- The formal determine of the Appeal Committee will be given to the trainee in writing within 10 working day of the meeting.
- In the event that the Appeal Committee determines that the trainee should be removed from the scheme it will also formally notice the Human Resource Department of the HSE that the trainee has been removed.

Definitions

- Scheme: Location in which trainee undertakes training.
- Programme: The national programme of general practice training approved by the Medical Council which is undertaken by GP Trainees.
- PGTC: Postgraduate Training Committee

Final