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| Application Form  GP Trainer Midlands  Form to be completed by the prospective trainer.  Applicants are advised to read the ICGP Policy on Trainer Recruitment in advance of application    **Campaign**: **General Practitioner Trainer(Independent Contract Agreement) Midlands GP Scheme2025**  **Reference: HSEMID10a**  **Important Information:**  **Please return your completed application together with supporting documentation in one document to hserecruitment@cpl.ie quoting the reference and your name in the email title.**  **Closing date for receipt of completed applications is Wednesday April 24th at 12noon (applications received after this time will not be accepted)** |

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| **Name & Medical Council Number:** |
| **Main Practice Address:** |
| **Practice Phone Number:** |
| **Mobile Number:** |
| **Email:** |
| Practices should align to a local scheme for trainee access to day release. |

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| GP TRAINER SPECIFICATION CHECKLIST |
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| **Qualifications** |
|  Full Specialist medical registration with the Medical Council in the General Practice division |
|  MICGP and current member of ICGP in good standing |
|  Principal in a GMS practice. |
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| **Experience** |
|  A minimum of three years’ full-time general practice experience (or part-time equivalent),  two of which must be in Irish general practice\* |
|  Must be a principal\*\* in practice |
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| **Knowledge & Skills** |
|  Must have an understanding of GP training including its aims and objectives. Must have  knowledge of the structure and future plans of GP training in Ireland |
|  An ability to assess Trainees’ learning needs and maintain a log to reflect the teaching during  the protected time of two hours per week |
|  Ability to evaluate a trainees’ progress and give feedback. |
|  A range of practical teaching skills and willingness to attend teaching skills courses. |
|  A willingness to submit to assessment, including peer reviews, and maintain documentary  evidence for submission to the scheme/ICGP. |
|  Evidence of competence in audit. |
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| **Professional Development** |
|  Evidence of continuous professional development, e.g. attendance at continuing medical  education groups, post -graduate meetings, education workshops |
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| **Multi-Disciplinary approach to Care** |
|  Co-operation with all branches of the medical and social services including public health nurses, social workers, physiotherapists, area medical officers, community welfare officers. |
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| **Equipment & Environment** |
|  Designated room with access to adequate clinical equipment in order that the GP  Registrar can practice at the same time as their trainer in the same premises |
|  Evidence of the use of recognised evidence-based practice guidelines in the treatment of  patients with chronic disease |
|  Evidence of a systemic approach to repeat prescription management with a strong emphasis on Safety |
|  Access to educational and reference resources as recommended by the training scheme. |
|  A computerised records system. |
|  Provision for exposure to practice administration, practice business meetings and business methods including appointment systems, the general Medical Services, disease registers, accounting systems. |
|  A workload (including out of hours) that is appropriate to the registrar experience and learning needs |
| \* Minimum 8 sessions per week and after graduation from GP training  \*\*Principal: Defined as GMS contract-holder in a single-handed practice, or a partner in a GMS practice or a legal partner in a practice. Must have executive power over the workload, level of responsibility and supervision of the trainee |
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Practice profile

Please note that if shortlisted a practice visit will be undertaken.

All Trainer appointments are subject to meeting ICGP accreditation standards.

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| Type of Practice: Urban ❒ Rural ❒ Mix ❒ Other ❒  If other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Single Handed ❒ Partnership ❒ Multi disciplinary Practice ❒ Other ❒  If other please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No of GPs in the practice \_\_\_\_\_\_ Number of rooms in the practice \_\_\_\_\_\_\_  Practice Nurse Yes ❒ No ❒ If more than 1 include number \_\_\_\_\_\_\_  Receptionist Yes ❒ No ❒ If more than 1 indicate number \_\_\_\_\_\_\_  Other services available in the practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No of patients in the practice: GMS \_\_\_\_\_\_\_\_\_\_\_ Private Patients \_\_\_\_\_\_\_\_\_ |
| Record Management System in use in the practice:  Manual ❒ Computerised ❒  If computerised, please indicate the Software provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If selected will the Trainee have access to their own room in the practice on a daily basis Yes ❒ No ❒  If selected will the Trainee have access to their own computer in the practice on a daily basis?  Yes ❒ No ❒ |
| Other comments: |

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| 1. Are you a member in good standing of the Irish College of General Practitioners?  Yes ❒ No ❒ |

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| 3. Are you a Principal in General Practice? (*A Principal is considered to be either a GMS contract holder, or a partner within a GMS practice)*  Yes ❒ No ❒  i. For how many years have you been **working in *this*** practice? \_\_\_\_\_\_\_\_\_\_  ii. For how many years are you a **principal** **in *this* practice**? \_\_\_\_\_\_\_\_\_\_  iii. If you were in a principal position in another practice prior to this one, please give details**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iv. How many other principals (full time equivalent) are in the practice? \_\_\_\_\_\_\_\_\_  Please also give details of any other doctors, e.g., assistant/sessional etc  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 4. Year of Graduation from GP Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year of entry to the specialist register: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please indicate number of years of full-time general practice experience (or part time  equivalent) since completing GP training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 5. Trainer and GP Registrar (GPR) must normally practice contemporaneously in the same  premises for a minimum of six sessions in a normal working week. The GPR will be at day release  on one day of the week. Will you fulfil this requirement? Yes ❒ No ❒  **Please give your own usual weekly sessions (number and which days)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please comment on how supervision will be provided if the trainee will work sessions that you do not:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 6. Will there be sufficient consulting rooms to allow the GPR and Trainer to practice at the same time and  in the same premises in all clinical sites?  Yes ❒ No ❒  Please note that hot desking is not considered an acceptable working arrangement. |

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| 7. If your application is successful, will you be the only trainer in your practice? Yes ❒ No ❒  If no, do you propose to job-share with another qualifying doctor in your practice? Yes ❒ No ❒  If yes, please explain below the proposed training arrangement. Please describe current training arrangements if any and proposals for new arrangements.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If no, do you propose to have two or more trainers in the practice each on a 1:1 apprenticeship model?  Yes ❒ No ❒  If yes, please explain below the proposed training arrangement. Please describe current training arrangements if any and proposals for new arrangements.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please comment on your commitment to attend Trainers Workshops  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you self-employed? If not, please refer to employment and executive powers with regard to plans to train.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please comment on your ability to provide 2 hours dedicated teaching every week.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

8. What experience do you have as a teacher in the last five years?

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List also any teaching qualifications you may have.

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Please also give details of any other teaching responsibilities you currently discharge *(undergraduate medical students, any other postgraduate teaching work)*

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Other Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Please describe how you intend to provide a workload suitable for the trainee’s educational needs during daytime work.

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How will you discharge the supervision responsibility when you are on leave?

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Please describe your current OOH arrangement and commitment. (please name the co-op if this is applicable).

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Trainers are required to supervise the Reg in OOH in order to determine their competency. Please describe how you intend to provide the required amount of Out of Hours experience (120 hrs per year) for your trainee?

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Please comment on supervision and de-briefing arrangements for trainee's Out of Hours work

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**10.** Please list any other professional qualifications achieved since becoming a principal in

general practice, which are relevant to the role of a trainer.

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**12.** Please list any published research you have carried out, and any other publications relevant to

General Practice or teaching.

Please provide a citation (preferably Vancouver style) or append a copy.

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**11.** Please list any other professional appointments (academic or clinical), indicating dates, you have held or currently hold.

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**14.** Please give the title of a recent practice-based audit you have completed for PCS purposes and append a copy of the write up of this audit.

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**15.** Please describe the practice system for ensuring safety in repeat prescribing.

*(Please attach a written protocol if you wish)*

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**13.** How do you assess and fulfil your own continuing professional educational needs?

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**18.** Please confirm you have an up-to-date practice safety statement. (Attach if you wish)

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**17.** Please describe how you plan to arrange training of your trainee in practice management.

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**16.** Please describe the practice system for ensuring safety in clinical investigation management.

(Please attach a written protocol if you wish)

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**19.** Is there something you would like to tell us to support your application? Please limit

your content to 200 words.

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**Declaration:**

I declare that all information provided on this application is true.

If appointed I understand that my practice will be re-accredited every two years. My training contract is subject to continuing re-accreditation as a training practice by ICGP.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return the completed form to: HSErecruitment@cpl.ie

The closing date for receipt of applications is 24th April 2025 at 12noon