



**THE ROYAL AUSTRALIAN  
COLLEGE OF  
GENERAL PRACTITIONERS**

**Practice Based Assessment  
Handbook for Candidates**

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## Section 1:

### Introduction to Practice Based Assessment

Practice based assessment (PBA) is an alternative assessment process for general practitioners who wish to achieve Fellowship of the Royal Australian College of General Practitioners (FRACGP). Currently the program is only open to candidates who qualify via the Practice Eligible route actively working in general practice.

#### Eligibility

**To be eligible for enrolment within PBA a candidate must meet the following criteria:**

- have a minimum of four years full time approved general practice experience, (or its part-time equivalent pro rata), and be within 12 calendar months of meeting the time requirements for the award of Fellowship
- at least one year of which must be general practice experience gained within Australian general practice
- be a current financial Associate or Member of the RACGP before enrolment, during PBA and up until the award of Fellowship
- be in active general practice within Australia
- have current medical registration within Australia
- have successfully completed a basic CPR course and be valid within the 36 months of the opening date of enrolments

#### Practice Based Assessment Timeline

Please see the timelines for the submission of the three PBA modules at <http://www.racgp.org.au/assessment/faqs>.

#### Practice Based Assessment fees

Please see the PBA enrolment fees at <http://www.racgp.org.au/assessment/faqs>.

#### Additional Expenses to Candidates

In addition to the enrolment fees, candidates are responsible for reimbursement of examiner travel and possible accommodation costs for the Viva and Examiner Clinical Visit (ECV) modules of the assessment. Invoices of reimbursement will be sent to candidates about 4 weeks prior to the release date of results. Results will be withheld until such time as the candidate pays all monies in full.

Candidates are also responsible for the cost of hiring / purchasing / providing their own video and recording equipments for their Recorded Consultations segment.

## Extension and Withdrawal

Candidates whose circumstances change following enrolment resulting in the need to withdraw their PBA enrolment are able to apply for withdrawal. Enrolment withdrawal request is required and must be submitted in writing to the Manager of College Admissions. A withdrawal fee may apply if the written withdrawal request is received at the Assessment Department 30 days or more before a Viva exam / ECV exam is scheduled. There is no refund of enrolment fee if withdrawal written request is received at the Assessment Department 29 days or fewer than the scheduled date(s) of the Viva exam / ECV exam, unless evidence of inability to present for the exam is provided under the Special Consideration Policy. Candidates may apply for special consideration for an enrolment refund (less withdrawal fee) on the provision of evidence of extenuating circumstances. For further information please refer to the Special Consideration Policy at <http://www.racgp.org.au/assessment/policy>.

For the PBA withdrawal fee, please refer to the Withdrawal from Enrolment in College Assessments Policy at <http://www.racgp.org.au/assessment/policy>.

In the event that you are part way through the stream and submitted one or two modules but are unable to complete your PBA stream within the allocated PBA stream timeframe, you are able to apply for an extension into the next stream. Written request is required and must be submitted to the Manager of College Admissions for an application for a six month extension in PBA. There is a cost for a six month PBA extension. Please refer to the Withdrawal from Enrolment in College Assessments Policy on the PBA withdrawal and extension fee schedule at <http://www.racgp.org.au/assessment/policy>.

Candidates must successfully complete all three PBA modules within a 3-year cycle of passing the first module otherwise they will need to commence a new cycle. Please refer to the PBA pathway at <http://www.racgp.org.au/assessment/pathways> for further information.

## Extended Candidates

Candidates who extend their PBA assessments to the next stream are required to submit a current copy of medical registration and a current CPR certificate to continue with their PBA administration at the commencement of the next stream.

If a candidate is unable to complete their extended PBA modules but choose to continue to complete their PBA in future, they are required to withdraw from the extended stream and they must re-enrol through the normal process in future. Candidates must successfully complete all three PBA modules within a 3-year cycle of passing the first module otherwise they will need to commence a new cycle. If a candidate who was granted an extension chooses not to continue with their PBA assessments prior to the commencement of the extended stream, they are required to withdraw from the extended stream. Written request is required for an enrolment withdrawal, and a refund of the PBA enrolment fee. A withdrawal fee may apply. Further information about withdrawal and other policies can be found at: [www.racgp.org.au/assessment/policy](http://www.racgp.org.au/assessment/policy).

## Enrolment

Intending candidates must complete the enrolment online process at [www.racgp.org.au/assessment/examination](http://www.racgp.org.au/assessment/examination) during the enrolment intake period. When you have completed the online enrolment process, an enrolment form will be emailed to you, if you are deemed an eligible candidate. You must complete all sections of the enrolment form and submit your enrolment form and required documentation via post by the closing date of enrolment.

Candidates enrolling in the PBA assessments for the first time, and candidates enrolling in the PBA who have enrolled in a previous PBA stream but have not passed (yet to be successfully completed) modules, are required to enrol in all incomplete PBA modules in one stream.

Candidates who are re-enrolling in PBA modules and are awaiting results will not be permitted to sit for those PBA modules until their ratified result is known.

Candidates are permitted to enrol into **only** one PBA enrolment stream during an enrolment intake period.

Candidates are **not** permitted to re-enrol into future PBA streams or into other pathways to Fellowship while currently undertaking PBA, unless all submissions have been made and the candidate is waiting for the results. Please see further information on the PBA pathway at <http://www.racgp.org.au/assessment/pathways>

The Completed Enrolment Form is to be addressed to:

Assessment Services Administrator – Practice Based Assessment  
RACGP Assessment Department  
1 Palmerston Crescent  
SOUTH MELBOURNE VIC 3205

The following information must also be submitted with your Enrolment Form:

- A Letter of Approval from the RACGP Censor-in-Chief, indicating your **four (4)** years full-time approved Australian equivalent general practice experience, of which **one (1)** year was gained in Australian general practice.
- A **certified** copy of your current Certificate of Australian Medical Registration (it must show an expiry date).
- A **certified** copy of your current Certificate of Basic Cardiopulmonary Resuscitation (this must be valid within 36 (thirty-six) months of the opening date of enrolment, and show the date you undertook the training) Please refer to the CPR requirements at <http://www.racgp.org.au/assessment/faqs> for further information.

Enrolment will only be considered if accompanied with full payment.

## Confirmation of enrolment

Upon receipt of the enrolment application the Assessment Services Administrator will verify the information, including the eligibility requirements, before the application is formally accepted.

Assessment Services Administrators can be contacted by telephone on 1800 626 901, or by email [assessment@racgp.org.au](mailto:assessment@racgp.org.au)

Candidates will receive written confirmation after the enrolment is processed and will receive a receipt for the payment of the enrolment fee.

Candidates who do not meet the eligibility requirements for enrolment will be notified. If the requirements are subsequently completed and enrolment is re-submitted by the closing date, processing will continue.

## **The Professional Portfolio**

The Professional Portfolio is a collection of material that presents information on the candidate's experience in general practice.

The Professional Portfolio must include:

- a current certificate of proficiency in adult cardio-pulmonary resuscitation (CPR)
- names and contact details of 25 peers
- practice profile.

Additional information may include evidence of (up to 10 pages):

- critical appraisal of recent journal articles
- any research you have conducted
- procedural training that has not already been submitted
- involvement in community activities
- involvement in Public Health activities
- involvement in teaching within the profession.

The purpose of the Professional Portfolio submission is to assess the depth and breadth of your experience in general practice and to gain an understanding of the environment in which you work through the stated segments.

## **Cardio-Pulmonary Resuscitation (CPR)**

Candidates are required to provide a certificate of proficiency in adult CPR that has been obtained within 36 months of enrolling in PBA.

All doctors should be able to perform adult CPR in case they are confronted with an emergency in their practice or in their day-to-day life. CPR is a skill that may not be used very often by practising general practitioners but can be life saving.

## **Peer Rating Forms**

Peer rating is one method used for assessing a doctor's performance. For the purpose of PBA, candidates are required to submit a list of 25 peers who have given you permission to forward their details to us and are willing to complete a short questionnaire. From this list, 12 will be chosen and asked to complete the peer rating form (PRF). (Appendix A).

You should seek agreement of all 25 peers before nominating them for this task. Please ensure that you provide the full name and address details for each nominated peer, to ensure they can be contacted within the timeframe required for this segment. Your peers will return the rating form directly to the Assessment

Department in a reply paid envelope. A copy of a PRF and the letter we send to your peers are included in Appendix B.

A peer, for the purpose of this assessment, is a person with whom you have shared the care of patients within the last year. This person can be:

- a medical practitioner (e.g. a specialist, another GP)
- a registered nurse
- an allied health professional (e.g., a pharmacist, an occupational therapist, a physiotherapist, etc).

Peers may be people with whom the candidate has worked with at previous practices or in previous geographical locations. They can also be professionals with whom the candidate has had extended interaction either by correspondence or telephone. It is advantageous for you to use a range of peers, although it is recommended that between 6 and 15 are medical practitioners.

Information in the PRF is strictly confidential and will not be released to the candidate under any circumstances. Candidates will be contacted only if the required numbers of peers have failed to respond by the closing date for this segment. In the event of such an occurrence, the candidate will be asked for the names of additional peers to complete this segment.

### **What are peer rating forms?**

Peer rating forms are a relatively new concept in Australia and have been adapted from those used by the American Board of Internal Medicine. Research has shown that PRFs can provide a “practical method of assessing clinical performance in areas such as humanistic qualities and communication skills that are difficult to assess with other measures”.<sup>1</sup>

### **What is the purpose of the peer rating form?**

The purpose of the PRF is to assess additional aspects of medical practice such as respect, integrity and compassion as seen by other practitioners and allied health professionals.

### **The Practice Profile**

This is designed to give examiners some understanding of candidate’s practice and organisation. It will be scrutinised by an examiner to assist the planning, development and timing of each candidate’s ECV and Viva. This must be submitted in **triplicate** (Appendix C).

All components of the Professional Portfolio must be received by 5pm on the advertised closing date of the submission of the Practice Profile at RACGP Assessment Department, Assessment Services Administrator – PBA, 1 Palmerston Crescent, South Melbourne, Vic 3205.

Components that are not received by the closing date or are incomplete will render the candidate ineligible to proceed with Practice Based Assessment.

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<sup>1</sup> Ramsey PG et al. Use of peer ratings to evaluate physician performance. *JAMA*. 1993; 269, pp1655-1600  
PBA Handbook  
1 March 2011

## Section 2:

### Practice Based Assessment Modules

Practice Based Assessment consists of three main modules:

- Module 1. Examiner Clinical Visit (ECV)
- Module 2. Recorded Consultations
- Module 3. Viva

The three modules are designed to assess competence to undertake unsupervised general practice in Australia.

Candidates are required to undertake all segments within the modules. These segments are expected to be sat during the one stream. If unsuccessful, credits can be carried, to the next stream. A candidate is required to complete all segments within a 3-year cycle of passing any segment otherwise they need to start again. The 3-year cycle commences on the first successful completion date of a module and concludes on the third anniversary of that date. Credits for each successfully completed module accumulate during the cycle.

### Recorded Consultations

#### Requirements

- i. In this segment, the candidate is required to record **90** consented consultations in the candidate's practice and simultaneously keep a logbook (Appendix D).
- ii. The logbook is to be submitted with the recorded consultations.
- iii. Candidate photographic ID is required for this segment; a certified copy is to be submitted with the logbook.
- iv. The consultations **must** be recorded on **DVDs only (no VHS and CDs)**. It is estimated that completing the logbook will add no more than two minutes to the end of each logged consultation.
- v. Candidates, or their staff, must obtain **informed written consent** from their patients prior to recording the consultations. (Appendix F).
- vi. Candidates should seek to include as much physical examination as possible on the recording of a consultation, within the limits of patient consent. Discretion should be used in examination of a private nature.
- vii. 15 consultations will be selected for assessment by two examiners. The consultations are selected to represent the patient population of Australian general practice and are based on the International Classification of Primary Care (ICPC) chapters and appropriate age and gender mix.
- viii. Only consultations between 8-20 minutes in length will be assessed.
- ix. All consultations must be undertaken in English, or with the use of a professional interpreter who is clearly audible throughout the recording.
- x. Consultations need to be clearly and accurately logged.

An accurate and legible logbook of the recorded consultations including:

- patient identification number, age and sex
- primary complaint
- other complaints

- new patient to practice
  - established patient with a new problem
  - established patient with a follow-up problem
  - DVD(s) number
  - duration of consultation.
- i. An example of a correctly filled out logbook is provided in Appendix E. If the logbook is inaccurate for any reason it will be returned to you for re-logging. If this occurs outside of the closing date for this segment the candidate will be asked to withdraw and pay any fees that are applicable.
  - ii. When submitting consultations on DVD(s), details of each consultation, including the location and 'chapter' breaks on the DVD, must be clearly listed in the logbook. All DVDs are clearly marked with your name, RACGP ID number and the DVD number.
  - iii. The consultation recordings **must** be in one of the following formats: **AVI; DIVX; MOV; MPEG; MPG; MP4**. To ensure all examiners can view the consultation recordings, other consultation recordings formats apart from the formats mentioned above will not be marked and returned to you for re-submission the 90 required consultations. If this occurs outside of the closing date for this segment, examiners will refuse to assess this segment and the candidate will be asked to withdraw from PBA and pay any fees that are applicable.

**Two** copies of the recorded consultations and logbooks are to reach the College by **5pm** on the closing date.

This requirement highlights the importance of the accuracy and legibility of candidate recorded consultations logbooks. Examiners have the task of locating the selected consultations from the logbook provided by candidates.

It is essential that you keep a copy of the recordings and logbooks in case of loss or damage in the post. It is also essential that you send your recordings via **registered mail** or courier service so that you can track their progress.

Address the package to:

"Private and Confidential"

Assessment Services Administrator – Practice Based Assessment

Assessment Department

The Royal Australian College of General Practitioners

1 Palmerston Crescent

SOUTH MELBOURNE VIC 3205

You will be notified when the package is received. The DVDs will be returned to you following the completion of PBA.

**\*\* All candidates are advised to commence recording at their earliest opportunity to allow for any unforeseen delays in recording the 90 required consultations\*\***

### **What is the purpose of recorded consultations?**

The use of recorded consultations is a teaching method that has been used for many years in the training of general practice registrars. Recorded consultations as an assessment method are used to assess the performance of doctors in a clinical setting.

The objective of recorded consultations is to assess applied knowledge, clinical reasoning, clinical skills, communication skills and professional attitudes in the context of consultations.

Assessment of communication and medical performance in daily practice by video observation has been shown by Ram to be both valid and reliable. He has also shown that it can “play an essential role in improving the quality of care general practitioners provide to patients”<sup>2</sup>. Viewing recorded consultations presents an opportunity to assess what candidates actually do in their consultations, and provides insight into the practitioner’s clinical performance.

Candidates have found that viewing their recorded consultations with a colleague or a GP mentor to be a valuable way of learning how to improve their consulting skills. You may find it valuable to preview your recorded consultations with a colleague in order to review your consultation style as well as gain tips on how to improve your consulting skills. It is also important to preview your recordings to ensure that picture and sound quality is good, as the examiners need to both hear and see the consultations in order to make an accurate assessment of what you are doing.

It is suggested that you review your recordings to:

- increase your learning
- review both audio and visual quality.

One way of looking at a consultation is to break it down into five main tasks for the doctor:

- discover the reasons for a patient’s attendance
- define the clinical problem(s)
- explain the problem(s) to the patient
- address the patient’s problem(s)
- make effective use of the consultation.

Some of the areas that are looked at by the examiners when assessing the recorded consultations include that the:

- doctor is enabling the patient to express their ideas, concerns and expectations freely, without interruption or contradiction
- doctor is appropriately exploring some of these in more detail, and the relevant medical questions that they raise
- patient is given every opportunity to become involved in the decision making process, including investigation, management, prescribing and follow-up; and
- doctor is aware of how much the patient has understood, and takes steps to ensure that the patient does understand appropriately.

### **How are the consultations assessed?**

There is no particular formula for consulting and different styles of consulting can achieve equally high ratings, provided they achieve the same ends.

What the examiner will be looking at is the behaviour of the doctor and the patient and how they relate to each other during the consultation. Assessment of the consultations is based on looking at outcomes:

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<sup>2</sup> Ram P, et al. Assessment of general practitioners by video observation of communicative and medical performance in daily practice: issues of validity, reliability and feasibility. *Medical Education* 1999; 33: 447-454.

- what information is passed
- how enabled is the patient to disclose their problems
- the extent to which the patient's health beliefs were revealed and how these were incorporated into the explanation; and
- the extent to which the patient shares in the decision making.

To help prepare for the recorded consultations, candidates are encouraged to think about how they consult, examine their own consulting by recording and review, and practise those techniques that lead to better consulting outcomes.

Appendix J incorporates a list of descriptors that are used as a guide for the examiners when marking the recorded consultations. These provide candidates with a guide of the categories of assessment.

### **What is the purpose of the logbook?**

Please take the time to familiarise yourself with how to complete the logbook, as accuracy is essential. The logbook will allow examiners to identify and locate certain consultations on your DVDs that will be viewed and marked by three independent examiners. It is important that the logbook is filled out accurately to enable the examiners to find the selected consultations.

The PBA Medical Educator will use the logbook to select consultations that are to be assessed by the College Examiners. It is intended that 15 consultations will be selected, according to criteria including the domains of general practice and ICPC chapter headings of primary complaint, age of patient, gender of patient and duration of consultation as seen in the Examination matrix. This can be viewed in the RACGP Assessment Handbook – Assessment Preparation Guide at:

<http://www.racgp.org.au/assessment/examination/preparation>.

In order to obtain sufficient content and observation time for analysis it is important to have a wide variety of consultations included in your recordings.

Candidates who have a sub-specialised practice or who conduct very brief or very long consultations should include greater variety in their recorded submission.

Where possible, do **not** record consultations that have little content e.g. vaccination sessions or multiple referral writing. Also, very long consultations e.g. health assessments should be kept to a minimum. Aim not to record two consultations consecutively even if the patients are in the room together. All of these consultation types are unlikely to be used for assessment and hence will decrease the number of consultations that can be used for assessment. Please remember to keep most of the consultations between 8 and 20 minutes.

### **What equipment will I need?**

You will need to organise all your own video equipment, which must include a wide angled lens on the video camera and a desktop microphone. This is to ensure better auditory and visual quality of your consultations. If examiners cannot adequately hear the verbal content of the consultations or see consultation clearly it may seriously disadvantage the candidate.

It is essential that new DVDs be used and recordings **must** be in one of the following format: AVI; DIVX; MOV; MPEG; MPG; MP4

We urge you to thoroughly familiarise yourself with the recording equipment to achieve high quality auditory and visual recordings of both communication and physical examination (with discretion) segments of your daily consultations. You may find it useful to conduct a 'mock-up' of a consultation with your practice staff to review sound and picture quality. We are unable to provide technical advice on how to use the video equipment. This is best done by contacting an expert in your local area.

See Appendix L for guidelines for setting up recording consultations.

### **Quality check for Recorded Consultations**

Candidates wishing to ensure their recording technique meet PBA requirements are invited to forward a sample of a recorded consultation in DVD format for a quality control check to the PBA Assessment Services Administrator.

### **The Viva and Examiner Clinical Visit**

During the Viva and Examiner Clinical Visit (ECV) the examiner will be in attendance at the candidate's practice. In some cases the examiner may also be staying in the town overnight. Though your hospitality to the examiner is appreciated, please do not be offended that they do not accept dinner or accommodation from you. This could be deemed as a conflict of interest.

Appendix J incorporates a list of descriptors that are used as a guide for the examiners when marking the ECV. These provide candidates with a guide of the categories of assessment.

### **Examiner Clinical Visit**

#### **What is an ECV?**

An ECV consists of an examiner visiting your practice and observing a general practice session with your patients.

#### **What is the purpose of the ECV?**

The ECV is an assessment method using direct observation by an examiner. Direct observation as an assessment tool makes it more possible to assess clinical reasoning and physical examination skills, which are often difficult to assess by observing videotaped consultations. Direct observation also provides the opportunity to assess other aspects of a doctor's performance such as time management, establishment of long-term relationships between doctor and patient, problem solving ability and continuing management of existing problems.

#### **Requirements:**

- Minimum of **10** patients are to be booked in for the observation session
- Candidates must seek patients' **informed written consent** for their consultation to be observed by an examiner prior to the consultation commencing. A sample Patient Consent Form is attached (Appendix H)

- Candidates must not pre-determine specific patients to be seen on the day of the ECV, or coach patients in any way prior to the ECV. This action would be considered to be misconduct and may lead to disqualification. Please refer to *Candidate procedures and policies for Conduct* on Section 3. The candidate is not permitted to request patients attend the practice for the sole purpose of the ECV. If the patient were to return that day for review then this would be acceptable.
- Practice staff may be asked to inform patients as they make appointments that an examiner will be present at the consultation. Patients can then consent or re-scheduled if they wish. It will be of advantage to candidates to have a variety of patients booked in for consultations on the day. If the candidate is required to perform a practical procedure during the session, the examiner will observe the procedure. It would be inappropriate to organise an “Influenza Vaccination Day” on the day that the examiner visits the practice as there is little opportunity to demonstrate skills in this setting
- Candidates must be available at their practice at least 30 minutes before the scheduled commencement time for the examination
- Candidates must provide a suitable environment for the conduct of the Examiner Clinical Visit. The candidate is also required to provide an area in the consultation room for the visiting examiner to sit during the assessment session
- The examiner will observe candidates for a period of **three and a half hours** in their practice
- Candidates must present primary proof of identity to the visiting examiner at the commencement of the examination. A primary proof of identity document must confirm the identity of the candidate and can include one of the following:
  - i. Australian passport in the candidate’s name and not expired more than 2 years
  - ii. current overseas passport
  - iii. current Australian photo driver’s licence
  - iv. proof of Age or Identity Card issued by a State Police Force
  - v. current Student Identity Card
  - vi. any other entitlement or identity card issued by the Commonwealth or State government, which carries a photograph of the candidate

A candidate who does not hold any of the primary proof of identity documents listed above should contact the RACGP Assessment Department at least 14 days prior to the date of the ECV

- The candidate must provide the examiner with a patient summary for each of the patients being seen during that session
- The ECV will not be video recorded instead both candidate and examiner will sign a logbook containing identification of all patients seen during the session and their presenting complaint at the conclusion of the ECV. This logbook is kept as a record of the ECV, and retained by the Assessment Department

- Candidates are requested not to discuss the consultation with the examiner during the observation period. The examiner is purely an observer
- All consultations must be conducted in English or with the assistance of a qualified interpreter that can be heard and understood by the examiner
- The ECV must be held within the specific period for this segment of PBA, or the candidate will be ineligible to proceed with PBA
- Candidates are responsible for the reimbursement of the examiner's travel (in addition to accommodation if applicable) expenses, and such expenses must be paid in full before the ratification of results for PBA. Invoices of examiner reimbursement will be sent to candidates about 4 weeks prior to the release date of results. Results will be withheld until such time as the candidate pays all monies in full
- The candidate will be contacted by the Assessment Services Administrator to arrange a date for the ECV that is suitable for the candidate and examiner.

## The Viva

### What is the Viva?

The Viva uses the candidate's practice profile and general practice consulting trends to formulate an oral examination comprised of **20, two-part questions**, which will need to be answered in **two hours**. This includes a universal allowance of 30 minutes. The candidate is required to answer each question. Notes can be taken during the Viva but these must be handed to the examiner at the end of the Viva so that they can be destroyed. If uncertain of the answer, the candidate should inform the examiner and they will return to that question at the end of the Viva if time permits. The Viva will be given in two 60-minute segments with a 10-15 minute break in between if chosen, but the candidate will not be allowed access any written material during that time. Sample Viva questions and answers are provided – Appendix I.

The Viva will be video recorded and the candidate is required to sign a consent form allowing the video recording of the Viva by the examiner. See Appendix G.

The RACGP will provide its own video camera and other recording equipments to the appointed examiner for video recording of the Viva segment on the examination day.

The recorded Viva examination is to be assessed by College examiner(s) and is to be retained by the Assessment Department until such time it will then be erased. The videotaped Viva examination can not be release to, or be obtained by candidates or any other external parties.

### What is the purpose of the Viva?

The aim of the Viva is to assess applied professional knowledge and skills, clinical decision-making, health promotion, continuity of care, practice management and medical record keeping. It assesses what the candidate actually does in clinical practice, such as:

- how the candidate manages patients
- current diagnostic and management techniques for general practice treated conditions
- health promotion techniques
- practice management skills; and ability to communicate with peers.

The Viva will be based upon the candidate's practice profile but not directly upon individual patients.

**Requirements:**

- Candidates must be available at their practice at least 30 minutes before the scheduled commencement time for the examination, and provide the examiner with access to a suitable room for the preparation and conduct of the Viva Examination
- Candidates must provide a suitable environment for the conduct of the Viva Examination, including appropriate space for the examiner to set up his/her video equipment, comfortable temperature, auditory and visual privacy, two chairs and one table/desk. Candidates must be available to assist the examiner with setting up the video requirement if required
- Candidates must present primary proof of identity to the visiting examiner at the commencement of the examination. A primary proof of identity document must confirm the identity of the candidate and can include one of the following:
  - i. Australian passport in the candidate's name and not expired more than 2 years;
  - ii. current overseas passport
  - iii. current Australian photo driver's licence
  - iv. proof of Age or Identity Card issued by a State Police Force
  - v. current Student Identify Card
  - vi. any other entitlement or identity card issued by the Commonwealth or State government, which carries a photograph of the candidate.

A candidate who does not hold any of the primary proof of identity documents listed above, should contact the RACGP Assessment & Practice Standards Department at least 14 days prior to the date of the Viva Examination.

- Candidates must not bring any books, mobile telephones, computers, and any recording or electronic devices into the examination
- Examinations will be conducted in English. Candidates must answer all questions in English
- Candidates must not eat or smoke during any examination or otherwise disrupt the conduct of the examination
- Candidates must obey any instruction given by an examiner
- Candidates must not leave the examination room during the 120-minute Viva phase of the Viva Examination, unless given the express permission of the examiner, and accompanied by the examiner

- The Viva Examination must be held within the specified period for this segment of PBA or the candidate will be ineligible to proceed with PBA
- Candidates are responsible for the reimbursement of the examiner's travel (in addition to accommodation if applicable) expenses, and such expenses must be paid in full before the ratification of results for PBA. Invoices of reimbursement will be sent to candidates about 4 weeks prior to the release date of results. Results will be withheld until such time as the candidate pays all monies in full
- For the Viva Examination, candidates must not discuss any case used in the examination with any other doctor who may be a potential candidate.

## Section 3:

### Candidate Policies and Procedures for Conduct

Policies and procedures related to the conduct of the examination are detailed at [www.racgp.org.au/assessment/policy](http://www.racgp.org.au/assessment/policy). PBA candidates should be aware of the rules and regulations for conduct of the examination.

#### Special Consideration on medical grounds

A candidate may apply for special consideration if they have medical problem or other serious problem they feel is likely to impair their examination performance, or will result in their being unable to sit the examination by applying in writing to the Censor-In-Chief.

The process to apply for special consideration is outlined in the 'Special Consideration Policy' available on the RACGP website at [www.racgp.org.au/assessment/policy](http://www.racgp.org.au/assessment/policy).

#### Academic Misconduct

The College will not tolerate cheating, collusion, impersonation, disruption, engaging in prohibited activities that affect the academic validity of the assessment process, making false statements, presenting falsified or false documents, and other forms of academic misconduct. Penalties will be issued to candidates who instigate or participate in academic misconduct.

Further information of Academic Misconduct is outlined in the 'Academic Misconduct Policy' on the RACGP website at [www.racgp.org.au/assessment/policy](http://www.racgp.org.au/assessment/policy).

#### Request for Reconsideration

Candidates may request procedural error clarification if they believe there has been a procedural error or administrative error during the examination.

#### Administrative error

Administrative error includes:

- Incorrect information or instructions being given to a candidate during an assessment process or instructions that are not correctly available to a candidate. For example, incorrect information or instructions being given to a candidate during the Viva examination
- Loss of part or all of the Recorded Consultations by the College.

#### Procedural error

Procedural error includes:

- A candidate being given less than the allotted time to complete the examination or other process irregularities.

A procedural error has not occurred where a candidate receives the correct information but misinterprets or misunderstands that information.

Incidents that would not be regarded as procedural errors would include:

- The examination not starting at the scheduled time or being delayed. This is not a procedural error if the correct time is allowed for once the examination is commenced.

If a candidate believes that there has been an administrative / procedural error, they should inform the examiner or by contacting the PBA assessment services administrator on the examination day of the alleged error and an incident report form will be given to the candidate to complete at the same time and submit to the examiner on the day. This will benefit the candidate, as it will be used as substantiating evidence.

The process for reconsideration does not include the examination paper being re-marked.

The process considers the overall result of the candidate, the circumstances, of the actual incident and the possible impact of the incident on the performance of the candidate. Reconsideration will **not** be conducted on the grounds of an alleged error in content or marking of the examination, nor on the basis of personal expectation of performance.

For example: during a clinical case at the Viva examination you feel that the explanation regarding your treatment of a particular problem is correct, but the examiner requests other management. A request for procedural errors clarification or use of the censor in chief's appeal committee, based on the presumption that this case has been marked incorrectly will not be considered.

All applications must be made in writing to the Censor-In-Chief no later than 10 working days after the publication of results (together with any relevant supporting documentation) to be received by the RACGP Assessment Department, attention to the PBA assessment services administrator.

The process to apply for procedural error and reconsideration is outlined in the 'Board of Censors' Decisions Reviews Policy' on the RACGP website at [www.racgp.org.au/assessment/policy](http://www.racgp.org.au/assessment/policy).

Further information of procedural error and reconsideration is detailed on Page 5 – 7 of the "Assessment performance reporting" section of the RACGP Assessment handbook for candidates at <http://www.racgp.org.au/assessment/policy>.

### **Outcomes from Procedural Errors**

In the event of a procedural error the following outcomes are the most likely:

- i. opportunity to resit a subsequent scheduled examination, e.g. Viva examination, in the next PBA stream cycle
- ii. opportunity to resit a subsequent scheduled examination at a reduced fee or no additional fee, e.g. a free re-sit Viva examination, in the next PBA stream cycle
- iii. Other outcome as deemed appropriate by the Censor-In-Chief or his / her delegate

### **Board of Censors' Decisions Reviews**

In the event that a decision or finding against a candidate is upheld during reconsideration, the matter will only progress to review by the Board of Censors'

Decision Review Committee with a further request from the applicant. However, before progressing to review, the candidate will be notified of the decision to uphold the original decision, and given the opportunity to accept that decision.

The process to apply for a review of a Decision Procedures is outlined in the 'Board of Censors' Decisions Reviews Policy' on the RACGP website at [www.racgp.org.au/assessment/policy](http://www.racgp.org.au/assessment/policy).

### *Appeals*

The Appeals policy describes rules governing how reconsideration and review processes must be followed and exhausted before appeals processes can be implemented. Applications for appeals will not be accepted, and appeals will not be heard, unless all avenues for reconsideration and review of decisions have first been exhausted.

The processes to request reconsiderations, reviews and appeals are available in the 'Appeals Policy' on the RACGP website at [www.racgp.org.au/assessment/policy](http://www.racgp.org.au/assessment/policy).

### **Examination Results and Feedback**

A list of successful candidates for PBA, identified by RACGP number, will be released on the RACGP website on the scheduled date of the publication of results. Please refer to the PBA timelines for the date of results ratification at <http://www.racgp.org.au/assessment/faqs>).

In the event the Board of Censors have determined that further assessment would be required of the candidate's assessment during ratification of results, written notification will be posted to the candidate on the scheduled publication of results date, notifying that further assessment is required and a formal letter of results will be confirmed and forwarded to the candidate once further assessment has been completed.

Verbal feedback of results can be requested by the candidate from the censor in each state. This verbal feedback process is available by appointment and commences ten working days after the publication of results. Please refer to [www.racgp.org.au/contact](http://www.racgp.org.au/contact). College censors give verbal feedback on areas in which candidates performed well, as well as the areas of concern. Candidates who fail assessment processes are advised to avail themselves of this service.

Please note that candidates who apply for reconsideration of assessment results or who use the censor in chief's appeal committee will not be eligible for verbal feedback until these processes are complete.

### **Strategies for preparation**

There is considerable evidence in the literature that assessment drives learning. PBA aims to drive learning in the direction of improving the quality of Australian general practice.

The first question a potential candidate should ask is "What is Australian general practice?" The answer to this question will provide insight into the knowledge, skills and attitudes that are relevant to everyday practice, and therefore to PBA. The RACGP Training Program Curriculum was written to act as a guide to the

knowledge, skills and learning experiences that are necessary for competent, unsupervised general practice.

For this reason many candidates find it useful to refer to the RACGP Training Program Curriculum and the Companion to the RACGP Training Program Curriculum to guide their preparation for PBA.

A more formal method to review your practice profile is taking part in BEACH (Bettering the Evaluation and Care of Health). The frequency and patterns of problems as they present to general practice (see BEACH data) should also be considered during PBA preparation. The questions used in PBA aim to reflect the frequency of problems as they occur in Australian general practice. Candidates may therefore find it useful to compare their practice profile with that of other practitioners by reviewing the practice using the log diary of 100 consecutive patients. Comparing your practice profile with the BEACH data may assist you to identify learning needs. For example, if you see very few paediatric cases, you may wish to undertake further study in paediatrics in order to prepare for PBA. This study may include organising some sessions in a facility with a paediatric population, as well as reading journals and attending lectures and workshops.

Training for general practice occurs in the work setting; not in the library. Similarly, preparation for assessment of general practice should occur in the practice setting.

In approaching any assessment it is important to understand not only the format, but also the objectives of each segment. Through a better understanding of what is being assessed in each segment, preparation (and actual practice) can be “geared” along these lines. Each segment has different objectives:

The Recorded Consultations assess applied knowledge, clinical reasoning, clinical skills, communication skills and professional attitudes;

The Viva assesses applied professional knowledge and skills, clinical decision making, health promotion, continuity of care, practice management and record keeping;

The ECV assesses much the same as the recorded consultations however provides more scope for assessing physical examination skills.

PBA does not solely assess book knowledge; rather it aims to assess how this knowledge is applied to everyday situations involving patient care. The actual processes of patient care and doctors’ attitudes are also important aspects of this assessment.

PBA examines the competencies that the candidate would use in actual practice.

Valuable preparation is “reflective general practice”. This can be done during and after actual patient contacts in everyday work. Candidates should reflect and self assess performance with each patient seen during a day’s consulting.

Reflection and self-assessed may include asking:

- How well did I listen?
- Did I obtain sufficient history from the patient?
- Did I perform a relevant and accurate physical examination?
- Did the patient understand my management plan?
- Did I allow the patient to be involved in his or her own management?
- Were there any preventative issues I should have considered?

- What family and community resources would help me in managing this patient better?

By honestly answering these and many more related questions, the candidate can become more aware of their own performance in general practice and change any aspects they consider appropriate. Beyond PBA, successful candidates will find the continual asking of these questions useful for continuing professional development and quality assurance. By performing well in actual practice it becomes easier to translate these behaviours into PBA situations. It may be helpful to invite a trusted colleague to provide constructive feedback on consultations. This can be achieved by asking a colleague to spend some time watching a consultation, either in the practice, or via videotape. It is also worthwhile for the candidate to view the recorded consultations. It is helpful to use the rating form in Appendix J as a guide. Such activities would of course require informed patient consent.

### **Example questions and example of marking sheet proforma**

The Candidate Guidelines includes sample Viva questions. Appendix J incorporates a list of the descriptors that are used as a guide for examiners when marking the recorded consultations and ECV.

### **Security of PBA material**

Information about PBA is currently provided through the Practice Based Assessment Guidelines for Candidates, the Information Leaflet on the College website and in advertisements in College publications and faculty newsletters. This provides equitable access to information about PBA.

To be fair to all candidates it is imperative that PBA material is kept secure at all times. Candidates who seek to assist colleagues in current or future assessments may unwittingly mislead and therefore disadvantage these candidates. There is specific potential for this to occur where cases appear similar, but in fact vary significantly. Furthermore, the high ethical standards of medical practitioners should prevent a candidate providing information which might bestow an advantage to another candidate.

Assessment Panel Chairs provide information covering process, technique and content of PBA in generic terms using International Classification of Primary Care 2 chapter headings, e.g. ENT, cardiovascular, paediatrics.

PBA material is not to be released under any circumstances without the prior approval of the RACGP Censor-in-Chief.

### **What resources are available to assist me in completing PBA**

Many activities, which are promoted through the RACGP Quality Assurance and Continuing Professional Development Program (QA&CPD), may also be useful to you for preparation of PBA. These include clinical audits, clinical attachments, lectures, workshops, small group learning and CD Rom programs. While this is not a comprehensive list, it indicates the breadth of educational material available to candidates.

For more details please view the RACGP Assessment Preparation at [www.racgp.org.au/assessmentpreparation](http://www.racgp.org.au/assessmentpreparation).