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PEER RATING FORM – Candidate’s list of peers

Please return as soon as possible marked Private and Confidential to:

Assessment Services Administrator - Practice Based Assessment
 Assessment Department
 The Royal Australian College of General Practitioners
 1 Palmerston Crescent
 SOUTH MELBOURNE VIC 3205

Please type with clear and complete postal addresses.

Candidate’s Name: _____

Candidate’s RACGP Number: _____

No	Name	Qualifications	Address	Phone
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Appendix A

No	Name	Qualifications	Address	Phone
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				

Appendix A

No	Name	Qualifications	Address	Phone
22.				
23.				
24.				
25.				

PEER RATING FORM

You have been asked by Dr _____ to complete a peer rating form. This is part of this medical practitioner's Practice Based Assessment for Fellowship of the Royal Australian College of General Practitioners. You must submit the rating form directly to the College in the envelope provided. All information is strictly confidential and is not released to the candidate under any circumstances. The candidate has notified the College that you have been asked to complete a peer rating form.

TIME IS CRITICAL TO THIS ASSESSMENT, SO PLEASE RETURN THIS FORM IMMEDIATELY.

Candidate Name: _____

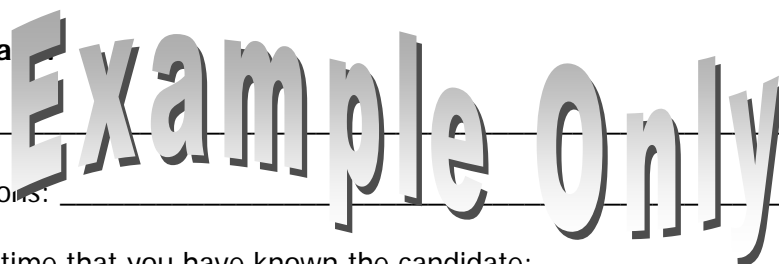
Candidate Identification Number: _____

Peer Data

Name: _____

Qualifications: _____

Length of time that you have known the candidate: _____



EXAMPLE

On the following chart, please rate this medical practitioner in comparison to other medical practitioners with whom you have worked. Circle one rating response per item. Circle the appropriate number between 1 and 9 where 1 is the lowest rating and 9 is the highest rating. If you have had insufficient contact with the medical practitioner to evaluate him/her on a particular characteristic circle UA (unable to evaluate).

Example only you are not required to complete.

<i>Responsiveness to Patients</i>									
1	2	3	4	5	6	7	8	9	UA
Unresponsive to patient's needs and wishes					Very responsive to patient's needs and wishes				
A score of 1 would indicate that Dr X is the worst medical practitioner with whom you have worked in his/her responsiveness to patient's need and wishes. A score of 2 would indicate that Dr X is among the bottom few medical practitioners with whom you have worked in this characteristic					A score of 8 would indicate that Dr X is among the top two or three medical practitioners with whom you have worked in his/her responsiveness to patient's needs and wishes. A score of 9 would indicate that Dr X is the single best medical practitioner with whom you have worked in this characteristic				

Candidate Name:

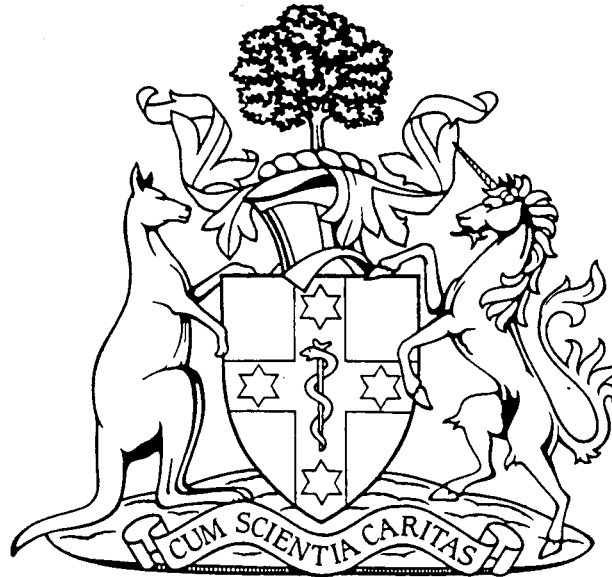
Candidate RACGP Number: _____

Respect										
1	2	3	4	5	6	7	8	9	UA	
Shows inadequate personal commitment to honouring the choices and rights of other persons, especially regarding their medical care					Always shows exceptional personal commitment to honouring the choices and rights of other persons, especially regarding their medical care					
Medical Knowledge										
1	2	3	4	5	6	7	8	9	UA	
Limited and fragmented					Extensive and well-integrated					
Ambulatory Care Skills										
1	2	3	4	5	6	7	8	9	UA	
Very poor ability to diagnose and treat patients, and coordinate care in the general practice setting					Excellent ability to diagnose and treat patients, and coordinate care in the general practice setting					
Integrity										
1	2	3	4	5	6	7	8	9	UA	
Shows inadequate commitment to honesty and trustworthiness in evaluating and demonstrating own skills and abilities					Always shows exceptional commitment to honesty and trustworthiness in evaluating and demonstrating own skills and abilities					
Psychosocial Aspects of Illness										
1	2	3	4	5	6	7	8	9	UA	
Does not recognise or respond to psychosocial aspects of illness					Recognises and responds to psychosocial aspects of illness					
Management of Multiple Complex Problems										
1	2	3	4	5	6	7	8	9	UA	
Very limited ability to manage patients with multiple complex medical problems					Excellent ability to manage patients with multiple complex medical problems					
Compassion										
1	2	3	4	5	6	7	8	9	UA	
Shows inadequate appreciation of patients' and families' special needs for comfort and help, or develops inappropriate emotional involvement					Always appreciates patients' and families' special needs for comfort and help, but avoids inappropriate emotional involvement					
Responsibility										
1	2	3	4	5	6	7	8	9	UA	
Does not accept responsibility for own actions and decisions, blames patients or other professionals					Fully accepts responsibility for own actions and decisions					
Management of Hospitalised Patients										
1	2	3	4	5	6	7	8	9	UA	
Very poor ability to diagnose and treat patients and coordinate care in an inpatient setting					Excellent ability to diagnose and treat patients and coordinate care in an inpatient setting					
Problem-Solving										
1	2	3	4	5	6	7	8	9	UA	
Fails to critically assess information, risks and benefits; does not identify major issues or make timely decisions					Critically assesses information, risks and benefits; identifies major issues and makes timely decisions					
Overall Clinical Skills										
1	2	3	4	5	6	7	8	9	UA	
Very poor overall clinical skills					Outstanding overall clinical skills					

Appendix C

Candidate's Name: _____

Candidate's RACGP Number: _____



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

PRACTICE BASED ASSESSMENT

PRACTICE PROFILE

IMPORTANT

Practice Profiles MUST be submitted in triplicate

The Practice Profile for Practice Based Assessment must be completed and received by the Assessment Department no later than the close of business on the advertised date.

Failure to comply with the closing date and requirements will mean withdrawal from Practice Based Assessment.

THE PRACTICE PROFILE

Name: _____ Candidate No: _____

Surgery Address: _____

Postcode: _____ Telephone No: _____

Frequency of Mail Delivery: _____

The Practice Profile will not attract any marks but will give the examiners some understanding of your practice and organisation. This will enable them to ask relevant questions of you during the examination.

1. Your position in the practice:

Principal Assistant Locum Other

2. Length of experience in general practice

3. Practice workload (average number of patients seen weekly):

4. Location of practice:

Capital City Provincial City Country Town Isolated

If isolated solo practitioner, distance from nearest colleague ____ kms.

5. Type of premises:

Hospital Health Centre Private Premises Other

6. Doctors in the practice:

Solo	
Group/Partnership	
If Group, Number in Group	
Other	

7. **Your obstetric commitment:**

Do you do confinements? Yes No

Do you do antenatal and/or ost Natal Care? Yes No

8. **List any special sessions:**

9. **List any areas of special interest or expertise:**

10. **Practice equipment that you use:**

11. **Clinical facilities to which open or direct access is not available:**

12. **Positions held outside the practice:**

13. Patient profile

Out of 100 patients, how many would you see in an average week:

- in the practice
- at their home
- in a nursing home
- in hospital
- at another location (please specify) _____

Out of 100 patients, how many would you see in an average week who are:

- Caucasian
- Aboriginal
- Torres Strait Islander
- Other ethnic group, (please specify) _____
- Other ethnic group, (please specify) _____

Out of 100 patients how many would you see in an average week who are:

- female
- male
- aged 0-4 years
- aged 5-14 years
- aged 15-24 years
- aged 25-44 years
- aged 45-64 years
- aged 65-74 years
- aged >75 years

Out of 100 patients, how many would you see in an average week who are:

- itinerant
- infrequent attenders
- regular patients

List the five most common presentations you see in an average week:

List the five most common medical specialists that you refer to:

Appendix C

14. Referral profile

Do you refer to any of the following community health services?

Community Service	Yes	No	Not available
Aboriginal & Islander Health			
Aged Care & Disability Services			
Aged Care Assessment Team			
Breast Screening Services			
Child Health Services			
Community / Family Health			
Dental Clinics – School & Community			
Environmental Health			
Family Planning			
Health Promotion			
Home & Community Care			
Interpreter / Translator			
Mental Health Services			
Public Health Unit			
Sexual Health Unit			
Welfare Services			
Women's Health			

Do you refer patients to any of the following Allied Health Services? Please indicate for what main conditions or treatment.

Service	Yes	No	Not Avail	Main condition
Aboriginal Health Worker				
Audiologist				
Chiropractor				
Counselling Services				
Dental Therapist / Dentist				
Dietitian / Nutritionist				
Domiciliary Nursing				
Occupational Therapist				
Optometrist				
Orthoptist				
Orthotist or Prosthetist				
Physiotherapist				
Podiatrist				
Psychologist				
Rehabilitation Services				
Social Worker				
Speech Pathologist				

Logbook for Recorded Consultations (DVD)

Appendix E

This is an example of a correctly filled in logbook. Any variations to this format CANNOT be accepted.

Con #	Age	M / F	Primary Complaint	Other Complaints	New patient to Practice	Current patient / New problem	Current patient / Follow up problem	DVD #	Location # on DVD	Duration of consult in minutes
1	21	F	Request oral contraceptive		NP			1	Chapter No. 1	18:58
2	55	M	Hypertension check up	Hyperlipidaemia		CP		1	Chapter No. 2	13:03
3	2	F	# forearm	Rush off for Xray	NP			1	Chapter No. 3	9:26
4	23	F	Sore L breast			CP		1	Chapter No. 4	12:32
5	17	M	R ear ache			CP		1	Chapter No. 5	15:35
6	15	M	Fever			CP		1	Chapter No. 6	10:16
7	31	F	Sterilisation				FU	1	Chapter No. 7	8:56
8	18	M	Broken Collar Bone		NP			1	Chapter No. 8	7:15
9	30	M	Flu	Headache, sore joints		CP		1	Chapter No. 9	13:09
10	65	M	Check up asthma				FU	1	Chapter No. 10	18:17
11	28	F	Pain & Numbness R hand	Dysuria		CP		1	Chapter No. 11	8:53
12	5	M	URTI	Overweight initial consultation	NP			1	Chapter No. 1	13:48
13	82	F	Review BP					1	Chapter No. 2	17:35
14	13	F	Wrist ganglion			CP		1	Chapter No. 3	7:28
15	89	M	BP Check up	Nocturnal Cramps			FU	1	Chapter No. 4	15:03
16	26	F	Pap Smear	Back Pain		CP		2	Chapter No. 5	10:51
17	56	F	Cryotherapy	Insomnia		CP		2	Chapter No. 6	20:36
18	55	M	Hypertension	Fatty Liver			FU	2	Chapter No. 7	13:05
19	4	M	Rash		NP			2	Chapter No. 8	8:32
20	7	F	Conjunctivitis		NP			2	Chapter No. 9	18:16
21	23	F	Post laparoscopy				FU	2	Chapter No. 10	15:24
22	32	M	Alcohol/depression				FU	2	Chapter No. 11	9:39



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Patient consent form – recorded consultations

I, _____ agree to have my
consultation with Dr _____ videotaped.

It has been fully explained to me that the purpose of the video recording is for assessment of my doctor in the Practice Based Assessment program by the Royal Australian College of General Practitioners.

My doctor will be video recording throughout the length of my consultation and may also recording during my physical examination. If my physical examination is of a private nature, the video recording will be discontinued and restarted after the physical examination is complete.

I understand that the video recording DVDs will be viewed by up to three other people, all of whom will be qualified general practitioners and examiners for the Royal Australian College of General Practitioners. Every person who views the video recording DVDs is bound by the ethics of patient confidentiality. The Royal Australian College of General Practitioners will retain the video recording DVDs as part of their record of assessment, until such time as Practice Based Assessment is complete, then the video recording DVDs will be returned to my doctor to be destroyed.

Signed: _____

Date: _____

Witness Name: (please print): _____

Witness Signature: _____



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Consent by Candidate to be video recorded during Viva Examination

I, Dr _____ do hereby give my
consent to be videotaped by Dr _____ during my Viva
Examination for Practice Based Assessment.

It has been fully explained to me that the purpose of the video recording of my Viva examination is so that at least two other examiners, but up to four other examiners, at the Royal Australian College of General Practitioners may assess my performance in the Viva Examination as part of Practice Based Assessment and rate it accordingly.

I understand that the Assessment Department of the Royal Australian College of General Practitioner (RACGP) will retain the videotaped Viva examination as part of their record of assessment, and will remain as the RACGP properties, until such time as my Practice Based Assessment is complete and it will then be erased.

The videotaped Viva examination can not be released to, or be obtained by, candidates or any other external parties.

Printed Name: _____

Signature: _____

Date: _____

Examiner's Name: _____

Examiner's signature: _____

Date: _____



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS
Patient Consent Form – Visiting Examiner Observed Consultation

I, _____ agree to have my consultation
with Dr _____ observed by an examiner from
the Royal Australian College of General Practitioners.

It has been fully explained to me that the purpose of the observation is for the assessment of my doctor in the Practice Based Assessment program by the Royal Australian College of General Practitioners.

I understand that the observer will be a qualified general practitioner and examiner for the Royal Australian College of General Practitioners. This person is bound by the ethics of patient confidentiality.

I understand that the examiner will keep a record of the number of patients seen during their visit but that there will be no information recorded that could identify me personally. This information will be kept by the Royal Australian College of General Practitioners until the process of Practice Based Assessment is complete and for future development of Practice Based Assessment.

Signed: _____

Date: _____

Witness Name (please print): _____

Viva Sample Questions

These questions are designed as a guide to the type of questions you will be asked in your Viva Examination. You will note that the questions will usually have a lead in scenario and then two questions that follow on from this. Most of the questions you will be asked will have a similar format.

Provided with the questions are corresponding sample answers. You are not expected to get all these answers correct or even a minimum number, as these answers are a guide. It is expected that the answers you give meet a minimum standard to be competent in unsupervised general practice in Australia. The Viva is not scored numerically but is based on that which has been described above.

Question One

A 60yo female patient collapsed in church yesterday. She comes to see you and describes feeling hot, dizzy and having blurred vision, before “blacking out”. Her daughter says she was stiff and unresponsive, but recovered spontaneously in about a minute.

What differential diagnoses might you think of in a patient such as this?
What is your patient management strategy?

Question Two

Despite being told by the receptionist that you have no free appointments, a mother insisted that her baby be seen. You find the problem appears to be only a nappy rash.

What possible explanations are there for this mother's behaviour?
What are the principles of management of simple nappy rash?

Question Three

You will receive from the examiner an abnormal urine result, such as the one below, for an unwell child.

MSU:

Heavy growth E. coli,

RBC nil,

WBC nil, sensitive to all

Here is an MSU result from a three-year-old boy who was seen two days ago with a febrile illness. He was given no medication and his mother phones today for the result. She says he is now better with no fever.

- a. What further action, if any, would you take and why?
If the result had shown microscopic haematuria and pyuria how would your management differ?

Viva Sample Answers

Question One

- a.** Postural hypotension secondary to medication
Vertebro-basilar insufficiency
TIA/RIND (reversible ischaemic neurological disease)
Drop attack
Carotid stenosis
Cervical spondylosis
Electrolyte imbalance/ dehydration
Syncope/ vasovagal episode
Sick sinus syndrome/ heart block/ arrhythmia
- b.** Take a full history
General health
Previous or similar events
Medication history
Other history that is relevant
- Examination
Check blood pressure supine and standing
Full cardiovascular examination including listening to carotids etc
- Investigations
Electrolytes, urea, creatinine
FBE/ESR
ECG
Holter ambulatory monitor
Doppler scan carotids
24-hr BP monitor

Question Two

- a.** Maternal anxiety
Depression unrealistic expectations
Need for support
Other life crises
Only child
Other
- b.** Wetness is the main case
Some babies are predisposed to this condition because of underlying skin conditions such as eczema
Infection is established quickly in a moist, warm skin by bacteria and or yeasts
Soaps remove natural oils and sometimes sensitise the skin
Advise mother to change the nappy and avoid plastic pants where possible
Wash nappies thoroughly to remove irritating chemicals
Use nappy liners to absorb moisture
Watch for secondary infection, Monilia is the commonest one.
Use protective creams eg. Zinc or Lanoline
Mild steroid creams are very effective, but need to be used cautiously

Question Three

- a. No treatment required at this stage as the child is well and the result is suggestive of contamination rather than infection.

It would be reasonable to repeat the MSU with precautions to ensure a clean catch and prompt delivery to the laboratory to exclude missed UTI or chronic bacteruria.

Inform the mother of the result and its significance, advising her to have the child reviewed if he becomes ill again or develops any new symptoms.

- b. Prescribe appropriate antibiotic (first line).

Inform the mother of the result and its significance, advising her to have the child reviewed if he becomes ill again or develops any new symptoms.

Repeat MSU a week after treatment ends.

Refer for investigation by paediatric urologist.

Recorded Consultation / ECV Rating Form

COMMUNICATION AND RAPPORT

A competent candidate demonstrates genuine respect, rapport and empathy. They allow the patient to talk freely and to feel at ease in a non-judgmental atmosphere. Communication and rapport includes active listening, appropriate maintenance of eye contact, recognition of verbal and non-verbal cues and body language. It demonstrates the effective use of silence and uses suitable language with an appropriate mix of open and closed questions. It enables the exploration of concerns and expectations and allows recognition of the significance of the patient's words.

HISTORY TAKING

A competent candidate will take a focussed, relevant and organised history. Following appropriate cues and eliciting both positive and negative details important to the assessment and management of the patient.

PHYSICAL EXAMINATION

A competent candidate should demonstrate respect for the patient and concern for their safety, comfort and modesty. They should perform an appropriate and a systematic examination, which is focussed and not overly inclusive. They should explain to the patient what they are doing and avoid painful manoeuvres. Specific findings relevant to the case should be elicited.

PROBLEM DEFINITION

A competent candidate will demonstrate the ability to identify the problems and to define and prioritise the physical, psychological and social issues involved for the patient, the family and the community. Adequate knowledge of the physical, psychological and social processes involved should be demonstrated.

MANAGEMENT AND INVESTIGATIONS

The competent candidate demonstrates the ability to deal with the issues identified in an appropriate order. They demonstrate the ability to select relevant, cost-effective investigations in an appropriate sequence, displaying consideration for the safety and comfort of the patient. They provide effective explanations and education, ensure patient comprehension and acceptance and involve the patient, family and relevant community resources in the immediate and on going management plans. They define appropriate further investigations, offer choices of therapy and outline a time frame to the patient. They demonstrate the taking of responsibility for the immediate and ongoing management of the patient.

OVERALL PERFORMANCE

This refers to the examiner's overall impression and confidence in the abilities demonstrated by the candidate. Competent overall performance includes performance of appropriate consultation skills in a caring and efficient manner. On the basis of this consultation it measures the candidate's readiness for competent unsupervised general practice in Australia.

Checklist for Practice Based Assessment Candidates

THIS IS DESIGNED TO BE A SIMPLE CHECKLIST OF THE KEY ELEMENTS OF PRACTICE BASED ASSESSMENT. IT IS NOT ALL-INCLUSIVE AND SHOULD ONLY BE USED IN CONJUNCTION WITH THE ASSESSMENT HANDBOOK AND THE PRACTICE BASED ASSESSMENT GUIDELINES.

1. Enrolment

Check eligibility: am I eligible to sit Practice Based Assessment?

- Fill in **ALL** sections of the enrolment form (include a letter of approval from the RACGP Censor-in-Chief, indicating a minimum one year Australian General Practice Time Assessment and, where applicable, Overseas General Practice Time Assessment; copy of current Medical Registration in Australia; and a copy of CPR certificate.
- Send the completed enrolment form and all attachments along with the enrolment fee to The Assessment Services Administrator - PBA, RACGP, 1 Palmerston Crescent, South Melbourne, Victoria 3205 marked **"Private and Confidential"**.

2. Professional Portfolio

- Complete **all** sections of the Practice Profile (Appendix C) and ensure it is submitted in **triplicate**.
- Provide map of area and availability of parking for visiting examiner.
- Submit a current certificate of proficiency in **adult Cardio-pulmonary resuscitation (CPR)**. Achieved within 36 months of the opening date of enrolment.
- Submit names and addresses of 25 peers who have given consent to be contacted for this assessment (Appendix A).
- Send the Professional Portfolio to the Assessment Services Administrator - PBA, RACGP, 1 Palmerston Crescent, South Melbourne, Victoria 3205 marked **"Private and Confidential"** by the due date. Refer to Assessment Timelines at <http://www.racgp.org.au/assessment/faqs>.

3. Recorded Consultations

Please ensure that you start to recording as soon as possible after your enrolment has been confirmed so that you minimise any difficulties you may encounter.

- Arrange video equipment, including:
 - wide angled lens
 - desk microphone
 - new** blank DVDs

- Record 90 consented consultations

Recording physical examinations where possible if not of a personal nature. If not possible please allow for **sound** to remain so it can be heard.

- Log each consultation using the logbook in Appendix D and using the following guidelines:

- Details of each consultation; location on the DVD by the use of 'chapter' breaks.

- Logbook is submitted preferably typed (illegible logbooks will be returned)

- Most consultations are between **8 and 20 minutes**

- All DVDs are recorded in one of the following formats: AVI; DIVX; MOV; MPEG; MPG; MP4

- All DVDs are clearly marked with your name, RACGP ID number and the DVD number

- Make a copy of the DVDs and logbook prior to submission

- Send **2 copies** of completed recorded consultations and logbook to the Assessment Services Administrator – PBA marked "Private and Confidential" by **the date indicated in the timeline**

4. The Viva

- Submit form of preferred dates and times for Viva by **the date indicated in the timeline**

- Block out appropriate amount of Practice time for the Viva

- Ensure that the room has sufficient light and **minimal background noise**

- Show examiner **Photo ID** before the Viva commences

- You may take notes during the Viva and may return to any question if time permits

- Ensure you sign a consent form to be videotaped during the Viva examination

- Hand any notes you made to the examiner after the Viva examination

5. The Examiner Clinical Visit (ECV)

- Submit form of preferred dates and times for the ECV by **the date indicated in the timeline**

- Ensure a **minimum of 10** patients are booked in for the ECV

- Ensure patients have signed the consent form prior to their consultation

- Provide the visiting examiner with the clinical summaries of the patients to be seen prior to their consultation

- Show examiner Photo ID before commencing the ECV



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Practice Based Assessment

Guidelines for Recording Consultations

Information

Patients should be informed at the time of booking an appointment that video recording is planned for that clinical session.

On arrival, the patient will be given a consent form and the receptionist at the clinic will explain the procedure to the patient, including the fact that should the patient be unwilling to be video recorded this will not affect their consultation with the doctor. The receptionist at the clinic should ensure that the patient understands why the recording is being made, the purposes for which it will be used, who will see it and how long it will remain in existence.

If the patient is accompanied by a friend or relative during the consultation, it should be made clear that they are there at the invitation of the patient and they should also be informed of their right of confidentiality and consent.

All patients being video recorded must sign a consent form, before a consultation. If the consent form is unsigned, the video camera should be switched off. It should be made clear to patients that a recording will not be undertaken without a patient's consent, and that the camera will be switched off on request. There is no need to switch off the camera between consultations unless the gap is likely to be a large one.

The examination couch should not be in view, and intimate examinations should not be recorded, but the recording must be kept running for sound while the examination takes place.

The recording should be checked for quality of sound and picture, prior to submission. The picture should show both the doctor's and patient's face. The video timer is important, as it allows you and the assessor to navigate through the recording.

Consent Form

The consent form should be signed by the patient before seeing the doctor. The consultation can only be recorded, if the consent form is signed by the patient and/or others accompanying the patient.

If unsigned, the video camera should be switched off.

Consent forms should be available in languages other than English so that the patients whose first language is not English clearly understand what they are being asked to do. You might wish to contact the RACGP Assessment Department for more information about consent forms in languages other than English.

Where patients are unable to give consent because they suffer from mental disability, or for any other reason, consent must be sought from a close relative or carer. In the case of children and young people who lack the understanding to consent on their own behalf, the consent of an adult with parental responsibility must be obtained.

Procedure After The Consultation

The patient must be offered the opportunity to view the recording, in the form in which it is intended to be shown, before the recording is used, and have the right to withdraw consent to the use of the recording at that stage.

If a patient, following the consultation, wishes the recording to be erased from the DVD, then he/she should tell the receptionist. The doctor should then erase the consultation at the first available opportunity and confirm to the patient that this has been done.

The receptionist should make clear to the patient that if after leaving the surgery he/she would prefer the recording to be erased, he/she should notify the practice as soon as possible.

The recording is only to be used for the purposes to which consent has been given.

Storage and Erasure

The recorded DVDs should be stored with the same security and confidentiality as patient medical records. Consent forms should be kept with the medical records of the patient and a fact of a recorded consultation recorded on computer.

The responsibility for security, confidentiality, storage and erasure falls to the general practitioner in the practice. The DVD will be returned to you and should be erased as soon as possible, but definitely no later than one year after the date of recording.

Transport

DVDs should be transported by the general practitioner or their representative. Postal services should only be used for registered mail delivery.

Tips for Making a Video Recording

a. Sitting the camera

- Familiarise yourself with the camera/recorder before you use it. Site the camera so that both the doctor's and patient's head can be seen. As a guide, it should be possible to see by looking at the recording when eye contact is made between doctor and patient.
- The examination couch should not be in shot and examinations of a private nature should not be filmed, but you must keep the recording running while the examination takes place since the consultation usually continues during the examination.

b. Lighting

Use daylight as much as possible but try to avoid having a window in the shot because this may cause the subjects to be underexposed. If necessary, close the curtains or blinds. For the same reason, take care that no bright lights appear in the shot. The general rule is to have lamps illuminating the scene but not in it.

c. Focus

Ensure that the camera is focused on the doctor and patient. If possible, override the autofocus and operate manually, so that the camera will not attempt to focus on the wall when subjects move about.

d. White Balance

If necessary, ensure that the “white balance” is adjusted for the light in your consulting room. If you do not do this, the picture may be a strange colour.

e. Recording date and time

If possible, switch the camera to automatically record the date and time. Alternatively, ensure that there is a clock in view of the camera.

f. Sound

- Poor sound quality is the most common technical problem. If possible, use desk or personal microphones connected to the video recorder. Check the sound level before you start recording.
- Avoid large, bare rooms that suffer from echo. If necessary close curtains to absorb echoes and cut out background traffic noise etc.
- Ensure that the noise of the computer keyboards and printers does not mask conversation between doctor and patient.

g. Consent

All consultations should be recorded except where the patient withholds consent. Consent should be obtained in writing.

h. Consultations

Your recording should include a variety of problems, including ‘challenging’ consultations. You must delete incomplete consultations but do not delete consultations which appear unsatisfactory to you. You need not switch off the camera between consultations unless the gap is likely to be a long one.

i. Length of consultations

The average time for a consultation should not be less than 5 minutes and more than 20 minutes in duration.

j. The log

Please complete a log entry for each consultation. The time to be noted for each consultation is that of the camera clock. You are asked to comment on each consultation. It will be necessary for you to view the recording yourself. This will also provide a check on the quality of reproduction.

Submission of Recorded Consultations

Candidates must take note and adhere to the following guidelines:

1. Consultations are to be burned onto DVD from the digital camera holding the recording.
2. DVDs should be formatted in one of the following format: AVI; DIVX; MOV; MPEG; MPG; MP4; so they can be viewed on either a PC or on a home DVD player.
3. Each DVD may contain several consultations as long as they can be easily located and the logbook information lists the location of each consultation accurately.
4. 15 selected consultations are forwarded to two examiners for marking.
5. It is the candidate's responsibility to ensure the audio quality of each DVD. Inaudible recordings will be rejected.
6. Candidates are to follow the guidelines for completion of the logbook as printed in the PBA Guidelines with the following variation:

Each DVD must have your RACGP ID number printed on it and must also be numbered and correspond with the information provided in the logbook.

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 Royal Australian College of General Practitioners

Practice Based Assessment Viva and ECV Schedule Form

Name: _____

RACGP No: _____

Please indicate by circling the boxes with dates and times you would prefer for your Viva and ECV examinations. Please note that due to constraints such as examiner and camera availability we cannot guarantee that you will be examined on the day you have chosen, therefore it is advisable to choose a number of options over a period of a week.

VIVA Stream: between to

Week beginning: _____

Days available to be examined: (please circle)

Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
All day	All day	All day	All day	All day

ECV Stream: between to

Week beginning: _____

Days available to be examined: (please circle)

Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
All day	All day	All day	All day	All day