External clinical teaching visits in the regionalised environment

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BACKGROUND
The external clinical teaching (ECT) visit remains integral to the programs of all regional providers of the Australian General Practice Training (AGPT) program.
METHOD
All 22 regional training providers (RTPs) were contacted by mail and telephone regarding their use of ECT visits.
RESULTS
Responses were received from 17 of the 22 RTPs. There was considerable variation in approach to visitor training, reporting formats, provision of manuals, and the stated purpose of the visits.
DISCUSSION
This study has provided a clearer picture of how ECT visits are functioning in the regionalised environment. There remains considerable variation in the use of these visits in Australian general practice training. New national guidelines promoting educational quality in ECT visits and protecting the diversity of regionalisation should be implemented. The use of these visits for performance appraisal needs further discussion.

Since the mid 1980s external clinical teaching (ECT) visits have been used to give Australian general practice registrars enhanced learning experiences guided by experienced GP teachers. The format most commonly used is observation of the registrar's consultations in their practice, followed immediately by one on one feedback and discussion of both the process and content of the observed consultations. External clinical teaching visits are viewed as a valuable learning experience by registrars.[1,2]

Evaluation performed when The Royal Australian College of General Practitioners (the RACGP) delivered and coordinated training led to a number of recommendations to improve the quality of the ECT visits.[1–3] These recommendations included improving written guidelines for running visits, improving administration, establishing registrars' needs prior to the visit, improving visitor training, increasing the immediacy of feedback, and having more flexibility in the design of visits for advanced registrars. Many of these recommendations were incorporated in the RACGP training program ECT manual, first distributed in 1961.

Since the transfer of responsibility for Australian general practice training to regional training providers (RTPs) in 2001, there have been no published evaluations of ECT visits. The aim of this study was to review the use of ECT visits in the regionalised Australian general practice training environment.

Method

The research group contacted all 22 RTPs by mail, and followed up by telephone. Another letter was sent to nonrespondents. Regional training providers' directors of education were contacted by telephone to obtain further information and to clarify written information received.

The information sought from RTPs related to instruction manuals, ECT visitor training, internal evaluation, visit logistics, reporting formats, and assessment issues. Data supplied were collated and analysed within these six domains.

Results

Seventeen of 22 (77%) RTPs responded. The findings are summarised in *Table 1*.

Instruction manuals

More than half the responding RTPs (10 of 17) either had or were writing a new manual. These manuals mostly incorporated the thrust of the RACGP training program ECT manual, with more detailed information

regarding local arrangements, different suggestions for teaching, and different proformas for assessment and reporting. Most of the RTPs that had not developed their own manual had medical educators from the previous training program undertake the ECT visits.

Visitor training

Six RTPs reported that they currently delivered no training to ECT visitors (the research group considered that instructing a visitor to read the manual does not constitute training). Regional training providers that reported delivering no training mostly used medical educators to do ECT visits; many of these educators received training during the previous RACGP ECT training program. Telephone contact as training was primarily mentioned in rural areas where distance was a significant factor in preventing fact to face contact. Three RTPs reported that new visitors were accompanied initially by a medical educator.

External clinical teaching program evaluation

Three RTPs reported undertaking specific evaluation of their ECT visits.

Visit logistics

Eight of the responding RTPs had general practice supervisors involved in ECT visits. Medical educators undertook visits at 14 of the 17 RTPs. All RTPs addressed patient consent issues and the formalisation of visit arrangements comprehensively.

Reporting formats

Fourteen of the 17 responding RTPs reported using free text reporting, either alone or with checklists. Several gave the visitor flexibility in the choice of reporting method. Six asked the visitor to give a global rating on the performance of the registrar during the visit.

Teaching and assessment issues

Six RTPs provided visitors with details of the five domains of general practice to help structure their feedback. Most of the manuals developed since regionalisation incorporated the five domains.

Of the 17 responding RTPs, five stated that the aim of the ECT visit was purely educational, with no assessment component; six stated that formative assessment was an important purpose of the visit; and six saw the purpose of the visit as including teaching, formative assessment and performance appraisal. Performance appraisal was mentioned as particularly relevant in the case of poorly performing registrars.

One RTP cumulated the assessments of registrars' performance as observed in ECT visits in order to fine tune the content of remainder of the training program.

Table 1. Collated responses from regional training providers (RTPs)

Domain	Reported practice	Number of RTPs n=17(%)
Instruction manual	Use own manual	7 (41.2)
	Use the RACGP manual	6 (35.3)
	No manual	4 (23.5)
	Manual planned	3 (17.6)
Visitor training	None	6 (35.3)
	Workshop based training	5 (29.4)
	Formal supervised training	4 (23.5)
	Telephone based training	2 (11.8)
Evaluation of ECT visit program	None	8 (47.1)
	Planning evaluation	3 (17.6)
	Informal evaluation	3 (17.6)
	Evaluation being done	3 (17.6)
Visit logistics	Visiting done by	
	• medical educator	9 (52.9)
	• GP supervisor	3 (17.6)
	• both medical educator and GP supervisor	5 (29.4)
	Patient consent	
	• written	13 (76.5)
	• verbal	4 (23.5)
	Video used during visits	3 (17.6)
	Written guidelines supplied	17 (100)
Reporting format	Descriptive reporting	8 (47.1)
	Checklist reporting	3 (17.6)
	Checklist and descriptive	6 (35.3)
	Global rating used	6 (35.3)
	Five domains of general practice utilised	6 (35.3)
Teaching and assessment	Formative assessment and teaching purpose to visit	6 (35.3)
	Teaching is the only purpose of visit	5 (29.4)
	Formative assessment, teaching and performance appraisal	6 (35.3)

Discussion

All the responding RTPs reported that they still were undertaking ECT visits, despite major changes to Australian general practice training since 2001. Although five RTPs did not respond to our request for information, the research group has learnt from other discussions that they also did have ECT visiting programs. Among the responding RTPs there was considerable variation, especially in the domains of visitor training, reporting formats, provision of manuals and the stated purpose of the visits.

External clinical teaching visiting was first introduced into an environment where a centralised national body (the RACGP) administered a mandatory general practice training program. Studies at that time[1] found variation in the organisation of visits and some registrar dissatisfaction regarding a number of issues. The RACGP developed a manual which sought to standardise ECT visits nationally. Since then general practice training in Australia has been regionalised,[4] and this study is the first to document current practices in the newly regionalised environment.

Earlier evaluations found that up to half the registrar respondents considered that ECT visits should not affect their progression in the program, but rather should be used to identify areas for improvement.[1] This study shows that this disparity regarding the role of ECT visits persists, and is being expressed in the way different RTPs use visits. The fact that some RTPs are using ECT visits for performance appraisal and, potentially, for decisions about progression raises several questions. Is this purpose made explicit to registrars, visitors, supervisors and assessors? Do all parties understand and consent to the potential implications? Have the implications for learning been considered and resolved? Inevitably, registrars' behaviour during ECT visits, and especially their willingness to discuss areas of weakness in a constructive manner, will reflect their understanding of the purpose and process of the visit.[1]

It is understandable that in a regionalised environment ECT visits will vary in many aspects according to local needs and emphases. This diversity has potential benefits, including encouraging local responsiveness and innovation. However, given the marked regional variation in approach to ECT visits, it may be time for development of new national guidelines that clearly state the purpose of these visits. These guidelines should seek to protect the richness and flexibility that regionalisation has created, while promoting appropriate rigor and quality in the implementation of ECT visiting programs.

Conflict of interest: none declared.

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