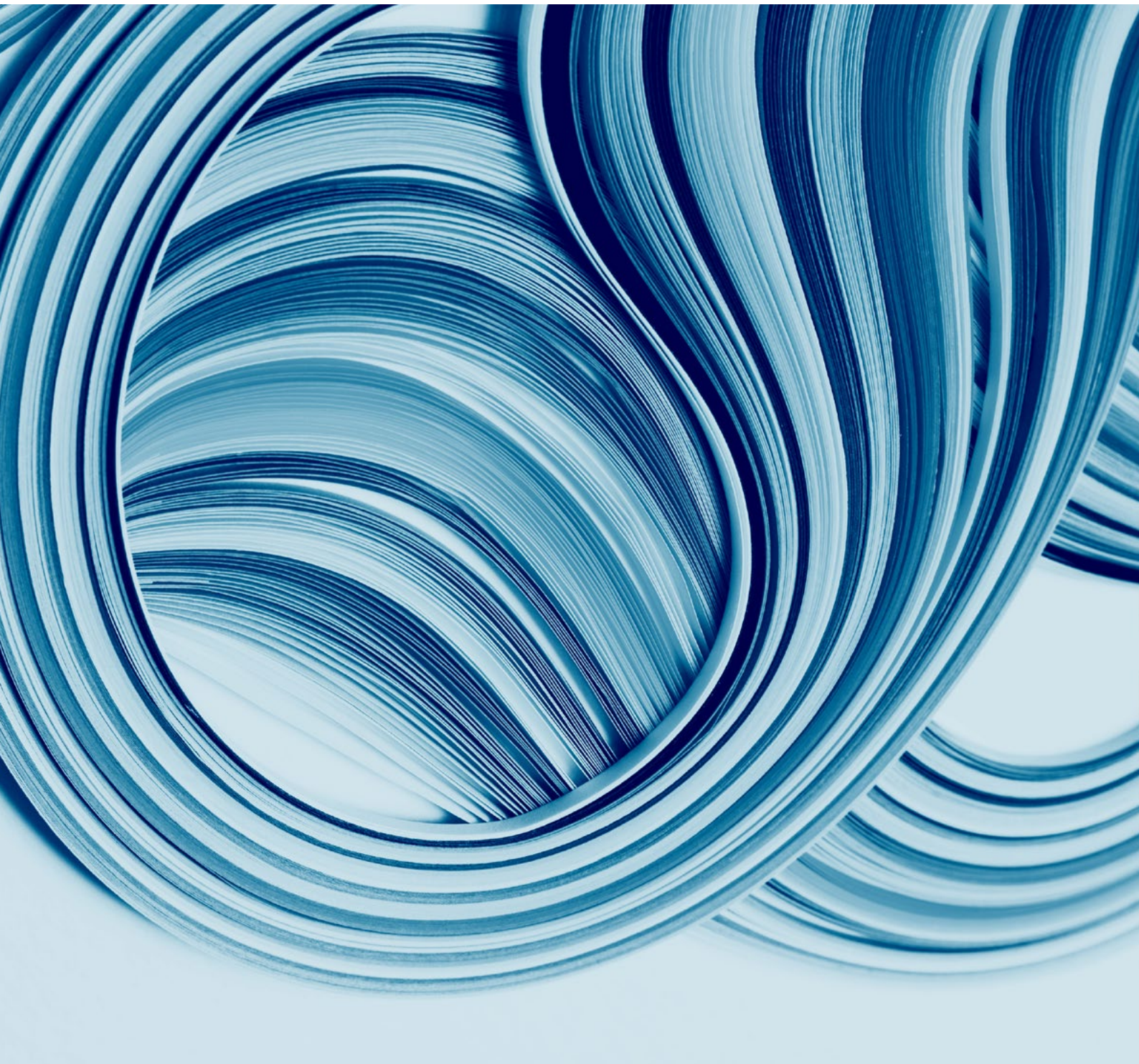


*The Practice Experience
Program (PEP) Initial Core
Skills Analysis (ICSA)*

A guide for medical educators



The Practice Experience Program (PEP) Initial Core Skills Analysis (ICSA): A guide for medical educators

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The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002

Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Introduction to the Practice Experience Program

The Practice Experience Program (PEP) is a self-directed education program designed to support non-vocationally registered (non-VR) doctors on their pathway to Fellowship of the Royal Australian College of General Practitioners (FRACGP). The PEP aims to provide targeted educational support for non-VR doctors to support their learning and provide feedback on their progress towards achieving FRACGP.

The PEP is different to the Australian General Practice Training (AGPT) program, in that it is an educational support program with an emphasis on self-directed learning. Participants come from a variety of backgrounds, with a variety of skill sets. They work in various practice settings, including remote practice, after-hours and locum services. Their program is therefore individualised and not structured to the group as occurs in AGPT. In addition, not all participants in the PEP have access to supervisor support or in-practice teaching, but they receive support in other ways. Unlike the AGPT where exams are completed during the program, the PEP participants can only sit the exams following completion of their allocated program time. Once participants have completed the PEP, they will be provided with a report outlining the activities they have completed. From January 2022, it will be compulsory that all FRACGP exam candidates complete an RACGP-approved program in order to be eligible (in addition to other criteria) to enrol in the exams.

The PEP is delivered in partnership with training organisations.

What does the program involve?

Figure 1 depicts the PEP journey from application to completion.

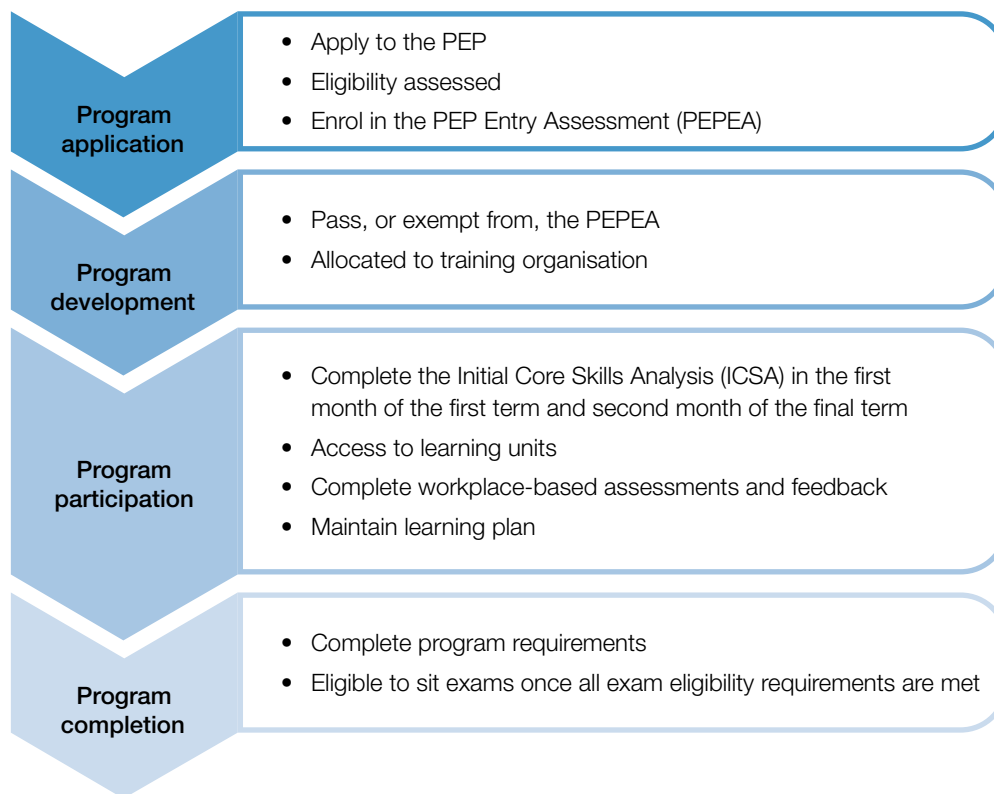


Figure 1. The PEP progress from application to completion

The maximum time a participant will spend in the program is five terms (30 months) or until June 2023, whichever is sooner. This is due to Commonwealth Government funding. Participants may work full time or part time in practice while undertaking the program, but the educational component must be completed full time, that is, there is no extension of time to complete the program requirements. In some cases, participants who are working very limited hours or in a very limited scope of practice may find some of the program requirements difficult to complete, and they will be made aware of this before they commence.

Application and eligibility

Applicants are asked to provide:

- evidence of eligibility (eg curriculum vitae, medical registration, practice letter, general practice experience assessment)
- information about their practice in terms of patient demographics and the scope of their practice.

Eligibility is determined from the application. Applicants must:

- hold a valid general practice experience assessment with at least one year of assessed Australian general practice experience; for more information, refer to the [Assessment of General Practice Experience Policy](#)
- hold current Australian medical registration
- have a job or a job offer delivering general practice services in Australia
- pass, or be deemed exempt from, the PEPEA.

Program development

Once deemed eligible and allocated a place on the PEP, participants sign an individual Program Agreement and pay the term one fees. To commence, participants must also be a financial member of the RACGP.

Within the first month on the PEP, participants complete the ICSA to assist in the development of their learning plan, guide enrolment in learning units and inform their first mentor discussion with their training organisation.

The ICSA consists of 150 multiple choice questions and a confidence rating against each of the questions. The ICSA is repeated towards the end of the PEP to inform study planning for Fellowship assessment.

Program participation

Learning units

The educational component of the program includes a series of online, self-directed units mapped to the RACGP curriculum and incorporating the core skills of general practice. The units focus on practice-based activities. There are a series of online activities to complete, followed by activities that allow the learner to apply their learning to their practice. Therefore, some of the learning occurs at home and some in the workplace. Each unit is accredited for continuing professional development (CPD) points, and participants are required to demonstrate learning engagement by acquiring 40 CPD points (or equivalent) per year via the PEP learning units or other accredited activities. The learning units are not marked by an assessor.

There are close to 40 learning units and, although there is some variation, each consists of approximately 30 hours of work. Some units are considered 'core', in that they are recommended for completion by all participants, especially those with minimal general practice experience in the Australian context. It is recommended that each participant complete approximately five units each six-month term, starting with the core units. This is equivalent to 150 hours per term, or 1–2 hours per day.

All participants have access to all learning units, but participants should prioritise the non-core units that are most important or relevant to them. Choice of learning units should be made initially using information from the ICSA, then during the program via feedback from assessments and discussions with a mentor. A list of the learning units is available in the [Appendix](#).

Plan for learning

A key skill for any general practitioner (GP) is to develop the ability to reflect on performance and plan their learning. This is emphasised in the PEP through the ongoing use of a learning plan, with participants expected to reflect on assessment reports and feedback provided as they work through their program.

Support

Support in the program is provided in the form of:

- medical educator (ME) mentoring and support to provide feedback and assistance on developing the learning plan, as well as monitoring progress and performance throughout each term
- longitudinal assessment and feedback, delivered in the workplace and designed to help improve performance as a GP and to help prepare for the FRACGP exams
- program administrative support to assist with coordination of training program activities and workplace-based assessment (WBA), and to help participants stay on track throughout the program

WBA

A key part of the program is WBA, which embeds learning, assessment and feedback in the workplace. The WBA focuses on the core skills of general practice and is mapped to the RACGP curriculum. The standard is set at the point of RACGP Fellowship. The aim of the WBA is early identification of problems and providing actionable feedback to participants to support self-reflection and learning planning.

Assessments involve a variety of tools, including:

- direct observation of consultations
- clinical case analyses
- multisource feedback and patient satisfaction questionnaires
- clinical examination and procedural skills logbook (recommended, but not mandatory).

Progression

The progress of each participant is reviewed regularly using the metrics on the PEP portal and correspondence from training organisations. The following are considered when determining how a participant is progressing:

- engagement in learning units and other self-directed learning
- performance in WBA
- evidence of learning plan
- flags or specific concerns
- training organisation engagement.

Additional assistance

Where participants fail to show adequate progression or have difficulties of a professional, pastoral or educational nature, they may be referred for assistance by their training organisation. The RACGP will deliver the assistance through an assessment of the issues and development of a formal PEP Assistance Plan (PEPAP). This may include activities such as:

- formal clinical skills assessment
- ME support
- development of a learning plan targeting the specific learning needs
- additional learning resources
- observation and feedback of clinical skills
- case discussion
- counselling and other advice, as appropriate.

Participants are encouraged to undertake additional assistance, but it is not mandated. The maximum time allowed for additional assistance is 26 weeks. This is time in addition to the original program time. Progress in the assistance term is monitored, and a report is supplied to the participant at completion.

Program completion

At the end of the program, participants receive a summary report of the activities they have completed during their time on the PEP. They will be eligible to sit the FRACGP exams if they have met all the exam eligibility requirements.

The Initial Core Skills Analysis

The ICOSA component of the program will be delivered by the RACGP, with results communicated to participants and training organisations. The training organisations also receive the ICOSA mentor discussion guide to assist with their initial meeting.

To find out more about the ICOSA, such as its purpose and components, you can refer to the Participant guide to the ICOSA found on the [PEP Standard Stream Resources](#) page.

What will the ME do?

The ME can provide further advice and clarification about the ICOSA results.

Communication with RACGP

The PEP administrator can be contacted on 03 8699 0463 or pepadmin@racgp.org.au

Definitions

Term	Definition
Applicant	A medical practitioner who is applying for entry onto the PEP.
Assessment	The systematic process for making judgements on the participant's progress, level of achievement or competence against defined criteria.
Assistance	The management of underperformance. It is a process that begins with the identification of a concern, followed by investigation, assessment, decision making and, finally, implementation of a management plan.
Candidate	A participant who is enrolled in an RACGP examination.
Competence	The array of abilities across multiple domains or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context and stage of training. Competence is multidimensional and dynamic, and changes with time, experience and setting.
Comprehensive Australian general practice	This describes: <ul style="list-style-type: none"> • continuity of care that is person centred, comprehensive and coordinated, focusing on the whole person and all presenting symptoms • health-promotion and illness-prevention services that are based on patient need and the best available evidence • the diagnosis, treatment and management of the full range of undifferentiated conditions in a diverse range of individuals, families and communities, not limited by practice intention or business focus • community-based general practice undertaken in Australia.
Core skills	The core knowledge and skills required by GPs to provide comprehensive general practice care. They are mapped against the five domains of general practice. The contextual units describe how those skills might be applied to different contexts.
Core units	Learning units recommended for completion by all PEP Standard Stream participants to provide Australian context.
Curriculum	A statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of a program, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve.
Eligibility	The determination that the applicant has the required qualifications and skills to apply for the program.
Entry	The point of commencement on the PEP; it follows the acceptance of the offer of a PEP place and the signing of the Program Agreement.
Feedback	Specific information about the comparison between a participant's observed performance and a standard, given with the intent to improve the participant's performance.
Initial Core Skills Analysis (ICSA)	The ICSA is a tool comprising RACGP curriculum-based multiple choice questions to inform a PEP participant's plan for learning.
Program Agreement	A contract outlining the roles and responsibilities of the participant, the RACGP and the training organisations, and delineating the consequences of non-progression. The Program Agreement must be signed prior to the participant commencing the PEP. The applicant becomes a participant upon signing the agreement.
Learning unit	These are chosen by the participant. There are more than 30 learning units, each mapped against the curriculum and covering a number of the core skills of general practice. Most units are the equivalent of approximately 30 hours of work and will include a detailed description of the learning outcomes, activities and assessments that address one or more specific areas of knowledge or skill development.

Term	Definition
Medical educator (ME)	An individual who provides education in the domain of general practice. Their responsibilities may include education, support and guidance, networking and stakeholder relations, organisational support and professional development.
Participant	A medical practitioner who has been accepted into the PEP and has signed a Program Agreement with the RACGP.
Performance	What is actually undertaken in practice.
Practice-based	As a practice-based program, all participants must either be in practice before entering the program or have a practice available to them when they start.
Progress	Demonstrated improvement in clinical skill.
Time requirements	Full-time general practice experience comprises a 38-hour minimum working week, over a minimum of four days per week, of which a minimum of 27 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or of less than one month in any one practice, will not be considered. Hours worked beyond this definition of full time will not be considered.
<ul style="list-style-type: none"> • Full time 	
<ul style="list-style-type: none"> • Part time 	Part-time general practice experience is calculated pro rata against the definition of full-time general practice experience. Part-time general practice must comprise a 14.5-hour minimum working week, over a minimum of two days per week, of which a minimum of 10.5 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or of less than one month in any one practice, will not be considered.
Workplace-based assessment (WBA)	The assessment of day-to-day working practices undertaken in the working environment. The WBAs enable assessment of competencies in a real-world setting.

Reference

Dudek NL, Marks MB, Wood TJ, Lee AC. Assessing the quality of supervisors' completed clinical evaluation reports. *Med Educ* 2008;42(8):816–22. doi: 10.1111/j.1365-2923.2008.03105.x.

Appendix – PEP Standard Stream learning units

Number	Unit name	Number	Unit name
1	PEP Core skills unit 1 – Practising in context	18	Pregnancy care
2	PEP Core skills unit 2 – Safety (patient, practice, personal)	19	Care of older persons
3	PEP Core skills unit 3 – Emergencies and disaster management	20	Women's health
4	PEP Core skills unit 4 – Communication and consulting skills	21	Men's health
5	PEP Core skills unit 5 – Aboriginal and Torres Strait Islander Health	22	Sex, gender, sexuality diversity
6	PEP Core skills unit 6 – General practice specific skills	23	Individuals with disabilities
7	PEP Core skills unit 7 – Applying evidence to practice	24	Travel medicine
8	Children and young people	25	Addiction medicine
9	Adult medicine – Rheumatology	26	Abuse and violence
10	Adult medicine – Infectious disease	27	Psychological health
11	Adult medicine – Haematology	28	Dermatology
12	Adult medicine – Renal/urology	29	Eye medicine
13	Adult medicine – Endocrine	30	Ear and nose medicine
14	Adult medicine – Cardiovascular	31	Musculoskeletal and sports medicine
15	Adult medicine – Neurology	32	Oral health
16	Adult medicine – Gastrointestinal	33	Oncology
17	Adult medicine – Respiratory	34	Palliative care
		35	Pain management
		36	Sexual and reproductive health
		37	Residential care
		38	Refugee and asylum seeker health



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