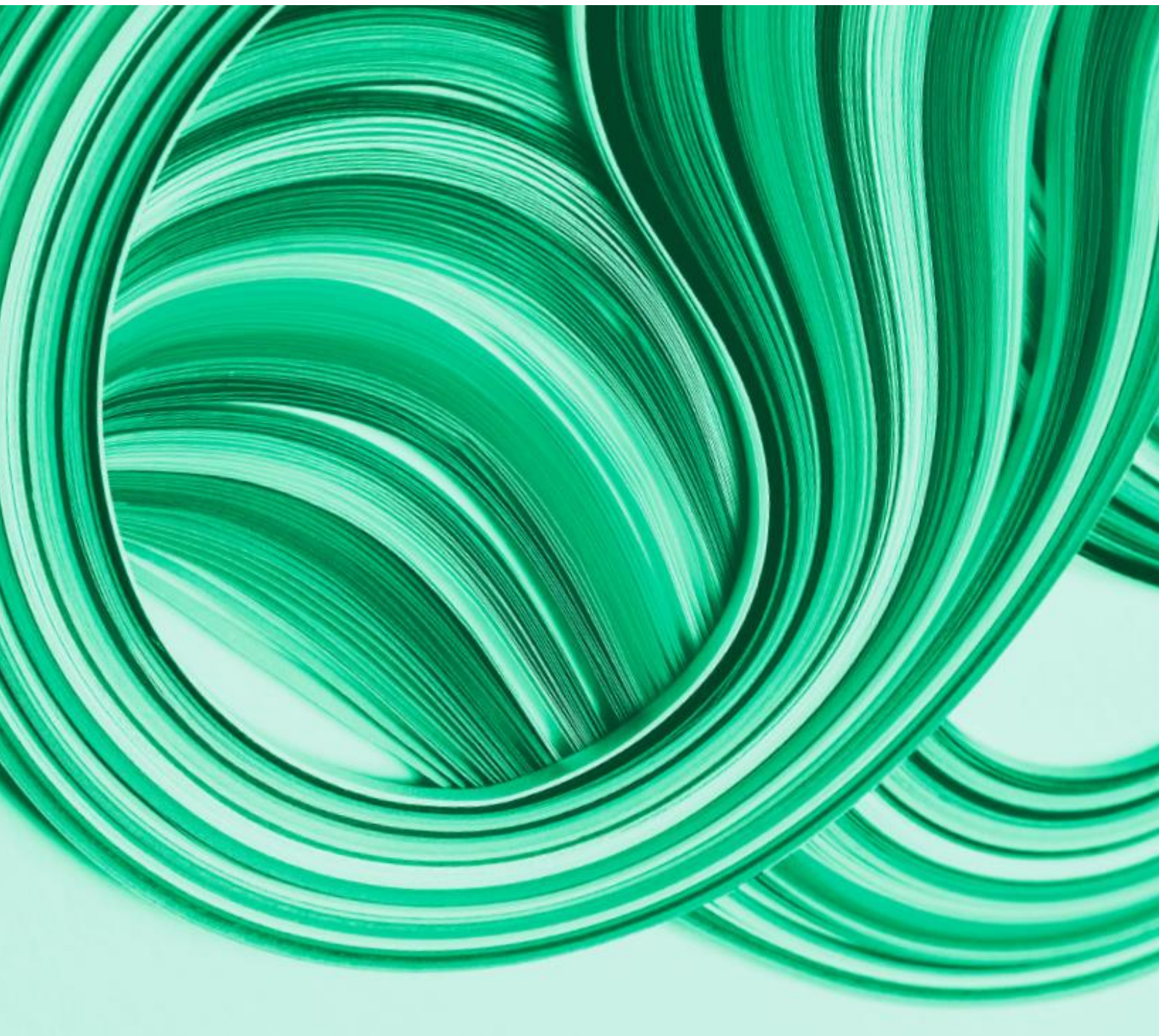


# *Practice Experience Program (PEP)*

A guide for training organisations

Version 2020.1



**Practice Experience Program (PEP): A guide for training organisations.  
Version 2020.1**

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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](http://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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# 1. What is the Practice Experience Program?

## 1.1 Background and rationale

The Practice Experience Program (PEP) is a self-directed program of practical educational activities on The Royal Australian College of General Practitioners' (RACGP's) pathway to Fellowship. The PEP is funded under the Australian Government's Stronger Rural Health Strategy for non-vocationally registered (non-VR) doctors working in Modified Monash Model (MMM) areas MMM2 to MMM7.

The PEP is also a 3GA workforce program that allows specialist international medical graduates (SIMGs) to access Medicare benefits while working towards Fellowship in an Australian general practice setting.

## 1.2 PEP streams

The PEP consists of two streams.

**PEP Standard Stream:** Provides educational support for non-VR doctors to help them prepare for Fellowship of the RACGP (FRACGP). In addition, SIMGs who hold a specialist qualification that is deemed to be not comparable will attain Fellowship through the PEP Standard Stream route.

**PEP Specialist Stream:** Provides educational support for SIMGs who hold a specialist qualification that is deemed to be partially or substantially comparable, are transitioning to Australian general practice, and are working towards FRACGP.

The PEP Specialist Stream is replacing the RACGP's current Specialist Recognition Program, and will take effect from 1 September 2019.

From 2022, undertaking an RACGP-approved program will be compulsory to be eligible to sit the FRACGP exams.

This guide has been developed for training organisations (TOs), and provides details about program eligibility, delivery and other relevant information related to the PEP streams.

## 1.3 Scope of practice

The PEP is a program based on general practice, which means that before entering the program a participant must either be employed as a general practitioner (GP) or have an offer of employment as a GP. Participants, not the TO, are responsible for maintaining suitable employment as a GP while undertaking the PEP and for ensuring that they have the relevant provider number for the duration of the PEP. TOs are not involved in provider number applications for PEP candidates.

Participants will gain the most from their time in the PEP if they are exposed to the full scope of general practice as much as possible.

Full scope includes:

- exposure to a broad range of patient presentations and demographics, including women, men and children representing a range of backgrounds, ages and conditions
- providing ongoing care for a significant proportion of the patients that the participant sees
- working in after-hours and/or nursing home care, provided it does not form the major part of their work.

## 1.4 Responsibilities

The RACGP is responsible for the following aspects of the program:

- overall management and coordination
- liaison with the Department of Health

- distribution of funding
- development and regular review of learning materials, assessment tools, policies, guides and other program information
- provision and management of technological infrastructure (ie online learning portal)
- program promotion and marketing
- participant recruitment
- participant application process
- eligibility and selection processes
- allocation of participants to TO
- management of transfers, withdrawals, appeals and leave
- remediation (if applicable)
- administrative support.

The TO is responsible for:

- delivery of assessment and support activities
- reporting to the RACGP and participants
- referring participants for remediation (if applicable)
- administrative support.

## 1.5 Funding

The TO receives funding from the RACGP, which in turn receives funds from the Department of Health. This is supplemented by a participant co-payment. TOs are allocated \$6000 excluding GST per participant, per term. TOs are required to provide annual high-level financial acquittals to the RACGP.

The allocated funding follows the participant, so if a participant transfers to another TO, the TO transfers the remaining funds for that participant to the new TO.

## 1.6 The PEP participant journey

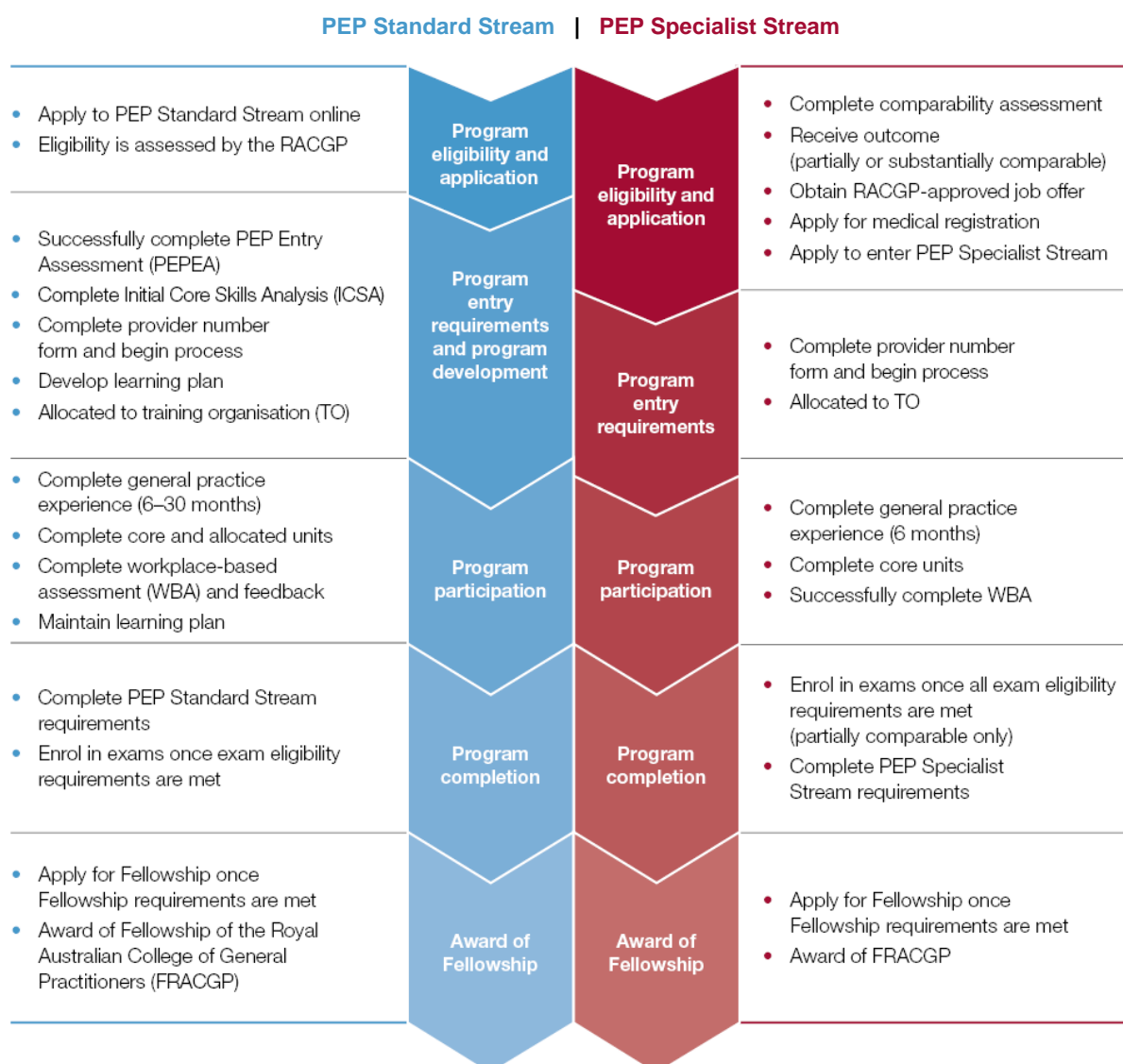


Figure 1. The PEP participant journey

## 2. Programs on the pathway to Fellowship

The RACGP Fellowship Program, which encompasses the Australian General Practice Training (AGPT) Program, TO and PEP Standard and Specialist streams, will eventually replace all the other programs on the pathway to Fellowship.

While there are some similarities between the PEP Standard Stream and the AGPT Program, there are also substantial differences. The PEP Standard Stream is an individualised learning program based on the current knowledge, skills, experience and confidence of each participant. Because of the focus on the individual rather than on a structured program designed for a particular group of registrars (as in the AGPT), PEP Standard Stream participants are not part of a time-based cohort of peers and are unlikely to be undertaking the same learning program as any other individual in the program.

Unlike the AGPT Program, support in the form of an onsite supervisor is not always available for PEP Standard Stream participants; however, the TO provides support in other forms.

The PEP Specialist Stream is for SIMGs who hold a recognised specialist qualification and who to attain FRACGP.

## 3. Program eligibility

### 3.1 PEP Standard Stream

#### Participant entry

Entry into the PEP Standard Stream involves five stages:

1. Application
2. Eligibility assessment
3. PEP Entry Assessment (PEPEA)
4. Initial Core Skills Analysis (ICSA)
5. Acceptance of the individualised Program Agreement and payment of the program fees

#### 3.1.1 Application

The RACGP manages the PEP Standard Stream application process. Applications are accepted online during the application period via the RACGP website. From 2020, the RACGP will accept quarterly applications.

#### 3.1.2 Eligibility assessment

Applicants starting the PEP Standard Stream in 2020 must:

- pass PEPEA
- hold current Australian medical registration without restrictions
- have a job, or a job offer for, delivering general practice services in Australia.

If more applications are received than places available, the RACGP will allocate places based on predetermined criteria, including MMM status, clinical experience and recency of practice. Factors such as self-identified need, based on personal or professional circumstances, will also be taken into consideration during the allocation process.

#### 3.1.3 Practice Experience Program Entry Assessment

From 2020, candidates will be invited to enrol in the PEPEA, which is the required assessment for entry to the PEP Standard Stream. This assessment focuses on general practice knowledge, skills and attributes.

The PEPEA consists of two question types – clinical applied knowledge questions, and situational judgement test questions. Situational judgement test questions aim to assess a candidate's judgement in a range of professional scenarios, often with a focus on ethical, moral and legal issues and professionalism. These questions seek to assess the candidate's reasoning in these scenarios.

The PEPEA is a three-hour assessment, and will be held in major capital cities on four dates in 2020.

Enrolment for the PEPEA is completed via an online portal where candidates will pay the selection fee and nominate a preferred available assessment venue. Candidates must be deemed eligible for the PEPEA in order to enrol, and eligible candidates will be given detailed instructions via email on how to enrol once their eligibility is determined.

For further information regarding the PEPEA, please read the [PEPEA section](#) of the FAQs on the PEP Standard Stream website.

#### 3.1.4 Initial Core Skills Analysis

If the applicant is successful, they will be required to complete the ICSA. The ICSA assesses an applicant's level of competence and confidence against each of the [core skills of general practice](#).



Completion of an ICSA involves the following steps.

**1. Evidence collection**

Each applicant is asked to provide records of any previous Quality Improvement and Continuing Professional Development (QI&CPD) Program activities or other evidence that supports their claims of current competence in specified areas.

**2. Multiple-choice questionnaires**

Applicants undertake a set of timed multiple-choice questionnaires. The multiple-choice questionnaires help to determine the applicant's level of clinical knowledge and confidence and, therefore, which PEP Standard Stream learning units RACGP medical educators (MEs) advise them to undertake. There are a total of 150 questions, delivered in five timed blocks of 30 questions. Applicants also rate their level of confidence for each of their answers. The ME assessing the multiple-choice questionnaires notes any mismatch between competence and confidence, as this can indicate either over-confidence or under-confidence in particular areas.

**3. Simulated consultations**

Applicants watch a set of online, simulated general practice consultations and answer questions on the scenarios presented. This helps provide them with insight into their clinical reasoning and communication skills. The GP acting in the videos may not always be giving the best advice or treatment options. This strategy provides the applicant with the opportunity to demonstrate what they might do differently in the same situation.

**4. Self-reflection**

Applicants watch a set of online, simulated general practice consultations and answer questions on the scenarios presented. This helps provide them with insight into their clinical reasoning and communication skills. The GP acting in the videos may not always be giving the best advice or treatment options. This strategy provides the applicant with the opportunity to demonstrate what they might do differently in the same situation.

The RACGP collates each applicant's ICSA results and provides these to trained RACGP ICSA MEs to inform the development of a learning program.

### 3.1.5 Developing the individual's program

Based on the information provided by the applicant on their application, the results of the ICSA and any additional information or evidence that the applicant submits, the RACGP ICSA assessor determines the applicant's individual program requirements (IPRs). An applicant's IPRs detail the time they are required to spend in the PEP Standard Stream and the recommended content (learning units) of their personalised learning program. RACGP ICSA MEs also provide feedback to each applicant on their ICSA results overall and other areas they may wish to focus on during the program.

Participants are able to change allocated units if they feel that there are others that better suit their identified learning areas. They must, however, still complete the number of required units stipulated in their IPRs. Participants are encouraged to discuss any desired changes in their initial meeting with a TO ME or mentor at the start of the program, and have until three months after commencement to change units.

An RACGP senior ME reviews and approves each participant's IPRs. Once this is completed, the applicant receives a Practice Experience Program Code of Conduct, their ICSA results, an invoice for Term 1 of the program (totalling \$2000) and their Program Agreement (containing their IPRs) to review and accept. This agreement is separate to any agreement that the TO may have that they require the applicant to sign. Before accepting the Program Agreement, the applicant must be a financial member of the RACGP.

Once the RACGP Program Agreement is signed and the first invoice paid, the applicant is officially a participant in the PEP Standard Stream.

The participant learning plan is accessed online, and the TO ME mentor is able to review and comment on the plan, which should be updated at least every six months.

## 3.2 PEP Specialist Stream

### 3.2.1 Participant entry

To be eligible for the PEP Specialist Stream you must:

- hold a recognised specialist qualification in general practice
- complete a comparability assessment.

For a list of recognised specialist qualifications, please visit the PEP Specialist Stream [website](#).

### 3.2.2 Comparability assessment

Comparability is the extent to which an SIMG's recency, continuity of practice, continuing professional development, assessment, training, qualifications and clinical experience are assessed as equivalent to an Australian-trained specialist GP at the point of attaining Fellowship.

On completion of the comparability assessment, a GP will be categorised as follows.

<b>Substantially comparable</b>	Assessed as suitable to undertake the full scope of general practice, taking full responsibility for all patients, with limited oversight of their practice by a supervisor. The GP is not required to sit Fellowship exams.
<b>Partially comparable</b>	Assessed as suitable to undertake the full scope of general practice in a supervised capacity. The GP will be required to pass the Fellowship exams.
<b>Not comparable</b>	Does not meet the requirements of the PEP Specialist Stream. The GP may be able to complete the RACGP Fellowship assessment requirements via the PEP Standard Stream.

### 3.2.3 Application

The RACGP manages the PEP Specialist Stream application process. Applications for the PEP Specialist Stream are accepted online throughout the year via the RACGP website. This is in contrast to the quarterly intakes in the PEP Standard Stream.

### 3.2.4 Program entry requirements

Program entry requirements must be completed within six months after participants apply for entry to the program. This is defined by the date the participant signed and returned their Program Agreement.

Participants must:

- hold current medical registration and a valid certificate of good standing
- provide an RACGP approved job offer in comprehensive general practice in Australia in MMM areas 2–7 (substantially comparable doctors may be eligible for MMM1 Distribution Priority Areas [DPA])
- hold a PEP provider number
- sign an agreement with a suitable supervisor (who must be a Fellow of the RACGP).

Participants in the PEP Specialist Stream hold a recognised specialist qualification and are not required to undertake the PEPEA or ICSA to enter the program.

## 4. Program delivery

### 4.1 Program intake and duration

The PEP will be delivered by the RACGP in partnership with TOs. Successful applicants will be allocated a TO based on the location of their practice and TO availability.

Table 1 lists the program duration and intakes for the two PEP streams from January 2020.

**Table 1. Program delivery intake**

	PEP Standard Stream	PEP Specialist Stream
Program intake and structure	Six-month term structure and quarterly intake (January, April, July, October)	Six-month term structure and rolling intake
Program duration	Determined by ICSA and ranges 6–30 months (extension of six months might be granted)	Six-month program

ICSA, Initial Core Skills Analysis

### 4.2 Program administrative support

Non-medical support staff at TOs are the main point of contact for participants. They answer routine enquiries and escalate problems and concerns. They also assist with coordination of training activities and the workplace-based assessment (WBA), and help participants stay on track throughout the program.

Administrative support incorporates:

- scheduling clinical assessments (direct observation and clinical case analysis)
- preparation of all WBA-related paperwork
- regular review of participant progress, including checking learning units to ensure timely completion by participants
- prompt escalation of any concerns to MEs or the TO and/or the RACGP as required
- administration of all reporting related to the PEP Standard Stream
- general assistance to TO MEs
- scheduling of required meetings
- responding to participant enquires (referring to the RACGP where required)
- any other necessary PEP activities to support the participant.

The flowchart in [Appendix C](#) provides a visual summary of a Standard Stream participant's journey and who is responsible for certain aspects of this. A flowchart for the Specialist Stream is currently being developed.

### 4.3 Allocation to TO

Once an applicant has accepted their Program Agreement and become a PEP participant, they are allocated to an appropriate TO that delivers their program.

The RACGP allocates participants to a TO dependent on the location of the participant's primary practice location. The TO can nominate the number of PEP participants it is willing and able to support; however, the RACGP cannot guarantee a minimum or maximum number of participants per TO. This depends on the number of applicants who are eligible and who the RACGP accepts into the PEP prior to allocation.

TOs are given the opportunity to review allocations before they are finalised and advise of any conflicts of interest. In the event of a valid conflict of interest, the applicant is re-assigned to a different TO, pending approval by the TO.

When allocations are finalised, the RACGP provides each TO with full details of their participants, including copies of their PEP-related documentation (Table 2).

**Table 2. PEP-related documentation**

PEP Standard Stream	PEP Specialist Stream
Application information and attachments (including CV)	Approved job offer
Full ICSA report	Comparability outcome
IPRs and Program Agreement	Program Agreement

*ICSA, Initial Core Skills Analysis; IPRs, Individual Program Requirements*

### 4.3.1 TO transfer

Participants must submit a 'Change in circumstances' form to the RACGP if they wish to transfer to another TO, with details of the reason for the request. The RACGP notifies both TOs upon receipt of this request. The RACGP and both TOs must approve the transfer. If approved, remaining funds allocated for the participant are transferred from the original TO to the new TO. The RACGP is responsible for updating the online learning system.

## 4.4 Supervision

Unless participants have a supervisor allocated to them as part of their registration requirements, the TO does not allocate an onsite supervisor as part of the PEP. The TO is also not responsible for accrediting, supporting or training supervisors for PEP participants.

From time to time the TO may need to contact the supervisor of a PEP Standard Stream participant if there are patient safety or professionalism concerns in regard to the participant. Participants who would like additional advice and support are encouraged to approach an experienced GP, external to the TO, who is willing to help them. This arrangement is between the participant and the person they select.

## 4.5 Online learning portal

The RACGP online PEP portal is the base for all PEP-related activities. Once a participant's TO allocation is finalised, the RACGP will provide them with initial orientation materials and they will be able to log in to the PEP portal with their RACGP login details.

The RACGP will complete the initial setup of each participant in the portal. This will include assigning them to their TO and enrolling them in the required learning units. From this point, the responsibility for each participant rests with the TO for program delivery (with ongoing RACGP support).

The TO will have its own login to the portal and the learning management system (LMS) – Litmos. The learning units are accessed on the LMS. Additional training materials are available to TOs to use on the portal in the 'Help' section of the portal, and user guides to the LMS can be found on the resources section of the [PEP website](#).

## 4.6 Participant feedback

Feedback is delivered in a structured way to provide participants with an accurate assessment of their progress. The TO needs to put in place feedback processes throughout each participant's program to enable effective monitoring of their performance.

The emphasis in feedback provided by TO MEs needs to be on helping participants evaluate and improve their performance as GPs so that they can reach the standard required for FRACGP.



To gain most benefit, participants need to interpret feedback as information designed to support and guide, rather than as criticism. All staff interacting with PEP participants need to be skilled at giving supportive, positive feedback.

## 4.7 Participant wellbeing and safety

Each participant is responsible for discussing with the TO any safety, work–life balance or stress issues as soon as they arise, and disclosing and discussing any circumstances that could place themselves or their patients at risk. Participants who feel uncomfortable discussing personal matters should be encouraged by the TO to access the free, [confidential counselling service](#) offered to RACGP members.

While the PEP offers a learning unit on ‘Doctor’s health’, the TO can suggest more guidance and resources.

As part of the routine support they offer participants, TO administrative support staff and MEs should check whether the participant’s workload is excessive, which may be causing stress and affecting their performance.

A key factor in ensuring participant and patient safety is encouraging participants to abide by the maximum safe working hours of 38 hours per week, as defined by the Fair Work Ombudsman. This will not only allow participants to maintain appropriate work–life balance and wellbeing, but also ensures that they have sufficient time to dedicate to PEP units and preparation for Fellowship exams (if applicable).

The RACGP has further resources available on safety and wellbeing. You will find them listed in [Useful resources](#).

## 4.8 Participant working hours

PEP participants may work part time (in line with the minimum outlined in [Definitions](#) at the back of this guide) during their time in the program. However, participants must complete their program within the allocated time; for example, they must complete six months of allocated learning units within six months, regardless of whether they are working part time.

Participants who wish to work part time during the program should be aware that:

- they may not have enough clinical experience time to be eligible to sit the exams at the conclusion of the program
- they may not have enough time in practice to complete any learning units with activities that take place in practice
- their rate of progression may be affected due to less time spent in practice developing their skills.

## 4.9 Leave

Participants must submit a ‘Change in circumstances’ form to the RACGP if they wish to take leave. The RACGP notifies the participant’s TO upon receipt of this request. Both the RACGP and the TO must approve the leave. The RACGP is responsible for updating the online learning system.

## 4.10 Withdrawal

Participants must submit a ‘Change in circumstances’ form to the RACGP if they wish to withdraw from the PEP. The RACGP notifies the relevant TO upon receipt of this request. The TO retains any funds already allocated to them for the participant for that current six-month term, and the RACGP removes the participant from the online learning system.

## 5. Participant assessment

### 5.1 Summary of participant assessment and activities

Participant assessment for the PEP streams is outlined in Table 3.

Table 3. Participant assessment and activities		
	PEP Standard Stream	PEP Specialist Stream
<i>Pre-program activities delivered by the RACGP</i>		
<b>PEPEA</b>	Determines program entry eligibility	N/A
<b>ICSA</b>	Determines program length	N/A
<i>Program activities delivered by the training organisation (TO)</i>		
<b>Online learning modules and allocated units</b>	Core module + allocated units	Complete core module
<b>Structured mentoring</b>	Yes	Yes
<b>Learning plan</b>	Yes	N/A
<b>Logbook</b>	Yes	N/A
<b>Progress report from TO to RACGP</b>	Yes, once per term	N/A
<b>AHPRA supervisor reports</b>	N/A	Yes
<b>Multisource feedback</b> <ul style="list-style-type: none"> <li>• Colleague Feedback Evaluation Tool</li> <li>• Doctors' Interpersonal Skills Questionnaire</li> </ul>	Once per program	Once per program
<b>Direct observation using the Mini-CEX tool</b>	Once per term (minimum four cases)	Once per term (minimum four cases)
<b>Clinical case analysis</b> <ul style="list-style-type: none"> <li>• Case-based discussion</li> <li>• Random case analysis</li> </ul>	Once per term	Once per program (minimum two cases)
<b>Repeat WBA</b>	N/A	Yes, if necessary – substantially comparable only
<i>Post-program activities delivered by the RACGP</i>		
<b>Fellowship examinations (AKT, KFP, OSCE)</b>	Yes	Partially comparable – yes Substantially comparable – no
<small>AHPRA, Australian Health Practitioner Regulation Agency; AKT, Applied Knowledge Test; ICSA, Initial Core Skills Analysis; KFP, Key Feature Problem; Mini-CEX, Mini-Clinical Evaluation Exercise; OSCE, Objective Structured Clinical Exam; PEPEA, Practice Experience Program Entry Assessment; RACGP, The Royal Australian College of General Practitioners; WBA, workplace-based assessment</small>		

## 5.2 Medical educator mentoring

Each participant has access to TO MEs to assist them with planning learning and to provide guidance and mentoring as they progress through the PEP Standard Stream. As a minimum, this includes:

- two meetings in Term 1 between each participant and their assigned TO ME, with the first meeting taking place within one month of the beginning of the first PEP Standard Stream term so that the ME can advise the participant on the development of a learning plan
- one meeting between each participant and their assigned TO ME in each subsequent PEP Standard Stream term
- assessment of 'assessable items' within each learning unit by the TO ME
- TO ME regularly reviewing/providing feedback on the participant's:
  - learning plan
  - clinical examinations and procedural skills logbook
  - progress on allocated learning units
  - multisource feedback, which is completed once during the PEP Standard Stream
  - Participant Progress Reports (submitted at the end of each term).

## 5.3 PEP workplace-based assessment

The WBA supports the participant's development, provides feedback on their progress and helps them identify any areas for improvement. A key component of the WBA from the perspective of the participant is the opportunity to reflect on their performance and plan their ongoing learning.

There is no pass or fail mark in any of the assessments and there is no specific study or preparation required for them. The benchmark for all assessments is what is expected of the participant at the point of RACGP Fellowship, giving participants a clear indication of their progress towards that endpoint. The assessments are not topic-based but rather focus on the core skills required of a GP.

PEP participant assessment includes the following.

### 5.3.1 Direct observation of consultations – The Mini-Clinical Evaluation Exercise

The Mini-Clinical Evaluation Exercise (Mini-CEX) involves the participant being observed by a TO assessor while consulting with a patient. The participant is provided with the opportunity to engage in feedback with the assessor immediately after the observation. Where possible, the assessment should take place in the participant's usual place of work. Each clinical encounter is rated using the RACGP Mini-CEX form. Where appropriate, the observation may be undertaken using simulated patients, via videoconference or via video recording of consultations.

### 5.3.2 Clinical case analyses

Clinical case analyses can be conducted in the participant's workplace using recent patient notes (random case analysis), or conducted remotely using submitted cases (case-based discussion). There is a clinical case analysis template for case submission. The assessor reviews the cases and uses this to prepare the outline of the assessment. The cases can be either random case analysis or case-based discussion, or a mixture of both, and this will be determined by the TO.

### 5.3.3 Multisource feedback and patient satisfaction

Multisource feedback is a validated process for assessing interpersonal and professional behaviour, development and clinical skills. Participants collect feedback from colleagues, practice staff and patients using specific and standardised questionnaires. The participant can undertake the multisource feedback through Client Focused Evaluations Program surveys – the Colleague Feedback Evaluation Tool (CFET) and Doctors' Interpersonal Skills Questionnaire (DISQ) – or by using an existing TO tool that is currently in use and tested within the AGPT Program. A final report is uploaded onto the online portal by the TO PEP coordinator.

#### 5.3.4 Clinical examinations and procedural skills

Participants document a range of recommended procedural skills in a logbook. This encourages them to consider where they might need to improve or increase specific skills, especially in light of their community's health needs. The participant also reflects continually on their clinical examination skills to ensure they maintain and improve them as the need arises. The TO ME reviews the logbook at least once per term.

### 5.4 PEP Standard Stream: Exemptions to undertaking direct observation in the participant's place of work

The PEP WBA comprises various assessments, one of which is direct observation of performance. This, combined with a clinical case analysis (CCA), is referred to as a clinical assessment. There is a requirement that at least one clinical assessment be undertaken in the participant's practice during their time in the PEP.

As part of its evaluation and quality assurance process, the RACGP will track outcomes of the WBA, and this includes where the assessments are being undertaken. Direct observation that is not performed in the practice setting requires prospective approval from the RACGP. The following outlines the process by which such requests will be processed.

#### 5.4.1 Governing principles

- Each participant will have at least one clinical assessment undertaken in their place of work during their participation in the PEP.
- Any exemption requires prospective approval from the RACGP.
- The General Manager, Education Services, makes the determination as to whether an exemption will be approved on a case-by-case and term-by-term basis.
- The RACGP will record the exemptions and a participant will not be deemed to have satisfactorily completed the PEP unless there is clear evidence of the in-practice assessment requirement being met or an appropriate exemption recorded.
- Once the requirement has been met, no further exemption application is required.
- However, for monitoring purposes, all direct observation undertaken in any location other than the participant's workplace must be notified to the RACGP.

#### 5.4.2 Application for exemptions

- The TO requests consideration for an exemption to the in-practice assessment requirement for each participant by sending an email to [pepadmin@racgp.org.au](mailto:pepadmin@racgp.org.au). The email should provide details of the participant's place of work and reasons for the request for an exemption.
- All requests are reviewed initially by an RACGP medical educator. Further information from the TO or PEP team will be sought where necessary.
- Participants undertaking home visits only (after-hours service) will be provided an exemption for the term.
- All other requests are escalated to the General Manager, Education Services, for final determination.
- The outcome of the application will be notified to the TO within 10 business days.

##### 5.4.2.1 RACGP process for recording and tracking clinical assessments

- All applications are recorded with the outcomes noted.
- All clinical assessments undertaken as a simulation (ie not at the participant's place of practice) are recorded.
- An audit is done of the assessments at the end of each term.
- Any participant who has not been assessed in their practice is tracked for as long as the requirement is outstanding.



## 6. PEP completion

### 6.1 Exam eligibility

#### PEP Standard Stream and PEP Specialist Stream (partially comparable)

In order to sit the FRACGP exams, participants are required to fulfil the exam eligibility requirements as per the current RACGP [Fellowship Pathways Policy Framework](#).

PEP Standard Stream participants can enrol in the exams while they are on the program, but they cannot sit any exam segment unless they have completed their program or have withdrawn from it. When a participant starts in the PEP Standard Stream, their current exam cycle is put on hold. During their time in the program they cannot sit exams, and the 'clock stops' for previously passed exams subject to the three-year expiry rule.

PEP Specialist Stream participants are required to sit the exams only if they have been determined to be partially comparable. These participants will have to fulfil their exam eligibility requirements as per the [PEP Specialist Stream policy](#). Participants have up to 24 months, including their time on the program, to pass the FRACGP exams. They therefore have less time and fewer exam attempts to meet the Fellowship requirements.

### 6.2 Fellowship eligibility (FRACGP)

#### PEP Specialist Stream (substantially comparable)

Substantially comparable doctors in the PEP Specialist Stream are not required to attempt the FRACGP exams. The program assessment outlined in Table 4 must be completed, the participant assessed as satisfactory by the TO, followed by an overall assessment by the RACGP as to whether the participant is eligible for Fellowship.

In the event that a participant is not deemed eligible for Fellowship, a second and final WBA may be required.

A second assessment may be required in the following circumstances:

- assessment was unsatisfactory overall
- further evidence is required to demonstrate participant performance at the level of Fellowship
- assessment was only partially completed.

If the assessment is not satisfactorily completed on the second attempt, the participant will no longer be recognised as substantially comparable and will have not met the Fellowship requirements within their allocated time frame. The participant will be reassessed as partially comparable and will be required to complete the RACGP examinations. They will not be required to complete an additional PEP term.

### 6.3 Reporting

When a participant completes their allocated time on the PEP (as outlined in their Program Agreement), their TO submits a Participant Program Completion Report to the participant via the PEP portal.

The TO also submits the Participant Program Completion Report to the RACGP as part of their PEP Standard Stream Term Report.

The RACGP considers that the PEP Standard Stream is complete at the end of each participant's allocated program time regardless of whether the participant satisfactorily finishes all of their learning units.

The RACGP is responsible for updating the online systems to reflect the completion of each participant's PEP Standard Stream.

Throughout the program, the TO provides the participant and RACGP with regular reports, outlined in Table 4.

**Table 4. PEP reporting requirements**

	<b>PEP Standard Stream</b>	<b>PEP Specialist Stream</b>
<b>Participant Progress Report</b> This report summarises the participant's program status overall, indicates whether requirements are being fully, partially or not met, and provides further details when required. It will be completed using an RACGP template and submitted via the online portal.	Once per term	N/A
<b>PEP Standard Stream Term Report</b> This report is submitted by TOs at the conclusion of each PEP Standard Stream term, and contains: <ul style="list-style-type: none"> <li>• aggregated participant data</li> <li>• Participant Progress Reports</li> <li>• participant feedback.</li> </ul>	Once per term	N/A
<b>AHPRA Supervisor Report</b> This report is submitted by the practice supervisor. It does not need to be completed by the TO.	N/A	3, 12, 24 months
<b>Participant Program Completion Report</b> This report details all activities (including learning units, assessments and any other relevant activities) completed by the participant at the conclusion of their program time. It will be completed and submitted via the online portal.	Upon program completion	
<b>Annual Financial Report</b> The TO must provide the RACGP with an Annual Financial Report, using the RACGP's prescribed template, including an itemised reconciliation of the costs incurred in performing PEP Standard Stream activities for the relevant reporting year. The RACGP may request receipts and relevant evidence as part of the financial reporting. This report will be completed and submitted via the online portal.	Once per calendar year	
<small>AHPRA, Australian Health Practitioner Regulation Agency; PEP, Practice Experience Program; RACGP, The Royal Australian College of General Practitioners</small>		

## 6.4 Remediation

The participant's progress in the PEP Standard Stream is monitored continually to ensure that the participant is performing to an expected standard. When participants are underperforming, the TO may decide to take further action. Participants in the PEP Specialist Stream do not undertake remediation.

The management of underperformance is also termed 'remediation', a process that begins with identification of a concern, followed by investigation into and assessment of the concern, decision making about possible interventions and, finally, formulation and implementation of a management plan.

The reasons for underperformance fall into four broad areas: clinical capability, health and personal issues, attitudes and behaviour, and work environment and systems.

When a TO assessor and/or mentor identifies underperformance, they should notify the TO, which decides whether a referral to the RACGP Remediation Unit is required. If this does occur, the RACGP Remediation Unit appraises the participant's clinical capability based on information provided by the TO and discussions with the participant. The Remediation Unit will determine the level of support and/or intervention that the participant would benefit from, and make appropriate recommendations to provide the necessary support. In some instances, where there is uncertainty regarding the concerns expressed by the TO, the Remediation Unit may conduct a formal assessment of clinical skills.

While remediation is not mandatory, participants are encouraged to undertake a program if it has been recommended. Remediation activities are undertaken at participant cost.

The RACGP will monitor and assess participants for progress through the remediation program and provide them with a remediation progress report upon completion.

## 7. PEP evaluation

Evaluation of the PEP's first year will be critical to inform ongoing program development and improvement. The evaluation will help to:

- determine the needs of non-VR doctors and facilitate tailored participation in the PEP
- monitor and report program implementation to determine and document progress in achieving program objectives
- investigate the extent to which program objectives and expected outcomes are achieved, as well as the context surrounding these achievements, such as improvements in participants' knowledge, skills, attitudes, intentions or behaviours
- inform ongoing program improvement.

The RACGP Evaluation Team will manage the formal evaluation of the PEP.

The PEP evaluation will focus on the main program stages and associated activities – from development and promotion, to application and selection, implementation, assessment and progress monitoring, and beyond. Mixed qualitative and quantitative evaluation methodologies will be used to collect baseline, short-term and intermediate outcomes, and longer-term impact data of relevance to the PEP objectives.

To monitor and evaluate relevant activities, supports and other factors that may affect participant needs, experiences and outcomes (core PEP components and otherwise), the PEP evaluation will access data from a range of sources, including routinely collected administrative/operations data, TO reporting data, PEP participants, relevant TO representatives, PEP staff and other stakeholders involved in PEP assessment, mentoring, remediation and support.

The anticipated TO contribution to the PEP evaluation will include:

- participation of relevant PEP staff (eg MEs, administrators) in periodic evaluation surveys, interviews or focus groups scheduled for each major PEP phase
- consideration of requests for the provision of, or access to, additional unit record data and information of relevance to PEP evaluation questions (eg around relevant support, resourcing, assessment or other activities undertaken in addition to core PEP components/deliverables)
- participation of senior TO representatives in periodic PEP evaluation results reporting workshops, to be scheduled where feasible in accordance with major PEP milestones
- undertaking agreed program improvements based on evaluation reports and recommendations.

If you have any concerns or questions about the PEP, please contact the PEP team at [pepadmin@racgp.org.au](mailto:pepadmin@racgp.org.au)

## Useful resources

### Websites

- [DoctorConnect](#)
- [Medical Board of Australia](#)
- [The RACGP PEP Standard Stream](#)
- [The RACGP PEP Specialist Stream](#)
- [Remote Vocational Training Scheme](#)

### Other RACGP resources

- 'A guide to completing the PEP Specialist Stream Comparability Assessment'
- *Australian Family Physician* article on 'Workplace bullying'
- Criterion C3.5 – Work health and safety, in the RACGP's *Standards for general practices* (5th edition)
- Doctors' health contextual unit, in the Curriculum for Australian General Practice 2016
- *Good Practice* article on 'Workplace scars'
- GP Support Program
- PEP Code of Conduct
- PEP Specialist Stream fact sheet
- PEP Specialist Stream policies
- PEP Standard Stream policies
- The RACGP–AIDA Mentoring Program



# Appendices

## Appendix A. Acronyms, initialisms and definitions

### Acronyms and initialisms

<b>ACRRM</b>	Australian College of Rural and Remote Medicine
<b>AGPT</b>	Australian General Practice Training
<b>FTE</b>	full-time equivalent
<b>FRACGP</b>	Fellowship of the Royal Australian College of General Practitioners
<b>GP</b>	general practitioner
<b>ICSA</b>	Initial Core Skills Analysis
<b>IPRs</b>	individual program requirements
<b>KFP</b>	Key Feature Problem
<b>LMS</b>	learning management system
<b>ME</b>	medical educator
<b>MMM</b>	Modified Monash Model
<b>PEP</b>	Practice Experience Program
<b>PEPEA</b>	Practice Experience Program Entry Assessment
<b>QI&amp;CPD</b>	Quality Improvement and Continuing Professional Development Program
<b>RACGP</b>	The Royal Australian College of General Practitioners
<b>SIMG</b>	specialist international medical graduate
<b>TO</b>	training organisation
<b>WBA</b>	workplace-based assessment

### Definitions

Term	Definition
<b>Applicant</b>	A medical practitioner who is applying for entry into the PEP.
<b>Appeal</b>	The process by which interested parties who contend an incorrect decision has been made by the RACGP may appeal that decision. Scope of appeal may include competency assessment decisions, program duration and learning unit decisions, finding of educational misconduct, outcome of a request for special consideration, continuing professional development decisions, and program assessments.
<b>Assessment</b>	The systematic process for making judgements on the participant's progress and level of achievement or competence against defined criteria.
<b>Candidate</b>	A participant who is enrolled in an RACGP examination.
<b>Comparability assessment</b>	The extent to which an SIMG's recency, continuity of practice, continuing professional development, training, qualifications and clinical experience are assessed as equivalent to an Australian-trained specialist GP.

<b>Competence</b>	The array of abilities across multiple domains or aspects of GP performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context and stage of training. Competence is multidimensional, dynamic and changes with time, experience and setting.
<b>Comprehensive Australian general practice</b>	Comprehensive Australian general practice is: <ul style="list-style-type: none"> <li>• continuity of care that is person centred, comprehensive and coordinated, focusing on the whole person and all presenting symptoms</li> <li>• health promotion and illness prevention services that are based on patient need and the best available evidence</li> <li>• 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</li> <li>• community-based general practice undertaken in Australia.</li> </ul>
<b>Core skills</b>	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.
<b>Core units</b>	Mandatory learning units that are completed by all PEP participants to provide the context of Australian general practice.
<b>Curriculum</b>	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.
<b>Eligibility</b>	The determination that the applicant has the required qualifications and skills to apply for the program.
<b>Entry</b>	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.
<b>Feedback</b>	Specific information about the comparison between a participant's observed performance and a standard, given with the intent to improve the participant's performance.
<b>Fellowship</b>	A qualification awarded by an accredited specialist medical college leading to registration in a specialist field of medicine and eligibility for Medicare benefits of the specialism.
<b>Individual program requirements (IPRs)</b>	Informed by the ICSA and prior general practice experience, this process brings together all elements of a participant's current competence, specific learning needs and areas for additional professional development during the participant's time on the program. It incorporates learning units and program duration.
<b>Initial Core Skills Analysis (ICSA)</b>	This assessment comprises self-assessment tools used to help determine an applicant's targeted learning needs, learning units and program duration, which are then codified in the IPRs.
<b>Learning Program</b>	The configuration of units, tailored for the individual participant, to be completed during time in the PEP Standard Stream.
<b>Learning units</b>	Learning units are allocated based on the participant's learning program. There are approximately 40 learning units, each mapped against the RACGP curriculum and each one covering a number of the core skills of general practice.
<b>Medical educator (ME)</b>	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.

<b>Partially comparable</b>	An SIMG with specialist qualification who has been accepted into the PEP Specialist Stream and has been assessed as suitable to undertake a defined scope of practice in a supervised capacity and reach comparability within 24 months of FTE practice. They will be awarded Fellowship when all program requirements have been met.
<b>Participant</b>	A medical practitioner who has been accepted into the PEP, and who has signed a Program Agreement with the RACGP.
<b>Performance</b>	What is actually undertaken in practice.
<b>Practice-based</b>	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.
<b>Program Agreement</b>	A contract outlining the roles and responsibilities of the participant, the RACGP and the training organisation, and delineating the consequences of non-progression. The Program Agreement must be signed prior to the participant commencing in the PEP Standard Stream. The applicant becomes a participant upon signing the agreement.
<b>Progress</b>	Demonstrated improvement in clinical skill.
<b>Remediation</b>	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.
<b>Training organisations (TOs)</b>	Predominantly Commonwealth-funded organisations accredited by ACRRM and the RACGP to deliver training streams via the Fellowship Programs.
<b>Substantially comparable</b>	An SIMG with specialist qualification who has been accepted into the PEP Specialist Stream and has been assessed as suitable to undertake the intended scope of practice, taking full responsibility for all patients, with limited oversight of their practice by a supervisor (peer review). They will be awarded FRACGP when all program entry requirements have been met.
<b>Time requirements:</b>	
<b>Full time</b>	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.
<b>Part time</b>	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.
<b>Workplace-based assessment (WBA)</b>	The assessment of day-to-day working practices undertaken in the working environment. WBAs enable assessment of competencies in a real-world setting.

## Appendix B. PEP learning units

### PEP Standard Stream

**Table 1. PEP Standard Stream learning units**

Number	Unit name	Number	Unit name
1	Core skills	21	Women's health
2	Aboriginal and Torres Strait Islander health	22	Men's health
3	Doctor's health	23	Sex, gender, sexuality diversity
4	Communication and consulting skills – Part 1	24	Individuals with disabilities
5	Communication and consulting skills – Part 2	25	Occupational medicine
6	Rural health	26	Travel medicine
7	Clinical skills in the general practice context – Part 1	27	Addiction medicine
8	Clinical skills in the general practice context – Part 2	28	Abuse and violence
9	Children and young people	29	Psychological health
10	Adult medicine – Rheumatology	30	Dermatology
11	Adult medicine – Infectious disease	31	Eye medicine
12	Adult medicine – Haematology	32	Ear and nose medicine
13	Adult medicine – Renal/urology	33	Musculoskeletal and sports medicine
14	Adult medicine – Endocrine	34	Oral health
15	Adult medicine – Cardiovascular	35	Oncology
16	Adult medicine – Neurology	36	Palliative care and pain management
17	Adult medicine – Gastrointestinal	37	Sexual and reproductive health
18	Adult medicine – Respiratory	38	Residential care
19	Pregnancy care	39	Refugee and asylum seeker health
20	Care of older persons	40	Disaster management

### PEP Specialist Stream

Number	Core units (30 hours)
1	Core skills: <ul style="list-style-type: none"> <li>The Australian healthcare system and the context of Australian general practice</li> <li>Ethics and legalities of practice in Australia</li> <li>Safety (patient, personal and practice)</li> </ul>
2	Aboriginal and Torres Strait Islander health



## Appendix C. PEP Standard Stream process: RACGP and training organisation responsibilities

