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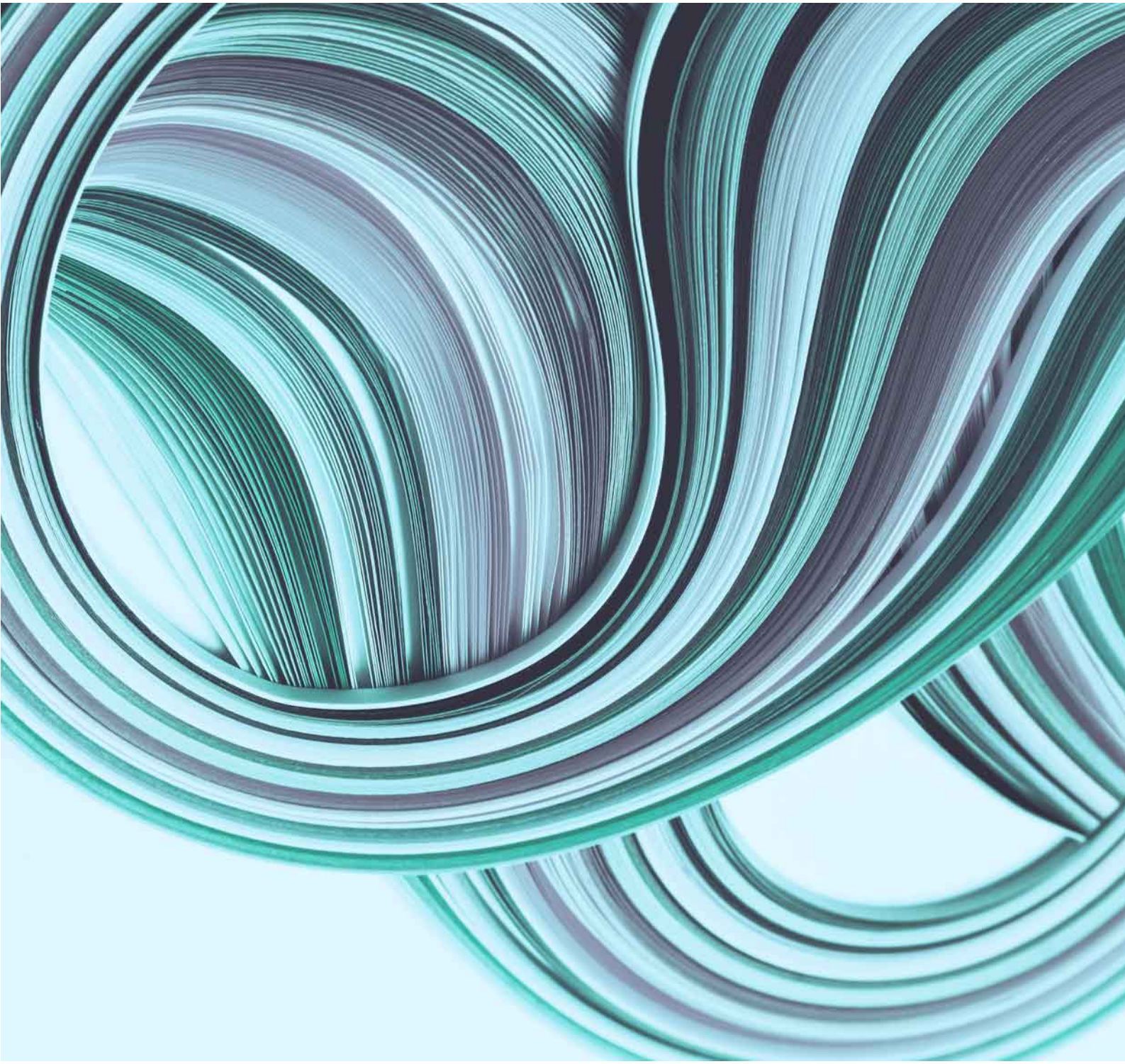
Royal Australian College *of* General Practitioners

Practice Experience Program (PEP)

Remediator guide



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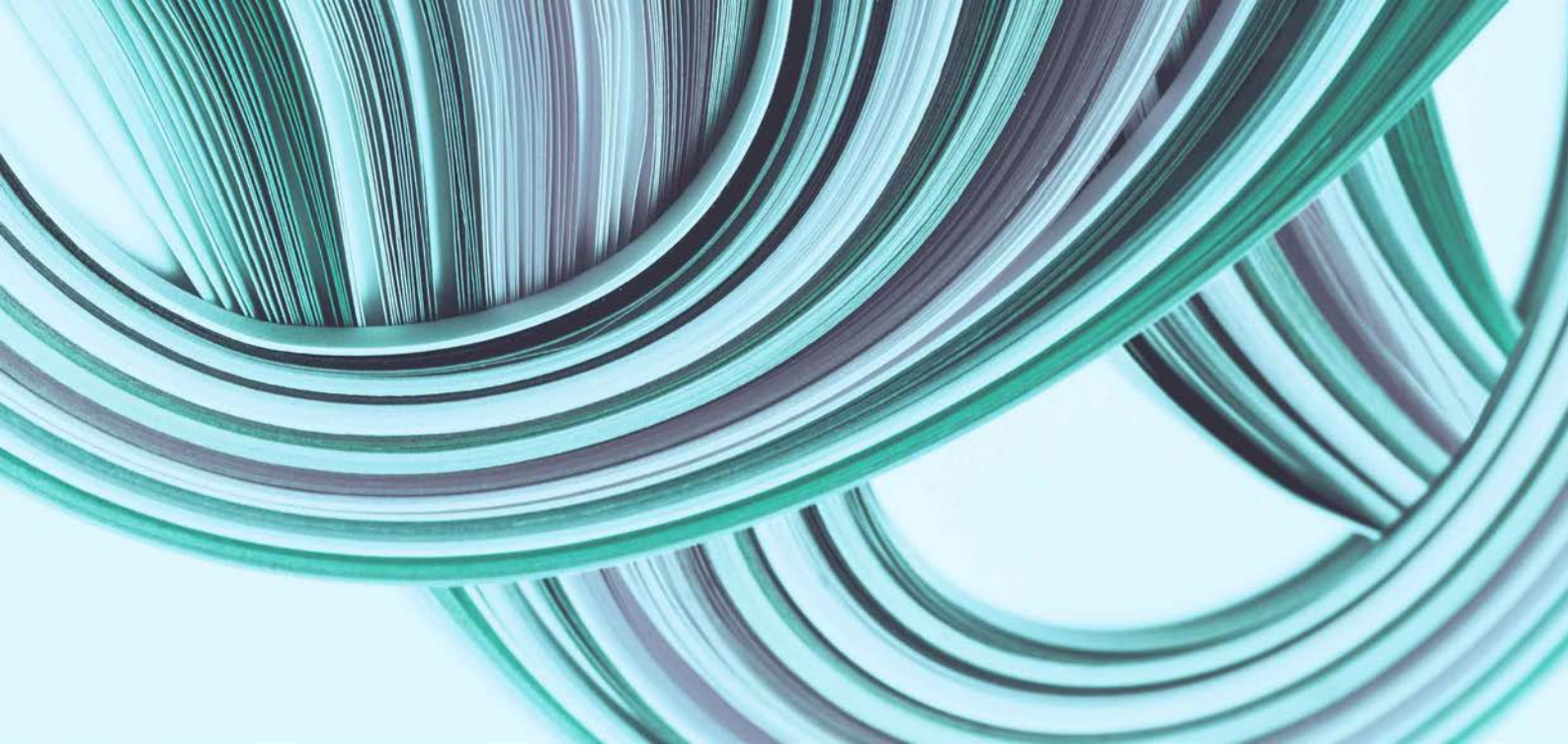
We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.



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Contents

Introduction

It is important to understand that the Practice Experience Program (PEP) is a program offering limited support. Its broad aim is to assist participants with the development of a learning program, primarily to enhance their clinical knowledge and skills but also to assist them with their preparations towards sitting the Fellowship of the Royal Australian College of General Practitioners (FRACGP) exam. The program offers participants access to a range of learning units and provides them with:

- an initial assessment that informs the first iteration of their learning plan
- contact with a mentor who will review their progress and learning plan with them and provide guidance and support
- opportunities for direct observation of clinical skills, with feedback and clinical case analysis.

While participants are working in general practice, the level of their skills upon entry into the PEP will vary. The reasons for underperformance are varied and include:

- limitations in the training they have undergone and the clinical experience that they have had before coming to Australia
- not having worked in general practice for very long
- insufficient breadth of general practice experience
- predominantly having specialty training and experience overseas and, for those who may have worked in general practice overseas, a different context for that practice
- difficulties with language and/or communication skills
- difficulties with understanding and adapting to the Australian social context and the patient-centred clinical method (contributed to by a lack of guidance, support and appropriate supervision)
- extenuating personal and family circumstances that affect their clinical capability.

There may also be participants who have not taken up opportunities to address knowledge and clinical skill areas in need of development, and participants who are unable to pass the FRACGP exam. Once again, the reasons for this are varied.

The management of underperformance is termed ‘remediation’. It is the process that begins with identifying a concern, followed by investigating and assessing that concern, decision making and, finally, formulating and implementing a management plan.

The reasons for underperformance fall into four broad areas:

- clinical capability
- health and personal issues
- attitudes and behaviour
- work environment and systems.

In order to understand and effectively manage underperformance, it is important to gather as much information as possible from all four areas and look for contributing factors. In the PEP, however, this is hampered by limited opportunities for information gathering and assessment. Furthermore, because Participants are not under supervision in the same way as general practice registrars, information from the practice may or may not be available and, if available, might not be reliable. Despite this, talking with the participant will provide additional information that, most importantly, will lead to discussion about what action(s) will be required for them to improve their knowledge and skills to the requisite level.

PEP participants who a Regional Training Organisation (RTO) believe are underperforming and who would benefit from additional support and remediation will be referred by their RTO to The Royal Australian College of

General Practitioners (RACGP) PEP Remediation Unit. In some instances, formal assessment of the participant's clinical skills may be required. In all instances, however, the main function of the PEP Remediation Unit is to appraise the participant's clinical capability and make appropriate recommendations. An important part of the appraisal is to determine whether the participant is practising safely and to a satisfactory standard, as per the RACGP's Competency profile of the Australian general practitioner at the point of Fellowship (www.racgp.org.au/FSDEDEV/media/documents/Education/Registrars/Fellowship%20Pathways/FRACGP/Competency-profile.pdf). The skills required to practise in such a manner are documented in the RACGP Core Skills unit CS16 (www.racgp.org.au/Education/Education-Providers/Curriculum/2016-Curriculum/CS16/home). The Practice Experience Program (PEP): Assessor guide is a guide for the observation of clinical skills and lists the indicators of progression of skills and of satisfactory performance. It is important therefore that remediators are familiar with the competency profile, Core Skills unit and the assessor guide.

Following appraisal of the participant's clinical skills, specific recommendations will be made to the participant to address the identified concerns. Certain interventions, or remedial activities, may also be recommended, ranging from simple advice and support through to formal mentoring and retraining. In the PEP, because remediation is not mandated and because costs associated with remediation will be largely borne by the participant, remediation is more likely to consist of advice, support and review of the learning plan.

The PEP remediation process

1. Problem identification

This is the responsibility of the RTO and their medical educators (MEs). In the practice, performance concerns may be identified by:

- the supervisor
- feedback from other doctors in the clinic, the practice manager and reception staff
- patient feedback
- results of multisource feedback activities
- self-identification by the participant.

Generally, however, performance concerns will be identified through:

- assessment activities conducted each term (observation of clinical skills, clinical case analysis)
- feedback from the participant's mentor.

The main limitation with respect to identification of underperformance is the limited opportunities for contact with the participant and, therefore, limitations on the ability to conduct an adequate assessment of clinical skills.

2. Notification

Notification is the responsibility of the RTO and their MEs. When an RTO assessor and/or mentor identifies a potential problem, the responsible person in the RTO should be notified and a decision made as to whether referral to the PEP Remediation Unit is the best course of action. If referral is deemed appropriate, the participant should be informed that this action will be taken and that they will be contacted once the referral has been received by the PEP Remediation Unit.

The RTO's referral to the RACGP will be submitted to the PEP administrator and include:

- the identified concern(s), the reasons for the concern(s) and how these were identified
- the degree of urgency
- any information pertaining to the concerns that is not accessible via the PEP online portal.

Upon receipt of the referral, the PEP administrator will forward it to the PEP Remediation Unit. The head of the PEP Remediation Unit will review the information and any other relevant information available on the PEP online portal, and will:

- manage the referral
- manage the referral in association with a remediator, or
- assign the referral to a remediator for management.

3. Appraisal

It is important to ensure that all information pertaining to the RTO's concerns as well as the participant's progress is available. No decisions should be made without having all information to hand and without having discussed the issues with the participant.

Having made an initial appraisal of the information, the head of the PEP Remediation Unit contacts the participant to inform them that the RTO's referral has been received and to arrange a meeting with the participant to discuss the RTO's concerns. This meeting may be conducted face to face or online. Unnecessary delays in contacting the participant and/or arranging the meeting should be avoided, as this will be a stressful time for the participant.

Discussion with the participant will allow them to voice their perspective on the identified concern(s). Discussion may also provide a greater understanding of the situation, while at the same time motivating and engaging the participant should remedial interventions be required. This should be done with sensitivity and impartiality because the participant may at this point be feeling apprehensive and even vulnerable.

When a performance issue or concern has been raised, the key question for the PEP Remediation Unit to consider is 'Does it matter?' If the answer is 'no', then the issues that were raised can be revisited at the participant's next meeting with the mentor and at the next assessment of clinical skills.

If the answer is 'yes', the next key question to consider is 'Could the participant previously do it?'

If 'no', then 'Why not?'

If 'yes', then 'Why are they not doing it now?'

It may be necessary to conduct a formal clinical skills assessment to further clarify the identified issue(s) and/or to ensure that all the issues have been identified (refer to 'Problem definition' below). It is important to have a well-considered approach to assessment. Various assessment methods are available, with the following being particularly valuable:

- direct observation of consultations
- review of videorecorded consultations
- role-play of structured clinical scenarios
- multiple-choice questions/Key Feature Problem (KFP) questions.

Formal assessment of clinical skills will be at the participant's expense and, even though it might be strongly recommended, it can only be performed if the participant consents.

In making its assessment, the PEP Remediation Unit should consider the following questions:

- Is the participant practising safely and to a satisfactory standard?
- Does the participant require remedial intervention?

If the participant requires remedial intervention:

- Is this manageable by the participant (ie requiring adjustment to the learning plan only)?

or

- Is formal remediation required (additional ME support and extension of time in the PEP)?

The participant is not obliged to undergo remediation, even if strongly recommended. If the participant accepts remediation, the cost of the intervention is theirs.

Following the assessment, feedback should be given to the participant so that they are aware of and understand the issues (verbal and written). This feedback should encompass:

- the specific concerns identified (including the level of seriousness for each)
- recommendations for improvement (adjustment to the learning plan)
- whether formal remediation would be helpful to the participant (as well as the time frame and costs for the remediation)
- the reasoning behind the judgements and decisions that were made.

The participant must sign a copy of the written feedback, in acknowledgement that the issues and the recommendations have been discussed.

4. Problem definition

Once a performance issue or concern has been raised, another important question to consider is 'What else is going on?'

An identified concern doesn't usually occur in isolation. In the discussion with the participant, and certainly if a formal clinical skills assessment is to be conducted, it is important to look beyond the presenting concern and to identify any other problems that may be contributing to, or be at the root of, the presenting concern. Serious performance concerns do not occur frequently, but take up a lot of time and resources when they do.

Figure 1. The four broad areas of performance concerns

Performance concerns can be broken up into four broad areas.

- **Clinical capability:**
  - language and communication skills (verbal, written)
  - knowledge
  - application of knowledge, core clinical skills (history-taking, physical examination, investigations, diagnosis, management, procedural skills)
  - clinical reasoning (ability to interpret and synthesise information, decision-making, ability to formulate an individually tailored management plan).

- **Health and personal issues:**
  - physical and mental health
  - substance misuse
  - acute and ongoing problems
  - personal and family issues affecting health and/or work performance
  - periods of transition (changing jobs, moving regions, moving house)
  - a second job.

- **Attitudes and behavior:**
  - professional behaviour
  - ethical and moral values
  - personal cultural factors (values, attitudes, beliefs)
  - insight and self-awareness, intuitiveness and sixth sense
  - confidence.

- **Work environment and systems:**
  - work and work environment (workload, interaction with colleagues and staff in the practice, teamwork, bullying, harassment, discrimination)
  - systems (PEP requirements, practice regulations, working hours and rosters, employment contract).

Possible errors with problem definition include:

- insufficient information
- incorrect or misleading information
- assumptions made
- inappropriate decisions
- a lack of objectivity
- preconceived ideas and bias
- an ill-considered approach.

Once the performance issues have been defined, the participant may require one of the following:

- monitoring
- assistance through implementation of a targeted skills enhancement
- assistance through implementation of a formal Remediation Plan.

In defining the problems, there are five key questions to consider:

1. Is the participant practising safely?
2. Can the participant reason (problem solve) effectively?
3. Is the participant practising to a satisfactory standard?
4. Does the participant behave professionally?
5. Does the participant have insight?

The first three questions relate directly to the participant's level of clinical knowledge and skills, the standard of their practice and whether they have the capability to improve.

The fourth question relates directly to the participant's behaviour to patients, colleagues and staff, and their behaviour in general. It has indirect implications for clinical practice.

The fifth question relates to the participant's awareness of their limitations and deficiencies in their knowledge and skills, and their ability to accept feedback. It has direct implications on patient safety and willingness to learn and change.

In order to answer these key questions, the participant's clinical performance needs to be looked at more closely. The following questions pertaining to specific skills and behaviours provide a useful framework.

Specific skills and behaviours

Communication skills

Does the participant:

- communicate effectively (language, verbal and non-verbal skills)?
- develop rapport and show empathy?

Clinical skills

Does the participant:

- demonstrate a sufficient level of clinical knowledge and skills?
- recognise urgent situations and respond appropriately?
- prescribe appropriately?

Cognitive skills

Does the participant:

- synthesise information and problem solve appropriately (clinical reasoning)?
- recognise their limitations and seek appropriate advice and/or assistance?

Organisational skills

Does the participant:

- have a structured approach to the consultation?
- manage their time appropriately?
- record the relevant medical notes in a timely manner?
- work effectively in a team (staff and health professionals within and outside the practice)?

Professional behaviour

Does the participant:

- behave professionally (including being non-judgemental)?
- accept and reflect on feedback?

In accordance with the above framework, Table 1 provides a guide with respect to what observations would raise concerns. Answering these questions is useful not only in providing a sense of the adequacy of the participant's consulting, but also for providing the participant with constructive feedback for improvement.

If the answer to one or more of the key questions is 'no', the concerns are serious, and the head of the PEP Remediation Unit should always be involved in such instances. The head of the PEP Remediation Unit is the ultimate decision maker and will consider all the information to hand and decide on the appropriate course of action.

Serious concerns ('red flags')

It may be that serious concerns have already been raised by the RTO or are identified during a formal assessment of clinical skills. Table 2 is a checklist of serious concerns. Identification of one or more of these requires urgent reporting to, and action by, the PEP Remediation Unit. How these concerns will be addressed will depend on the context. As indicated above, the head of the PEP Remediation Unit should always be consulted when serious concerns have been raised, and will be responsible for decision making. Mandatory reporting to

AHPRA may be necessary; however, this can only be done when there is direct evidence of practitioner impairment and/or risk to patient safety.

Applying analytic rigour to judgement and decision making

Each of us has an individual approach to conducting an assessment and certainly when making judgements and decisions. We also must acknowledge that we have personal biases and that, therefore, it is important to be objective and fair. In order to do this as best as possible, the following should be taken into account:

- Reflect on personal biases:
  - Am I too stringent or too lenient?
  - What are my pet likes/dislikes?
  - Is there something about the participant that I like/dislike?
- Have I ignored information or certain observations?
- Is there any information that refutes certain judgements that I have made?
- Are my judgements explainable by the observations that I have made? If not, what information is missing?
- Is there information from other sources (including the practice) that supports or refutes my judgements?
- What is the participant's opinion about their performance and my judgement?
- How adequate was this assessment? Was it sufficient to make the judgements that have been made? Is further information and/or assessment required?

5. Management

Once the issues have been defined, a management plan (which will include a learning plan) should be drawn up. Most management plans will address clinical capability. Concerns that exist in other areas should also be addressed and included.

Management plans should always:

- be developed in consultation with the participant
- be personalised to the participant's needs
- have clear objectives
- have a set timeline, with periodic review and a clear end point
- have provision for reassessment and evaluation of the outcomes
- have defined actions with respect to the outcomes.

There are two types of management plans:

- a targeted skills intervention that requires adjustment of the learning plan alone – the problems identified can be readily corrected by the participant using available resources (refer to 'Clinical capability' below) and with the assistance of their mentor
- formal Remediation Plans that are required when serious performance concerns have been identified and are not expected to be readily corrected by the participant on their own, and where previous focused learning interventions have not succeeded. The participant is not obliged to undergo remediation, in which case:
  - the serious nature of the concerns as well as the advisability of undergoing remediation will be highlighted to the participant
  - recommendations for addressing the concerns will be made (adjustment to the learning plan)

  - the participant will be asked to sign a copy of the written feedback, outlining the concerns and recommendations, in acknowledgement of the seriousness of the concerns and the fact that they have been discussed
  - the concerns will be reviewed at the next meeting with the participant's mentor and at the next assessment.

Management plans

Clinical capability (clinical knowledge and skills)

A variety of clinical skills interventions is available; however, the following points should be borne in mind.

- The type of intervention will depend on the cause of the performance concern.
- A well-considered, tailored management plan that addresses all issues at play is more likely to be successful.
- Determining the learning style of the participant may be helpful.
- The learning environment should be supportive, and ways in which this can achieved should be explored.
- The participant needs to be fully engaged.

Possible interventions for addressing concerns regarding knowledge and skills include:

- tutorials
- case discussion, including random case analysis
- direct observation of consultations with feedback
- review of videorecorded consultations with feedback.

Health and personal issues

Like any other individual, participants may become ill. Any significant illness, whether physical or mental, acute or ongoing, has the potential to affect:

- the participant's judgement or performance
- patient care
- (to varying degrees) the participant's wellbeing, as well as family and friends, colleagues, and work capability.

Chronic illness and disability is not a contraindication to clinical practice. Allowances and adjustments can be made so that the participant may function to the best of their ability; however, patient safety is the main consideration.

The more common health problems affecting performance are:

- psychological disturbances (eg depression, anxiety)
- unhealthy lifestyle, including substance misuse.

When a clinical capability problem has been identified, consideration should be given as to whether a concurrent health issue exists. Sensitivity should be exercised when exploring these issues. Participants with a health problem should be encouraged to seek appropriate care.

Where a serious or ongoing concern exists, to the extent that patient safety is being compromised, consideration will have to be given as to whether it is necessary to report the participant to the relevant medical board.

Attitudes and professional behaviour

Unprofessional behaviour can have a significant impact on the participant's functioning in the workplace, as well as the functioning of that workplace. Concerns about professional behaviour can be raised with the participant,

but this needs to be done with care and sensitivity. It is recommended that the approach be one of guidance and advice. In other words, encourage the participant to reflect on their behaviour, and point out how their behaviour might impact on their patients (including safety issues) and their interpersonal relationships in the workplace.

Work environments and systems

On their own or in conjunction with other problems, work environment and systems issues have the potential to indirectly precipitate a deterioration in performance. Resolution of these issues will generally occur by:

- face-to-face discussion between the disputing parties
- a formal mediation process
- seeking legal advice.

6. Reassessment and outcomes

Any management plan should have provision for periodic assessment during the execution of the plan and, certainly, at its completion. At completion, the outcomes of the intervention must be evaluated to determine whether the objectives have been achieved and what this means with respect to the participant's progression in the PEP.

Measuring progress or change can be difficult but should be as objective as possible and have consideration for the expected standard for the participant's stage in the benchmarking.

Outcomes

When evaluating a management plan, the key questions to ask are:

- Is the participant progressing?
- Is progress sufficient?
- Is the participant capable of achieving the expected clinical standard?
- What resources are required to help the participant achieve the expected standard?
- Should the participant continue to be supported?

If improvement has been 'insufficient', the reasons why should be determined. These include:

- the participant themselves (eg poor engagement, learning difficulties, inability to progress because of unresolved personal or health issues)
- inadequate/insufficient support from the general practice supervisor or remediating ME
- the management plan used (not well formulated, inadequate resources, insufficient time frame).

After an evaluation has been made, the following actions are possible.

- The participant has demonstrated a capacity to consult safely and to a satisfactory standard given the context in which they are practising, in which case they will be allowed to continue in the PEP under one of the following conditions:
  - without additional support
  - with further adjustment to their learning plan which will enable them to reach the required level.
- Sufficient improvement has not occurred in the identified problem areas and the participant is not expected to reach the required level even with additional support. In full knowledge of the concerns, decision will have to be made as to whether the participant should continue in the PEP.
- No improvement has occurred in the identified problem areas and these continue to be of a serious nature. Continuation in the PEP may not be possible and mandatory reporting may be indicated.

Table 1. Observations that raise concern

It is important to consider the standard of all the observed consultations and hence the overall level of concern. Isolated concerns in one or more areas will probably be addressed by relatively simple recommendations and adjustment to the learning plan. Multiple concerns in multiple areas and an overall paucity in the quality of the consultations would be deemed as serious and requiring urgent reporting and management.

Area of competency	Skills and behaviours	Observations raising concern
Communication skills	Communication skills	Inadequate communication skills and, in particular: insufficient patient focus (poor patient-centredness), especially during consultation (poor eye contact, distracted, focused on the computer); not sympathetic to the patient; difficulty engaging the patient and establishing rapport (frequent interruptions, poor body language, disrespectful to the patient, patronising, judgemental); lacking confidence; not listening; not responding to important cues (verbal and non-verbal).
	Language (spoken and written)	Using language that is not clear and easily understood; using jargon frequently; inadequate clinical notes and referral letters (insufficient information, difficult to understand [poor diction], poorly structured).
Clinical skills	Knowledge	Weak knowledge base, especially with respect to common presentations and presentations of low-level complexity. No knowledge of or awareness of 'red' and 'yellow flags, or the 'masquerades'.
	History	Difficulty or inability in eliciting an appropriate history (eg excessive closed questioning) of the presenting problem with an appropriate systems review. Insufficient awareness of biopsychosocial issues (impact of illness on the patient as well as more broadly) and the patient's agenda (ideas, concerns and expectations).
	Examination	Difficulty or inability in conducting a focused physical examination – important elements of the examination not performed, poor examination technique.
	Investigations	Ordering unnecessary investigations (inadequate mindfulness for relevance of the test to the context). Difficulty in interpreting investigations, knowing what to do with false positive results.
	Diagnosis (including development of differentials and working hypothesis)	Difficulty or inability in recognising and effectively assessing the acutely ill, deteriorating or dying patient (and potentially or actually placing the patient at risk); and in synthesising clinical information and generating an appropriate list of differentials/diagnosis/working hypothesis.
	Management (including patient education, health promotion, illness prevention)	Poor structure and flow to the consultation (information gathering and management phases). Inappropriate prescribing and referrals. Difficulty or inability in regard to decision making (particularly with relatively straightforward presentations and problems); managing serious illness, urgent and emergency presentations (including inability to seek help or refer the patient); providing information and explanations in a manner that is clearly understood; addressing basic lifestyle issues; shared decision making; addressing both the patient's and doctor's agenda.
	Procedures	Difficulty or inability in performing cardiopulmonary resuscitation (CPR), electrocardiography (ECG), intramuscular injections, vaccinations, suture of simple lacerations, blood glucose, cervical cytology, simple dressings, cryotherapy.

Cognitive skills	Clinical reasoning	Difficulty or inability in interpreting findings (history, physical examination signs, interpretation of investigations), synthesising information, tailoring management to the individual context, using tacit knowledge and past experiences, managing uncertainty, prioritising, problem solving; making judgements and decisions, recognising serious illness, developing a problem list/differentials list/working hypothesis/diagnosis.
	Ability to learn, adapt, change	Formulaic/rigid approach to the consultation. Difficulty or inability in adapting to the context, and in changing behaviour where it is required.
	Awareness, insight, reflection	Insufficient awareness of limitations to the point that the patient is at risk. Difficulty with self-reflection (knowledge, skills, feedback that has been provided).
Organisational, integrative and collaborative skills	Organisational skills	Unstructured consultations; inadequate computer skills; not using practice systems, particularly where it places patients at risk (checking results, managing abnormal results, patient recalls); poor time management; inappropriate certification; inappropriate billing.
	Integrative skills	Having a doctor-centred approach. Inadequately addressing illness prevention and health improvement. Not considering the impact of psychosocial problems on health (disease focused).
	Collaborative skills	Inability to work in a team (with colleagues, staff, other health professionals in the practice). Inability or difficulty with coordination of patient care.
Professional, ethical, legal, attitudinal skills	Commitment to general practice, the patient and self	Poor commitment to general practice and the patient (duty of care). Not attending to self-care. Not compliant with medico-legal requirements (statutory and regulatory).
	Ethical, moral and legal stance	With respect to patients/colleagues/other health professionals/staff/ assessors, not behaving professionally (respect, boundaries, team work). Not adhering to principles of justice, beneficence and non-maleficence, patient autonomy and confidentiality. Not obtaining appropriate consent. Inadequate or no regard for the patient's ‘culture’. Insensitive to the patient’s feelings.
	Continuing professional development	Unwilling to extend oneself, to accept feedback and to be challenged (ie reacts unprofessionally). Inability or difficulty with identifying and addressing learning needs.

Table 2. Red flags checklist

Isolated observations, especially if only in one consultation, may not require reporting to the RACGP PEP Remediation Unit by the RTO. A single red flag observed across several consultations and multiple red flags would certainly constitute seriousness and require urgent reporting and management. What should be considered is the overall quality of all the observed consultations as well as whether patient safety has been compromised, or has the potential to be compromised if the behaviour is not corrected.

Check	Red flag	Observations
Communication		
☐	Comprehension issues	
☐	Poor rapport	
☐	Lack of empathy	
Clinical skills		
☐	Significant knowledge gaps	
☐	Inadequate clinical skills (safety concerns)	
☐	Serious misdiagnosis or mismanagement	
☐	Unorthodox prescribing	
Cognitive skills		
☐	Chaotic thinking	
☐	Not seeking advice/not asking questions	
☐	Excessive need for assistance	
☐	Rigidity in role and opinions	
☐	Lack of insight	
☐	Inability to accept feedback	
☐	Inability to change/lack of progress (despite feedback, past experiences and learning)	
Organisational skills		
☐	Poor interpersonal skills (with staff and colleagues)	
☐	Poor (unjustified) time management	
Professional behaviour		
☐	Unprofessional behaviour	
☐	Not accepting responsibility for the patient	
☐	Poor attitude to learning	
Other		
☐	Overt signs of mental illness	
☐	Serious complaints from patients, staff, others	

PEP evaluation

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

- determine the needs of non–vocationally registered doctors and facilitate tailored participation in the PEP
- monitor and report program implementation to determine and document progress in achieving the key program objectives
- investigate the extent to which program objectives and expected outcomes are achieved, and the enablers and barriers surrounding these outcomes
- inform ongoing program improvement.

The RACGP will manage the formal evaluation of the PEP, and has appointed an evaluation coordinator for this role.

You will be asked to participate in a number of activities during your participation to assist in the program's evaluation. These may include:

- responding to short online surveys
- participating in focus groups or interviews.

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