

# *Practice Experience Program (PEP) Specialist Stream*

**Participant guide**

**Version 2021.2**



## **Practice Experience Program (PEP) Specialist Stream: Participant guide. Version 2021.2**

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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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Program (PEP)  
Specialist Stream*

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# The RACGP Practice Experience Program

## 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 2–7. Please refer to [section 3.3](#) of this guide for further information.

The PEP is a 3GA workforce program that allows non-VR doctors and specialist international medical graduates (SIMGs) to access the highest value Medicare Benefits Schedule (MBS) items 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-vocationally registered (non-VR) doctors to help them prepare for Fellowship of the RACGP (FRACGP). In addition, specialist international medical graduates (SIMGs) who hold a specialist qualification that is deemed to be not comparable will work towards Fellowship through the PEP Standard Stream route.

#### PEP Specialist Stream

Provides educational support for SIMGs with a specialist qualification, working towards FRACGP. The PEP Specialist Stream replaced the RACGP's Specialist Recognition Program, effective as of 1 September 2019.

This guide provides information about the PEP Specialist Stream for SIMGs. For the PEP Standard Stream version, please visit the [PEP Standard Stream resources website](#).

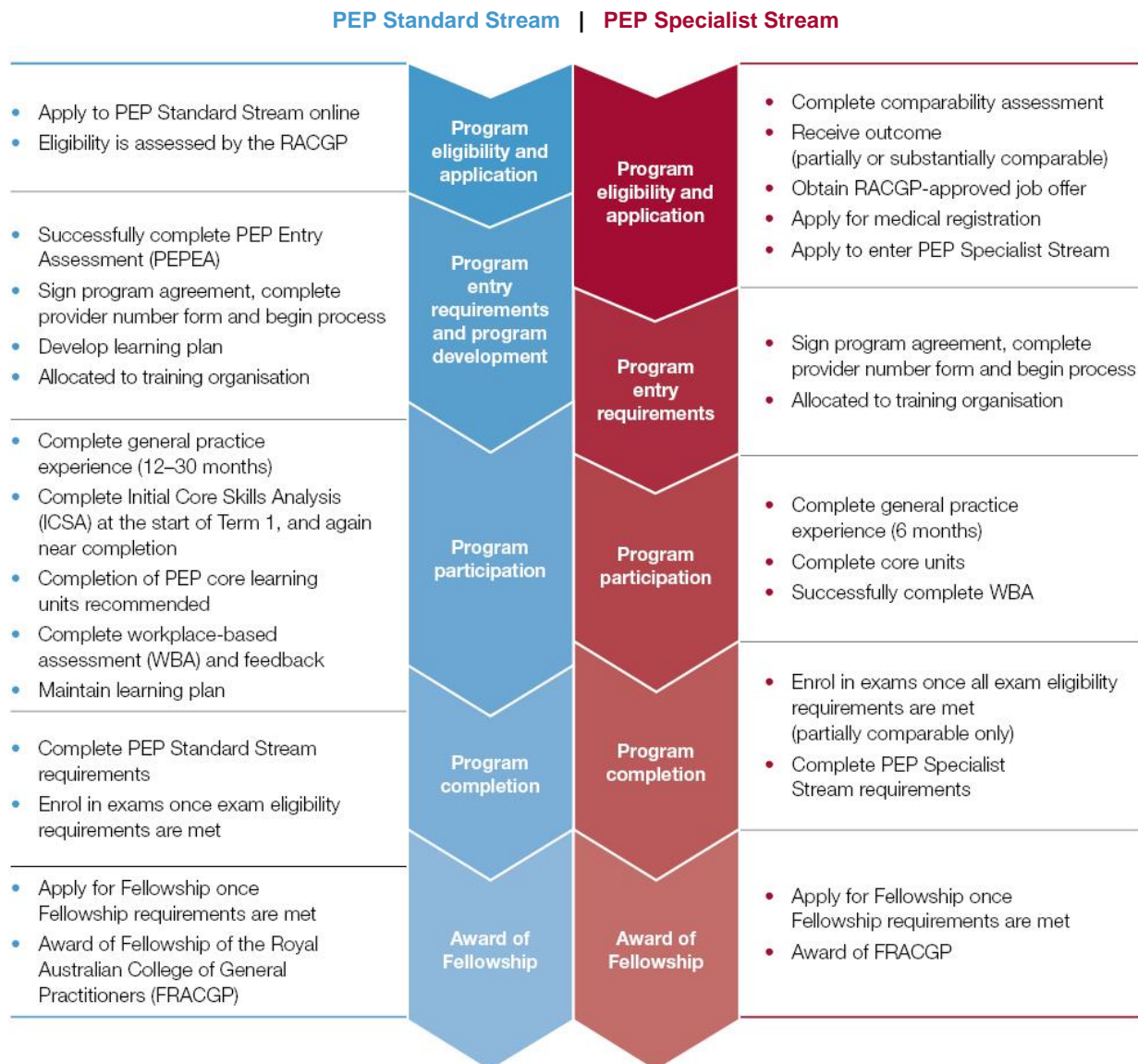
The program comes in direct response to the Medical Board of Australia's guidelines to ensure that SIMGs have access to educational support and undergo appropriate assessment before being awarded FRACGP. Under the new program, the RACGP no longer awards Fellowship *ad eundem gradum*. FRACGP will be awarded once all program requirements have been met.

As an SIMG applying for the program, the following key benefits apply to you.

You will:

- receive Australian Government co-funded program support
- bill for services under the highest value MBS item using a PEP provider number
- work towards Fellowship while supported with comprehensive education resources, workplace-based activities and feedback to guide learning, and mentorship
- work under supervision as determined by the [Practice Experience Program – Specialist Stream Supervision Policy](#).

### 1.3 The PEP participant journey

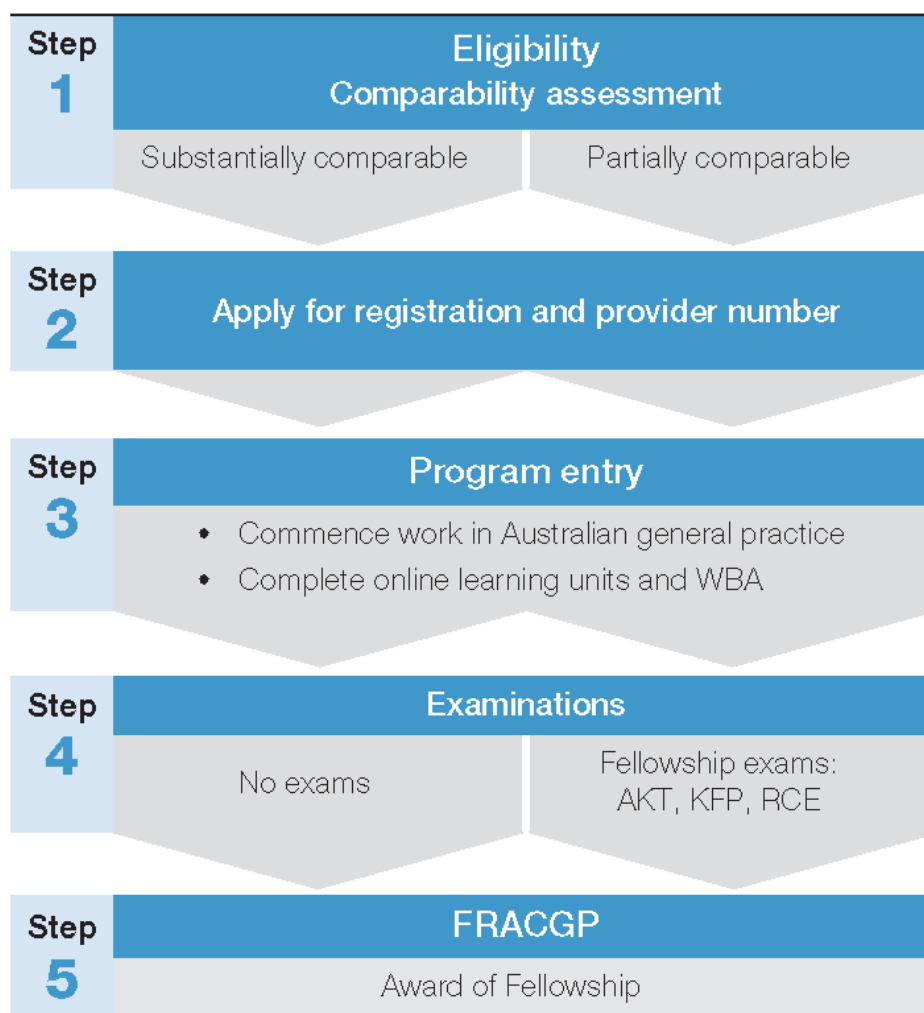


**Figure 1. The PEP participant journey**

## 2. Program delivery

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

Figure 2 maps out the journey to Fellowship for substantially and partially comparable doctors on the PEP Specialist Stream.



**Figure 2. Journey to Fellowship in the PEP Specialist Stream for substantially and partially comparable doctors**

## 3. Program eligibility

PEP Specialist Stream eligibility involves two steps and requires undertaking a comparability assessment and receiving a comparability outcome.

### 3.1 Eligibility and comparability assessments

To be eligible for the PEP Specialist Stream you must:

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

#### 3.1.1 Hold an RACGP-recognised specialist qualification in general practice

You must hold a recognised specialist qualification in general practice. An updated list of eligible qualifications can be viewed on the [PEP Specialist Stream website](#). If your specialist qualification is not listed on the website, your training curriculum has not been assessed by the RACGP. Your curriculum must be assessed before you can apply for the comparability assessment. This can be arranged by emailing [eligibility@racgp.org.au](mailto:eligibility@racgp.org.au)

### 3.1.2 Complete a comparability assessment

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

Comparability is determined across the following criteria, all of which you must have met.

<b>Recency of practice</b>	Completed at least 12 months full-time equivalent (FTE) general practice experience in the last 48 calendar months and at least four weeks of FTE general practice experience in the past year prior to applying for a <b>comparability assessment</b> .
<b>Continuity of practice</b>	Explained any gaps in clinical practice longer than three months.
<b>CPD</b>	Provided evidence of completion of 50 hours of continuing professional development (CPD) in the last 12 months and completion of two cycles of a clinical audit within the last 36 months or submitted a case note analysis for a minimum of 10 patients. You must choose a variety of cases that demonstrate the scope of your practice.
<b>Assessment type</b>	Completed a summative assessment comprising both theoretical and practical components. Methods used in assessment for your GP qualification will be compared to the summative assessments (both theoretical and practical components) used within the RACGP examinations.
<b>Training route</b>	Provided evidence of a specialist general practice qualification and of the training route completed.
<b>Curriculum</b>	Completed your training with an organisation with a curriculum similar to that of the RACGP.

Please allow up to 10 weeks for your comparability assessment. For further information, refer to *A guide to completing the PEP Specialist Stream comparability assessment*.

### 3.2 Comparability outcome

On completion of the comparability assessment, you will be categorised as one of the following.

#### **Substantially comparable**

You have been assessed as suitable to undertake the intended scope of practice, taking full responsibility for all patients, with limited oversight by a supervisor. You are not required to sit the Fellowship exams.

#### **Partially comparable**

You have been assessed as suitable to undertake a defined scope of practice in a supervised capacity. You are required to pass the Fellowship exams.

#### **Not comparable**

You do not meet the requirements of the PEP Specialist Stream. You may be able to complete the RACGP Fellowship assessment requirements via the **PEP Standard Stream**.

The RACGP will issue you with your outcome letter and a copy of your Report 1 for the Australian Health Practitioner Regulation Agency (AHPRA). If you are deemed substantially or partially comparable, your outcome letter can be used to apply for your medical registration in Australia.

### 3.3. Job offer approval

You need to submit your job offer for approval in order to obtain an RACGP provider number before applying for entry to the program.



To work as a GP in Australia in the PEP Specialist Stream, you must submit a job offer that is:

- in comprehensive general practice in Australia, as defined in the [Assessment of General Practice Experience Policy](#)
- located in an appropriate area.

The RACGP can issue provider numbers to participants working in MMM 2–7 areas on the PEP under the [General Practice Fellowship Pathways placement guidelines](#), but participants also need to be aware of any obligations they may have under Australian law. Applicants are advised to consult the [Department of Health, Services Australia](#) and [Department of Home Affairs](#) for further information.

For further information about where you can work in Australia visit the [DoctorConnect](#) website.

Job offer communication must be dated within six months of receipt of the RACGP. It can take up to three weeks to have your job offer approved. You must notify the RACGP of any changes to your employment within 10 business days.

## 4. Program entry requirements

Once you have received your comparability outcome, you may apply for entry to the PEP Specialist Stream. To enter the program you must complete the following steps.

### 4.1 An approved job offer

Once your job offer has been deemed to meet the RACGP approved-placement guidelines, the RACGP will enable a provider number that allows your patients to access A1 rebates – the standard rebate for qualified GPs and GPs in training.

### 4.2 Basic life support

You must have successfully completed a basic life support course within the 12 months prior to applying for entry into the PEP Specialist Stream ([Basic Life Support and Advanced Life Support Guidance Document](#)).

### 4.3 Medical registration

You can use your comparability outcome letter and Report 1 issued by the RACGP to apply to the Medical Board of Australia for limited or provisional medical registration in Australia. Doctors in the PEP Specialist Stream are not eligible to apply for specialist registration until all program and Fellowship requirements are met.

For more information about the type of medical registration for which you can apply, please visit the [Medical Board of Australia website](#).

### 4.4 Program Agreement

- Pay the program fee.
- Accept the Program Agreement.

By signing the Program Agreement, you acknowledge that you have read and understood all requirements outlined in the [PEP Specialist Stream policies](#), and that you agree to abide by all relevant professional, ethical and educational expectations outlined in the [Practice Experience Program Code of Conduct](#).

You can email your comparability outcome letter to Fellowship Pathways at [educationsupport@racgp.org.au](mailto:educationsupport@racgp.org.au) and you will receive an email containing an invoice and Program Agreement. You must return your Program Agreement with the following documents.

### 4.5 An agreement with a suitable supervisor

You must provide a letter from your supervisor confirming their willingness to provide supervision. Your supervisor must be a Fellow and be approved by the RACGP. The supervision guidelines are set by [AHPRA](#).

## 5. RACGP Fellowship provider number allocation

The RACGP Fellowship Program, PEP Specialist Stream gives access to the highest Medicare rebates for general practice. To apply for your provider number, you will need to contact the RACGP directly through [PEPApprovedPlacement@racgp.org.au](mailto:PEPApprovedPlacement@racgp.org.au).

Prior to your application for an approved placement being processed by the RACGP you will need to have:

- signed your Program Agreement and paid your term invoice
- received an RACGP-approved job offer
- obtained registration by the Medical Board of Australia ([refer to section 4](#))
- become a financial member of the RACGP.

Provider number applications may take up to 12 weeks to process and are only granted for the approved practice for an approved period of time. If you intend to change practice location, you will need to submit a change in circumstances form prior to commencement of employment. If approved, you will receive an outcome letter with instructions on how to apply for your new provider number, which will be linked to your new practice location.

## 6. Program requirements

### 6.1 Program duration

The PEP Specialist Stream consists of a single, six-month term that commences from the first day of work. All participants must complete the program requirements within this time frame, irrespective of full-time or part-time status.

Please visit the [PEP Specialist Stream webpage](#) for further details.

### 6.2 Australian Health Practitioner Regulation Agency supervisor reports

Once you are working in an approved practice, AHPRA supervisor reports must be submitted to the RACGP and the Medical Board of Australia. This form is to be completed by the SIMG with limited or provisional registration and their Board-approved supervisor at intervals as specified by the RACGP. These intervals are at three months after commencing work and at 12 and 24 calendar months.

These reports, in conjunction with workplace-based assessment (WBA), are a Fellowship requirement.

### 6.3 Workplace-based assessment

The WBA provides a comprehensive framework for evaluating competence and progress in areas of practice best assessed in the context of the workplace. The WBA can be commenced as soon as you start working in an Australian general practice and needs to be completed **within six months**. The aim is for multiple assessments to be conducted by multiple assessors to confirm the interim assessment in your comparability decision.

No single assessment is used to make a decision and there is no pass or fail mark or need to study for the WBA. Feedback and self-reflection form part of each assessment.

Table 1 outlines the assessment components of the WBA.

**Table 1. PEP Specialist Stream WBA components**

Number	Assessment
1.	<p><b>Core units (30 hours)</b></p> <ul style="list-style-type: none"> <li>• Online learning activities</li> <li>• Australian general practice skills unit – in practice activities</li> <li>• Aboriginal and Torres Strait Islander health – in practice activities</li> <li>• Doctors' Health – in practice activities</li> </ul>
2.	<p><b>Multisource feedback (MSF)</b></p> <ul style="list-style-type: none"> <li>• Doctors' Interpersonal Skills Questionnaire (DISQ) – 40 paper-based patient questionnaires</li> <li>• Colleague Feedback Evaluation Tool (CFET) – 15 online colleague surveys</li> <li>• Self-assessment questionnaire, and reflection on feedback</li> </ul>
3.	<p><b>Clinical assessment</b></p> <p>Direct observation (peer review of four patient observations using Mini-Clinical Evaluation Exercise [Mini-CEX] tool)</p> <p>Clinical case analysis: three random case analyses (RCAs)</p>

### 6.3.1 Online learning units

You can expect to complete approximately 25–30 hours of self-directed education per learning unit during the PEP. These units are delivered online and with in-practice components. A reflective activity summarising what you have learned will be reviewed by an ME.

The online self-directed learning units (Table 1) are designed to support SIMGs transitioning into the context of Australian general practice.

These are to be **completed within the first six months**, and you can start the online component before you commence practice. You must complete the mandatory learning units to be eligible for Fellowship.

### 6.3.2 Multisource feedback

Multisource feedback (MSF) provides feedback from colleagues and patients. It is a well-recognised and reliable method of assessing interpersonal and professional behaviour, development and clinical skills.

The MSF will be provided by Client Focused Evaluations Program (CFEP) surveys or, in some instances, your training organisation will use its own MSF tools and provide you with details of their requirements.

The CFEP MSF has three components:

1. Patient feedback via the DISQ – 40 paper-based surveys to be completed by a random selection of your patients.
2. The CFET – 15 colleagues nominated by you will be asked to complete an online survey.
3. Self-assessment questionnaire – provides an insight as to you view yourself and compares these results with the feedback provided.

Once completed, you will have the opportunity to discuss the results of your MSF with your training organisation ME. Your training organisation will be required to send the following to the RACGP:

- a completed MSF report covering the components
- a completed reflective exercise by the participant, including evidence of discussion with an ME.

An MSF completed within one year prior to commencing the program and approved by an RACGP ME will be accepted.

#### Things to consider for the MSF

- There is no pass or fail mark. You only need to complete the process.
- It is recommended that you start this process early in your program.
- The CFEP will provide you with guidance on the process of collating feedback from patients and colleagues.

#### 6.3.3 Clinical assessment

The clinical assessment involves an ME visiting your practice. There are two components of this assessment: a direct observation and a CCA. This assessment is undertaken by an ME who is a specialist GP with specific expertise in assessment.

- **Direct observation** is undertaken while you are consulting with patients in your practice using a standardised and widely used assessment tool, the Mini-Clinical Evaluation Exercise (Mini-CEX). The ME will focus on specific aspects of your performance with at least four different patients.

#### Things to consider in preparation for the direct observation

- The date and time of the visit will be booked in advance, so make sure that you are ready for the ME's arrival.
- Ensure reception is aware of the visit and arranges your appointment book appropriately. Schedule 30 minutes for each patient to allow for observation and feedback.
- Ensure there is some patient-free time at the start of your assessment. This allows time for you and the assessor to discuss the outline for the session.
- Preferably keep consultation time with the patient to no more than 15 minutes, as the effective use of time is one of the performance criteria.
- Remember to advise the practice that some bookings may not work well for assessment – examples include cervical screening tests, routine childhood immunisations, removal of sutures and ear syringing.
- Patients need to consent to the presence of another doctor in the room. Ideally, they should provide verbal consent while booking the appointment, sign written consent when they arrive for the appointment and confirm their understanding that another doctor will be present when you call them from the waiting room. You should record in the patient's notes the presence of an observer and their name.
- Introduce the assessor to the patient and briefly explain why they are there. Words such as 'Dr X is here to assist me with my professional development' can be useful.
- The assessor might ask you questions related to the case in order to probe your reasoning. They might also ask to review any written material related to the case, such as a referral letter that you wrote or the notes that you made.

- **Clinical case analysis (CCA)** comprises oral questioning and review of clinical notes or case reports. There are two possible formats:
  - **random case analysis (RCA)**
  - **case-based discussion (CBD)**
- Assessment in the PEP Specialist Stream utilises the random cases analysis format.
- RCA involves assessment of three patient encounters. This is scheduled either directly before or after direct observation is undertaken. The random case analysis involves the assessor randomly selecting patients seen by you in the preceding week. The assessor will need access to your appointment book and patient notes.

#### Things to consider when preparing for the clinical case analysis

- The RCA requires little preparation but allows the assessor to choose the case on the day of your direct observation.
- The [RACGP case submission template](#) can be used to familiarise yourself with the aspects of the case that you will need to consider when discussing with your ME assessor.

## 6.4 Assessment outcome

**Substantially comparable doctors** are required to satisfactorily complete the RACGP requirements as outlined:

1. Satisfactory completion of one MSF (including self-reflective task and ME debrief)
2. Satisfactory completion of the online learning units and associated assessment activities
3. One clinical assessment comprising direct observation (via Mini-CEX) of four patients and CCA components (either three RCA or two discussions of four submitted CBD).
4. No clinical assessment ratings of 'significant margin for improvement' and global ratings at the level of Fellowship for all assessments including the learning unit task.
5. Satisfactory supervisor reports

Satisfactorily completing the WBA means you have met one of your requirements for Fellowship.

Substantially comparable doctors who do not satisfactorily complete the WBA will be required to complete an additional assessment. This will be tailored to your specific needs as identified by the WBA. If the WBA is not satisfactorily completed on the second attempt, your comparability assessment will be reassessed as partially comparable and you will be required to complete the RACGP examinations.

**Partially comparable doctors** must also complete the WBA; however, satisfactory completion is not a requirement for Fellowship. Feedback from the WBA is designed to provide guidance to support the doctor through successful completion of the RACGP Fellowship examinations.

Your training organisation is your first point of contact for any queries you might have about the WBA. Make sure you are aware of the specific requirements and systems for your WBA, as you may not be using the CFEP assessments.

Once you have completed your WBA, the RACGP will review your overall assessment and notify you of your assessment outcome.

## 6.5 Workplace-based assessment competencies

For assessment purposes, a number of competencies have been described and mapped to the core skills of the [RACGP Curriculum for Australian General Practice](#). Each has a specific focus describing not only the consultation, but also areas such as professionalism and general practice systems.

The required standard for all assessment is set at the point of Fellowship and this is therefore the level for which you are aiming.

The WBA competencies include:

- communication and consultation skills
- clinical information-gathering and interpretation
- making a diagnosis, decision-making and reasoning
- clinical management and therapeutic reasoning
- partnering with the patient, family and community to improve health through disease prevention and health promotion
- professionalism
- general practice systems and regulatory requirements.

## 7. Program completion and Fellowship

After satisfactorily completing all of the program requirements, substantially comparable participants will be eligible to apply for FRACGP. Partially comparable participants are eligible to enrol in the Fellowship exams after completing the WBA requirements.

### 7.1 RACGP examinations

In addition to the above program requirements, partially comparable doctors must complete and pass the RACGP's Applied Knowledge Test (AKT), Key Feature Problem (KFP) and Remote Clinical Exam (RCE)\* within two calendar years if working full time, or within four calendar years of the date of program commencement if working part time. Four years is the maximum time a participant may remain on the program; partially comparable participants are also subject to the [Fellowship Exam Attempts Policy](#), which states all examinations must be completed in a three-year period.

Substantially comparable participants do not complete the RACGP examinations.

\*Please note that the RCE (which in due course will be replaced by the Clinical Competency Exam [CCE]) has replaced the Objective Structured Clinical Examination (OSCE) as of October 2020.

### 7.2 Basic and advanced life support

Requirements for Fellowship for PEP participants include:

- **Completion of a basic life support course within the 12 calendar months prior to applying for Fellowship**  
You must provide evidence of a Basic Life Support (BLS) course completed within the 12 calendar months prior to applying for Fellowship. The requirements are detailed in the [Basic Life Support and Advanced Life Support Guidance Document](#).
- **Completion of advanced life support within the four years prior to applying for Fellowship**  
You must provide evidence of training in the early management of trauma and advanced life support (ALS) completed within the four years prior to applying for Fellowship. The requirements are detailed in the [Basic Life Support and Advanced Life Support Guidance Document](#).

### 7.3 Other considerations

The RACGP provides a suite of program resources such as the [PEP practice guide](#) and templates. Check with your practice manager to make sure that they have access to all of this material. For further information, visit the [PEP resources](#) page.

## 7.4 Fellowship requirements

You should apply for Fellowship as soon as you have received confirmation from the RACGP that you have completed all of your program requirements, and must apply within one year of completion of your requirements. Once Fellowship has been awarded, you will be eligible to apply for specialist registration in Australia.

Your maximum duration of supervised practice and Fellowship requirements will be determined by your comparability outcome. You are considered to have commenced your time on the program on your first day of employment in the approved job, and must notify your training organisation of this date, so that they can monitor your progress towards Fellowship.

- Substantially comparable doctors are required to achieve Fellowship within 12 months FTE of work in the approved job (or a maximum of 24 calendar months, if working part time).
- Partially comparable doctors are required to achieve Fellowship within 24 months FTE of work in the approved job (or a maximum of 48 calendar months, if working part time). This includes successful completion of the Fellowship exams. Refer to [Figure 1](#) for an overview of the participant journey.

For further information about applying for Fellowship, please refer to the [PEP Specialist Stream Partially Comparable Requirements for Fellowship Policy](#) or the [PEP Specialist Stream Substantially Comparable Requirements for Fellowship Policy](#), as appropriate.

## 8. Support and feedback

You will be supported during your time in the program. Support will take a number of different forms, including:

- ME mentoring and feedback and assistance as you complete Fellowship requirements
- a suite of online learning resources across areas of the curriculum freely accessible to PEP Specialist Stream participants. Additional learning units (optional) may support partially comparable doctors prepare for the RACGP examinations
- an assigned supervisor with whom to discuss diagnosis and management in challenging cases.

### 8.1 Participant wellbeing and safety

The RACGP strongly advises and supports medical practitioners to look after their own health and wellbeing throughout their career. This includes the time spent as participants in the program. It is your responsibility to discuss any safety, work-life balance or stress issues with your supervisor as soon as they arise. You are also encouraged to disclose and discuss any circumstances that could place you or your patients at risk.

While the PEP Specialist Stream offers a learning unit on 'Doctor's health', more guidance and resources are listed towards the [end of this document](#) if you wish to undertake further reading or training on safety and wellbeing.

## 9. Policies

All of the PEP Specialist Stream policies (as well as relevant RACGP policies) are available on the [RACGP website](#). By signing the Program Agreement, you acknowledge that you have read and understood all requirements outlined in the PEP Specialist Stream policies, and that you agree to abide by all relevant professional, ethical and educational expectations outlined in the [Practice Experience Program Code of Conduct](#).

## 10. Evaluation

Evaluation of the PEP Specialist Stream will inform ongoing program improvement. The evaluation will help to:

- determine the needs of specialist doctors in the PEP Specialist Stream
- monitor and report program implementation to determine and document progress in achieving program objectives
- investigate the extent to which program outcomes are achieved, as well as the context surrounding these achievements, such as improvements in participants' knowledge, skills, attitudes, intentions or behaviours.

Because the PEP Evaluation design is longitudinal in order to track program participant experiences and outcomes over time, you will be asked to participate in a number of evaluation activities during your time on the PEP. These activities may include responding to short surveys, or participating in focus groups or interviews. Surveys measuring key program processes and outcomes will be repeated at the following time points:

- end of Term 1 survey
- annual survey/completion survey
- post-exam survey (partially comparable only)
- post-Fellowship survey.

Your feedback is an essential contribution to the continuous improvement of the PEP.

## *Useful resources*

### Websites

- [DoctorConnect: Health Workforce Locator tool](#)
- [Medical Board of Australia](#)
- [The RACGP PEP Specialist Stream](#)
- [RACGP GPs in Training faculty](#)

### Documents

- 'A guide to completing the PEP Specialist Stream Comparability Assessment'
- *Australian Family Physician* article on 'Workplace bullying'
- Australian Government: Distribution Priority Area fact sheet
- Australian Government: Modified Monash Model fact sheet
- Criterion C3.5 – Work health and safety, in the RACGP *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 Specialist Stream fact sheet
- The RACGP–AIDA Mentoring Program



## *Appendix A: Acronyms, initialisms and definitions*

### Acronyms and initialisms

<b>AKT</b>	Applied Knowledge Test
<b>CCA</b>	clinical case analysis
<b>CBD</b>	case-based discussion
<b>CPD</b>	continuing professional development
<b>DoH</b>	Department of Health
<b>DPA</b>	Distribution Priority Area
<b>FTE</b>	full-time equivalent
<b>FRACGP</b>	Fellow of the Royal Australian College of General Practitioners
<b>GP</b>	general practitioner
<b>KFP</b>	Key Feature Problem
<b>LMS</b>	learning management system
<b>ME</b>	medical educator
<b>MMM</b>	Modified Monash Model
<b>MSF</b>	multisource feedback
<b>OSCE</b>	Objective Structured Clinical Examination
<b>PEP</b>	Practice Experience Program
<b>CPD Program</b>	Continuing Professional Development Program
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RCA</b>	random case analysis
<b>RCE</b>	Remote Clinical Exam
<b>SIMG</b>	Specialist international medical graduate
<b>WBA</b>	workplace-based assessment

## Definitions

Term	Definition
<b>Applicant</b>	A medical practitioner who is applying for entry onto the PEP Specialist Stream.
<b>Appeal</b>	The process by which interested parties who contend an incorrect decision has been made by the RACGP may appeal that decision. The scope of appeal may include competency assessment decisions, finding of educational misconduct, outcome of a request for special consideration or program assessments.
<b>Assessment</b>	The systematic process for making judgements on the participant's progress, level of achievement or competence, against defined criteria.
<b>Candidate</b>	A partially comparable doctor who is enrolled in an RACGP examination.
<b>Certificate of Good Standing</b>	Certificates of Good Standing are also known as Certificate of Professional Conduct, or Certificate of Registration Status. They are statements from your provincial/national medical registering body that state your registration status.
<b>Comparability Assessment</b>	The extent to which an SIMG's continuity of practice, CPD, assessment, 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 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, dynamic, and changes with time, experience and setting.
<b>Comprehensive Australian general practice</b>	This is defined as: <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 Specialist Stream participants to provide Australian context. Other units are available to SIMGs but are not mandatory.
<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 Specialist Stream; it follows the acceptance of the offer of a PEP Specialist Stream place and the signing of the Program Agreement.
<b>Fellowship <i>ad eundem gradum</i></b>	The Fellowship <i>ad eundem gradum</i> is a Fellowship of the RACGP which was awarded in recognition of the skills and training of a specialist international medical graduate. It is equivalent to the Fellowship of the RACGP (FRACGP).
<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>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>Medicare Benefits Schedule (MBS)</b>	A listing of Medicare services subsidised by the Australian Government. Practitioners must have a Medicare Provider Number to claim items/services listed in the MBS.
<b>Medical Provider Number (MPN)</b>	A number that uniquely identifies a medical practitioner and the practice location from which they perform professional services. MPNs are issued by the Department of Human Services (DHS).
<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>	An international medical practitioner with a recognised specialist qualification who has been accepted into the PEP Specialist Stream.
<b>Performance</b>	Work-related activities expected of an Australian GP at the point of Fellowship. Performance is assessed to identify suggested areas for improvement (refer to 'Workplace-based assessment [WBA]').
<b>Practice Experience Program (PEP)</b>	One of the pathways to Fellowship under the RACGP Fellowship Program. SIMGs are eligible for the PEP Specialist Stream.
<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 on the PEP Specialist Stream. The applicant becomes a participant upon signing the agreement.
<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 Fellowship of the RACGP when all program entry requirements have been met.
<b>Time requirements: 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>Time requirements: 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. The WBAs enable assessment of competencies in a real-world setting.

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



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