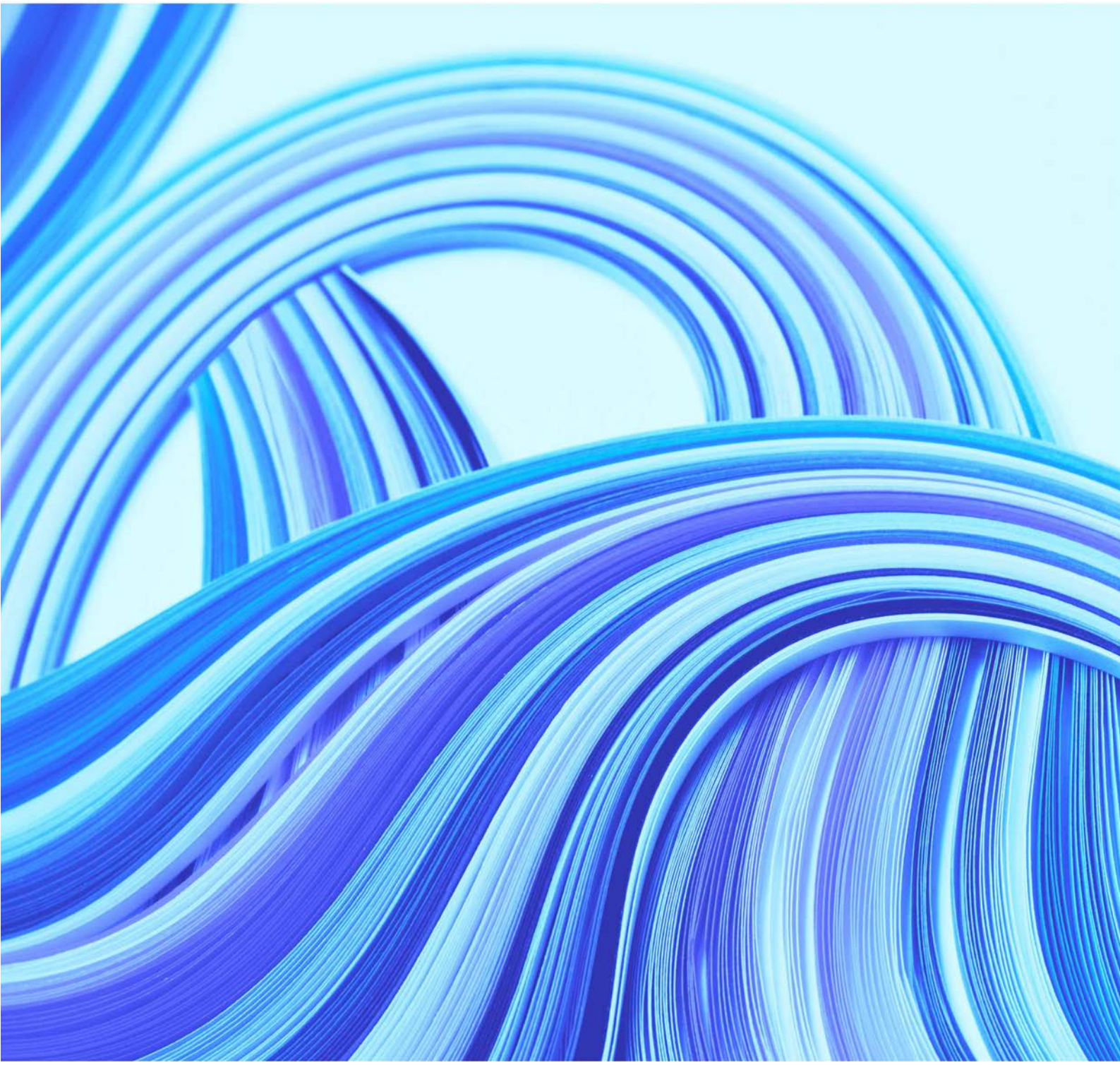
RACGP
Royal Australian College *of* General Practitioners

# *Practice Experience Program (PEP)*

## Guide for participants

2018–19, version 3



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**Practice Experience Program (PEP): Guide for participants 2018–19**

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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.*

RACGP

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# Contents

# *The RACGP Practice Experience Program*

## 1. What is the Practice Experience Program?

### 1.1 Background and rationale

The Practice Experience Program (PEP) is a new program on The Royal Australian College of General Practitioners' (RACGP's) pathway to Fellowship. The PEP provides targeted educational support for non–vocationally registered doctors to help them prepare for Fellowship of the RACGP (FRACGP).

The PEP is a supported, self-directed program of practical and relevant educational activities delivered by the RACGP in partnership with general practice Regional Training Organisations (RTOs) across Australia.

In 2019, the PEP is being offered by the RACGP to a limited number of participants. From 2022, undertaking an RACGP-approved program will be compulsory to be eligible to sit the FRACGP exams.

### 1.2 Programs on the pathway to Fellowship – The PEP and the Australian General Practice Training program

The PEP will eventually replace all other programs on the pathway to Fellowship – other than the government-funded Australian General Practice Training (AGPT) program, which is due to return to the RACGP by the end of 2021. The PEP and the AGPT are the two main programs for doctors wishing to attain the FRACGP.

While there are some similarities between the PEP and the AGPT program, there are also substantial differences. The PEP 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), the PEP 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 PEP.

Unlike the AGPT program, support in the form of an onsite supervisor is not always available for the PEP participants; however, support will be available in other forms.

## 2. Delivery

As with the AGPT program, the PEP will be delivered by accredited RTOs in partnership with the RACGP. Successful applicants will be allocated an RTO dependent on the location of their practice.

## 3. Eligibility and selection

Entry into the PEP involves two stages:

1. Eligibility assessment

2. Initial Core Skills Analysis (ICSA)

### 3.1 Eligibility assessment

To be eligible for the 2019 PEP you must:

- hold a valid general practice experience assessment with at least one year of assessed Australian general practice experience. For more information, refer to the Assessment of General Practice Experience Policy
- hold current Australian medical registration
- have a job, or a job offer for, delivering general practice services in Australia

If more applications are received than places available, the RACGP will allocate places based on pre-determined criteria, including Modified Monash Model (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.

If you are not selected for the 2019 intake, which is limited to 400 applicants, you will have the opportunity to apply for the next intake of PEP participants in 2019.

### 3.2 Initial Core Skills Analysis

If your application is successful, you will take part in an Initial Core Skills Analysis (ICSA). The ICSA assesses your level of competence and confidence against each of the core skills of general practice.

For further details on undertaking the ICSA, refer to the *Guide to completing the ICSA for PEP participants*. Based on the results of the ICSA and the evidence you submit, RACGP medical educators (MEs) will decide on your individual program requirements (IPRs), which include both your time in PEP and the content of your personalised learning program. The IPRs will detail your 'mandatory units', 'allocated units' and 'other units'.

The **mandatory units** are completed by everyone in the PEP. There are six mandatory units, with a seventh, Rural health, allocated if you are working in an area that is MMM2 or above.

The **allocated units** are those that have been highly recommended by the MEs who have reviewed your ICSA results and other information. However, you will have the option to substitute your allocated units for other units that you may consider more appropriate for you, following a discussion with an ME at your RTO when you start the program. You can change your learning units during the first three months of the program. However, please note that while you can substitute units, you must still complete your allocated **number** of units.

The **other units** are those that the MEs have suggested you consider when planning your learning. These are based on your multiple choice questionnaire (MCQ) results, any specific services provided by your practice, your previous experience and/or your confidence in specific learning areas.

You will be provided with a Program Agreement to review and sign that details your IPRs, time in the PEP and the costs involved. You will also be provided with a PEP Code of Conduct for the time you are in the PEP. Your RTO may also have their own separate agreements for you to sign.

Before you sign the Program Agreement, you must be a financial member of the RACGP.

Once you have signed the RACGP Program Agreement and paid the fees for the first term of your program, you are officially a participant in the PEP and will be allocated to an RTO based on your geographic location.

## 4. PEP clinical requirements

The PEP is a program based in general practice, which means that before entering the program you must either be employed as a general practitioner (GP) or have an offer of employment as a GP. You are responsible for maintaining suitable employment as a GP while undertaking the PEP.

You will gain the most from your time in the PEP if you are exposed to the full scope of general practice as much as possible. This includes:

- seeing 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 you see
- after-hours and/or residential aged care facility care, provided it does not form the major part of your work

You must notify the RACGP of any changes to your employment within 10 business days, and secure employment in general practice within three months to remain in the PEP. Please refer to the PEP Policies for more information.

## 5. Supervision

Unless you have a supervisor allocated to you as part of your registration requirements, you will not be allocated an onsite supervisor as part of the PEP. You are encouraged to approach an experienced GP to provide you with additional support, but this arrangement will be between you and the person you select.

# 6. Program details

## 6.1 Time in the program

The PEP consists of a maximum of three general practice training terms. Each term is six months in duration (full-time equivalent [FTE]). Your length of time on the program will range from a minimum of one term (six months) to a maximum of three terms (18 months).

You may work part time (in line with the minimum definitions outlined in the glossary at the back of this guide) during your time in the program. However, you must complete your learning program within the allocated time; for example, you must complete six months of allocated learning units within six months, regardless of whether you are working part time.

If you do wish to work part time during the program, you should be aware of the following:

- You may not have enough clinical experience time to be eligible for the exams at the end of the program.
- You may not have enough time in practice to complete any learning units that require in-practice activities.
- Your rate of progression may be affected due to less time spent in practice developing your skills, which may then result in the need for remediation, attracting additional time and cost to you.

Throughout your time on the program, you will be provided with regular reports on your progression. A summary report detailing the activities you have undertaken and completed will be provided at the end of your program

In order to sit the FRACGP exams you will be required to fulfill the exam eligibility requirements as per the current RACGP Fellowship Pathways Policy Framework. The RACGP Requirements for Fellowship are detailed in section 10.

## 6.2 Learning units

You can expect to complete about 150 hours of learning and activities for each six months you are in the program. Each learning unit specifies learning outcomes, learning content, learning strategies and evidence of learning.

There are 39 online self-directed learning units (Table 1), each mapped against the curriculum and each one covering various combinations of the core skills and contextual units found in the curriculum. Each unit is the equivalent of about 30 hours of work. Some are longer or shorter; however, the five units that you will complete in each six-month period are unlikely to exceed 150 hours in total.

Because you are working in practice, the unit activities are largely practice-based. This has the dual benefit of enabling you to put new knowledge and skills into practice, while spreading the workload between the workplace and home. You can expect to spend between one and two hours a day on the units.

The learning units are online and delivered via a learning management system (LMS). Units are self-directed and, while there is help available, the RACGP and your RTO expect you to complete the activities on your own.

During the first term (six months) of PEP, you will complete the following mandatory learning units:

- Core skills

  Core skills is the prerequisite unit for all program participants. Due to the number of learning outcomes and amount of content, it is in four parts:

  1. The Australian healthcare system and context of Australian general practice
  2. Ethics and legalities of practice in Australia
  3. Safety (patient, personal and practice)
  4. Emergencies in practice

- Aboriginal and Torres Strait Islander health
- Doctor's health

If you work in rural or remote areas, you may also need to complete:

- Rural health

If you are in the program for over six months, you will be required to complete:

- Clinical skills in the general practice context
- Communication and consulting skills – Part 1
- Communication and consulting skills – Part 2

In subsequent terms, you will complete the learning units specified in your Learning Program. These will be allocated to you, but you will have the opportunity to substitute your allocated units for others you consider more appropriate for you, following a discussion with an ME at your RTO when you start the program, or at any time in the first three months of the program. Table 1 has a full list of units.

**Table 1. PEP learning units**

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

## 7. Assessment

Unlike many educational programs where the education takes place externally and assessment often occurs at the end, the PEP aims to embed the learning and assessment into your everyday work life.

Workplace-based assessment (WBA) is designed to support your development, provide feedback on your progress and help you identify any areas for improvement. A key component of WBA is your reflection on your own performance and using this to plan your ongoing learning. There is no pass or fail mark in any of these assessments and there is no specific study or preparation required for them. The standard of all assessments is benchmarked to that expected of you at the point of RACGP Fellowship so that you will have a clear indication of your progress towards this standard. The assessments are not topic-based, but rather focus on the core skills required of you as a GP.

Further details on WBA in the PEP are available in the *Practice Experience Program (PEP): Participant guide to workplace-based assessment (WBA)* (Appendix A).

# 8. Support and feedback

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

- ME mentoring and support to provide you with feedback and assistance to develop your learning plan, as well as monitoring your progress and performance throughout each training term
- program administrative support to assist with coordination of training activities and WBA, and to help you stay on track throughout the program
- assessment and feedback, delivered in the workplace, to help improve your performance as a GP and prepare you for the Fellowship exams.

## 8.1 Medical educators

Your RTO will help you with your learning plan, and RTO MEs will provide guidance in terms of your progress through the PEP. You will meet with an RTO ME at least once per term, including once within the first three months of commencement.

## 8.2 Program administrative support

Non-medical support staff at RTOs will be your main point of contact. They will provide support to assist with coordination of training activities and WBA and help you to stay on track throughout the program.

## 8.3 Feedback

Feedback is delivered in a structured way to provide you with an accurate assessment of your progress. Formal feedback processes are in place throughout the program to enable effective monitoring of your performance.

The emphasis is on helping you evaluate and improve your performance as a GP so you can reach the standard required for FRACGP.

To benefit most from the feedback, you need to hear it as information designed to support and guide you, rather than as criticism.

## 8.4 Reflection

The PEP encourages reflective practice. Some of the key elements of a reflective practitioner include:

- seeing every professional situation and encounter as a learning opportunity
- thinking about what you do and why you do it by challenging assumptions and relating your practice to available evidence
- sharing your thoughts and experiences with others in the spirit of professionalism and collegiality.

You will be asked to reflect on a number of different situations in various activities. This is an important aspect of PEP and of your professional development.

## 8.5 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 PEP. It is your responsibility to discuss any safety, work–life balance or stress issues with your RTO as soon as they arise. You are also encouraged to disclose and discuss any circumstances that could place you or your patients at risk. If you feel uncomfortable discussing personal matters with your RTO, as an RACGP member you can access a free, confidential counselling service.

While the PEP offers a learning unit on ‘Doctor’s health’, more guidance and resources are available if you wish to undertake further training on safety and wellbeing.

RTO administrative support staff and MEs will check to make sure your workload is balanced to avoid any work overload that may cause stress and affect your performance. They can only do this if you tell them when you are feeling stressed, overwhelmed or think that you are not managing your dual workloads.

More RACGP resources on safety and wellbeing are listed below:

- Doctors’ health contextual unit, in the Curriculum for Australian General Practice 2016

- Criterion C3.5 – Work health and safety, in the RACGP's *Standards for general practices* (5th edition)
- *Australian Family Physician* article on 'Workplace bullying'
- The RACGP–AIDA Mentoring Program
- *Good Practice* article on 'Workplace scars'
- GP Support Program.

# 9. Progression

Throughout your time in the PEP, the RACGP and the RTO continually monitor your progress via a variety of informal and formal feedback mechanisms outlined previously. Issues that you may encounter and which may require intervention include personal, professional or educational matters. The RTO may request that the RACGP become involved in your remediation. While remediation is not mandatory, participants are encouraged to undertake a program if it has been recommended. Remediation activities are undertaken at your cost.

All assistance is undertaken with your consent.

# 10. Requirements for Fellowship

Before you achieve the award of FRACGP, you must meet the following requirements.

## 10.1 Program requirements

- Complete the PEP's required educational components within the time frame outlined in your Program Agreement.
- Have employment in Australian general practice that meets the minimum part-time requirements for the duration of the PEP.
- Notify the RACGP of any changes to your employment within 10 business days, and secure employment in general practice within three months to remain in the PEP.

## 10.2 Fellowship requirements

### Experience requirements

Participants must have a minimum of five years' FTE general practice experience and seven years' postgraduate experience, which must include one year FTE in comprehensive Australian general practice as assessed under the RACGP Assessment of General Practice Experience Policy.

### Assessment requirements

- Successfully undertake all assessment requirements as outlined in the Program Agreement.
- Pass FRACGP exams within the permitted six exam cycles, as outlined in the Fellowship Exam Attempts policy.

### Professional and ethical requirements

The RACGP has high professional and ethical expectations of its Fellows, and may withhold Fellowship from a participant it considers:

- would be at risk of breaching clause 27 of the RACGP Constitution
- is generally unsuitable to hold FRACGP as detailed in RACGP's Fit and Proper Fellow Policy.

The PEP Code of Conduct, provided to you as part of your Program Agreement, further outlines your professional, ethical and educational responsibilities.

### Administrative requirements

The RACGP requires that all participants of the PEP:

- hold current Australian medical registration at all times. You must disclose any restrictions on, or changes to, your medical registration to the RACGP. Failure to do this will be handled as per the Educational Misconduct Policy
- be a financial RACGP member
- apply for Fellowship within three years of successful completion of the three FRACGP exams, or within one year of completion of all pathway requirements, whichever is the lesser.

## 11. 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 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
- inform ongoing program improvement.

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 surveys
- participating in focus groups or interviews.

## 12. Policies

All of the PEP 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 policies, and that you agree to abide by all relevant professional, ethical and educational expectations outlined in the PEP Code of Conduct.

## 13. Acronyms, initialisms and definitions

### Acronyms and initialisms

| | |
|---|---|
| **AGPT** | Australian General Practice Training |
| **AKT** | Applied Knowledge Test |
| **FTE** | full-time equivalent |
| **FRACGP** | Fellow of The Royal Australian College of General Practitioners |
| **GP** | general practitioner |
| **KFP** | Key Feature Problem |
| **LMS** | learning management system |
| **MCQ** | multiple-choice questionnaire |
| **ME** | medical educator |
| **MMM** | Modified Monash Model |
| **OSCE** | Objective Structured Clinical Examination |
| **PEP** | Practice Experience Program |
| **QI&CPD Program** | Quality Improvement and Continuing Professional Development Program |
| **RACGP** | Royal Australian College of General Practitioners |
| **WBA** | workplace-based assessment |
| **RTO** | Regional Training Organisation |

## Definitions

| Term | Definition |
|---|---|
| **Applicant** | A medical practitioner who is applying for entry onto the PEP. |
| **Appeal** | 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, QI&CPD decisions, and program assessments. |
| **Assessment** | The systematic process for making judgements on the participant's progress, level of achievement or competence, against defined criteria. |
| **Candidate** | A participant who is enrolled in an RACGP examination. |
| **Competence** | The array of abilities across multiple domains or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multidimensional, dynamic, and changes with time, experience and setting. |
| **Comprehensive Australian general practice** | This is:<br>• continuity of care that is person-centred, comprehensive and coordinated, focusing on the whole person and all presenting symptoms<br>• health promotion and illness prevention services that are based on patient need and the best available evidence<br>• 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<br>• community-based general practice undertaken in Australia. |
| **Core skills** | The core knowledge and skills required by GPs to provide comprehensive general practice care. They are mapped against the five domains of general practice. The contextual units describe how those skills might be applied to different contexts. |
| **Core units** | Mandatory learning units that are completed by all PEP participants to provide Australian context. |
| **Curriculum** | A statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of a program, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve. |
| **Eligibility** | The determination that the applicant has the required qualifications and skills to apply for the program. |
| **Entry** | The point of commencement on the PEP; it follows the acceptance of the offer of a PEP place and the signing of the Program Agreement. |
| **Feedback** | Specific information about the comparison between a participant's observed performance and a standard, given with the intent to improve the participant's performance. |
| **Individual program requirements (IPRs)** | Informed by the Initial Core Skills Analysis (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 PEP. It incorporates learning units and program duration. |
| **Initial Core Skills Analysis (ICSA)** | 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 individual program requirements (IPRs). |
| **Learning Program** | The configuration of units, tailored for the individual participant, to be completed during time on the PEP. |

## Definitions

| Term | Definition |
|---|---|
| **Program Agreement** | A contract outlining the roles and responsibilities of the participant, the RACGP and the Regional Training Organisations (RTOs) and delineating the consequences of non-progression. The Program Agreement must be signed prior to the participant commencing on the PEP. The applicant becomes a participant upon signing the agreement. |
| **Learning unit** | These are allocated based on the participant's Learning Program. There are 40 or more learning units, each mapped against the curriculum and each one covering a number of the core skills of general practice. Each unit is the equivalent of about 30 hours of work. Some are longer or shorter; however, the five units that participants complete each six-month period are unlikely to exceed 150 hours in total. Each unit will include a detailed description of the learning outcomes, activities and assessments that address one or more specific areas of knowledge or skill development. |
| **Medical educator (ME)** | An individual who provides education in the domain of general practice. Their responsibilities may include education, support and guidance, networking and stakeholder relations, organisational support and professional development. |
| **Participant** | A medical practitioner who has been accepted into the PEP, and has signed a Learning Agreement with the RACGP. |
| **Performance** | What is actually undertaken in practice. |
| **Portfolio** | A collection of evidence of learning progress and completion. Can include quantitative (eg test scores) and qualitative data (eg mentor reports, self-reflections, practice visit reports). It allows real-time monitoring by both learner and faculty of progress towards Fellowship, with opportunity for remediation of areas of weakness. It will also include an activity logbook. |
| **Practice-based** | As a practice-based program, all participants must either be in practice before entering the PEP or have a practice available to them when they start. |
| **Progress** | Demonstrated improvement in clinical skill. |
| **Remediation** | 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. |
| **Time requirements**<br>**Full time** | 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. |
| **Time requirements**<br>**Part time** | Part-time general practice experience is calculated pro rata against the definition of full-time general practice experience. Part-time general practice must comprise a 14.5-hour minimum working week, over a minimum of two days per week, of which a minimum of 10.5 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or of less than one month in any one practice, will not be considered. |
| **Workplace-based assessment (WBA)** | The assessment of day-to-day working practices undertaken in the working environment. The WBAs enable assessment of competencies in a real-world setting. |

# *Appendix A*

## Participant guide to workplace-based assessment (WBA)

### Introduction

Unlike many educational programs where the education takes place externally and assessment often occurs at the end, the Practice Experience Program (PEP) embeds learning and assessment into your everyday work life.

Workplace-based assessment (WBA) is designed to support your professional development, provide feedback on your progress and help you identify any areas for improvement.

WBAs are assessments of your performance as a general practitioner (GP). The assessments are conducted by different assessors at various times during your program participation. A key component of WBA is your reflection on your own performance and your use of this to continually plan your learning. There is no pass or fail mark in any of these assessments, and there is no specific study or preparation required for them.

Using a range of WBA tools, evidence related to specific areas of professional competence is collected and recorded in your portfolio. The data gathered help you to reflect on your own learning. They also inform you and the Regional Traininnig Organisation (RTO) medical educators (MEs) about your progress towards the standard expected for RACGP Fellowship. All assessment tools ensure that you are provided with feedback on areas on which to focus for future improvement.

### What will be assessed – The WBA 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 aim is to ensure that you consider the breadth of general practice as described in the curriculum. The focus is on essential skills that enable you as a GP to deal competently with presentations. This is a shift in emphasis away from assessment of knowledge and towards areas such as patient-centred communication and management, clinical decision making and therapeutic reasoning.

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 assessment domains and their competencies are described below:

- **Communication and consultation skills**

  This domain focuses on your communication with patients, their families and others involved in their care. You will need to demonstrate patient-centred communication skills and be able to deal with difficult situations, such as breaking bad news.

  Your active listening skills, your ability to use open questions, your ability to avoid unnecessary interruptions and your use of non-verbal skills in exploring and clarifying the patient's symptoms are all assessed.

  You need to respond appropriately to important or significant cues from the patient, as these enable a deeper understanding of the patient's problem.

  In addition, you will be observed exploring the patient's problem by considering the relevant psychological, social and occupational aspects of the problem. It is a requirement that you demonstrate a patient-centred focus by exploring the patient's health understanding and being curious to find out what the patient really thinks, is concerned about or expects.

  There must be evidence of an explanation of the patient's problem, and this needs to be in appropriate patient-centred language, taking into consideration the patient's health literacy and health beliefs. This will usually involve a reference to patient-held ideas during the explanation of the problem and its diagnosis. Specifically seeking to confirm the patient's understanding of the diagnosis and any proposed management plan is another important component of your communication skills.

  Your consultation skills, including how you adapt the consultation to the patient's needs, your time management and the general structure of the consultation, are also assessed.
- **Clinical information gathering and interpretation**

This focuses on how you gather information through taking the patient's history, conducting a physical examination and selecting results of evidence-informed investigations. The way you explore relevant hypotheses is important. This requires obtaining sufficient information about symptoms, details of medical history, choice and methods of physical and mental state examination, and selection of investigations that confirm or support your prevailing hypotheses.

- **Making a diagnosis, decision making and reasoning**

  The focus here is on the steps leading up to formulating a working diagnosis, relevant differential diagnoses and a problem list. Using a safe diagnostic strategy and describing how you developed a specific problem list are assessed in this area. By formulating a clinically-appropriate working diagnosis, you demonstrate diagnostic accuracy. This does not require the correct diagnosis but that the direction of your reasoning was appropriate and accurate.

- **Clinical management and therapeutic reasoning**

  This focuses on how you develop appropriate and patient-centred management plans. Using an evidence base for prescribing pharmacological treatment and considering non-pharmacological options are included in the assessment. Your management plan should be appropriate for the working diagnosis and the problem list that you develop, and should reflect a good understanding of accepted general practice. The conditions, their implications and intervals for follow-up or review need to be discussed with and agreed to by the patient.

- **Partnering with the patient, family and community to improve health through disease prevention and health promotion**

  As a GP, you need to have a good understanding of community resources and how to access these in partnership with your patients and their families. You also need to be aware of public health issues. This area will assess how you approach disease prevention and health promotion.

- **Professionalism**

  Developing your skills in reflective practice is emphasised in the PEP. Your approach to receiving and accepting feedback and developing a learning plan will provide evidence of how you are progressing. Your commitment to professional development and your awareness of the need for self-care, and of ethical principles and legislation relevant to general practice, form part of this domain.

- **General practice systems and regulatory requirements**

  This domain concerns your understanding of general practice organisation and systems, including administration and IT systems and the importance of effective record keeping, clinical handover and recall systems. It also requires an understanding of how primary care is organised in Australia and the applicable statutory requirements and guidelines.

- **Procedural skills**

  You should be able to demonstrate knowledge and skills in the range of procedures that are appropriate for general practice. In addition, you should identify skills that you need to develop, specifically considering the needs of the local community or the practice's population.

- **How the uncertainty of ongoing undifferentiated conditions is managed**

  Your approach to ongoing undifferentiated conditions needs to be structured and evidence-based to minimise risk from health and economic perspectives. Clinical decision making regarding investigation choices needs to be rational, and must balance the risks of over-investigating and under-investigating against the potential benefits for the individual.

## Collecting the evidence

The WBA assessment program provides a number of ways to gather evidence of your competencies. Ideally, you will be assessed by a range of assessors on a number of occasions. Each assessment will have a different focus, and all assessments will involve a range of competencies to ensure better coverage of important areas. You will get the most out of this part of the program by actively participating in the process. Think about all the data being collected as being pixels in the 'picture' of your competence. Each piece of information collected about you can provide valuable feedback on your performance.

The methods used in PEP are outlined below.

## Direct observation of consultations – The Mini-Clinical Evaluation Exercise (Mini-CEX)

Using a specific WBA tool, the Mini-CEX, the aim is to asses those criteria best evaluated by direct observation and to provide feedback on your performance. The Mini-CEX is flexible, allowing each assessment to be focused on one or more specific areas of the clinical encounter.

To optimise the value of this assessment for your learning, think about areas that you would most like feedback on prior to any assessment. You can discuss these with the clinical assessor at the start of the assessment.

The Mini-CEX will focus on any of the following WBA competencies:

- 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
- Professionalism
- General practice systems and regulatory requirements

Direct observation of a minimum of four patients will usually take place in your practice once per PEP term. If this is not feasible, the RTO will make alternative arrangements for the assessment. It is always daunting to be observed while consulting, and the assessor is aware of the impact their presence in the room will have on you. Try to focus on the patient, not on the fact that you are being assessed.

Some things to consider when preparing for the assessment:

- You don't need to study for this assessment.
- The date and time of the visit will be booked in advance, so make sure that you are ready for the assessor'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. Of course, you need to ensure that the consultation length is appropriate for the patient's presentation.
- 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.
- Try to arrange the consulting room so the assessor can see both you and the patient but is as far away as possible.
- 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.

- Think about areas on which you would like to focus in the assessment. They could be based on any issues raised in previous assessments or on areas identified by self-reflection of which you are unsure.
- Be prepared to reflect on your own performance and discuss this with the assessor.

## Clinical case analysis – Case-based discussion and random case analysis

Clinical case analysis is a hybrid assessment comprising oral questioning and reviewing clinical notes or case reports. You have likely presented a case at grand rounds or presented your patient to a consultant on morning rounds. Analysing a case that you have managed in order to understand your decisions and reasoning is a powerful learning and assessment method.

The clinical case analysis will focus on the following WBA competencies:

- Communication
- Clinical information gathering and interpretation
- Making a diagnosis, decision making and reasoning
- Clinical management and therapeutic reasoning
- Partnering with the patient
- Professionalism
- General practice systems and regulatory requirements

The PEP offers two options for clinical case analysis:

- **Case-based discussion (CBD)**
  This requires that you submit three cases on the RACGP case submission template at least one week prior to the assessment. You can use the case reports that you have written as part of your learning unit completion for this. The assessor will review your cases and select two cases for discussion. If the cases are not at a satisfactory standard then the assessor can return these to you for revision, so please leave yourself enough time.

- **Random case analysis (RCA)**
  This is undertaken by the assessor randomly selecting patients seen by you in the preceding week. The assessor will need access to your appointment book and patient notes.

The assessor will ask you to present the case, and then ask a series of questions to further explore various aspects of the case. Expect to be asked some ‘What if?’ questions, where the assessor will probe what you would do if the some things in the case were changed; for example, ‘What would you prescribe if this patient were pregnant?’

Some things to consider when preparing for the assessment:

- You will have one clinical case analysis per PEP term, which will involve the discussion of at least two cases. This can be either RCA or CBD or a mixture of both, and this will be determined by your RTO.
- The clinical case analysis template is used to guide you in writing up your case. This activity is good preparation for the Key Feature Problem (KFP) exam, one of the RACGP Fellowship exams, as it helps you to identify and record the key steps and outline your clinical reasoning.
- Remember that the case needs to be one you managed and wrote up yourself. Using someone else’s case or submitting a case that someone else has written up would not help your learning and would risk breaching the Code of Conduct.
- You need to have good-quality patient notes to refer to and prompt your recall about the case.
- There needs to be patient-free time for clinical case analysis, so make sure this is provided in the appointment book. Each case will take up to 30 minutes including discussion and feedback.
- You cannot study for this assessment, but reflecting on your clinical decision making can be useful preparation.
- Regularly using a ‘safe diagnostic strategy’ during your consultations will help your preparation. Murtagh describes a well-known and useful strategy.

- Be prepared to reflect on your own performance and discuss this with the assessor.

## Multisource feedback – Colleague and patient assessments

Multisource feedback (MSF) is a well-recognised, valid and reliable method of assessing interpersonal and professional behaviour, development and clinical skills. Studies have shown that MSF is a good predictor of the need for remediation in a training program, so the outcomes of your MSF might be useful for identifying learning areas on which to focus. You will probably find you get a lot of value from the self-reflective exercise and subsequent discussion with an ME. The MSF is completed once during your PEP participation.

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

The MSF has two components:

- A colleague feedback assessment tool and a self-assessment tool, known collectively as the Colleague Feedback Evaluation Tool (CFET)
- A patient assessment tool, the Doctors' Interpersonal Skills Questionnaire (DISQ)

Once completed, you will upload:

- a completed MSF report covering the two components
- a completed reflective exercise
- evidence of discussion with an ME.

Some things to consider:

- There is no pass or fail mark. You only need to complete the process satisfactorily.
- The most valuable part of MSF is the opportunity for self-reflection.
- Prepare for your discussion by reading the report carefully and completing the reflective exercise. Think about key areas that you would like to receive feedback on.
- Add any identified focus areas to your learning plan.
- It is suggested that you start this process early in your program.
- You will need to ask people in your practice to help you with collecting the evaluations from patients and colleagues.

## Clinical examination and procedural skills logbook

A general practice procedure is a discrete activity performed on a patient. It requires knowledge and psychomotor skill. It can be diagnostic or therapeutic. The procedure may require the use of specific equipment and it excludes manual skills, which are part of routine clinical examination. All GPs need to have a range of procedural skills.

A range of procedures that are appropriate for general practice is included in a logbook. Some are considered essential skills for all GPs, others are suggestions for you to consider. The relevance of the procedures may vary depending on your location. For example, if you are working in a small rural practice, you might need a broader range of skills. There is also a range of clinical examination skills to consider.

When you start the PEP, you can review the range of procedures and consider which you feel confident in performing, marking them off in the logbook. You can identify other procedural skills that you need from reflecting on your own learning needs, taking into account the practice setting, patient demographics, community needs and your access to more specialised services. Add these to the logbook in the same way that you would update your learning plan and keep a log of those procedures that you perform during the six-month term. You should also add to your learning plan any other identified action items relating to procedural skills.

There is no requirement for sign-off of competence being achieved. This logbook is for your own learning and improvement.

You are responsible for maintaining your logbook, including ensuring that each entry is accurate and up to date. It is important you obtain informed consent for all procedures that you undertake and to document this with records of procedures performed, their outcomes and any follow-up arrangements.

Please remember not to include any identifying details of specific patients in your logbook.

Review of your logbook will be part of your term review, and an ME will discuss your progress and plans.

## Other evidence

Your progress is monitored broadly by the completion of your assigned learning units and associated assessment tasks, your WBA activities, your learning planning and your engagement with the learning program.

Evidence of your progress is provided by the RTO by way of a term report. This report summarises your discussions and includes a review of your learning plan, your logbook, your WBA, your learning unit completion and the quality of the assessment tasks that you completed.

If you have a supervisor who provides a report as part of your registration requirements, you can opt to upload this report as further evidence. Similarly, if you complete any other relevant courses, such as advanced life support (ALS) or cardiopulmonary resuscitation (CPR), you can upload your certificates.

# *Your approach to feedback*

As you know, the PEP is an educational support program for you. Self-reflection and engagement in feedback opportunities are key to your success and benefit from the program. Feedback is not a passive process with an ME telling you what you could do to improve. You need to be able to reflect on your own performance and engage in dialogue with any educator.

You will receive feedback as part of the WBA. This can be provided verbally after an assessment or in written form as part of an assessment report. The ratings on any assessment form are not used for any other purpose than to indicate your progress towards Fellowship. Any rating is thus also a form of feedback. As individuals we are all inaccurate in assessing our own performance. Feedback from an observer allows us to uncover some of our ‘unknowns’ which can help our learning.

Receiving comments about our performance is not always easy, especially if we are told we are not performing well. Professional embarrassment from a colleague’s feedback might cause you to become defensive, as you might feel that your competence as a doctor is being called into question. Remember that feedback on one specific area does not make you a ‘bad doctor’. There are times when feedback might not seem valid or relevant, and you will need to decide how you want to respond to that. Asking for specific examples and suggestions for improvement is one approach.

If you think of collegiate feedback as an opportunity for you to grow and improve as a doctor, you will approach the process with an open mind, curiosity, optimism, and will maximise the benefit.

# *Other considerations*

Your RTO is your first point of contact for any queries you might have about WBA. Different RTOs might have different ways of managing a WBA program, so make sure you are aware of their specific requirements and systems.

There are a number of practice supports, such as the *Practice Experience Program (PEP): Supervisor and practice guide* and templates, for patient consent for a PEP clinical assessor. Check with your practice manager to make sure that they have access to all of this material. You will need to work with your practice to ensure they can support you during your participation in the PEP.

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