

Practice Experience Program (PEP)

Practice guide



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

What does the program involve?

The program time varies for the participant who may be in the program for a minimum of six months to a maximum of 18 months. Participants in the PEP have access to an educational program that is delivered online. They also receive support in the form of mentoring and feedback.

They are assessed through a longitudinal program of workplace-based assessments, some of which involve direct observation of performance in practice. Colleague and patient evaluations also form part of the assessment program, providing multisource feedback. Where there are concerns about their performance, a participant's assigned medical educator (ME) may recommend they undertake extra time and activities in the program as remediation, but this is optional.

Once they have completed their program, they are eligible to sit the FRACGP exams if they meet all exam eligibility criteria. In 2019, participation in the PEP is optional, but from January 2022, it will be compulsory that all FRACGP exam candidates complete a recognised program in order to be eligible to enrol in the exams.

The journey through the PEP from application to completion is outlined in Figure 1.

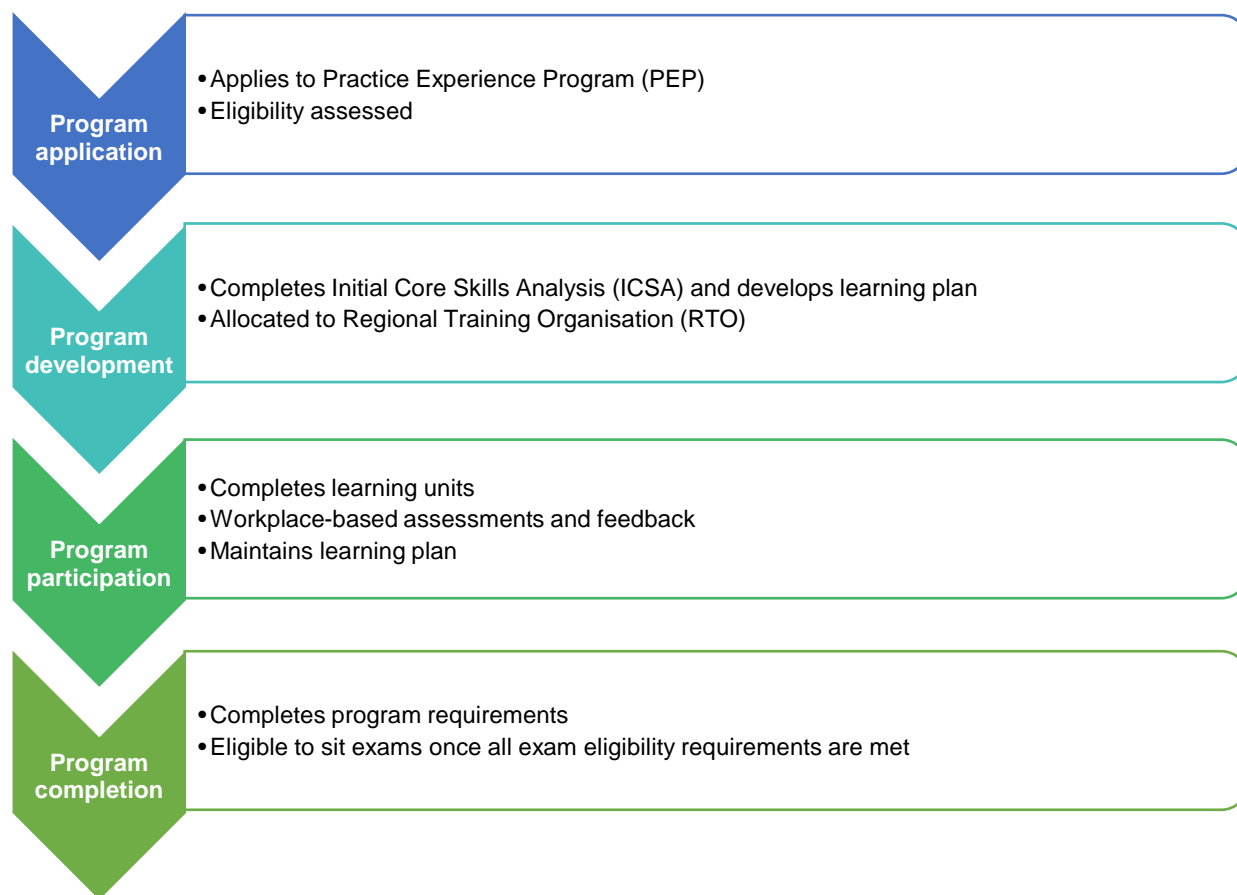


Figure 1. The PEP participant journey

The PEP is delivered in partnership with Regional Training Organisations (RTOs). RTOs currently deliver the Australian General Practice Training (AGPT) program. From 2019, they will also help deliver the PEP, primarily through ongoing workplace-based assessments as well as provision of mentoring and administrative support.

What does this mean for the practice?

As many of the activities occur within the practice, support from the practice is important for doctors in the PEP. Specific areas in which the practice can support their doctor include the following.

- The practice can supply a letter of job offer, which is required by applicants in order to be eligible for the PEP.
- Many of the learning units involve in-practice activities, such as the development of case studies and completion of practice audits, and doctors may need assistance to access information relevant to each activity. They also need enough time and a variety of patient presentations in order to complete these activities. Participants may discuss this with their practice and/or supervisor.
- Direct observation of clinical skills by a clinical assessor is an important part of the program. This may take the form of review of consultations by direct observation, through live streaming or through videos of cases. Practice administrative staff should be educated about the purpose of these assessments, their structure and privacy provisions.
 - **Consent:** Patient consent for observation is required and a consent form will be provided. When patients book, the practice can assist in asking their permission for their consultation to be observed. At the time of the visit, practice staff will need to explain the reasons for the observation and provide patients with the consent form. In some states and territories of Australia, the recording of consultations may be considered health information under the relevant Health Records Act, which will influence how the practice stores and uses the recordings.

A clinical assessor who visits the practice might need to access a random selection of patient notes. These cases are accessed for educational purposes and provide the stimulus for a clinical case analysis. Consent for review of medical records as part of the assessment program is covered under relevant state-based health records legislation.

Practices are advised to include in their privacy policy on managing health information that a third party may review records as part of professional development and education. Some practices may also choose to include it on their patient registration forms. For further information about the use of health information in education, refer to the RACGP's [Privacy and managing health information in general practice](#).

- **Structure of visits:** When an assessment is to be undertaken in the practice, a date and time will be scheduled for this to take place. The assessment will take place over a 3.5-hour session. Four patients are booked in, each for 30 minutes to allow for direct observation and feedback. After this, a one-hour, patient-free block is left for the second component of the assessment. Ideally, appointments such as those for cervical screening tests, routine childhood vaccinations and removal of sutures are avoided, as they provide limited learning opportunities.

Suggested schedule for direct observation and clinical case analysis

10 minutes	Introductions. No patient booked
30 minutes	Consultation patient one and feedback
30 minutes	Consultation patient two and feedback
30 minutes	Consultation patient three and feedback
30 minutes	Consultation patient four and feedback
60 minutes	Clinical case analysis (two cases) and feedback
10 minutes	Wrap up. No patient booked

- Doctors in the PEP also need to complete multisource feedback, including colleague and patient questionnaires, and will need practice support to collect this information.
- Some doctors may need support during the PEP or when preparing for the FRACGP exams. The study required in the PEP and in preparation for exams is demanding, and practices can support the participant by allowing time off for study.

What are the benefits for the practice?

Doctors who participate in the PEP should be working towards improving their skills to provide better quality of care to patients and to attain their FRACGP. Having Fellowship will also allow them to access vocational registration (VR) status.

A doctor who is well supported in the PEP is more likely to remain with a practice.

Other considerations

- Unlike the AGPT program, practices and supervisors are not accredited for the PEP. Having a doctor in the PEP in your practice does not mean that you are accredited to take registrars in the AGPT program.
- If a participant of the PEP has a supervisor appointed by the Medical Board, the obligations of the supervisor to monitor and support as required by the Board are unchanged by participation in the PEP.
- The RACGP does not source practices for participants or enter into any contract or employment negotiations between a practice and a doctor. It is also the responsibility of the practice to confirm that the participant's medical registration and indemnity insurance are up to date prior to their commencement and while they are working at the practice.

If you have any concerns or questions about the PEP, please contact the PEP team on pepadmin@racgp.org.au

Disclaimer

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