



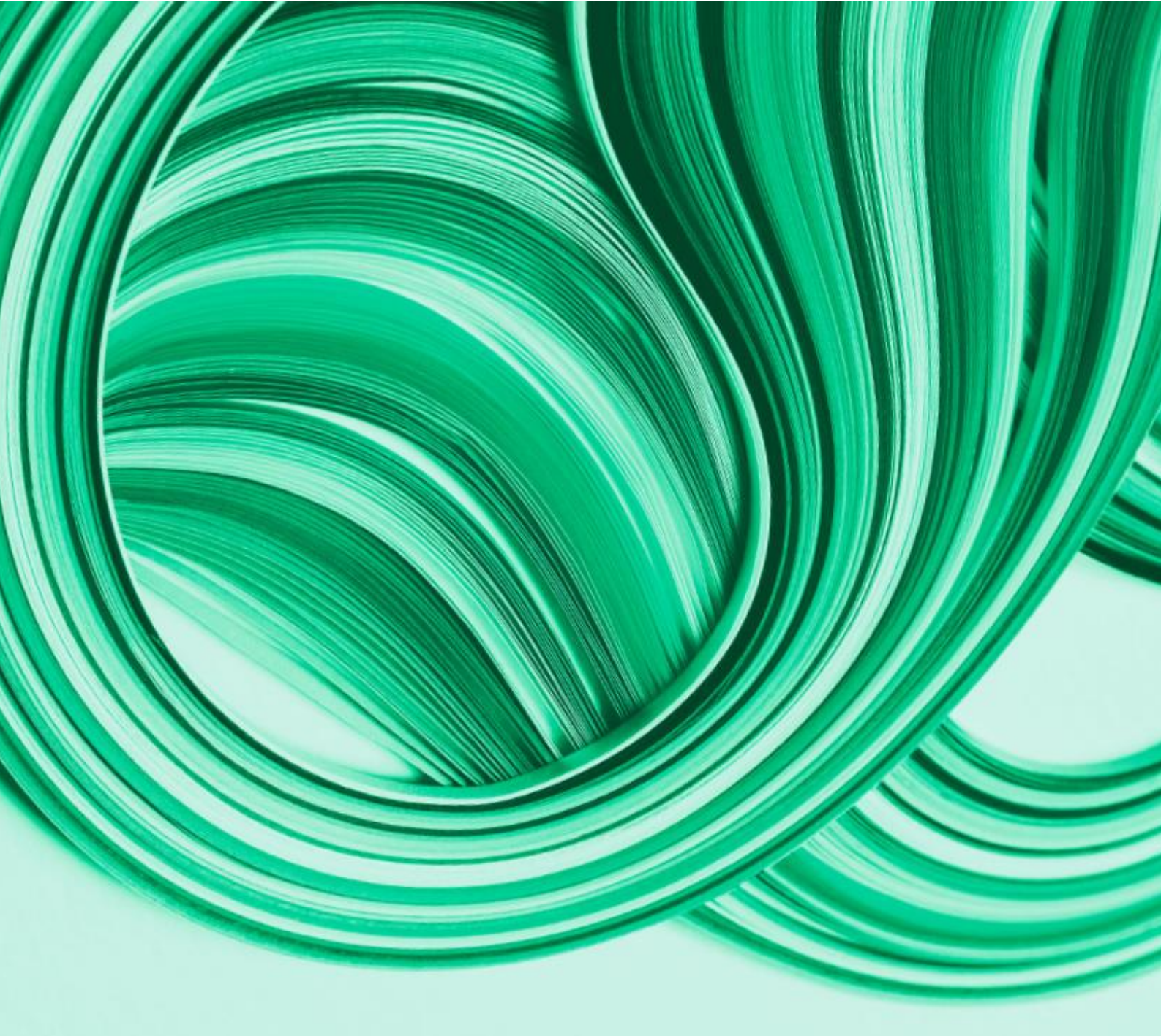
RACGP

Royal Australian College of General Practitioners

Practice Experience Program (PEP)

A guide for training organisations

Version 2022.1



Practice Experience Program (PEP): A guide for training organisations. Version 2022.1

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



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1. What is the Practice Experience Program?

1.1 Background and rationale

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

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

1.2 PEP streams

The PEP consists of two streams.

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

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

The PEP Specialist Stream replaced the RACGP's Specialist Recognition Program, and took effect from 1 September 2019.

From 2022, it will be compulsory for all doctors to be enrolled in an RACGP-approved program such as the [Australian General Practice Training \(AGPT\) Program](#), the [Remote Vocational Training Scheme](#), the [PEP Specialist Stream](#) or have completed the [PEP Standard Stream](#) in order to be eligible to sit the RACGP exams.

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

1.3 Scope of practice

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

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

Full scope includes:

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

1.4 Responsibilities

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

- overall management and coordination
- liaison with the Department of Health
- distribution of funding
- development and regular review of learning materials, assessment tools, policies, guides and other program information
- provision and management of technological infrastructure (ie online learning portal)
- program promotion and marketing
- participant recruitment
- participant application process
- eligibility and selection processes
- allocation of participants to a training organisation
- management of transfers, withdrawals, appeals and leave
- assistance (if applicable)
- administrative support.

The training organisation is responsible for:

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

1.5 Funding

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

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

1.6 The PEP participant journey

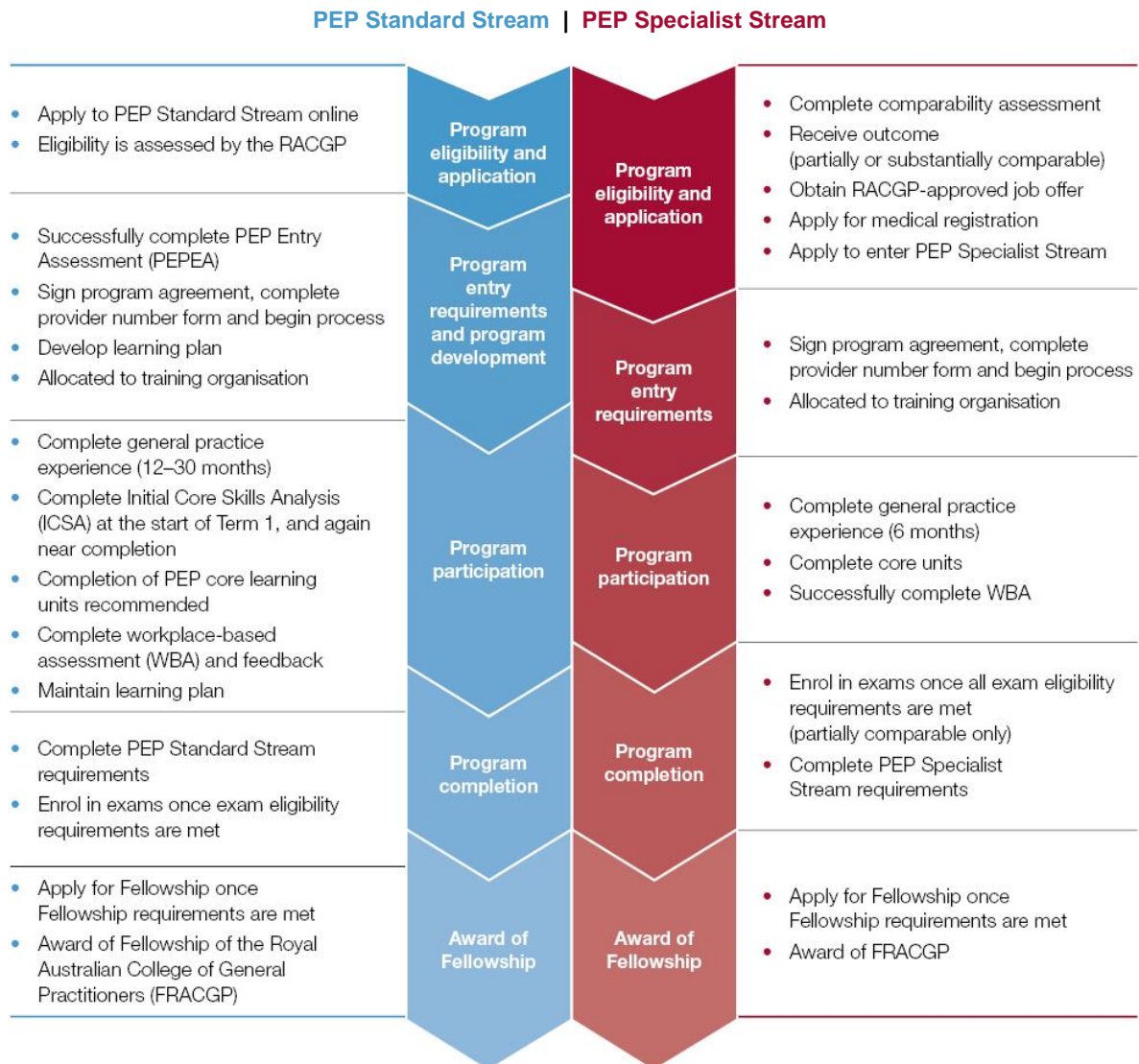


Figure 1. The PEP participant journey

2. Programs on the pathway to Fellowship

The RACGP Fellowship Program, which encompasses the AGPT Program, training organisations and PEP Standard and Specialist streams, will eventually replace all the other programs on the pathway to Fellowship.

While there are some similarities between the PEP Standard Stream and the AGPT Program, there are also substantial differences. The PEP Standard Stream is a 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 Program), PEP Standard Stream participants are not part of a time-based cohort of peers and are unlikely to be undertaking the same learning program as any other individual in the program.

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

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

3. Program eligibility

3.1 PEP Standard Stream

Participant entry

Entry into the PEP Standard Stream involves four stages:

1. Application
2. Eligibility assessment
3. PEP Entry Assessment (PEPEA)
4. Acceptance of the Program Agreement and payment of the program fees

3.1.1 Application

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

3.1.2 Eligibility assessment

Applicants starting the PEP Standard Stream must:

- hold current Australian medical registration without restrictions, conditions, suspensions and/or undertakings that limit scope of practice, as determined by the RACGP
- have a job, or a job offer for, delivering general practice services in Australia.

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

3.1.3 Practice Experience Program Entry Assessment

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

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

The PEPEA is a three-hour assessment and is held quarterly. The PEPEA is delivered in test centres in most capital cities in Australia.

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

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

3.1.4 Developing the individual's program

PEP duration is determined by RACGP medical educators (MEs) who use a formula that combines one or more of the below listed factors:

- information from a valid general practice experience (GPE) assessment (submitted at the time of the PEP application)

- GP experience from the submitted curriculum vitae (CV) – taking into consideration three years of recency (CV submitted at the time of the PEP application)
- existing data – if the applicant is an ex-AGPT registrar (noted at the time of the PEP application)
- if the applicant's PEPEA results band is P1 or P2, then an additional six months is added to the program length (to the maximum period of program funding).

Information from a GPE assessment or CV is calculated against an established formula to determine how many months on the PEP will be best suited to the future participant.

An RACGP senior ME reviews and approves each participant's program length. Once this is completed, the applicant receives a Practice Experience Program Code of Conduct, an invoice for Term 1 of the program (totalling \$2000) and their Program Agreement (containing their IPRs) to review and accept. If an applicant disagrees with their allocated program length, they must submit an [application for reconsideration](#) within 10 national office business days of being notified of the original decision. More information can be accessed via the [Reconsiderations and Appeals Policy](#).

This agreement is separate to any agreement that the training organisation may have that they require the applicant to sign. Before accepting the Program Agreement, the applicant must be a financial member of the RACGP.

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

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

3.2 PEP Specialist Stream

3.2.1 Participant entry

To be eligible for the PEP Specialist Stream applicants must:

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

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

3.2.2 Comparability assessment

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

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

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

3.2.3 Application

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

3.2.4 Program entry requirements

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

Participants must:

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

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

4. Program delivery

4.1 Program intake and duration

The PEP will be 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.

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

Table 1. Program delivery intake

	PEP Standard Stream	PEP Specialist Stream
Program intake and structure	Six-month term structure and quarterly intake (January, April, July, October)	Six-month term structure and rolling intake
Program duration	Ranges from 12–30 months (extension of six months might be granted)	Six-month program

4.2 Program administrative support

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

Administrative support incorporates:

- scheduling clinical assessments (direct observation and clinical case analysis)
- preparation of all WBA-related paperwork
- regular review of participant progress to ensure timely completion by participants
- prompt escalation of any concerns to MEs or the training organisation and/or the RACGP as required
- administration of all reporting related to the PEP Standard Stream

- general assistance to training organisation MEs
- scheduling of required meetings
- responding to participant enquires (referring to the RACGP where required)
- any other necessary PEP activities to support the participant.

The flowchart in [Appendix C](#) provides a visual summary of a Standard Stream participant’s journey and who is responsible for certain aspects of this.

4.3 Allocation to a training organisation

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

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

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

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

Table 2. PEP-related documentation

PEP Standard Stream	PEP Specialist Stream
Application information and attachments (including CV)	Approved job offer
Program requirements	Comparability outcome
	Program Agreement

4.3.1 Training organisation transfer

Participants must submit a ‘Change in circumstances’ form to the RACGP if they wish to change practices, which may require transfer to another training organisation (in some instances), with details of the reason for the request. The RACGP notifies both training organisations once the change of practice has been approved. The RACGP and both training organisations must approve the transfer in line with the [PEP Standard Stream Transfer Policy](#). The RACGP is responsible for updating the online learning system.

4.4 Supervision

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

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

4.5 Online learning portal

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

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

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

4.6 Participant feedback

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

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

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

4.7 Participant wellbeing and safety

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

While the PEP offers a learning unit on 'Doctor's health', the training organisation can suggest more guidance and resources.

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

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

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

4.8 Participant working hours

PEP participants may work part time (in line with the minimum outlined in [Definitions](#) at the back of this guide) during their time in the program. However, participants must complete their program within the allocated time; for example, the number of WBAs required in a six-month period is the same for a participant working part time or full time.

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

- they may not have enough clinical experience time to be eligible to sit the exams at the conclusion of the program
- they may not have enough time in practice to complete any learning units with activities that take place in practice

- their rate of progression may be affected due to less time spent in practice developing their skills.

4.9 Leave

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

4.10 Withdrawal

Participants must submit a written request to the RACGP if they wish to withdraw from the PEP. The RACGP notifies the relevant training organisation once the withdrawal has been finalised after the completion of the cooling-off period. The training organisation retains any funds already allocated to them for the participant for that current six-month term, and the RACGP removes the participant from the online learning system.

5. Participant assessment

5.1 Summary of participant assessment and activities

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

Table 3. Participant assessment and activities		
	PEP Standard Stream	PEP Specialist Stream
<i>Pre-program activities delivered by the RACGP</i>		
PEPEA	Determines program entry eligibility	N/A
<i>Program activities delivered by the RACGP</i>		
ICSA	Tracks professional progression and development. Undertaken in the participants first and last term on the PEP	N/A
<i>Program activities delivered by the training organisation</i>		
Online learning modules and allocated units	Core modules are recommended + self-directed enrolment in additional units	Complete core modules
Structured mentoring	Yes	Yes
Learning plan	Yes	N/A
Logbook	Yes	N/A
AHPRA supervisor reports	N/A	Yes
Multisource feedback	Once per program	Once per program
<ul style="list-style-type: none"> • Colleague Feedback Evaluation Tool • Doctors' Interpersonal Skills Questionnaire 		
Direct observation using the Mini-CEX tool	Once per term (minimum four cases)	Once per term (minimum four cases)
Clinical case analysis	Once per term (minimum two cases)	Once per program (minimum three cases – either random case analyses, case-based discussions, or a combination of both)
<ul style="list-style-type: none"> • Case-based discussion • Random case analysis 		
Additional WBA	An additional six WBA, as a combination of clinical case analysis and Mini-CEX (eg two and four)	Yes, if necessary – substantially comparable only
<i>Post-program activities delivered by the RACGP</i>		
Fellowship examinations (AKT, KFP, OSCE)	Yes	Partially comparable – yes Substantially comparable – no

AHPRA, Australian Health Practitioner Regulation Agency; AKT, Applied Knowledge Test; ICSA, Initial Core Skills Analysis; KFP, Key Feature Problem; Mini-CEX, Mini-Clinical Evaluation Exercise; OSCE, Objective Structured Clinical Exam; PEPEA, Practice Experience Program Entry Assessment; RACGP, The Royal Australian College of General Practitioners; WBA, workplace-based assessment

5.2 Medical educator mentoring

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

- two meetings in Term 1 between each participant and their assigned training organisation ME, with the first meeting taking place within two months of the beginning of the first PEP Standard Stream term so that the ME can advise the participant on the development of a learning plan, after receiving the Initial Core Skills Analysis (ICSA) report from the RACGP
- one meeting between each participant and their assigned training organisation ME in each subsequent PEP Standard Stream term – two are ideal if resourcing allows
- assessment of 'assessable items' within each learning unit by the training organisation ME for PEP-SP
- training organisation ME regularly reviewing/providing feedback on the participant's:
 - learning plan
 - clinical examinations and procedural skills logbook
 - multisource feedback, which is completed once during the PEP Standard Stream.

5.3 PEP workplace-based assessment

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

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

PEP participant assessment includes the following.

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

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

5.3.2 Clinical case analyses

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

5.3.3 Multisource feedback and patient satisfaction

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

5.3.4 Clinical examinations and procedural skills

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

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

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

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

5.4.1 Governing principles

- Each participant will have at least one clinical assessment undertaken in their place of work during their participation in the PEP, either face-to-face or virtually.
- Any exemption requires prospective approval from the RACGP.
- The National Clinical Lead, Training Programs determines whether an exemption will be approved on a case-by-case and term-by-term basis.
- The RACGP will record the exemptions and a participant will not be deemed to have satisfactorily completed the PEP unless there is clear evidence of the in-practice assessment requirement being met or an appropriate exemption recorded.
- Once the requirement has been met, no further exemption application is required.
- However, for monitoring purposes, all direct observation by other modalities (ie simulation) undertaken in any location other than the participant's workplace must be notified to the RACGP.

5.4.2 Application for exemptions

- The training organisation requests consideration for an exemption to the in-practice assessment requirement for each participant by sending an email to pepadmin@racgp.org.au. The email should provide details of the participant's place of work and reasons for the request for an exemption.
- All requests are reviewed initially by an RACGP ME. Further information from the training organisation or PEP team will be sought where necessary.
- Participants undertaking home visits only (after-hours service) will be provided an exemption for the term.
- All other requests are escalated to the National Clinical Lead, Training Programs, for final determination.
- The outcome of the application will be notified to the training organisation within 10 business days.

5.4.2.1 RACGP process for recording and tracking clinical assessments

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

6. PEP completion

6.1 Exam eligibility

PEP Standard Stream and PEP Specialist Stream (partially comparable)

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

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

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

6.2 Fellowship eligibility (FRACGP)

PEP Specialist Stream (substantially comparable)

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

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

A second assessment may be required in the following circumstances:

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

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

6.3 Reporting

When a participant completes their allocated time on the PEP (as outlined in their Program Agreement), the RACGP will assess completion based on the metrics in the PEP Portal, and may contact the training organisation for further information and clarification regarding progress.

The RACGP considers that the PEP Standard Stream is complete at the end of each participant's allocated program time.

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

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

Table 4. PEP reporting requirements

	PEP Standard Stream	PEP Specialist Stream
<p>PEP Standard Stream Term Report</p> <p>This report is submitted by training organisations at the conclusion of each PEP Standard Stream term, and contains:</p> <ul style="list-style-type: none"> • aggregated participant data • Participant Progress Reports • participant feedback. 	Once per term	N/A
<p>AHPRA Supervisor Report</p> <p>This report is submitted by the practice supervisor. It does not need to be completed by the training organisation.</p>	N/A	3, 12, 24 months
<p>Participant Program Completion Report</p> <p>This report details all activities (including learning units, assessments and any other relevant activities) completed by the participant at the conclusion of their program time. It will be completed and submitted via the online portal.</p>		Upon program completion
<p>Annual Financial Report</p> <p>The training organisation must provide the RACGP with an Annual Financial Report, using the RACGP's prescribed template, including an itemised reconciliation of the costs incurred in performing PEP Standard Stream activities for the relevant reporting year.</p> <p>The RACGP may request receipts and relevant evidence as part of the financial reporting. This report will be completed and submitted via the online portal.</p>	Once per calendar year	

AHPRA, Australian Health Practitioner Regulation Agency; PEP, Practice Experience Program; RACGP, The Royal Australian College of General Practitioners

6.4 Assistance

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

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

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

When a training organisation assessor and/or mentor identifies underperformance, they should notify the training organisation, which decides whether a referral to the RACGP Assistance Unit is required. If this does occur, the RACGP Assistance Unit appraises the participant's clinical capability based on information provided by the training organisation and discussions with the participant. The Assistance Unit will determine the level of support and/or intervention that the participant would benefit from, and make appropriate recommendations to provide the

necessary support. In some instances, where there is uncertainty regarding the concerns expressed by the training organisation, the Assistance Unit may conduct a formal assessment of clinical skills.

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

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

7. PEP evaluation

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

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

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

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

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

The anticipated training organisation contribution to the PEP evaluation will include:

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

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

Useful resources

Websites

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

Other RACGP resources

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

Appendices

Appendix A. Acronyms, initialisms and definitions

Acronyms and initialisms

ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
CPD	Continuing Professional Development
CV	curriculum vitae
FTE	full-time equivalent
FRACGP	Fellowship of the Royal Australian College of General Practitioners
GP	general practitioner
GPE	general practice experience
ICSA	Initial Core Skills Analysis
KFP	Key Feature Problem
LMS	learning management system
ME	medical educator
MMM	Modified Monash Model
PEP	Practice Experience Program
PEPEA	Practice Experience Program Entry Assessment
RACGP	The Royal Australian College of General Practitioners
SIMG	specialist international medical graduate
WBA	workplace-based assessment

Definitions

Term	Definition
Applicant	A medical practitioner who is applying for entry into 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, continuing professional development decisions, and program assessments.
Assessment	The systematic process for making judgements on the participant's progress and level of achievement or competence against defined criteria.
Assistance	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.
Candidate	A participant who is enrolled in an RACGP examination.
Comparability assessment	The extent to which an SIMG's recency, continuity of practice, continuing professional development, training, qualifications and clinical experience are assessed as equivalent to an Australian-trained specialist GP.

Competence	The array of abilities across multiple domains or aspects of GP performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context and stage of training. Competence is multidimensional, dynamic and changes with time, experience and setting.
Comprehensive Australian general practice	Comprehensive Australian general practice is: <ul style="list-style-type: none"> • continuity of care that is person centred, comprehensive and coordinated, focusing on the whole person and all presenting symptoms • health promotion and illness prevention services that are based on patient need and the best available evidence • 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 • 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	Learning units recommended for completion by all PEP participants to provide the context of Australian general practice.
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.
Fellowship	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.
Initial Core Skills Analysis (ICSA)	The ICSA is a tool comprising RACGP curriculum-based multiple-choice questions, to inform a PEP participant's plan for learning.
Learning units	These are chosen by the participant. There are more than 30 learning units, each mapped against the RACGP curriculum and each one covering a number of the core skills of general practice. Each unit is the equivalent of approximately 30 hours of work and will include a detailed description of the learning outcomes, activities and assessments that address 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.

Partially comparable	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.
Participant	A medical practitioner who has been accepted into the PEP, and who has signed a Program Agreement with the RACGP.
Performance	What is actually undertaken in practice.
Practice-based	As a practice-based program, all participants must either be in practice before entering the program or have a practice available to them when they start.
Program Agreement	A contract outlining the roles and responsibilities of the participant, the RACGP and the training organisation, and delineating the consequences of non-progression. The Program Agreement must be signed prior to the participant commencing in the PEP Standard Stream. The applicant becomes a participant upon signing the agreement.
Progress	Demonstrated improvement in clinical skill.
Training organisations	Predominantly Commonwealth-funded organisations accredited by ACRRM and the RACGP to deliver training streams via the Fellowship Programs.
Substantially comparable	An SIMG with specialist qualification who has been accepted into the PEP Specialist Stream and has been assessed as suitable to undertake the intended scope of practice, taking full responsibility for all patients, with limited oversight of their practice by a supervisor (peer review). They will be awarded FRACGP when all program entry requirements have been met.
Time requirements:	
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.
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. WBAs enable assessment of competencies in a real-world setting.

Appendix B. PEP learning units

PEP Standard Stream

Table 1. PEP Standard Stream learning units

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

PEP Specialist Stream

Number	Core units (30 hours)
1	<ul style="list-style-type: none"> • Online learning activities • Australian general practice skills unit – in practice activities • Aboriginal and Torres Strait Islander health – in practice activities • Doctors' health – in practice activities

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

