



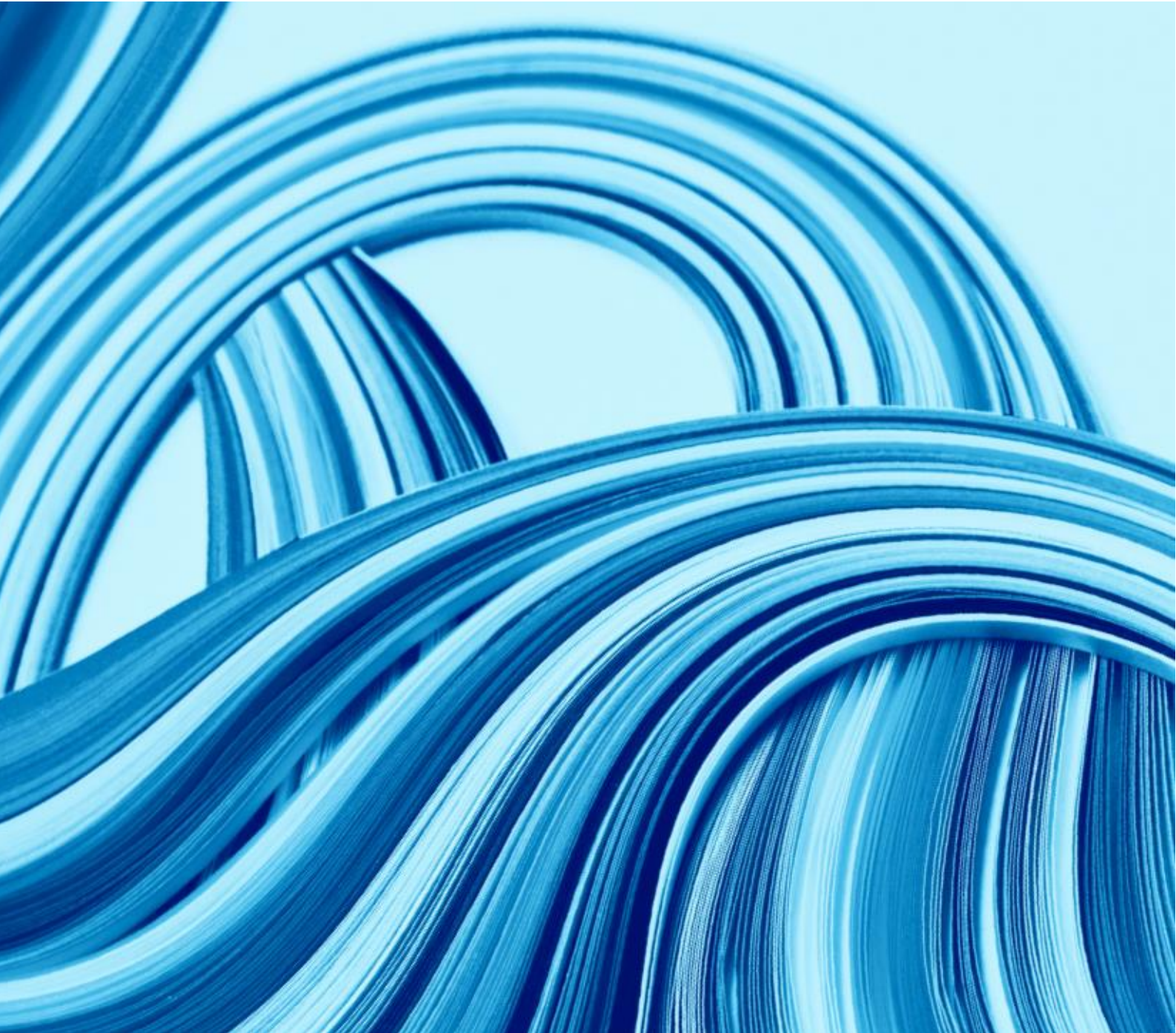
**RACGP**

Royal Australian College of General Practitioners

# *Practice Experience Program (PEP) Standard Stream*

**Participant guide**

**Version 2022.1**



## **Practice Experience Program (PEP) Standard Stream: Participant guide. 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.*



Royal Australian College of General Practitioners

RACGP

*Practice Experience  
Program (PEP)  
Standard Stream*

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# *The RACGP Practice Experience Program*

## 1. What is the Practice Experience Program?

### 1.1 Background and rationale

The RACGP Practice Experience Program (PEP) is a self-directed education program designed to support non-vocationally registered (non-VR) doctors on their journey to Fellowship. The Non-Vocationally Registered Fellowship Support Program (FSP) is funded under the Australian Government's (Department of Health) Stronger Rural Health Strategy for Doctors based on Modified Monash Model (MMM) areas 2–7. The PEP has two streams: Standard and Specialist. Applicants who do not hold a specialist qualification should apply through the Standard Stream. Please refer to [section 6](#) of this guide for further information.

The PEP is also a 3GA workforce program that allows non-VR doctors to access Medicare benefits while working towards Fellowship in an Australian general practice setting.

### 1.2 PEP streams

The PEP consists of two streams.

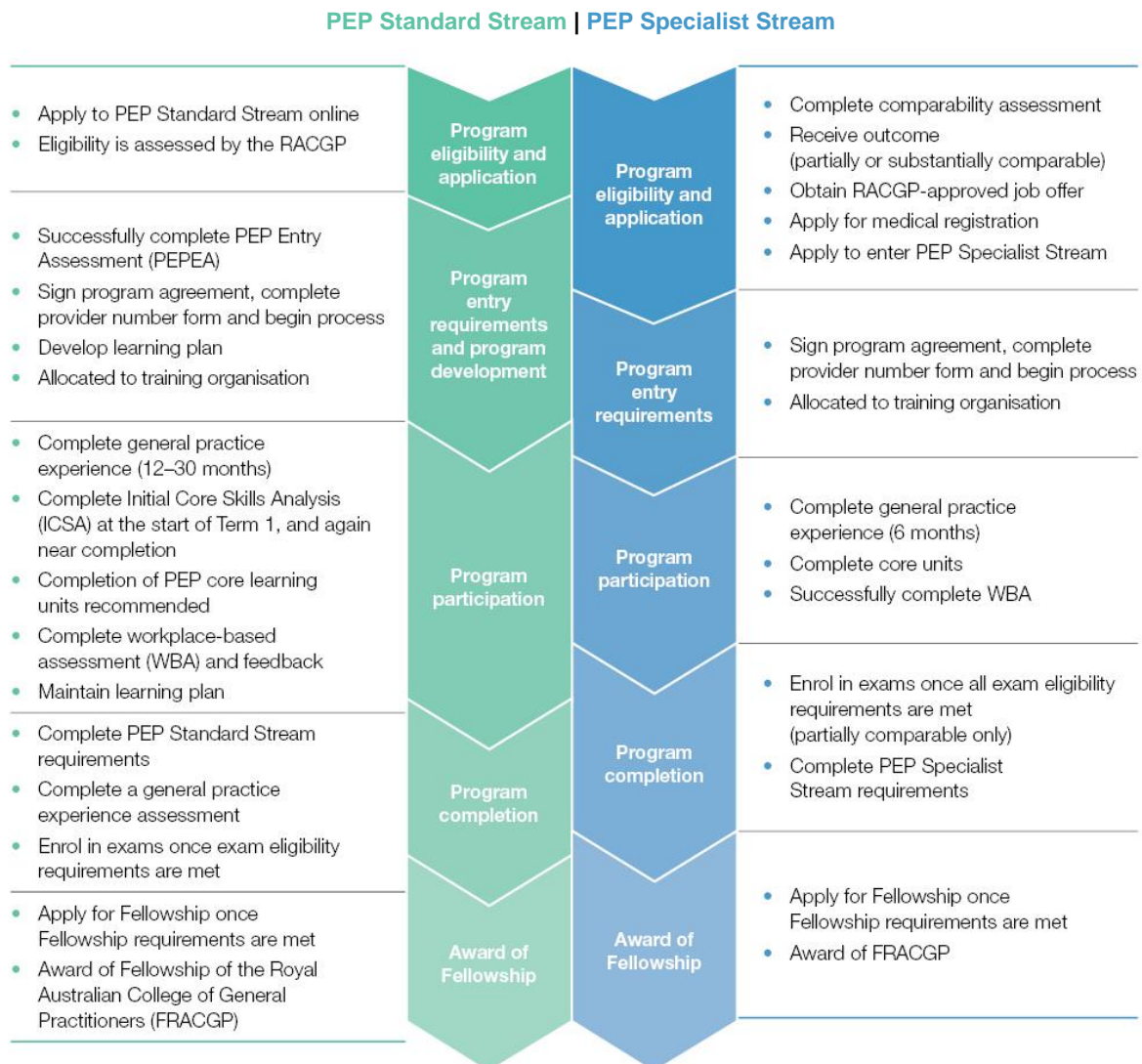
**PEP Standard Stream:** Provides educational support for non-VR doctors to help them prepare for Fellowship of the RACGP (FRACGP). In addition, overseas-trained doctors who hold a specialist qualification that is deemed to be not comparable may attain Fellowship through the PEP Standard Stream route.

**PEP Specialist Stream:** Provides educational support for overseas-trained doctors with a specialist qualification, who are transitioning to Australian general practice and working towards FRACGP. The PEP Specialist Stream replaced the RACGP's Specialist Recognition Program, and commenced from 1 September 2019.

From January 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 to inform eligible doctors interested in attaining Fellowship via the PEP Standard Stream, and provides details about the program requirements, support offered and benefits of completing the PEP.

### 1.3 The PEP participant journey



**Figure 1. The PEP participant journey**

### 1.4 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 [AGPT Program](#), which is due to return to the RACGP by the end of 2021. The PEP Standard Stream and the AGPT Program are the two main programs for doctors without a specialist qualification wishing to attain FRACGP.

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 self-directed education support program informed by 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 formalised education as any other individual in the program.

Unlike the AGPT Program, support in the form of an onsite supervisor is not always available or required for PEP Standard Stream participants; however, support will be available in other forms detailed in this guide.

## 2. Delivery

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.

## 3. Eligibility and selection

Entry into the PEP Standard Stream involves two stages:

1. Eligibility assessment
2. Practice Experience Program Entry Assessment (PEPEA)

### 3.1 Eligibility assessment

Applicants starting the PEP Standard Stream must:

- pass PEPEA (or be deemed an exemption from PEPEA)
- 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 delivering general practice services in Australia in MMM areas 2–7.

It is recommended that participants ensure they are meeting the [General Practice Fellowship Program placement guidelines](#) provider number requirements as they cannot be enrolled in the PEP without holding one of the program's provider numbers. Further information on 3GA status and provider numbers is available on the [PEP Standard Stream frequently asked questions \(FAQs\) section](#) of the RACGP website.

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.

If you are already on a pathway, you must have withdrawn from it before starting the PEP.

### 3.2 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 (SJT) questions. SJT 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 your reasoning in these scenarios.

The PEPEA is a three-hour assessment and will be held either face-to face in most major capital cities, or online, usually quarterly.

Enrolment for the PEPEA is completed via an online portal where candidates 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.

You may be eligible to attempt the PEPEA without meeting all of the entry criteria for the PEP.

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

## 4. PEP Standard Stream clinical requirements

The PEP Standard Stream 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 Standard Stream.

You will gain the most from your time in the PEP Standard Stream if you are exposed to the full scope of general practice. 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 you see
- after-hours and/or residential aged care facility care, provided it does not form the major part of your work.

While those working in after-hours medical deputising program positions will be able to enter the PEP Standard Stream, it is strongly encouraged that most of the work is undertaken in a daytime comprehensive general practice to allow exposure to the full scope of general practice while in the program.

Doctors choosing to work in locations that are MMM areas 2–7 will be supported to enter such daytime comprehensive workplace locations by being provided with a PEP provider number as a 3GA program participant. This means PEP participants will benefit from receiving full rebates from Medicare while on the program.

Other than after-hours medical deputising services, only comprehensive general practices will be approved for the PEP Standard Stream. Examples of practices that may not be considered comprehensive general practices include:

- skin cancer clinics
- cosmetic clinics
- correctional facilities
- military facilities.

Positions with a highly limited scope of practice (eg skin cancer clinics) will not be accepted as PEP Standard Stream placements.

If you are working in comprehensive daytime general practice and extending care to your patients in a rural hospital environment, you may be eligible for a provider number if required for the hospital role. The approval of provider numbers for this purpose is subject to meeting additional criteria and is assessed on a case-by-case basis.

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 Standard Stream. Please refer to the [PEP Standard Stream policies](#) for further 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 Standard Stream. Medical educators (MEs) will provide educational support and guidance and will be involved in your workplace-based assessment (WBA). Their role does not include providing clinical support. If you require this form of additional support, you are encouraged to approach an experienced GP, but this arrangement will be between you and the person you select.

## 6. RACGP Fellowship Program provider numbers

### 6.1 Modified Monash Model

The MMM is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographic remoteness and town size. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities. It does not necessarily align with Distribution Priority Areas (DPA) classification.

You can find the classification of your location by using the [MMM locator](#).



## 6.2 MMM 1 classifications

Applications for Approved Placement – RACGP Fellowship Program (Practice Experience Program) provider numbers will not be accessible to PEP participants working in MMM 1 locations (unless exceptional circumstances apply). The PEP Standard Stream can be undertaken in MMM 1 locations if participants enter the PEP with an ongoing provider number previously issued by another 3GA (workforce) program that will not expire while they are participants of the PEP. The RACGP advises PEP participants that are presently working in MMM 1 practices to retain their current provider number.

For more information, please access the Department of Health's [General Practice Fellowship Program placement guidelines](#), which the RACGP follows for Fellowship placements.

## 6.3 MMM 2–7 classifications

Applications for Approved Placement – RACGP Fellowship Program (Practice Experience Program) provider numbers are available for those who meet the following requirements:

- a PEP practice position approved by RACGP MEs (adequate scope of practice and meeting at least minimum part-time requirements in regard to weekly hours)
- if applicable, a practice location that meets the participant's obligations under section 19AB of the *Health Insurance Act 1973* (Cwlth).

Anyone working under section 19AB will be required to work in a DWS location or in an Aboriginal or Torres Strait Islander health post. Please note that the Department of Human Services is the governing body for exemptions from section 19AB requirements.

## 6.4 Transferring onto an RACGP Fellowship Program provider number

If your current provider number was issued outside of the RACGP Fellowship Program, is due to expire and you are not eligible for an extension under your current program, please contact [PEPApprovedPlacement@racgp.org.au](mailto:PEPApprovedPlacement@racgp.org.au) for further information after reviewing the following:

- a 'Change in practice location request application' (request if wanting to change practices)
- the Department of Health's [General Practice Fellowship Program placement guidelines](#).

# 7. Program details

## 7.1 Time in the program

The PEP Standard Stream is structured in terms. Each term is six months in duration. Participants can complete between a minimum of 12 months (one educational term) to a maximum of 30 months (five educational terms) for the PEP Standard Stream, with the possibility of one extra term for leave/extensions/assistance needs. Each term is six calendar months in duration. Program time is determined by RACGP PEP MEs based on your general practice experience, work context and other factors. You can view more information regarding program time determination in our [FAQs](#). The Non-VR Fellowship Support Program under which the PEP is partially funded currently extends until June 2023 and program lengths are also limited by the duration of available funding.

You may work part time (in line with the minimum definitions outlined in the appendix of this guide) during your time in the program. However, you must complete your program requirements within the allocated time; for example, you must complete the required WBAs for each term, regardless of whether you are working full time or 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 self-directed learning, as the learning units, for example, involve in-practice activities.
- Your rate of progression may be affected due to less time spent in practice developing your skills. This may affect your ability to prepare for and pass the FRACGP exams. In addition, assistance may be recommended, attracting additional time and cost to you.

In order to sit the FRACGP exams, you will be required to fulfil the exam eligibility requirements as per the current [General Practice Experience Pathway Exam Eligibility Policy](#). The RACGP requirements for Fellowship are detailed in [section 12](#) of this guide.

On acceptance to the PEP, you will be provided with a Program Agreement to review and sign, that details your program requirements, time in the PEP Standard Stream and the costs involved. You will also be provided with a PEP Standard Stream Code of Conduct for the time you are in the PEP Standard Stream. Your training organisation may also have their own agreements for you to sign.

Before you commence on the PEP, you must be a financial member of the RACGP.

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

## 7.2 Initial Core Skills Analysis

On commencement of the PEP, you will take part in an Initial Core Skills Analysis (ICSA). The purpose of the ICSA is to assist you in developing a learning plan and to guide your self-directed education. You will be asked to complete the ICSA again towards the end of your program time to aid reflection on your progress and to inform preparation for Fellowship assessment.

For further details on undertaking the ICSA, refer to the [Guide to completing the Initial Core Skills Analysis for Practice Experience Program participants](#).

## 7.3 Learning units

The PEP includes access to over 30 learning units, each mapped to and covering the various core skills and contextual units of the RACGP Curriculum. Each learning unit is accredited for RACGP continuing professional development (CPD) points. Each learning unit specifies learning outcomes, learning content, learning strategies and evidence of learning. While the learning units are not mandatory, nor assessed, we recommend that you prioritise the 'core units' and attempt additional units as indicated by your learning plan. We will review your commitment to self-directed learning by looking at your CPD point activity over your program, which should be, at a minimum, 40 points/year (or equivalent). CPD points can be gained by any activity suitably accredited, in addition to the learning units.

Because you are working in practice, most self-directed learning 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 aim to spend between one and two hours a day on the units or other self-directed learning.

Each PEP or *gplearning* unit/activity includes a list of content to give you some idea about the topics that fall within that unit and a list of resources. You are not expected to read all of these but to use them as references for your general practice work or to assist you in completing the learning unit activities. 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 training organisation expect you to engage in the activities on your own.

It is recommended that you attempt the following **core** learning units when you start the PEP, especially if you have limited experience working in Australian general practice.

- PEP Core skills unit 1 – Practising in context
- PEP Core skills unit 2 – Safety (patient–practice–personal)
- PEP Core skills unit 3 – Emergencies and disaster management
- PEP Core skills unit 4 – Communication and consulting skills
- PEP Core skills unit 5 – Aboriginal and Torres Strait Islander Health
- PEP Core skills unit 6 – General practice specific skills
- PEP Core skills unit 7 – Applying evidence to practice

You are able to access all learning units and you should plan to attempt further units over the duration of your program. Your decisions should be based on your ICSA results, your specific interests, any gaps in experience that you have identified and results from your WBA. Table 1 provides a full list of units.

**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		

## 8. Assessment

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

The WBA is designed to support your professional development, provide feedback on your progress and help you identify any areas for improvement.

The WBA is an assessment of your performance as a GP for the purposes of providing feedback to inform your preparation for Fellowship. The assessments are conducted by different assessors at various times during your program participation. A key component of the 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 no specific study or preparation is 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 learning. They also inform you and the training organisations' MEs about your progress towards the standard expected for FRACGP. All assessment tools ensure that you are provided with feedback on areas on which to focus for future improvement.

## 8.1 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 competency 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 early Fellowship and this is therefore the level for which you are aiming.

The WBA competencies are described below.

### Communication and consultation skills

This competency 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, ability to use open questions, avoid unnecessary interruptions and use non-verbal skills to explore and clarify 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. 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 competency focuses on how you gather information through taking the patient's history, conducting a physical examination and selecting 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 working diagnosis.

### Making a diagnosis, decision making and reasoning

The focus in this competency is on the steps towards 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 competency focuses on how you develop appropriate and patient-centred management plans and your reasoning behind these. Included in your assessment are your use of an evidence base for prescribing pharmacological treatment and your consideration of non-pharmacological options. 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 competency 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 competency.

### General practice systems and regulatory requirements

This competency relates to your understanding of general practice organisation and systems, including administration and information technology (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 your 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.

## 8.2 Collecting the evidence

The WBA provides a number of ways to gather evidence of your competence. 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.

WBA in the PEP Standard Stream includes:

- direct observation of consultations
- clinical case analysis.

The requirements to be met each term include a total of 12 activities conducted through WBA including:

- a minimum of four Mini-Clinical Evaluation Exercises (Mini-CEX)
- a minimum of two clinical case analyses

- the remaining six activities to be made up of any combination of the above (eg a further four Mini-CEX and two clinical case analyses, or two of the former and four of the latter. The remaining activities can be tailored to your learning needs.

### 8.3 Direct observation of consultations – The Mini-Clinical Evaluation Exercise

A specific WBA tool, the Mini-CEX, is used to assess those criteria best evaluated by direct observation of your performance in practice and 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. Direct observation of consultations can occur via a variety of modalities:

- direct observation of consultations in your practice – either face to face by an ME, using alternative modalities such as Zoom or Skype, or via review of recorded consultations
- direct observation of consultations with a simulated patient – either face to face by an ME or using alternative modalities such as Zoom or Skype.

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, family and community to improve health through disease prevention and health promotion
- 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 Standard Stream term. It can be 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.

- The assessor might ask you questions related to the case in order to probe your reasoning. They might also ask to review any written material related to the case, such as a referral letter that you wrote or the notes that you made. This is all part of the process.
- Be prepared to reflect on your own performance and discuss this with the assessor.

#### 8.4 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, so this will not be completely new to you. 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 and consultation skills
- Clinical information gathering and interpretation
- Making a diagnosis, decision making and reasoning
- Clinical management and therapeutic reasoning
- Partnering with the patient, family and community to improve health through disease prevention and health promotion
- Professionalism
- General practice systems and regulatory requirements

The PEP Standard Stream offers two options for clinical case analysis:

1. **Case-based discussion (CBD)** requires that you submit three to four cases on the RACGP case submission template at least two weeks prior to the assessment. You can use the case reports that you have written as part of your learning unit completion. 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 to complete this prior to the assessment.
2. **Random case analysis (RCA)** 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, 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 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 at least one clinical case analysis per PEP Standard Stream 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 training organisation.
- 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 FRACGP 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 [Practice Experience Program 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.<sup>1</sup>
- Be prepared to reflect on your performance and discuss it with the assessor.

#### 8.5 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 assistance in the non-clinical domains of practice, so the outcomes of your MSF might be useful for identifying learning areas on which to focus. You will probably find you get considerable value from the self-reflective exercise and subsequent discussion with an ME. The MSF is completed once during your PEP Standard Stream participation.

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

The MSF has three components:

1. a colleague feedback assessment tool and a self-assessment tool, known collectively as the Colleague Feedback Evaluation Tool (CFET)
2. a patient assessment tool, the Doctors' Interpersonal Skills Questionnaire (DISQ)
3. a self-reflection component where you rate yourself against the questions in the CFET.

Once completed, you will upload:

- a completed MSF report, which is compiled by Client Focused Evaluations Program or by your training organisation
- 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 and then discussion.
- Prepare for your discussion by reading the report carefully and completing the reflective exercise. Think about key areas on which you would like to receive feedback.
- 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.

## 8.6 Clinical examination and procedural skills logbook

A general practice procedure is a discrete activity performed on a patient. It requires knowledge and psychomotor skills. 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.

Procedures appropriate for general practice are 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 Standard Stream, 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 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 that you obtain informed consent for all procedures you undertake and that you 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.

## 8.7 Other evidence

Your progress is monitored broadly by reviewing your CPD activity, WBA activities, learning planning and engagement with the PEP.

Evidence of your progress is indicated via the PEP Portal and from feedback from your training organisation.

## 8.8 Your approach to feedback

As you know, the PEP Standard Stream 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 feedback received identifies areas for improvement. 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 and optimism, and you will maximise the benefit.

## 8.9 Other considerations

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

If you require a period of leave, you do not have to defer your place, and may commence your program with a period of leave, provided that your leave request meets all other leave requirements outlined in the [Leave and Extensions Policy](#).

The RACGP provides a number of resources, such as the [Practice Experience Program \(PEP\): Practice guide](#) and templates, regarding patient consent for a PEP Standard Stream 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 Standard Stream. For further information, visit the [PEP resources](#) page on the RACGP website.

## 9. Support and feedback

You will be supported during your time in the PEP Standard Stream. 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 to monitor your progress and performance throughout each training term
- program administrative support, to assist with coordination of training program activities and WBA and help you stay on track throughout the program
- longitudinal assessment and feedback, delivered in the workplace, to help improve your performance as a GP and help prepare you for the FRACGP exams.

### 9.1 Medical educators

Your training organisation will help you with your learning plan, and training organisation MEs will provide guidance in terms of your progress through the PEP Standard Stream. You will meet with a training organisation ME at least once per term, usually twice, including once within the first three months of commencement.

## 9.2 Program administrative support

Administrative support staff at training organisations 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.

## 9.3 Feedback

Feedback is delivered as part of the WBA; this can be provided verbally after an assessment and/or in written form as part of an assessment report. 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.

## 9.4 Reflection

The PEP Standard Stream 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.

In the various activities you carry out, you will be asked to reflect on a number of different situations. This is an important aspect of the PEP Standard Stream and of your professional development.

## 9.5 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 Standard Stream. It is your responsibility to discuss any safety, work–life balance or stress issues with your training organisation 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 training organisation, as an RACGP member you can access a free, confidential counselling service called the [GP Support Program](#).

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

Training organisation 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:

- [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](#)

## 10. Progression

Throughout your time in the PEP Standard Stream, the RACGP and the training organisation continually monitor your progress via a variety of informal and formal feedback mechanisms outlined previously. Issues that you may encounter and that may require intervention include personal, professional or educational matters. The training organisation may determine that you would benefit from extra support (assistance) and accordingly request that the RACGP become involved in that assistance. While assistance is not mandatory, participants are encouraged to undertake the assistance program if it has been recommended. Assistance activities are undertaken at your cost.

All assistance is provided with your consent.

## 11. Assistance in the PEP Standard Stream

During the PEP Standard Stream, your assessor and/or mentor may tell you that they believe your clinical knowledge and skills are not at the expected level and that you may benefit from extra support. There is provision for such extra support (assistance) in the PEP Standard Stream, and if your training organisation believes that you would benefit from this, they will advise and refer you to the RACGP PEP Standard Stream Assistance Team.

Once the PEP Standard Stream Assistance Team has received the referral, you will be contacted and a meeting arranged between you and one of the team's MEs. This meeting may be conducted face to face or by teleconference, whichever is more convenient for you. At this meeting, all relevant information about the issues raised will be discussed with you. It is important for you to look beyond those issues at anything else that may be contributing to, or even be the root of, the issues identified (eg difficulties with language, health or personal problems or work-related stress).

The PEP Standard Stream Assistance Team will work with you to identify all the issues that may be affecting your clinical performance, and will make recommendations so you can address them. The recommendations will include:

- your areas for development
- objectives of the extra support
- activities from which you would benefit
- whether support from an ME would be beneficial – someone who can assist with activities such as case discussion, tutorials or role-play
- whether you would benefit by having your time in the PEP Standard Stream extended to help you address all the issues that were identified; this extension of time may be up to a maximum of 26 weeks.

In certain instances, the PEP Assistance Team may recommend a further assessment of your skills in order to clarify the issues and/or to ensure that all issues have been identified. The assessment cost will be at your expense. This assessment will generally entail one or more of the following:

- direct observation of consultations
- review of video recorded consultations
- role-play of structured clinical scenarios
- multiple choice questions/KFP exam.

Please note that you are not obliged to undergo further assessment, to accept assistance from an ME, or to have your time in the PEP Standard Stream extended, even though they may be strongly recommended. Generally, ME assistance and extension of time will be recommended where the issues are of a more serious nature and/or where it is felt that you would not achieve the objectives on your own. If you do elect to have an ME assist you, the ME's time will be at your expense.

You will be given a written copy of the Assistance Plan that you are required to sign to acknowledge that the issues were discussed with you, and to record your decisions regarding educator support and extension of time.

Once you have completed working on your Assistance Plan, there will be opportunity to review the outcomes, and determine whether the objectives have been met and whether any further learning needs should be addressed.

## 12. Requirements for Fellowship

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

## 12.1 Education requirements

You must:

- satisfactorily complete the PEP Standard educational program in line with the requirements of the [Practice Experience Program Satisfactory Completion Framework](#)
- complete a Basic Life Support course within the 12 months prior to applying for Fellowship, as per the [Basic and Advanced Life Support Guidance Document](#)
- complete an Advanced Life Support course within the four years prior to applying for Fellowship, as per the [Basic and Advanced Life Support Guidance Document](#).

## 12.2 Fellowship requirements

### Experience requirements

Participants must have a minimum of five years' full-time equivalent (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

Participants must:

- 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 Standard Stream 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 Standard Stream

- 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 [Academic Misconduct Policy](#)
- comply with the requirements of the [Practice Experience Program – Standard Stream Post-Education Progression Policy](#) for continued access to a PEP provider number while pursuing Fellowship
- be a financial RACGP member
- have employment in Australian general practice that meets the minimum requirements for the duration of the PEP Standard Stream
- 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 standard stream
- 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.

## 13. Evaluation

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

- determine the needs of non-VR doctors and facilitate tailored participation in the PEP Standard Stream

## 18 Practice Experience Program (PEP) Standard Stream [Participant guide](#)

- 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.

## 14. Policies

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

## Reference

1. Murtagh J. Diagnostic modelling in general practice. *Aust Med Stud J* 2011;2(1):46–47.

## Useful resources

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

## Appendix A: Acronyms, initialisms and definitions

### Acronyms and initialisms

<b>AGPT</b>	Australian General Practice Training
<b>CBD</b>	case-based discussion
<b>CFET</b>	Colleague Feedback Evaluation Tool
<b>CPD</b>	continuing professional development
<b>DWS</b>	District of Workforce Shortage
<b>FTE</b>	full-time equivalent
<b>FRACGP</b>	Fellowship of the Royal Australian College of General Practitioners
<b>GP</b>	general practitioner
<b>ICSA</b>	Initial Core Skills Analysis
<b>KFP</b>	Key Feature Problem
<b>LMS</b>	learning management system
<b>MCQ</b>	multiple-choice questionnaire
<b>MSF</b>	multisource feedback
<b>ME</b>	medical educator
<b>MMM</b>	Modified Monash Model
<b>PEP</b>	Practice Experience Program
<b>PEPEA</b>	Practice Experience Program Entry Assessment
<b>RACGP</b>	The Royal Australian College of General Practitioners
<b>RCA</b>	random case analysis
<b>SJT</b>	situational judgement test
<b>WBA</b>	workplace-based assessment

### Definitions

<b>Term</b>	<b>Definition</b>
<b>Applicant</b>	A medical practitioner who is applying for entry onto the PEP Standard Stream.
<b>Appeal</b>	The process by which interested parties who contend an incorrect decision has been made by the RACGP may appeal that decision. 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 (CPD) decisions, and program assessments.
<b>Assessment</b>	The systematic process for making judgements on the participant's progress, level of achievement or competence, against defined criteria.
<b>Assistance</b>	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.
<b>Candidate</b>	A participant who is enrolled in an RACGP examination.
<b>Competence</b>	The array of abilities across multiple domains or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context and stage of training. Competence is multidimensional and dynamic and changes with time, experience and setting.

<b>Comprehensive Australian general practice</b>	<p>This describes:</p> <ul style="list-style-type: none"> <li>• continuity of care that is person-centred, comprehensive and coordinated, focusing on the whole person and all presenting symptoms</li> <li>• health promotion and illness prevention services that are based on patient need and the best available evidence</li> <li>• the diagnosis, treatment and management of the full range of undifferentiated conditions in a diverse range of individuals, families and communities not limited by practice intention or business focus</li> <li>• community-based general practice undertaken in Australia.</li> </ul>
<b>Core skills</b>	The core knowledge and skills required by GPs to provide comprehensive general practice care. They are mapped against the five domains of general practice. The contextual units describe how those skills might be applied to different contexts.
<b>Core units</b>	Learning units recommended for completion by all PEP Standard Stream participants to provide Australian context.
<b>Curriculum</b>	A statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of a program, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve.
<b>Eligibility</b>	The determination that the applicant has the required qualifications and skills to apply for the program.
<b>Entry</b>	The point of commencement on the PEP Standard Stream; it follows the acceptance of the offer of a PEP Standard Stream place and the signing of the Program Agreement.
<b>Feedback</b>	Specific information about the comparison between a participant's observed performance and a standard, given with the intent to improve the participant's performance.
<b>Initial Core Skills Analysis (ICSA)</b>	The ICSA is a tool comprising RACGP curriculum-based multiple-choice questions, to inform a PEP participant's plan for learning.
<b>Learning unit</b>	These are chosen by the participant. There are more than 30 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 approximately 30 hours of work and will include a detailed description of the learning outcomes, activities and assessments that address one or more specific areas of knowledge or skill development.
<b>Medical educator (ME)</b>	An individual who provides education in the domain of general practice. Their responsibilities may include education, support and guidance, networking and stakeholder relations, organisational support and professional development.
<b>Participant</b>	A medical practitioner who has been accepted into the PEP Standard Stream, and has signed a Program Agreement with the RACGP.
<b>Performance</b>	What is actually undertaken in practice.
<b>Portfolio</b>	A collection of evidence of learning progress and completion. Can include quantitative (eg test scores) and qualitative (eg mentor reports, self-reflections, practice visit reports) data. It allows real-time monitoring by both learner and faculty of progress towards Fellowship, with opportunity for assistance in areas of weakness. It will also include an activity logbook.
<b>Practice-based</b>	As a practice-based program, all participants must either be in practice before entering the PEP Standard Stream or have a practice available to them when they start.
<b>Practice Experience Program Entry Assessment (PEPEA)</b>	An assessment focusing on general practice knowledge, skills and attributes. The PEPEA consists of two question types – clinical applied knowledge questions and situational judgement test (SJT) questions.
<b>Program Agreement</b>	A contract outlining the roles and responsibilities of the participant, the RACGP and the training organisations and delineating the consequences of non-progression. The



Program Agreement must be signed prior to the participant commencing on the PEP Standard Stream. The applicant becomes a participant upon signing the agreement.

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<b>Program requirements</b>	Informed by the participant's prior general practice experience, and other application information, 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 Standard Stream. It incorporates program duration.
<b>Progress</b>	Demonstrated improvement in clinical skill.
<b>Time requirements: Full time</b>	Full-time general practice experience comprises a 38-hour minimum working week, over a minimum of four days per week, of which a minimum of 27 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or of less than one month in any one practice, will not be considered. Hours worked beyond this definition of full time will not be considered.
<b>Time requirements: Part time</b>	Part-time general practice experience is calculated pro rata against the definition of full-time general practice experience. Part-time general practice must comprise a 14.5-hour minimum working week, over a minimum of two days per week, of which a minimum of 10.5 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or of less than one month in any one practice, will not be considered.
<b>Workplace-based assessment (WBA)</b>	The assessment of day-to-day working practices undertaken in the working environment. The WBA enables assessment of competencies in a real-world setting.

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



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