



Royal Australian College of General Practitioners

RACGP

Practice Experience Program (PEP)

Practice guide

Version 2021.2



Practice Experience Program (PEP): Practice guide. Version 2021.2

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

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What is the Practice Experience Program?

The Practice Experience Program (PEP) is a self-directed program of 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 doctors working in the Monash Medical Model (MMM) areas 2–7. Doctors working in MMM 1 locations are advised to contact the RACGP to discuss their eligibility.

The PEP is a 3GA workforce program that allows overseas-trained doctors to access A1 Medicare benefits while working towards Fellowship in an Australian general practice setting.

The PEP streams

The PEP consists of two streams:

PEP Standard Stream

Provides targeted educational support for non-vocationally registered 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 will attain Fellowship through the PEP Standard Stream route.

PEP Specialist Stream

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

The PEP participant journey

PEP Standard Stream | PEP Specialist Stream

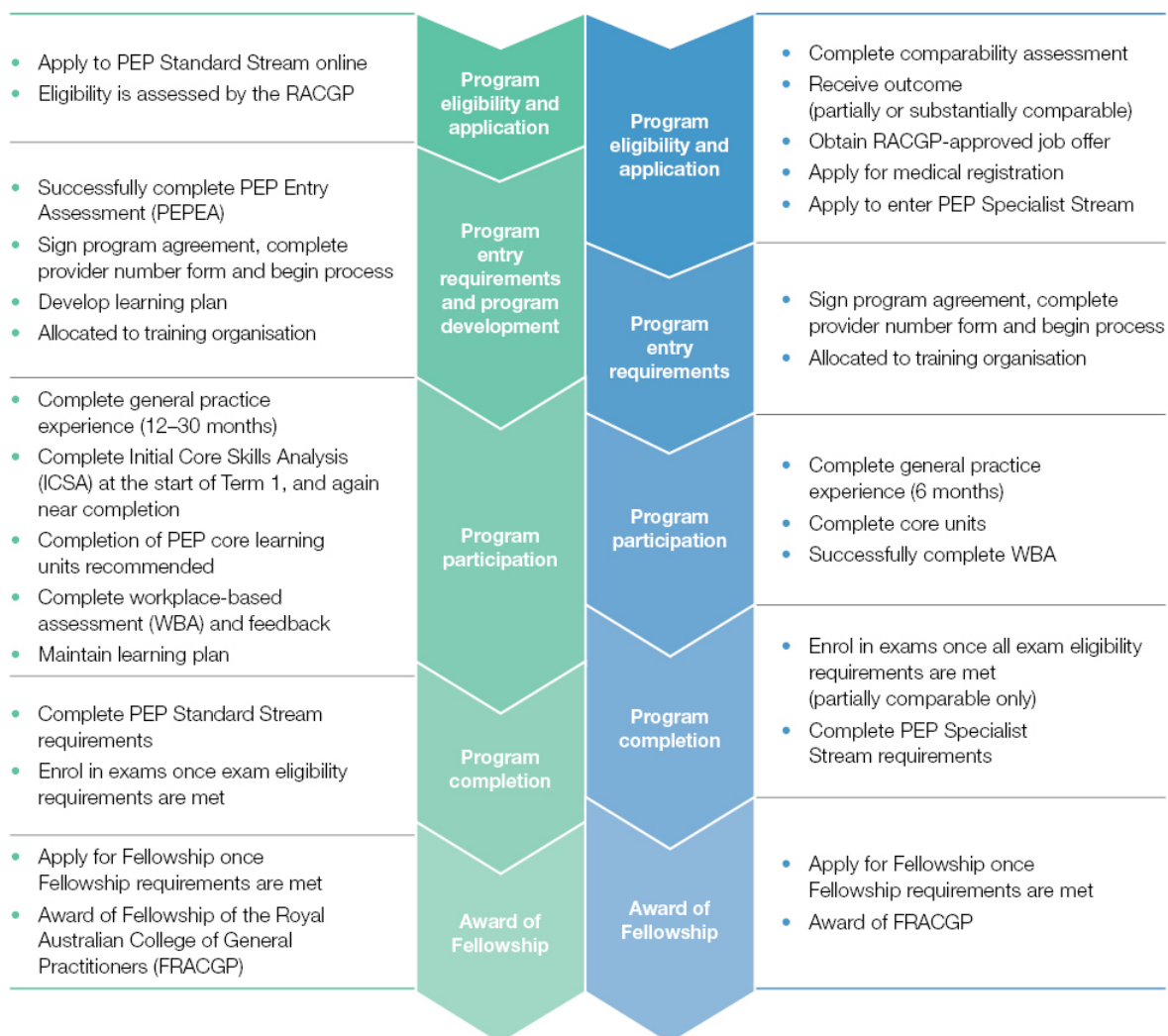


Figure 1. The PEP participant journey

What does the PEP Standard Stream involve?

The PEP Standard Stream is structured in terms. Each term is six months in duration (full-time equivalent [FTE]). For participants starting the program from 2020 onwards, the time in the program is individually tailored and ranges between a minimum of twelve months (two educational terms) to a maximum of 30 months (five educational terms), with the possibility of one extra term for leave/extensions/assistance needs. Program length is also dependent on government funding.

Participants in the PEP Standard Stream have access to an educational program that is delivered online. They also receive support in the form of mentoring and feedback. Refer to Figure 1 for the Standard Stream participant journey.

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

Once participants have completed their program, and have met all exam eligibility criteria, they are eligible to sit the FRACGP exams. Currently, participation in the PEP Standard Stream is optional, but 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.

For further information, please visit the [Practice Experience Program Standard Stream](#) web page.

What does the PEP Specialist Stream involve?

The time on the program is six months for all PEP Specialist Stream doctors. To be eligible for the program, applicants must have a recognised specialist general practice qualification and completed a comparability assessment. The assessment will determine whether the applicant is substantially comparable, partially comparable or not comparable to an Australian-trained general practitioner (GP) Fellow. For further information please visit the [Practice Experience Program Specialist Stream](#) web page.

If comparable, eligible overseas-trained doctors will have their job offer in Australia approved by the RACGP and a provider number issued. Partially comparable doctors will work in practice locations within MMM 2–7 locations. Substantially comparable doctors will also work in MMM 2–7 practice locations but may be eligible to apply for a provider number in an MMM 1 area if their practice is located in an area of need as defined by the Rural Workforce Agency and they hold a Health Workforce Certificate.

Applicants must complete assessment including core online learning units and the WBA, which includes peer review and feedback, a reflective component and Australian Health Practitioner Regulation Agency (AHPRA) supervisor reports.

Following program completion:

- Substantially comparable doctors may be eligible for the award of FRACGP after completing six months in the PEP. If the WBA is satisfactorily completed, substantially comparable doctors are awarded FRACGP. If the RACGP requires further information to make an assessment as to whether a doctor is at the point of Fellowship, that doctor will be provided the opportunity to repeat any necessary component of the WBA within six months. If the doctor does not satisfactorily demonstrate that they are at the point of Fellowship following a second WBA attempt, they will be required to pass the Fellowship exams.
- Partially comparable doctors will have an additional 18 months (up to three attempts) to successfully pass the Fellowship examinations in accordance with Medical Board of Australia (MBA) Specialist Pathway requirements.

Substantially comparable doctors are required to achieve Fellowship within 12 calendar months FTE from the time of commencing work. Partially comparable doctors are required to achieve Fellowship within 24 months FTE. This includes successful completion of the Fellowship exams. Refer to Figure 1 for the Specialist Stream participant journey.

If participants choose to work part time, it will take longer to complete their Fellowship requirements. Please visit the [Practice Experience Program Specialist Stream](#) web page for program completion time frames.

Delivery of the PEP

The PEP is delivered in partnership with training organisations. Training organisations currently deliver the AGPT Program. They will also help deliver the PEP, primarily through ongoing WBAs as well as provision of mentoring and administrative support.

What does this mean for a practice?

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

- The practice can provide a letter of job offer, which is required for program eligibility.
- Many of the self-directed learning units involve in-practice activities, including the development of case studies and completion of practice audits. Doctors may need assistance to access information relevant to each activity. They also need enough time and a variety of patient presentations in order to complete these activities. Participants may discuss this with their practice and/or supervisor.
- For participants in the PEP Specialist Stream with limited registration, the practice supervisor will need to complete a supervisor report. This will be submitted to the RACGP's specialist pathway liaison officer and then forwarded to AHPRA. The supervisor report may contribute evidence for the RACGP on a doctor's ability to meet Fellowship requirements.
- Direct observation of clinical skills by a clinical assessor is an important part of the program. This may take the form of review of consultations by direct observation, through live streaming or through videos of cases. Direct observation may also be undertaken using simulation as arranged via the training organisation, particularly where face-to-face consultations are not practical. Practice administrative staff should be educated about the purpose of these assessments, their structure and privacy provisions.
 - **Consent:** Patient consent for observation is required and a consent form is provided. When patients book, the practice can assist in asking their permission for their consultation to be observed. At the time of the visit, practice staff will need to explain the reasons for the observation and provide patients with the consent form. In some states and territories of Australia, the recording of consultations may be considered health information under the relevant Health Records Act, which will influence how the practice stores and uses the recordings.

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

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

- **Structure of visits:** When an assessment is to be undertaken in the practice, a date and time will be scheduled for this to take place. The assessment will take place over a 3.5-hour session. A minimum of four patients are booked in, each for 30 minutes to allow for direct observation and feedback. After this, a one-hour, patient-free block is left for the second component of the assessment. Ideally, appointments such as those for cervical screening tests, routine childhood vaccinations and removal of sutures are avoided, as they provide limited learning opportunities. The participant's training organisation should contact you to advise exactly how much time is required if more than four consultations are to be viewed, and if a case-based discussion is to be conducted at the same visit.

Suggested schedule for direct observation and clinical case analysis

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

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

What are the benefits for the practice?

Doctors who participate in the PEP should be working towards improving their skills to provide better quality of care to patients and to attain their FRACGP. Having Fellowship will enable them to obtain vocational registration status.

The PEP aims to:

- improve educational support to doctors working towards Fellowship in remote and rural practices
- support overseas-trained doctors transitioning into Australian general practice
- improve safety and patient outcomes.

Other considerations

Unlike for the AGPT Program, practices and supervisors are not accredited for the PEP. Having a doctor in the PEP in your practice does not mean that you are accredited to take registrars in the AGPT Program.

If a participant in the PEP has a supervisor appointed by the MBA, the obligations of the supervisor to monitor and support as required by the MBA are unchanged by participation in the PEP.

The RACGP does not source practices for participants or enter into any contract or employment negotiations between a practice and a doctor. It is also the responsibility of the practice to confirm that the participant's medical registration and indemnity insurance are up to date prior to their commencement, and while they are working at the practice.

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

Useful resources

[DoctorConnect](#)

[Medical Board of Australia \(MBA\)](#)

[RACGP Practice Experience Program Specialist Stream](#)

[RACGP Practice Experience Program Standard Stream](#)

[Remote Vocational Training Scheme \(RVTS\)](#)

Appendix A. Acronyms, initialisms and definitions

Acronyms and initialisms

AGPT	Australian General Practice Training
AHPRA	Australian Health Practitioner Regulation Agency
AKT	Applied Knowledge Test
CPD	continuing professional development
FTE	full-time equivalent
FRACGP	Fellowship of the Royal Australian College of General Practitioners
GP	general practitioner
ICSA	Initial Core Skills Analysis
MBA	Medical Board of Australia
ME	medical educator
MMM	Modified Monash Model
OSCE	Objective Structured Clinical Examination
PEP	Practice Experience Program
PEPEA	Practice Experience Program Entry Assessment
RACGP	The Royal Australian College of General Practitioners
WBA	workplace-based assessment

Definitions

Term	Definition
Applicant	A medical practitioner who is applying for entry onto the PEP Standard Stream.
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 (CPD) decisions and program assessments.
Assessment	The systematic process for making judgements on the participant's progress, level of achievement or competence against defined criteria.
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 overseas-trained doctor's recency, continuity of practice, continuing professional development (CPD), assessment, 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 physician performance in a certain context. Statements about competence require descriptive qualifiers to define the

	relevant abilities, context and stage of training. Competence is multidimensional, dynamic, and changes with time, experience and setting.
Comprehensive Australian general practice	<p>This is:</p> <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 Standard Stream participants to provide Australian context.
Curriculum	A statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of a program, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve.
Eligibility	The determination that the applicant has the required qualifications and skills to apply for the program.
Entry	The point of commencement on the PEP Standard Stream; it follows acceptance of the offer of a PEP Standard Stream place and signing of the Program Agreement.
Feedback	Specific information about the comparison between a participant's observed performance and a standard, given with the intent of improving the participant's performance.
Initial Core Skills Analysis (ICSA)	ICSA is a tool comprising RACGP curriculum-based multiple-choice questions, to inform a PEP participant's plan for learning.
Learning unit	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.
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 overseas-trained doctor 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 full-time equivalent (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 Standard Stream and has signed a Learning Agreement with the RACGP.
Performance	What is actually undertaken in practice.
Portfolio	A collection of evidence of learning progress and completion. Can include quantitative (eg test scores) and qualitative data (eg mentor reports, self-reflections, practice visit reports). It allows real-time monitoring by both learner and faculty of progress towards Fellowship, with opportunity for assistance of areas of weakness. It will also include an activity logbook.

Practice-based	As a practice-based program, all participants must either be in practice before entering the PEP Standard Stream or have a practice available to them when they start.
Practice Experience Program Entry Assessment (PEPEA)	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.
Program Agreement	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.
Progress	Demonstrated improvement in clinical skill.
Substantially comparable	An overseas-trained doctor with specialist qualification who has been accepted into the PEP Specialist Stream and has been assessed as suitable to undertake the intended scope of practice, taking full responsibility for all patients, with limited oversight of their practice by a supervisor (peer review). They will be awarded Fellowship of the RACGP (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.
Time requirements: 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.

