

# RACGP Education and Training Monitoring and Evaluation Framework

**Evaluation, Quality and Research Team**



## **RACGP Education and Training Monitoring and Evaluation Framework: Evaluation, Quality and Research Team**

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The Royal Australian College of General Practitioners Ltd  
100 Wellington Parade  
East Melbourne, Victoria 3002  
Wurundjeri Country

Tel 03 8699 0414

Fax 03 8699 0400

[www.racgp.org.au](http://www.racgp.org.au)

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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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# Purpose

This document provides an overarching framework, including guiding principles and implementation advice to inform the planning, conduct and reporting of evaluations undertaken in RACGP education and training programs and related activities.

The purpose of this framework is to guide all monitoring and evaluation activity at the RACGP and assist in achieving a consistency of best practice evaluation methods across education and training programs and related areas.

This document should be used by RACGP staff involved or interested in any aspect of RACGP program or project monitoring, evaluation, and quality improvement.

## 1. RACGP EDUCATION AND TRAINING MONITORING AND EVALUATION FRAMEWORK

### 1.1: Background and organisational context

The [Royal Australian College of General Practitioners \(RACGP\)](#) is Australia's largest professional general practice organisation and represents over 40,000 members across metropolitan, urban, rural, and remote Australia. The RACGP is responsible for maintaining and exceeding the standards for general practice education and training, quality clinical care, and furthering research in Australian general practice.

#### RACGP Strategic Operating Plan

The RACGP Strategic Operating Plan 2022–25 outlines seven strategic objectives:

- 1) **Career attractiveness** – more doctors see the GP specialisation as their first choice of medical career.
- 2) **Optimal coverage** – all communities in Australia have access to well-trained, competent GPs who deliver high quality, evidence-based care.
- 3) **Whole-person care** – people in Australia regularly visit a GP as an essential part of maintaining and improving their health and wellbeing.
- 4) **Connection and lifelong learning** – GPs choose to be members of the RACGP in order to be part of a supportive community of practice in which they can gain and share knowledge, resources and experiences throughout their career.
- 5) **Supportive policy and funding settings** – the value that the community places on GPs is reflected in policy settings and funding arrangements to support quality and sustainable patient services.
- 6) **Great employer** – people want to work at the RACGP because we do meaningful, challenging work that is rewarded and supported by an extraordinary culture.
- 7) **Financial stewardship** – we use members', public, and other funds responsibly and sustainably.

The statements of intent, performance indicators, and measures associated with each RACGP strategic objective represent important guiding content for the individual evaluation plans that are developed for RACGP education and training programs. The evaluation plans outline the details of how the Monitoring and Evaluation Framework is operationalised and are anchored to the specific needs of the programs through the development of a program logic, defined KPIs and measures, evaluation questions and the schedule of evaluation design and methods.

There are also strong Australian Medical Council (AMC) requirements upon the RACGP to conduct ongoing monitoring and evaluation across its education and training programs and to foster feedback channels from program stakeholders. The RACGP Education and Training Monitoring and Evaluation Framework provides a structure to fulfil the **AMC requirements**.

### RACGP training pathways and programs

There are a number of pathways and programs offered by the RACGP to **support GPs to achieve Fellowship**. These include the Australian General Practice Training (AGPT) Program, Remote Vocational Training Scheme (RVTS), and the Fellowship Support Program (FSP). Pathways, programs, and streams are defined as:

**Pathway** – there are three general practice training pathways: the vocational training pathway (VTP), the general practice experience (GPE) pathway, and the specialist pathway.

**Programs** – sit underneath pathways and provide educational support or training. It is a requirement for trainees on a pathway to successfully complete or take part in a program.

- AGPT and the RVTS are programs on the VTP.
- The Practice Experience Program (PEP) – Standard and the FSP are programs on the GPE pathway
- The PEP – Specialist Program which sits on the specialist pathway
- International conjoint programs with the Academy of Family Physicians of Malaysia and the Hong Kong College of Family Physicians

**Streams** – are a subdivision of the programs. AGPT has both rural and general streams. PEP is broken down into the Standard and Specialist streams, and the specialist stream is broken down further into partially and substantially comparable.

All programs contain education and training activities that inform ‘the process of developing knowledge, skills and attitudes including learning, teaching training, and assessment’.<sup>1</sup> These activities occur over the following stages:

- application
- selection and entry assessment
- placement, education and training
- completion of training program and exam eligibility
- Fellowship exams
- Fellowship application and award

## College-led training

The transition to college-led training was announced by the then Federal Health Minister Greg Hunt in 2017 as ‘an opportunity to reform the nation’s general practice education and training system to provide significant, meaningful improvements in the quality and safety of training, and the distribution of GPs for the long-term benefit of the community and the profession’.<sup>1</sup> This profession-led approach is aligned with other Australian specialist medical colleges, which already have responsibility for their training programs.<sup>2</sup> From 1 February 2023, the Australian general practice colleges, the RACGP and the Australian College of Rural and Remote Medicine (ACRRM) deliver the AGPT Program, with the model building on the successes of the regional training organisation’s programs.

This important sector change is key context for the RACGP Education and Training Monitoring and Evaluation Framework and offers an opportunity for standardised monitoring and evaluation approaches across all training pathways and programs offered at the college.

## General practice training outcomes framework

The general practice training outcomes framework was designed by the Commonwealth Department of Health and Aged Care (DoHAC), based on the outcomes of a workshop held with key stakeholders in the general practice training sector in November 2019. The framework outlines the high-level outcomes for the RACGP and ACRRM to deliver the AGPT Program. There are five defined outcomes in the General practice training outcomes framework:

- **Outcome 1:** A high-quality general practice training program that educates GPs to provide appropriate healthcare to the needs of all population groups across Australian communities
- **Outcome 2:** A well distributed GP workforce to service all communities across Australia
- **Outcome 3:** A general practice training program that aims to address the Australian Government’s Closing the Gap health targets on Aboriginal and Torres Strait Islander life expectancy
- **Outcome 4:** Commonwealth investment in general practice training is effective and efficient
- **Outcome 5:** High-quality rural generalist training is provided in partnership with jurisdictions

Associated with each of these five outcomes are a series of specific objectives (refer to Appendix A) which help to define indicators and measures of success. The related key performance indicators (KPIs) in each college program contract/agreement represent key guiding content and a critical anchor point for the program monitoring, evaluation, and quality improvement.

The development of the RACGP Education and Training Monitoring and Evaluation Framework is aligned with the key internal and external imperatives highlighted in this section (including the outcomes and objectives contained in the General practice training outcomes framework, AGPT Program outcomes and KPIs, and RACGP Strategic Operating Plan KPIs).

## 1.2. Purpose of the RACGP Education and Training Monitoring and Evaluation Framework

Both monitoring and evaluation are routine activities that support quality assurance, program improvement, and regular reporting for DoH-funded programs and projects. Monitoring and evaluation are also key requirements of AMC assessment and accreditation of specialist medical programs.

The RACGP Education and Training Monitoring and Evaluation Framework has the following purposes:

- To guide standardisation, consistency, and efficiencies in the monitoring and evaluation of RACGP education and training programs, whilst allowing flexibility to tailor to regional and local needs through the implementation of targeted evaluation plans

- To be used by stakeholders to guide and support best practice approaches to evidence-based general practice education and training across Australia
- To provide 'fit-for-purpose' strategies to gather quality data for improvement and quality assurance initiatives
- To provide feedback and recognise the achievements of supervisors, medical educators (MEs), practices, and other stakeholders who have responsibility in delivering training programs.
- To enable evidence-based reporting to key internal and external key stakeholders about education and training program and other project progress against stated goals and objectives
- To support AMC accreditation

### 1.3. Scope

The scope of the RACGP Education and Training Monitoring and Evaluation Framework includes the programs:

- AGPT and RVTS
- PEP–Standard and FSP
- PEP–Specialist
- International conjoint programs with the Academy of Family Physicians of Malaysia and the Hong Kong College of Family Physicians

Our intention is to enable transparency, consistency, and comparison across parallel training programs through utilising an overarching Monitoring and Evaluation Framework for RACGP education and training programs. The unique elements of each education and training program will be captured in their detailed evaluation plan.

This framework is also aligned with the [RACGP research strategy 2021–24](#), and other related frameworks and plans (refer to Section - Related Strategies, Policies and Plans). Findings and feedback gathered through monitoring and evaluation activities may inform the development of future research projects to examine education and training questions, and better understand opportunities for translation and improvement.

### 1.4. Key concepts

**Monitoring** focuses on processes (activities and outputs) but also monitors outcomes and impacts as guided by an accompanying evaluation plan. It involves the continuous systematic collection and analysis of data to inform key stakeholders about program or project progress against stated goals and objectives.

**Evaluation** is defined as 'a rigorous, systematic and objective process to make judgements about the impacts and merits or worth of a program, usually in relation to its effectiveness, efficiency and appropriateness'.<sup>3</sup>

'The role and functions of monitoring and evaluation are distinct, and careful differentiation is required to maintain clarity and efficiency within a monitoring and evaluation system'.<sup>3</sup>

**Quality improvement** 'involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement'.<sup>4</sup> The goal of quality improvement is to continuously monitor program activities to look for ways to improve the quality of processes and outputs.

**Evaluability** assessments help determine ‘the extent to which an activity or project can be evaluated in a reliable and credible fashion. In doing so, they inform stakeholders about the potential feasibility, scope, approach, and value for money of an evaluation’.<sup>5</sup>

### Evaluation criteria

The **Organisation for Economic Co-operation and Development (OECD) DAC Network on Development Evaluation (EvalNet)** has defined the following six evaluation criteria which commonly form the basis of large scale program evaluation designs:

**Relevance:** *Is the intervention doing the right things?*

- The extent to which the intervention or program objectives and design respond to beneficiaries, education and training stakeholders, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
- For example: To what extent does the training program ensure trainees are able to provide appropriate healthcare to meet the needs of all population groups across Australian communities?

**Coherence:** *How well does the intervention fit?*

- The compatibility of the intervention or program with other interventions or programs in the same sector, jurisdiction/region, or institution/organisation.
- For example: To what extent is the training program suitable for a regional or rural context?

**Effectiveness:** *Is the intervention achieving its objectives?*

- The extent to which the intervention or program achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
- For example: To what extent is the training program increasing the Fellowship rates for registrars?

**Efficiency:** *How well are resources being used?*

- The extent to which the intervention or program delivers, or is likely to deliver, results in an economical and timely way.
- For example: To what extent are Commonwealth funds expended in a transparent and efficient manner?

**Impact:** *What difference does the intervention make?*

- The extent to which the intervention or program has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.
- For example: To what extent is the training program improving the long-term healthcare outcomes for all population groups across Australian communities?

**Sustainability:** *Will the benefits last?*

- The extent to which the net benefits of the intervention or program continue, or are likely to continue.
- For example: To what extent is the training program increasing the number of general practitioners in Australian communities?

Criteria such as these are suitable for guiding the development of evaluation questions for program activities.



## 2. GUIDING PRINCIPLES FOR RACGP EDUCATION AND TRAINING MONITORING AND EVALUATION

### Principle 1: Ethics and integrity

All evaluations conducted at the RACGP will abide by specific ethical considerations throughout the evaluation lifecycle. All stakeholders engaged to evaluate projects and/or programs at the RACGP will do so in accordance with the [RACGP Member Code of Conduct Policy](#), and principles outlined in the Australian Evaluation Society (AES) [Guidelines for the Ethical Conduct of Evaluation](#). In addition to these documents, all evaluations will conform to Australian legislation and legal practice (AES, 1997), as well as the [National Statement on Ethical Conduct in Human Research](#).

Identified in the AES [Guidelines for the Ethical Conduct of Evaluations](#), certain ethical considerations cover stages of the evaluation cycle ranging from commissioning of an evaluation, through to evaluation data collection and analysis. Key principles include:

- An evaluation will be designed, conducted, and reported in a manner that respects all stakeholder rights, privacy, entitlements, and dignity who are involved in or affected by the evaluation. Evaluations should be designed based on public interest and benefit, be transparent and potential conflicts of interest need to be identified and successfully navigated.
- Benefits of an evaluation will be shared to ensure reciprocity for those participants. For example, findings of an evaluation should always be clearly communicated and made available to participants to provide benefit to them and their wider community.
- Where there is data about Aboriginal and Torres Strait Islander health, or Aboriginal and Torres Strait Islander doctors, Aboriginal and Torres Strait Islander people are involved in the capture and use of that data.
- Judgements that are made as a result of evaluation efforts will be based on complete information.
- Reporting on evaluation findings will be tailored to the needs of the audience so stakeholders can clearly understand evaluation process and results to ensure transparency at each different stakeholder group.
- Evaluators will participate in reflective evaluation practice.

The National Health and Medical Research Council has also outlined the requirement for human research ethics to be considered in evaluations in the document [Ethical Considerations for Quality Assurance and Evaluation Activities](#).

### Principle 2: Early engagement of evaluation and quality

RACGP Evaluation, Quality and Research team members strive to facilitate evidence-based evaluative thinking to guide all stages of the program, project, and policy development, implementation, and review cycle. Inclusion of evaluation and quality principles will guide the project team throughout the project lifecycle.

Evaluation and quality input should be formalised early in the planning and development of new programs and projects through representation on steering committees, reference groups, and/or working groups.

Engaging evaluation and quality too late in a new project or program development cycle can result in:

- project governance and delivery decisions not informed by evidence
- poorly defined and aligned project objectives, activities, and outputs which in turn undermine project planning, design and feasibility
- inadequately scoped evaluation activities that are not fit for purpose
- inability to conduct evaluation activities due to time and resourcing constraints

- evaluation milestones and measures being included in an ad hoc rather than integrated fashion into a project or program
- risks to project progress, quality, and deliverables

### Principle 3: Trust and meaningful engagement between stakeholders

Meaningful engagement of stakeholders at the beginning of an evaluation is critical to the success of an evaluation and can increase the utilisation of evaluation findings.<sup>6</sup> Evaluations are benefited when stakeholders are engaged as involvement enables the range of diverse, varied, and often competing perspectives and interests to be canvassed and represented. This reflects a democratic process where the diversity of values and interests in society are represented.<sup>7</sup>

Individuals involved in an evaluation will likely hold explicit or implicit preferences around the development of an evaluation.<sup>3</sup> Navigating these differences requires highly developed interpersonal skills, including honesty, accountability, and mutual respect.

Current evaluation practice at the RACGP includes continuous improvement forums with operational staff to discuss evaluation findings and possible program improvements. The evaluation engagement approach at the RACGP may involve regional/local champions in college-led training implementation to foster participatory evaluation approaches. Evaluation methods must be balanced with the needs and capacity of stakeholders and aim to ensure that evaluation is not burdensome.

Meaningful engagement of external stakeholders is critical to the success of college-led training. This will include stakeholder engagement for related projects (eg [AGPT Workforce Prioritising and Planning](#)).

### Principle 4: Cultural safety

Culturally safe evaluation has the potential to benefit Aboriginal and Torres Strait Islander peoples through improved programs and policies.<sup>8</sup> Evaluation can also provide opportunities to harness and develop Aboriginal and Torres Strait Islander community expertise. In order to achieve an evaluation design that is culturally safe, Aboriginal and Torres Strait Islander leadership and ownership needs to be supported at all phases of the evaluation cycle.

As outlined in the [AES First Nations Cultural Framework](#), Aboriginal and Torres Strait Islander ways of knowing, being and acting need to be recognised, respected and realised. To achieve this, the RACGP Evaluation, Quality, and Research Team are co-designing a unique knowledge translation strategy to ensure monitoring and evaluation design, methodology, data collection and knowledge translation techniques are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander peoples. Meaningful engagement of Aboriginal and Torres Strait Islander peoples to inform the strategy for the RACGP Education and Training Monitoring and Evaluation Framework will require time, resourcing, and expertise.

If the design of an evaluation is not tailored to the needs and understandings that are specific to Aboriginal and Torres Strait Islander peoples, there can be limitations of evaluation acceptability and benefits.<sup>9,10</sup> It can also cause further harms to Aboriginal and Torres Strait Islander peoples, as it can embed cultural assumptions in both the questions asked, the data used and its framing, resulting in the perpetuation of harmful stereotypes.

## Principle 5: National oversight and direction with regional/local relevance

The transition to college-led training presents a unique opportunity to develop an embedded monitoring and evaluation approach that includes national oversight with regional/local relevance for all training pathways and programs offered at the college.

The RACGP Evaluation, Quality and Research Team will design, deliver, and manage the RACGP Education and Training Monitoring and Evaluation program (including unique evaluation plans for all training programs offered at the college, as well as relevant guidelines and tools to be utilised for local and regional evaluation projects). Regional evaluation staff and local teams will have autonomy to tailor evaluation plans to assess how activities meet local community needs.

Key stakeholders will be engaged in monitoring and evaluation activities. These stakeholders include:

- registrars and GPs in training
- supervisors
- medical educators
- practices
- cultural educators and mentors
- Aboriginal and Strait Islander peoples and the RACGP Aboriginal and Torres Strait Islander Health faculty
- state and rural facilities/regional/local training
- research units
- rural health workforce agencies
- key external stakeholders (eg General Practice Supervisors Australia, General Practice Registrars Australia, Australian Indigenous' Doctors' Association, National Aboriginal Community Controlled Health Organisation)

## Principle 6: Prioritising evaluations and ensuring transparency of decisions

The design and conduct of evaluation activities at the RACGP will be guided by relevant strategic and operational policies and imperatives (RACGP Operating Plan, General practice training outcomes framework, college-led training KPIs, RACGP education framework). Alignment should be achieved against these key internal and external imperatives. Another key element that will inform the prioritisation of evaluation activities is ensuring stakeholder burden is minimised.

To achieve clarity and alignment of RACGP education and training program objectives, outcomes and indicators, a program logic tool can be used to demonstrate how these components are related, and what this means for project design, implementation, evaluation and reporting (refer to Appendix B for Program logic template). It is important that the use of program logics is coupled with an evaluation literacy strategy to ensure stakeholders understand correct application and potential benefits.

## Principle 7: Design and methods innovation

Innovation in evaluation can involve: the invention or inclusion of new technology; borrowing ideas and methods from other disciplines; or through learning from practice.<sup>11</sup>

A key innovation in the RACGP's education and training program evaluation plans is the application of a prospective/longitudinal cohort design to cover the training pathway end-to-end. This design allows for adaptability by utilising the core design of the training pathway and can add in new evaluation elements at relevant training program stages (eg supervisor experience, practice experience).

RACGP evaluation planning brings monitoring and evaluation together for:

- ongoing collection and analysis of data on processes, outputs, and outcomes to monitoring progress against objectives, including the General practice training outcomes framework, college-led training KPIs and RACGP Strategic Operating Plan KPIs
- snapshot and progressive assessment of program outcomes and impact
- performance monitoring, improvement, and innovation across key evaluation domains (appropriateness, effectiveness, efficiency, impact, sustainability).

Best practice approaches will inform the selection and development of data collection tools and data analysis techniques. This is informed by an integrated data and insights strategy (refer to Appendix C) and includes the triangulation of data methods and sources to help improve data reliability, validity and analysis.

### Principle 8: Quality management and assurance

The RACGP Evaluation, Quality, and Research Team adheres to national regulations and guidelines for the collection, storage and use of data (eg Australian Privacy Principles, RACGP Privacy Policy, NHMRC National Statement, Australian Evaluation Society *Guidelines for the ethical conduct of evaluations*).

The RACGP Evaluation, Quality, and Research Team can advise program and project teams on responsibilities for adhering to best practice data governance standards in relation to:

- privacy and ethical considerations around data access, use and sharing (eg informed consent, confidentiality, anonymity, balancing benefits with risks and potential harms)
- data analytics considerations around data quality (type, validity, reliability), analysis approach (descriptive, inferential, predictive), and reporting.
- how to improve data reliability, validity, and analysis through the triangulation of data methods and sources.

An Education and Training Quality Management System (QMS) will be designed and implemented to enable the management of quality in program and project documentation, information, and data. Best practice quality management system features include:

- supporting quality management policy/framework that defines how program and project documentation, information, and data is acquired, distributed, used, and stored, record management, document management, naming conventions, business rules, etc
- a QMS that complies with information management and data governance industry best practices
- periodic review and improvement (to ensure timely review, approvals, document updates, dissemination, and use)
- centralised documented processes for standardisation and single source of truth (reliability and validity) supported by robust document management platform
- controlled access/permissions (to ensure appropriate search, access, and sharing)
- agreed process architecture across training, education services, and the whole of the RACGP, to ensure that procedures, manuals, guides, work instructions and templates are available to enable business continuity and efficiency
- change management processes to support and facilitate smooth transitions

### Principle 9: Evidence-based reporting and actionable insights

All program and project team members have a responsibility to engage in and promote evidence-based decision making throughout the lifecycle of a program, project, or other initiative. New project and program planning should be based on existing evidence from suitable sources (eg published academic literature, government reports/other grey literature, existing administrative/operational data, other experience and insights, relevant internal or external imperatives – RACGP strategy, standards, government policy).

Reporting and the sharing of results should be tailored for the needs of stakeholders, those who helped inform the evaluation, and the settings they operate in. For example, findings can be communicated through routine Plan-Do-Check-Act stakeholder forums (refer to Section 3 below) to drive evidence-based cycles of review and improvement. Meaningful engagement of stakeholders (eg registrars, supervisors, practice sites, medical educators and program staff) can assist with sharing the results of an evaluation, affirming effective practice and informing practice improvement through creating ownership of evaluation activities.

## 3. MONITORING AND EVALUATION FRAMEWORK IMPLEMENTATION

The RACGP Education and Training Monitoring and Evaluation Framework can be adapted and applied across initiatives of diverse types and scope, including: small scale or short-term projects; policy development and review; large scale and multi-year programs or interventions.

Operationalisation and implementation of the Monitoring and Evaluation Framework for a given program, project, or other initiative is enabled through the development of a specific evaluation plan which is tailored to meet national, regional, and local needs. Operationalisation and implementation of the Framework occurs through the developmental phases outlined below.

Whilst the approach outlined in phases below appears linear and fixed, in practice the design and implementation of the RACGP monitoring and evaluation approach is flexible, adaptive, and tailored to best suit stakeholder and project/program needs. This is achieved through adherence to our evidence-based continuous quality improvement cycle which is undertaken in collaboration with program and project operational and other stakeholders.

### Evidenced-based continuous quality improvement cycle

At the core of the national RACGP monitoring and evaluation approach is an adherence to an evidence-based **'Plan – Do – Check – Act'** cycle in all areas of our work.



#### **PLAN – Identify problems/questions/ approaches:**

Clarify objectives, inputs, strategies and activities needed to deliver results in accordance with project requirements.

#### **DO – Test potential solutions:**

Implement what was planned, considering risks, opportunities, and external factors.

#### **CHECK – Study the results:**

Monitor and evaluate processes, outputs, and outcomes against planned activities, objectives, deliverables/KPIs and report the results.

#### **ACT – Implement best solutions:**

Take actions to develop new evidence-based initiatives to improve performance.

## PHASE 1: REVIEW AND SCOPING

**Purpose:** Clarify project purpose and needs. Evaluation and quality principles should assist with guiding the review and scoping to identify the monitoring, evaluation, and quality needs of project.

**Steps:**

1. Meetings with key staff and stakeholders to clarify rationale for monitoring and evaluation request and needs of the project, program, policy, system, including:
  - ongoing routine quality improvement cycles over multiple years? (risk assessment)
  - fixed term project or initiative?
  - one-off assistance (eg evidence review, survey/methods design, data analysis, quality reviews, internal audits)?
2. Review available project documentation, contracts, plans, materials, etc
3. Clarify contract requirements (KPIs/deliverables monitoring and reporting)
4. Clarify project resourcing (human and financial) and team capacity
5. Establish evaluation and quality representation in governance and delivery forums (eg steering committees, reference groups, working groups, project team meetings, relevant RACGP Faculty Councils)

## PHASE 2: IMPLEMENTATION

**Purpose:** Commencement of approved monitoring and evaluation activities.

**Steps:**

1. Secure required approval/endorsements
2. Alignment of monitoring and evaluation and project/program operational schedules/milestones
3. Implementation of Monitoring and Evaluation Plan to guide agreed activities
4. Establish routine forums between evaluation and quality and operational staff for project updates, monitoring and evaluation reporting, continuous improvement discussions

## PHASE 3: REVIEW AND CONTINUOUS IMPROVEMENT

**Purpose:** Ongoing cycle of review and improvement.

**Steps:**

1. Collaborative review and reflection with stakeholders for continuous improvement purposes with a focus on achievements, limitations, and improvement actions.
2. Implement an appropriate reporting and knowledge transition activity (eg routine Plan-Do-Check-Act forum)
3. Future monitoring and evaluation cycle planning (considering process and outcome lessons learned, organisational factors, external/environmental factors)
4. Support stakeholders in the implementation of actions from continuous improvement discussions.
5. Dissemination of evaluation findings through:
  - routine continuous improvement forums
  - RACGP public facing website
  - conference presentations and publication in peer reviewed literature.

## 4. FRAMEWORK GOVERNANCE

Across the RACGP there are distinct roles and responsibilities to ensure that monitoring and evaluation is integral in education and training programs and activities, and supports learning and accountability. Responsibilities are detailed below.

### RACGP Evaluation, Quality and Research Team

- The design and management of the RACGP Education and Training Monitoring and Evaluation Framework and associated plans
- Promoting transparency of and public access to evaluation reports for those evaluations included in the RACGP education and training evaluation schedules

### RACGP Board/CEO

- Facilitating an enabling environment that recognises the importance of monitoring and evaluation, and prioritises resource allocation for monitoring, evaluation, and quality functions
- Engaging with evaluation findings presented by the Evaluation, Quality and Research Team
- Reviews and responds to evaluation findings and recommendations
- Ensures there are robust processes and resources in place for evaluation

### RACGP Council of Censors

- Providing a supportive environment to guide and advise the RACGP Board, the CEO and senior management in the development, delivery, evaluation and ongoing improvement of all elements of the Fellowship program
- Engaging with evaluation materials and findings presented by the Evaluation, Quality and Research Team

### RACGP Faculty Councils

- Facilitating an enabling environment that recognises the importance of monitoring and evaluation
- Engaging with evaluation findings presented by the Evaluation, Quality and Research Team and RACGP regional and local teams
- Help to facilitate connection between RACGP local, regional and national layers through RACGP supporting governance channels
- Ensuring the views and voice of the general practice community are heard at a local, regional, and national level

### RACGP Chiefs and Heads

- Facilitating an enabling environment that recognises the importance of monitoring, evaluation, and quality, and prioritises resource allocation for monitoring, evaluation, and quality functions
- Input into evaluation plans relevant to their program/s
- Ensuring inclusion of evaluation projects/plans into future workplans

### **RACGP Regional**

- Implementation of the RACGP Education and Training Monitoring and Evaluation Framework and associated plans
- Working closely with regional and national program stakeholders to identify problems/issues in their context to be researched/evaluated

### **RACGP Local**

Working closely with regional and national program stakeholders to identify problems/issues in their context to be researched/evaluated

### **National Education and Training Evaluation and Quality Committee**

Oversees RACGP education and training evaluation and quality improvement progress and provides advice and recommendations to the Board, CEO and senior leadership.



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## Related Strategies, Policies, Plans

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# Appendix A: General Practice Training Outcomes Framework

## **Outcome 1: high-quality general practice training program that educates GPs to provide appropriate healthcare to the needs of all population groups across Australian communities**

*Objective 1.1 - Training design and delivery provides high-quality education and training to registrars with appropriate support*

*Objective 1.2 - Education and training provided to registrars prepares them to provide holistic patient-centred healthcare for all Australians including vulnerable population groups*

*Objective 1.3 - Education and training is effective and leads to the attainment of Fellowship.*

*Objective 1.4 - Registrars are provided with the personalised training support that is required to enable them to become effective general practitioners. The training program is of high quality with quality assurance structures embedded.*

## **Outcome 2: A well distributed GP workforce to service all communities across Australia**

*Objective 2.1 - Registrars are encouraged to undertake training in a rural, regional, or remote setting, with rural training opportunities prioritised for registrars demonstrating rural commitment*

*Objective 2.2 – Registrars who have a proven interest in regional, rural or remote practice are provided with opportunities to continue their training in those regions as they progress through the medical pathway*

*Objective 2.3 - Training design and delivery encourage registrars to practice in AMSs and regional, rural and remote locations post Fellowship*

## **Outcome 3: General practice training program that aims to address the Australian Government's Closing the Gap health targets on Aboriginal and Torres Strait Islander life expectancy**

*Objective 3.1 - All registrars and supervisors are exposed to Aboriginal and Torres Strait Islander health training and support culturally safe care for Aboriginal and Torres Strait Islander peoples*

*Objective 3.2 – Increase in the number of Aboriginal and Torres Strait Islander doctors gaining GP Fellowship*

## **Outcome 4: Commonwealth investment in general practice training is effective and efficient**

*Objective 4.1 – Commonwealth funds are expended in a transparent and efficient manner*

*Objective 4.2 – Colleges must have clearly defined training end points. Colleges must optimise registrars' timely completion of training. Registrars should be supported through quality training, and remedial education, if required. Registrars should be counselled about the implication of not meeting college standards by the end of their training time*

## **Outcome 5: High-quality rural generalist training is provided in partnership with jurisdictions**

*Objective 5.1 - Rural generalist training meets the needs of the community*

*Objective 5.2 - Rural generalist training prepares GPs to work in rural and remote areas*

Source: Department of Health – [GP Training Outcomes Framework](#)

# Appendix B: Program Logic

A program logic is one way to represent the mechanisms of change – the how and why desired change is expected to happen. The logic helps clarify the links between program, framework, project aims and objectives, and the related inputs, resources, activities and outputs that are assumed to facilitate expected outcomes. A program logic is also useful for:

- developing a shared understanding and ownership of what the program is intended to achieve and how
- guiding the creation of relevant evaluation questions
- helping to identify what indicators/data is needed to evaluate the achievement of defined outcomes

## From program logic to indicators and measures

Best practice development steps:

1. Define program objectives/expected outcomes
2. Define program inputs/resources, and activities/outputs needed to achieve those outcomes
3. Define program indicators
4. Define measures for program indicators

Best practice principles:

1. Program logics should be reviewed as new information is identified, and as the program/framework/project evolves and changes.
2. Stakeholder engagement and input occurs at each step
3. Program indicators or KPIs must be aligned with the key program objectives, inputs, activities and deliverables to ensure they are:

*Specific:* Accurately describes what is to be measured

*Attainable:* Collecting data for the indicator is simple and cost-effective

*Time-bound:* The indicator should include a specific time frame

*Measurable:* Valid and reliable results can be obtained and tracked

*Relevant:* Closely connected with relevant input, activity, or outcome

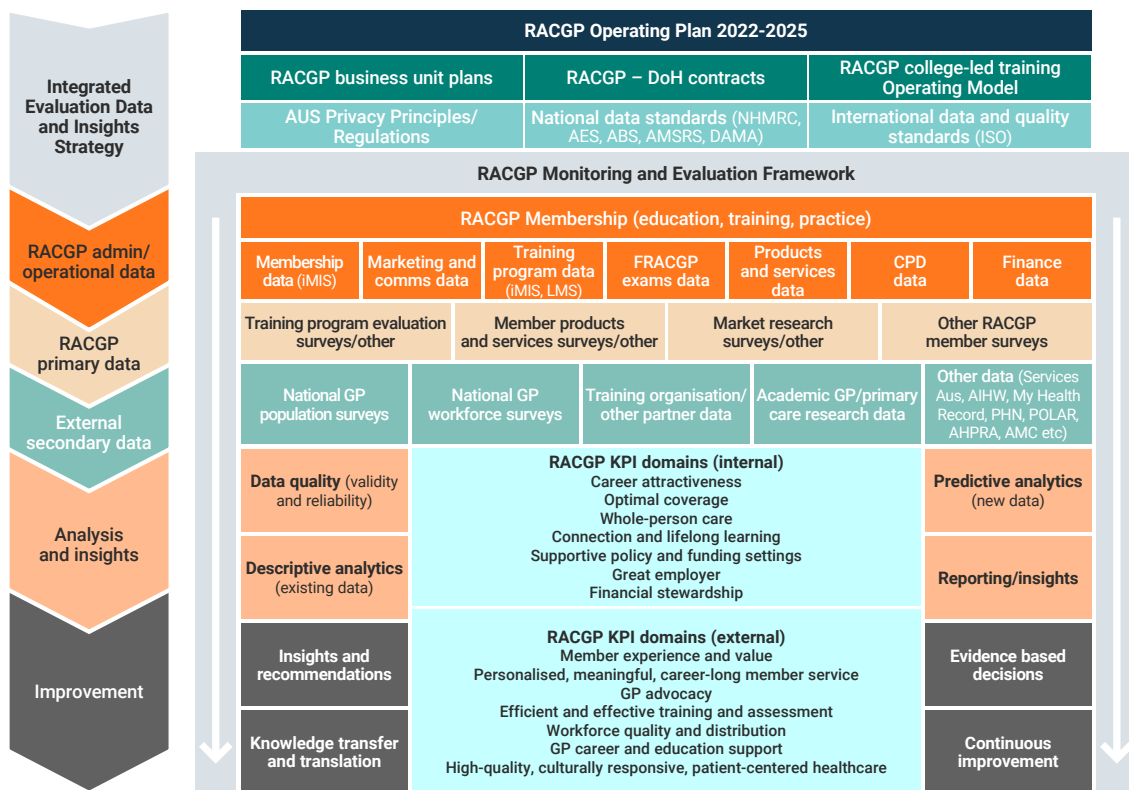
### Program logic (basic template)

Objectives	Inputs / resources	Activities/ outputs	Outcomes	Indicators	Measures
1.					
2.					
3.					
4.					
5.					

<b>Term</b>	<b>Definition</b>	<b>Alternative terms</b>	<b>Guiding questions</b>	<b>Examples</b>
<b>Aims</b>	The changes that a project or program or organisation wants to achieve	Objectives	What are the specific changes your project, program, or policy will make?	To increase the uptake of rural GP training posts To reduce unresolved member complaints
<b>Objectives</b>	The methods that will be used to achieve project or program aims	Aims	What methods or activities will you put in place to achieve your aims?	Implement up-to-date policy training for member services/ other staff handling member complaints
<b>Inputs</b>	Resources that will go into your intervention, program, project, or activities to make it work	Resources	Are there sufficient resources in place to meet the goal?	Staff, time, money, intellectual property, work plans
<b>Activities</b>	The specific things you will do to implement the strategy/ies	Components Processes Procedures	What are the steps involved in delivering the strategy?	<ul style="list-style-type: none"> <li>Undertake random audits on 10% of all CPD programs across the reporting period</li> <li>Monitor compliance with Standards for all CPD programs</li> </ul>
<b>Outputs</b>	Products that will come out of your intervention, program, project	Deliverables	Are the results of program/process in line with the goal?	Reports, assessments, guidelines, standards
<b>Outcomes</b>	Expected short, medium or long-term effects or changes from an intervention, program, or project. They are framed around action verbs and should be directly linked to objectives	Results Effects Consequences Impacts	<p>What are the changes or results we hope to see as a result of our efforts?</p> <p>What was the impact of the activities undertaken?</p>	<ul style="list-style-type: none"> <li>GP education is delivered to an excellent standard</li> <li>Fellowed GPs are safe practitioners</li> </ul>

<b>Impacts</b>	Evaluation of changes in knowledge, behaviour, skills. Similar to outcomes except they are measured pre and post intervention, and are typically longer term	Results Effects Consequences Outcomes	What are the indicators and measures that will show your intervention or program is working and achieving the results you intended?	<ul style="list-style-type: none"> <li>• Improved item reliability for exams (pre and post)</li> <li>• Increased understanding of women’s health domains (prior to intervention)</li> <li>• Decreased fail rates/ increased pass rates among cohort</li> </ul>
<b>Measures</b>	Includes consideration of the data variables, types, source, and tools needed to measure ‘success’	Methods	What data variables, types, sources, and tools are needed to monitor and evaluate program progress/ outcomes?	<ul style="list-style-type: none"> <li>• Independent and dependent variables</li> <li>• Data types (quant, qual, mixed)</li> <li>• Data source (admin/ op, secondary database, primary data)</li> <li>• Tools (survey, focus group, interview, audit, etc)</li> </ul>
<b>Input indicators</b>	Track the resources required to meet the benchmark/KPI, and help you assess if sufficient resources are in place to meet program goals			
<b>Process indicators</b>	Track program progress, and help you assess if activities are being implemented as planned			
<b>Output indicators</b>	Track program results, and help you assess if they are in line with the program goals			
<b>Outcome indicators</b>	Track how successful program activities have been at achieving program objectives, and help to answer questions about program impacts			

# Appendix C: Integrated Evaluation, Quality and Research Data and Insights Strategy





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