



RACGP

# Workplace-based Assessments (WBA) and External Clinical Teaching Visits (ECTVs)

## Frequently Asked Questions



In case you missed it, watch our assessments videos

Here's a brief overview of each assessment type and how it will be utilised:

- [Mini-Clinical Evaluation Exercise \(Mini-CEX\)](#)
- [External Clinical Teaching Visit \(ECTV\)](#)
- [Random Case Analysis \(RCA\)](#)

### What is the biggest change in assessment?

The significant change in assessment is that we are introducing a workplace-based assessment (WBA) program and moving to progressive assessment, where the registrar is assessed throughout training for the purpose of feedback and learning and to monitor their progress. The registrar's performance during an ECTV or other workplace-based assessment is rated against the Fellowship standard. Historically, registrars have been assessed against what would be expected at their stage of training. This is a significant change and there will be modules for further education that will be available. [See: Introducing progressive assessment](#)

**Please expand upon the reasoning behind assessing against Fellowship standard from day 1? This has potential to undermine registrar confidence and might also make it harder to identify those struggling.**

Registrars are a very heterogeneous group, with different roles and experiences before joining the AGPT program. The decision has been made, through consultation, to use the standard of 'at point of fellowship' for all WBA assessments other than the early assessment for safety and learning (EASL). Milestones for each term are limited by the fact they are time dependant, and each trainee progresses at a different rate due to multiple factors. Also, each RTO had different milestones, so in order to have national consistency and equity for all trainees, we need to ensure that we have a universal standard or 'one true north'.

### What are the mid and end-of-term appraisals?

These appraisals are completed by the primary supervisor using information from WBAs completed during the reporting period which may include direct observation or consultations, mini-CEX, case-based discussions and random case analysis. It will also be informed by day-to-day supervision and teaching as well as feedback from patients and staff. The appraisal will provide information to help monitor the registrar's progress and can also be used to develop the registrar's learning goals and plan for their learning.

### Are there any 'terms of reference' for the progression review committee?

Yes, the terms of reference are being finalised and will be accessible in the coming weeks along with who will participate in the committee.

### Should the 3-hour weekly teaching sessions need to be recorded on the college website?

The 3-hour teaching sessions in the practice (depending on GP registrar level) don't need to be recorded in the training management system.

### When will Multi Source Feedback (MSF) for GPT2s be implemented?

For AGPT registrars, MSF will be implemented. For all GPT2 registrars in the first term of 2023 unless they have already completed this activity in their RTO prior to 2023.

### How long do we have to complete the MSF?

For registrars in GPT2, the MSF resources will be distributed in approximately late April 2023 to be completed by the end of their GPT2 time. This will allow enough time for the registrars to settle into their practice and to get quality feedback. On average, it takes approximately 3-4 weeks to complete for a full-time registrar. Registrars completing training in PEP/FESP will have a separate schedule.

### Can registrars do MSF across two terms?

No, at this stage AGPT registrars are needing to complete MSF during their GPT2 term. If a registrar is full time, it does mean they need to complete it during one term. Being a part time registrar would extend the time they have to do MSF. Registrars completing training in PEP/FESP will have a separate schedule.

### Will there be video assessments in the future?

There is no plan to use filmed patient consultations as part of the FRACGP assessments or WBA. Video assessments of patient consultations are challenging due to different state and territory laws with respect to keeping information about patients. However, they are a good teaching tool and certainly can be utilised if all legal aspects are addressed for the state that individual registrars are working in.

### Where can I find the assessment rubric?

The rubrics will be provided as part of the training information and also available online for educators and registrars. The rubric will also be embedded within the assessment rating forms on the Training Management System (TMS).

### Will you provide training on how to identify a learner who is at risk of falling behind/ not where they should be at stage of training?

There will be further training and modules on WBA. If you have concerns or are unsure, the registrar's medical educator is available to discuss any issues or questions that you may have.

### What is the difference between a concern and a flag?

A concern is a pattern of behaviour or any aspect of registrar performance that has been observed and as an assessor you feel may lead to suboptimal care, poor patient outcomes, or could adversely impact patient safety. WBA uses a traffic light system to flag a registrar's performance as green, amber or red. If you have any concerns with any aspect of a registrar's performance or behaviour during a WBA or an ECTV, an amber or red flag should be raised depending on your level of concern about the registrar's performance, the nature of the concern and the timeframe for action.

If an amber or red flag is raised, the registrar (and supervisor for an ECTV) should be provided with feedback at the time of the assessment about the nature of the concern and the performance or behaviour that led to the flag. A green flag indicates that no concerns were identified during the assessment.

### How will you identify those in difficulty when so many registrars will be 'below expected level'?

As there will be multiple assessments using different modalities and different assessors, registrars in difficulty will be identified based on multiple assessment points. Certainly, flags would assist in identification, but they are rarely based on one single instance. We will also be able to view their progression, so registrars that are not progressing in their assessments will also be highlighted by the local team.

### Who organises the travel and accommodation if they are needed for remote ECTVs?

The local team will organise travel and accommodation for longer trips when required. If your trip just requires driving, then this can be claimed on the invoice along with the payment for the ECTV.

### Do you need more ECTV's - how do supervisors apply for this role?

The need for more ECT Visitors will be determined locally as different regions utilise ECT visitors in different ways depending on local requirements. We will have mechanisms for this imminently but initially we are commencing Practice Led training with our current visitors only. Please watch this space though as we are always looking for good high-quality assessors.

### When will the remote ECTV rule apply from?

Each registrar currently can have a maximum of 2 remote ECTVs, except in exceptional circumstances as determined by the local or regional teams. Generally, this will be applied to all registrars, however we are aware that some registrars have been on the training program for some time and that they will have had remote ECTVs due to COVID 19. This new rule will not affect these registrars. We will also be evaluating the benefits and risks of remote ECTVs going forward.

### Will there be supervisor education events locally or nationally?

Most will continue at a regional level supported by national modules and webinars.



### What would be the reason behind doing a 'focused mini-CEX' versus a non-focused?

A good way of explaining this would be by an example. If a registrar saw a patient and their history taking, management and investigations were clinically reasonable, but the way they spoke to the patient was very judgemental, you might perform your next mini-CEX focusing just on communication. Equally, if you were a supervisor, patients may have commented to you about your registrar's communication skills, and you decide to focus just on this one competency as part of their assessment. A registrar may also wish to explore specific competencies in their mini-CEX to assist them with their learning needs.

### Will there be a paper version available for back up during ECTV if internet goes down?

The ECTV report automatically saves as you complete it in case there is an internet outage. We are considering a blank form being available should there be a need, with the responsibility still being on the Visitor to input into the Training Management System. We are moving away from using paper so that assessments can be recorded and viewed more easily but also for environmental reasons.

### Online resources:

- Workplace-based assessments program, [training program requirements](#)
- See: [Introducing progressive assessment](#)
- [AGPT supervision requirements at a glance](#)

## Appendix: Assessments for term one of 2023 (Jan/Feb-Jul/Aug)

Assessment Name	Format/Assessor	What to expect	GP Term Relevance
<b>Early assessment for safety and learning (EASL) MCQ</b>	Registrar completes MCQ*	A multiple-choice questionnaire (MCQ) aimed to gain an overview of applied knowledge in common and serious GP encounters. The report generated is to assist in steering your learning plan.	early GPT1
<b>External clinical teaching visit (ECTVs)</b>	GP educator assessment	ECTVs are conducted by a GP educator who observes your consultations during a session and gives you specific feedback after each consultation.	2xGPT1 2xGPT2 2xGPT3
<b>Multi-source feedback</b>	Patient and colleague feedback	Multi-source feedback (SMF) provides you with feedback for both patients and colleagues. When you receive your feedback report, you'll be asked to reflect on the details with your medical educator.	GPT
<b>Mid and end-term appraisals</b>	Supervisor written appraisal	Mid and end-term appraisals are completed by your supervisor. These reports include detail about your competency compared to Fellowship standard and will enable tracking of your progression through training as well as providing an opportunity for you to talk with your supervisor about your learning.	GPT1 GPT2 GPT3
<b>Progression Review Committee (PRC)</b>	PRC	The purpose of the PRC is to oversee all registrars' progression through their general practice training, monitor registrar competency development to ensure that there is progress towards the standard expected at fellowship.	All training terms