**RACGP Australian General Practice Training Selection**

**Background Paper**

**Introduction**

On 25 November 2015, the then Minister for Health, the Hon. Sussan Ley MP advised the then RACGP President Dr Frank Jones that the Government was willing to consider two separate college led selection processes for the recruitment of doctors onto the Australian General Practice Training (AGPT) Program. In that correspondence the Minister advised of new arrangements governing entry into the AGPT, the agreed future allocation of registrars, the funding structure (on a ‘cost-recovery basis’) and a proposed implementation date.

The RACGP responded positively to the initiative and began discussions with the Department of Health (DoH) regarding the transitioning of selection to the RACGP. RACGP tendered an interim position paper and transitional plan in December 2015. The RACGP proposal has been the subject of considerable discussion since its submission achieving ‘in-principle’ acceptance in April 2016.

**The RACGP proposal - selection development**

In its deliberations the RACGP sought to better align selection to the knowledge, skills and attitudes required of an RACGP Fellow. A central premise was that the selection process should focus on the potential for candidates to achieve Fellowship rather than the current focus of selection into training. As such the selection process advocated for by the RACGP was attuned to lessening attrition (both voluntary and involuntary), lessening trainees under performance (decreasing reliance on supply of remediation funds) and increasing successful completion of the program (in past measured by time of completion and examination performance).

The RACGP reviewed past experience both domestically and internationally in determining its approach. Whilst several factors were observed to pose risk in medical entry selection (higher age, lack of medical expertise, poor performance in university or hospital year etc.) two factors were dominate as quality predictors - that being capability and professionalism. The RACGP determined that those aspects were of paramount importance in designing the RACGP selection process.

The RACGP having recently completed the [Competency profile of the general practitioner at the point of Fellowship](#) considered this document to be a cornerstone of the determination of a selection capability matrix. The profile articulates the required core competencies of a specialist general practitioner at the point of Fellowship and depicts the context into which those competencies will be applied. The profile was factored against the RACGP domains of general practice and inter alia, the Physician Competency Framework from the Royal College of Physicians and Surgeons of Canada (CanMEDS) 2015. It was considered that by referencing selected entry level competence to that of those to be demonstrated for Fellowship, increased alignment and connection to professional attributes would be achieved.

In essence the RACGP sought to move to a selection process that lessened reliance on cognitive variables with supplementation from the areas of professionalism, communication, population health and management; elements that feature significantly in RACGP curriculum, standards and the competency profile.
Development of appropriate selection tools

In accord with domestic and international experience (e.g. AGPT, United Kingdom, Canada and the Netherlands), it was recognised that a unitary method was not appropriate for high stakes assessment. Particularly where judgement was required to be rendered upon several key differentiating competencies. The collection of data at differing levels aligned to selected relevant attributes was designated in the literature to be a superior approach in developing a fair and robust system for entry to vocational training.

In recognition of this experience, the RACGP, having reviewed an array of currently used assessment approaches and in consideration of the competencies to be assessed, concluded that three different assessment tools should be used. The tools selected were: a knowledge test (KT), a situational judgement test (SJT) and a behaviour description interview (BDI). It was considered that the three tools selected would provide a robust and valid assessment with due acknowledgement of the constraints of delivering a large scale national assessment system.

Additional considerations

The development of any assessment cannot be devoid of an understanding of the context into which it is to be delivered. In addition to current considerations related to access, physical infrastructure, resource availability, time and the like, the RACGP was acutely aware of the decision by the Commonwealth government that the selection process would now run on a ‘cost-recovery’ basis. Therefore, costs associated with the development and/or continued use of current systems and approaches would be borne by the candidate in addition to the logistic costs of delivering a nationwide selection process.

In summary, the guiding principles for the establishment of the selection assessment comprised:

• the capacity to rank order candidates and to identify unsuitable candidates;
• ensuring that selection assessments are based on general practice core skills as outlined in the Competency profile of the Australian general practitioner at the point of Fellowship;
• utilising multiple assessment instruments with satisfactory predictive validity and reliability;
• cost effectiveness cognisant of a user pay approach;
• the active involvement of Regional Training Organisations (RTO) in the selection process;
• the completion of the KT and SJT assessment components on a single day and completion of the BDI over a fourteen day period;
• provision of appropriate access to all potential candidates; and
• the potential to moderate the administrative burden of undertaking a national selection process compared to current processes.

Selection Competencies

The selection of appropriate competencies to be assessed initially focussed upon the distillation of the RACGP core skills germane to each domain of general practice (Table 1). The core skills articulate the professional attributes of a general practitioner and direct curriculum and assessment for general practice training. Although continued development of core skill competence is an expectation throughout training to Fellowship, a threshold level of competence in attributes such as medical knowledge and skills, effective communication, professionalism, sound management, ethics and the like is expected to be present for a medical practitioner entering general practice training.
Whilst applicants seeking to enter general practice training have typically done so from a variety of backgrounds, experience in the AGPT selection process suggests that all enter with a degree of commonality in the breadth of skills and experiences that are applicable to the vocation of general practice. The imperative in designing the RACGP’s selection process was to ensure that the competencies chosen for assessment had a predictive quality in terms of successful AGPT completion whilst not predicated how those qualities were obtained. Whilst no empirical data exists to unequivocally support this position, several international studies have suggested that a causal relationship exists with selection processes as a valid method for predicting future performance (Patterson et al 2009).

Table 1 - RACGP Education Framework - Core Skill

<table>
<thead>
<tr>
<th>Domain 1 - Applied professional knowledge and skills</th>
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<tbody>
<tr>
<td>CS1.1 General practitioners communicate effectively and appropriately to provide quality care.</td>
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<tr>
<td>CS1.2 Through effective health education, general practitioners promote health and wellbeing to empower patients.</td>
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<tr>
<th>Domain 2 - Communication and the doctor-patient relationship</th>
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<tbody>
<tr>
<td>CS2.1 General practitioners provide the primary contact for holistic and patient-centred care.</td>
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<tr>
<td>CS2.2 General practitioners diagnose and manage the full range of health conditions in a diverse range of patients, across the lifespan through a therapeutic relationship.</td>
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<tr>
<td>CS2.3 General practitioners are informed and innovative.</td>
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<tr>
<td>CS2.4 General practitioners collaborate and coordinate care.</td>
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<tr>
<th>Domain 3 - Population Health and the context of general practice</th>
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<tbody>
<tr>
<td>CS3.1 General practitioners make rational decisions based on the current and future health needs of the community and the Australian healthcare system.</td>
</tr>
<tr>
<td>CS3.2 General practitioners effectively lead to address the unique health needs of the community.</td>
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<tr>
<th>Domain 4 - Professional and ethical role</th>
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<tr>
<td>CS4.1 General practitioners are ethical and professional.</td>
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<tr>
<td>CS4.2 General practitioners are self-aware.</td>
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<tr>
<td>CS4.3 General practitioners mentor, teach and research to improve quality of care.</td>
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<tr>
<th>Domain 5 - Organisational and legal</th>
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<tr>
<td>CS5.1 General practitioners use quality and effective practice management processes and systems to optimise safety.</td>
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<tr>
<td>CS5.2 General practitioners work within statutory and regulatory requirements and guidelines.</td>
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N.B. Core skills identified for assessment in selection are in bold.
The applicable competency indicator(s) were then assigned to each designated core skill in accord with the Competency profile of the general practitioner at the point of Fellowship. Each selected competency indicator was then matched to the most appropriate assessment tool.

**Application of assessment instruments to selected competency indicators**

<table>
<thead>
<tr>
<th><strong>Applied professional knowledge and skills</strong></th>
<th>KT</th>
<th>SJT</th>
<th>BDI</th>
</tr>
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<tbody>
<tr>
<td>1. Diagnoses and manages health conditions in a diverse range of patients across the lifespan.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Provides primary care in a structured manner.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Understands own expertise and that of other health professionals.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. Contributes effectively to intra and interdisciplinary collaboration and teams.</td>
<td>X</td>
<td>X</td>
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<th><strong>Communication and the doctor-patient relationship</strong></th>
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<tbody>
<tr>
<td>1. Communicates effectively and appropriately to provide quality care.</td>
</tr>
<tr>
<td>2. Respects and appropriately considers the patient’s cultural, physical, social and emotional context.</td>
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<th><strong>Population Health and the context of general practice</strong></th>
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<tbody>
<tr>
<td>1. Promotes the health of both individual patients and groups of patients</td>
</tr>
<tr>
<td>2. Acts in the best interests of patients in the provision and advocacy of quality healthcare internal and external to each patient’s community</td>
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<th><strong>Professional and ethical role</strong></th>
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<td>1. Takes existing differences in standards and values into consideration within the framework of professional ethics.</td>
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<tr>
<td>2. Maintains a balance between personal and professional tasks.</td>
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<tr>
<td>3. Works to improve how she/he functions professionally.</td>
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<tr>
<th><strong>Organisation and legal</strong></th>
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<tbody>
<tr>
<td>1. Applies organisational and management principles in a purposeful manner.</td>
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<tr>
<td>2. Makes use of information technology to provide optimal care.</td>
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<tr>
<td>3. Works in accordance with statutory and regulatory requirements and guidelines.</td>
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Selection logistics

Stage One

The DoH will undertake the pre-work of applications following applicant entry through the RACGP website. This will include eligibility checking, recording of eligible applicants and maintenance and distribution of the SAMS database. Marketing, promotional materials, application guides and the like will be jointly badged between the DoH and the RACGP.

Stage Two

The RACGP will receive all data concerning eligible applicants defined by pathway. Applicants will be notified of their acceptance into pre-candidacy and directed to a national registration website. Upon payment of an application fee the candidate will then be allocated to an assessment centre. The Candidate Assessment and Applied Knowledge Test (CAAKT) – comprised of the Knowledge Test and Situational Judgement Test, is a 2.5 hour online assessment. Assessment venues will be located around Australia, generally following previously used AGPT assessment venue sites. The CAAKT will run on a single day. Scores from the CAAKT will be calibrated to determine those candidates meeting or exceeding the minimum acceptable score. Candidates meeting or exceeding the minimum score will be invited to progress to Stage Three – RTO interview. Candidates falling below the minimum acceptable score will be advised that they will not progress further in the selection process for the current intake.

Stage Three

Candidates progressing through to Stage Three – RTO interview, will be assigned to an RTO for interview according to their CAAKT rank, pathway preference and regional preference. Applicants may attend one RTO interview only in the first interview round from their priority listing of up to four preferences. Interview location venues are as determined by each RTO. The higher the CAAKT score the more likely it will be that a first preference will be allocated. Five common questions will be asked by each RTO with the opportunity for each RTO to add up to three further regional specific questions (prospectively approved by the RACGP). The format of the interview process (i.e. MMI or singular interview format) will be at the discretion of the RTO but advised to candidates in advance. After the RTO interview, scores for each candidate are forwarded from the RTOs to the RACGP. Candidates are advised of the outcomes of interview process. Candidates whom are successful are offered a placement through a joint RTO/RACGP letter from the RTO.

All successful candidate data is uploaded into the Registrar Information Data Exchange (RIDE) by the RTO. RTOs will be required to ensure that interviewers are trained appropriately for the task to be undertaken. Results of all conducted interviews are forwarded to the RACGP.

Stage Four

Candidates that did not receive a first round interview offer or candidates that did not receive a first round placement offer are able to renominate for any unfilled positions for round two and for subsequent placement rounds. The RACGP will notify all applicants of second round and subsequent program placement opportunities.

It is the goal of the RACGP to support all candidates progressing beyond successful completion of the CAAKT to find placement in the Australian General Practice Training Program.
References


