



Practice Experience Program Specialist (PEP SP) Participant Handbook

Substantially Comparable Stream



Practice Experience Program Specialist (PEP SP) Participant Handbook - Substantially Comparable Stream**Disclaimer**

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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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Acronyms

AGPT	Australian General Practice Training program
AHPRA	Australian Health Practitioner Regulation Agency
AKT	Applied Knowledge Test
ALS	Advanced life support
AMC	Australian Medical Council
BLS	Basic life support
CBD	Case-based discussion
CCA	Clinical Case Analysis
CCE	Clinical Competency Exam
CFEP	College Focused Evaluations Program
CFET	College Feedback Evaluation Tool
CPD	Continuing professional development
CV	Curriculum vitae
DISQ	Doctor's Interpersonal Skills Questionnaire
DPA	Distribution Priority Area
EASL	Early Assessment for Safety and Learning
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FSP	Fellowship Support Program
FT	Full time
FTE	Full Time Equivalent
GP	General Practitioner
KFP	Key Feature Problem
MBA	Medical Board of Australia
MBS	Medicare Benefits Schedule
MCQ	Multi-choice questionnaire
Mini-CEX	Mini-clinical evaluation exercise

MMM	Modified Monash Model
MSF	Multi-source feedback
PC	Partially comparable
PEP SP	Practice Experience Program Specialist
PRC	Progression Review Committee
PT	Part time
RACGP	Royal Australian College of General Practitioners
RCA	Random case analysis
RVTS	Remote Vocational Training Scheme
SAPT	Self-assessment progress testing
SGL	Small Group Learning
SIMG	Specialist international medical graduate
WBA	Workplace-based assessment

Training program contacts

RACGP national office

T: 1800 472 247
E: education@racgp.org.au
W: www.racgp.org.au

RACGP offices

W: www.racgp.org.au/find-an-office

PEP SP administration team

E: pepspecialistadmin@racgp.org.au

Let's get you started

Overview

When you applied for entry into PEP SP, you were assessed as substantially comparable to an Australian trained specialist general practitioner at the point of admission to Fellowship. This means that you're now about to start your PEP SP journey on the substantially comparable (SC) stream.

PEP SP on the SC stream is a self-directed, workplace-based program. You'll spend a minimum of six months in comprehensive Australian general practice, during which you'll work under supervision and complete targeted educational activities to enable your successful transition to the Australian general practice system. Towards the end of your training program, you'll be required to complete a series of workplace-based assessments to demonstrate that you've reached comparability with an Australian trained specialist general practitioner (GP) commencing practice (ie at the level of a new Fellow of the RACGP).

Once you've successfully completed PEP SP and met the requirements for Fellowship of the RACGP (FRACGP), you'll be eligible for admission to FRACGP and for specialist medical registration with the Australian Health Practitioner Regulation Agency (Ahpra). You'll be required to keep working under supervision until you're admitted to FRACGP.



Important reminders

You must hold medical registration and be a financial RACGP member throughout the entire PEP SP, including while you're being admitted to Fellowship. For further information on how to apply for medical registration and how to become an RACGP member, refer to the [PEP SP Application Handbook](#).

As per the PEP SP program agreement, you've consented for the RACGP to disclose your personal information and information relating to your participation in PEP SP from/to third parties where it's reasonably necessary or required by law. This includes to Australian regulators such as Ahpra and the Australian Medical Council (AMC) for the purposes of the MBA's Expedited Specialist pathway.

Ahpra medical registration

If your medical registration changes at any time during your program, you must advise us via the change of circumstance form available on the PEP SP portal.

A change to your medical registration might include a restriction, condition, limitation, reprimand, supervision requirement, tribunal outcome, suspension, undertaking and/or other remark or change. The [Ahpra website](#) contains information about the possible outcomes that may arise if a concern is raised about you.

Failure to disclose changes on your registration will be handled as per the [Academic Misconduct Policy](#).

Continuing professional development

Like all GPs, you'll need to meet your continuing professional development (CPD) requirements as you progress through PEP SP, as per the [Medical Board of Australia's Registration standard: CPD](#). The RACGP has a comprehensive [CPD program](#) available to members, with streamlined systems for logging your progress. The activities you complete during your six months in the training program can be logged as CPD hours.

- You can log your CPD with the click of a button via [Quick Log](#).
- If you started working mid-way through the calendar year, find out more about the [CPD exemption/variation](#).

RACGP membership

You'll need to be a Registrar Associate member at the commencement of training and throughout your program; your program time won't be recognised under other membership types. The [RACGP Constitution](#) details your rights as an RACGP member. Your annual membership renewal is to be paid by 1 July each year as per the RACGP Constitution.

If you don't maintain RACGP membership, you may be withdrawn from PEP SP as per the [PEP SP Withdrawal Policy](#).

Support for your health and wellbeing



At the RACGP, we're committed to supporting your wellbeing. We've curated a range of resources designed to help you thrive both personally and professionally while completing the training program. For more information, visit the [RACGP Wellbeing Hub](#).

Your PEP SP Journey

The application process (Parts A, B and C) is explained in the [PEP SP Application Handbook](#). In this handbook, we'll focus on your journey from the day you start the program (ie the day you start work in your approved practice) to the day you're admitted to FRACGP (Parts D and F below).

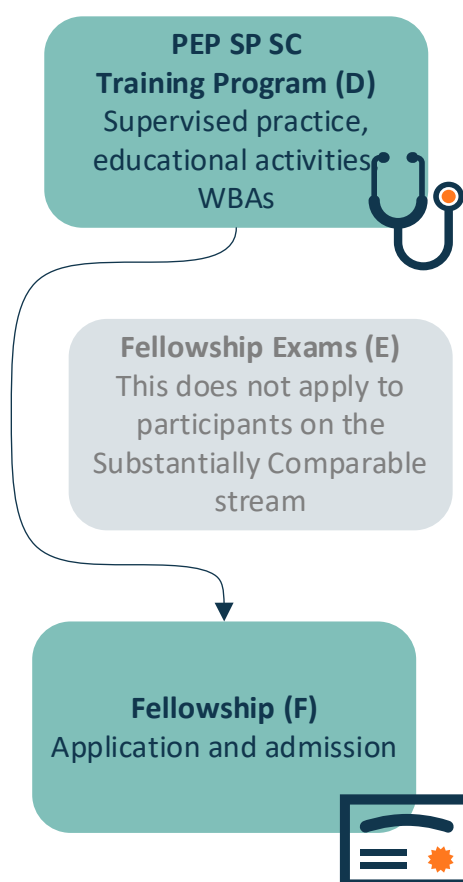


Figure 1: PEP SP journey on the SC stream

Important concepts in PEP SP – SC

Full-time vs part-time general practice experience

While you work in your RACGP-approved practice, the following definitions will apply:

Full-time general practice experience is defined as at least 38 hours distributed over a minimum of four days per week. 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 four calendar weeks in any one practice won't be considered. Hours worked beyond this full-time definition won't be considered.

► A participant working full time is defined as 1.0 full-time equivalent (FTE).

Part-time general practice experience is defined as at least 14.5 hours distributed over a minimum of two days per week, of which at least 10.5 hours is face-to-face, rostered, patient consultation time, undertaking general practice activities. Work periods of less than three consecutive hours, or of less than four calendar weeks in any one practice won't be considered.

► A part-time participant's FTE status is calculated by dividing the participant's scheduled weekly hours by the number of hours for an official weekly full-time load, eg a participant working 19 hours per week is 0.5 FTE ($= 19 \div 38$).

Program time cap

The program time cap, or program maximum timeframe, is a requirement set by the Medical Board of Australia (MBA) in their [Standards: Specialist medical college assessment of specialist international medical graduates](#). It refers to the maximum amount of time you can remain on the program from the day you start work in your approved practice in Australia to the day you're admitted to FRACGP.

- If you're working in your practice on a full-time basis, your time cap is **one calendar year (12 calendar months)**.
- If you're working in your practice on a part-time basis, your time cap is **two calendar years (24 calendar months) pro rata** (calculated proportionally to your FTE status). The lower the hours worked per week, the longer your maximum timeframe will be, up to a limit of 24 calendar months.

The following table is for example purposes only. Your exact program time cap will be communicated to you when you start PEP SP.

Hours worked per week	Maximum timeframe (months)
38	12
24	19
20	22.8
18	24

15	24
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Training program

The training program is six calendar months. It commences on the day you start work in your approved practice in Australia using your RACGP-authorised Medicare provider number. You must complete the program's [educational activities](#) and [workplace-based assessments \(WBAs\)](#) in this time. This applies to both full-time and part-time participants.

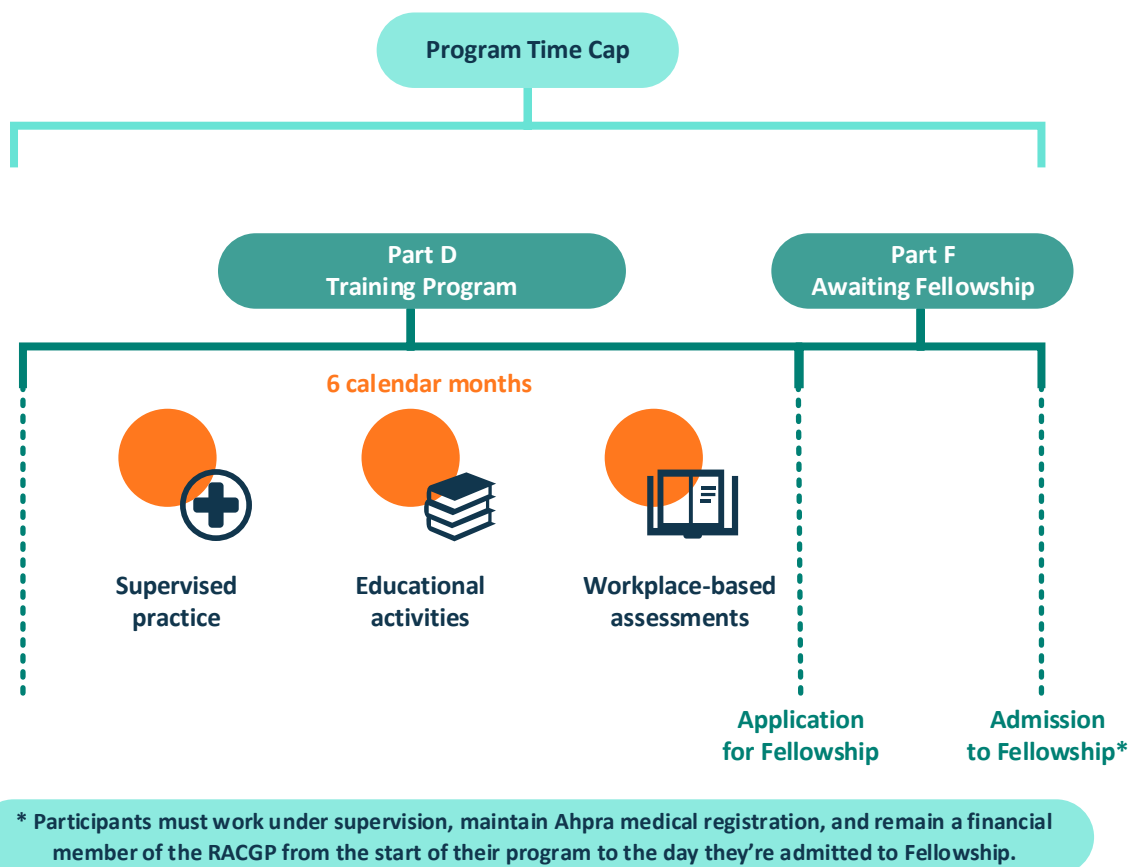


Figure 2: PEP SP journey - SC stream

Key people

Supervisor

Your supervisor is an experienced specialist GP who has have been approved by the MBA to provide supervision. They'll provide you with clinical support, advice and feedback while you work in your approved practice so you can develop your skills in a supportive environment and transition to the Australian health care system successfully.

Your supervisor's main responsibilities will be to:

- share their professional knowledge and skills
- assist you with your practice clinical queries
- orientate you to the practice and local context
- facilitate your understanding of the Australian health care and support systems
- complete a work performance report with you during the education term

Medical educator

You'll be allocated a medical educator when you start on the program. Medical educators are RACGP staff and experienced GPs with extensive educational and practical knowledge in the general practice environment. Their role is to mentor and support your educational needs as you progress through PEP SP.

Your medical educator's main responsibilities will be to:

- provide educational and training support
- assist you with program planning
- monitor and discuss your performance as you progress through the program
- encourage self-reflection
- help you identify your learning needs and areas where you may need additional support
- deliver small group learning activities (SGLs), webinars and exam support webinars

PEP SP administration team

The PEP SP team is here to support you and will communicate with you, mostly via email, to provide information about the program and its milestones as you progress towards Fellowship. Contact pepspecialistadmin@racgp.org.au

Induction

At the start of your training program, your medical educator will schedule an online induction interview. This will be an opportunity to get to know each other and discuss topics such as:

- your training and experience to date
- your career aspirations
- the program's milestones and requirements
- RACGP systems and policies
- important information about your Medicare provider number
- the Australian general practice context

Learning needs assessment

During the induction interview, you'll also complete a learning needs assessment, which will be used to develop a learning plan tailored to your level of knowledge and skills.

To assess your learning needs, your medical educator will review your Curriculum Vitae (CV) and the outcome of your comparability assessment. On the SC stream you'll also be required to complete a formulative random case analysis (RCA) during the interview. It's best to do the induction interview in your clinic to access clinical software for the RCA.

Random case analysis (RCA)

The induction interview includes a 30-minute RCA with feedback to inform the learning needs analysis. The assessor randomly selects a case from the participant's consultation records to discuss or uses a submitted case to explore additional curriculum domains. The RCA may uncover gaps in knowledge and skills that a participant may not have identified.

An RCA is generally conducted through the lens of the five domains of general practice of the [RACGP curriculum and syllabus](#), and explores the development of clinical reasoning by considering changes to four contextual influences: the doctor, the patient, the problem and the system. By proposing hypothetical scenarios through 'what if' questions, unidentified learning needs may be uncovered.

Practice workplace-based assessment (WBA)

During your induction, you'll be able to complete a practice workplace-based assessment. This is an opportunity to familiarise yourself with the format and to obtain valuable feedback from your medical educator. You'll have another practice with your medical educator later in the training program.

Training program requirements

In this section, we'll describe some of the requirements that must be met while you complete your training program:

- supervised practice (including the [work performance report](#))
- educational activities (eg core modules)
- workplace-based assessments (MSF, Mini-CEX, CBDs)

Refer to the section on [Fellowship requirements](#) to check the full list of Fellowship eligibility criteria.

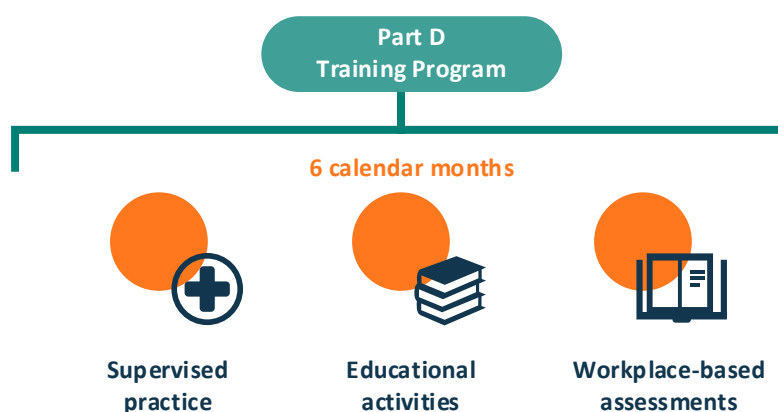


Figure 3: Part D - Training Program

Supervised practice

You must work under supervision in your RACGP-approved practice while completing your training program.



Completing a minimum of six months (FTE) of supervised practice and maintaining supervisory requirement until admission to Fellowship are both [FRACGP eligibility requirements](#).

It's your responsibility to find a practice, secure an offer of employment, and have it approved by the RACGP as per the [PEP SP Application Handbook](#).

As a participant on the SC stream, you must complete your period of supervised practice in a regional, rural or remote area (ie an area classified as MM 2 to MM 7 under the [Modified Monash Model/MMM](#)), unless you qualify for an exemption as per the [General Practice Fellowship Placement Guidelines](#)¹. You may work in a metropolitan area (ie classified as MM 1 provided it's classified as a [Distribution Priority Area](#) (DPA)).

¹ Location requirements are determined by the Department of Health, Disability and Ageing and are subject to change outside the control of the RACGP.

You must start work in Australia in your approved practice within six calendar months of signing your program agreement.

Participants who were granted entry into PEP SP with an accommodation to their recency requirement are required to make up this time in supervised practice, in addition to the mandated six calendar months, as per the [PEP SP Comparability Assessment Guide](#). If this applies to you, the additional time will be communicated to you before you start PEP SP.

Supervision level

Before you start on the SC stream, the RACGP will make a recommendation to the MBA regarding your required level of supervision while you work in your approved practice. The recommended supervision level will be based on the outcome of your comparability assessment and your intended position and context of practice.

For example, if you start work in your approved practice on level 3 supervision, this means that:

- you'll take primary responsibility for each individual patient
- you'll be permitted to work alone provided that your supervisor is contactable by telephone or video link, and
- your supervisor must ensure that there are mechanisms in place to monitor whether you're practising safely.

For information about supervision level, refer to the [Ahpra website](#) and the [PEP SP Supervision Policy](#)

Program commencement date

You're considered to have started PEP SP on the day you commence work in Australia in your RACGP-approved practice using your RACGP-authorised Medicare provider number. This is an important date to remember as it will be used to calculate your [program time cap](#).

You must notify the RACGP of your commencement date, ideally before you start work in your practice and no later than two calendar weeks after starting work.

Work performance report

After approximately three months in your approved practice, you'll be required to complete a [work performance report](#) with your supervisor. The purpose of the report is to review and rate your performance against several performance criteria for the expected standard of an Australian trained GP at the point of admission to Fellowship. This enables you to identify your strengths and areas requiring further development. Once completed, submit the report to the RACGP, either by emailing it to pepspecialistadmin@racgp.org.au or by uploading it directly to the PEP SP portal. A copy of the report must also be sent to the MBA by your supervisor.

Educational activities

Educational activities include mandatory and optional tasks to be completed during your training program. They've been designed to assist you in transitioning to the Australian general practice context.

Core modules (mandatory)

During your training program, you must complete eight modules covering the following topics:

- Aboriginal and Torres Strait Islander health
- Australian general practice skills
- Doctor's health
- Addressing doctors' health: caring for ourselves and our colleagues
- Introduction to working in Australian general practice
- Managing legal dimensions in general practice
- Introduction to prescribing in general practice
- Introduction to Aboriginal and Torres Strait Islander cultural awareness

These modules can be accessed via the [gplearning](#) platform once you've signed the program agreement and paid the program fees.

You may start completing the modules before you start work in your approved practice. We anticipate it'll take you around 25–30 hours in total to complete all these modules.



Completing the core modules is one of the [FRACGP eligibility requirements](#).

Small group learning sessions (optional)

Throughout your training program, you'll be invited to attend monthly small group learning (SGL) sessions facilitated by a medical educator. They'll assist in furthering your understanding of the Australian general practice context.

SGL sessions are semi-structured and tailored to the group's learning needs, for example:

- Aboriginal and Torres Strait Islander health
- General practice systems
- Clinical reasoning
- Preventative health care

Each session is run via videoconferencing and lasts 1–1.5 hours. We'll provide you with a calendar of SGL sessions and enrolment details when you commence your program.

Workplace-based assessments (WBAs)

During your training program, you'll be required to satisfactorily complete a series of workplace-based assessments (WBAs). On the SC stream, WBAs provide a comprehensive framework for evaluating your competence in areas of practice best assessed in the context of the workplace.

The following WBA competencies were developed and mapped to the core skills of the [RACGP curriculum and syllabus](#) to enable assessment in the workplace:

- communication skills
- consultation skills
- clinical information-gathering and interpretation
- making a diagnosis, decision-making and reasoning
- clinical management and therapeutic reasoning
- preventative and population health
- professionalism
- general practice systems and regulatory requirements
- managing uncertainty
- identifying and managing the seriously ill patient

For each competency, the expected standard is set at the point of admission to Fellowship, ie the point at which you're ready to demonstrate competence for unsupervised practice in Australia as per [the Progressive capability profile of the general practitioner at Fellowship](#).

By the time you finish the training program, you must have completed the following WBAs:



Figure 4: WBA requirements for the SC stream

After you've spent at least three calendar months working in your approved practice, you'll be required to complete a workplace-based assessment. Your medical educator will let you know once you can start scheduling mini-CEXs and case-based discussions (CBDs) and you'll be given access to the WBA booking calendar to book the sessions at dates and times that suit you. For scheduling questions, email pepspecialistadmin@racgp.org.au

Multi-source feedback (MSF)

The purpose of the multi-source feedback (MSF) is to obtain feedback from colleagues and patients. The MSF is a well-recognised, valid and reliable method of assessing interpersonal and professional behaviour, development and clinical skills.

You'll get access to the MSF when you commence work in your approved practice. We recommend you start the MSF once you're established in the practice, after about three months, as it can take some time to complete and needs to be finalised prior to the end of your training program.

The MSF is delivered by [Client Focused Evaluations Program \(CFEP\) Surveys](#) and has three components:

- **The Patient Feedback for Individual Doctors survey.** This survey (paper-based) is completed by a random selection of 40 patients. Data is collected from your patients following their consultations with you. The survey explores patient perceptions about your behaviours, such as listening skills, clarity of explanations, respect for the patient and involvement of the patient in decision-making, as well as the patient's confidence in your ability.
- **The Colleague Feedback Evaluation Tool (CFET).** In the CFET, 15 colleagues nominated by you will be asked to complete an online survey. The colleague feedback evaluation focuses on your professionalism and workplace behaviours. Perceptions are collected about areas such as working relationships, competence and professional development.
- **The self-assessment questionnaire.** This questionnaire provides an insight as to how you view yourself and compares these results with the feedback provided.

Upon completion and submission of all three components, you'll receive a report from CFEP Surveys. You'll be required to complete a mandatory reflection activity including an interview with your medical educator and a written self-reflective exercise.

If you completed an MSF within the last 12 months, you may not need to complete a new one. (Your existing MSF survey will need to be approved by your medical educator.)

Mini-clinical evaluation exercise (Mini-CEX)

During a mini-CEX, a direct observation, the assessor will observe you (via videoconferencing) while you're consulting with patients in your practice. To record their feedback, the assessor will use a standardised assessment tool, the mini-CEX (mini-clinical evaluation exercise). Refer to the [mini-CEX rubric](#) and [mini-CEX rating form](#) for information on the criteria.

Each mini-CEX must target a different learning need as identified during your induction.

To consider in preparation for a mini-CEX:

- ☐ The date and time of the assessment will be booked in advance, so make sure you're ready for the start of the consultation and ensure you have two devices capable of internet connection (eg an office computer, plus a laptop or tablet) and photo ID for the assessor to confirm your identity at the beginning of the assessment. AI transcribing software is not permitted and must be switched off.
- ☐ Ensure reception is aware of the assessment and arranges your appointment book appropriately. Schedule 30 minutes for each patient to allow for observation and feedback.
- ☐ Ensure there is some patient-free time at the start of your assessment. This allows time for you and the assessor to discuss the outline for the session.
- ☐ Preferably keep consultation time with the patient to under 20 minutes, as the effective use of time is one of the performance criteria.
- ☐ Remember to advise the practice that some bookings may not work well for assessment. Examples include cervical screening tests, routine childhood immunisations, removal of sutures and ear syringing.
- ☐ Patients need to consent to the presence of another doctor during the consultation. Patients should provide verbal consent while booking the appointment, sign a consent form when they arrive for the appointment and confirm their understanding that another doctor will be present when you call them from the waiting room. You should record in the patient's notes the presence of an observer and their name.
- ☐ Introduce the assessor to the patient and briefly explain their role (eg 'Dr X is here to assist me with my professional development').
- ☐ The assessor might ask you questions related to the case in order to probe your reasoning. They might also ask to review any written material related to the case, such as a referral letter that you wrote or the notes that you made.
- ☐ Be prepared to reflect on your own performance and discuss this with the assessor.

Case-based discussions (CBD)

CBDs are a type of clinical case analysis (CCA). They are a review of clinical notes/case reports and oral questioning and are designed to assess your clinical reasoning, management and decision-making skills using clinical cases that you've managed.

CBDs are done via videoconferencing. The medical educator uses a structured discussion format for the assessment. Targeted questions allow you to demonstrate your competency across specified areas of the [RACGP curriculum and syllabus](#). The medical educator will explore in detail any issues relating to the case to identify if you have any clinical knowledge gaps.

On the SC stream, you must complete three CBDs by the end of your training program, including:

- one with an Aboriginal and Torres Strait Islander focus, and
- one targeted at a learning need identified during your induction.

Your CBDs must be on different patients from your mini-CEXs to ensure the assessments incorporate diverse populations and presentations.

All work that isn't your own must be clearly referenced. Guidelines need to be applied and discussed in relation to the patient in question. Any failure to do so will be handled as per the [Academic Misconduct Policy](#).

Case-based discussions (CBD)

In a CBD, the participant presents a recent clinical case to the assessor, providing de-identified clinical notes, relevant investigations or results, and details of referrals or preventive healthcare plans.

The case must be one that the participant has been primarily responsible for and that is of a medium level of complexity, eg where clinical reasoning is complicated by uncertainty or where decision making requires multiple issues to be considered. An assessor may request a case be presented that focuses on a specific area, particularly one in which the participant has been identified as needing further support.

As the assessor works through the case with the participant, they may pose questions from varying perspectives to explore clinical reasoning further. The participant may also highlight aspects of the chosen case for discussion, depending on their self-identified learning needs.

Participants must submit their CBD cases on the [RACGP case submission template](#) at least two weeks prior to the assessment with as much written detail as possible (both written and verbal skills are being assessed).

Assessors

The mini-CEXs and CBDs will be conducted by three independent assessors.



Figure 5: WBAs for the SC stream



Completing the WBAs is one of the [FRACGP eligibility requirements](#).

Progression Review Committee (PRC)

After you've completed the required WBAs, the PRC will undertake the concordance process. They'll consider your results globally, look at your performance against each WBA competency, and determine whether you meet the standards set for a specialist GP at the point of admission to Fellowship.

- If you meet the standards set for a new Fellow, you'll be able to apply for admission to FRACGP provided you meet all the other [requirements for Fellowship](#). Participants found to be at Fellowship standard won't receive any feedback on their successful WBAs.
- If you don't meet the standards set for a new Fellow, you'll resit the assessment. Participants found not to be at Fellowship standard will receive feedback on their WBAs.

If you apply for a [reconsideration](#) of the assessment decision, feedback will be provided after the reconsideration application deadline (10 business days after you were notified of the original decision).

Resitting the WBAs

You're responsible for booking a resit, if required, using the WBA booking calendar. The WBAs will be repeated in the same format as the original assessment with three independent assessors. There is a cost to resit the assessment. For more information contact pepspecialistadmin@racgp.org.au

Participants who are nearing the end of their training program may apply for an extension of program time to complete their resit, as per the [PEP SP Requirements for Fellowship Policy](#).

Participants reclassified as partially comparable

If you're assessed as not meeting the required Fellowship standards after resitting your assessment (your 2nd attempt), you'll have a meeting with your medical educator to review your results, receive feedback, and discuss your transfer to the PC stream and its implications.

If you're reclassified as partially comparable, you'll need to meet the location requirements for the partially comparable stream. This may mean you'll need to move and find a new practice in an MM 2 to MM 7 location, even if you were previously working in an MM 1 DPA practice under the substantially comparable stream. This is part of ensuring you meet the [General Practice Fellowship Placement Guidelines](#).

When you transfer to the PC stream, you won't be required to complete the training program again (Part D below). You'll commence on the PC stream directly in Part E, preparing for and attempting the Fellowship exams.

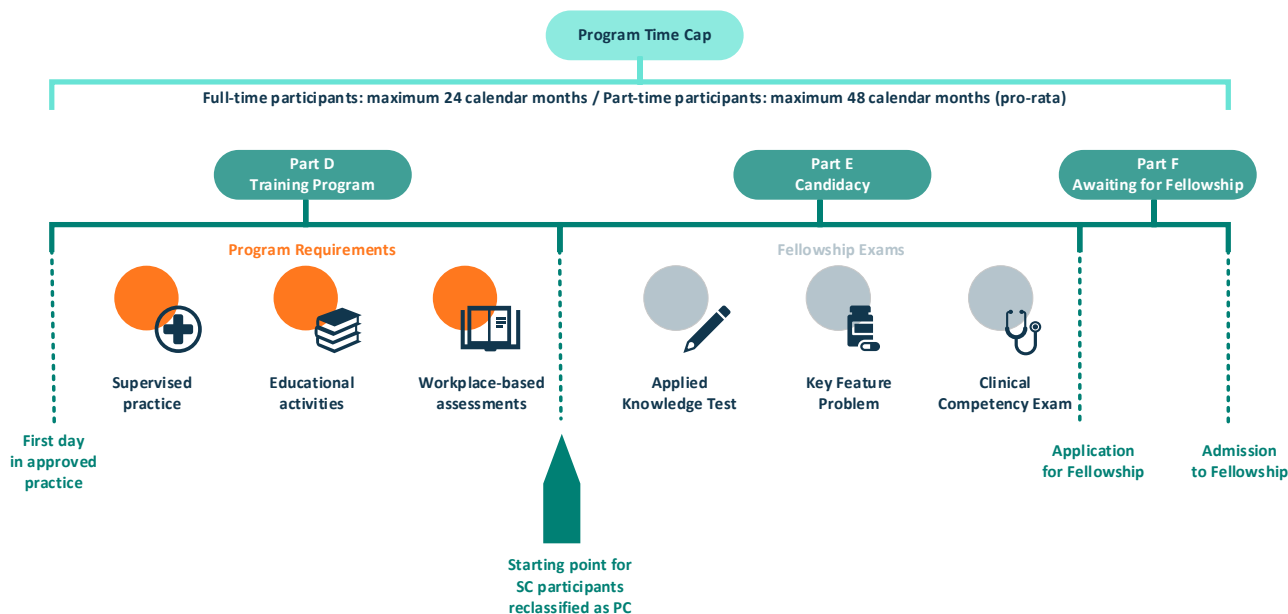


Figure 6: PEP SP journey on the partially comparable stream

Impact on program time cap

The [program time cap](#) will be adjusted for participants re-classified as partially comparable:

- If you're working in your practice on a full-time basis, your time cap will be increased from one to **two calendar years**. Any time already completed on the SC stream will contribute to your revised time cap.
- If you're working in your practice on a part-time basis, your time cap will be increased from two to **four calendar years pro rata**. Any time already completed on the SC stream will contribute to your revised time cap.

For information on the Fellowship exams and exam preparation activities on the PC stream, refer to the [PEP SP Participant Handbook - Partially Comparable Stream](#).

End of program interview

As you approach the end of your training program, you'll have an end of program interview with your medical educator. This interview will cover a range of topics including reflections on the MSF Report results, requirements for Fellowship and your feedback on the training program.

Fellowship

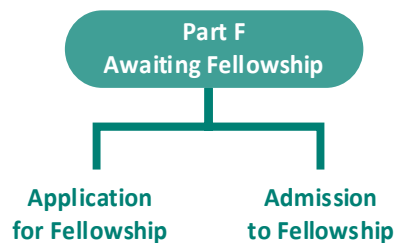


Figure 7: Part F – Awaiting Fellowship

Requirements for Fellowship

Before you start the Fellowship application process, you must meet all the requirements listed in the following table. Requirements that need to be met specifically during the training program are indicated by:

Part D req.

Requirement type	Requirements - detail	Timeframe (if applicable)
Training Program requirements - Experience	Completed six months (FTE) of supervised practice in an RACGP-approved practice.	Part D req. + time post-Part D for part-time participants
	Maintained supervisory requirements until the point of Fellowship.	
	Completed a basic life support (BLS) training course in the 12 months prior to applying for Fellowship as per the Basic Life Support and Advanced Life Support Guide .	
	Completed advanced life support (ALS) training within four years prior to applying for Fellowship as per the Basic Life Support and Advanced Life Support Guide .	
Training Program requirements - Education	Completed the core modules .	Part D req.
Assessment requirements	Completed the mandated WBA program at the standards set for a specialist GP at the point of admission to Fellowship.	Part D req.
Professional and ethical requirements	No conduct that would attract sanctions as per clause 27 of the RACGP Constitution .	
	No restrictions, conditions, addenda on your current Ahpra Medical Registration that prevent you from working unsupervised in comprehensive Australian general practice.	
	Suitable to be admitted to Fellowship of the RACGP in accordance with the Fellowship Policy .	
Administrative requirements	Held current Australian medical registration at all times while on the training program from the date of commencing work in approved practice until the point of admission to Fellowship.	
	Financial RACGP member from the date of entry into PEP SP and throughout the program.	

Applying for Fellowship

The Fellowship application form will be emailed to you once you've successfully completed the WBA program. You'll need to provide all documentation related to the requirements for Fellowship.

As the Fellowship process can take up to 12 weeks, provide all the requested documentation promptly to avoid any delays. This process must be completed during your [program time cap](#).

Read the [Oath of Fellowship of the RACGP](#).

After you've been admitted to Fellowship

Apply for specialist registration with Ahpra

Your access to Medicare rebates as a specialist GP is linked to specialist registration with Ahpra. Apply for specialist registration with Ahpra as soon as you're admitted to Fellowship. Approvals from Ahpra can take up to six weeks.

Instructions on how to apply will be included with your Fellowship letter. For more information and to apply, refer to the [Ahpra website](#).

Apply for a new Medicare provider number

In most cases, once you're admitted to FRACGP, you'll be able to continue using the Medicare provider number you were issued before you started PEP SP. However, if you're still a temporary resident when you're admitted to FRACGP, you'll be required to meet the eligibility requirements under [section 19AB of the Health Insurance Act 1973](#) and may need to apply for a new provider number. Applications for a new provider number may take some time to be processed and finalised. We recommend you contact Medicare directly on 13 21 50 to discuss your individual circumstances.

Further instructions on how to apply for a provider number will be included in your Fellowship letter.

Maintain RACGP membership

As a member and Fellow of the RACGP, you're part of Australia's largest professional GP network with over 50,000 members. We invite you to make the most of all that your membership offers, including use of the post-nominal 'FRACGP' and access to valuable resources including:

- [gplearning](#)
- [recruitGP](#)
- [RACGP's Continuing Professional Development \(CPD\) home](#)
- [Australian Journal of General Practice](#)
- [John Murtagh library](#)
- [RACGP's Specific Interest groups](#)
- [RACGP national and regional faculties](#).

Leave

Leave entitlements

The RACGP manages the leave you can take from your training program. For any leave you need to take from work, speak to your employer directly.

While you complete your training program, you're entitled to the following leave:

- 14 days of annual leave
- seven days of sick or carer's leave

You can take this leave without applying to, seeking approval from or notifying the RACGP. However, you'll need to advise and/or negotiate with your employer.

Additional leave

Category 1 leave and category 2 leave

In addition to the entitlements listed above, you can apply to the RACGP for the categories of leave below. Submit a change of circumstance form, available on the PEP SP portal, to the RACGP for approval prior to taking this leave. When requested, your application must be accompanied by supporting documentation.

Applications will be assessed by the RACGP and approved/declined within 10 business days. Discuss your plans for leave with your medical educator as early as possible, because there may also be implications for your training plan.

Before returning from leave, you must ensure you still hold general medical registration and a valid visa (where applicable).

If your leave extends beyond a reasonable timeframe (for the category of leave), you may be withdrawn from the training program as per the [Practice Experience Program Specialist – Withdrawal Policy](#).

For information on leave and CPD requirements, refer to [PEP Specialist Continuing Professional Development](#).

You can't start the training program on leave. When on leave, you can't sit exams. Refer to the [Fellowship Exams Policy](#) for more details.

Category 1 - Leave from the training program	<p>Category 1 leave includes leave entitled by law, such as sick leave and carer's leave (where the leave required exceeds the entitlements listed above), parental leave, etc.</p> <p>You'll need to apply within at least 10 business days of the leave commencing and provide valid certificates where appropriate.</p> <p>Category 1 leave does not count towards your program time cap.</p>
Category 2 – Additional leave from the training program	<p>Category 2 leave is available when you need to take leave for personal reasons, or for any purpose not included under category 1 leave.</p> <p>You'll need to apply within at least 10 business days of the leave commencing.</p> <p>Category 2 leave does count towards your program time cap.</p>

In extenuating and unforeseen circumstances, you may apply for additional leave from the training program as per the [PEP SP Extenuating and Unforeseen Circumstances Guide](#) and [Practice Experience Program Specialist – Leave Policy](#).

Leave and RACGP membership

Your membership fees will be waived during periods of approved leave of three calendar months or more. Your fees will be waived from the date your leave request has been approved. Any membership fees already paid for the period of approved leave will be refunded after your leave or applied to your next membership period. For more information, contact membership@racgp.org.au

Returning from leave

Once you return from leave, you'll be required to make up any missed supervised practice time to ensure you meet the supervised practice requirements.

You must complete a change of circumstance form via the PEP SP portal when you come back from any approved leave.

When returning to your training program after an extended period of leave, you must meet the [Medical Board of Australia's registration standards](#), particularly with regard to recency of practice.

If you're unable to return to the training program at the end of a period of leave, you must inform the RACGP by sending an email to pepspecialistadmin@racgp.org.au within four weeks of the expected leave end date.

Impact of leave on provider number

When taking leave, consider the impact on your Medicare provider number and your ability to bill to Medicare during this time.

Duration of leave	Impact on provider number
Less than six calendar months	<p>The RACGP will keep your provider number active.</p> <p>You must not bill using your PEP SP provider number while you're on leave.</p> <p>The RACGP monitors the use of provider numbers during periods of leave and will report cases of misuse to Services Australia and the MBA. Provider number misuse will also be handled as per the Academic Misconduct Policy.</p>
More than six calendar months	<p>The RACGP will withdraw your provider number.</p> <p>To remain eligible for the provider number, at least four weeks prior to returning to the program, you must confirm ongoing employment in your pre-leave practice by submitting a change in circumstances form via the PEP SP portal.</p> <p>If you're returning to a new practice after leave, you must notify the RACGP of your new employment circumstances by submitting a change in circumstances form via the PEP SP portal. The RACGP will undertake an eligibility assessment to ensure a new provider number can be issued.</p> <p>If your new practice doesn't meet the eligibility and provider number requirements, you may be withdrawn from the program.</p>

Withdrawal and re-entry

Voluntary withdrawal

You may decide to voluntarily withdraw from PEP SP. We strongly encourage you to discuss your intention with your medical educator before starting any formal withdrawal process, so we can consider alternative options and support you in your pursuit of Fellowship.

If you voluntarily withdraw, you can't apply for reconsideration or appeal as per the [Dispute, Reconsideration and Appeals Policy](#) because the decision to withdraw is yours alone.

You must inform the RACGP of your intention to withdraw by emailing us at pepspecialistadmin@racgp.org.au

Cooling off period

If you withdraw after the commencement of training (ie after you start work in your RACGP-approved practice), your decision is subject to a 20-business-day cooling-off period. This means you may cancel your withdrawal for a period of 20 days by emailing us at pepspecialistadmin@racgp.org.au. For more information on cooling off periods, refer to the [Practice Experience Program Specialist – Withdrawal Policy](#).

The cooling-off period doesn't apply to a voluntary withdrawal before the commencement of training. So, if you withdraw before the training program begins and then change your mind, you'll need to re-apply to join PEP SP.

Involuntary withdrawal

We may withdraw you for the following reasons, as per the [Practice Experience Program Specialist – Withdrawal Policy](#).

If we intend to withdraw you, we'll advise you in writing before you're withdrawn.

Reason for withdrawal	Examples
Clinical competence	You haven't met and maintained an appropriate level of clinical competence
Capacity	<p>You're unable to continue your training program because:</p> <ul style="list-style-type: none"> • you're unable to maintain appropriate medical registration throughout the program. • addenda have been added to your medical registration, which restrict your ability to continue in the program. • you haven't maintained a valid visa status.
Compliance	<p>You haven't complied with the program's education and training requirements, eg:</p> <ul style="list-style-type: none"> • not meeting the program time cap requirements, • not completing the WBA program, • not returning to the training program after a period of leave, or taking a period of leave that extends beyond a reasonable timeframe for that category of leave, as per the PEP SP Leave Policy, • failing to maintain financial RACGP membership throughout PEP SP, • failing to pay the PEP SP fees, • repeatedly failing to respond to correspondence from the RACGP relating to your enrolment in PEP SP. (As per the PEP SP Withdrawal Policy, the RACGP will attempt to contact you a minimum of three times, including once by certified/registered mail, over an eight-calendar week period. If no response is received within that timeframe, you'll be withdrawn.)

You may dispute your involuntary withdrawal as per the [Dispute, Reconsideration and Appeals Policy](#). You must lodge a dispute within 20 business days of the date of receiving the notification. If no dispute is raised within that timeframe, we'll proceed with the withdrawal process.

You can't be reinstated on the program unless the decision to withdraw you has been overturned through the processes outlined in the [Dispute, Reconsideration and Appeals Policy](#).

As part of the withdrawal process, you'll be invited to attend an exit interview. We'll give you information about career counselling, wellbeing support and other support specific to your needs.

We'll notify Services Australia of your withdrawal. Services Australia will provide 14 days' notice of the intention to withdraw your name from the Register of Approved Placements. Once the notice period has passed, you'll be removed from the register and your Medicare provider number will be cancelled.

Re-entry

If you've voluntarily withdrawn from the program, you may re-apply for entry into PEP SP. The RACGP will consider applications for re-entry on a case-by-case basis.

If you were involuntarily withdrawn from the training program, you may not apply for re-entry in PEP SP. You may be eligible to gain medical registration via other registration pathways ([Standard Pathway](#) or [Competent Authority Pathway](#)) and Fellowship pathways ([IMG Roadmap to RACGP Fellowship](#)). Contact becomeagp@racgp.org.au for more information and [Ahpra](#) for further guidance.

Disputes and complaints

Throughout your training, the RACGP will make decisions about your training program. These decisions are governed by the [Dispute, Reconsideration and Appeals Policy](#). The policy ensures decisions are made with due process and comply with RACGP policies.

If you're unhappy with the outcome of a decision, the first step is to try working with your medical educator to find an agreed outcome. You may also like to contact the [GPs in Training Faculty](#) for guidance and support.

Reconsideration of a decision

From time to time the RACGP makes decisions about matters other than those which relate to your training program (eg exam results, eligibility for Fellowship).

If you're unhappy with the outcome of a decision that isn't related to your training program, you may apply for a reconsideration of the decision. Reconsiderations are handled by the RACGP national team.

Important points to note if you wish to apply for a reconsideration:

- Reconsiderations are managed under the [Dispute, Reconsideration and Appeals Policy](#). Review the policy before applying for reconsideration of a decision.
- You have 10 business days after we notify you of the original decision to apply for a reconsideration.
- Reconsideration applications attract a fee as they're not related to your training program. You'll need to pay this fee before the decision can be reconsidered.

Appeal of a decision

You can appeal the outcome of a reconsideration. Important points to note if you wish to apply for an appeal:

- Appeals are managed under the [Dispute, Reconsideration and Appeals Policy](#). Review the policy before applying to appeal the decision.
- You have 20 business days after we notify you of the outcome of your reconsideration to make an appeal.
- If you're appealing the outcome of a reconsideration, you'll be required to pay a fee. You'll need to pay this fee before the reconsideration decision can be appealed.

Complaints

You can raise a complaint about decisions or other matters that aren't being considered under the [Dispute, Reconsideration and Appeals Policy](#). For more information, including the types of complaints which can be raised and how to lodge a complaint, refer to the [Complaints Policy](#).

Schedule of fees

For information about fees and charges, refer to the [PEP SP Fees](#) page.

PEP SP evaluation

Ongoing evaluation of PEP SP is critical to help us continue to improve training pathways for GPs. Our evaluation aims to:

- monitor and report on the achievement of the program's objectives and outcomes,
- investigate the extent to which the outcomes are achieved, including improvements in participants' knowledge, skills, attitudes, intentions and behaviours, and
- inform quality assurance and improvements to the program.

We may ask you to participate in evaluation activities, such as short surveys, focus groups and interviews. We hope that you'll support our evaluation activities by sharing your experience of being a PEP SP participant.

Useful contacts

Australian Health Practitioner Regulation Agency

T: 1300 419 495 (in Australia) +61 3 9285 3010 (outside Australia)

W: <https://www.ahpra.gov.au/About-Ahpra/Contact-Us.aspx>

Australian Medical Council

W: <https://www.amc.org.au/contact/>

Medical Board of Australia

T: 1300 419 495 (in Australia) +61 3 9285 3010 (outside Australia)

W: www.medicalboard.gov.au/Registration/International-Medical-Graduates.aspx

RACGP National Faculty for GPs in Training

T: 1800 472 246

W: www.racgp.org.au/the-racgp/faculties/gp-in-training

Glossary

Term	Definition
Addenda	Includes, but is not limited to, restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes on the participant's medical registration. Refer to Ahpra's website for more information.
Ahpra Medical Registration	Registration with the Australian Health Practitioner Regulation Agency (Ahpra), which allows the registrant to practise medicine. Refer to Ahpra's website for more information.
Business Day	A day when the RACGP national office is operating.
Candidacy	The three-year period, separate to training program time, during which a participant can attempt Fellowship exams. For the PEP SP, candidacy is additionally bound by the Maximum Program Time.
Candidate	The medical practitioner eligible to sit RACGP Fellowship Exams.
Clinical Competence	Demonstrated ability to consistently perform relevant clinical tasks to the standard prescribed in the Progressive capability profile of the general practitioner .
Commencement Date	The day the participant starts work in Australia in an RACGP-approved practice using their RACGP-issued Medicare Provider Number.
Comparability Assessment	The process of determining the extent to which a specialist international medical graduate is comparable to an Australian-trained general practitioner at the point of admission to Fellowship as per the PEP SP Comparability Assessment Guide .
Cooling-Off Period	A period of time during which a registrar may retract their decision to voluntarily withdraw from a training program.
Date of Entry	The date the participant signs the program agreement.
Exam Semester	A period during which all three Fellowship Exams are delivered.

Term	Definition
Extenuating and Unforeseen Circumstances	Circumstances which are outside the participant's control and can reasonably be considered to be unforeseen and can be shown to have a direct and significant impact on the participant. The RACGP considers extenuating and unforeseen circumstances on a case-by-case basis.
Fellowship	Admittance to either: <ul style="list-style-type: none"> i. Fellowship of the RACGP (FRACGP), or ii. FRACGP and Rural Generalist Fellowship (FRACGP-RG).
Fellowship Exams	The exams run by the RACGP to assess the candidate's competency for unsupervised general practice anywhere in Australia, including: <ul style="list-style-type: none"> i. Applied Knowledge Test (AKT), ii. Key Feature Problem (KFP), and iii. Clinical Competency Exam (CCE).
Full-Time General Practice Experience	A 38-hour working week, over a minimum of four days per week. 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 less than four calendar weeks in any one practice, will not be considered. Hours worked beyond this definition of full time will not be considered.
Level 3 Supervision	As per the requirements listed in the Medical Board of Australia's Supervised practice for international medical graduates guidelines .

Term	Definition
Maximum Timeframe	<p>The maximum amount of time a participant can remain on the PEP SP from the day they start their training program to the day they are admitted to Fellowship of the RACGP.</p> <ul style="list-style-type: none"> i. Substantially Comparable stream: <ul style="list-style-type: none"> a. Participants who are working in their RACGP-approved practice on a full-time basis must be admitted to FRACGP within 12 calendar months of starting their training program. b. Participants who are working in their RACGP-approved practice on a part-time basis must be admitted to FRACGP within 24 calendar months of starting their training program. Their maximum timeframe will be calculated proportionally to their part-time status. ii. Partially Comparable stream: <ul style="list-style-type: none"> a. Participants who are working in their RACGP-approved practice on a full-time basis must be admitted to FRACGP within 24 calendar months of starting their training program. b. Participants who are working in their RACGP-approved practice on a part-time basis must be admitted to FRACGP within 48 calendar months of starting their training program. The maximum timeframe will be calculated proportionally to their part-time status.
Notifiable Conduct	As per the Medical Board of Australia's Guidelines for mandatory notifications about registered health practitioners .
Partially Comparable	A specialist international medical graduate who has been assessed as partially comparable to an Australian trained specialist general practitioner at the point of Fellowship, as per the PEP SP Comparability Assessment Guide .
Participant	A specialist international medical graduate who has been accepted into PEP SP.

Term	Definition
Part-Time General Practice Experience	<p>A minimum of a 14.5-hour working week, over at least 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.</p> <p>Work periods of less than three consecutive hours, or of less than four calendar weeks in any one practice, will not be considered.</p> <p>Calculated pro-rata against the definition of full-time general practice experience.</p>
Practice Experience Program Specialist (PEP SP)	<p>The route to Fellowship available to specialist international medical graduates who have been assessed as substantially comparable or partially comparable to an Australian-trained specialist general practitioner at the point of admission to Fellowship.</p>
RACGP-Approved Practice	<p>A practice approved by the RACGP for the placement of PEP SP participants. The practice must:</p> <ol style="list-style-type: none"> be accredited against the RACGP Standards for general practices, meet the requirements of Comprehensive Australian general practice, and meet the location requirements as per the Department of Health and Aged Care's General Practice Fellowship Program Placement Guidelines.
RACGP member	<p>An RACGP member who has:</p> <ol style="list-style-type: none"> met the membership category requirements, had their complete membership application form accepted, and paid their current membership fee in full.
Specialist International Medical Graduate (SIMG)	<p>An overseas-trained medical practitioner who:</p> <ol style="list-style-type: none"> holds a primary qualification in medicine and surgery awarded by a training institution recognised by both the Australian Medical Council (AMC) and the World Directory of Medical Schools (WDOMS), has satisfied all the training and examination requirements to practise as a specialist general practitioner and has been awarded a specialist general practice qualification in their country of origin, and had their specialist general practice qualification's curriculum assessed by the RACGP as comparable or partially comparable to the RACGP curriculum and syllabus for Australian general practice.

Term	Definition
Substantially Comparable	A specialist international medical graduate who has been assessed as substantially comparable to an Australian trained specialist general practitioner at the point of Fellowship, as per the PEP SP Comparability Assessment Guide .
Supervisor	A general practitioner who is both a clinician and a role model, who takes responsibility for the educational and training needs of the PEP SP participant while in the practice, in adherence with the Medical Board of Australia's Supervised practice for international medical graduates guidelines .
Training Program	The six-calendar-month period that starts from the day the participant commences work in Australia in an RACGP-approved practice. Participants must complete the program requirements within this six-calendar-month timeframe.
Workplace-Based Assessment (WBA)	A framework for evaluating a doctor's performance and progress in those areas of practice best assessed in the context of the workplace. The aim is to provide evidence that the specialist international medical graduate is competent for unsupervised practice in Australia.



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