



Practice based assessment



BACKGROUND Practice based assessment (PBA) was designed to suit the needs of doctors eligible to sit The Royal Australian College of General Practitioners Fellowship (FRACGP) exam via the practice eligible route. A pilot program of the PBA was undertaken in 2000. As a result of recommendations by candidates and examiners and ongoing literature review, a number of changes have been made, but the basic structure of the assessment process remains.

OBJECTIVE This article describes the components of the PBA route to the FRACGP and discuss how candidates can prepare effectively for their assessment.

DISCUSSION The PBA involves five components: an enrolment submission including details of general practice experience, curriculum vitae and details of continuing professional development; a professional portfolio including evidence of CPR proficiency, a practice profile and a list of 25 professional peers who have shared the care of patients; videotape of 90 consultations; an examiner clinical visit; and a 20 question viva.

What is practice based assessment?

Performance based assessment (ie. what the candidate can demonstrate in the exam setting) has formed an integral part of the assessment process for general practice for many years. Practice based assessment (PBA) uses performance based assessment methods such as videotaped consultations and direct observation in the doctor's own clinical setting to 'measure what doctors can do in actual professional practice'.¹

Practice based assessment was specifically designed to suit the needs of doctors who were eligi-

ble for The Royal Australian College of General Practitioners (RACGP) examination via the practice eligible route, but who did not wish to sit the examination. Both PBA and the RACGP examination are measured against the same competency standard: 'competent to practice unsupervised general practice in Australia'.² Practice based assessment is designed for doctors who are working in active general practice, and is open to doctors wishing to undertake assessment via the practice eligible route and/or candidates who are currently fully enrolled in the NCEPMC Alternative Pathway Program (*Table 1*). Practice based assessment is run twice a year and can be completed over a 6 or 12 month period. Successful candidates can apply for Fellowship of the RACGP as long as other administrative requirements are fulfilled.

Background to PBA

In December 1998, the RACGP Council resolved that a working group be formed to action a proposal for a more flexible pathway to RACGP Fellowship. It was this working group that researched and developed the original PBA. The pilot of this new program was conducted nationwide in 2000 with 12 participants and included:

- portfolio including cardiopulmonary resuscitation (CPR) that has been assessed within the past 12 months
- patient feedback (Doctor's Interpersonal Skills Questionnaire – DISQ)
- peer review
- viva examination (1.5 hours), and
- videotaped consultations of 35 hours duration.

Since the pilot program, a number of changes have been made based on two important factors:

- review of survey information from both candidates

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Table 1. How will I know if I am eligible to complete the PBA program?

- Do I have at least 4 years of general practice experience?
 - Do I have at least 1 year of Australian general practice experience?
 - Am I currently working in general practice in Australia?
 - Do I have current medical registration in Australia?
 - Am I a current financial Associate or Full Member of the RACGP?
- If the answer to all is yes, you are eligible. Further details regarding eligibility are available on the RACGP website (www.racgp.org.au)

- and examiners, and
- discussion with other general practice colleges and ongoing literature review.

PBA today

Practice based assessment today is similar to the pilot program despite the changes. It still uses multiple assessment methods – many of which are based in the doctor's own practice – in order to provide a comprehensive assessment of the doctor's performance in general practice.

PBA components

There are five assessment components in PBA:

1. Enrolment
2. Professional portfolio (CPR, peer rating forms, practice profile)
3. Videotaped consultations
4. Examiner clinical visit (ECV), and
5. Viva.

Enrolment

Enrolment includes details of general practice experience both in Australia, and where applicable, overseas. It also includes a current curriculum vitae and details of any continuing professional development.

Professional portfolio

The professional portfolio is a collection of material that provides information on a doctor's experience in general practice. It also acts as a record of evidence of learning undertaken.¹ The purpose of the professional portfolio submission is to assess the depth and breadth of a candidate's general practice experience and to gain an understanding of their work environment. The portfolio should include:

- a current certificate of proficiency in

adult CPR

- names and contact details of 25 professional peers, and
- a practice profile.

The portfolio may also include other evidence of learning such as procedural training, involvement in community activities, any research undertaken, critical appraisal of recent journal articles, involvement in public health activities, and teaching within the profession.

Peer rating forms

Peer rating forms are a relatively new concept in Australia and have been adapted from those used by the American Board of Internal Medicine. Research has shown that peer rating forms can provide 'a practical method of assessing clinical performance in areas such as humanistic qualities and communication skills that are difficult to assess with other measures'.³

Peer rating forms assess additional facets of medical practice such as respect, integrity and compassion, as seen by other practitioners and allied health professionals. A list of 25 peers who are willing to complete a short questionnaire is required in this component. From this list of 25 peers, the RACGP Assessment Department chooses 12 who are requested to complete the form. This is to maintain the respondent's anonymity so as to gain a nonbiased opinion. For the purpose of assessment, a 'peer' is a person with whom the candidate has shared the care of patients within the past 12 months such as:

- any medical practitioner (eg. specialist, other general practitioner).
- any registered nurse, or
- any allied health professional (eg. pharmacist, occupational therapist, physiotherapist).

Practice profile

The practice profile is particularly useful in putting the videotaped consultations into perspective and giving examiners some insight into the type of practice that is being observed.

Assessment of consultations

Three methods of assessment take place in the doctor's own practice: the viva, videotaped consultation, and examiner clinical visit (ECV). The two methods used for assessing consultations are the use of videotaped consultations and direct observation

in the ECV.

Videotaped consultations

The objective of the videotaped consultation is to assess applied knowledge, clinical reasoning, clinical skills, communication skills and professional attitudes in the context of consultations. Viewing videotaped consultations represents an opportunity to assess what candidates actually do in their consultations, and provides insight into the practitioner's clinical practice. The use of videotaped consultations is a teaching method that has been used for many years in the training of general practice registrars.

In this component, candidates videotape 90 consultations. These 90 consultations are then presented in a log, from which the examiners select 15 consultations for assessment. The 15 consultations are selected according to criteria including International Classification of Primary Care (ICPC) chapter headings of primary complaint, age of patient, gender of patient and duration of consultation (must be between 8 and 20 minutes). Candidates need to arrange their own video equipment, which must include a wide angle lens on the video camera. It is essential that informed consent is obtained from patients before videotaping takes place and that patients do not feel that they are being coerced in any way. It is also important for candidates to preview their own videotaped consultations to check both the picture and sound quality.

Examiner clinical visit

The ECV allows examiners to directly observe candidates at work in their own practice with their own patients. The objective of the ECV is to assess those areas that are more difficult to assess on videotaped consultations. Examiners look at the behaviour of the doctor and the patient and how they relate to each other during the consultation. The ECV also gives the examiner more scope to assess physical examination skills. Candidates must obtain the consent of their patients to have an examiner present.

Viva

The viva consists of 20 two part questions delivered as a 1.5 hour oral examination. It is videotaped for review by a second examiner at the RACGP. The aim of this component is to assess applied professional knowledge and skills, clinical decision making, health promotion, continuity of care, practice management and medical record keeping.

Questions are based on the RACGP Examination Matrix covering the domains of general practice and ICPC chapter headings.

Preparing for PBA

Practice based assessment assesses the competencies that candidates would use in actual practice. Therefore, training for general practice assessment should take place in the practice setting (*Table 2*).

Self reflection is an important skill to use when preparing for PBA. Candidates are encouraged to reflect on and assess their own performance with each patient seen during a day's consulting. Some questions to ask include:

- how well did I listen
- did I obtain a sufficient history from the patient
- did I perform a relevant and accurate physical examination
- did the patient understand my management plan
- did I allow the patient to become involved in his or

Table 2. How do I prepare for PBA?

- Ensure the enrolment application is submitted on time and all supporting evidence is included with the application as requested, including correct and current contact details. (Please take note of and include all certificates and documentation as requested)
- Ensure you have read and are familiar with the contents of the PBA 'Handbook for candidates and examiners' before commencing the program
- Participate in pre-exam courses and professional development workshops offered by the RACGP
- Join a study group if the opportunity arises and adopt self assessment and evaluation techniques
- Read and complete CME exercises in publications such as Australian Family Physician, and check
- Reflect on clinical practice in relation to the criteria as outlined in the handbook
- Make contact with colleagues and peers to clear any doubts relating to potential questions or procedures you may not be confident with
- Inform patients about the program and seek their feedback about their potential involvement as patients who are videotaped during a consultation
- Practise making a video recording of yourself, going through the motions of a consultation, perhaps with the assistance of a colleague or family member
- View your practice video to ensure lighting, sound and framing are appropriate; take note of time used for a regular consultation keeping in mind consultations for the purpose of assessment are between 8 and 20 minutes in duration

- her own management
- did I consider preventive issues, and
 - what family and community resources would be useful in managing this patient?

As many of the components in the PBA process take place in the doctor's own surgery, it is important to make sure that the environment is properly set up. Patients and staff need to be made aware of what is happening and enough time has to be allocated to ensure that all assessment tasks can be completed without undue stress (*Table 3*).

Preparing for ECV

Candidates are encouraged to consider the consultation from the examiner's perspective. One way of looking at a consultation is to break it down into five main tasks:⁴

- discover the reasons for a patient's attendance
- define the clinical problem(s)
- explain the problem(s) to the patient
- address the patient's problem(s), and
- make effective use of the consultation.

Some areas looked at by examiners when assessing the videotaped consultations and during the ECV include:

- is the doctor enabling the patient to express their ideas, concerns and expectations freely,

Table 3. Preparation and assessment

How can I best prepare for the ECV and viva components of PBA?

- As these can be scheduled for the same day, ensure you alert and seek consent from patients as soon as possible beforehand
- Seek support from staff on the day of the assessment and before the day, to ensure you are not unduly stressed
- If you do not usually book patients in for consultations, consider changing the routine in your practice before the assessment day if possible (as long as this doesn't cause angst among staff and patients)
- Be confident with your examiner, make them feel welcome and comfortable
- Concentrate on each patient during the ECV and each question during the viva, and try to have a confident and sensible approach (as you would normally) in each case
- Keep your answers concise during the viva component so you can attempt all 20 questions
- Assist the examiner with placement of video camera to ensure visibility and sound are optimal

What should I be especially aware of during the assessment process?

- Not all patients willingly give consent – try not to take this as rejection
- Physical examinations of a personal nature should not be recorded on video
- Some patients will need extra assurance that the video will not be shown in a public place and that it will only be viewed by two examiners and then destroyed
- Ensure you have support from practice staff on the day of your assessment to ensure you are not unduly stressed
- In the time leading up to assessment, take time to reflect on your consultation style and technique, revising constantly the procedures required for different types of consultations
- Be mindful that you have empathy for patients, your body language is appropriate, and you are exercising good listening skills; as all these aspects will be assessed
- Ensure you encourage your patients to actively participate in their own health management
- Be pleased with your efforts; remind yourself that each patient is different and you are gifted and skilled with the ability to think clearly and act quickly, diagnostically, and professionally within 8–20 minutes
- Be sure to rest adequately in order to be mentally prepared for assessment
- Explain every detail to a patient as time permits in each consultation, and ensure you involve the patient as much as possible (eg. parent/child consultation)
- Be assured that RACGP staff will be available to answer your queries throughout the assessment process

without interruption or contradiction

- is the doctor is appropriately exploring some of these in more detail, and the relevant medical questions that they raise
- is the patient is given every opportunity to become involved in the decision making process, including investigation, management, prescribing and follow up, and
- is the doctor is aware of how much the patient has understood, and takes steps to ensure that they do understand appropriately?

To help prepare for the videotaped consultations and ECV, candidates are encouraged to think about how they consult, examine their own consulting by video, and to practise those techniques that lead to better consulting outcomes. General practice registrars have found that asking for feedback from a colleague or GP mentor/educator by either getting them to sit in to observe their consultation or by viewing their videotaped consultations, is a valuable way of learning how to improve their consulting skills.

The examination matrix

Practice based assessment assesses a doctor's performance in Australian general practice so it is important to have an understanding of what Australian general practice is. The RACGP Training Program Curriculum and its companion, 'Making sense of GP learning' were written as a guide to the knowledge, skills and learning experiences necessary for competent, unsupervised general practice. The curriculum is based around the five domains of general practice and the key priority learning areas. The RACGP Examination Matrix builds up a complete picture of Australian general practice. Across the entire examination matrix are the overarching issues which are based on the frequency and patterns of problems as they present to general practice and are based on data provided by BEACH (Bettering the Evaluation and Care of Health) data. The examination matrix can be found at the RACGP website (www.racgp.org.au/downloads/pdf/exammatrix.pdf). When preparing for either PBA or the RACGP examination, candidates are encouraged to look at the examination matrix and ask themselves:

- how does my practice compare with the gender, age and problems distribution and the ICPC 2 chapter headings, and
- how familiar am I with the domains of general practice?

The future

Practice based assessment was initially established to be a more accessible pathway to Fellowship of the RACGP; as new literature comes to hand, the evolution of PBA will continue. Practice based assessment assesses what doctors actually do in their clinical practice, which has a direct link to patient safety and quality of medical care. Performance assessment primarily relates to continuing quality improvement.⁵

The RACGP is responsible for setting and maintaining the standards for education and training in Australian general practice. It is committed to ensuring and maintaining the fundamental integrity of the FRACGP and its assessment processes which have been strongly endorsed by the Australian Medical Council in its recent accreditation of the RACGP. The RACGP will continue to review and develop the PBA process to ensure that the PBA route to Fellowship of the RACGP is responsive to the needs of the busy, experienced GP.

Enquiries

Enquiries regarding PBA should be directed to the PBA assistant at the RACGP 03 8699 0426 or email pba@racgp.org.au.

Conflict of interest: none.

References

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