

ED-Org-8.12 Program Requirements – In Practice Feedback and Learning



1. Policy Statement

- 1.1. To outline the program requirements for in-practice feedback and learning during training registrars undertake with EV GP Training (EV) which meets the requirements of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) curricula.

2. Application and Scope

- 2.1. This procedure applies to all registrars enrolled in the Australian General Practice Training (AGPT) Program.
- 2.2. This procedure is effective from 1 January 2017.

3. Principles

- 3.1. To be eligible for vocational recognition as a GP, registrars must satisfactorily complete all mandatory requirements of EV, RACGP and/or ACRRM.
- 3.2. Registrars must be able to provide the evidence requested by EV or the relevant College/s of their completion of the mandatory program requirements.
- 3.3. Registrars must complete the mandatory education and assessment program within the specified timeframes set by EV or the relevant College/s in order to remain in the program and to complete the fellowship requirements within training time.
- 3.4. Failure to complete the mandatory requirements within the set timeframes may result in the registrar being subject to the [ED-Org-8.17 Registrar Withdrawal](#) procedure.
- 3.5. Registrars will have access to an online learning and information management system to monitor progress through training.
- 3.6. Registrars must refer to the RACGP and/or ACRRM curriculum and assessment policies available at www.racgp.org.au/education/./policies and www.acrrm.org.au/fellowshipandbook

4. Procedure

In-Practice Feedback

4.1. Initial Assessment

- 4.1.1. To ensure that registrars are safe to practice within the parameters of typical first term supervision arrangements, EV undertakes an initial assessment for each registrar to identify a registrar's level of performance.
- 4.1.2. The initial assessment process is comprised of three elements:
 - 4.1.2.1. 140 Multiple Choice Questions (MCQ) paper on EV eLearning (EVE) by the end of a registrar's first week in general practice
 - 4.1.2.2. In-Practice Performance Assessment completed by the registrar's primary supervisor by the end of the first six weeks of GPT1/PRR1
 - 4.1.2.3. An External Clinical Teaching Visit (ECTV) completed by an ECT visitor by the end of the first six weeks of GPT1/PRR1
- 4.1.3. Registrars will receive feedback from each element of the three assessments which is uploaded to the registrar's online portfolio.
- 4.1.4. For detailed information, refer to the *Initial Assessment Guideline* available to download via gprime or Pivotal.

4.2. Registrar Feedback

- 4.2.1. Registrars are required to give feedback about their supervisor and training placement to improve the quality of training and supervision for registrars and outcomes for patients.
- 4.2.2. Two-way feedback between the registrar and supervisor is required to occur twice per semester.
- 4.2.3. Registrars are to complete the *Registrar Feedback* form at weeks six and twenty of each semester. The feedback will be made available to the practice manager and/or supervisor.
- 4.2.4. At times, registrars may wish to give EV feedback in confidence and should refer to the [ED-Org-8.22 Complaints, Grievance and Appeals](#) procedure.

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- 4.2.5. Full-time registrars commencing GPT1/PRR1 are not required to complete the *Registrar Feedback* form at week 6.
- 4.2.6. Part-time GPT1/PRR1 registrars will be required to complete the *Registrar Feedback* form at week 6 in the second 6 months of their placement.
- 4.3. Supervisor Feedback
 - 4.3.1. Two-way feedback between the supervisor and registrar is required to occur twice per semester.
 - 4.3.2. Supervisors are to complete the *Supervisor Feedback* form at weeks six and twenty of each semester and will be made available to the registrar once completed.
 - 4.3.3. For registrars commencing GPT1/PRR1 the *Supervisor Feedback* form is replaced by the *In-Practice Performance Assessment* form at week six. The Mid-Semester Feedback form (rural pathway registrars) is not required during this term.
 - 4.3.4. For part-time GPT1/PRR1 registrars, supervisors will complete the *Supervisor Feedback* form at week 6 in the second 6 months of their placement.
- 4.4. External Clinical Teaching Visits (ECTVs) – RACGP registrars
 - 4.4.1. RACGP registrars are required to have a minimum of five visits where an ECT visitor sits in on a session of consultations with the registrar. The visits will occur:
 - 4.4.1.1. Twice in GPT1
 - 4.4.1.2. Twice in GPT2
 - 4.4.1.3. Once in GPT3
 - 4.4.1.4. Additional ECTVs may be required at the discretion of the Director of Training (DoT) or Registrar Support & Progress Coordinator (RSPC)
 - 4.4.2. Part-time registrars will receive the same number of ECTVs per term but the visits will be scheduled over the 12 months of the registrar's placement.
- 4.5. Mini Clinical Examination Exercise (MiniCEX) - ACRRM registrars
 - 4.5.1. ACRRM registrars are required to undertake a minimum of nine miniCEXs (five submitted before end of PRR2 and four before end of PRR4).
 - 4.5.2. The miniCEX is usually conducted within the context of the registrar's five ECT visits as outlined in clause 4.4.1 or anytime at the instigation of the registrar or supervisor. Whilst ACRRM does not define the number of ECTV's undertaken, it is recognised that this method be used by EV registrars to complete their miniCEX requirement.
 - 4.5.2.1. At least three miniCEXs should be completed at each ECT visit before end of PRR2 (minimum five);
 - 4.5.2.2. A further four miniCEX should be completed in the last ECT visit before the end of PRR4; and
 - 4.5.2.3. If further miniCEXs are required, the registrar can request their ECT visitor or supervisor to undertake a miniCEX.
 - 4.5.3. The nine miniCEX consults must include:
 - 4.5.3.1. Reasonable range of types of consults, age groups and both genders,
 - 4.5.3.2. Minimum of five physical examinations, each from a different body system, and
 - 4.5.3.3. Detailed history taking of at least one new patient or details updating patient database information on a returning patient (of at least medium complexity).
 - 4.5.4. It is the registrar's responsibility to ensure the miniCEXs are completed and carried out in accordance with the ACRRM guidelines as outline in the [Fellowship Assessment Handbook](#).
- 4.6. Training Advisor Visits (TAVs)
 - 4.6.1. All registrars on the rural pathway will have a designated TA assigned to them during their training.
 - 4.6.2. The TAV will include:
 - 4.6.2.1. Registrar's planned learning,
 - 4.6.2.2. Registrar's training plan,

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- 4.6.2.3. Registrar’s log of educational events attended
- 4.6.2.4. Registrar’s self-reflection on competencies referenced against the curriculum,
- 4.6.2.5. Feedback from the supervision team, and
- 4.6.2.6. Feedback from ECT visitors (where applicable).

4.6.3. TAVs during training terms:

- 4.6.3.1. Hospital/CCT: two per semester; one of which is at a workshop (or teleconference) before the end of week 4 and a second contact before the end of week twenty.
- 4.6.3.2. GPT1/PRR1: two per term before the end of week 6 and twenty
- 4.6.3.3. GPT2/PRR2: two per term before the end of week 6 and twenty
- 4.6.3.4. GPT3/PRR3: two per term before the end of week 6 and twenty
- 4.6.3.5. ESP/PRR4: two per term before the end of week 6 and twenty
- 4.6.3.6. Mandatory Elective: two per term before the end of week 6 and twenty
- 4.6.3.7. ARST/AST: one visit per semester before the end of week twenty

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4.7. Practice Based Teaching

- 4.7.1. All accredited supervisors are expected to provide teaching and support to registrars. The amount of onsite supervision and teaching will depend on the competence and level of training of the registrar.
- 4.7.2. The supervisor must be available for protected face-to-face teaching time as outlined in the table below:

Term	FTE Hours per week		
	1.00	0.75	0.50
GPT1/PRR1 (1 hr protected)	3.00	2.25	1.50
GPT2/PRR2 (1 hr protected)	1.50	1.00	1.00
GPT3/PRR3 (protected)	0.75	0.75	0.75
ESP (GP)/PRR4	0.00	0.00	0.00

- 4.7.3. The supervisor must provide a planned education session each week which may include clinical discussions based on the registrar’s learning plan, case based discussions, direct observation, formal tutorials, review of clinical notes, joint nursing and home visits.
- 4.7.4. Teaching sessions must be consistent with the registrar’s learning plan and at an appropriate level considering the registrar’s knowledge and experience and may be prepared by the registrar.
- 4.7.5. Practice based teaching can also be delivered by other practice GPs, practice managers, practice nurses and health professionals.
- 4.7.6. Teaching time is recorded in the monthly Recipient Created Tax Invoices (RCTIs) for registrars on the general pathway and in the Registrar Teaching and Consultations Records (RTCRs) for registrars on the rural pathway.
- 4.7.7. Registrars need evidence of satisfying the required practice teaching at each stage of their training to be eligible for certification of completion of training.
- 4.7.8. Further information on practice based teaching is available on the General Practice Registrars Australia (GPRA) website www.gpra.org.au

4.8. Learning Plan

- 4.8.1. All registrars are required to document a learning plan in accordance with the RACGP and/or ACRRM guidelines by the end of week 4 each semester that details how they intend to use the training opportunities of their placement to meet their learning needs.
- 4.8.2. The learning plan must be discussed with the registrar’s supervisor early in the semester and reviewed at the 20-week registrar/supervisor review.
- 4.8.3. Registrars may upload a documented learning plan to Pivotal/gprime or they may use the learning plan available on Pivotal/gprime.

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- 4.8.4. The learning plan must document at least four learning needs and their associated intended placement based learning activities that require prospective planning with the supervisor.
- 4.8.5. Non-compliance will be identified and discussed by the medical educator at each ECT or TA visit and at semester Cohort Reviews.
- 4.8.6. Registrars will be notified of non-compliance and flagged to the RSPC.
- 4.8.7. Persistent non-compliance will result in the registrar not being certified as exam ready or as having satisfactorily completed training.

4.9. Training Plan

- 4.9.1. Registrars are required to complete a satisfactory training plan at enrolment and each annual re-enrolment. Applies to:
 - 4.9.1.1. All ACRRM registrars
 - 4.9.1.2. RACGP registrars commencing GPT1 from 2017.2
- 4.9.2. The training plan must contain at least the registrar’s training intentions for the current and following year.
- 4.9.3. The training plan should be discussed between the registrar and medical educator at each ECT or TA visit and determined as satisfactory by the ME.
- 4.9.4. Data from registrar’s training plans will inform both the registrar and the program in meeting their training needs and ensuring that training milestones are achieved.

4.10. Registrar Clinical Encounters in Training (ReCEnT)

- 4.10.1. ReCEnT is a tool which produces a clinical profile for registrars to prompt reflection, education and quality improvement.
- 4.10.2. Registrars are required to record a block of 60 consecutive patient consults once per GPT1/PRR1, GPT2/PRR2 and GPT3/PRR3 training terms.
- 4.10.3. Registrars should collect their ReCEnT pack at an allocated workshop day and return the completed data by the due date specified.
- 4.10.4. Registrars must apply in writing to the DoT for an extension if they are unable to submit their completed ReCEnT to EV by the due date.
- 4.10.5. Data is collated for each registrar and a report is generated with graphical representations of the clinical and educational encounters
- 4.10.6. Rural pathway registrars who commenced GPT1/PRR1 prior to semester 1.2017 are not required to complete this activity.

5. Additional Information

5.1 ED-SD-8.0 Education and Training Definitions

5.2 [ED-Org-8.11 Program Requirements – Group Learning and Learning Activities](#)

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