

ED-Org-8.14 External Clinical Teaching Visits, Mini Clinical Evaluation Exercise and Medical Educator (Training Advisor) Meetings

1. Policy Statement

- 1.1. To outline the external visits to registrars during training which includes External Clinical Teaching Visits (ECTVs), Mini Clinical Evaluation Exercises (miniCEX) and Medical Educator (Training Advisor) meetings undertaken in accordance with the Royal Australian College of General Practitioners (RACGP) and 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 comes 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 the EV GP Training (EV) education and assessment program.
- 3.2. Registrars must also successfully complete the mandatory educational assessment activities specified by the RACGP and/or ACRRM.
- 3.3. Registrars must provide evidence requested by EV or the relevant college(s) of their completion of mandatory education and assessment requirements.
- 3.4. 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.
- 3.5. Failure to complete within the set timeframes may results in the registrar being subject to the [ED-Org-8.17 Registrar Withdrawal](#) procedure.
- 3.6. Registrars will have access to an online learning and information management system which monitors a registrar's progress during training.
- 3.7. Practice placements, learning planners and education and assessment requirements during training will be completed online allowing both the program staff and registrars to document progress.
- 3.8. Registrars must adhere to the RACGP and/or ACRRM curriculum and assessment policies available at www.racgp.org.au/becomingagpp/ and www.acrrm.org.au/fellowshipandbook

4. Procedure

4.1. External Clinical Teaching Visits (ECTVs)

- 4.1.1. External Clinical Teaching Visits (ECTVs) are a learning opportunity for registrars to receive teaching and feedback on their consultation skills.
- 4.1.2. The primary aim of an ECTV is teaching and learning, however a secondary aim is to assess the registrar's skills in relation to training levels.
- 4.1.3. The ECT visitor (accredited supervisor or medical educator) will provide both feedback on and an assessment of the registrar's observed consultation skills relative to the training stage.
- 4.1.4. If there are significant concerns, the ECT visitor will refer the registrar to the Registrar Support and Progress Coordinator (RSPC) for further assessment and assistance.
- 4.1.5. Patients must provide informed consent to be part of an ECTV, ideally this includes being notified at the time of booking the appointment.
- 4.1.6. All registrars have a minimum of **five** visits where the ECT visitor sits with them in an ECTV:
 - 4.1.6.1. two visits will be in GPT1/PRR1 (first ECTV to be completed within six weeks of the semester),
 - 4.1.6.2. two visits in GPT2/PRR2,
 - 4.1.6.3. one visit in GPT3/PRR3, and
 - 4.1.6.4. Additional ECTVs may be required at the discretion of the Director of Training (DoT) or RSPC.

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- 4.1.7. 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.
- 4.1.8. The ECTV is:
 - 4.1.8.1. A visit, by an ECT visitor to a registrar, generally at the practice where the registrar is working;
 - 4.1.8.2. Primarily an educational opportunity for the registrar. Teaching in the ECTV should be integrated, wherever possible, with the supervisor's teaching; and
 - 4.1.8.3. Includes sitting in and observing the registrar's consultations and providing feedback to the registrar on performance.
 - 4.1.8.3.1. During each ECTV, at least four patient consultations should be observed.
- 4.1.9. The focus of the ECTV is:
 - 4.1.9.1. Primarily on the registrar and consequently directed at the registrar's needs; and
 - 4.1.9.2. On both the 'process' and the 'content' of the consultations.
- 4.1.10. The purpose of an ECTV is to:
 - 4.1.10.1. Help improve the registrar's skills, both as a GP and as a professional;
 - 4.1.10.2. Assist the registrar to develop a vision of what constitutes excellence in general practice consulting; and
 - 4.1.10.3. Make an appraisal as to whether the registrar's knowledge and clinical skills are appropriate for their level of training.
- 4.1.11. The ECT visitor will provide feedback throughout the visit and at the end of the session and will complete a documented report.
- 4.1.12. Registrars are encouraged to revisit their learning plan to note and take advantage of any suggestions that may have been provided during the ECTV.
- 4.1.13. The ECTV report requires the ECT visitor to provide feedback on the registrar's communication skills, consultation skills, clinical knowledge and skills, contextual awareness and knowledge and professional behaviour and identity.
- 4.1.14. Scheduling of ECTVs in the **general pathway**:
 - 4.1.14.1. The ECT visitor (ME) will contact the practice (both supervisor and practice manager) and the registrar to organise a time for the ECTV (and post-ECTV meeting) to be scheduled;
 - 4.1.14.2. In GPT1/PRR1 and GPT2/PRT2, the first visit will be at approximately six (6) weeks into the term. During the visit, a second visit will be arranged for later in the term;
 - 4.1.14.3. In GPT3/PRR3, the visit will be arranged for later in the term. Additional visits are organised as required;
 - 4.1.14.4. It is important to check the match and take note of the scheduled dates by which visits need to occur and when reports are due;
 - 4.1.14.5. Part-time registrars will receive the same number of ECTVs per term but the visits will be scheduled over the term of the registrar's placement;
 - 4.1.14.6. The ME ideally observes at least four patient consultations during a session;
 - 4.1.14.7. Following the ECTV, a meeting will take place with the registrar, supervisor and ME to discuss any issues arising.
- 4.1.15. Scheduling of ECTVs in the **rural pathway**:
 - 4.1.15.1. The ECT visitor (GP supervisor) and registrar are notified of the ECTV match at the commencement of each semester;
 - 4.1.15.2. It is important to check the match and take note of the scheduled dates by which visits need to occur and when reports are due;
 - 4.1.15.3. It is the registrar's responsibility to organise the ECTVs;
 - 4.1.15.4. Registrars are to notify EV once the visit has been booked;

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- 4.1.15.5. The ECTV is conducted by an ECT visitor (accredited supervisor) from a neighbouring practice,
 - 4.1.15.6. Practices are 'buddied' so that a visiting supervisor will in turn have their practice visited by a supervisor hosting a registrar at the same stage of training,
 - 4.1.15.7. When visiting a practice, the ECT visitor sits in on a session of consultations with the registrar;
 - 4.1.15.8. Once the visit has occurred, the ECT visitor is required to submit an ECTV report and where applicable, miniCEX (ACRRM) reports.
- 4.2. Mini Clinical Evaluation Exercise (miniCEX)
- 4.2.1. Mini Clinical Evaluation Exercise (miniCEX) is a well recognised, valid and reliable method of simultaneously observing and assessing the clinical skills of registrars.
 - 4.2.2. Patients must provide informed consent to be part of an ECTV for a miniCEX, ideally this includes being notified at the time of booking the appointment.
 - 4.2.3. The miniCEX consists of two key components:
 - 4.2.3.1. A short encounter between a registrar and patient which is observed by a supervisor;
 - 4.2.3.2. Discussion of patient management and provision of feedback to the registrar by the supervisor to assist the registrar in planning future patient encounters.
 - 4.2.4. ACRRM registrars are required to undertake a minimum of **nine** formative miniCEXs of which:
 - 4.2.4.1. **Five** must be completed before end of PRRT year 1; and
 - 4.2.4.2. **Four** must be completed before end of PRRT year 2.
 - 4.2.5. The nine miniCEX consults must include:
 - 4.2.5.1. Reasonable range of types of consults, age groups and both genders;
 - 4.2.5.2. Minimum of five physical examinations, each from a different body system; and
 - 4.2.5.3. Detailed history taking of at least one new patient or details updating patient database information on a returning patient (of at least medium complexity).
 - 4.2.6. The nine miniCEX assessments should be conducted by:
 - 4.2.6.1. At least three different reviewers; and
 - 4.2.6.2. A minimum of three must be conducted by a medical educator or ACRRM accredited supervisor (ECT visitor) from EV.
 - 4.2.7. The ECT visitor will provide feedback throughout the visit and at the end of the session, followed by completion of a written report. Registrars are encouraged to revisit their learning plan to note and take advantage of any suggestions that may have been provided.
 - 4.2.8. Along with an ECTV report, the ECT visitor will, provide written feedback using the standard ACRRM miniCEX form for a minimum of two patient encounters during each visit to the registrar. The registrar will complete and return to Eastern Victoria GP Training.
 - 4.2.9. Scheduling of miniCEXs in the **rural pathway**:
 - 4.2.9.1. The majority of miniCEXs will be completed at the same time as the ECTV visits as outlined in clause 4.1.15 above;
 - 4.2.9.2. As an indication, at least three miniCEXs should be completed at each ECTV visit and in accordance with clause 4.2.4 above;
 - 4.2.9.3. If further miniCEXs are required, the registrar can request their ECT visitor or accredited supervisor to undertake a miniCEX.
 - 4.2.9.4. Once the visit has occurred, the ECT visitor is required to submit the miniCEX forms to the registrar. The registrar must complete and return the forms to EV.
 - 4.2.9.5. It is the registrar's responsibility to ensure the miniCEXs are carried out in accordance with the ACRRM guidelines as outlined in the [Fellowship Assessment Handbook](#)

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4.3. Medical Educator (Training Advisor) Meetings

- 4.3.1. The role of Training Advisors (TAs) is to assist registrars achieve the stated learning objectives of the program. As experienced GPs and medical educators, TAs have a unique mix of educational experience, practical knowledge and experience in general practice.
- 4.3.2. All registrars will have a designated TA assigned to them. In the rural pathway, this is usually the medical educator from the region in which the registrar is located. In the general pathway, this will be the medical educator allocated for their ECTV(s) in the semester.
- 4.3.3. The TA's role is to provide overall advice and guidance to the registrar (relevant to their stage of training) about their learning needs, personal plans and goals, program requirements and career options.
- 4.3.4. The TA reviews the learning and training plans, ensuring that the plan and learning portfolio are regularly updated during each semester.
- 4.3.5. The TA will certify that the learning plan is sufficient and that it has been discussed.
- 4.3.6. The TA also provides an opportunity to identify if the registrar is encountering any difficulties and whether extra assistance is required.
- 4.3.7. The TA provides mentorship for the registrar and may also provide advocacy.
- 4.3.8. The TA meeting will include:
 - 4.3.8.1. Registrar's planned learning;
 - 4.3.8.2. Registrar's training plan;
 - 4.3.8.3. Registrar's log of educational events attended;
 - 4.3.8.4. Registrar's self-reflection on competencies referenced against the curriculum;
 - 4.3.8.5. Feedback from the supervision team;
 - 4.3.8.6. Opportunities to practice CBD for ACRRM registrars
 - 4.3.8.7. Feedback from ECT visitors (where applicable).
 - 4.3.8.8. registrar's self-reflection on competencies referenced against the curriculum,
- 4.3.9. TA visits during training terms:
 - 4.3.9.1. 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.
 - 4.3.9.2. GPT1/PRR1: two per term before the end of week 6 and twenty
 - 4.3.9.3. GPT2/PRR2: two per term before the end of week 6 and twenty
 - 4.3.9.4. GPT3/PRR3: two per term before the end of week 6 and twenty
 - 4.3.9.5. ESP/PRR4: two per term before the end of week 6 and twenty
 - 4.3.9.6. Mandatory Elective: two per term before the end of week 6 and twenty
 - 4.3.9.7. ARST/AST: one visit per semester before the end of week twenty
- 4.3.10. Part-time registrars (0.5 and 0.75 FTE) will receive the same number of TA visits per term but the visits will be scheduled over the 12 months of the registrar's placement.
- 4.3.11. Registrars are required to meet with their TA either face-to-face, by telephone or videoconference to plan/review their placement.
- 4.3.12. Registrars must submit evidence of planned learning by week 4 each semester and a review and reflection by week 20 each semester.
- 4.3.13. After each visit, the TA is required to submit a form documenting the discussions held throughout the visit.
- 4.3.14. The registrar is able to view the documentation of their progress in their online learning portfolio.

5. **Additional Information**

- 5.1. ED-SD-8.0 Education and training definitions

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