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 2019.

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/fellowshiphandbook*

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. A Multiple Choice Question (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 *EV Help*

4.2. Registrar Feedback - General Practice

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 week six and twenty of each semester. The feedback will be made available to the supervisor and/or practice manager.
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.

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. Registrar Feedback – Hospital and Skills Training Posts

4.3.1. Registrars undertaking hospital training and/or skills training posts (Extended Skills/PRRT or Advanced), are required to submit *HMO Performance Report* or EV's *Referee Report* at the end of each rotation or six-month placement.

4.3.2. Registrars must submit a Hospital Letter of Service listing all rotations completed during their Hospital and/or Core Clinical Training time.

4.3.3. It is the registrar's responsibility to obtain and submit these reports to EV program staff.

4.4. Supervisor Feedback

4.4.1. Two-way feedback between the supervisor and registrar is required to occur twice per semester.

4.4.2. Supervisors are to complete the *Supervisor Feedback* form at week six and twenty of each semester and will be made available to the registrar once completed.

4.4.3. For registrars commencing GPT1/PRR1 the *Supervisor Feedback* form is replaced by the *In-Practice Performance Assessment* form at week six.

4.4.4. For part-time GPT1/PRR1 registrars, supervisors will complete the *Supervisor Feedback* form at week 6 in the second 6 months of their placement.

4.5. External Clinical Teaching Visits (ECTVs) – RACGP registrars

4.5.1. External Clinical Teaching Visits (ECTVs) are a learning opportunity for registrars to receive teaching and feedback on their consultation skills.

4.5.2. 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.

4.5.3. 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 their training stage.

4.5.4. 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.

4.5.5. Patients must provide informed consent to be part of an ECTV, ideally this includes being notified at the time of booking the appointment.

4.5.6. 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:

4.5.6.1. GPT1: two visits (first ECTV to be completed within six weeks of the semester);

4.5.6.2. GPT2: two visits;

4.5.6.3. GPT3: one visit; and; and

4.5.6.4. Additional ECTVs may be required at the discretion of the Director of Training (DoT) or Registrar Support & Progress Coordinator (RSPC).

4.5.7. Part-time registrars will receive the same number of ECTVs per term but the visits will be scheduled over the length of the registrar's placement.

4.5.8. The ECTV is:

4.5.8.1. A visit, by an ECT visitor to a registrar, generally at the practice where the registrar is working;

4.5.8.2. Primarily an educational opportunity for the registrar. Teaching in the ECTV should be integrated, wherever possible, with the supervisor's teaching; and

4.5.8.3. Includes sitting in and observing the registrar's consultations and providing feedback to the registrar on performance.

4.5.8.4. During each ECTV, at least four patient consultations should be observed.

4.5.9. The focus of the ECTV is:

4.5.9.1. Primarily on the registrar and consequently directed at the registrar's needs; and
4.5.9.2. On both the 'process' and the 'content' of the consultations.

4.5.10. The purpose of an ECTV is to:

4.5.10.1. Help improve the registrar's skills, both as a GP and as a professional;
4.5.10.2. Assist the registrar to develop a vision of what constitutes excellence in general practice consulting; and
4.5.10.3. Make an appraisal as to whether the registrar's knowledge and clinical skills are appropriate for their level of training.

4.5.11. The ECT visitor will provide feedback throughout the visit and at the end of the session and will complete a documented report.
4.5.12. Registrars are encouraged to revisit their learning plan to note and take advantage of any suggestions that may have been provided during the ECTV.
4.5.13. 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.
4.5.14. Scheduling of ECTVs in the **general pathway**:

4.5.14.1. 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 with the supervisor) to be scheduled;
4.5.14.2. In GPT1 and GPT2, 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;
4.5.14.3. In GPT3, the visit will be arranged for later in the term. Additional visits are organised as required;
4.5.14.4. 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;
4.5.14.5. The ME ideally observes at least four patient consultations during a session;
4.5.14.6. Following the ECTV, a meeting will take place with the registrar, supervisor and ME to discuss any issues arising. The ME will also submit an ECTV report on Pivotal after the visit.
4.5.14.7. A TA visit is part of the ECTV in the general pathway.

4.5.15. Scheduling of ECTVs in the **rural pathway**:

4.5.15.1. The ECT visitor (GP supervisor) and registrar are notified of the ECTV match at the commencement of each semester;
4.5.15.2. 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;
4.5.15.3. It is the registrar's responsibility to organise the ECTVs;
4.5.15.4. Registrars are to notify EV once the visit has been booked;
4.5.15.5. The ECTV is conducted by an ECT visitor (accredited supervisor) from a neighbouring practice,
4.5.15.6. 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,
4.5.15.7. When visiting a practice, the ECT visitor sits in on a session of consultations with the registrar;
4.5.15.8. Once the visit has occurred, the ECT visitor is required to submit an ECTV report and where applicable, mini-CEX (ACRRM) reports.

4.6. <u>Mini Clinical Examination Exercise (Mini-CEX) - ACRRM registrars</u>

4.6.1. Mini-CEX is a well recognised, valid and reliable method of simultaneously observing and assessing the clinical skills of registrars.
4.6.2. Patients must provide informed consent to be part of an ECTV for a mini-CEX, ideally this includes being notified at the time of booking the appointment.

4.6.3. The mini-CEX consists of two key components:

4.6.3.1. A short encounter between a registrar and patient which is observed by a supervisor;
4.6.3.2. Discussion of patient management and provision of feedback to the registrar by the supervisor to assist the registrar in planning future patient encounters.

4.6.4. ACRRM registrars are required to undertake a minimum of **nine** mini-CEXs of which:

4.6.4.1. **Five** must be completed before end of PRRT year 1; and
4.6.4.2. **Four** must be completed before end of PRRT year 2.

4.6.5. The mini-CEX is usually conducted within the context of the registrar's five ECT visits as outlined in clause 4.5.6 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 registrars to complete their mini-CEX requirement.

4.6.5.1. PRR1: two ECTVs with at least three mini-CEXs (first ECTV to be completed within six weeks of the semester);
4.6.5.2. PRR2: two ECTVs with at least three mini-CEXs (minimum of five by the end of first year PRRT); and
4.6.5.3. PRR3: one ECTV with at least three mini-CEXs (minimum total of nine by end of PRRT).
4.6.5.4. If further mini-CEXs are required, the registrar can request their ECT visitor or supervisor to undertake a mini-CEX.

4.6.6. The nine mini-CEX consults must include:

4.6.6.1. Reasonable range of types of consults, age groups and both genders,
4.6.6.2. Minimum of five physical examinations, each from a different body system, and
4.6.6.3. Detailed history taking of at least one new patient or details updating patient database information on a returning patient (of at least medium complexity).

4.6.7. The nine mini-CEX assessments should be conducted by:

4.6.7.1. At least three different reviewers; and
4.6.7.2. A minimum of three must be conducted by a medical educator or ACRRM accredited supervisor (ECT visitor) from EV.

4.6.8. 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.

4.6.9. Scheduling of mini-CEXs in the **rural pathway**:

4.6.9.1. The majority of mini-CEXs will be completed at the same time as the ECTV visits as outlined in clause 4.5.6 and 4.5.15 above;
4.6.9.2. As an indication, at least two mini-CEXs should be completed at each ECTV visit and in accordance with clause 4.6.5 above;

4.6.10. Along with an ECTV report, the ECT visitor will, provide written feedback using the standard ACRRM mini-CEX form for a minimum of two patient encounters during each visit to the registrar. The registrar will complete and return to EV.

4.6.10.1. It is the registrar's responsibility to ensure the mini-CEXs are completed and carried out in accordance with the ACRRM guidelines as outline in the *Fellowship Assessment Handbook.*

4.7. Medical Educator (Training Advisor) Meetings

4.7.1. 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.

4.7.2. All registrars will have a designated TA assigned to them.

4.7.2.1. In the rural pathway, this is usually the medical educator from the region in which the registrar is located.

4.7.2.2. In the general pathway, this will be the medical educator allocated for their ECTV(s) in the semester.

4.7.3. 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.

4.7.4. The TA reviews the learning and training plans, ensuring that the plans and learning portfolio are regularly updated during each semester.

4.7.5. The TA will certify that the learning plan and training plan is sufficient and that it has been discussed.

4.7.6. The TA also provides an opportunity to identify if the registrar is encountering any difficulties and whether extra assistance is required.

4.7.7. The TA provides mentorship for the registrar and may also provide advocacy. The TA meeting will include:

4.7.7.1. Registrar's planned learning,
4.7.7.2. Registrar's training plan,
4.7.7.3. Registrar's log of educational events attended
4.7.7.4. Registrar's self-reflection on competencies referenced against the curriculum,
4.7.7.5. Feedback from the supervision team, and
4.7.7.6. Feedback from ECT visitors (where applicable).

4.7.8. TA meetings during training terms:

4.7.8.1. 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.
4.7.8.2. GPT1/PRR1: two per term before the end of week 6 and twenty
4.7.8.3. GPT2/PRR2: two per term before the end of week 6 and twenty
4.7.8.4. GPT3/PRR3: two per term before the end of week 6 and twenty
4.7.8.5. ESP/PRR4: two per term before the end of week 6 and twenty
4.7.8.6. Elective and Extension Assessment: two per term before the end of week 6 and twenty
4.7.8.7. ARST/AST: one visit per semester before the end of week twenty

4.7.9. Part-time registrars (0.5 and 0.75 FTE) will receive at least the same number of TA meetings as per a full-time registrar for each term.

4.7.10. Training advisor meetings can be either face-to–face, by telephone or videoconference to plan/review their placement and training.

4.7.11. Registrars must submit evidence of planned learning by week 4 each semester and a review and reflection by week 20 each semester.

4.7.12. After each visit, the TA is required to submit a form documenting the discussions held throughout the visit.

4.7.13. The registrar is able to view the documentation of their progress in their online learning portfolio.

In-Practice Learning

4.8. Practice Based Teaching

4.8.1. 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.

4.8.2. The supervisor must be available for protected face-to-face teaching time as outlined in the table below:

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

4.8.3. 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.
4.8.4. 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.
4.8.5. Practice based teaching can also be delivered by other practice GPs, practice managers, practice nurses and health professionals.
4.8.6. Teaching time is recorded in the monthly Recipient Created Tax Invoices (RCTIs).
4.8.7. Registrars need evidence of satisfying the required practice teaching at each stage of their training to be eligible for certification of completion of training.
4.8.8. Further information on practice based teaching is available on the General Practice Registrars Australia (GPRA) website www.gpra.org.au

4.9. Learning Plan

4.9.1. 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.
4.9.2. The learning plan must be discussed with the registrar's supervisor early in the semester and reviewed at the 20-week registrar/supervisor review.
4.9.3. Registrars may upload a documented learning plan to Pivotal or they may use the learning plan available on Pivotal.
4.9.4. 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.
4.9.5. Non-compliance will be identified and discussed by the medical educator at each ECT or TA visit and at semester Cohort Reviews.
4.9.6. Registrars will be notified of non-compliance and flagged to the RSPC.
4.9.7. Persistent non-compliance will result in the registrar not being certified as exam ready or as having satisfactorily completed training.

4.10. Training Plan

4.10.1. Registrars are required to complete a satisfactory training plan at least annually and applies to:

4.10.1.1. All ACRRM registrars
4.10.1.2. RACGP registrars who commenced GPT1 from 2017.2 onwards.

4.10.2. The training plan is available in EV eLearning (EVE) and should be updated during each training placement and prior to re-enrolment.
4.10.3. The training plan must contain at least the registrar's training intentions for the current and following year.
4.10.4. 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.
4.10.5. 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.

4.11. Registrar Clinical Encounters in Training (ReCEnT)

4.11.1. ReCEnT is a tool which produces a clinical profile for registrars to prompt reflection, education and quality improvement.
4.11.2. Registrars are required to record a block of 60 consecutive patient consults once per GPT1/PRR1, GPT2/PRR2 and GPT3/PRR3 training terms.
4.11.3. Registrars should collect their ReCEnT pack at an allocated workshop day and return the completed data by the due date specified.
4.11.4. 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.
4.11.5. Data is collated for each registrar and a report is generated with graphical representations of the clinical and educational encounters

4.11.6. 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-Org-8.11 Program Requirements – Group Learning and Learning Activities*

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