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) that 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 April 2021.

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:

- A Multiple Choice Question (MCQ) paper on EV eLearning (EVe) by the end of a registrar's first week in general practice
- In-Practice Performance Assessment completed by the registrar's primary supervisor by the end of the first six weeks of GPT1/CGT1
- An External Clinical Teaching Visit (ECTV) completed by an ECT visitor by the end of the first six weeks of GPT1/CGT1

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*s.

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 informal feedback and should contact their Registrar Support Officer. EV are unable to act on informal or off the record feedback.

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4.2.5. Full-time registrars commencing GPT1/CGT1 are **not** required to complete the *Registrar Feedback* form at week 6.

4.2.6. Part-time GPT1/CGT1 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/CGT or Advanced), are required to submit:

- *HMO Performance Report* or EV's *Referee Report* at the end of each rotation or six-month placement; and
- Registrar End-of-Semester Feedback offline form which will be made available to the registrar.

4.3.2. Registrars must submit a Hospital Letter of Service listing all rotations completed during their Hospital and/or Core Generalist 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/CGT1 the *Supervisor Feedback* form is replaced by the *In-Practice Performance Assessment* form at week six.

4.4.4. For part-time GPT1/CGT1 registrars, supervisors will complete the *Supervisor Feedback* form at week 6 in the second 6 months of their placement.

4.4.5. At times, practices may wish to give EV informal feedback, and should contact their Practice and Supervisor Support Officer. EV are unable to act on informal or off the record feedback.

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 observes a session of consultations with the registrar. The visits will occur:

- GPT1: two visits (first ECTV to be completed within six weeks of the semester);
- GPT2: two visits;
- GPT3: one visit; and; and
- Additional ECTVs may be required at the discretion of the Director of Medical Education and Training (DMET) 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:

- A visit, by an ECT visitor to a registrar, generally at the practice or via video-link where the registrar is working;
- Primarily an educational opportunity for the registrar. Teaching in the ECTV should be integrated, wherever possible, with the supervisor's teaching; and

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- Includes observing the registrar's consultations and providing feedback to the registrar on performance.
- During each ECTV, at least four patient consultations should be observed.

4.5.9. The focus of the ECTV is:

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

4.5.10. The purpose of an ECTV is to:

- Help improve the registrar's skills, both as a GP and as a professional;
- Assist the registrar to develop a vision of what constitutes excellence in general practice consulting; and
- 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**:

- The ECT visitor (medical educator) 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;
- 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;
- In GPT3, the visit will be arranged for later in the term. Additional visits are organised as required;
- 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;
- The ME ideally observes at least four patient consultations during a session;
- 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.
- A TA visit is part of the ECTV in the general pathway.

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

- The ECT visitor (GP supervisor) and registrar are notified of the ECTV match at the commencement of each semester;
- 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;
- It is the registrar's responsibility to organise the ECTVs;
- Registrars are to notify EV once the visit has been booked particularly if a video-link is required;
- The ECTV is conducted by an ECT visitor (accredited supervisor) from a neighbouring practice,
- 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,
- When visiting a practice or via remote-link, the ECT visitor observes a session of consultations with the registrar;
- Once the visit has occurred, the ECT visitor is required to submit an ECTV report and where applicable, miniCEX (ACRRM) reports.

4.6. Mini Clinical Examination Exercise (MiniCEX) - ACRRM registrars

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 miniCEX consists of two key components:

- A short encounter between a registrar and patient which is observed by a supervisor;
- 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** formative miniCEXs (recommended completion before end of CGT3 or prior to enrolling in PC StAMPS).

4.6.5. The miniCEX 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.

- CGT1: two ECTVs with at least three miniCEXs
- CGT2: two ECTVs with at least three miniCEXs , and
- CGT3: one ECTV with at least three miniCEXs
- If further miniCEXs are required, the registrar can request their ECT visitor or supervisor to undertake a miniCEX.

4.6.6. The nine miniCEX consults must include:

- Reasonable range of types of consults, age groups and both genders,
- Minimum of five physical examinations, each from a different body system, and
- 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 miniCEX assessments should be conducted by:

- At least three different reviewers; and
- 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 miniCEXs in the **rural pathway**:

- The majority of miniCEXs will be completed at the same time as the ECTV visits as outlined in clause 4.5.6 and 4.5.15 above;
- As an indication, at least two miniCEXs 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 **miniCEX form** for a minimum of two patient encounters during each visit to the registrar. The registrar will complete and return to EV.

- 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.

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

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- 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:

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

4.7.8. TA meetings during training terms:

- Hospital/CGT: 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.
- GPT1/CGT1: two per term before the end of week 6 and twenty
- GPT2/CGT2: two per term before the end of week 6 and twenty
- GPT3/CGT3: two per term before the end of week 6 and twenty
- ESP/CGT4: two per term before the end of week 6 and twenty
- Elective and Extension Assessment: two per term before the end of week 6 and twenty
- 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 and Learning

4.8.1. Accredited supervisors are required to provide teaching and learning opportunities as well as mentorship to registrars at a level suited to their stage of training. During the first three GP training terms, in-practice formal structured teaching must be scheduled with supervisors or members of the supervision team in ordinary hours in paid time. Ideally, formal structured teaching should be booked first thing in the morning or after a break to ensure that it is not deferred because of running late.

Term	FTE Hours per week		
	0.50	0.75	1.00
GPT1/CGT1 (0.5 hr formal structured)	1.50	2.25	3.00
GPT2/CGT2 (0.5 hr formal structured)	1.00	1.00	1.50
GPT3/CGT3 (structured)	0.75	0.75	0.75
ESP /CGT4 (GP)	0.00	0.00	0.00

4.8.2.   The practice must provide a formal structured education session each week. These sessions must be consistent with the registrar's learning plan and at an appropriate level having regard to the registrar's knowledge and experience, and may be prepared by the registrar.

4.8.3.   Practices and registrars must be able to articulate how all the paid teaching and learning time occurs each week, including the informal elements, all of which are captured in the monthly Recipient Created Tax Invoices (RCTIs).

4.8.4.   Refer to the *EV Registrar Handbook* and *EV Training Post Handbook* for detailed information on in-practice teaching and learning.

4.8.5.   Further information on practice based teaching is also available on the General Practice Registrars Australia (GPRA) website.

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 and applies to:

-    All ACRRM registrars
-    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 early in GPT1/CGT1 and regularly thereafter during each training placement and prior to re-enrolment.

4.10.3.   Registrars must have an updated training plan prior to the close of their relevant GP College exam and/or assessment segment and for fellowship.

4.10.4.   The training plan must contain at least the registrar's training intentions for the current and following year.

4.10.5.   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.

4.10.6.   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.

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4.11.2. Registrars are required to record a block of 60 consecutive patient consults once per GPT1/CGT1, GPT2/CGT2 and GPT3/CGT3 training terms.

4.11.3. Registrars will be provided on information on how to access ReCEnT and must completed the recording of data by the due date specified.

4.11.4. Registrars must apply in writing to the DMET for an extension if they are unable to complete 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/CGT1 prior to semester 1.2017 are not required to complete this activity.

5. Additional Information

1.1. ED-Org-8.11 Program Requirements – Group Learning and Learning Activities
1.2. ED-Org-8.17 Registrar Withdrawal
1.3. EV Registrar Handbook
1.4. EV Training Post Handbook

Title (including ID Number)		ED-Org-8.12 Program Requirements-In Practice Feedback and Learning			
Policy owner (position title)		Director of Medical Education and Training			
Date created		February 2016	**Date first approved**		April 2017
Review history	Date	August 2018	November 2018	December 2019	October 2020
	Version no.	02	03	04	05
	Date	March 2021			
	Version no.	06			
Date this version approved		March 2021	**Version no.**	06	
Approved by		Director of Medical Education and Training			
Next review		April 2022			

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