

INTRODUCTION

To be eligible for vocational recognition as a GP, Registrars must complete all training, education and assessment activities required as part of the getGP training plus pass the summative assessment specified by either the RACGP or ACRRM.

The assessment activities in the getGP Training Program are described in this section. Additionally, reference is made to the RACGP Examination and the ACRRM Assessment Program. Details of these are available from the websites of the respective Colleges.

getGP ASSESSMENT ACTIVITIES

getGP specifies that GP registrars undertake certain mandatory assessment requirements. These consist of:

- 1. Learning Plan**
- 2. Training Needs Assessment**
- 3. Essential Procedural Skills Checklist**
- 4. Doctors Interpersonal Skills Questionnaire (DISQ)**
- 5. Colleague Focused Assessment**
- 6. GP Supervisor Report**
- 7. ECTV Videotaped Consultation Assessment**
- 8. Mid Training Assessment [optional]**
- 9. Peer Teaching Assessment**
- 10. Community Issues Project**
- 11. General Practice Audit**
- 12. Research Activity Pilot**

The following pages provide a detailed description of each assessment activity.

1. Learning Plan

Overview

getGP fosters the use of learning planners amongst its registrars. Learning plans encourages users to identify and address learning needs. The aims of learning plans include

1. To provide a record of your significant learning experiences
2. To help you get in touch and stay in touch with your self-development process
3. To provide a means of reflecting on your commitment to, and involvement in General Practice

Domains Covered

All 5 domains of General Practice but particularly

Domain 2: Applied Professional Knowledge and Skills

Domain 3: Population Health and the Context of General Practice

Domain 4: Professional and Ethical Role

Stage of Training

Throughout GP training but especially in GPT1-4

Process

Registrars have an electronic learning planner [L.P.] on the GPRime website. Various tools are available on GPRime to identify learning needs Their GP supervisor can also add learning needs to this document. The registrars are encouraged to use the LP to drive their learning and use it in teaching sessions with their supervisor. Registrars are encouraged to reflect on and archive learnings that have occurred. The archived learning need will be checked at the completion of training to identify satisfactory use of the LP.

Assessment

Use of LP's are reviewed by the ME group during periodic Registrar Review meetings. Reviewing the LP will be part of the registrars assessment for the granting of the Certificate of Satisfactory Completion of Training. [CSCT]

Remediation.

Unsatisfactory use of the LP will result in delays of granting CSCT.

2. Early Needs Assessment

Overview

This activity has two modules covering communication and applied knowledge skills. The assessment occurs earlier in training. The results for each registrar are used to guide tailoring of training for each registrar to meet individual needs.

Domains Covered (RACGP Curriculum)

Domain 1: Communication Skills and the Doctor-Patient Relationship

Domain 2: Applied Professional Knowledge and Skills

Stage of Training

Early in GPT1 – a peer- learning workshop will be assigned to this assessment.

Process

A half day is committed to the two stations. Station one is an MCQ in the style of the RACGP Exam. Station two is a consulting skills assessment based on actor-run scenarios. Because this is a complex activity to organise, it is essential that all registrars participate in this activity when it is scheduled.

Consulting Skills: This is an actor based session with assessments in developing rapport, non verbal communication skills, facilitating the patients agenda and ordering the consultation. This session may be videotaped for language assessment purposes.

Applied Knowledge: This consists of a mix of 50 multiple choice and extended match questions.

Assessment

Each segment provides a mark for each registrar as means of benchmarking against peers. There is also detailed feedback on performance in each of the sub-sections. Individual results and feedback will be submitted in the registrars' GPRime portfolio.

Outcome

Detailed results of the assessment are provided to each registrar and posted into their GPRime portfolio. The raw scores are matched against the group spread.

Consulting upskilling will be achieved by additional tuition tailored for individual registrars based on a discussion with their Training Advisor and supervisor. Initiatives might include additional video-taped consultation review, additional ECTVs and observation of the consulting of experienced GPs.

Applied knowledge upskilling will be supported by mentoring with the registrar's training advisor and supervisor.

3. Essential Procedural Skills Checklist

Overview

To be able to provide comprehensive primary care, all GPs must possess a repertoire of procedural skills. This is particularly true of rural GPs who may be the only available and accessible source of medical attention for their communities.

Registrars are required to maintain their own on-line Essential Procedural Skills Checklist on GPRime. The registrars' portfolio will show the competency of procedures to a maximum of 87.

Educational Value

GPRime's on-line checklist is adapted from a tool contained in the RACGP curriculum companion that specifies essential procedural skills GP registrars need to acquire by the end of training. The checklist encourages self-monitoring and reflection on confidence and competence to perform procedural skills.

Domains Covered (RACGP Curriculum)

Domain 2: Applied professional knowledge and skills

Stage of Training

Progressively completed through all stages of training.

Process

The Essential Procedural Skills Checklist should be regularly updated by the GP registrar in her/his GPRime Portfolio.

Registrars, early in their training, should carefully scrutinise the checklist and assess their own level of competence for each item. As they progress through training and gain experience in performing different procedures, they should then use the checklist opportunistically to mark procedures off.

At regular intervals, the GP registrar and GP supervisor should discuss progress in gaining experience and mastering procedural skills. The Essential Procedural Skills Checklist on GPRime requires the Registrar's Supervisor and/or Training Advisor to verify the competency of each item (using the tick-box accessed from the supervisor and Training Advisors GPRime log-in).

Assessment

The assessment component of this activity is achieved by a combination of the GP registrar's self-assessment and the GP supervisor's assessment of GP registrar competence in performing the essential procedural skills. Satisfactory completion of the procedures is progressively marked off by the supervisor in the checklist.

Remediation

The checklist is designed as a tool that can be used to readily identify gaps in skills and experience. When used in conjunction with the learning plan review, it can form a basis for planning specific learning strategies and clinical experience to address gaps and weaknesses in performing particular procedures.

4. Doctors Interpersonal Skills Questionnaire (DISQ)

Overview

Communication skills are one of a GP's most important skills. The DISQ audit has been developed by an external research and evaluation agency and is a widely used and validated tool for assessing GP communication skills.

Education Value

The GP registrar experiences an external process of consultation critique. This encourages ongoing self evaluation of consulting skills.

Domains Covered (RACGP Curriculum)

Domain 1: Communication skills and the doctor/patient relationship

Stage of Training

During GPT1

Process

Registrars receive a package containing written instructions to GP registrars, GP supervisors and reception staff. DISQ is completed in accordance with a standardised process involving the agreement of the practice and the voluntary consent of patients. The receptionist/practice manager administers a questionnaire to 50 consecutive patients after the patient's consultation with the registrar. These are then sent for analysis. The GP registrars' results are bench marked against their peers.

Results of the audit are forwarded to the GP registrar and the supervisor receives notification that the process has been completed. The results of the DISQ audit are then discussed between the registrar and their supervisor. The supervisor is then required to submit a DISQ Audit report (accessed from the list of iForms) from their GPRime log-in account. Once submitted, the report can be viewed from the registrars' GPRime portfolio.

Remediation

In the event of a 'not yet to standard' survey report, a repeat survey is performed three to six months after the initial survey. The GP registrar receives additional teaching sessions on the doctor/patient relationship and consulting skills from their GP supervisor and one of the medical educators.

Other Comments

The Supervisor must submit an iForm outlining discussions held with the registrar (the DISQ Audit) on GPRime. A copy of the form will be viewable in the appropriate section of the registrar's portfolio in GPRime.

If a registrar wishes to complete a follow-up DISQ Audit, please contact the getGP office.

5. Colleague Focused Assessment

Overview

Feedback obtained from a wide spectrum of colleagues has been found to be a reliable way to assess a doctor's interpersonal and communicative ability. In combination with the DISQ audit undertaken in the GPT1, this assessment will give a 360 degree assessment of a doctors interpersonal and communication abilities

Education Value

The GP registrar experiences an external process of consultation critique. This encourages ongoing self evaluation of consulting skills.

Domains Covered (RACGP Curriculum)

Domain 1: Communication skills and the doctor/patient relationship

Domain 2: Applied Professional Knowledge and Skills

Domain 3: Population Health and the Context of General Practice

Domain 4: Professional and Ethical Role

Domain 5: Organisational and Legal Dimensions

Stage of Training

During GPT 2 term

Process

CFET is a validated tool designed to provide doctors with feedback from a range of colleagues including medical colleagues, other healthcare professionals and non-clinical staff. Registrars nominate 9 colleagues with whom they have contact regularly. Designed to be undertaken primarily online, feedback is confidential and hassle-free for participating colleagues. Doctors will also complete a self assessment

The information collected is analysed and fed back in a constructive and sensitive manner within a clear, comprehensive report. All evaluation scores will be benchmarked against other participating clinicians.

The results should be discussed with your GP supervisor. The supervisor completes an iform to complete the activity. Once submitted, the report can be viewed from the registrars' GPRime portfolio.

Remediation

In the event of a 'not yet to standard' survey report, a repeat survey is performed three to six months after the initial survey. The GP registrar receives additional teaching sessions on the doctor/patient relationship and consulting skills from their GP supervisor and one of the medical educators.

6. GP Supervisor Report

Overview

Assessment by a clinical supervisor has been only intermittently and variably used in Australian GP training in recent years. An attempt at an objective assessment by a GP supervisor is important as the GP supervisor is the doctor who has worked most closely with the GP registrar during the attachment.

Educational Value

This builds on the accepted value of feedback to all adult learners.

Domains Covered (RACGP Curriculum)

The GP supervisor assessment should cover all the domains of general practice.

Stage of Training

At the completion of each term/semester of training.

Hospital term: Clinical supervisors are required to submit a report for each hospital discipline undertaken by the registrar. (If completing a 6 month placement in the one discipline, only one report is required at the end of the placement. If completing a 12 month placement in the one discipline, two reports are required - one every 6 months).

Practice term: Practice supervisors are required to submit a report at the completion of each semester (every 6 months).

Process

Guiding principles are:

1. There should be no surprises for GP registrars in this assessment. Regular feedback sessions during the term should have already addressed or flagged problem areas.
2. GP supervisors should conduct regular feedback sessions. GP registrars are encouraged to be proactive in seeking feedback also.
3. The GP supervisor report is completed as an iForm on GPRime. Once submitted and verified by an administrator, the report is viewable from the registrars' portfolio.

Assessment

Assessment will be satisfactory or in need of remediation. The later should not be viewed as a failure but rather an opportunity to address perceived problems. As long as the difficulties associated with a report stating a need for remediation can be dealt with, a GP supervisor report should principally aim at giving a good global assessment of where a GP registrar stands for their level of training.

Remediation

It is acknowledged that GP supervisors may have difficulty if the report suggests a need of remediation. For this reason the supervisor may add some confidential comments. When this situation arises, the involvement of medical educators will be requested with a view to possible further training. Again, the need for remediation should not be perceived as a failure but rather an opportunity to address perceived problems.

If remediation is required, regional medical educators will discuss the situation with the GP supervisor concerned and then meet with the registrar to develop a plan of remediation. All cases requiring remediation will be discussed at the Gippsland Regional Operational Group meetings to agree on the remediation process and to determine when remedial measures have been satisfied.

Other Comments

The Supervisor report template is available on GPRime for the use of supervisors. Once the report is submitted by the supervisor and approved by an administrator, a copy of the report will be viewable in the appropriate section of the registrars' portfolio in GPRime.

7. ECTV Videotaped Consultation Assessment

Overview

The process involves a debrief and critique of videotaped registrar consultations at the second advanced term External Clinical Teacher Visit. The process fulfils the requirement of one ECTV.

Domains Covered (RACGP Curriculum)

Domain 1: Communication Skills and the Doctor-Patient Relationship

Domain 2: Applied Professional Knowledge and Skills

Stage of Training

The second ECTV of a GP2 term.

Process

Registrars are required to obtain informed consent (see over page) from patients before videotaping their consultations. The GP registrar ensures at least five videotaped consultations of their choosing are ready for their ECT Visit. Videos are viewed, debriefed and assessed by the registrar and visiting ECTV supervisor.

Time commitment: One ECTV session - 3.5 hours (this can be completed outside consulting hours by mutual agreement).

Participants: ECTV visitor, GP registrar +/- GP supervisor

Preparation: Prior to this activity, the GP registrar should be exposed to video debriefing in two ways:

- Video debrief at a peer learning workshop using a medical educator's video-taped consultation
- Video debrief of GP registrar videos with GP supervisor

Videotaped cases: Cases should be from within one day's consulting. It is NOT intended that the GP registrar collect a large number of consultations from which to select a few to present. The GP registrar may choose to preview their taped consultations. At least one of the cases should be a consultation that was a challenge to the GP registrar, preferably with multiple issues.

Assessment

Each videotaped consultation should be discussed with the registrar. The patients clinical notes should also be viewed. The supervisor is then required to submit an ECTV Videotaped Consultation Assessment Report available as an iForm on GPRime. Once submitted and verified by an administrator, the report will be viewable from within the appropriate section of the registrars' electronic portfolio.

Remediation

If the ECTV is deemed not to standard, arrangement will be made to view further videotaped consultations with a medical educator for further assessment.

Practical Comments

The videotapes, with consultation starting points marked, and a video player needs to be ready prior to the ECTV visitor's arrival.

It works best if the GP registrar controls the playing of the tape and also makes the first comment for assessment of the consultation.

PATIENT CONSENT FORM – REGISTRAR TRAINING



Gippsland Education and Training for General Practice

Medical Practice: _____

This practice is an accredited RACGP and ACRRM Training Practice, taking GP registrars for training terms on rotation.

These fully qualified doctors are an integral part of our general practice workforce at this medical centre and for our community.

As an invaluable part of the registrars training, supervisors spend some time sitting in observing the registrar consultations.

Registrars also at times record some consultations on video and, for teaching purposes only, review the video with their supervisor. Any physical examination is NOT videotaped.

These doctors are covered by ethical standards regarding patient respect and confidentiality.

It is within your rights to refuse to have another doctor present at your consultation, or to have your consultation recorded.

We need your informed consent on each occasion before this can proceed.

Please indicate your preference to the receptionist or the doctor.

I acknowledge that I have been advised of my rights and give my consent to having my consultation with the doctor observed and recorded.

Patient Signature

Patient Name

Date

8. Mid Training Assessment

Overview

The activity has two components. An MCQ paper of 150 questions and an OSCE activity. The MCQ results are matched to the curriculum RACGP matrix and provide direct feedback on performance in these curriculum areas. The OSCE activity allows registrars to act as both candidate and observer at a number of stations. Written feedback is given by examiners, most of whom are experienced GP supervisors. This activity is not mandatory but all registrars are encouraged to undertake it as preparation for their fellowship exam.

Educational Value

This activity reflects the type of summative assessment that is used in the FRACGP exam. Registrars have in the past rated this type of activity very highly.

Domains Covered

All 5 domains of General Practice

Stage of Training

This occurs at the last B&A workshop of the calendar year.

Process

This is a full day activity.

Assessment

Registrars will receive extensive feedback from this activity including individual MCQ scores, the marking of the MCQ will reflect areas of the RACGP curriculum and registrars will receive marks related to each area on the curriculum matrix. They will also receive their score benchmarked against their peers. They will also receive qualitative and quantitative feedback on their performance in the OSCE stations.

Remediation

Results will indicate those who have performed poorly and registrars in this category can plan, with the help of medical educators, to address deficiencies identified.

9. Peer Teaching Assessment

Overview

The word *doctor* is derived from the Latin word for teacher. While this meaning is less important nowadays, it still holds true that teaching is one of our roles. Vertical and horizontal integration of learning is also an important one. These concepts talk about learning from various sources including peers and sometimes learning from those who maybe junior to us. All doctors as they progress through their careers will have opportunities to teach. We can teach our patients, students, registrars or peers. This activity is planned to encourage and refine this role. Examples of Peer Teachings undertaken in the past can be found in the GPRime online document library.

Educational Value

Teaching is one of the best means of learning. The process reinforces the ethic of passing on professional knowledge and skills to peers and juniors in the profession.

Domains Covered (RACGP Curriculum)

Domain 1: Communication skills and the doctor-patient relationship

Domain 2: Applied professional knowledge and skills

Domain 4: Professional and ethical role

Stage of Training

Advanced GP term.

Process

Each GP registrar will prepare and give a 20-45 minute teaching session to their peers during a peer learning workshop or cluster meeting.

Assessment

The registrar will submit a copy of their presentation to GPrime. The Medical educator in attendance will assess the teaching session at its completion. The assessment will be confidential and will be posted in the registrar's portfolio on GPrime. The medical educator, as part of their assessment, will sometimes recommend the presentation to be posted to GPrime on-line document library, in the peer teaching folder.

Remediation

In the event of a 'not yet to standard' presentation, the GP registrar will be debriefed by the medical educator involved and will be required to prepare a further teaching session under closer supervision from the educator. The new session may be delivered in practice.

10. Community Issues Project

Overview

This project recognises that GP's have a role in the Community other than just one on one consulting. The Registrar undertakes a community project, with the advice and agreement of their GP supervisor. They must identify an issue, review any relevant literature, formulate and deliver a project or initiate an investigation and give a short verbal presentation to their supervisor and/or peers. Examples of Community Projects undertaken in the past can be found in the GPRime online document library.

Education Value

This activity provides the registrar with an experience of public health.

Domains Covered (RACGP Curriculum)

Domain 2: Applied professional knowledge and skills

Domain 4: Population health and the context of General Practice

Stage Of Training

Basic or Advanced GP term.

Process

There are several suggested types of activity to complete this project:

- Community health presentation:*
Example: Approach a community service group (such as Rotary etc.) and arrange to give a short presentation to the group on an issue of relevance to the audience (such as life style issues in cardiovascular disease prevention etc.).
- Investigate a community service:*
Example: Visit the local infant welfare sister and join in an education session and one of the 'child check' sessions. Other services include Aboriginal health services, child protection services. Write a two-page report.
- Local epidemiology issue:*
Examples: Investigate attitudes at year 10 level towards smoking by running a focus group; do an observational survey of glove use among food handlers in town. Write a report with findings and recommendations.

Assessment

The activity is completed by preparing and delivering a short report (or other agreed-on presentation) to the GP supervisor (the assessor for this assessment). The report may also be offered to any organisation involved and may be used as a presentation to a GP registrar group at a peer workshop or cluster group meeting.

Satisfactory completion of this activity will be assessed using the following criteria:

- Formulation of the project or question
- Relevance
- Initiative
- Preparation/collection of data
- Delivery/report

Registrars must submit details of their presentation/report/reflections on GPRime using the dedicated iForm. The supervisor must approve the submission before it can be viewed in the registrars' portfolio.

Remediation

In the event of a 'not yet to standard' presentation/report, the GP registrar will be provided an opportunity to complete or repeat the project within an agreed time frame. The GP registrar may also receive educational support from a medical educator.

Other Comments

This research and presentation may also benefit other local general practitioners, as it will aid them in directing patients to appropriate resources for their particular situation and make them aware of facilities and supports in their community.

11. General Practice Audit

Overview

The idea of an audit is that clinicians should periodically take time to review and reflect on their practice, to consider what worked well and what did not, and then to 'close the audit loop' by making any necessary improvements. Audit is – 'the systematic, critical analysis of the quality of medical care, to help provide reassurance that the best quality of service is being achieved, having regard to available resources'.

Educational Value

Audit is an accepted tool for quality improvement that has seen increasing use over the past decade.

Domains Covered (RACGP Curriculum)

All 5 domains of General Practice but particularly

Domain 2: Applied Professional Knowledge and Skills

Domain 3: Population Health and the Context of General Practice

Domain 4: Professional and Ethical Role

Domain 5: Organisational and Legal Dimensions

Stage of Training

Advanced or subsequent term.

Process

All registrars are expected to research a suitable audit topic within their practice. This should be done in consultation with their GP Supervisor and other medical educators. The Audit should look at an aspect of the registrars practice and be designed to look at the whole of the practice rather than just the registrar's patients.

At subsequent term workshops, time will be given to Audit discussions under the framework:

- What is the question I'm trying to answer?
- Who can I seek help and support about this activity from?
- Literature search – what reading around the topic have I done?
- Will I need 'ethics' approval for this enquiry? (If so, this must be obtained before proceeding with the enquiry)
- What evidence will need to be collected?
- How will I collect this evidence?
- How will I analyse the data?
- What follow up activity could I undertake to close the audit cycle?

Where registrars are granted an exception from subsequent term workshops they will be expected to submit update reports about their audit to the relevant Medical Educator. This is the responsibility of the registrar.

Note: Registrars may choose the option of undertaking a 'research project' which would include their Peer Teaching, Community Project and Audit node requirements. This should be discussed with a Medical Educator.

Assessment

Assessment of the audit will be completed by Medical Educators. The registrar will present the results of their audit to their supervisor and other practice staff at a teaching session in the practice and at a subsequent term workshop. For registrars undertaking a subsequent term (i.e. Specials Skills) outside Gippsland, arrangements will have to be made to present their audit. A summary of the audit will be posted by the registrar in their portfolio on GPRime. Following this, a rating form will be completed by the Medical Educator and posted on GPRime.

Remediation

If the Audit is not considered to be of a satisfactory standard, further work will need to be undertaken to bring it to an acceptable level. Note until a satisfactory rating is given, a certification of satisfactory completion of training will not be granted.

Other

Undertaking this audit should leave the practice with some useful information to improve the quality of care given in the practice. It will allow the registrar to leave a lasting mark on the practice.

12. Research Activity [Optional]

getGP is keen to foster Research in General Practice and will actively aid any registrar who elects to undertake a research project in General Practice. This activity will carry the option of replacing the audit, the community issues and the peer teaching activity[9,8,7]. If you elect to undertake a research project please submit, in writing, your Research ideas to the Director of Training. The getGP research committee will then liaise and advise re development of the project.
