



RACGP

Practice Experience Program Specialist (PEP SP) Participant Handbook

Substantially Comparable Stream



Practice Experience Program Specialist (PEP SP) Participant Handbook - Substantially Comparable Stream**Disclaimer**

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V1 June 2024

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Acronyms

AGPT	Australian General Practice Training program
AHPRA	Australian Health Practitioner Regulation Agency
AKT	Applied Knowledge Test
ALS	Advanced life support
AMC	Australian Medical Council
BLS	Basic life support
CBD	Case-based discussion
CCA	Clinical Case Analysis
CCE	Clinical Competency Exam
CFEP	College Focused Evaluations Program
CFET	College Feedback Evaluation Tool
CPD	Continuing professional development
CV	Curriculum vitae
DISQ	Doctor's Interpersonal Skills Questionnaire
DPA	Distribution Priority Area
EASL	Early Assessment for Safety and Learning
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FSP	Fellowship Support Program
FT	Full time
FTE	Full Time Equivalent
GP	General Practitioner
KFP	Key Feature Problem
MBA	Medical Board of Australia
MBS	Medicare Benefits Schedule
MCQ	Multi-choice questionnaire
ME	Medical Educator

Mini-CEX	Mini-clinical evaluation exercise
MMM	Modified Monash Model
MSF	Multi source feedback
PC	Partially comparable
PEP SP	Practice Experience Program Specialist
PT	Part time
RACGP	Royal Australian College of General Practitioners
RCA	Random case analysis
RVTS	Remote Vocational Training Scheme
SAPT	Self-assessment progress testing
SGL	Small Group Learning
SIMG	Specialist international medical graduate
WBA	Workplace-based assessment



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Training program contacts

RACGP National

T: 1800 472 247

E: education@racgp.org.au

W: www.racgp.org.au

RACGP offices

W: www.racgp.org.au/find-an-office

PEP SP administration team

E: pepspecialistadmin@racgp.org.au

Let's get you started

Overview

When you applied for entry into the PEP SP, you were assessed as Substantially Comparable to an Australian trained specialist general practitioner at the point of admission to Fellowship. This means that you are now about to start your PEP SP journey on the Substantially Comparable (SC) stream.

The PEP SP on the SC stream is a self-directed and workplace-based program. You will spend a minimum of six months in comprehensive Australian general practice, during which you'll work under supervision and complete targeted educational activities to enable your successful transition to the Australian general practice system. Towards the end of your training program, you'll be required to complete a series of workplace-based assessments to demonstrate that you have reached comparability with an Australian trained specialist general practitioner (GP) commencing practice (ie at the level of a new Fellow of the RACGP).

Once you have successfully completed the PEP SP and met the requirements for Fellowship of the RACGP (FRACGP), you'll be eligible for admission to the FRACGP and for specialist medical registration with the Australian Health Practitioner Regulation Agency (AHPRA). It is important to note that you'll be required to keep working under supervision until you are admitted to FRACGP.



Important reminders

You must hold medical registration and be a financial member of the RACGP throughout the entire PEP SP, including while you are being admitted to Fellowship. For further information on how to apply for medical registration and how to become an RACGP member, go to the [PEP SP Application Handbook](#).

AHPRA medical registration

If your medical registration changes at any time during your program, you must advise us via the Change of Circumstance Form available on the PEP SP portal.

A change to your medical registration might include a restriction, condition, limitation, reprimand, supervision requirement, tribunal outcome, suspension, undertaking and/or other remark or change. The [AHPRA website](#) contains information about the possible outcomes that may arise if a concern is raised about you.

Failure to disclose changes on your registration will be handled as per the [Academic Misconduct Policy](#).

Continuing professional development

Like all GPs, you will need to meet your Continuing Professional Development (CPD) requirements as you progress through the PEP SP, as per the [Medical Board of Australia's Registration standard: CPD](#). The RACGP has a comprehensive CPD program available to members, with streamlined systems for logging your progress. Go to [Your home for CPD](#) for more information.

RACGP membership

You'll need to be a Registrar Associate member at the commencement of Training and throughout your program; your program time won't be recognised under other membership types. The [RACGP Constitution](#) details your rights as an RACGP member.

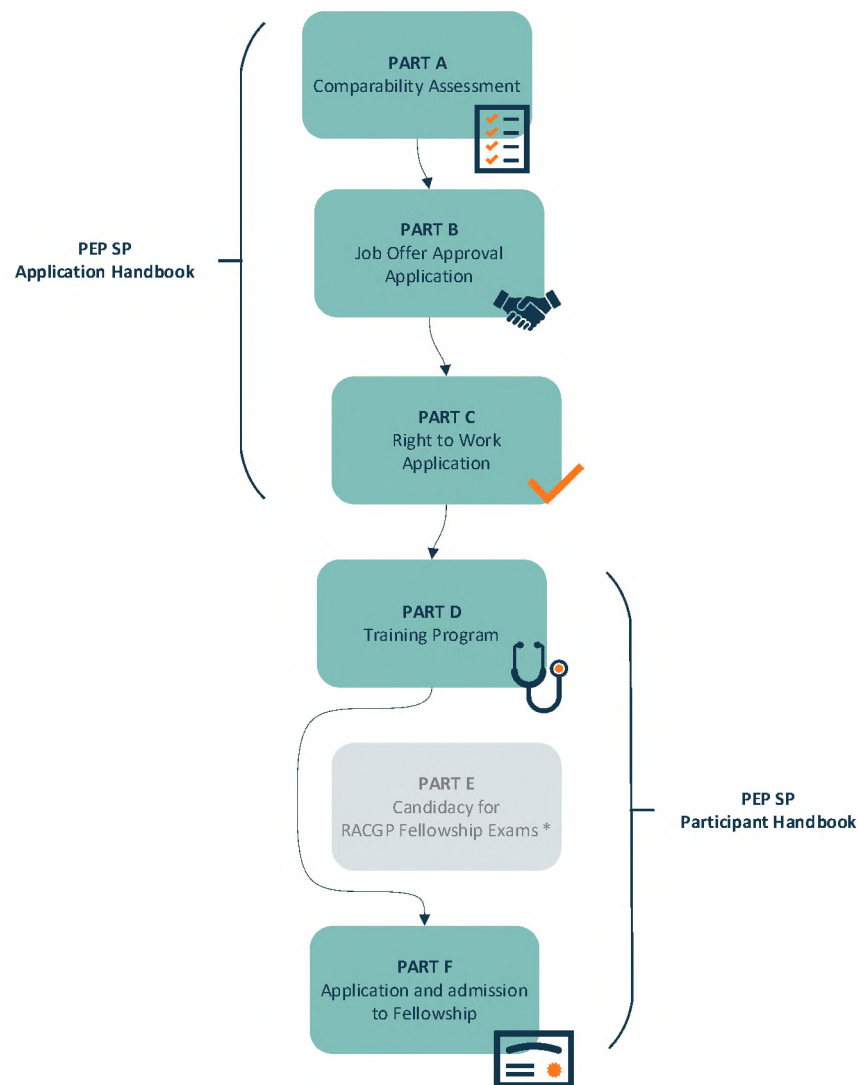
Each year you'll be issued a membership renewal which must be paid within 3 months of the due date.

If you do not maintain RACGP membership, you may be withdrawn from the PEP SP as per the [PEP SP Withdrawal Policy](#).

Your PEP SP Journey

Figure 1 describes your entire PEP SP journey from the time you start your application into the program to the time you are admitted to FRACGP.

The application process (Parts A, B and C) is explained in detail in the [PEP SP Application Handbook](#). In this handbook, we'll focus specifically on your journey from the day you start the program (ie the day you start work in your approved practice) to the day you are admitted to FRACGP (Parts D and F).



* Part E does not apply to participants on the Substantially Comparable stream.
Part E only applies to participants on the Partially Comparable stream.

Figure 1: PEP SP Journey on SC stream from application to Fellowship

Before we get into the specifics of the program, there are three important concepts we would like to introduce as they'll help you navigate your way through the PEP SP:

- Full-time vs part-time general practice experience
- Program time cap, and
- Training program.

Full-time vs part-time general practice experience

The following definitions of full-time and part-time work will apply while you work in your RACGP-approved practice:

Full-time general practice experience is defined as at least 38 hours distributed over a minimum of four days per week. A minimum of 27 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or of less than four calendar weeks in any one practice will not be considered. Hours worked beyond this fulltime definition will not be considered.

▶ A participant working full time is defined as 1.0 Full Time Equivalent (FTE).

Part-time general practice experience is defined as at least 14.5 hours distributed over a minimum of two days per week, of which at least 10.5 hours is face-to-face, rostered, patient consultation time, undertaking general practice activities. Work periods of less than three consecutive hours, or of less than four calendar weeks in any one practice will not be considered.

▶ A part-time participant's FTE status is calculated by dividing the participant's scheduled weekly hours by the number of hours for an official weekly full-time load, eg a participant working 19 hours per week is a 0.5 FTE (= 19 ÷ 38).

Program time cap

The program time cap, or program maximum timeframe, is a requirement set by the Medical Board of Australia (MBA) in their [Standards: Specialist medical college assessment of specialist international medical graduates](#). It refers to the maximum amount of time you can remain on the program from the day you start work in your approved practice in Australia to the day you are admitted to FRACGP.

- If you are working in your practice on a full-time basis, your time cap is **one calendar year (12 calendar months)**.
- If you are working in your practice on a part-time basis, your time cap is **two calendar years (24 calendar months) pro-rata**, i.e. it will be calculated proportionally to your FTE status. The lower the hours worked per week, the longer your maximum timeframe will be, up to a limit of 24 calendar months.

The following table is for example purposes only; your exact program time cap will be communicated to you when you start the PEP SP.

Hours worked per week	Maximum timeframe (months)
38	12
24	19
20	22.8
18	24
15	24

Training program

The training program, also referred to as Part D, is the period that commences on the day you start work in your approved practice in Australia and during which you must complete the program's [educational activities](#) and [workplace-based assessments \(WBAs\)](#).

Regardless of your full-time or part-time status your training program will last six calendar months. If you are unable to complete the program within six-calendar months, you may discuss an extension with your Medical Educator.

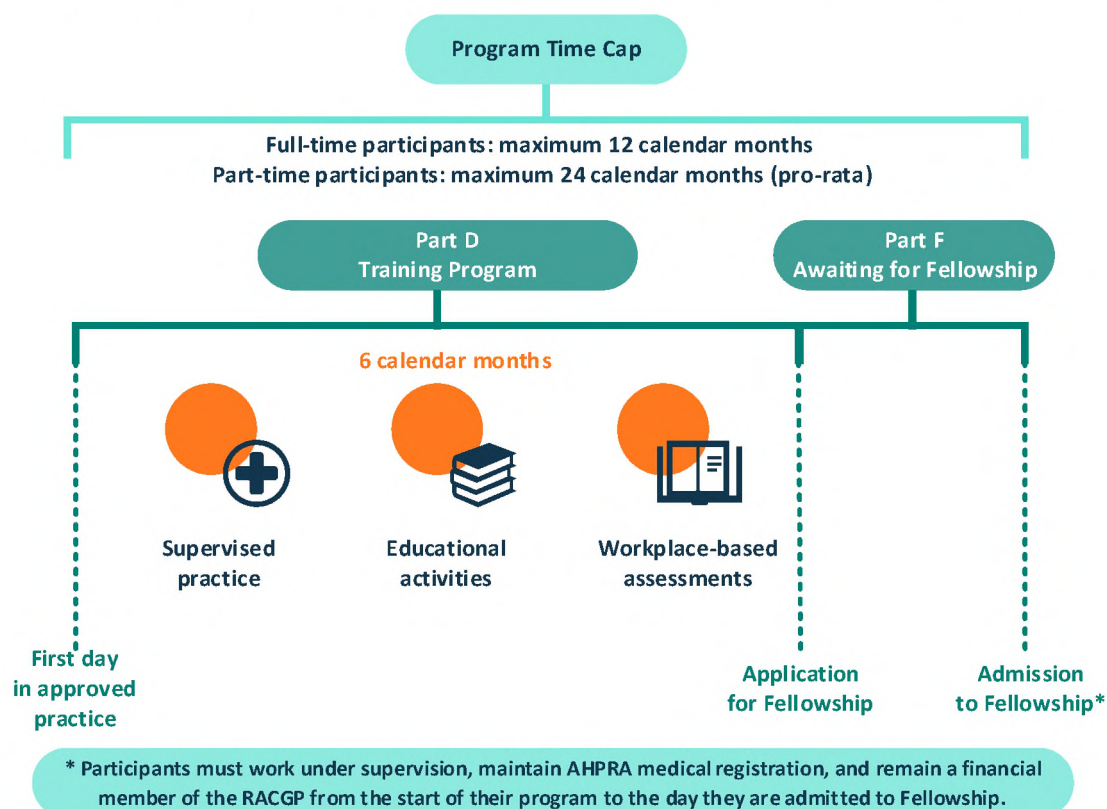


Figure 2: PEP SP Journey on SC stream

Key people

In this section, we'll look at the people who will be supporting you as you progress through the PEP SP.

Supervisor

Your supervisor is an experienced specialist GP who has been approved by the MBA to provide supervision. They will provide you with clinical support, advice and feedback while you work in your approved practice so you can develop your skills in a supportive environment and transition to the Australian health care system successfully.

Your supervisor's main responsibilities will be to:

- share their professional knowledge and skills,
- assist you with your practice clinical queries,
- orientate you to the practice and local context,
- facilitate your understanding of the Australian health care and support systems.

Medical Educator

You'll be allocated a Medical Educator (ME) when you start on the program. MEs are staff of the RACGP; they are also experienced GPs with extensive educational and practical knowledge in the general practice environment. Their role is to mentor and support your educational needs as you progress through the PEP SP. You'll have regular meetings with your ME throughout your program.

Your ME's main responsibilities will be to:

- provide educational and training support,
- assist you with program planning,
- monitor and discuss your performance as you progress through the program,
- encourage self-reflection,
- help you identify your learning needs and areas where you may need additional support.

The PEP SP administration team

The PEP SP team is here to support you. They will communicate with you, mostly via email, to provide information about the program and its milestones as you progress towards Fellowship.

To contact them, please email pepspecialistadmin@racgp.org.au

Induction

At the start of your training program, your ME will schedule an online induction interview. This will be an opportunity to get to know each other and discuss topics such as:

- your training and experience to date,
- your career aspirations,
- the program's milestones and requirements,
- RACGP systems and policies,
- important information about your Medicare provider number,
- the Australian general practice context.

Important! We will send you an online questionnaire that you will need to complete prior to the induction. The questionnaire includes questions about your education, experience to date, practice details etc. It will help guide the discussion during the induction with your ME and inform your learning needs assessment.

Learning needs assessment

During the induction interview, you'll also complete a learning needs assessment, which will be used to inform the development of a learning plan tailored to your level of knowledge and skills.

To assess your learning needs, your ME will review your Curriculum Vitae (CV) and the outcome of your Comparability Assessment. You will also be required to complete an online Early Assessment for Safety and Learning (EASL) multi-choice questionnaire (MCQ) prior to the induction interview.

EASL MCQ

The EASL MCQ assesses applied knowledge and self-confidence through 70 multiple-choice questions. The questions focus on acute and serious illness and common presentations in Australian general practice. A self-assessment confidence rating grid is embedded into the test to provide insight into the participant's self-awareness of their own competence and potential gaps.

At the completion of the MCQ, a report will be generated and shared with you and your ME. This report will allow you and your ME to work together to identify learning needs early in training, especially in areas that are critical to patient safety. It will be used as a baseline measure to prompt discussion, facilitate self-reflection and allow monitoring of your performance over time. Your supervisor may also find this report useful to identify areas where you may require focused supervision.

Practice workplace-based assessment

During your induction, you will be able to complete a practice [Clinical Case Analysis](#) (CCA). CCA is a type of workplace-based assessment that will be used later in the training program to formally assess your competence against the standards set for a specialist GP at the point of admission to Fellowship. This will be an opportunity to familiarise yourself with the CCA and to obtain valuable feedback from your ME.

You will be able to sit another practice CCA with your ME later in the training program.

Fellowship – relevant policies

[*Academic Misconduct Policy*](#)

[*PEP SP Withdrawal Policy*](#)

Training program

In this section, we'll describe the requirements that must be met while you complete your training program, ie:

- [supervised practice](#)
- [educational activities](#)
- [workplace-based assessments](#)

It is important to note that these requirements are only some of the requirements that must be fulfilled before you can apply for Fellowship. Go to [Fellowship requirements](#) to check the full list of Fellowship eligibility criteria.

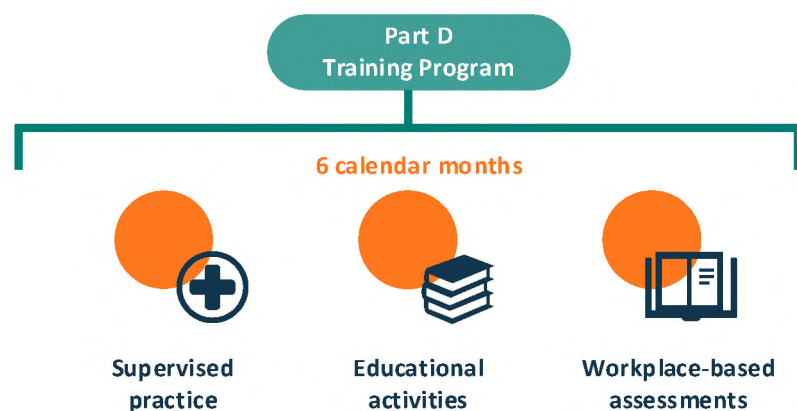


Figure 3: Part D - Training Program

Supervised practice

You must work under supervision in your RACGP-approved practice while completing your training program.



Completing a minimum of six months (FTE) of supervised practice and maintaining supervisory requirement until admission to Fellowship are both [FRACGP eligibility requirements](#).

It is your responsibility to find a practice, secure an offer of employment, and have it approved by the RACGP. For more information about securing employment and getting it approved by RACGP, go to the [PEP SP Application Handbook](#).

As a participant on the SC stream, you must complete your period of supervised practice in a regional, rural or remote area (i.e. an area classified as MM2-MM7 under the [Modified Monash Model](#)), unless you qualify for an exemption as per the [General Practice Fellowship Placement Guidelines](#)¹. You may work in a metropolitan area (i.e. classified as MM1) provided it is classified as a [Distribution Priority Area](#) (DPA).

¹ Location requirements are determined by the Department of Health and Aged Care and are subject to change outside the control of the RACGP.

Important! You must start work in Australia in your approved practice within six calendar months of signing your program agreement.

Note: Participants who were granted entry in the PEP SP with an accommodation to their recency requirement will be required to complete 'make-up' time in supervised practice in addition to the mandated six calendar months, as per clause 2.6 of the [PEP SP Comparability Assessment Guide](#). If this applies to you, the additional time you must complete will be communicated to you before you start the PEP SP.

Supervision level

Before you start on the PC stream, the RACGP will make a recommendation to the MBA regarding your required level of supervision while you work in your approved practice. The recommended supervision level will be based on the outcome of your comparability assessment and your intended position and context of practice.

Most participants will start work in their approved practice on Level 3 supervision. Level 3 supervision means that:

- you will take primary responsibility for each individual patient,
- you will be permitted to work alone provided that your supervisor is contactable by telephone or video link, and
- your supervisor must ensure that there are mechanisms in place to monitor whether you are practising safely.

For more information about supervision level, go to the [AHPRA website](#).

As you progress through your period of supervised practice, the RACGP may recommend to the MBA that your supervision level be changed to a lower or higher level, as per the [PEP SP Supervision Policy](#).

Program commencement date

You are considered to have started the PEP SP on the day you commence work in Australia in your RACGP-approved practice (ie the day you start seeing patients). This is an important date to remember as it will be used to calculate your [program time cap](#).

You must notify the RACGP of your commencement date, ideally before you start work in your practice and no later than two calendar weeks after starting work.

Supervisor report

After you have spent three calendar months in your approved practice, you and your supervisor will be required to complete a [Work Performance Report](#). The purpose of the report is to review and rate several performance criteria against the expected standard of an Australian trained GP at the point of admission to Fellowship, and to capture areas of strength and areas requiring further development. Once completed, you must submit the report to the RACGP, either by emailing it to pepspecialistadmin@racgp.org.au or by uploading it directly to the PEP SP Portal. A copy of the report must also be sent to the MBA by your supervisor.

Educational activities

Educational activities comprise mandatory and optional tasks to be completed during your training program. They have been designed to assist your transitioning to the Australian general practice context.

Core modules (mandatory)

During your [training program](#), you must complete three self-directed online modules covering the following topics:

- Australian general practice skills,
- Aboriginal and Torres Strait Islander health, and
- Doctor's health.

You will receive links to these modules once you have signed the program agreement and paid the program fees.

You may start completing the modules before you start work in your approved practice. We anticipate it will take you around 25 to 30 hours in total to complete all three modules.



Completing the three core modules is one of the [FRACGP eligibility requirements](#).

Small group learning sessions (optional)

Throughout your [training program](#), you'll be invited to attend monthly small group learning (SGL) sessions facilitated by an ME. Although these sessions are not mandatory, we encourage you to attend as they will assist in furthering your understanding of the Australian general practice context.

SGL sessions are semi-structured and tailored to the group's learning needs. Topics covered could include:

- Orientation to the program,
- Aboriginal and Torres Strait Islander health,
- General practice systems,
- Clinical reasoning,
- Preventative health care.

All sessions will be run via videoconferencing and last 1 to 1.5 hours each. Attendance will be generally capped at 20 participants so the sessions can be as interactive as possible. We will provide you with a calendar of SGL sessions and enrolment details when you commence your program.

Workplace-based assessments

During your training program, you'll be required to satisfactorily complete a series of workplace-based assessments (WBAs).

WBAs provide a comprehensive framework for evaluating your competence in areas of practice best assessed in the context of the workplace. Specific WBA competencies have been developed and mapped to the core skills of the [RACGP Curriculum for Australian General Practice](#) to enable assessment in the workplace. They include:

- communication and consultation skills,
- clinical information-gathering and interpretation,
- making a diagnosis, decision-making and reasoning,
- clinical management and therapeutic reasoning,
- partnering with the patient, family and community to improve health through disease prevention and health promotion,
- professionalism, and
- general practice systems and regulatory requirements.

For each competency, the expected standard is set at the point of admission to Fellowship, i.e. the point at which you are ready to demonstrate competence for unsupervised practice in Australia.

Various types of WBAs will be used to assess your competence, including [multi-source feedback \(MSF\)](#) and [clinical assessments](#).

Multi-source feedback

The purpose of the multi-source feedback (MSF) is to obtain feedback from colleagues and patients. The MSF is a well-recognised, valid and reliable method of assessing interpersonal and professional behaviour, development and clinical skills.

The MSF is delivered by [Client Focused Evaluations Program \(CFEP\) Surveys](#) and comprises three components:

- **The Doctor's Interpersonal Skills Questionnaire (DISQ).** The DISQ is a 40 paper-based survey to be completed by a random selection of your patients. Data is collected from patients following their consultations with you. The survey explores patient perceptions about your behaviours, such as listening skills, clarity of explanations, respect for the patient and involvement of the patient in decision-making, as well as the patient's confidence in your ability.
- **The Colleague Feedback Evaluation Tool (CFET).** In the CFET, 15 colleagues nominated by you will be asked to complete an online survey. The colleague feedback evaluation focuses on your professionalism and workplace behaviours. Perceptions are collected about areas such as working relationships, competence and professional development.
- **The self-assessment questionnaire.** This questionnaire provides an insight as to how you view yourself and compares these results with the feedback provided.

Upon completion and submission of all three components, you will receive a report from CFEP Surveys. You will be required to complete a mandatory reflection activity comprising an interview with your ME and a written self-reflective exercise.

Important! If you completed an MSF within one year prior to commencing PEP SP, you may not need to complete a new one provided your existing MSF survey is approved by your ME.

You will get access to the MSF when you commence work in your approved practice. We recommend you start the MSF process as soon as possible as it can take some time to complete and needs to be finalised prior to the end of your training program.

Clinical assessment

After you have spent at least three calendar months working in your approved practice, you'll be required to complete a clinical assessment. The clinical assessment will be conducted online via videoconferencing and be made up of two components: direct observations and clinical case analyses (CCAs).

Your ME will let you know once you can start scheduling the direct observations and CCAs. At that point, the PEP SP administration team will give you access to the WBA booking calendar so you can book the WBA sessions at dates and times that suit you best. For any scheduling questions, you may contact the PEP SP administration team at pepspecialistadmin@racgp.org.au

Direct observation

During a direct observation, the assessor will observe you while you are consulting with patients in your practice. Direct observations will be conducted virtually via videoconferencing. To records their feedback, the assessor will use a standardised and widely used assessment tool: the Mini-Clinical Evaluation Exercise (Mini-CEX). The criteria considered during the observations can be found in the [mini-CEX rubric](#) and [mini-CEX rating form](#).

Things to consider in preparation for the direct observation:

- The date and time of the assessment will be booked in advance, so make sure that you are ready for the start of the consultation and ensure you have two devices capable of internet connection (e.g. office computer, plus a laptop or tablet).
- Ensure reception is aware of the assessment and arranges your appointment book appropriately. Schedule 30 minutes for each patient to allow for observation and feedback.
- Ensure there is some patient-free time at the start of your assessment. This allows time for you and the assessor to discuss the outline for the session.
- Preferably keep consultation time with the patient to under 20 minutes, as the effective use of time is one of the performance criteria.
- Remember to advise the practice that some bookings may not work well for assessment — examples include cervical screening tests, routine childhood immunisations, removal of sutures and ear syringing.
- Patients need to consent to the presence of another doctor during the consultation. Patients should provide verbal consent while booking the appointment, sign a consent form when they arrive for the appointment and confirm their understanding that another doctor will be present when you call them from the waiting room. You should record in the patient's notes the presence of an observer and their name.
- Introduce the assessor to the patient and briefly explain their role. Words such as 'Dr X is here to assist me with my professional development' can be useful.

Things to consider in preparation for the direct observation:

- The assessor might ask you questions related to the case in order to probe your reasoning. They might also ask to review any written material related to the case, such as a referral letter that you wrote or the notes that you made.
- Be prepared to reflect on your own performance and discuss this with the assessor.

Requirements

You must complete three direct observations by the end of your training program. Each direct observation must target a different learning need as identified during your [induction](#).

Clinical case analysis (CCA)

Clinical case analysis (CCA) is a hybrid assessment format comprising review of clinical notes or case reports and/or oral questioning. It is designed to assess your clinical reasoning, management and decision-making skills using clinical cases that you've managed.

CCAs will be conducted virtually using videoconferencing. The ME will use a structured discussion format for the assessment. Targeted questions will allow you to demonstrate your competency across specified areas of the [RACGP Curriculum and syllabus](#). The ME will explore in detail any issues relating to the case to identify if you have any clinical knowledge gaps.

CCA assessment tools include the two options below:

Case-based discussions (CBD)

In a CBD, the participant presents a recent clinical case to the assessor, providing de-identified clinical notes, relevant investigations or results, and details of referrals or preventive healthcare plans.

The case must be one that the participant has been primarily responsible for and that is of a medium level of complexity; for example, where clinical reasoning is complicated by uncertainty or where decision making requires multiple issues to be considered. An assessor may request a case be presented that focuses on a specific area, particularly one in which the participant has been identified as needing further support.

As the assessor works through the case with the participant, they may pose questions from varying perspectives to explore clinical reasoning further. The participant may also highlight aspects of the chosen case for discussion, depending on their self-identified learning needs.

Participants must submit their CBD cases on the [RACGP Case Submission Template](#) at least two weeks prior to the assessment. The quality of the written submission forms part of the assessment and you may be requested to resubmit the case if it does not convey information sufficiently.

Random case analyses (RCA)

For an RCA, the assessor randomly selects a case from the participant's consultation records to discuss or use a submitted case to explore additional curriculum domains. The RCA method may uncover gaps in knowledge and skills that a participant may not have identified.

An RCA is generally conducted through the lens of the five domains of general practice of the [curriculum and syllabus](#), and explores the development of clinical reasoning by considering changes to four contextual influences: the doctor, the patient, the problem and the system. By proposing hypothetical scenarios through 'what if' questions, unidentified learning needs may be uncovered.

The RCA requires little preparation but allows the assessor to choose the case on the day of your direct observation.

Requirements

You must complete three CCAs by the end of your training program, including:

- one CCA with an Aboriginal and Torres Strait Islander focus, and
- one CCA targeted at a learning need identified during your [induction](#).

Assessors

The direct observations and CCAs will be conducted by three independent assessors, separate to your mentor ME, as described in Figure 4.



Figure 4: Clinical assessment first attempt – assessor model

WBA requirements

By the time you finish the training program, you must have completed the following WBAs:



Figure 5: WBA requirements for SC stream



Completing the WBAs is one of the [FRACGP eligibility requirements](#).

Concordance

After you have completed the required WBAs, senior MEs will undertake the concordance process: they will consider your results globally, look at your performance against each WBA competency, and determine whether you meet the standards set for a specialist GP at the point of admission to Fellowship.

- If you meet the standards set for a new Fellow, you will be able [to apply for admission to FRACGP](#) provided you meet all the other [requirements for Fellowship](#).

Note: Participants found to be at Fellowship standard will not receive any feedback on their successful WBAs.

- If you do not meet the standards set for a new Fellow, you will have a [second attempt](#) at the WBAs.

Note: Participants found not to be at Fellowship standard will receive feedback on their WBAs. If you apply for a [reconsideration of the assessment decision](#), feedback will be held until the outcome of your reconsideration is determined.

Second attempt

The second attempt will consist of four (4) direct observations and two (2) CCAs. One CCA will have an Aboriginal and Torres Strait Islander focus and the other CCA will be targeted at one of your identified learning needs.

You will be responsible to book your second attempts using the WBA booking calendar. For any scheduling questions, you may contact the PEP SP administration team at pepspecialistadmin@racgp.org.au

Participants who are nearing the end of their training program may apply for an extension of program time to complete their second attempts, as per the [PEP SP Requirements for Fellowship Policy](#).

The assessors marking your second attempts will be different independent assessors from the assessors who conducted your first round of WBAs. Additionally, each WBA in your second attempt will be marked by two assessors as described in Figure 6.

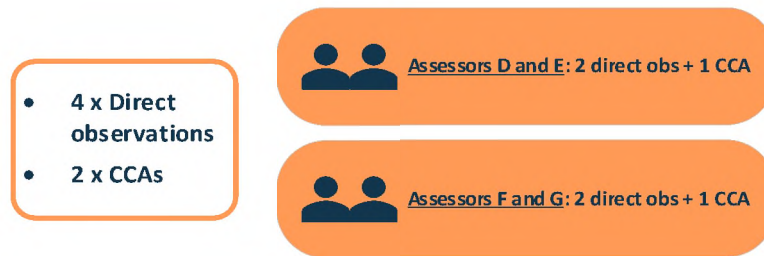


Figure 6: Clinical assessment second attempt – dual assessor model

After you have completed all six additional WBA activities, senior MEs will consider your performance against each WBA competency and determine whether you meet the standards set for a specialist GP at the point of admission to Fellowship.

- If you meet the standards set for a new Fellow, you will be able to apply for admission to FRACGP provided you meet all the other [requirements for Fellowship](#).
- If you do not meet the standards set for a new Fellow, you will have no further attempt at WBAs and will not be able to be admitted to FRACGP on the SC stream. You will be reclassified as Partially Comparable; this means that you will be [transferred to the Partially Comparable stream of the PEP SP](#) and be required to successfully pass the Fellowship exams before you can apply for admission to FRACGP.

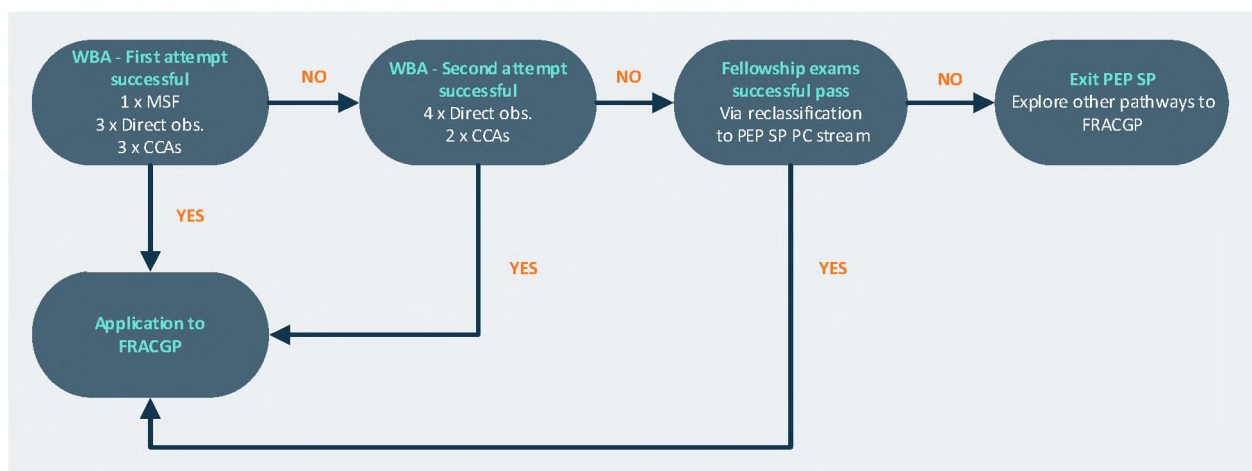


Figure 7: WBA flowchart

Participants reclassified as Partially Comparable

If you are assessed as not meeting the required Fellowship standards after your second attempt at the WBAs, you will have a meeting with your ME to review your results, receive feedback, and discuss your transfer to the PC stream and its implications.

Important! If you are reclassified as Partially Comparable, you'll need to meet the location requirements for the partially comparable stream. This may mean you'll need to move and find a new practice in an MM2-MM7 location, even if you were previously working in an MM1 DPA practice under the Substantially Comparable stream. This is part of ensuring you meet the [General Practice Fellowship Placement Guidelines](#).

When you transfer to the PC stream, you will not be required to complete the training program again (Part D). As illustrated in Figure 8, you will commence on the PC stream directly in Part E, which is the period when you can prepare for and attempt the Fellowship exams.

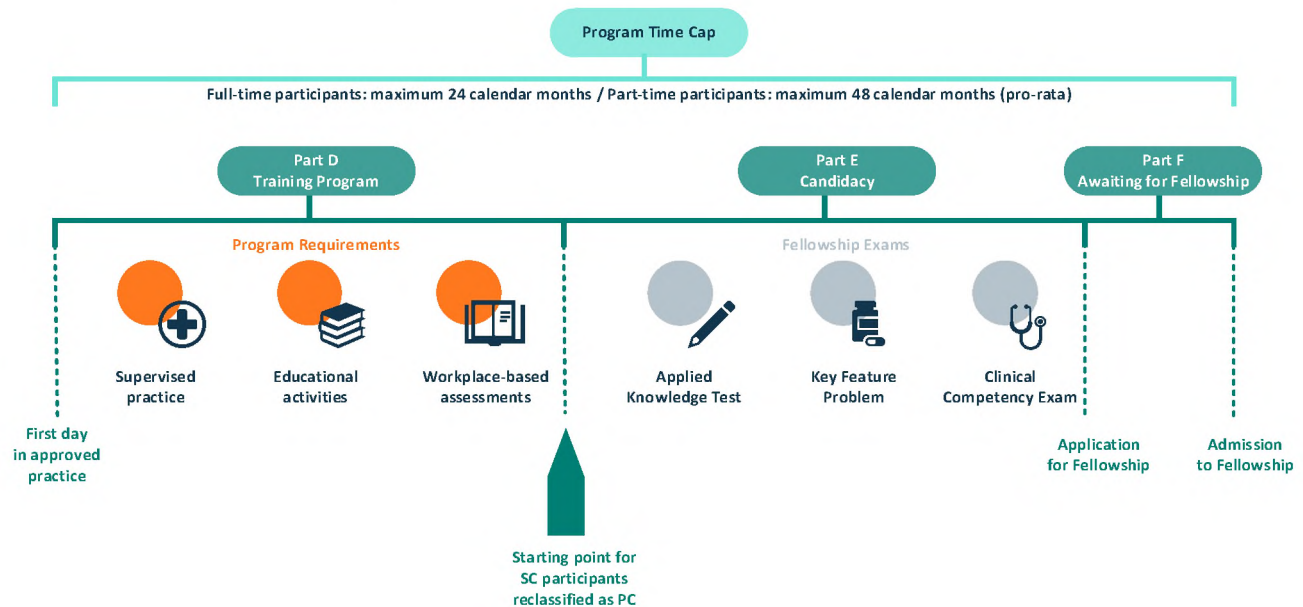


Figure 8: PEP SP journey on PC stream

Impact on program time cap

As a participant on the PC stream, your [program time cap](#) will be adjusted as below:

- If you are working in your practice on a full-time basis, your time cap will be increased from one to **two calendar years**. Any time already completed on the SC stream will contribute to your revised time cap.
- If you are working in your practice on a part-time basis, your time cap will be increased from two to **four calendar years pro-rata**. Any time already completed on the SC stream will contribute to your revised time cap.

For detailed information about the Fellowship exams and the exam preparation activities available to you on the PC stream, go to the [PEP SP Participant Handbook - Partially Comparable Stream](#).

End of program interview

As you approach the end of your training program, you'll have an exit interview with your ME. The exit interview will cover a range of topics including reflections on the MSF Report results, requirements for Fellowship and your feedback on the training program.

Training program – relevant policies

[*PEP SP Requirements for Fellowship Policy*](#)

[*PEP SP Supervision Policy*](#)

Fellowship

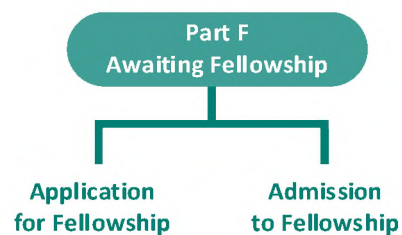


Figure 9: Part F – Awaiting Fellowship

Requirements for Fellowship

After you have successfully completed the training program and worked a minimum of six months (FTE) in your RACGP-approved practice, you are ready to apply for admission to Fellowship. Before you start the Fellowship application process, you must ensure that you meet all the requirements listed in the table below. We've used labels against each requirement to help you identify whether the requirement is:

- to be met during the training program, or **Part D req.**
- an additional requirement. **Additional req.**

Requirements type	Requirements detail	
Experience requirements	Completed six months (FTE) of supervised practice in an RACGP-approved practice.	Part D req. + time post-Part D for part-time participants
	Maintained supervisory requirements until the point of Fellowship.	Additional req.
	Completed a basic life support (BLS) training course in the 12 months prior to applying for Fellowship as per the Basic Life Support and Advanced Life Support Guide .	Additional req.
	Completed advanced life support (ALS) training within four years prior to applying for Fellowship as per the Basic Life Support and Advanced Life Support Guide .	Additional req.
Education requirements	Completed three core modules .	Part D req.
Assessment requirements	Completed the mandated WBA program at the standards set for a specialist GP at the point of admission to Fellowship.	Part D req.
Administrative requirements	Held current Australian medical registration from the date of commencing work in approved practice until the point of admission Fellowship.	Additional req.
	Was a Financial Member of the RACGP from the date of entry into PEP SP and throughout the program.	Additional req.
Professional and ethical requirements	Has not engaged in conduct that would attract sanctions as per clause 27 of the RACGP Constitution .	Additional req.
	Have no restrictions, conditions, addenda on your current AHPRA Medical Registration that prevent you from working unsupervised in Comprehensive Australian General Practice.	Additional req.
	Suitable to be admitted to Fellowship of the RACGP in accordance with the Fellowship Policy .	Additional req.

Applying for Fellowship

Once you have met all the requirements for Fellowship, you may complete an application for Fellowship.

The Fellowship application form will be emailed to you once you have successfully completed the WBA program.

While completing your Fellowship application, you'll need to provide all documentation related to the requirements for Fellowship. As the Fellowship process can take up to 12 weeks, it's important to provide all the requested documentation to avoid any delays.

You must apply for Fellowship within one calendar year of completing all Fellowship requirements.

TIP! Read the [Oath of Fellowship of the RACGP](#).

After you've been admitted to Fellowship

Congratulations on becoming a Fellow of the RACGP!

We've listed below a few more things you'll need to do now that you have been admitted to FRACGP.

Apply for specialist registration with AHPRA

Your access to Medicare rebates as a specialist GP is linked to specialist registration with AHPRA. You should apply for specialist registration with AHPRA as soon as you're admitted to Fellowship. Please note that approvals from AHPRA can take up to six weeks.

Instructions on how to apply will be included with your Fellowship letter. For more information and to apply, visit the [AHPRA website](#).

Apply for a new Medicare provider number

In most cases, once you are admitted to FRACGP, you'll be able to continue using the Medicare provider number you were issued before you started the PEP SP. However, if you are still a temporary resident when you are admitted to FRACGP, you will be required to meet the eligibility requirements under [section 19AB of the Health Insurance Act 1973](#) and may need to apply for a new provider number. Please note that applications for a new provider number may take some time to be processed and finalised. We recommend you contact Medicare directly on 13 21 50 to discuss your individual circumstances.

Further instructions on how to apply for a provider number will be included in your Fellowship letter.

Maintain membership of the RACGP

As a member and Fellow of the RACGP, you are part of Australia's largest professional GP network with 44,000 members. We invite you to make the most of all that your membership offers, including use of the post-nominal 'FRACGP' and access to valuable resources including:

- [gplearning](#)
- [recruitGP](#)
- [RACGP's Continuing Professional Development \(CPD\) home](#)
- [Australian Journal of General Practice](#)

- [John Murtagh library](#)
- [RACGP's Specific Interest groups](#)
- [the national and state/territory faculties.](#)

Fellowship – relevant policies

[PEP SP Requirements for Fellowship Policy](#)

Leave

Minimum leave entitlements

Important! The RACGP manages the leave you can take from your training program. For any leave you need to take from work, you must speak to your employer directly.

While you complete your [training program](#), you are entitled to the following leave:

- 14 calendar days of annual leave, and
- seven calendar days of sick or carer's leave.

You can take this leave without applying to, seeking approval from or notifying the RACGP; however you will need to advise and/or negotiate with your employer.

Additional leave

Category 1 leave and Category 2 leave

In addition to your minimum leave entitlements above, there are two categories of leave you can apply for:

Category 1 - Leave from the training program	<p>Category 1 leave includes leave entitled by law, such as sick leave and carer's leave (where the leave required exceeds the entitlements listed above), maternity leave and parental leave.</p> <p>You'll need to apply within at least 10 business days of the leave commencing, and to provide valid certificates where appropriate.</p> <p>Category 1 leave does not count towards your program time cap.</p>
Category 2 – Additional leave from the training program	<p>Category 2 leave is available when you need to take leave for personal reasons, or for any purpose not included under Category 1 leave.</p> <p>You'll need to apply within at least 10 business days of the leave commencing.</p> <p>Category 2 leave does count towards your program time cap.</p> <p>In extenuating and unforeseen circumstances, you may apply for additional leave from the training program as per the PEP SP Extenuating and Unforeseen Circumstances Guide. Leave granted for extenuating and unforeseen circumstance does not count towards your program time cap.</p>

Emergency leave

In response to emergency situations, the RACGP has the discretion to activate special emergency leave (e.g. for natural disasters, pandemics). We will contact you should you be eligible for special emergency leave. Emergency leave is separate to Category 1 and Category 2 leave and does not count towards your [program time cap](#).

Applying for leave

You must apply for Category 1 and Category 2 leave by completing and submitting the Change of Circumstances Form available on the PEP SP portal. Where requested, your application must be accompanied by supporting documentation.

The RACGP will approve (or decline) your leave request within 10 business days.

Important! Make sure you discuss your plans for leave with your ME as early as possible as there may be implications for your training plan or ability to sit Fellowship exams.

You may not commence your program while on leave unless you were granted an exemption by the RACGP.

Suspending RACGP membership

You can put your RACGP membership on hold during periods of approved leave of three calendar months or more.

To apply for a suspension of membership, you must send an email to membership@racgp.org.au with the following information in the subject line: **Suspension of Membership – Dr [LAST NAME] – RACGP ID number.**

Your completed application must be submitted within 10 business days of your leave starting if you want the suspension of membership to apply for the full period of leave. If your application is submitted later than this, your membership will be suspended from the date your application is received by the RACGP.

If your suspension of membership is approved, any membership fees you have already paid for the period of approved leave will either be refunded after your leave or credited pro-rata towards your future membership fees.

Returning from leave

Once you return from Category 1, Category 2 or Emergency leave, you will be required to make up any missed supervised practice time to ensure you meet the [mandated supervised practice requirements](#).

You must complete a Change of Circumstance Form when you come back from any approved leave.

When returning to your training program after an extended period of leave, you must ensure your visa is still valid and you meet the [Medical Board of Australia's registration standards](#), particularly with regard to recency of practice.

If you are unable to resume participation in the training program at the end of a period of leave, you must inform the RACGP by sending an email to pepspecialistadmin@racgp.org.au within four weeks of the expected leave end date.

Impact of leave on provider number

When considering taking leave, you should consider the impact on your Medicare provider number and your ability to bill to Medicare during this time.

Duration of leave	Impact on provider number
Less than six calendar months	<p>The RACGP will keep your provider number active.</p> <p>You must not bill using your PEP SP provider number while you are on leave.</p> <p>The RACGP monitors the use of provider numbers during periods of leave and will report cases of misuse to Services Australia and the MBA. Provider number misuse will also be handled as per the Academic Misconduct Policy.</p>
More than six calendar months	<p>The RACGP will withdraw your provider number.</p> <p>To remain eligible for the provider number, at least four weeks prior to returning to the program, you must confirm ongoing employment in your pre-leave practice by submitting a Change in Circumstances form via the PEP SP portal.</p> <p>If you are returning to a new practice after leave, you must notify the RACGP of your new employment circumstances by submitting a Change in Circumstances via the PEP SP portal. The RACGP will undertake an eligibility assessment to ensure a new provider number can be issued.</p> <p>If your new practice does not meet the eligibility and provider number requirements, you may be withdrawn from the program.</p>

Leave – relevant policies

[Academic Misconduct Policy](#)

[PEP SP Leave Policy](#)

[PEP SP Withdrawal Policy](#)

Withdrawal and re-entry

There may be circumstances where you need to withdraw from the program (voluntary withdrawal), or where we determine you need to be withdrawn from the program (involuntary withdrawal).

Voluntary withdrawal

You may decide to voluntarily withdraw from the PEP SP. If this is the case, we strongly encourage you to discuss your intention with your ME before starting any formal withdrawal process, so we can consider alternative options and support you in your pursuit of Fellowship.

Voluntary withdrawals are not subject to the [Dispute, Reconsideration and Appeals Policy](#) because the decision to withdraw is yours alone. Therefore, make sure voluntary withdrawal is the most appropriate decision for your circumstances.

You must inform the RACGP of your intention to withdraw by emailing us at pepspecialistadmin@racgp.org.au

Cooling off period

Withdrawing from the program is a significant decision and we recognise that you may change your mind.

If you withdraw after the commencement of training (ie after you start work in your RACGP-approved practice), your decision is subject to a 20-business-day cooling-off period. This means that you may cancel your withdrawal for a period of 20 days by emailing us at pepspecialistadmin@racgp.org.au. If we haven't heard anything from you by the end of the cooling-off period, the withdrawal will be processed.

Please note that this cooling-off period doesn't apply to a voluntary withdrawal before the commencement of training. So, if you withdraw before the training program begins and then change your mind, you'll need to re-apply to join the PEP SP.

Involuntary withdrawal

In some circumstances, we may determine that you should be withdrawn from the training program. If we intend to withdraw you, we'll advise you in writing before you're withdrawn. Examples of reasons for involuntary withdrawal are listed in the table below.

Reason for withdrawal	Detail
Clinical competence	You have not met and maintained an appropriate level of clinical competence, as assessed by your ME.
Capacity	You are unable to continue your training program because: <ul style="list-style-type: none"> you're unable to maintain appropriate medical registration throughout the program. addenda have been added to your medical registration, which restrict your ability to continue in the program. you didn't maintain a valid visa status.

Reason for withdrawal	Detail
Compliance	<p>You have not complied with the program's education and training requirements, eg:</p> <ul style="list-style-type: none"> • not meeting the program time cap requirements, • not completing the WBA program, • not returning to the training program after a period of leave, or taking a period of leave that extends beyond a reasonable timeframe for that category of leave, as per the PEP SP Leave Policy, • failing to maintain Financial RACGP Membership throughout the PEP SP, • failing to pay the PEP SP fees, • repeatedly failing to respond to correspondence from the RACGP relating to your enrolment in the PEP SP. <p><u>Note:</u> As per the PEP SP Withdrawal Policy, the RACGP will attempt to contact you a minimum of three times, including once by certified/registered mail, over an eight-calendar week period. If no response is received within that timeframe, you will be withdrawn.</p>

Dispute

You may dispute your involuntary withdrawal as per the [Dispute, Reconsideration and Appeals Policy](#). You must lodge a dispute within 20 business days of the date of withdrawal or the date of receiving the notification. If no dispute is raised within that timeframe, we will proceed with the withdrawal process.

You can't be reinstated on the program unless the decision to withdraw you has been overturned through the processes outlined in the [Dispute, Reconsideration and Appeals Policy](#).

After withdrawal

As part of the withdrawal process, you'll be invited to attend an exit interview. We'll give you information about career counselling, wellbeing support and other support specific to your needs.

We'll notify Services Australia of your withdrawal. Services Australia will provide 14 days' notice of the intention to withdraw your name from the Register of Approved Placements. Once the notice period has passed, you'll be removed from the register and your Medicare provider number will be cancelled.

Re-entry

If you have voluntarily withdrawn from the program, you may re-apply for entry in PEP SP. The RACGP will consider applications for re-entry on a case-by-case basis.

If you were involuntarily withdrawn from the training program, you may not apply for re-entry in PEP SP.

Withdrawal and re-entry – relevant policies

[*Dispute, Reconsideration and Appeals Policy*](#)

[*PEP SP Withdrawal Policy*](#)

Disputes and complaints

Dispute of a decision

Throughout your training, the RACGP will make decisions about your training program. These decisions are governed by the [Dispute, Reconsideration and Appeals Policy](#). The policy ensures decisions are made with due process, considering the available information, and comply with RACGP policies.

If you are unhappy with the outcome of a decision, you should discuss with your ME to find an agreed outcome. You may also like to contact the [GPs in Training Faculty](#) for guidance and support. Generally, issues can be resolved in this informal mediation process.

However, you may decide you need to raise a formal dispute if you're unable to reach an agreed outcome. There are important things to note if you wish to raise a dispute:

- Disputes are managed under the [Dispute, Reconsideration and Appeals Policy](#). You should review the policy before applying to dispute a decision.
- The RACGP will only consider your dispute if you have attempted informal mediation with your ME and/or PEP SP administration team, and have been unable to reach an agreed outcome.
- A dispute can only be raised about decisions the RACGP has made in relation to your training program. If you have a dispute with an employer that isn't related to your general practice training or if your dispute is in relation to a decision made by another organisation, we can't deal with these under RACGP's [Dispute, Reconsideration and Appeals Policy](#).
- You have 10 business days after we notify you of the original decision to raise a dispute.

Reconsideration of a decision

From time to time the RACGP makes decisions about matters other than those which relate to your training program (eg exam results, eligibility for Fellowship).

If you're unhappy with the outcome of a decision that isn't related to your training program, you may apply for a reconsideration of the decision. Reconsiderations are handled by the RACGP national team. There are important things to note if you wish to apply for a reconsideration:

- Reconsiderations are managed under the [Dispute, Reconsideration and Appeals Policy](#). You should review the policy before applying for reconsideration of a decision.
- The national team will only consider an application for reconsideration of a decision that isn't related to your training program. If you want to dispute a decision relating to your training program, refer to [Dispute of a decision](#).
- You have 10 business days after we notify you of the original decision to apply for a reconsideration.
- Reconsideration applications attract a fee as they're not related to your training program. You will need to pay this fee before the decision can be reconsidered.

Appeal of a decision

You can appeal the outcome of a dispute or reconsideration. There are important things to note if you wish to apply for an appeal:

- Appeals are managed under the [Dispute, Reconsideration and Appeals Policy](#). You should review the policy before applying to appeal the decision.
- You have 20 business days after we notify you of the outcome of your dispute or reconsideration to make an appeal.
- If you are appealing the outcome of a reconsideration, you will be required to pay a fee. You will need to pay this fee before the reconsideration decision can be appealed.

Complaints

You can raise a complaint about decisions or other matters that are not being considered under the [Dispute, Reconsideration and Appeals Policy](#). For more information, including the types of complaints which can be raised and how to lodge a complaint, please refer to the [Complaints Policy](#).

Disputes and complaints – relevant policies

[Complaints Policy](#)

[Dispute, Reconsideration and Appeals Policy](#)



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Schedule of fees

For information about fees and charges, please go to the [PEP SP Fees](#) page.

PEP SP evaluation

Ongoing evaluation of the PEP SP is critical to help us continue to improve training pathways for GPs. Our evaluation aims to:

- monitor and report on the achievement of the program's objectives and outcomes,
- investigate the extent to which the outcomes are achieved, including improvements in participants' knowledge, skills, attitudes, intentions and behaviours, and
- inform quality assurance and improvements to the program.

From time to time we'll ask you to participate in evaluation activities, such as short surveys, focus groups and interviews. We hope that you'll support our evaluation activities by sharing your experience of being a participant of the PEP SP.

Useful contacts

Australian Health Practitioner Regulation Agency

T: 1300 419 495 (in Australia); +61 3 9285 3010 (outside Australia)

W: <https://www.ahpra.gov.au/About-Ahpra/Contact-Us.aspx>

Australian Medical Council

W: <https://www.amc.org.au/contact/>

Medical Board of Australia

T: 1300 419 495 (in Australia); +61 3 9285 3010 (outside Australia)

W: www.medicalboard.gov.au/Registration/International-Medical-Graduates.aspx

RACGP National Faculty for GPs in Training (GPiT)

T: 1800 472 246

W: www.racgp.org.au/the-racgp/faculties/gp-in-training

Glossary

Term	Definition
Addenda	Includes, but is not limited to, restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes on the Participant's medical registration. Refer to AHPRA's website for more information.
Advanced Life Support (ALS) course	As per the requirements listed in the Basic Life Support and Advanced Life Support Guide
AHPRA Medical Registration	Registration with the Australian Health Practitioner Regulation Agency (AHPRA), which allows the registrant to practise medicine. Refer to AHPRA's website for more information.
Basic Life Support (BLS) course	As per the requirements listed in the Basic Life Support and Advanced Life Support Guide .
Business day	A day when both the RACGP national and relevant regional offices are operating.
Candidacy	The three-year period, separate to training program time, during which a Participant can attempt Fellowship exams. For the PEP SP, Candidacy is additionally bound by the Maximum Program Time.
Candidate	The medical practitioner eligible to sit RACGP Fellowship Exams.
Clinical competence	Demonstrated ability to consistently perform relevant clinical tasks to the standard prescribed in the Progressive capability profile of the general practitioner .
Commencement date	The day the Participant starts work in Australia in an RACGP-approved Practice.
Comparable / Comparability	The extent to which an SIMG's recency, continuity of practice, continual professional development, assessment, training, qualifications and clinical experience are assessed as equivalent to an Australian-trained specialist general practitioner at the point of admission to Fellowship.
Comparability assessment	The process of determining the extent to which an SIMG is comparable to an Australian-trained general practitioner at the point of admission to Fellowship.

Term	Definition
Comprehensive Australian general practice	As defined in the Comprehensive Australian general practice guide .
Cooling-off period	The 20 Business Days after the Participant voluntarily withdraws from the PEP SP.
Date of entry	Date the Participant signs the program agreement.
Emergency situation	<p>A situation that impacts on Participants, as determined by the RACGP, and that requires additional allowances beyond the usual scope of policy. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> i. pandemics, and ii. extreme weather events.
Exam semester	A period during which all three Fellowship Exams are delivered.
Extenuating and unforeseen circumstances	Circumstances which are outside the Candidates control and can reasonably be considered to have been unforeseen, and can be shown to have a direct and significant impact on the Participant. The RACGP considers Extenuating and Unforeseen Circumstances on a case-by-case basis.
Fellowship	<p>Admittance to either:</p> <ul style="list-style-type: none"> i. Fellowship of the RACGP (FRACGP), or ii. FRACGP and Rural Generalist Fellowship (FRACGP-RG).
Fellowship exams	<p>The exams run by the RACGP to assess the Candidate's competency for unsupervised general practice anywhere in Australia, including:</p> <ul style="list-style-type: none"> i. Applied Knowledge Test (AKT), ii. Key Feature Problem (KFP), and iii. Clinical Competency Exam (CCE).
Financial RACGP member	<p>An RACGP member who has:</p> <ul style="list-style-type: none"> i. met the membership category requirements, ii. had their complete membership application form accepted, and iii. paid their current membership fee in full.

Term	Definition
Full-Time general practice experience	A 38-hour working week, over a minimum of four days per week. A minimum of 27 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or less than 4 calendar weeks in any one practice, will not be considered. Hours worked beyond this definition of full time will not be considered.
Level 3 Supervision	As defined in the Medical Board of Australia's Supervised practice for international medical graduates guidelines .
Maximum timeframe	<p>The maximum amount of time a Participant can remain on the PEP SP from the day they start their Training Program to the day they are admitted to Fellowship of the RACGP.</p> <ul style="list-style-type: none"> i. Substantially Comparable stream: <ul style="list-style-type: none"> a. Participants who are working in their RACGP-approved practice on a full-time basis must be admitted to FRACGP within 12 calendar months of starting their training program. b. Participants who are working in their RACGP-approved practice on a part-time basis must be admitted to FRACGP within 24 calendar months of starting their training program. Their maximum timeframe will be calculated proportionally to their part-time status. ii. Partially Comparable stream: <ul style="list-style-type: none"> a. Participants who are working in their RACGP-approved Practice on a full-time basis must be admitted to FRACGP within 24 calendar months of starting their training program. b. Participants who are working in their RACGP-approved practice on a part-time basis must be admitted to FRACGP within 48 calendar months of starting their training program. The maximum timeframe will be calculated proportionally to their part-time status.
Notifiable conduct	Notifiable conduct holds the same definition as the Medical Board of Australia's Guidelines for mandatory notifications about registered health practitioners .

Term	Definition
Partially Comparable Participant	A Specialist International Medical Graduate who has been assessed as Partially Comparable to an Australian trained specialist general practitioner at the point of Fellowship, as per the PEP SP Comparability Assessment Guide .
Participant	A Specialist International Medical Graduate who has been accepted into the PEP SP.
Part-Time general practice experience	<p>Calculated pro-rata against the definition of full-time general practice experience.</p> <p>Part time general practice must comprise a minimum of 14.5-hour working week, over a minimum of two days per week, of which a minimum of 10.5 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities.</p> <p>Work periods of less than three consecutive hours, or of less than four calendar weeks in any one practice, will not be considered.</p>
Practice Experience Program Specialist (PEP SP)	The route to Fellowship available to Specialist International Medical Graduates who have been assessed as Substantially Comparable or Partially Comparable to an Australian-trained specialist general practitioner at the point of admission to Fellowship.
RACGP-approved practice	<p>A practice approved by the RACGP for the placement of PEP SP Participants. The practice must:</p> <ol style="list-style-type: none"> i. be accredited against the RACGP Standards for general practices, ii. meet the requirements of Comprehensive Australian general practice, and iii. meet the location requirements as per the Department of Health and Aged Care's General Practice Fellowship Program Placement Guidelines.

Term	Definition
Specialist International Medical Graduate (SIMG)	An overseas-trained medical practitioner who: <ol style="list-style-type: none"> <li data-bbox="819 471 1447 590">i. holds a primary qualification in medicine and surgery awarded by a training institution recognised by both the Australian Medical Council (AMC) and the World Directory of Medical Schools (WDOMS), <li data-bbox="819 625 1447 776">ii. has satisfied all the training and examination requirements to practise as a specialist general practitioner and has been awarded a specialist general practice qualification in their country of origin, and <li data-bbox="819 792 1447 911">iii. had their specialist general practice qualification's curriculum assessed by the RACGP as comparable or partially comparable to the RACGP curriculum and syllabus for Australian general practice.
Substantially Comparable Participant	A Specialist International Medical Graduate who has been assessed as Substantially Comparable to an Australian trained specialist general practitioner at the point of Fellowship, as per the PEP SP Comparability Assessment Guide .
Supervision / supervised practice	Supervision in line with the principles of supervision and supervised practice, based upon the prescribed Medical Board of Australia's Supervised practice for international medical graduates guidelines .
Supervisor	A general practitioner who is both a clinician and a role model, who takes responsibility for the educational and training needs of the PEP SP Participant while in the practice, in adherence with the Medical Board of Australia's Supervised practice for international medical graduates guidelines .
Training Program	The six-calendar-month period that starts from the day the Participant commences work in Australia in an RACGP-approved Practice. Participants must complete the program's mandated educational activities and workplace-based assessments within this six-calendar-month timeframe.
Workplace-based assessment (WBA)	A framework for evaluating a doctor's performance and progress in those areas of practice best assessed in the context of the workplace. The aim is to provide evidence that the SIMG is competent for unsupervised practice in Australia.



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