



MURRAY CITY
COUNTRY COAST
GP TRAINING

MEDICAL EDUCATION

Registrar Progression and Assessment

ME 003

Training Advisor Review Meeting (TARM)

Manual

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Click for [TO 004 MCCC Acronyms, Abbreviations and Definitions Resource Document](#)

What is a Training Advisor Review Meeting (TARM)?

The TARM is a scheduled meeting between an individual registrar and their allocated Medical Educator Training Advisor (TA).

Both the RACGP and ACRRM standards for general practice training mandate that RTO's (i.e. MCCC GP Training) monitor and document a registrar's progression during training.

One way to effectively manage this is through access to TARMs with a designated medical educator. MCCC policy states that these meetings should occur at least once every term (6 months).

The relevant College standards are:

[RACGP \(2015\) Standards for General Practice Training 2nd Edition](#)

Standard 2.3

“The training provider has a documented process for the regular review of the registrar’s training progress throughout training. Training review meetings between the registrar and a medical educator will occur prior to and after every training placement. Frank discussion about the registrar’s progress to date will be informed by:

- *feedback from previous supervisors and supervision teams*
- *feedback from clinical teachers conducting external clinical visits*
- *formative assessment outcomes*
- *registrar’s self-assessment of competencies referenced against the curriculum*
- *registrar’s planned learning*
- *registrar’s FRACGP training portfolio (Criterion 3.3.1.3)*
- *registrar’s log of educational events attended.*

In collaboration with the registrar, the medical educator consolidates and, if needed, modifies the registrar’s training plan. Training provider staff will assist the medical educator and registrar to coordinate and implement the registrar’s training plans. Training review meetings provide an opportunity to identify if the registrar is encountering any difficulties and whether extra assistance or remediation is required before the registrar can progress through training. Early identification of problems is encouraged to ensure that adequate support can be given to the registrar to aid progression through training.”

Standard 3.2 Individual learning/support

“3.2.1 The training organisation facilitates customised, contextualised teaching and learning for registrars.

3.2.2 The training organisation supports registrars to plan their learning and training to meet their individual needs and the requirements of the ACRRM vocational training program.

3.2.3 The training organisation facilitates regular and timely feedback to registrars on performance to guide learning.”

3.2.b Registrars have a training plan which prospectively plans training and assessment giving consideration to training requirements, suitable timing and environments for assessment and time available to complete requirements.”

Both the RACGP and ACRRM require registrars to plan their learning. MCCC requires registrars to develop and maintain a learning plan ([MCCC Learning Plan](#)) in collaboration with their supervisors and the Training Advisor (TA) medical educator. This plan is regularly reviewed and updated and reflects the registrar’s ongoing learning needs.

The purpose of the Training Advisor Review Meeting is therefore two-fold:

1. To monitor and assist with informing a registrars’ training progress
2. To offer pastoral support

Frequency of TARMs

Whilst ACRRM Standards do not specifically state how frequently TARMs should occur, the RACGP states that they “*will occur before and after the placement.*”

MCCC policy requires that at least one TARM occurs per term and at specified training points (highlighted in **red** – Appendix A and B).

This is summarised in the following table:

Stage of Training	TARM number	When in term
Hospital Registrars	H1 and H2	April (approx.) and August (approx.) but region dependent
GPT1/PRRT1	1	Week 8
GPT2/PRRT2	2	Week 10
PRRT2	2A - ACRRM registrars only	On receipt of MSF results
GPT3/PRRT3	3	Early in term
GPT4/ESP/PRRT4	4	Early in term
AST/ARST Registrars	1	Determined by AST/ARST regional ME

Registrars requiring additional support may require more TARMs than specified above.

Arranging the Training Advisor Review Meetings

Medical Educator Training Advisors will be allocated a cohort of registrars to conduct TARMs with a view to maintaining the same cohort throughout the registrar's GPT/PRRT terms. This will allow the TA to develop an ongoing mentoring relationship with an individual registrar. TARMs are ideally conducted face-to-face, but if circumstances do not permit, can be conducted via Skype or telephone. The medical educator and registrar will need to arrange a mutual suitable time and ideally this meeting should take place at a time outside of the registrar's usual consultation hours. It is expected that each TARM will take at least 60 minutes.

Hospital registrars, registrars undertaking Advanced Rural Skills Training (ARST) and Advanced Specialised Training (AST) posts may be allocated a different medical educator during this part of their training. Hospital registrar TARMs are informed by the MCCC Hospital Registrar Program Policy and will be coordinated by the Medical Educator responsible for hospital registrars in each subregion.

ARST and AST TARMs will be coordinated by their relevant regional medical educators.

Documentation of TARMs

As previously mentioned, the TARM has two purposes – educational and pastoral support.

The TARM form provides a useful guide as to what should be discussed and it is recommended that training advisor use this during their meeting.

Upon completion of a TARM, the medical educator will complete the TARM form and submit it to the regional Training Support Officer (TSO).

Note – there is a separate TARM form for Hospital registrars and AST/ARST term registrars. These will be added to the appendix once completed.

This form is available on the MCCC website, the Operations Manual on MeL and soon electronically on SWAN.

See Appendix C – Training Advisor Review Meeting Forms

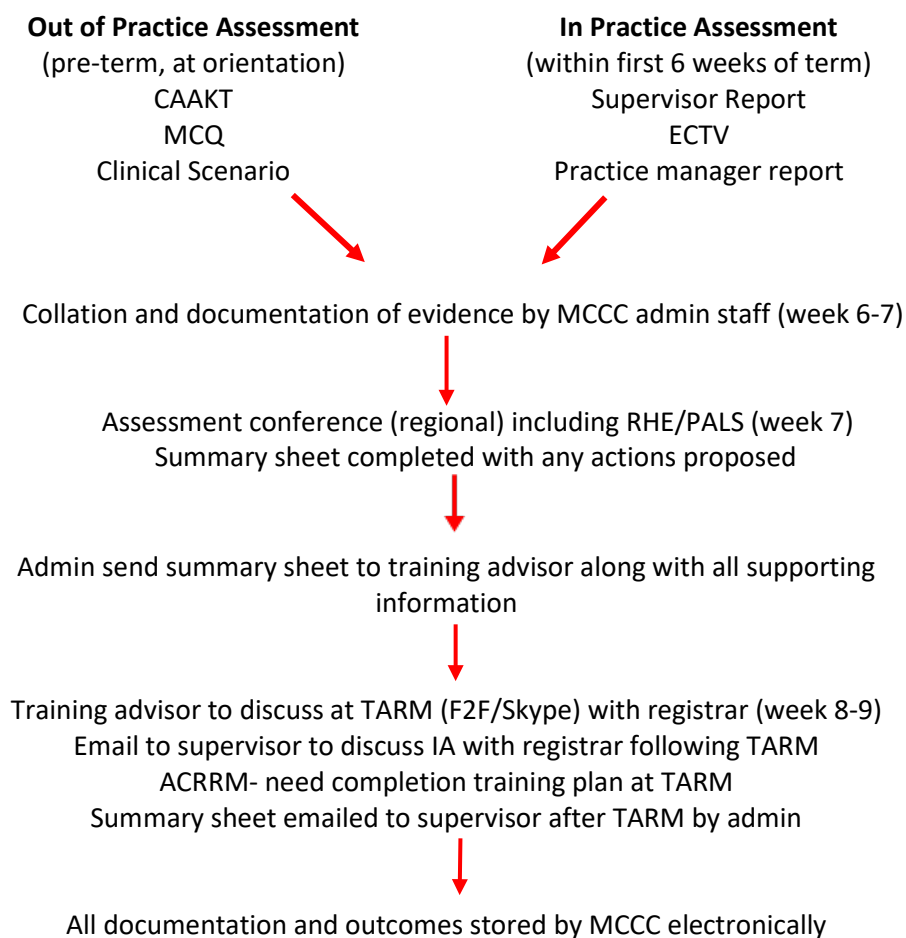
TARM PROCESS

TARM 1 – GPT1/PRRT1 (Initial Assessment – WEEK 8)

The first TARM is to be scheduled following the Initial Assessment (IA) in GPT1/PRRT1 at approximately **week 8** of the term.

The Medical Educator conducting the TARM will be provided with a summary of their allocated registrar's Initial Assessment results for discussion (Appendix D). It is expected that the ME will discuss these results with a view to assisting the registrar to plan their learning and develop a learning plan.

Initial Assessment Flowchart (IA)



ALL TIMELINES ARE CONSIDERED HIGHLY DESIRABLE

The results of the TARM will be documented on the Training Advisor review Meeting form (Appendix C) and forwarded to the regional TSO.

Any issues raised during the TARM should be flagged to the Regional Head of Education (RHE) for follow up.

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TARM 2 – GPT2/PRRT2 (Further Assessment – Week 10)

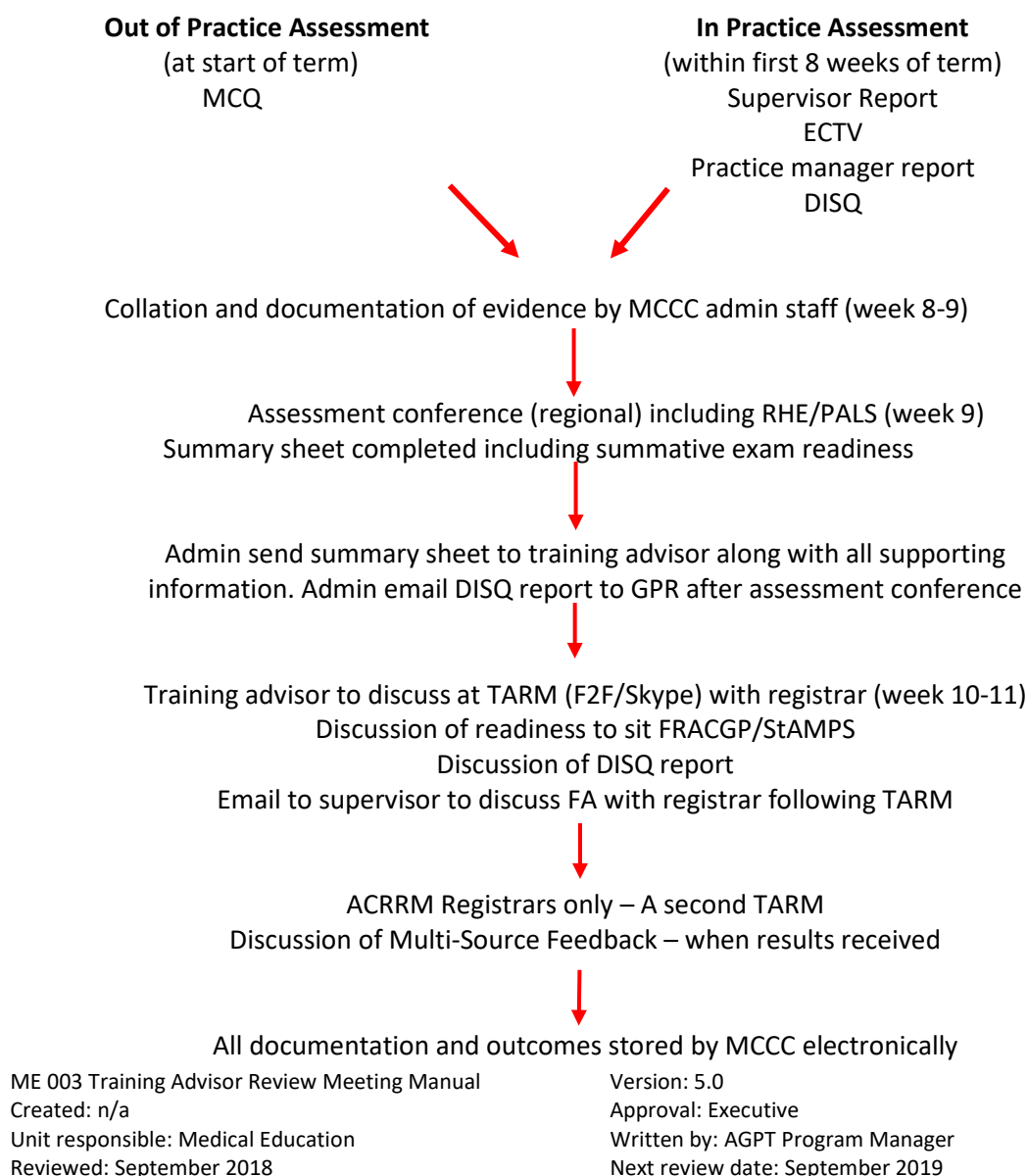
The second TARM should occur following the Further Assessment in GPT2/PRRT2 at approximately **week 10** of the term.

As for the Initial Assessment, Medical Educators conducting the TARM will be provided with a summary of their allocated registrar's Further Assessment results for discussion (Appendix E). It is expected that the ME will discuss these results with a view to assisting the registrar to plan their learning and develop a learning plan. Again, the TARM should cover educational requirements and health and well-being matters.

The results of the TARM will be documented on the Training Advisor Review Meeting form (Appendix C) and forwarded to the regional TSO.

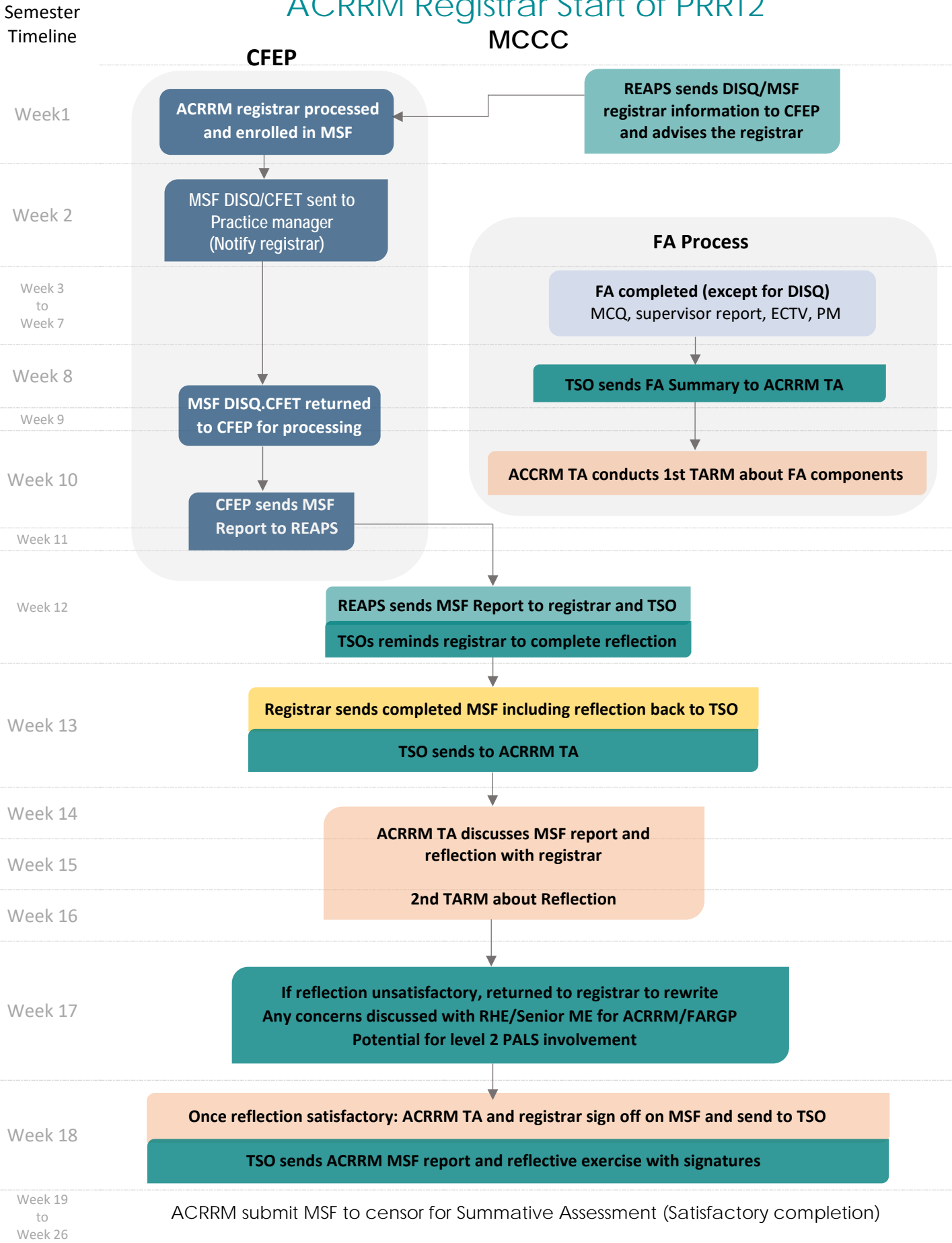
Any issues raised during the TARM should be flagged to the Regional Head of Education (RHE) for follow up.

Further Assessment Flowchart (FA)



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ACRRM Registrar Start of PRRT2



*ACRRM states that MSF needs to be completed **within 4 months** from date of enrolment. Reflection and evidence of discussion with ME must be submitted within **2 months** of registrar receiving report.

TARM 3 – GPT3/PRRT3

The third TARM should occur early in the GPT3/PRRT3 term.

The results of the TARM will be documented on the Training Advisor Review Meeting form (Appendix C) and forwarded to the regional TSO.

Any issues raised during the TARM should be flagged to the Regional Head of Education (RHE) for follow up.

TARM 4 – GPT4/PRRT4

The fourth TARM is should also occur early in the GPT4/PRRT4 term. This TARM should also include a discussion about the requirements for Completion of Training and Fellowship. Registrars should ensure that these will be met by the time they are ready to submit their application paperwork.

The results of the TARM will be documented on the Training Advisor Review Meeting form (Appendix C) and forwarded to the regional TSO.

Any issues raised during the TARM should be flagged to the Regional Head of Education (RHE) , Regional Managers, Registrar Education and Practice Support Coordinator for follow up.

Keeping Up To Date

TA Medical Educators are expected to be knowledgeable in regards to MCCC, RACGP, ACRRM and AGPT training requirements and policies. MEs are advised to be familiar with the websites listed below, in order be informed for any discussions with registrars in relation to training matters. Any queries that cannot be answered by the TA should be directed to the Regional Head of Education or Director of Medical Education and Training.

[MCCC Policies Forms and Guides](#)

[AGPT Policies 2019](#)

[RACGP Policies](#)

[RACGP Training Standards](#)

[ACRRM Training towards Fellowship PRRT Post Standards](#)

[ACRRM Standards for Training Organisations](#)

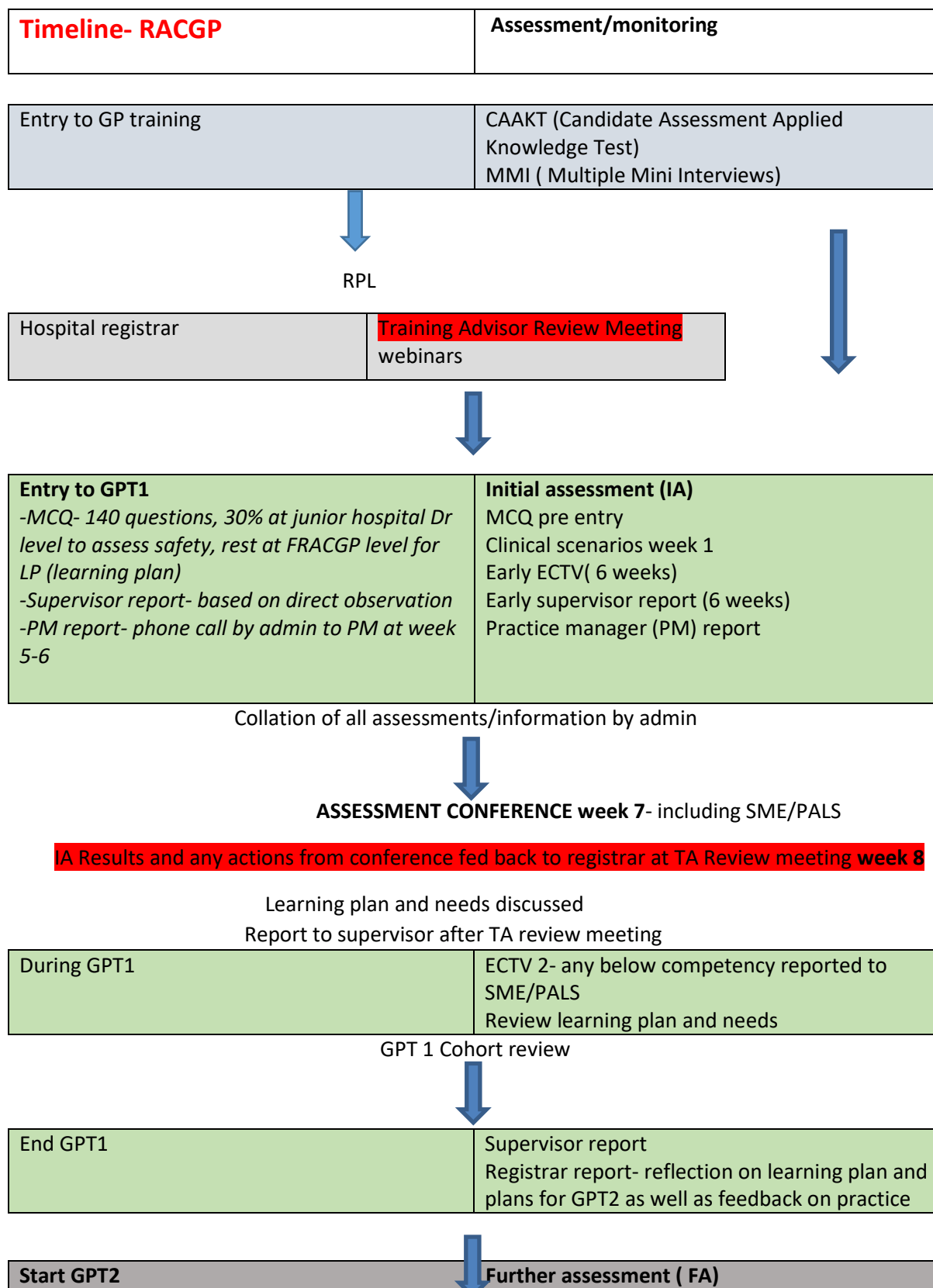
[GP Registrars Australia \(GPRA\)](#)

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Appendix A: RACGP Registrar Progression Diagram



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-MCQ- 140 questions, 70% identical to IA, 30% new at FRACGP level - supervisor report based on direct observation - PM report as phone call from admin week 6-8	MCQ DISQ within first 6 weeks Early ECTV (3) within 8 weeks Early supervisor report within 6-8 weeks PM report within 6-8 weeks
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Collation of all assessments/ information by admin



ASSESSMENT CONFERENCE week 9 including SME/PALS

FA Results and any actions decided fed back to registrar at TA review meeting week 10

Learning plan and needs discussed

Report to supervisor after TA review meeting

Decision/discussion re when to sit exam made at TA meeting between ME and registrar

During GPT2	ECTV 4-any below competency reported to PALS/SME Review learning plan and needs
-------------	--

GPT 2 Cohort review



End GPT2	Supervisor report registrar report- reflection on learning plan and needs and plan for GPT3
----------	--



End GPT2	Mock AKT/KFP for those enrolled in exam Low performing offered extra support via PALS
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GPT3	ECTV 5 TA review meeting Supervisor report
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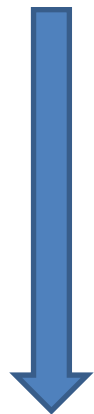
GPT3	AKT/KFP for those ready
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GPT3	Mock OSCE for those enrolled Low performing offered extra support via PALS
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GPT3 exam failures	PALS extra supports
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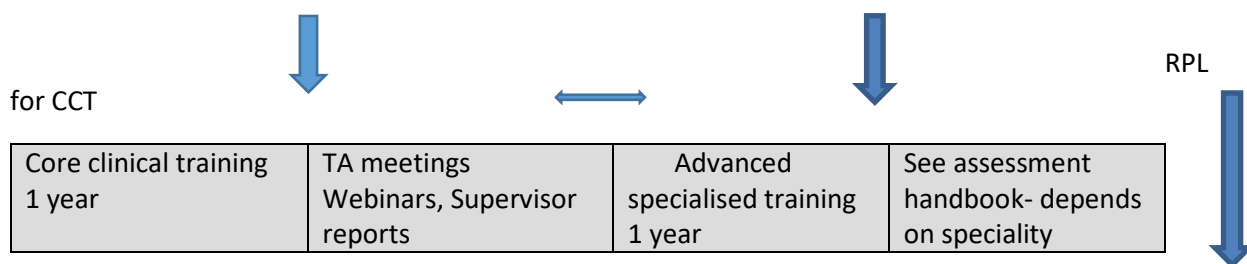


Extended skills/GPT4	TA review meeting Exam support for those taking for first time in GPT4
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Appendix B: ACRRM Registrar Progression Diagram

ACRRM TRAINING Timeline	Assessment/monitoring
--------------------------------	------------------------------

Entry to ACRRM training	SJT MMI
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Entry to PRRT1 NOTE- ACRRM summative assessment MCQ >12/12 training (recommended after 1 yr PRRT) MSF > 12/12 training StAMPS > 24/12 training CBD > 24/12 training Completion procedural log book RRMEO modules x 4 by end training REST (by end PRRT1) + 1x tier 1 or 2x tier 2	Initial assessment (as per RACGP map) SJT result MCQ pre entry Clinical scenario week 1 DVD consultation week 1 Early ECTV (6 weeks) formative miniCEX Early supervisor report (6 weeks) Practice staff report (6 weeks)
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Collation assessments by admin

ASSESSMENT CONFERENCE week 7- including RHE/PALS and ACRRM SME

Results and any actions fed back to registrar at TA review meeting week 8

Learning plan and needs discussed. Log book checked,
training plan designed and checked
 Consideration if extra training/courses required paed/O&G/ anaesthetics

Report to supervisor after TA meeting

During PRRT1 NOTE- ACRRM formative assessment miniCEX x 9 by end second year PRRT	ECTV 2- formative mini CEX Check logbook any below competency reported to RHE/PALS Review learning plan and needs, review training plan
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GPT 1/PRRT1 Cohort review

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End PRRT 1	Supervisor report Registrar report. Reflection on learning plan and needs and plans for PRRT2
------------	--



Start PRRT 2 <i>NOTE: DISQ can be part of summative ACRRM MSF. Registrars are encouraged to complete reflective exercise and CFET at same time to complete MSF requirement. CFET to be discussed with TA/supervisor once report available</i>	Further assessment (as per RACGP map) MCQ DISQ within first 6 weeks Early ECTV (3) within 8 weeks formative miniCEX Early supervisor report within 8 weeks Practice staff report within 8 weeks
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Collation of assessments by admin



ASSESSMENT CONFERENCE- week 9- RHE/PALS and ACRRM SME

FA Results fed back to registrar at TA review meeting week 10

Learning plan and needs discussed. Check log book, check training plan

Report to supervisor after TA meeting. Check number mini-CEX done

Discussion re when to sit exam made at TA meeting between ME and registrar

Further TA meeting to discuss MSF results and written reflection once results available



During PRRT 2	ECTV 4 formative mini-CEX Check logbook and training plan
---------------	--



End PRRT2	Supervisor report registrar report- reflection on learning plan and needs and plan for PRRT 3
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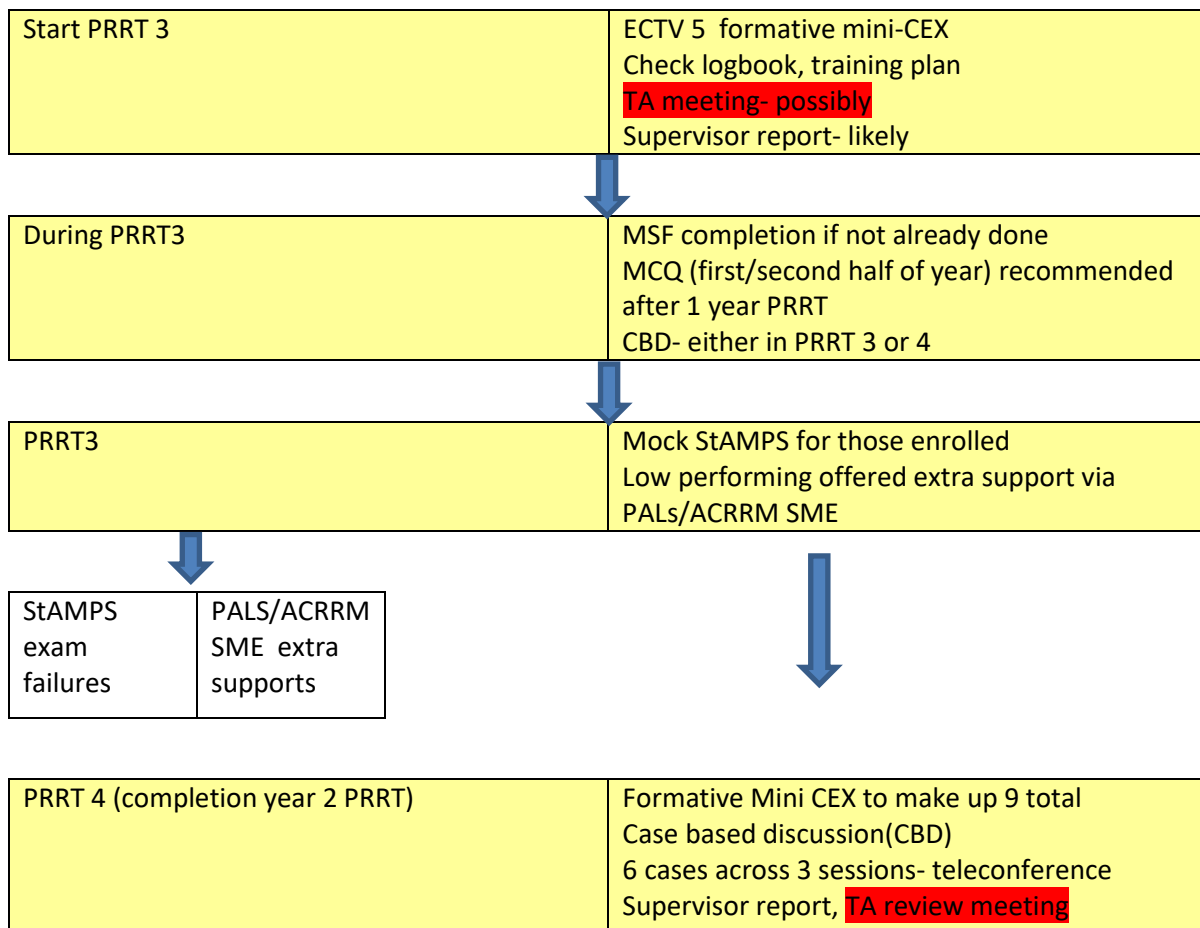
End PRRT2 (completion year 1 PRRT) <i>NOTE- CFET and reflective exercise for completion MSF if not already completed at start PRRT2 can be undertaken now or during PRRT3/4</i> <i>NOTE: need 5 x mini-CEX completed by end year 1</i>	Mock MCQ (organised by RTO) for those enrolled in exam (ACRRM MCQ familiarisation activity- when enrolled in MCQ- run by ACRRM- 50 Qs on line) Low performing offered extra support via PALS/ACRRM SME
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Appendix C: Training Advisor Review Meeting Form

Please work through the following form, using the prompts to guide the conversation. Completion of the form can be done collaboratively with the registrar as the discussion is progressing.

Name of Registrar	
Current hospital rotation or general practice term	
Name of Supervisor	
Name of training post	
Name of Training Advisor	
Date of meeting	
Meeting Number	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other:
Initial assessment (GPT1/PRRT1) (If applicable)	<input type="checkbox"/> IA results discussed (see summary sheet) <input type="checkbox"/> Topics added to LP <input type="checkbox"/> Summary sheet given to registrar for discussion with supervisor <input type="checkbox"/> Admin to email summary to supervisor <input type="checkbox"/> Not applicable <i>Comments:</i>
Further assessment (GPT2/PRRT2) (If applicable)	<input type="checkbox"/> FA results discussed (see summary sheet) <input type="checkbox"/> Topics added to LP <input type="checkbox"/> Summary sheet given to registrar for discussion with supervisor <input type="checkbox"/> Admin to email summary to supervisor <input type="checkbox"/> Discuss DISQ report <input type="checkbox"/> Have the registrar and supervisor discussed DISQ? <input type="checkbox"/> Not applicable <i>Comments:</i>
General registrar wellbeing	<input type="checkbox"/> Settled into GP Practice <input type="checkbox"/> Accommodation for self/family satisfactory <input type="checkbox"/> First impressions of position <input type="checkbox"/> Contract agreed upon and signed

	<p><i>Comments:</i></p>
Orientation	<p><input type="checkbox"/> Full orientation to position and practice has occurred</p> <p><input type="checkbox"/> ECTVs have occurred and/or are being planned</p> <p><i>Comments:</i></p>
Teaching	<p><input type="checkbox"/> Requisite number of hours face-to-face and opportunistic teaching occurring?</p> <p><i>Comments:</i></p>
SWAN	<p><input type="checkbox"/> Orientation to SWAN has occurred and registrar can demonstrate usage?</p> <p><i>Comments:</i></p>
Please also discuss and make comments on:	
Current experience in practice	<p><input type="checkbox"/> Range of patients</p> <p><input type="checkbox"/> Number of patients</p> <p><input type="checkbox"/> Timing</p> <p><input type="checkbox"/> Assistance available when needed</p> <p><input type="checkbox"/> Reflecting on consultations (process and content)</p> <p><input type="checkbox"/> Any identified knowledge gaps</p> <p><i>Comments:</i></p>
Mandatory activities	<p><input type="checkbox"/> Has attended all workshops to date</p> <p><input type="checkbox"/> Evidence of planning learning and regular review</p> <p><input type="checkbox"/> In-practice assessments completed to date</p> <p><input type="checkbox"/> Registrar feedback submitted for previous term</p> <p><input type="checkbox"/> <i>ACRRM only</i> – has training plan been completed?</p> <p><i>Comments:</i></p>

RPL	<input type="checkbox"/> If applying for RPL, has documentation been completed and been handed in at the appropriate time? <input type="checkbox"/> Not applicable <i>Comments:</i>
Practice diversity For RACGP-enrolled registrars only	<input type="checkbox"/> How does the registrar plan to comply with practice diversity? <i>Comments:</i>
Outer metro obligations For general pathway registrars only	<input type="checkbox"/> How does the registrar plan to comply with this obligation? <i>Comments:</i>
Procedural skills	<input type="checkbox"/> Is the registrar interested in Extended Skills, AST or ARST positions? <i>Comments:</i>
Goals	<input type="checkbox"/> For current semester <input type="checkbox"/> For GP Training <input type="checkbox"/> For long-term general practice <i>Comments:</i>
Training Advisor to check	<input type="checkbox"/> Previous ECTV Reports <input type="checkbox"/> Previous Training Advisor/Review Reports <input type="checkbox"/> Previous Supervisor Reports <input type="checkbox"/> *Learning Plan Reviewed <input type="checkbox"/> Training Plan Reviewed (ACRRM only) <i>Comments:</i>

Exams	<u>RACGP/ACRRM</u> <input type="checkbox"/> Assess exam readiness (take into account FA results) <input type="checkbox"/> Check enrolment <input type="checkbox"/> Attendance at pre-exam workshop/course <input type="checkbox"/> Previous passes/failures <i>Comments:</i>
Professionalism	Explore the registrars' actions, attitudes and (ethical) practices. For example, as the registrar about: <input type="checkbox"/> Punctuality and reliability <input type="checkbox"/> Team orientation <input type="checkbox"/> Appearance and behaviour <input type="checkbox"/> Respectful to colleagues <input type="checkbox"/> Communication with patients and colleagues <i>Comments:</i>
Completion of training (COT)/ Fellowship (last TARM only)	Discussion – include: <input type="checkbox"/> ALS/CPR requirement completed? <input type="checkbox"/> Workshops/Aboriginal and Torres Strait Islander Health requirement completed? <input type="checkbox"/> Curriculum vitae required for COT (RACGP) <i>Comments:</i>
Additional action points arising from the meeting not listed in the sections above:	
For the Registrar	
For the Training Advisor	
<input type="checkbox"/> Yes (if yes, please give details below and RHE will be notified) <input type="checkbox"/> No	

Any concerns in regards to this meeting?

Comments:

Appendix D: Training Advisor Review Meeting (ARST AST) Form

Please work through the following form, using the prompts to guide the conversation. Completion of the form can be done collaboratively with the registrar as the discussion is progressing.

Name of Registrar	
Hospital Name/Location	
Hospital Rotation (ARST or AST)	
Training Post Discipline	
Curriculum to be followed	
RACGP/FARGP or ACRRM	
Time frame (12/12 or 6/12, FT or PT)	
MCCC Registrar: Y or N	
If MCCC Registrar, which Region: NW/SW/NE/MW	
If not an MCCC Registrar, which RTO/other	
Stage of training: Pre-GPT1, completed GPT1/2/3/4, ES	
Name of Supervisor	
Date of meeting	
Meeting Number	
Method of contact: Phone or Face-to-Face	
General Registrar Wellbeing <ul style="list-style-type: none"> – Settled into hospital rotation – Accommodation for self/family satisfaction – First impressions of position – Contact agreed upon and signed 	

Orientation	
Teaching time and educational activities	
Curriculum requirements discussed	
Logbook sighted and discussed	
Roster	
Assessment/exams discussed Pre – exam support (eg ACRRM ED Stamps)	
Supervisor reports viewed and discussed Registrar Term feedback submitted	
Workshops discussed (if applicable)	
Planned future use of skill – Short term – Long term	
Discuss need for Consolidation of skills program and GP Mentor	
Courses and funding	
Attitudes to Professionalism: – Punctuality and reliability – Team orientation – Appearance and behaviour – Respectful to colleagues – Communication with colleagues and patients	
Training advisor/reviewer to view previous TA reports	
Other topics to consider discussing in preparation for GP rotations: – Pivotal training – RPL – Diversity (if RACGP pathway) – Mandatory activities – RACGP/ACRRM Exams	

Table of Action Items

Issues	Action	Who is Responsible	Timeframe	Outcome

Registrar signature	
ME signature	

Appendix E:

Training Advisor Review Meeting (Pre GPT1/PRRT1 Hospital Registrar) Form

Please work through the following form, using the prompts to guide the conversation. Completion of the form can be done collaboratively with the registrar as the discussion is progressing.

Name of Registrar	
Current hospital rotation or general practice term	
Name of Supervisor	
Name of training post	
Name of Training Advisor	
Date of meeting	
Meeting Number	
Attendance at group training meeting Semester 1 (FTF or Skype) in which the following themes were discussed: <ul style="list-style-type: none"> • Orientation to MCCC/Swan/MeL • Overview of the Hospital Registrar Education Program • Overview of the webinar platform – Skype for Business • Identifying learning needs and planning your learning • Making the most of the Hospital Term • Concept and scope of Training Advisor role • Choice re pathways to GP fellowship (RACGP, ACRRM) where relevant • Self-care and introduction to available health services for doctors including the Victorian Doctors' Health Program 	<ul style="list-style-type: none"> – Attended FTF – Attended via Skype – Unable to attend so accessed information on MeL as alternative and/or clarified any issues with TA via phone/Skype/FTF
Attendance at MCCC Semester 1 webinars (strongly recommended but not compulsory)	<ul style="list-style-type: none"> – Yes – No
Attendance at group training meeting Semester 2 (FTF or Skype) in which the following themes were discussed: <ul style="list-style-type: none"> • Practice match 	<ul style="list-style-type: none"> – Attended FTF – Attended via Skype – Unable to attend so accessed information on MeL as alternative and/or clarified any issues with TA via phone/Skype/FTF

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<ul style="list-style-type: none"> • Preparing for GPT1 	
Attendance at MCCC Semester 2 webinars (strongly recommended but not compulsory)	<ul style="list-style-type: none"> – Yes – No <p>Comment</p>
Attendance at RLO webinar (strongly recommended but not compulsory)	<ul style="list-style-type: none"> – Yes – No – Accessed narrated power point only
Preparation for GPT1/PRRT1	<ul style="list-style-type: none"> – Advised re preparation required. For example <ul style="list-style-type: none"> • making contact with GPT1 practice • updating medical indemnity insurance • lodging provider number paperwork • Update CPR certificate • applying for appropriate College membership <p>Comment:</p>
General Registrar Wellbeing	<ul style="list-style-type: none"> – Settled into hospital term – Accommodation for self/family satisfactory – Aware of supports if required
Please also discuss and make comments on:	
Current experience in hospital post	<p>Discussed</p> <ul style="list-style-type: none"> – teaching/education in current post – making hospital term more GP focussed. For example ask about <ul style="list-style-type: none"> • are colleagues aware they are GP registrars • considering the GP implications of their current work – Approach to planning their learning. For example ask about <ul style="list-style-type: none"> • Identifying learning needs, bearing in mind they are starting GP next year? • recording their learning needs? • What resources are they using to start meeting learning needs? Eg Murtagh, AFP, How To Treat etc.
Paediatric requirement	<ul style="list-style-type: none"> – Have they met/will they meet their paediatric requirement?
Procedural Skills	<ul style="list-style-type: none"> – Any interest in Extended Skills, AST, or ARST positions?

NB registrars are advised to do this before GPT1/PRRT1 or after GPT2/PRRT2 not between first and second GP terms	
Goals	<ul style="list-style-type: none"> - For current semester - For GP Training - For long-term general practice
Professionalism	<ul style="list-style-type: none"> - Explore the registrar' actions, attitudes and (ethical) practices. For example, ask the registrar about: <ul style="list-style-type: none"> • Punctuality and reliability • Team orientation • Appearance and behaviour • Respectful to colleagues • Communication with patients and colleagues
Additional action points arising from the meeting not listed in the sections above:	
For the registrar	
For the Training Advisor	
Any concerns in regard to this meeting? If yes please give details and notify RHE	YES NO

APPENDIX 4 (referenced to ME 001)

SUMMARY-Results of initial assessment

Date: _____ Region: NE NW SW MW

Name of registrar:

<u>MCQ result</u> Total score %.....	below expected	at expected	above expected
Foundation knowledge %.....	below expected	at expected	above expected
Ind topics %.....	below expected	at expected	above expected

(Note: 'at expected' range has been standard set using the Anghoff method)

Topic areas identified as learning needs

.....
.....

Clinical scenario 1 (diagnosis/management):

ME rating: _____ below expected at expected above expected

Patient rating (out of possible 5).....

Comments.....
.....

CST tutor involved? No Yes – diagnostic only yes – ongoing involvement

If yes, comments:

.....

Clinical scenario 2 (communication skills):

ME rating: _____ below expected at expected above expected

Patient rating (out of possible 5).....

Comments.....
.....

CST tutor involved? No Yes Should a CST be involved? No Yes

If yes, comments:

.....

Early ECTV: overall: below expected at expected above expected

Any domains below expected? Yes No

Comments.....

.....

Supervisor report: below expected at expected above expected

Comments:

.....

Practice staff report comments.....

.....

Is the registrar at the expected level of competence for early supervised general practice?

No Borderline Yes

Suggested Actions if any:

1.....

2.....

3.....

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Key

MCQ- 140 question on line MCQ completed at start of GP in topic batches. 30% of questions are foundation knowledge.

Foundation knowledge- MCQ s set at level of junior hospital doctor.

Ind topics- the remainder of the MCQs- 70%

Clinical scenario- at orientation. An OSCE style scenario using an actor as a patient. Both observing ME and actor give feedback to the registrar and rate their performance.

CST- clinical skills tutor- available to all MCCC registrars if deemed useful.

ECTV- external clinical teaching visit

APPENDIX 4 (referenced to ME 002)

SUMMARY-Results of further assessment

Date: _____ Region: NE NW SW MW

Name of registrar:

MCQ result

Total score %..... below expected at expected above expected

New questions %..... below expected at expected above expected

Individual topics %..... below expected at expected above expected

(Note: 'at expected' range has been standard set using the Anghoff method)

Comparison to initial assessment

'Ind topics' from IA % Has knowledge progression occurred? Yes No Borderline

Topic areas identified as learning needs

.....
.....

DISQ report

Number of items Red Amber Green..... (/13)

Areas of strength.....

.....

Areas to work on.....

Early ECTV: overall: below expected at expected above expected

Any domains below expected? Yes No

Comments.....

.....

Supervisor report: below expected at expected above expected

Comments:

.....

Practice staff report comments.....

.....

Is the registrar at the expected level of competence for GPT2/PRRT2 general practice?

No Borderline Yes

Suggested Actions if any:

1.....

2.....

3.....

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Key

MCQ- 140 question on line MCQ completed at start of GPT 2/PRRT2 in topic batches. 30% of questions are new questions compared to initial assessment.

Ind/Individual topics- other MCQ questions- 70% of paper. Questions are identical in both assessments

DISQ- doctor’s interpersonal skills questionnaire. Managed by an external company (CFEP). Questionnaires are sent to practices and given to patients to fill out anonymously following consultation with the registrar. The patient rates 13 aspects of the doctor’s consultation skills. The company collates information from 30-40 questionnaires and sends a report comparing the registrar with national peers.

Green: mean score falls in highest 75% of all means

Amber: mean score falls between lowest 10% and highest 75% of all means

Red: mean score falls in the lowest 10% of all means

ECTV- external clinical teaching visit

Practice staff report- a phone discussion with the practice manager as to how the registrar has settled into the practice