

## ECTV Processes for Practice Managers

**What is an ECTV?**

An ECTV is an External Clinical Teaching Visit. It is a learning opportunity where the registrar receives direct feedback on their consultation skills. A Medical Educator or experienced Supervisor from another practice will observe a series of up to five (5) consultations during the visit.

**Allocation of an ECT Visitor**

Each semester, an ECTV roster is developed by each regional MCCC team. The REAPS (Registrar Education and Practice Support Coordinator) and RHE (Regional Head of Education) will determine appropriate Medical Educators (ME) or experienced GP supervisors (GPS) to undertake the visits.

Relevant Medical Educators and Supervisors (via their practice managers) will be advised via email of the registrars they have been allocated to visit, the level of the registrar and the practice details where the registrar will be working.

If the Visiting supervisor believes they will be unable to complete a particular allocated registrar ECTV, they MUST advise MCCC as soon as possible, so that it can be re allocated.

**When are ECTVs Required?**

Each GPT/PRRT1 registrar requires an ECTV prior to the end of week 6 of the semester. A subsequent ECTV is then undertaken later during the semester (approximately week 20 / must be completed by week 22).

Each GPT/PRRT2 registrar requires an ECTV prior to the end of week 8 of the semester. A subsequent ECTV is then undertaken later during the semester (approximately week 20 / must be completed by week 22).

Each GPT/PRRT3 registrar requires 1 ECTV during the semester.

Additional ECTVs may be undertaken as a teaching or assessment tool. MCCC will communicate with the practice as required to arrange these. These are called Diagnostic ECTVs.

**Establishing the date**

Where a ME (Medical Educator) has been allocated to the registrar, the ME will contact the practice manager directly to liaise regarding an appropriate date and time for the visit.

**Where a GP Supervisor has been allocated, their practice manager will contact the registrars practice manager to liaise regarding an appropriate date and time for the visit.**

The visit should take place on a day when the GP registrar and their Supervisor are both consulting in the clinic.

**Once the date is confirmed, the ME or PM of the visiting supervisor must advise MCCC of the date via email. MCCC will confirm the date via email (including the registrar) and set up SWAN for completion of the report.**

## ECTV Processes for Practice Managers

**Format of Visit / Setting up the registrar diary**

Once the registrar's Practice Manager is aware of the date – either following discussion with the allocated ME or the practice manager of the allocated Supervisor (as well as MCCC confirmation email), they must set up the registrars diary.

The ECTV should take around 3.5 hours. **The registrar's practice manager is responsible for booking the ECTV in the patient appointment diary.** The format will vary based on the registrar level.

**Initial Assessment (first GPT/PRRT1 ECTV)**

- 30 minutes before the first consultation. This is time for discussion with the GP Registrar about their term so far.
- At least 4 patients booked for 30-40 minute appointments (note: this is generally ½ hour with patient followed by some discussion time)
- 30 minutes at the end with the registrar's GP Supervisor and the GP Registrar to talk through any issues.

**Further Assessment (first GPT/PRRT2 ECTV)**

- 30 minutes before the first consultation. This is time for discussion with the GP Registrar about their term so far.
- 3 patients booked for 30 minute appointments
- 1 hour discussing 3-4 cases randomly selected by the ECT Visitor from the last couple of days consulting – (blocked in the diary as "case reviews")
- 30 minutes at the end with the registrar's GP Supervisor and the GP Registrar to talk through any issues.

**All other routine ECTVs**

- 30 minutes before the first consultation. This is time for discussion with the GP Registrar about their term so far.
- Five (5) patients booked at half hour appointments.
- 30 minutes at the end with the registrar's GP Supervisor and the GP Registrar to talk through any issues.

**Diagnostic ECTVs**

Will be planned and allocated as required. You will be provided with information on the format at the time.

**Privacy and Signage**

In order to comply with legislative privacy policies, MCCC requires training facilities to have the following in their facility's privacy statement: 'medical records may be accessed by visiting medical educators and/or general practice supervisors from another practice for the purpose of registrar training' and advises them via their annual practice agreement. It is also suggested that the training facility display the prepared poster. (GP Training Accreditation/Medical Records Access poster)

**ECTV Processes for Practice Managers****Patient bookings**

Practice managers should advise reception staff to ensure all appointments are booked appropriately for the day.

This should be with a range of patients for RACGP registrars.

It is recommended that no elective procedures are booked during an ECTV.

For ACRRM registrars, the ECTVs are used to complete Mini-CEX. The registrar and practice manager need to liaise regarding appropriate patients to be booked for the specific body system being assessed.

**Patient Consent**

Patient consent is required for each patient. Please see TOF 002 Patient consent.

Ideally patients should be informed on booking the appointment that another doctor will be present and given the opportunity to book another time if they do not wish this to happen.

On arrival each patient should be advised again that another experienced GP will be sitting in the room observing the consultation as part of the registrars learning process. The other GP will not participate in the consultation, but observe the registrar and patient interaction.

Each patient should be then asked to complete and sign the consent form. The form should be saved in the patient file.

If the patient does not wish for the visitor to be present, the ECT visitor will sit out for that consultation.

**Changes or registrar absences**

Once confirmed, any roster changes or leave for the registrar should be avoided.

Due to unforeseen circumstances, should the registrar be unavailable on the day, the ECT Visitor should be advised as soon as possible. The reception staff should be aware if the registrar has called in sick and they note the session in the diary, the ME or practice manager at the supervisors clinic should be advised by phone.

If the allocated ME or visiting supervisor is unable to complete a scheduled ECTV, the registrars practice manager should be advised as soon as possible and the date rescheduled. MCCC should be advised of the amended date.

**Visiting supervisor payments**

Visiting Supervisors who have completed ECTVs are able to invoice MCCC for their time (up to 4 hours – which includes ECT Visit and completion of the report) via the FNF 0002 Supervisor claim form – ECTV.

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### Associated documents

[TOF 002 Patient consent](#) – (see under Forms – External Clinical Training Visits)

[Poster – GP Training Accreditation/Medical Records Access poster](#) — (see under Forms – External Clinical Training Visits)

[FNF 002 Supervisor claim form](#) — (see under Forms – External Clinical Training Visits)