Aims and objectives
Assessing the safety of GP registrars when they first start community practice is critical for the safety of patients,
the registrar themselves and also the practice in which they are working. An Early Safety Assessment (ESA) is not
only about assessing current competency, or saying the registrar is safe for independent practice, but is also
about whether the registrar is able to self-assess their competency limits, and seek help appropriately when
required.

This project aimed to answer the following questions about Early Safety Assessments.
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2. What should be included in an ESA and how should this inform flagging of registrars at risk of safety
breeches?
3. What criteria are used for flagging in each RTO, how many registrars are flagged in each domain,
and is this similar or different across RTOs?
4. What is the feasibility, acceptability and cost-effectiveness of an ESA?
Method
There were three main streams in this research.

Stream1: Interviews with the Directors of Training (DoT) at four Regional Training Organisations (RTOs) about
what their RTO is currently using in an ESA, what they thought should be included in an ESA and why. This then
informed the questionnaire for the first round of a modified Delphi consensus. The DoTs continued on as Delphi
participants along with other experts.

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collaboration between the supervisor, medical educator, remediation committee and/or DoT depending on the
severity and nature of the flag.

The ESA should end when the registrar is flagged and a plan developed, or when the triangulation of data