



## GENERAL PRACTICE EDUCATION PROGRAMME (GPEP)

# Application for Special Consideration in Summative Assessment – including Special Examination Arrangements

Any candidate scheduled to sit The Royal New Zealand College of General Practitioners' (the College's) GPEP Clinical or Written examination or Fellowship Assessment can apply for special consideration.

Special Consideration in Summative Assessment and/or Special Examination Arrangements is the process by which the College seeks to ensure just and equitable treatment of registrars affected by medical or non-medical circumstances that impact or have the potential to impact their performance in an assessment. It may be applied in a circumstance not ordinarily encountered or anticipated and that is beyond the control of a registrar.

Full details for examinations, including the criteria for special consideration, can be found in Section 5 of the 'GPEP Written and Clinical Examinations Rules' and in the 'Special Consideration in Summative Assessment Policy – including Special Examination Arrangements'.

Grounds for special consideration and/or special arrangements are:

- > **Disability** – permanent and longstanding impairment, e.g. deafness, dyslexia, physical impairment
- > **Breastfeeding**
- > **Medical grounds** – temporary impairment
- > **Compassionate grounds** – non-medical circumstances or serious disruptions
- > **Essential commitments** – religious, cultural, societal or legal
- > **Technical problems** – issues arising during an examination, including health and safety risks..

**NOTE:** Any other circumstances that do not fall within the grounds above may be considered under exceptional circumstances by the College on a case-by-case basis.

## Application process

To apply for special consideration in assessment and/or special examination arrangements, complete the attached form (including supporting evidence) and submit to the College.

## Timeframes

Pre-assessment applications for Special Consideration are to be submitted prior to the scheduled assessment date: at least four (4) working days (where possible) before **or** up to four (4) working days after sitting an assessment for post-assessment consideration. For Special Examination Arrangements, applications are to be submitted at time of registration for the examination or at least thirty (30) working days prior to the examination date.

## **Applications for Special Examination Arrangements prior to the examination**

Applications are to be made either at the time of registration for the examination(s) or at least thirty (30) working days prior to the scheduled examination date.

An application may be made to request special examination arrangements on the following grounds:

### **1. Disability grounds**

The College will endeavour to provide the optimal assessment environment for candidates with a disability. Individuals applying for special examination arrangements may be given approval for the use of specialised equipment, aids or special assessment conditions as a result of a disability. The application for special consideration should clearly outline the requirements and special examination arrangements requested.

Applications must be accompanied by relevant supporting documentation. This documentation must include:

- a. a medical report or certificate confirming the nature of the disability and substantiating the grounds for the special examination arrangements in assessment application; and
- b. clear instructions for the provision of specified requirements.

Applications are to be made either at the time of registration/application for the examination(s) or at least thirty (30) working days prior to the scheduled examination date.

### **2. Breastfeeding**

The College will endeavour to arrange a suitable room, with refrigeration facilities, for nursing and/or expressing milk prior to or immediately after the examination.

Applications are to be made either at the time of registration for the examination(s) or at least thirty (30) working days prior to the scheduled examination date.

## **Applications for Special Consideration**

### **1. Medical grounds**

If your application is related to a medical condition, your completed application form must be accompanied by a medical certificate or report from the treating practitioner. The certificate or report should be dated to cover the period affected and be no more than three (3) months old at the time of submission.

The application must include the following information:

- > The severity of the medical condition; and
- > The medical practitioner's opinion on the effect of the condition on your ability to present for the assessment; or
- > Sufficient evidence to show that your performance was seriously affected at the time of the examination.

### **2. Compassionate grounds**

If your application is related to compassionate grounds, your completed application form must be accompanied by relevant supporting documentation. This documentation may include:

- > a bereavement notice and statutory declaration stating relationship to deceased
- > a notice from the treating practitioner where illness of a close relative is involved
- > a copy of a police incident report
- > official documentation outlining the circumstances impacting on the candidate's ability to complete the assessment (completed by medical practitioner, counsellor etc).

### 3. Essential commitments:

Considerations due to religious or cultural observance prohibiting participation in an assessment at a particular time, significant societal obligations or legal commitments.

### Outcomes of Special Consideration

Special Consideration in Assessment and/or Special Examination Arrangements could result in:

- > A registrar requiring specialist equipment or additional support during the examination/s
- > A registrar deferring their examination/s for one year.\*

### Applications for Deferral that do not meet any of the Special Consideration grounds

If you wish to defer for reasons other than those outlined above and in the policy, please seek advice from your LME. In those circumstances, please have your LME/ME tick and sign the form to acknowledge the discussion. **Please email your completed application to: [exams@rnzcgp.org.nz](mailto:exams@rnzcgp.org.nz)**

## Instructions for obtaining a medical report/certificate

### Candidates consulting medical practitioners, dentists or counsellors

1. Arrange to see your practitioner either as early as possible before you sit the examination if you are applying under medical grounds, or as soon as possible after the examination if you are applying due to significant and unexpected circumstances.
2. Ask the person you consult to complete and return Section B by email to the College as soon as possible.

### To medical practitioners, dentists or counsellors

1. The criterion for special consideration is that the impairment will impact or has impacted significantly on the candidate's ability to perform in the indicated examination. You are asked to carefully consider the degree of impairment suffered by the candidate when completing this form.
2. Please deal with applications in the same way that you deal with insurance examinations:
  - > Do not discuss with the candidate your views as to the merit of their claim.
  - > Do not hand the completed form to the candidate but return it by email directly and promptly (within four (4) working days) to The Royal New Zealand College of General Practitioners at: [exams@rnzcgp.org.nz](mailto:exams@rnzcgp.org.nz).

This procedure is suggested to allow you to manage applications appropriately without interfering with the doctor-patient relationship.

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\* A registrar that applies to the College for examination deferral is required to meet the GPEP summative assessment requirements outlined in the relevant Fellowship Pathway Regulations.



## GENERAL PRACTICE EDUCATION PROGRAMME

# Application for Special Consideration in Summative Assessment/ Special Examination Arrangements

**NOTE:** Please read the information and notes on pages 1–3 before completing this application, as well as the associated policy.

### SECTION A: To be completed by the candidate

Surname:  College ID:

First names:

Preferred name (if applicable):

Address:

Phone:  Email:

Please select the assessment to which this application applies:

Written examination  Clinical examination  Fellowship Assessment

I am applying for special arrangements on the following grounds:

Disability grounds  Breastfeeding

**OR**

I am applying for special consideration on the following grounds:

Medical grounds  Compassionate grounds  Essential commitments  
 Technical problems  Other\*

Are you seeking to defer your examination(s)?

Yes  No

### \* SECTION B: To be completed and signed by the candidate's LME or ME if their application sits in the 'Other' category

If your application is to defer and sits in the 'Other' category, **GPEP1 candidates:** please seek advice from your LME, and **Resitters:** please seek advice from your ME. Please have them sign here to acknowledge they have discussed your application:

LME or ME first name and surname:

Signature of LME/ME

Date

## SECTION C: To be completed and signed by the candidate

Please provide details about the reasons for your application and attach relevant evidence:

## Declaration

Please read, complete, and then sign this declaration.

Candidate's surname:

Candidate's first names:

- I authorise The Royal New Zealand College of General Practitioners (the College) to release the information contained in this form, except for medical evidence, to the people involved in the assessment of this examination.
  
- I understand that there may be costs associated with providing special arrangements, and that these will be discussed with me in advance of invoicing.
  
- I understand that the medical evidence will be submitted only to a qualified medical practitioner (the adviser) appointed by the College. Should the adviser require further information or clarification, then I authorise the adviser to seek the necessary information directly from the person or people who have supplied the information in support of this application. In the event of a difference of opinion or a dispute about the seriousness of the illness or other medical condition, I authorise the release of the information to an independent medical referee appointed by the College. I understand that the information associated with this application will be used for the purpose of this application only and will not be released to anyone else.
  
- I have read and understood the relevant sections of the Fellowship Pathway Regulations that apply to me at the time of this application.
  
- I have read and understood the 'GPEP Written and Clinical Examination Rules' and the 'Special Consideration in Summative Assessment Policy – Including Special Examination Arrangements'.

Signature of candidate

Date

**SECTION D: To be completed for medical or disability grounds only**

**Confidential report to be completed by a registered medical practitioner, registered dental practitioner or counsellor.**

*(Please read the section 'To Medical Practitioners, Dentists or Counsellors' on page 3 of this application.  
Further details may be attached to this report, as necessary.)*

Name of practitioner or counsellor:

Candidate's surname:

Candidate's first names:

Date of consultation:

Diagnosis:

**In my opinion, this candidate will suffer/is likely to have suffered impaired performance in the GPEP examination(s) to a:**

- mild degree
- moderate degree
- serious degree

Name of practice/surgery stamp:

Practice address:

Phone:

**Observations:**

After considering the information provided by the candidate's medical practitioner, dentist or counsellor, and taking into account the application by the College of the criteria for special consideration in assessment, this candidate will suffer/is likely to have suffered an impaired performance.

**Signature of practitioner or counsellor**

**Date**

**SECTION E: To be completed by the College**

Candidate's surname:

Candidate's first names:

**Head of Learning's comments and recommendations to the Censor in Chief:**

**Signature of Head of Learning, RNZCGP**

**Date**

**SECTION F: To be completed by the Censor in Chief**

Candidate's surname:

Candidate's first names:

**The assessment to which this application applies:**

Written examination                       Clinical examination                       Fellowship assessment

**The application for special arrangements was made on the following grounds:**

Disability grounds                       Breastfeeding

**The application for special consideration was made on the following grounds:**

Medical grounds                       Compassionate grounds                       Essential commitments  
 Technical problems                       Other

**Deferral of examination requested:**

Yes                       No

**Approved:**

Yes                       No

**Comments (if applicable)**

**Signature of Censor in Chief, RNZCGP**

**Date**