



Fellowship Pathway Regulations

The Royal New Zealand College of General Practitioners (the College) aims to improve the health of all New Zealanders and to reduce health inequities through high-quality general practice care. General practice has its own body of knowledge and skills that make an essential contribution to the health of our community. The College believes that Fellowship of the College is recognition of having attained the required proficiencies to provide high-quality care and practise independently.

The Fellowship Pathway Regulations (Regulations) govern the pathway to Fellowship. This revision of the regulations comes into effect on 27 January 2025. Registrars enrolled in the General Practice Education Programme (GPEP) under a previous version of these Regulations may complete the programme under the Regulations in effect at the time of starting on the programme. It is the registrar's responsibility to keep a copy of the Regulations that apply to their pathway to Fellowship.

The College Board, or its delegated representative, monitors standards for awarding the College's postgraduate qualifications. The GPEP training programme is accredited through the Medical Council of New Zealand (MCNZ).

1. The discipline and speciality of general practice

1.1. Definition of General Practice

General practice is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity, and a clinical specialty oriented to primary health care. It is a first level service that involves improving, maintaining, restoring, and coordinating people's health. It focuses on patients' needs and enhancing links between local communities and other health and non-health agencies.

General practice:

- (a) is personal, family and community-oriented, comprehensive primary care that continues over time, and is anticipatory as well as responsive
- (b) builds meaningful connections with people of all ages, backgrounds, whakapapa and beliefs
- (c) is not limited by the age, gender, ethnicity, religion, or social circumstances of the patient, nor by their physical or mental states
- (d) is normally the point of first contact within the health system, providing open and unlimited access to its users, dealing with all health problems regardless of the age, gender, culture or any other characteristic of the person concerned
- (e) makes efficient use of health care resources through coordination of care, working with other health professionals in a primary health setting, managing the interface with other specialties, and taking an advocacy role for the patient when needed
- (f) develops a person-centred approach, oriented to the individual, as well as an approach that is responsive to the needs of the family/whānau and their community
- (g) has a unique consultation process that through effective communication between doctor and patient over time establishes a relationship
- (h) is responsible for providing longitudinal continuity of care as determined by the needs of the patient
- (i) has a specific decision-making process determined by both the needs of the patient and probability reasoning
- (j) diagnoses and manages both acute and chronic health problems of individual patients
- (k) diagnoses and manages illness which presents in an undifferentiated way at an early stage of its development, which may require urgent intervention
- (l) promotes health and wellbeing through appropriate and effective intervention
- (m) has a specific responsibility for health in the community
- (n) deals with health problems in the physical, psychological, social, and cultural dimensions

2. Fellowship of The Royal New Zealand College of General Practitioners

2.1. Pathways to Fellowship

The standard pathway to the award of Fellowship of the College is to complete the College's three-year full-time equivalent (FTE) General Practice Education Programme (GPEP). This requires successful completion of all formative and summative programme activities and clinical requirements, including the Fellowship Assessment visit at the end of the programme.

This is shown in the diagram below.



The College also has a Prior Specialist Training Pathway to Fellowship for doctors who have completed recognised general practice training programmes in other countries. The requirements for this pathway are outlined in section 6 below.

2.2. Criteria for the Award of Fellowship

To be awarded Fellowship of the College (FRNZCGP) through the General Practice Education Programme registrars must:

Prior to the assessment visit:

- complete GPEP clinical experience requirements – refer to section 3.4.3
- complete GPEP formative activities – refer to section 3.5
- pass GPEP summative assessment activities – refer to section 3.6.2
- hold a current¹ College endorsed certificate of competence in resuscitation appropriate to Fellowship². Rural hospital doctors must also hold a current certificate in Advanced Paediatric Life Support (APLS)³ and Early Management of Severe Trauma (EMST)⁴

¹ Current means no more than 3 years old at the time of Fellowship

² College endorsed courses are assessed against the NZRC rescuer framework

³ PALS is an accepted equivalent

⁴ ATLS and PRIME are accepted equivalents

Following the assessment visit:

- (a) meet the Fellowship Assessment Standards and any conditions set as a result of the Fellowship assessment visit – refer section 4
- (b) hold a current⁵ Certificate of Professional Status (COPS) from the Medical Council of New Zealand (MCNZ)
- (c) hold current membership of the College and be in good financial standing

3. General Practice Education Programme (GPEP) Regulations

3.1. General requirements

These regulations apply to all registrars commencing GPEP on 27 January 2025. Registrars are governed by the Programme Regulations in place at the time of first enrolment into GPEP, unless:

- there has been a break in active participation in the programme for a period of a year (cumulative) or longer (this includes registrars 'on hold' from the programme); and/or
- the registrar has failed to complete the programme in the maximum time permitted.

In either case, if the registrar is re-admitted or permitted to continue in the programme, the registrar will be required to transfer to the Programme Regulations in place at the time of recommencing their training or undertake an alternate programme in discussion with the College.

Registrars must be in good professional standing for the duration of the programme and are required to advise the College of any investigations or changes to that may affect their programme requirements.

3.2. Admission to the programme

The minimum requirements for admission to the programme are:

- Current registration with the MCNZ which allows work in general practice in the general scope of practice (applicants who have or have had special conditions, limitations, notations, undertakings or provisional requirements imposed on their registration must provide full disclosure of the nature of these with their application).;
- two years of postgraduate experience in a range of medical positions relevant to general practice in New Zealand. A year of this postgraduate experience must be undertaken in New Zealand; and
- at the time of entry to the programme the candidate must provide a Certificate of Professional Status (COPS) from the MCNZ which is dated not more than 3 months prior to the programme entry date, and which indicates that the doctor is in good professional standing.
- Must be capable of meeting the Health Practitioners Competence Assurance Act 2003 (HPCA Act) and the Children's Act 2014 requirements, including police clearance.
- The College strongly encourages candidates to be fully vaccinated to minimise the risk of transmission and effect of COVID-19.

Additional requirements for programme admission and / or funding eligibility apply and are set out in the Admission to GPEP Policy. Entry to the programme is via a competitive selection process and is not guaranteed.

⁵ Current means no more than three months old at the date of Fellowship

Applicants for the dual Fellowship training pathway programme outlined in section 3.3.2 below must be independently accepted to each training programme.

3.3. GPEP clinical experience requirements

3.3.1. GPEP requirements

- (a) The full-time GPEP consists of a total of 36 months full-time equivalent (FTE) clinical time, normally composed of 12 months FTE in Year 1, and 24 months FTE in Years 2 and 3.
- (b) A minimum of 24 months FTE must be spent in the discipline of general practice in an area in which the range of presentations and patient base is not restricted.
- (c) Except where otherwise defined, full-time equivalent (FTE) is defined as an eight-tenths clinical workload (approximately 32 hours a week) in general practice or approved alternative medical work. Clinical time includes time spent checking emails, medical patient portals (where relevant), writing patient notes and referrals.
- (d) Leave taken may contribute to FTE time to a maximum of 20 leave days per year.
- (e) All clinical time counting towards GPEP should be undertaken in New Zealand. Prior approval may be given for up to 6 months' relevant and appropriate overseas clinical attachment.
- (f) Clinical time undertaken after entry into GPEP will only be recognised as training time if undertaken whilst active in the programme (i.e. not 'on hold' in the programme).
- (g) In addition to the required 24 months (minimum) of clinical experience which must be gained in unrestricted general practice, following the successful completion of all requirements of GPEP1, the remainder of the required clinical time can be met through a combination of clinical experiences as detailed in the table below. Part-time options are available. Approval from the College must be gained **prior** to undertaking clinical experience in the scopes listed below.

| Restricted scope practice in general practice | Other vocational scopes |
|--|---|
| <ul style="list-style-type: none"> • With approval, maximum of 24 months FTE from: <ul style="list-style-type: none"> ○ New Zealand Defence Force • With approval, maximum of 6 months FTE from: <ul style="list-style-type: none"> ○ student health • With approval, maximum 3 months FTE may be granted for Telehealth at an approved provider where the normal mode of delivery is virtual. • With approval, maximum of 6 months FTE may be granted for research relevant to the general practice curriculum. | <ul style="list-style-type: none"> • Maximum of 12 months FTE cumulative total for all other registrars in clinical areas are set out below with the expectation that the majority is face to face. <p>Clinical areas recognised:</p> <ul style="list-style-type: none"> • With approval, maximum of 6 months FTE in the following scopes: <ul style="list-style-type: none"> - accident & medical practice/urgent care - emergency medicine - internal medicine - palliative medicine - rehabilitation medicine - rural hospital medicine • With approval, maximum of 3 months FTE in the following scopes: <ul style="list-style-type: none"> - family planning & reproductive health - obstetrics & gynaecology - paediatrics - clinical genetics - psychiatry - sexual health medicine (including sexual harm) - dermatology (including skin cancer medicine) |

| Restricted scope practice in general practice | Other vocational scopes |
|---|--|
| | <ul style="list-style-type: none"> - musculoskeletal medicine - occupational medicine - ophthalmology - otolaryngology (ENT) - secondary care pain medicine - public health medicine - sports medicine - travel medicine |

- (h) It is recommended that all registrars include the following in their clinical experience positions:
- i) a training post that services a community that has health indicators significantly below the national average or reduced access to primary healthcare (High Needs Practices).
 - ii) a training post that is based in a rural location.

3.3.2. Dual Fellowship training pathway

- (a) Registrars who are undertaking a dual Fellowship in general practice and rural hospital medicine may claim up to 18 months against the general practice clinical experience requirements for experience gained on the rural hospital medicine programme. The remaining 18 months of clinical experience required on the programme must be in unrestricted general practice, with a minimum of 6 months in rural general practice.
- (b) The clinical experience requirements of the dual Fellowship training pathway are as follows (also refer Appendix 1):

| Compulsory runs |
|--|
| <p>All the following must be completed:</p> <ul style="list-style-type: none">• Two runs (12 months FTE) in General Practice undertaken whilst fulfilling the GPEP Year 1 programme requirements. At least one run (six months FTE) must be in in Rural General Practice.• Two runs (12 months FTE) in Rural Hospital Medicine undertaken at different sites. The rural hospital attachments must be approved by the Division. At least one of the rural hospital runs must be in a Level 3 rural hospital⁶. One rural hospital run is usually taken early in the training programme, the other is undertaken at the end of training.• One run (six months FTE) in General Medicine (three months may be cardiology or respiratory medicine) undertaken at a Division of Rural Hospital Medicine accredited training site.• One run (six months FTE) in Emergency Medicine (3 months may be orthopaedics) undertaken at a Division of Rural Hospital Medicine accredited training site.• 0.5 run (three months FTE) Paediatrics undertaken at a Division of Rural Hospital Medicine accredited training site.• 0.5 run (three months FTE) Anaesthetics and/or Intensive Care undertaken at a Division of Rural Hospital Medicine accredited training site• A further one run (6 months FTE) in General Practice, during which the general practice Fellowship assessment visit is conducted. This is normally undertaken after 30 – 36 months of training. |

- (c) The maximum time that may be taken on the dual training programme pathway is eight years (excluding time 'on hold').

3.3.3. Breaks in training/Time

- (a) Registrars may apply to work less than the minimum FTE clinical time for a maximum of six months FTE. Should they continue to work less than the minimum FTE clinical time required (refer section 3.4.4 (b)) they will be registered in the programme as 'on hold'.
- (b) Registrars who hold a current practicing certificate and are not working in the scope of general practice during their time 'on hold' must inform the MCNZ of their change in circumstance.
- (c) The maximum time allowed 'on hold' is three years cumulative total. If the registrar is 'on hold' for a period of longer than a year, on return to the programme they may be required to transfer to new programme rules or to undertake an alternate programme in discussion with the College.
- (d) Where a registrar has placed their training 'on hold', they must have a current practicing certificate if they wish to continue to work in the scope of general practice to comply with MCNZ requirements for recertification (as outlined in section 3.5.7) during their 'on hold' period. These requirements must be completed and reported through the College's Te Whanake, Annual Maintenance Programme (AMP) to MCNZ.

⁶ It is recommended that the second run be undertaken at a level 1 or 2 hospital.

3.3.4. Withdrawals

- (a) Registrars intending to work in another scope of medicine (outside of the parameters outlined in section 3.4) must withdraw from the programme (i.e. registrars cannot place their programme 'on hold'). In these circumstances, registrars must maintain MCNZ requirements for recertification through an appropriate provider for that scope.

3.4. GPEP Clinical Requirements

3.4.1. Supervision

- (a) During GPEP year 1 a College accredited GPEP1 teacher must be present at all times that the registrar is on-site. On the rare occasion that this is not possible, (for example due to sickness or annual leave), the responsibility for supervising the registrar must be delegated to another College accredited teacher, nominated Fellow of the College or a vocationally registered GP, who is available to provide teaching, supervision or mentoring as required for the registrar. Where there are multiple sites in a practice the teacher must be present at the same site as the registrar.

GPEP2/3 +

- (a) The same supervision arrangements are required for GPEP2/3 and 3+ who have been unsuccessful in the written and/or clinical examinations or who have deferred sitting the examination(s).
- (b) For those who have successfully passed both exams a Fellow of the College or a vocationally registered GP is required to be on site the majority of the time when the registrar is practising. In exceptional circumstance it is possible to have a Fellow on-call who can return to the practice within 5-10 minutes, should they be required. The name of the registrar's supervisor must be provided to the College.

3.4.2. Practice requirements to host a registrar

GPEP1

To become a teaching practice and host a GPEP 1 registrar, a practice must have:

- A College accredited GP teacher available at the practice
- Current Foundation Standard Certification
- Cornerstone accreditation consisting of two modules -Continuous Quality Improvement (CQI) and Equity (or be able to demonstrate that the practice is enrolled and actively working towards this).

GPEP 2/3 +

To host a GPEP2/3+, a practice must have:

- Current Foundation Standard Certification
- On site Fellow of the College (FRNZCGP) supervision

3.4.3. Year 1 GPEP clinical experience requirements

- (a) The first year of GPEP comprises two 26-week attachments based in one or more practices that hold a current College Foundation Standard with a College approved teacher. Practices are required to hold

Cornerstone Bronze Tier accreditation or demonstrate that they are participating and on track towards gaining accreditation as per the schedule in the practice contract.

- (b) Four days a week are usually spent in the practice with one day attending seminars and workshops. Registrars spend most of their clinical practice time in patient consultations in the teaching practice, although they may engage in other activities, as their learning needs dictate.
- (c) Registrars may undertake both attachments (52 weeks) in a rural practice with approval by the Head of Learning (or delegate).
- (d) Registrars can complete the first year (12 months FTE clinical time) either on a full-time or part-time basis:
 - **Full-time** is ten-tenths a week comprised typically of eight-tenths clinical time, plus two-tenths spent in seminars for 12 months.
 - **Part-time** is a minimum of seven-tenths a week comprised typically of five-tenths clinical time, plus two-tenths a week spent in seminars for 12 months. Total clinical time on completing Year 1 will be 6 months FTE clinical time and 2.4 months in seminar days counted towards GPEP with the balance to be made up in years 2 and 3.

3.4.4. Years 2 and 3 clinical experience requirements

- (a) During Years 2 and 3, registrars are required to complete the balance of their GPEP clinical time in a College approved foundation standard training location, foundation standard certified general practice that holds Cornerstone Bronze Tier accreditation or demonstrates that they are participating and on track towards gaining accreditation. The practice must offer cases across the broad scope of general practice – normally 24- or 26-months FTE
- (b) Registrars in GPEP Year 2 and Year 3 must undertake a minimum clinical time of at least four-tenths FTE a week in clinical practice. A tenth is normally defined as four hours of clinical time.
- (c) Registrars have a maximum of five years to complete GPEP from the start of Year 2 (excluding time on hold).

3.4.5. Training under restricted scope practice in general practice and other vocational scope clinical time requirements

- (a) GPEP Registrars in Years 2 and 3 who are training in another vocational scope, as permitted in section 3.3.1, must be in a collegial relationship during this time with a specialist who is registered in the vocational scope in which they are working. The collegial relationship must include a minimum of one formal meeting per month during the placement period. The meetings must be documented and provided to the College at the end of the placement/s.

3.5. GPEP formative activities

3.5.1. General requirements

- (a) Formative activities are designed to enhance and evaluate performance and understanding in general practice and identify areas for improvement.
- (b) All registrars are required to complete the listed formative activities within each year of the programme.
- (c) Generally, all formative activity requirements must be completed while a registrar is active in the training programme (for example, not 'on hold' on the programme).

- (d) Candidates re-entering the programme after a period away may be required to repeat programme components. Cases will be decided on an individual basis, depending on time out of the programme and activities undertaken since leaving the programme.

3.5.2. Year 1 formative activities

Registrars in GPEP **Year 1** are required to participate in and complete formative activities that include, but are not limited to:

- (a) seminar attendance – a minimum attendance of 32 (out of 40) FTE educational days, including any compulsory sessions (or College-approved alternative sessions organised by the registrar)
- (b) research and presentation of four vignettes or match questions or ‘what the evidence base suggests’ (WEBS) resources over the course of the year
- (c) four video consultations reviewed with the teacher or in the seminar group over the course of the year
- (d) one in-practice visit per attachment
- (e) patient feedback survey
- (f) an audit of medical practice on a topic of choice, to be presented to the practice, teacher or seminar group
- (g) five after-hours clinic sessions per attachment. These sessions are expected to be 4 – 5 hours and should have a focus on acute care rather than scheduled patients. Sessions may be taken in a registrar’s current clinic (for example, a ‘duty doctor; or ‘acute care’ list), local after-hours clinics, Accident and Medical clinics, or Urgent Care clinics. On-site supervision is always required, which must be provided by a Fellow from one of the following disciplines: General Practice, Urgent Care, Emergency Medicine or Rural Hospital. If a clinic does not have on-site supervision by a Fellow from one of these disciplines, approval from the College must be gained prior to undertaking the after-hours sessions
- (h) 10 community visits of 4 hour duration undertaken to community service providers or to specialist general practice clinics per year. All visits to be logged and reflected on. A minimum of five visits are expected per attachment
- (i) at least one Hauora Māori case reflection.

In addition, registrars are expected to:

- (a) develop an agreed learning plan with their GPEP teacher
- (b) meet with an assigned supervisor of training (GPEP teacher) on a weekly basis to check on their progress
- (c) undertake research and prepare a seminar presentation
- (d) undertake any other activities recommended by the GPEP teacher.

3.5.3. Year 2 formative activities

Registrars in **Year 2** are required to complete a range of formative activities that include a minimum of:

- (a) development and implementation of a professional development plan
- (b) one in-practice visit from a medical educator
- (c) one medical record review (or approved alternate audit of medical practice)
- (d) learning group attendance – minimum of six out of eight (normally comprised of six two-hour meetings) per year
- (e) maintaining a relationship with an appropriate general practice Fellow as mentor. This relationship should comprise a minimum of four meetings with a minimum of eight hours of interaction per year. Meetings must be documented on registrar’s online dashboard via the College website

- (f) at least one Hauora Māori case reflection.

3.5.4. Year 3 formative activities

Registrars in **Year 3** are required to complete a range of formative activities that include a minimum of:

- (a) development and implementation of a professional development plan
- (b) one in-practice visit from a medical educator
- (c) one patient feedback survey (or approved alternate audit of medical practice)
- (d) learning group attendance – minimum of 12 hours of meeting time per year (normally comprised of six two-hour meetings)
- (e) one colleague multi-source feedback survey
- (f) maintaining a relationship with an appropriate general practice Fellow as mentor. This relationship should comprise a minimum of four meetings with a minimum of eight hours of interaction per year. Meetings must be documented on registrar's online dashboard via the College website
- (g) at least one Hauora Māori case reflection.

3.5.5. Academic Component

- (a) The Academic Component is a learning activity that complements and extends the learning content of GPEP. (also refer Appendix 2). It is a summative assessment requirement that is completed during GPEP Year 2 and Year 3 and requires:
 - Completion of postgraduate papers from an approved provider; or
 - A research project completed as part of an approved research component; or
 - A te reo course delivered by an approved provider that is a minimum of 15 credits
- (b) Successful completion of the academic component counts towards the final summative results of GPEP.
- (c) Registrars that have completed a postgraduate certificate or diploma or higher qualification prior to entering GPEP may apply through RPL, to have this qualification recognised for exemption from the academic component requirement.
- (d) Registrars on the dual training programme are required to successfully complete each of the academic component modules specified in the Division of Rural Hospital Medicine (DRHM) Fellowship Pathway Regulations. This fulfils the requirement for an academic component (refer section 3.5.5 (a)).

3.5.6. Formative activities for registrars on the dual programme

Registrars on the dual training programme must comply with the formative programme requirements for Year 1 of the GPEP programme as outlined in section 3.5.2 above.

Notwithstanding sections 3.5.3 and 3.5.4, during the third general practice run, the following formative requirements must be completed:

- (a) Development and implementation of a professional development plan
- (b) One in-practice visit from a medical educator
- (c) One medical record review (or approved alternate audit of medical practice)
- (d) One colleague multisource feedback survey undertaken in general practice
- (e) Peer group attendance – minimum of 6 hours of meeting time
- (f) One patient feedback survey.

In addition, for the duration of the programme, registrars are required to:

- a) Maintain a reflective portfolio of their learning experiences
- b) Complete a skills log of clinical experiences obtained

Registrars are recommended to:

- c) Meet with their Education Facilitator four times a year (except during GPEP Year 1 training to assist and mentor with components of the programme (such as the development of the learning plan). Notes from these meetings can be included in the reflective log.

3.5.7. Formative professional development activities until Fellowship is obtained

Registrars who have completed all their programme activities and requirements but have not yet obtained Fellowship or who are placed 'on hold' from the programme whilst working in general practice (refer section 3.3.3 (d)), will be automatically enrolled in the College's Te Whanake AMP to maintain professional development activities. Registrars in these circumstances must complete requirements proportional to the time spent in the College's Te Whanake AMP. Registrars who have placed their programme 'on hold' while continuing to work can only participate in the AMP for up to 6 months maximum at which point they must either return to their training programme (for example, no longer 'on hold') or enrol in Inpractice to maintain recertification requirements. During their time on the AMP there will be an emphasis on:

- (a) Setting at least four learning goals that are linked to each of the learning categories at the beginning of the annual period. These goals which are discussed with the registrar's supervisor towards the end of the year make up the Professional Development Plan activity.
- (b) the completion of an annual conversation with the registrar's supervisor towards the end of the annual period
- (c) Recording and reflecting on learning activities and learning as part of the registrar's professional development records
- (d) engaging in a minimum number of activities across the AMP learning categories including cultural safety and health equity
- (e) maintenance of a collegial relationship with an appropriate vocationally registered Fellow, comprising a minimum of six meetings per year (a minimum of 1 hour per meeting).

Confirmation that the College's AMP requirements have been met will be confirmed as part of the registrar's online records.

3.6. GPEP summative assessment

3.6.1. General requirements

- (a) Summative assessments evaluate an individual's knowledge of, skills in and experience of general practice. A pass in each summative assessment is needed to be eligible for Fellowship assessment.
- (b) Registrars are required to undertake the written and clinical examinations at the end of Year 1 (excluding time on hold).
- (c) The written and clinical examinations cannot be undertaken unless the GPEP1 registrar is active in the GPEP1 programme (for example, not 'on hold' on the programme) and has completed 80% of the GPEP Year 1 clinical time requirements and 80% of the required GPEP Year 1 formative activities.
- (d) Failure to pass the written and clinical examinations will require ongoing supervision as per GPEP1.
- (e) All requirements of GPEP1 and GPEP2 must be completed before application to GPEP3.

- (f) Both the written and clinical examinations must be successfully completed within three years of the date on which the registrar first attempts one of the examinations (excluding time on hold) in order for the registrar to be eligible for the Fellowship assessment.
- (g) If a registrar has not successfully completed both the written and clinical examinations by their third anniversary date, the registrar may be required to repeat and successfully complete both examinations, regardless of any results already achieved.
- (h) Candidates may have up to three attempts at successfully completing the clinical and/or written examination. Further attempts at either examination will require the approval of the censor in chief and may require the completion of a remedial programme determined by the College. The College may also recommend to the censor in chief to approve an alternative assessment for a candidate. This is on a case-by-case basis and the candidate must meet the criteria as specified in the *'Special Consideration in Assessment and Reconsideration of Examination Results'* policy. The maximum number of attempts at either examination that may be approved by the censor in chief is five.
- (i) If a registrar has been unsuccessful in their written and/or clinical examinations, they are required to always have a Fellow of the College on-site to provide clinical oversight when they are practicing.
- (j) A Fellow of the College is required to be on-site a majority of the time for registrars that have been successful in their written and clinical examinations (for example, it is possible for practices to have a Fellow on-call who is able to return to the practice should they be required).
- (k) Examinations are governed by the rules set out in the GPEP Written and Clinical Examinations Rules.

3.6.2. GPEP summative assessments

The GPEP summative assessments are:

- (a) GPEP written examination
- (b) GPEP clinical examination
- (c) Academic component.

3.7. Resuscitation skills

Fellows and registrars of the College are required to hold a current certificate (not older than three years) in Advanced Cardiac Life Support (ACLS):

- Registrars are required to complete a College endorsed resuscitation course appropriate to their training programme.
- At the point of obtaining Fellowship the minimum requirement is to hold a College-endorsed certificate appropriate to Fellowship⁷.
- Rural hospital doctors must also hold a current certificate in Advanced Paediatric Life Support (APLS)⁸ and Early Management of Severe Trauma (EMST)⁹.
- Fellows of the College should refresh their ACLS skills, as required, through College-endorsed courses. DRHM Fellows should engage in tier 1 and 2 courses as required.
- These are minimum requirements, and all doctors are expected to train to a level appropriate to their situation.

⁷ College endorsed course are assessed against the NZRC rescuer framework

⁸ PALS is an accepted equivalent

⁹ ATLS and PRIME are accepted equivalents

4. Fellowship assessment

4.1. General requirements

- (a) The purpose of the Fellowship assessment visit is to assess a registrar's competency and clinical practice to ensure that it is safe, culturally appropriate and meets the standards of practice for Fellowship.
- (b) Registrars are visited by a senior Fellow of the College and their clinical practice, records and consultation skills are assessed against the Fellowship Assessment standards.
- (c) All Fellowship Assessment Standards and any further conditions set as a result of the visit must be met to obtain Fellowship.
- (d) The assessment visit for Fellowship must take place in a College Foundation Standard certified general practice that holds or is working towards Cornerstone Bronze Tier accreditation or demonstrates that they are participating and on track towards gaining accreditation. The practice must offer cases across the broad scope of general practice.
- (e) Specified criteria (outlined in section 2.2 must be attained within 12 months following the assessment visit and must not exceed the timeframe for programme completion (refer section 3.4.4 (c)) to be awarded Fellowship or another assessment visit will be required.
- (f) If another visit is required, the College may prescribe additional requirements prior to the visit taking place (such as an IPV) and a timeframe for completion. Additional requirements and timeframes will be assessed on a case-by-case basis.
- (g) Registrars may have up to three attempts at successfully completing the Fellowship assessment visit. Further attempts will require the approval of the censor in chief and may require the completion of additional training determined by the College.
- (h) Registrars on the dual Fellowship training pathway must meet the Fellowship assessment requirements of each pathway. The requirements for Fellowship assessment for the DRHM are outlined in the DRHM Fellowship Pathway Regulations.

4.2. Fellowship assessment visit

Registrars are eligible for Fellowship assessment when they have satisfactorily completed all prescribed GPEP requirements and passed all summative assessment activities.

In addition, candidates for Fellowship assessment must:

- (a) have had a visit from a medical educator within three years of the assessment visit (including time 'on-hold')
- (b) have worked in the practice for at least three months FTE in the nine months up to the assessment visit
- (c) complete a medical record self-audit prior to the visit. This must have been completed within six months of the visit and must be done in the practice at which the visit is taking place. This must take place at least 4 months after the GPEP 2 requirement
- (d) sign a declaration that they do not have a pending criminal proceeding, nor a current or pending investigation under the Health and Disability Commissioner Act 1994. If a registrar is notified of a complaint or is currently under investigation, a Fellowship assessment visit will not be undertaken until the investigation is completed. The final outcome of the investigation may impact on eligibility for Fellowship
- (e) if 4.2 (d) applies and there is likely to be an extended delay, the College may request the censor in chief to consider the individual circumstances. Upon consideration of the information provided by the registrar and the investigating body, the censor in chief may recommend proceeding to a Fellowship assessment, as long as they are satisfied the nature of the complaint will not materially impact eligibility for Fellowship

- (f) subsequent to the signing of this declaration, should a new investigation arise before the awarding of Fellowship, the final decision for Fellowship will be deferred until the final outcome of the investigation is known
- (g) declare any conditions of practice or voluntary undertakings on their practicing certificate for consideration. Visit eligibility will be determined by the College
- (h) The candidate must provide a Certificate of Professional Status (COPS) from the MCNZ which is dated not more than 3 months prior to the assessment visit, and which indicates that the doctor is in good professional standing.

5. Recognition of prior learning

GP registrars may apply to have some of their previous training, work experience and/or postgraduate qualification/s recognised as credit towards requirements of the General Practice Education Programme (GPEP or the programme) at The Royal New Zealand College of General Practitioners (the College).

For further information please see the RPL Policy ([link](#))

6. Recognition of prior specialist training in general practice: Prior Training Pathway

6.1. Prior Specialist Training Pathway to Fellowship

6.1.2. FRACGP

Doctors who hold Fellowship of The Royal Australian College of General Practitioners (FRACGP) and who gained this qualification by passing RACGP training and assessment requirements in Australia are entitled to Fellowship ad eundem gradum. Applicants for Fellowship ad eundem gradum need to:

- complete an application form;
- provide a certified copy of their RACGP Fellowship certificate and training programme details
- provide a letter from the RACGP confirming their current financial and professional good standing;
- provide confirmation that they hold a current Practising Certificate (general registration) from the Medical Council of New Zealand and confirmed details regarding their employment in New Zealand;
- provide evidence of completing College- approved cultural competency training in New Zealand and of training in indigenous health issues; and
- pay the relevant College membership fees.

Fellowship of the College will be granted once the necessary documentation has been received and approved.

6.1.3. Prior Specialist Training Pathway to Fellowship: Recognised Countries

Provided the qualifications listed have been obtained by completion of the training programme and by passing the assessment requirements of that country, the overseas general practice qualifications recognised for admission to the Prior Training Pathway to Fellowship are:

Group 1 Qualifications:

- Members or Fellows of the Royal College of General Practitioners
- Members or Fellows of the Irish College of General Practitioners
- Fellows of the Hong Kong College of Family Physicians
- Certificants in General Practice, Netherlands (Certificaat van inschrijving in een specialistenregister van huisartsen issued by Huisarts en Verpleegingsarts Registratie Commissie (HVRC) or Registratiecommissie Geneeskundig Specialisten (RGS) (from 1994)
- Diploma van Huisarts (Diploma of General Practitioner), Belgium (up to 2007) and Master of de Huisartsgeneeskunde Master of Medicine in Family Medicine, Belgium (from 2007)
- Certificants in Family Medicine, College of Family Physicians of Canada (if gained with the clinical examination)
- Graduates of the Master of Medicine in Family Medicine, Singapore, if held with Fellowship of the College of Family Physicians
- Doctors who hold Fellowship of the Royal Australian College of General Practitioners or of the Australian College of Rural and Remote Medicine and who are no longer current members of that College.
- Des de Medecine Generale (Diploma in General Practice), France
- Specialist in general practice/family medicine, Swedish College of General Practice and the Swedish Society of Medicine, Sweden

Group 2 Qualifications:

- Certificants in Family Medicine, College of Family Physicians of Canada (if gained without the clinical examination)
- Diplomates of the American Board of Family Medicine (must hold a current board certification)
- Graduates of the Master of Medicine in Family Medicine, Singapore
- Fellows of the College of Family Physicians of South Africa.

6.1.4. Prior Specialist Training Pathway programme requirements for holders of Group 1 qualifications

Doctors who hold Group 1 qualifications may apply for admission to the GPEP prior training pathway (Group 1), and if successful will be eligible for Fellowship assessment on completion in New Zealand, after entry to the programme of the following:

- (a) clinical time – a minimum of six months FTE of general practice clinical experience in New Zealand at a practice that holds a current College Foundation Standard and be under the clinical supervision of a Fellow of the College
- (b) one in-practice visit from a medical educator (including pre and post paperwork)
- (c) record review – complete a College approved record review within 6 months of the Fellowship assessment visit
- (d) patient feedback survey
- (e) colleague multi-source feedback (MSF) complete through a College-approved provider
- (f) cultural competency orientation – provide evidence of having undertaken a College approved cultural competency event within New Zealand. This also includes a self-reflective piece of writing of the event.
- (g) continuing professional development (CPD) via the College's Te Whanake AMP – provide evidence of meeting the College requirements for professional development, in proportion to clinical time in New Zealand
- (h) personal profile and reflection – complete the College personal profile and reflection form before the Fellowship assessment visit
- (i) Development and implementation of a professional development plan
- (j) A minimum of 1 Hauora Māori case reflection.

These requirements must be completed within two years of acceptance to the pathway. A failure to complete in this time may result in repeat or additional requirements being set for completion. Time 'on hold' is not generally recognised for this pathway and would need to be considered on an individual case-by-case basis by the College.

6.1.5. Prior Training Pathway programme requirements for holders of Group 2 qualifications

Doctors who hold Group 2 qualifications may apply for admission to the GPEP prior training pathway (Group 2), and may apply for Fellowship assessment on completion of the following:

- (a) GPEP Clinical examination
- d) development and implementation of a professional development plan
- e) one in-practice visit from a medical educator
- e) one patient feedback survey (or approved alternate audit of medical practice)
- f) learning group attendance – minimum of 12 hours of meeting time per year (normally comprised of six two-hour meetings)
- g) one colleague multi-source feedback survey
- h) a minimum of 1 Hauora Māori case reflection

- i) maintaining a relationship with an appropriate general practice Fellow as mentor. This relationship should comprise a minimum of four meetings with a minimum of eight hours of interaction per year. Meetings must be documented on registrar's online dashboard via the College website
- j) a minimum of 18 months FTE general practice clinical experience in New Zealand or a comparable country, of which a minimum of 6 months FTE must be in general practice in New Zealand with a practice that holds a current College Foundation Standard and be under the clinical supervision of a Fellow of the College
- k) cultural competency orientation – provide evidence of having undertaken a College approved cultural competency event within New Zealand. This also includes a self-reflective piece of writing of the event
- l) personal profile and reflection – complete the College personal profile and reflection form before the Fellowship assessment visit
- m) the requirements for the Fellowship assessment visit specified in section 4.2.

The candidate must meet the clinical time requirement of the programme (refer to section 3.4.4 (b)) whilst undertaking the GPEP 3 formative activities.

These requirements must be completed within three years of acceptance to the pathway. A failure to complete in this time may result in repeat or additional requirements being set for completion. Time 'on hold' is not generally recognised for this pathway and would need to be considered on an individual case-by-case basis by the College.

6.1.6. Doctors with specialist general practice training from other comparable countries

Doctors who are registered to practice in New Zealand and who have completed specialist training in general practice in countries other than those listed above may, if the country is regarded by the MCNZ as having a comparable health system to New Zealand¹⁰, apply for recognition of the training pathway they have undertaken.

Applicants will be required to provide full details and information regarding the training programme that they undertook at the time that they undertook it. The assessment of the qualification will be for equivalence against the current College GPEP programme, and the outcome of the assessment, if successful, may allow the candidate to proceed via the appropriate Group 1 or Group 2 prior training pathway as given above, or an equivalent appropriate individual pathway as determined on application.

Doctors who have completed general practice training in a non-comparable country, or who are unsuccessful in their application for recognition of the training programme they have undertaken, are still eligible to apply for recognition of prior learning exemptions from individual components of the training programme (refer section 5).

7. Registration within the vocational scope of general practice

Once Fellowship has been granted, Fellows may apply to the Medical Council of New Zealand (MCNZ) for registration within the vocational scope of general practice.

8. Continuing Professional Development requirements

The College is the accredited provider of a Continuing Professional Development (CPD) programme for GPs. The programme is designed to meet the MCNZ's recertification requirements for the maintenance of registration within the vocational scope of general practice. It also helps general practitioners demonstrate their commitment to quality improvement and lifelong learning.

¹⁰ Refer to MCNZ website for comparable health system criteria information <https://www.mcnz.org.nz/registration/getting-registered/registration-policy/comparable-health-system-criteria/>

Further information

For further information, contact the College:

Postal Address: PO Box 10440, Wellington 6143

Phone: (04) 496 5999

Fax (04) 496 5997

Email fellowship@rnzcgp.org.nz

Website: www.rnzcgp.org.nz

Appendices

- Appendix 1: Dual Fellowship Training Pathway Guidelines
- Appendix 2: Academic Component of GPEP Guidelines
- Appendix 3: Registrar Charter

Appendix 1: Dual Fellowship Training Pathway Guidelines

Overview

These guidelines are to be read in conjunction with the General Education Programme (GPEP) and the Division of Rural Hospital Medicine (DRHM) Fellowship Pathway Regulations.

The following information provides a detailed explanation of specific sections and processes for the two sets of Regulations, and how they are applied to registrars that are completing the Dual Pathway.

DRHM Fellowship Pathway Regulations

Section 7.2 of the DRHM Fellowship Regulations Clinical experience requirements: Provides a table that gives a clear definition of the compulsory runs that must be completed while in the Dual Training Programme:

| Compulsory runs |
|--|
| All of the following must be completed: <ul style="list-style-type: none">• Two runs (12 months FTE) in General Practice undertaken whilst fulfilling the GPEP Year 1 programme requirements. At least one run (six months FTE) must be in in Rural General Practice.• Two runs (12 months FTE) in Rural Hospital Medicine undertaken at different sites. At least one of the rural hospital runs must be in a Level 3 rural hospital.^{[1],[2]} One rural hospital run is usually taken early in the training programme, the other is undertaken at the end of training and is the site for the RHM Fellowship assessment visit.• One run (six months FTE) in General Medicine (three months may be cardiology or respiratory medicine) undertaken at a Division of Rural Hospital Medicine accredited training site.• One run (six months FTE) in Emergency Medicine (3 months may be orthopaedics) undertaken at a Division of Rural Hospital Medicine accredited training site.• 0.5 run (three months FTE) in Paediatrics undertaken at a Division of Rural Hospital Medicine accredited training site..• 0.5 run (three months FTE) in Anaesthetics / Intensive Care undertaken at a Division of Rural Hospital Medicine accredited training site.• A further one run (six months FTE) in General Practice, during which the general practice Fellowship assessment visit is conducted. This is normally undertaken after 30-36 months of training. |

Guidance for table:

- The first bullet point refers to time that needs to be completed in GPEP Year 1 (2 runs = 12 months in GP). As per the regulations, one of these runs must be in a rural general practice.
- The last bullet point in the table refers to time to be completed in GPEP Year 3.
- The remaining bullet points refer to runs completed in Rural Hospital Medicine.

Academic component requirements:

^[1] The rural hospital levels are described in the Division Training Handbook.

^[2] One of the rural hospital runs is normally undertaken at the end of the training period to accommodate the Fellowship assessment visit process.

Dual registrars are still required to complete the academic papers required for DRHM Fellowship. These papers are outlined in section 3.4 of the DRHM Fellowship Pathway Regulations. The completion of these papers will exempt the registrar from the GPEP academic component of the programme.

GPEP Fellowship Pathway Regulations

Section 3.5.6 Formative activities for registrars on the dual programme:

Provides a breakdown of the GPEP formative requirements that must be completed on the Dual pathway programme. This section does not mention the combination of GPEP Year 2 (modules and clinical time) and half of GPEP Year 3 (clinical time) that are required. This is explained under Section 3.4.3 (outlined below).

Section 3.4.4 GPEP clinical experience requirements:

Provides a table with a detailed list of the clinical experiences that are counted towards the Dual programme. The column titled 'Other vocational scopes' is most relevant to the Dual pathway. It provides a breakdown of what can be cross credited from DRHM to GPEP. Cross crediting is an important aspect of the Dual pathway, as it allows registrars to reduce the overall time needed to gain Fellowship in both GPEP and DRHM.

Cross-Crediting:

In addition to the required 18 months of clinical experience gained in unrestricted general practice (this would be the 12 months in GPEP Year 1 and 6 months in GPEP Year 3), a maximum of 18 months FTE of runs undertaken in DRHM can be used towards GPEP. The clinical areas recognised for cross-crediting are outlined under the 'Other vocational scopes' column. The 18 months that are cross credited from DRHM represent the 12 months of GPEP Year 2 and the 6 months of GPEP Year 3.

Example - if a registrar had completed two runs (12 months) in Rural Hospital Medicine, and one run (6 months) of General Medicine whilst in DRHM, they could apply to the College to have these cross credited towards GPEP.

Registrars need to gain approval from the College for any cross credits towards GPEP. This approval process is done through the College's Delivery Advanced Registrars Team the Academic Assurance Team and the clinical lead(s) for GPEP. Registrars **must** complete GPEP Year 1 **before** completing GPEP Year 3, and they **must** complete the 18 months of DRHM runs to cross credit **before** starting GPEP Year 3.

Registrars that have their DRHM runs cross credited do not need to complete GPEP Year 2 (both modules and 12 months clinical time), and six months of the required 12 months of GPEP clinical time is reduced.

NOTE: Modules for GPEP Year 3 plus 6 months of clinical time are still a requirement of the Dual programme.

Recognition of Prior Learning (RPL):

RPL that has been approved by the College for registrars cannot be used for cross-crediting purposes. For example, if a registrar had gained 12 months of RPL for Paediatric runs completed prior to beginning DRHM, they would not be able to use those 12 months to cross credit towards the 18 months required. Section 3.3.1(g) allows up to 18 months of time completed **whilst on the DRHM programme** to (with College approval) be counted towards the overall clinical time.

This also means that if RPL has been granted for various DRHM runs, they may need to complete some again whilst active in DRHM in order for that time to be cross credited towards GPEP – this would be considered on an individual case-by-case basis by the College.

Examples of Dual pathways

There are various options for a registrar to complete their Dual training programme. A registrar could complete their modules/time requirements within 4 years (not including Fellowship visits), but it normally takes a registrar approximately 5-6 years to complete the programme and be awarded Dual Fellowship.

Because dual Fellowship candidates must apply separately to both DRHM and GPEP, they are likely to start their programme on whichever of the two programmes they are accepted onto first.

For example, if a Dual registrar was accepted on to GPEP first before deciding to do Dual, they might:

1. Complete GPEP Year 1 first
2. Complete 24 months¹¹ of time in DRHM (of which 18 months could be cross credited to GPEP)
3. Return to GPEP Year 3 to complete GPEP modules/6m clinical time + GP Fellowship
4. Return to DRHM to complete any outstanding requirements + Structured Assessment using Multi Patient Scenarios (StAMPS) exam + DRHM Fellowship

¹¹ This option would enable a Registrar's years to align with the GPEP Year 1 start date.

OR

1. Complete GPEP Year 1 first
2. Return to DRHM to complete DRHM requirements + StAMPS exam + DRHM Fellowship
3. Return to GPEP Year 3 to complete GPEP modules/6m clinical time + GP Fellowship.

Placements:

GPEP Year 1 registrars who are considering a Dual pathway are required to complete one attachment in a rural general practice (as outlined above in the compulsory runs table). It is therefore vital that registrars complete one rural attachment in GPEP Year 1 in order to meet the requirements for the Dual Pathway. The Admissions and Registrar Support Team are responsible for assisting the registrar in securing a rural placement.

A registrar may decide to do Dual pathway after they have completed GPEP Year 1. For these cases, a 6-month rural practice placement would need to be allocated

A registrar may be accepted on to DRHM first before deciding to do a Dual pathway. In this case they may:

1. Complete 24 months of DRHM runs (of which 18 months could be cross credited to GPEP)
2. Complete GPEP Year 1 (if accepted on to the programme)
3. Complete GPEP Year 3 modules/6m clinical time + GP Fellowship
4. Return to DRHM to complete any outstanding requirements + StAMPS exam + DRHM Fellowship

OR

1. Complete DRHM requirements + StAMPS exam + DRHM Fellowship
2. Complete GPEP Year 1 (if accepted on to the programme)
3. Complete GPEP Year 3 modules/6m clinical time + GP Fellowship

The examples provided in these guidelines are not exhaustive. The College at times may need to work with registrars on a case-by-case basis to provide advice and options to enable opportunities for them to achieve Dual Fellowship.

Appendix 2: Academic Component of GPEP Guidelines

The purpose of the academic component is to:

- Complement and extend the current learning content and style of GPEP
- Create better pathways for lifelong learning across the sector
- Increase the skills and knowledge of doctors to respond to future workforce changes
- Help upskill GPs to meet the current, generalist demand in the sector
- Encourage research within GPEP and in the primary care sector

1. Requirements

An application can only be made under either RPL or academic component. To successfully complete the academic component registrars will need to complete a learning activity post Year 1 of GPEP. Registrars must demonstrate their learning activity or learning project meets all of the following criteria:

- A minimum of 150 learning hours
- Formal, summative assessment or refereed peer review
- Learning must be at the same level or above as GPEP
- Learning must be relevant to the domains and content of GPEP
- Learning must be relevant to a registrar's professional practice and career pathway

2. Guidelines

Registrars may choose the type of learning activity they undertake for their academic component, but it must meet all of the criteria (refer to 'Requirements' above). The type of learning activity may include the following components and must meet the purpose of the academic component:

- 15+ credit university papers in the discipline of general practice
- Other 15+ credit tertiary education papers relevant to the GPEP curriculum and at the same level or above as GPEP
- Research-informed workplace and clinical initiatives
- Refereed journal papers and conference presentations

Registrars are encouraged, at any time, to seek guidance from the College Registrar Team if they are unsure of their choice for their academic component and whether it fulfils the required criteria.

3. Approval process

If the registrar wishes to undertake a course/paper that is not included on the pre-approved list below, they are required to submit their proposed academic component learning activity to the College for approval. If required, the College may request further information from the registrar.

Approval must be obtained before the academic component learning activity is undertaken.

4. Recognition of prior learning

Registrars who have completed a postgraduate qualification within 5 years prior to entering GPEP can apply to have this recognised for exemption from the academic component requirement as follows:

- a postgraduate certificate or diploma or higher qualification in the discipline of general practice; or
- a postgraduate medical diploma or higher qualification relevant to general practice training

Pre-approved courses/papers, programmes and qualifications

Programmes and qualifications that have been pre-approved by the College for the Academic Component of GPEP are listed below.

The table following the list provides individual courses/papers and education providers that have been **pre-approved** for the academic component of GPEP. These courses/papers are often completed as part of a postgraduate qualification from the corresponding university.

The list and table are not exhaustive. Individual applications can be made by registrars for approval of specific courses/papers and qualifications which are not included in the list or table. Similarly, approval must be sought for any other activity (such as research) which a registrar may wish to have recognised as the academic component of their study.

The minimum requirement for the academic components is 150 hours, which is the equivalent of a 15-credit university course/paper. There is no upper limit on this component, and 30-credit courses/papers may also be taken. However, the costs associated with larger courses/papers are higher.

Registrars will need to contact the university directly for course/paper fees and details. Course/paper fees are the responsibility of the registrar.

All courses/papers, programmes and qualifications on the list and table are offered by distance study. Some are entirely online, but most include a short residential requirement. These residential requirements are listed on the table and are compulsory. Registrars are expected to make their own arrangements for travel and accommodation.

The pre-approved courses/papers in the table are drawn from the university qualifications listed below. For registrars considering further study, it is advised that they contact the appropriate campus administrator prior to enrolling to discuss how the course/paper can be incorporated into a qualification.

List of Pre-approved programmes and qualifications

Skin Cancer Symposiums

The General Practice Fellowship Certificate of Advanced Dermatoscopy

The Skin Cancer College of Australasia

Dermoscopy Courses:

- Advanced Clinical Certificate of Skin Cancer Medicine and Surgery (see [here](#))
- Advanced Clinical Certificate of Dermoscopy (see [here](#))

HealthCert

Dermoscopy Courses:

- Professional Diploma of General Dermatology Online (see [here](#))
- Professional Diploma of Dermoscopy (see [here](#))
- Professional Diploma of Skin Cancer Medicine (see [here](#))

Note: Both providers also offer programmes that are **below** the level of the 'Advanced Clinical Certificate' or the 'Professional Diploma'. These programmes do not meet the requirements for the Academic Component and will not be approved for the Academic Component.

The Australasian College of Dermatologists

- Advanced Certificate in Skin Cancer

University of Auckland

Postgraduate certificates and diplomas in:

- General Practice and Primary Health Care
<https://www.auckland.ac.nz/en/study/study-options/find-a-study-option/general-practice.html>
- Palliative Care
<https://www.auckland.ac.nz/en/study/study-options/find-a-study-option/palliative-care.html>
- Community Emergency Care <https://www.fmhs.auckland.ac.nz/en/som/about/our-departments/anaesthesiology/teaching-and-learning/mbchb/emergency-care-course.html>
- Obstetrics and Medical Gynaecology
<http://www.fmhs.auckland.ac.nz/faculty/postgrad/programmes/pgdipobstmedgyn.aspx>
- Youth health
<https://www.auckland.ac.nz/en/fmhs/study-with-us/specialisations/pgcerthsc/youth-health.html>

University of Otago, Wellington

Postgraduate certificate and diplomas in:

- Travel Medicine
- Primary Health Care/General Practice
<http://www.otago.ac.nz/wellington/departments/primaryhealthcaregeneralpractice/postgraduate/index.html> or
<http://www.otago.ac.nz/wellington/departments/primaryhealthcaregeneralpractice/postgraduate/otago019254.html>

Note: The University of Otago (Wellington) offers a 2-day study skills course at the beginning of each semester which is strongly recommended for all students (there is no additional charge for this course).

University of Otago, Dunedin

- Postgraduate Diploma in General Practice (<https://www.otago.ac.nz/dsm-gprh/postgraduate/pgdipgp>)
- Postgraduate Diploma in Rural and Provincial Hospital Practice (<http://www.otago.ac.nz/courses/qualifications/pgdiprphp.html>)
- Postgraduate Certificate in Clinician-Performed Ultrasound (<http://www.otago.ac.nz/courses/qualifications/pgcertcpu.html>)
- Postgraduate Diploma in Obstetrics and Medical Gynaecology (<http://www.otago.ac.nz/courses/qualifications/pgdipomg.html>)
- Postgraduate Diploma in Surgical Anatomy (PGDipSurgAnat - <https://www.otago.ac.nz/courses/qualifications/pgdipsurganat>)

Institutes of Technology, Polytechnics and Wānanga (including Te Wānanga o Aotearoa or Wānanga-a-lwi)

- A range of New Zealand qualifications (Certificates and Diplomas, 60 and 120 credits) in te reo Māori and Tikanga are offered throughout New Zealand by face-to-face and/or distance learning.
- Takiura Rumaki reo program (<http://www.twt.ac.nz/rumaki-reo-programme-2/>)

Table of pre-approved Courses/Papers

Note: Courses/papers in green are highly recommended for GPEP purposes. The courses/papers in orange have pre-requisite requirements. Please check directly with the Provider for their current course/paper offerings.'

| Course/Paper Code | Course/Paper Name | Provider | Credits |
|-------------------|--|---------------------------------|------------------------------------|
| AVME711 | Aviation Physiology | University of Otago, Wellington | 30 |
| AVME714 | Clinical Aviation Medicine | University of Otago, Wellington | 30 |
| AVME715 | Health, Work and Behaviour (Aviation Medicine) | University of Otago, Wellington | 30 |
| AVME716 | Clinical Occupational Medicine (Aviation Medicine) | University of Otago, Wellington | 30 |
| AVME718 | Operational Aspects of Aeromedical Transport (Aviation Medicine) | University of Otago, Wellington | 30 |
| AVME723 | Managing Occupational Medicine (Aviation Medicine) | University of Otago, Wellington | 30 |
| AVME724 | Health and Industry (Aviation Medicine) | University of Otago, Wellington | 30 |
| AVME785 | Research Methods (Aviation Medicine) | University of Otago, Wellington | 30 |
| CLINED 705 | Simulation and Clinical Skills Teaching | University of Auckland | 15 |
| CLINED 713 | Clinical Supervision | University of Auckland | 15 |
| CLINED 718 | Professionalism in Clinical Education | University of Auckland | 15 |
| CLINED 719 | Clinical Education in Action | University of Auckland | 15 |
| GENA702 | Sexual and Reproductive Health | University of Otago, Wellington | 30 |
| GENA704 | Te Tūhauora: Māori Health | University of Otago, Wellington | 30 |
| GENA709 | Long-term Condition Management | University of Otago, Wellington | 30 |
| GENA710 | Mental Health and Illness in Primary Care | University of Otago, Wellington | 30 |
| GENA713 | Travel Medicine 1: Introductory Concepts | University of Otago, Wellington | 30 |
| GENA714 | Travel Medicine 2: Applied Concepts | University of Otago, Wellington | 30 GENA713 is a pre-requisite |
| GENA717 | Generalist Medical Echocardiography | University of Otago, Dunedin | 30 GENA718 is a pre or corequisite |
| GENA718 | Generalist Medical Ultrasound | University of Otago, Dunedin | 30 GENA717 is a pre or corequisite |
| GENA719 | Tropical Infectious Disease | University of Otago, Wellington | 30 |
| GENA720 | Refugee and Migrant Health | University of Otago, Wellington | 30 |

| Course/Paper Code | Course/Paper Name | Provider | Credits |
|-------------------|--|-----------------------------------|---------|
| GENA723 | Trauma and Emergencies in Rural Settings | University of Otago, Dunedin | 30 |
| GENA724 | The Context of Rural Healthcare ¹² | University of Otago, Dunedin | 15 |
| GENA725 | Reflections in Rural Clinical Practice | University of Otago, Dunedin | 15 |
| GENA726 | Obstetrics and Paediatrics in Rural Settings | University of Otago, Dunedin | 15 |
| GENA727 | Surgical Specialities in Rural Settings | University of Otago, Dunedin | 15 |
| GENA728 | Cardiorespiratory Medicine in Rural Settings ¹² | University of Otago, Dunedin | 30 |
| GENA729 | Medical Specialties in Rural Settings | University of Otago, Christchurch | 15 |
| GENA736 | Pacific Health | University of Otago, Wellington | 30 |
| GENA737 | Obesity Prevention and Management | University of Otago, Wellington | 30 |
| GENA820 | Nature of Medical Practice | University of Otago, Dunedin | 30 |
| GENA821 | Research Methods in Primary Health Care | University of Otago, Dunedin | 30 |
| GENA822 | Advanced Nature of General Practice | University of Otago, Dunedin | 15 |
| GENA823 | Teaching and Learning in Medical Practice | University of Otago, Dunedin | 30 |
| GENA824 | Ethics in General Practice | University of Otago, Dunedin | 15 |
| GENA825 | Culture, Health and Society | University of Otago, Dunedin | 15 |
| MIHI501 | Health Professionals Course: Application of the Hui Process and Meihana Model to Clinical Practice | University of Otago | |
| MAOH501 | Māori Health, Development and Environment | Auckland University of Technology | 15 |
| MEDSCI 710 | Nutrition Mechanisms | University of Auckland | 15 |
| MSME701 | Clinical Diagnosis | University of Otago, Christchurch | 15 |
| MSME702 | Musculoskeletal Tissues | University of Otago, Christchurch | 15 |

¹² Places on this course are limited and in high demand. The course is a required course for the Division of Rural Hospital Medicine training programme

| Course/Paper Code | Course/Paper Name | Provider | Credits |
|-------------------|---|-----------------------------------|---------|
| MSME703 | Musculoskeletal Disorders | University of Otago, Christchurch | 15 |
| PAIN710 | Introduction to Pain | University of Otago, Christchurch | 15 |
| MSME705 | Regional Disorders – Spine | University of Otago, Christchurch | 15 |
| MSME706 | Regional Disorders – Limbs | University of Otago, Christchurch | 15 |
| MSME707 | Musculoskeletal Management | University of Otago, Christchurch | 15 |
| MSME709 | Clinical Therapeutics | University of Otago, Christchurch | 15 |
| MSME710 | Recreational and Sports Injuries | University of Otago, Christchurch | 15 |
| PAIN711 | Introduction to Pain Management | University of Otago, Christchurch | 15 |
| NUTN401 | Principles of Human Nutrition | University of Otago, Dunedin | 30 |
| NUTN404 | Nutrition and Chronic Disease | University of Otago, Dunedin | 30 |
| OBGY712 | Pre and Early Pregnancy Care | University of Otago, Dunedin | 15 |
| OBGY713 | Pregnancy Care in the Community | University of Otago, Dunedin | 15 |
| OBSTGYN712 | Contraception and Pre and Early Pregnancy | University of Auckland | 15 |
| OBSTGYN 715 | Medical Gynaecology 1 | University of Auckland | 15 |
| OBSTGYN 716 | Medical Gynaecology 2 | University of Auckland | 15 |
| PAEDS 708 | Population Youth Health | University of Auckland | 15 |
| PAEDS 712 | Youth Health Clinical Skills | University of Auckland | 15 |
| PAEDS 714 | Emergency Paediatrics | University of Auckland | 15 |
| PAEDS 719 | Health, Education and Youth Development | University of Auckland | 15 |
| PAEDS 720 | Advanced Youth Health | University of Auckland | 15 |
| PAEDS 721 | Clinical Care of Adolescents and Young Adults with Cancer | | |
| POPLHLTH 701 | Research Methods in Health | University of Auckland | 15 |

| Course/Paper Code | Course/Paper Name | Provider | Credits |
|----------------------|---|-----------------------------------|------------------------------------|
| POPLHLTH 709 | Evidence for Best Practice | University of Auckland | 15 |
| POPLHLTH 735 | Mental Health Development: Theory and Principles | University of Auckland | 15 |
| POPLHLTH 746 | Ethics, Culture and Societal Approaches to Death | University of Auckland | 15 |
| POPLHLTH 763 | Human Vaccinology | University of Auckland | 15 POPLPRAC 755 is restriction |
| POPLPRAC 702 | Adult Mental Health and CBT Skills for Primary Care | University of Auckland | 15 |
| POPLPRAC 712 | Project Planning for Lifestyle Change | University of Auckland | 15 |
| POPLPRAC 720 | Psychosocial Issues in Palliative Care | University of Auckland | 15 |
| POPLPRAC 722 | Symptom Management in Palliative Care | University of Auckland | 15 |
| POPLPRAC 723 | Advanced Symptom Management in Palliative Care | University of Auckland | 15 POPLPRAC 722 is a pre-requisite |
| POPLPRAC 724 | Child and Adolescent Palliative Care | University of Auckland | 15 |
| POPLPRAC 754 | Infant, Child and Adolescent Primary Mental Health | University of Auckland | 15 |
| PRHC701 (core paper) | New Zealand Primary Health Care | University of Otago, Wellington | 30 |
| PRHC702 | Wilderness and Expedition Medicine | University of Otago, Wellington | 30 |
| PRHC703 | Strategy and Leadership in Primary Health Care | University of Otago, Wellington | 30 |
| PSME401 | Nature, Extent and Assessment of Mental Disorders | University of Otago, Christchurch | 30 |
| PSME405 | Contemporary Approaches to Mental Health Practice | University of Otago, Christchurch | 30 |
| PSME422 | Addiction Treatment | University of Otago, Christchurch | 30 |
| PUBH734 | Health Protection | University of Otago, Wellington | 15 |
| SPEX801 | Applied Nutrition and Exercise Science | Auckland University of Technology | 15 |
| SPME701 | Issues in Sports Medicine | University of Otago, Dunedin | 30 |
| SPME707 | Regional Sports Injury 1 | University of Otago, Dunedin | 15 |

Appendix 3: Registrar Charter

The most current version is available on the College's website in the '[Academic Regulatory Framework for Quality Assurance](#)' document.

Purpose

This Charter ensures that the rights and responsibilities of registrars of the College are clearly articulated and transparent. The expectations set out in the Charter specify the behaviours expected of registrars when they are undertaking activities associated with their training programme or interactions with College staff and other registrars. Any breach of the behaviours set out in the Charter will result in an investigation and, if a case is found, may trigger discipline and academic appeals procedures as set out in the Appeals Policy.

Expectations of Registrars

A Registrar enrolled in a programme delivered by the College is expected to:

1. Respect the rights of other registrars and behave in a manner that does not interfere with the learning or wellbeing of other registrars and/or their ability to engage in group learning activities.
2. Be respectful and considerate of all colleagues, patients, employers and co-workers they engage with and, at all times, act in a manner which does not jeopardize their safety or the safety of others.
3. Show commitment to their studies particularly:
 - meeting the attendance and participation requirements of the programme;
 - arriving for group/individual sessions on time and engaging in learning activities; and
 - meeting agreed deadlines.
4. Comply with all College rules, regulations and policies including those relating to:
 - Administration of the programme including all Programme Regulations;
 - Preventing bullying, harassment and discrimination;
 - Privacy of information;
 - Health and Safety;
 - Assessment;
 - Academic Integrity; and
 - Copyright.
5. Not engage in any form of academic misconduct.
6. Resolve concerns through appropriate channels.
7. Respect College intellectual property and resources.

Rights of Registrars

Registrars can expect that the College's staff and contractors will:

1. Uphold their mana and show respect, including demonstrating:
 - sensitivity towards difference in ethnicity, culture, age, gender, background and individual levels of ability;
 - support for registrars experiencing hardship, stress or difficulties;
 - zero tolerance towards any form of harassment, discrimination, coercion, intimidation or violence.
2. Provide access to information through:
 - the College's website, Learning Zone/Te Ara platform, Facebook page and other social media;
 - programme information, forms and guidance; and
 - personal records and official information pursuant to the Privacy Act 1993.
 - study and progression advice and guidance.

3. Deliver competent and effective teaching, learning facilitation and mentoring.
4. Provide fair, valid and reliable assessments related to the learning outcomes for the programme.
5. Ensure the return of assessment results and other constructive feedback in a timely manner.
6. Deliver fair and honest decisions with regards to academic outcomes (i.e. assessment grades, and/or re-assessment opportunities).
7. Provide access to educators at reasonable times to discuss issues relevant to their study.
8. Maintain an effective model of feedback to ensure they have a say on matters that directly affect them including having input into teaching and programme evaluation.
9. Ensure effective access to the Concerns and Complaints policies of the College.