

APPLICATION FOR ENDORSEMENT of a resuscitation skills course

The Royal New Zealand College of General Practitioners (RNZCGP) requires all members to maintain their resuscitation skills as part of the Continuing Professional Development (CPD) programme for Fellows, the General Practice Education Programme and the Division of Rural Hospital Medicine (DRHM) training programme.

Resuscitation skills training must be undertaken through a College-endorsed provider. The approved course must meet the RNZCGP Standard for Resuscitation Courses (please see our website for more information).

Doctors on different programmes have different minimum requirements for resuscitation skills training:

- Fellows on the general practice CPD programme must, at a minimum, hold a current certificate at the equivalent level of a New Zealand Resuscitation Council (NZRC) Certificate of Resuscitation and Emergency Care (CORE) Skills course, with the content as outlined in the RNZCGP Standard (criterion 2.2). This is a minimum requirement and all doctors are expected to train to the level appropriate to their situation.
- Fellows on the DRHM CPD programme must hold a current certificate at the equivalent level of the NZRC CORE Advanced course. The DRHM CPD programme also has requirements for additional emergency management courses.
- Registrars on the General Practice Education Programme must, at a minimum, hold a current certificate at the equivalent level of a NZRC CORE Skills course, with the content as outlined in the RNZCGP Standard (criterion 2.2), for the duration of the training programme. However, in order to obtain Fellowship, the registrar must, at a minimum, hold a current certificate at the equivalent level of the NZRC CORE/Immediate course.
- Registrars on the DRHM training programme must hold a current certificate at the equivalent level of the NZRC CORE Advanced course. Registrars on this programme must, in addition, complete courses in Emergency Management.

NOTE: The College recognises resuscitation skills certificates as 'current' if they have been obtained in the last three years.

Courses are normally expected to be a minimum of four hours duration for a NZRC CORE Skills (or equivalent) course, or eight hours duration for a NZRC CORE Advanced course (with expected reading preparation of a minimum of four hours in all cases).

This resuscitation endorsement application form is for individuals or organisations who are either developing a programme or who have an existing programme that they wish to have considered for RNZCGP endorsement.

Should you wish to apply for College endorsement, please complete the form as thoroughly as possible. Questions marked with a * are desirable components but are not required. Endorsement shall last for a period of three years once your application has been accepted.

Please note that if you are not offering a certified NZRC CORE course, you are required to submit a copy of your course content for review, as well as a sample certificate.

The College reserves the right to approve, decline or negotiate changes to a proposed programme as it sees fit and to review or audit endorsed courses on a regular basis.

Please send your application and supporting material to:

CPD team RNZCGP PO Box 10440 Wellington 6143 Phone 04 550 2812

Or

cpd@rnzcgp.org.nz

The application should be received by the College at least six weeks prior to the course being offered to allow time for the approval process to be completed before advertising or course material has been distributed. Once RNZCGP endorsement has been approved this can be advertised.

An application fee will be charged to process your application:

Fewer than 100 GPs per annum:	\$575.00 (incl. GST)
More than 100 GPs per annum:	\$1,150.00 (incl. GST)
Charity-status organisation:	\$250 (excl. GST)
District health boards:	\$250 (excl. GST)

Questions about this form?

Call: +64 4 496 5999 Email: cpd@rnzcgp.org.nz

APPLICATION FOR ENDORSEMENT of a resuscitation skills course

* Desirable but not required.

Details	s of applicant				
Name o	of organisation:				
Name (of coordinator or contact person:				
Addres	s:				
Phone:			Email:		
			ii		
	s of course programme				
NZRC I	evel of courses offered:	CORE Skills	CORE Immedia	ate CO	RE Advanced
Geogra	aphic area covered by this applica	tion:			
Estima	ted number of courses to be offer	ed in a year:	Limit of attendees per cour	se:	
	ard for resuscitation courses		11		
REQUI	evance to general practice REMENT: The provider ensures t I practitioners in the New Zealand		e educational programme pro	ovided is relevar	at and useful to
Criteria		Please tick 'ye	Please tick 'yes' or 'no'		
1.1	Have the learning needs of general practitioners with regard to the topic been taken into account in programme planning?		Yes	No	
	Is content related to the doctor's existing knowledge?				
1.2*	is content related to the doctors	s existing knowledge	?	Yes	No

Limitations on professional or commercial bias

REQUIREMENT: The programme provides a balanced coverage of issues and contains no professional or commercial bias.

Criteria		Please tick 'yes' or 'no'	
3.1	Is there pharmaceutical company involvement in the design or content of the educational programme?	Yes	No
3.2	Does the programme content contain any product endorsements or material that can be construed to promote one product over any other?	Yes	No
3.3	Has any sponsorship of the programme been publicly acknowledged, and is at 'arm's length' from the content of the programme?	Yes	No
3.4	Are there any potential conflicts of interest held by the programme staff with respect to the programme content?	Yes	No
	If YES, have these conflicts of interest been clearly declared in the application submission and in publicity material?	Yes	No

Please list the key instructors/facilitators, and give a brief summary of their expertise/qualifications:

Name	Qualification	Role in programme

Sound educational practice

REQUIREMENT: The provider develops the programme according to sound educational principles.

Crite	Criteria		Please tick 'yes' or 'no'	
4.1	Have realistic learning objectives for the programme been specified? If YES, please include a copy of your learning outcomes with this application.	Yes	No	
4.2	Is the programme coherently designed to enable achievement of the learning objectives? If YES, please include a programme overview with this application.	Yes	No	
4.3	Is this course taught in a practical manner? Theoretical and online courses are not accepted.	Yes	No	
4.4	Is the environment in which the event will be offered appropriate for learning?	Yes	No	
4.5*	Is a practice / team-based approach to resuscitation training encouraged?	Yes	No	
4.6*	Assessment is not required, but if undertaken, will feedback to the participant be constructive, timely, and relevant?	Yes	No	

^{*} Desirable but not required.

Qua	Quality improvement mechanisms and evaluations				
REQUIREMENT: The provider ensures that there is a system in place for monitoring the success of the event and for gaining feedback that can be used to improve future offerings.					
Criter	a			Please tick 'yes	s' or 'no'
5.1	Do you have a mechanism for evaluating evaluation evalu		-	Yes	No
5.2	Do you address issues identified in t	he evaluation before the	event is repeated?	Yes	No
Part	icipant certification				
REQUI	REMENT: The provider has a system i	in place for certification of	of event attendance.		
Criter	a			Please tick 'yes	s' or 'no'
7.1	7.1 Certificates are awarded to participants who fulfil the attendance requirements. If YES, please provide a sample of your certificate. Yes No			No	
 A statement that acknowledges successful participation and/or assessment at the relevant level List of skills taught The phrase 'An RNZCGP Approved Resuscitation Skills Provider' Date of issue. PAYING YOUR APPLICATION FEE					
Amoun	you are paying: \$	NOTE: We w	rill hold your application	n until payment ha	as been received.
Paymer	nt method:	Bank che	eque / bank draft	III	nvoice
Our bai	nk account details: 01-0564-0047	7568-000			
	Particulars: RI Reference: (yo	NZCGP CME our organisation name)			
CHECK	LICT				
CHECK	CLIST				
Co	mpleted application form	Learning objectives	Pr	rogramme overvi	iew
Eva	aluation questions	Sample of certificate	A _I	pplication payme	ent
DECLA	RATION				
I have provided true and correct answers to the questions in this form and have provided all relevant material required as part of this application.					
	for and on behalf of the applicant orgoligations on behalf of the applicant.	anisation by the person	named below, being	a person duly au	uthorised to
	Signature			Date	
Name:					