



## GENERAL PRACTICE EDUCATION PROGRAMME (GPEP)

### Application for Recognition of Prior Learning (RPL)

A registrar who has gained entry into the Royal New Zealand College of General Practitioner's ('the College') GPEP may make a formal application to the College to have some of their previous training, work experience and/or postgraduate qualification/s recognised as credit towards requirements of the Programme.

Applications will be considered under the version of the ***Fellowship Pathway Regulations, 'Section 5: Recognition of prior learning'*** that were in place at the time the registrar enrolled into the Programme.

Registrars should read the '***Recognition of Prior Learning***' policy and procedure published on the College website which details the processes, steps, and timeframes for applying for RPL and receiving credit towards the GPEP.

An application for RPL must include sufficient evidence to demonstrate the learning experiences are relevant to general practice and equivalent to one or more of the GPEP learning outcomes and competencies.

Applications **must** be completed on this form and returned to the College in the same format (i.e. **must be returned as a fillable PDF, printed/scanned copies of this form will not be accepted.**)

Types of prior learning that may be recognised include completed training programmes, qualifications, and relevant experiences as part of a formal specialist general practice training.

The evidence provided must be in English (or an official translation included) and must all be certified or verified copies.

Examples of authenticated evidence may include:

- Academic transcript showing course/paper completion
- Awards or certificates
- Training programme syllabus/curriculum/course descriptors showing aims/content and learning outcomes
- Details of training positions/clinical experiences
- Current curriculum vitae
- Professional development – training and courses completed
- Previous or current employer attestation/reference

Please note that further evidence may be requested by the College.

**Complete Sections A, B and E, and then whichever of Sections C or D that are applicable.**

## **SECTION A: PERSONAL INFORMATION**

Surname:

MCNZ Number:

First names:

Preferred name:

Address:

Phone:

Email:

Current practice:

GPEP year:

## **SECTION B: CATEGORY OF PRIOR LEARNING BEING APPLIED FOR**

### **Clinical experience**

- ☐ General practice clinical experience undertaken in a position under formal specialist training before GPEP (complete Section C below)
- ☐ Non-general practice medical vocational training programme completed before GPEP (complete Section C below)

### **Education component**

- ☐ Clinical and written examinations (complete Section D below)
- ☐ Academic component – post-graduate qualifications completed before GPEP (complete Section D below)
- ☐ Formative activities – applicable to GPEP Year 1 only (complete Section D below)

## **SECTION C: CLINICAL EXPERIENCE**

Specialist Training programme:

Name of training provider:

Country:

Date completed:

Specialist Training programme:

Name of training provider:

Country:

Date completed:

## SECTION D: EDUCATION COMPONENT

| Examination and/or Qualification Code and Title | Examination and/or Qualification Credits | Examination and/or Qualification Level | Institution/Training Provider Name | Date completed |
|---|--|--|------------------------------------|----------------|
|   |  |  |                                    |                |
|   |  |  |                                    |                |
|   |  |  |                                    |                |
|   |  |  |                                    |                |
|   |  |  |                                    |                |
|   |  |  |                                    |                |

| Formative Activities (applies to GPEP Year 1 only)<br>Provide details of activities completed e.g. patient feedback survey, research and presentations | Summarise how the formative activities are relevant and applicable to GPEP Year 1 | Institution/Training Provider/<br>Employer Name | Date completed |
|--|---|---|----------------|
|  |   |   |                |
|  |   |   |                |
|  |   |   |                |
|  |   |   |                |
|  |   |   |                |

## SECTION E: AUTHORISATION

- ☐ I have read and understood the '*Recognition of Prior Learning*' policy and procedure
- ☐ I have enclosed original or certified copies of documentation to support my application
- ☐ I agree that my verifiers can be contacted by the College to clarify attestations if required
- ☐ I declare that the information provided in this application is true and accurate
- ☐ I authorise the Royal New Zealand College of General Practitioners to proceed with evaluating my RPL application.

Signature:

Dated:

Please post the completed form and supporting documents to:

GPEP2/3 Team  
The Royal New Zealand College of General Practitioners  
PO Box 10440  
Wellington 6143  
New Zealand

**OR**

Email your completed form and any supporting evidence to: [gpep2@rnzcgp.org.nz](mailto:gpep2@rnzcgp.org.nz)

## SECTION F: INTERNAL USE ONLY

|   |
|---|
| <b>Additional Information (if applicable):</b>  |
|   |
| <b>Academic Assurance Advisor recommendation:</b>   |
|   |
| <b>Clinical Lead recommendation:</b>  |
|   |
| <b>Manager (Academic Assurance) final decision and comments:</b>  |
| <p><b>Tick the relevant RPL:</b></p> <p><input type="checkbox"/> General practice clinical experience undertaken in a position under formal specialist training before GPEP</p> <p><input type="checkbox"/> Non-general practice medical vocational training programme completed before GPEP</p> <p><input type="checkbox"/> Clinical and written examinations</p> <p><input type="checkbox"/> Academic component – qualifications completed before GPEP</p> <p><input type="checkbox"/> Formative activities – applicable to GPEP Year 1 only</p> <p><b>Approved?</b>                  <input type="checkbox"/> <b>Yes</b>                  <b>No</b></p> <p><b>Comments (if applicable):</b></p><br><br><p><b>Approved by:</b></p><br><p><b>Date:</b></p> |