



# 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 31 January 2022. 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:

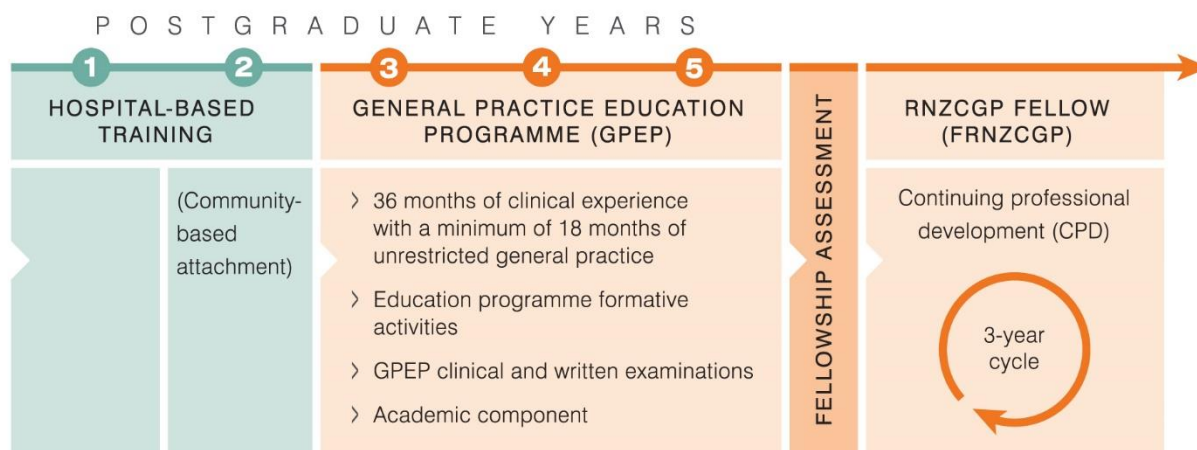
- (a) is personal, family and community-oriented, comprehensive primary care that continues over time, and is anticipatory as well as responsive.
- (b) is not limited by the age, gender, ethnicity, religion, or social circumstances of the patient, nor by their physical or mental states.
- (c) is normally 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.
- (d) 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.
- (e) 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.
- (f) has a unique consultation process that through effective communication between doctor and patient over time establishes a relationship.
- (g) is responsible for providing longitudinal continuity of care as determined by the needs of the patient.
- (h) has a specific decision-making process determined by both the needs of the patient and probability reasoning.
- (i) diagnoses and manages both acute and chronic health problems of individual patients.
- (j) diagnoses and manages illness which presents in an undifferentiated way at an early stage of its development, which may require urgent intervention.
- (k) promotes health and wellbeing through appropriate and effective intervention.
- (l) has a specific responsibility for health in the community.
- (m) 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 3.5
- complete GPEP formative activities – refer to section 3.6
- pass GPEP summative assessment activities – refer to section 3.7.2
- hold a current<sup>1</sup> College endorsed certificate of competence in resuscitation appropriate to Fellowship<sup>2</sup>. Rural hospital doctors must also hold a current certificate in Advanced Paediatric Life Support (APLS)<sup>3</sup> and Early Management of Severe Trauma (EMST)<sup>4</sup>

<sup>1</sup> Current means no more than 3 years old at the time of Fellowship

<sup>2</sup> College endorsed courses are assessed against the NZRC rescuer framework

<sup>3</sup> PALS is an accepted equivalent

<sup>4</sup> 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 current<sup>5</sup> 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 beginning GPEP on 31 January 2022. Registrars are governed by the Programme Regulations in place at the time of first registration 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 must advise the College of any investigations or changes to this status.

#### 3.2. Admission to the programme

The minimum requirements for admission to the programme are:

- registration with the MCNZ which allows work in general practice in the general scope of practice;
- 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.
- The candidate is fully vaccinated against COVID-19 as defined by the Ministry of Health from time to time or has a current vaccination exemption in accordance with the COVID-19 Public Health Response (Vaccinations) Order 2021.

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.

Applicants for the dual Fellowship training pathway programme outlined in section 3.4.2 below must be independently accepted to each training programme.

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<sup>5</sup> Current means no more than three months old at the date of Fellowship

### 3.3. Transition arrangements

- All registrars who enrolled into the GPEP in Dec 2018 or earlier will remain on the 2014 curriculum and adhere to the Fellowship Pathway Regulations that applied to them at the time of their enrolment. Registrars must complete all of their programme requirements, including successfully gaining Fellowship by the end of their five-year anniversary; OR by the end of 2024; whichever comes first.
- Any registrar who does not complete their programme including successfully gaining Fellowship by either their anniversary date OR by the end of 2024 will be transferred to the 2022 version of the curriculum and the Fellowship Pathway Regulations current at that time. All registrars will be given the opportunity to apply for cross-credits, and applications will be considered on a case-by-case basis.
- All registrars who commenced the GPEP in Dec 2019 and Feb 2021 will be transferred to the 2022 version of the curriculum. They will remain on the version of the Fellowship Pathway Regulations that applied to them at the time of their commencement (1 Dec 2019 or 1 Feb 2021).
- A registrar who has either deferred their programme (GPEP Year 1) or put their programme 'on hold' (GPEP Year 2 and 3) will be transferred to the 2022 version of the curriculum upon their return to the programme. They will remain on the version of the Fellowship Pathway Regulations that applied to them at the time of their enrolment.
- A registrar who has withdrawn from the programme and wishes to apply to re-enter the GPEP after January 2022 will be enrolled into the 2022 version of the curriculum and the current version of the 2022 Fellowship Pathway Regulations. The 'Varying GPEP Training' policy will apply.
- Part-time registrars or individual registrars whose circumstances are not covered by these arrangements will be managed on a case-by-case basis.

### 3.4. GPEP clinical experience requirements

#### 3.4.1. 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 18 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 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 18 months (minimum) of clinical experience which must be gained in unrestricted general practice, 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"> <li>• With approval, maximum of 18 months FTE from: <ul style="list-style-type: none"> <li>○ armed forces</li> </ul> </li> <li>• With approval, maximum of 12 months FTE from: <ul style="list-style-type: none"> <li>○ student health</li> <li>○ any non-listed area of general practice in which the patient base or scope is restricted.</li> </ul> </li> <li>• With approval, maximum 6 months from: <ul style="list-style-type: none"> <li>○ providing clinical education (e.g. Medical School teaching)</li> <li>○ cosmetic medicine</li> </ul> </li> <li>• With approval, maximum 3 months from: <ul style="list-style-type: none"> <li>○ time spent in approved clinical governance or management activities (for example, Representative Boards such as College Council, Board of Studies, Te Akoranga a Māui)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of 18 months FTE of runs undertaken on the Division of Rural Hospital Medicine vocational training programme, in clinical areas as set out below.</li> <li>• Maximum of 12 months FTE cumulative total for all other registrars in clinical areas are set out below.</li> </ul> <p>Clinical areas recognised:</p> <ul style="list-style-type: none"> <li>• With approval, maximum of 12 months FTE in the following scopes: <ul style="list-style-type: none"> <li>- accident &amp; medical practice/urgent care</li> <li>- emergency medicine</li> <li>- family planning &amp; reproductive health</li> <li>- obstetrics &amp; gynaecology</li> <li>- paediatrics</li> <li>- palliative medicine</li> <li>- psychiatry</li> <li>- rural hospital medicine</li> <li>- sexual health medicine</li> </ul> </li> <li>• With approval, maximum of 6 months FTE in the following scopes: <ul style="list-style-type: none"> <li>- Anaesthesia/ICU</li> <li>- clinical genetics</li> <li>- dermatology</li> <li>- general surgery</li> <li>- internal medicine</li> <li>- medical administration</li> <li>- musculoskeletal medicine</li> <li>- occupational medicine</li> <li>- ophthalmology</li> <li>- orthopaedic surgery</li> <li>- otolaryngology (ENT)</li> <li>- paediatric surgery</li> <li>- pain medicine</li> <li>- plastic and reconstructive surgery</li> <li>- public health medicine</li> <li>- rehabilitation medicine</li> <li>- sports medicine</li> <li>- mental health</li> <li>- travel medicine</li> <li>- sexual assault medicine</li> </ul> </li> <li>• Maximum of 6 months FTE may be granted on approval of application for any other scope of practice.</li> </ul>

- (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.

### 3.4.2. 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):

<b>Compulsory runs</b>
All of the following must be completed: <ul style="list-style-type: none"><li>• <b>Two runs</b> (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 <b>Rural General Practice</b>.</li><li>• <b>TWO runs</b> (12 months FTE) in <b>Rural Hospital Medicine</b> undertaken at different sites. The rural hospital attachments must be approved by the Division. One of the rural hospital runs must be in a Level 3 rural hospital. One rural hospital run is usually taken early in the training programme, the other is undertaken at the end of training.</li><li>• <b>One run</b> (six months FTE) in <b>General Medicine</b> (three months may be cardiology or respiratory medicine) undertaken at a Division of Rural Hospital Medicine accredited training site.</li><li>• <b>One run</b> (six months FTE) in <b>Emergency Medicine</b> (3 months may be orthopaedics) undertaken at a Division of Rural Hospital Medicine accredited training site.</li><li>• <b>0.5 run</b> (three months FTE) <b>Paediatrics</b> undertaken at a Division of Rural Hospital Medicine accredited training site.</li><li>• <b>0.5 run</b> (three months FTE) <b>Anaesthetics and/or Intensive Care</b> undertaken at a Division of Rural Hospital Medicine accredited training site</li><li>• A further <b>one run</b> (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.</li></ul>

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

### 3.4.3. 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 3.5.2 (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 (cumulative), 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) A one-tenth concession for a full-time equivalent year during Years 2 and 3 may be granted approval by the College to registrars involved in childcare and/or caring for a live-in disabled family member, in recognition of the value that this experience brings to general practice work. This concession is included in the calculation of the minimum clinical time requirements. The maximum concession that may be granted is three months FTE, which is broken down to 0.1FTE per week and applied over GPEP Years 2 and 3

- (e) Where a registrar has placed their training 'on hold', they must have a current practicing certificate and continue to work in the scope of general practice to comply with MCNZ requirements for recertification (as outlined in section 3.6.7) during their 'on hold' period. These requirements must be completed and reported through the College Annual Maintenance programme (AMP) to MCNZ.

#### 3.4.4. Withdrawals

- (a) Registrars intending to work in another scope of medicine (outside of the parameters outlined in section 3.3.1) 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.

### 3.5. GPEP Clinical Requirements

#### 3.5.1. Year 1 GPEP clinical experience requirements

- (a) The first year of GPEP comprises two 26-week attachments based in one or more Cornerstone Bronze Tier practices with a College approved teacher. 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.
- (b) Registrars may undertake both attachments (52 weeks) in a rural practice with approval by the Head of Learning (or delegate).
- (c) 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 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 10 months FTE counted towards GPEP with the balance to be made up in years 2 and 3.

#### 3.5.2. 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 training location – 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).

#### 3.5.3. 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 3.4.1, 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.



### 3.5.4. Research Registrar clinical time requirements

- (a) Registrars who have successfully completed the GPEP Year 1 requirements may apply to undertake a research route to Fellowship. The programme may involve full-time or part-time research or study with a recognised postgraduate institution.
- (b) Approved full-time research registrars generally engage in four-tenths clinical general practice work and four-tenths academic and/or research work. Registrars may apply for permission for a maximum of 12 months research time credited to the programme requirements. All other programme requirements must be completed.

## 3.6. GPEP formative activities

### 3.6.1. 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.

### 3.6.2. 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 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.

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.

### 3.6.3. 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.

### 3.6.4. 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.

### 3.6.5. 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 DRHM Fellowship Pathway Regulations. This fulfils the requirement for an academic component (refer section 3.6.5 (a)).

### **3.6.6. 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 3.6.2 above.

Notwithstanding sections 3.6.3 and 3.6.4, 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.

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
- c) Meet with their Education Facilitator four times a year (except during GPEP Year 1 training).

### **3.6.7. Formative professional development activities until Fellowship is obtained**

To comply with MCNZ recertification requirements, 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 3.4.3 (e)), will be automatically enrolled in the AMP. Registrars in these circumstances must complete requirements proportional to the time spent in the AMP until either Fellowship is obtained, or they return to the programme (for example, no longer 'on hold') with an emphasis on:

- (a) the development and maintenance of a professional development plan (PDP) – an appropriate PDP must be in place at all times
- (b) the completion of an annual conversation
- (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 cultural safety and health equity activities
- (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 AMP requirements have been met will be confirmed as part of the registrar's online records.

## **3.7. GPEP summative assessment**

### **3.7.1. 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 registrar is active in the programme (for example, not 'on hold' on the programme) and has completed 80% of the GPEP Year 1 clinical time requirements and the required GPEP Year 1 formative activities.
- (d) 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.
- (e) 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.
- (f) 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.
- (g) 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. 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).
- (h) Examinations are governed by the rules set out in the GPEP Written and Clinical Examinations Rules

### 3.7.2. GPEP summative assessments

The GPEP summative assessments are:

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

## 3.8. 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 Fellowship<sup>6</sup>.
- Rural hospital doctors must also hold a current certificate in Advanced Paediatric Life Support (APLS)<sup>7</sup> and Early Management of Severe Trauma (EMST)<sup>8</sup>.
- 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.

<sup>6</sup> College endorsed course are assessed against the NZRC rescuer framework

<sup>7</sup> PALS is an accepted equivalent

<sup>8</sup> ATLS and PRIME are accepted equivalents

- These are minimum requirements, and all doctors are expected to train to a level appropriate to their situation.

## 4. Fellowship assessment

### 4.1. General requirements

- 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.
- Registrars are visited by a senior Fellow of the College and their practice, records and consultation skills are assessed against the Fellowship Assessment standards
- All Fellowship Assessment Standards and any further conditions set as a result of the visit must be met to obtain Fellowship.
- The assessment visit for Fellowship must take place in a College Foundation Standard certified general practice and be a minimum of Cornerstone Bronze Tier.
- 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 3.5.2 (c)) to be awarded Fellowship or another assessment visit will be required.
- 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.
- 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:

- have had a visit from a medical educator within three years of the assessment visit (including time 'on-hold');
- have worked in the practice for at least three months FTE in the nine months up to the assessment visit.
- 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;
- 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.
- 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.
- 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.

## **5. Recognition of prior learning**

### **5.1. Clinical experience**

#### **5.1.1. General practice clinical experience**

Doctors with general practice clinical experience before enrolling in GPEP, and who do not qualify for admission to the Prior Training Pathway to Fellowship (refer section 6), may apply to have their GPEP clinical time reduced, provided the clinical experience was undertaken in a position under formal specialist training. Recognition may be granted for up to a maximum of 12 months, depending on the relevance of the clinical experience. Clinical experience in a training position overseas may be recognised if deemed comparable to the New Zealand clinical experience.

#### **5.1.2. Non-general practice clinical experience**

Doctors who have completed non-general practice medical vocational training programmes (i.e. a specialist medical training programme in a recognised vocational scope of practice, accredited by the MCNZ) of sufficient relevance to general practice (for example Urgent Care Physicians or Rural Hospital Medicine) may apply for recognition of prior learning to determine whether they are eligible for exemption from some of the clinical time requirements for training. Recognition may be granted for a maximum of 12 months.

#### **5.1.3. Minimum clinical time requirements**

All doctors who receive recognition of clinical experience must still meet the minimum four-tenths clinical time requirement for all years while enrolled in the programme.

### **5.2. Education component**

#### **5.2.1. Formative activities**

Doctors who have previously undertaken general practice training, in New Zealand or elsewhere, either in whole or in part, and who do not qualify for admission to the GPEP prior specialist training pathway (refer section 6) may apply for exemption from individual formative components of the training programme where these are substantially similar to components of the training programme undertaken previously. This does not extend to the formative activities associated with Years 2 and 3 of GPEP.

#### **5.2.2. Summative assessments**

##### **5.2.2.1. GPEP clinical and written examinations**

Doctors who have previously undertaken general practice training, in New Zealand or elsewhere, either in whole or in part, and who do not qualify for admission to the GPEP prior specialist training pathway (refer section 6) may apply for exemption from the GPEP clinical and/or written examination, where these are assessed as equivalent to assessments conducted in the training programme in which they have previously been enrolled.

### 5.2.2.2. Academic work completed

Doctors who have completed a postgraduate certificate or diploma or higher qualification relevant to general practice before entering GPEP may apply for recognition of prior learning to determine whether they are eligible for exemption from the GPEP academic component (refer section 3.6.5). Applications will be considered on a case-by-case basis, based on the level of study, the education provider, the country and its relevance to general practice.

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

### 6.1. Prior Specialist Training Pathway to Fellowship

#### 6.1.2. FRACGP and FACRRM

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 from the Medical Council of New Zealand and confirmed details regarding their employment in New Zealand;
- provide evidence of completing 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.

Doctors who hold Fellowship of the Australian College of Rural and Remote Medicine, and who gained this qualification via the training and assessment route are entitled to apply to the College for Fellowship ad eundem gradum. Applicants for Fellowship by this route need to:

- complete an application form;
- provide a certified copy of their ACRRM Fellowship certificate and training programme details
- provide a letter from the ACRRM confirming their current financial and professional good standing;
- provide evidence that they have at least twelve months experience during or after training in a primary care environment;
- provide confirmation that they hold a current Practising Certificate from the Medical Council of New Zealand (MCNZ) and confirmed details regarding their employment in New Zealand;
- provide evidence of completing 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 (including maintaining successful completion of the Family Medicine Certification process)
- 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 of the following:

- (a) clinical time – a minimum of six months FTE of general practice clinical experience in New Zealand
- (b) record review – complete a College approved record review within 6 months of the Fellowship assessment visit
- (c) patient feedback survey – Better Practice Patient Questionnaire (BPPQ) – complete the College BPPQ survey
- (d) colleague multi-source feedback (MSF) complete through a College-approved provider within three months of the Fellowship assessment



- (e) cultural competency orientation – provide evidence of having undertaken an approved cultural competency event within New Zealand
- (f) continuing professional development (CPD) via the College AMP – provide evidence of meeting the College requirements for professional development, in proportion to clinical time in New Zealand
- (g) personal profile and reflection – complete the College personal profile and reflection form before the assessment visit.

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 recognised for this pathway.

#### **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:

- GPEP Clinical examination
- GPEP Year 3 formative activities (refer to section 3.6.4) (note that this requirement will normally take one year to achieve and must be undertaken in New Zealand)
- 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
- 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 3.5.2 (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 recognised for this pathway.

#### **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 Zealand<sup>9</sup>, 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).

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<sup>9</sup> Refer to MCNZ website for comparable health system criteria information <https://www.mcnz.org.nz/registration/getting-registered/registration-policy/comparable-health-system-criteria/>

## 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.

### 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](mailto:fellowship@rnzcgp.org.nz)

Website: [www.rnzcgp.org.nz](http://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 set of Regulations, and how they are applied to registrars that are completing the Dual Pathway.

## DRHM Fellowship Pathway Regulations

**Section 7.2 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"><li>• <b>Two runs</b> (12 months FTE) in <b>General Practice</b> undertaken whilst fulfilling the GPEP Year 1 programme requirements. At least one run (six months FTE) must be in in <b>Rural General Practice</b>.</li><li>• <b>Two runs</b> (12 months FTE) in <b>Rural Hospital Medicine</b> undertaken at different sites. One of the rural hospital runs must be in a Level 3 rural hospital.<sup>[1],[2]</sup> 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.</li><li>• <b>One run</b> (six months FTE) in <b>General Medicine</b> (three months may be cardiology or respiratory medicine).</li><li>• <b>One run</b> (six months FTE) in <b>Emergency Medicine</b>.</li><li>• <b>0.5 run</b> (three months FTE) in <b>Paediatrics</b>.</li><li>• <b>0.5 run</b> (three months FTE) in <b>Anaesthetics / Intensive Care</b>.</li><li>• A further <b>one run</b> (six months FTE) in <b>General Practice</b>, during which the general practice Fellowship assessment visit is conducted.<sup>[3]</sup></li></ul>

### 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.

### Section 7.3 Academic component requirements:

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

<sup>[1]</sup> The rural hospital levels are described in the Division Training Handbook.

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

<sup>[3]</sup> Normally undertaken after 30 – 36 months of training.

## GPEP Fellowship Pathway Regulations

### Section 3.6.6 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 (outlined below).

### Section 3.4 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 3.4.1(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 months<sup>10</sup> 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 + StAMPS exam + DRHM Fellowship

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<sup>10</sup> 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

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 at the same level or above as GPEP
- Learning relevant to the domains and content of GPEP
- Learning 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 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

### 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.

### 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>
- Sports Medicine <http://www.tamaki.auckland.ac.nz/en/about/innovation-partners/unisports-sports-medicine.html>
- Obstetrics and Medical Gynaecology  
<http://www.fmhs.auckland.ac.nz/faculty/postgrad/programmes/pgdipobstmedgyn.aspx>
- Youth health  
[https://www.fmhs.auckland.ac.nz/en/faculty/for/future-postgraduates/postgraduate-study-options/programmes/certificates/pgcerthsc/pgcerthsc-youth-health.html?\\_ga=2.221759835.218661044.1532145239-1379241477.1529815012](https://www.fmhs.auckland.ac.nz/en/faculty/for/future-postgraduates/postgraduate-study-options/programmes/certificates/pgcerthsc/pgcerthsc-youth-health.html?_ga=2.221759835.218661044.1532145239-1379241477.1529815012) or  
[https://www.fmhs.auckland.ac.nz/en/faculty/for/future-postgraduates/postgraduate-study-options/programmes/diplomas/pgdiphsc/pgdiphsc-youth-health.html?\\_ga=2.188678763.218661044.1532145239-1379241477.1529815012](https://www.fmhs.auckland.ac.nz/en/faculty/for/future-postgraduates/postgraduate-study-options/programmes/diplomas/pgdiphsc/pgdiphsc-youth-health.html?_ga=2.188678763.218661044.1532145239-1379241477.1529815012)

### University of Otago, Wellington

#### Postgraduate certificate and diplomas in:

- Travel Medicine
- Child Health
- Primary Health Care/General Practice
- Long Term Conditions Management  
<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 (PGDipGP) <http://dnmeds.otago.ac.nz/departments/gp/index.html> or [http://dnmeds.otago.ac.nz/departments/gp/teaching/pg\\_info.html](http://dnmeds.otago.ac.nz/departments/gp/teaching/pg_info.html)
- 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 Certificate in Women's Health (<http://www.otago.ac.nz/courses/qualifications/pgcertwhlth.html>)
- Postgraduate Diploma in Surgical Anatomy (PGDipSurgAnat)

## Te Pukenga (formerly Institutes of Technology and Polytechnics) and Wānanga

- 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.

## Table of pre-approved Courses/Papers

**Note:** Courses in green are highly recommended for GPEP purposes. The courses in orange have pre-requisite requirements.

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
GENA711 (core paper)	Long-term Condition Management (Advanced)	University of Otago, Wellington	30 GENA709 is a pre-requisite
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 prerequisite
GENA718	Generalist Medical Ultrasound	University of Otago, Dunedin	30 GENA717 is a pre-requisite
GENA719	Tropical Infectious Disease	University of Otago, Wellington	30

Course/Paper Code	Course/Paper Name	Provider	Credits
GENA720	Refugee and Migrant Health	University of Otago, Wellington	30
GENA723	Trauma and Emergencies in Rural Settings	University of Otago, Dunedin	30
GENA724	The Context of Rural Hospital Medicine <sup>11</sup>	University of Otago, Dunedin	15
GENA725	Communication in Rural Hospital Medicine	University of Otago, Dunedin	15
GENA726	Obstetrics and Paediatrics in Rural Hospitals	University of Otago, Dunedin	15
GENA727	Surgical Specialities in Rural Hospitals	University of Otago, Dunedin	15
GENA728	Cardiorespiratory Medicine in Rural Hospitals <sup>2</sup>	University of Otago, Dunedin	30
GENA729	Medical Specialities in Rural Hospitals	University of Otago, Christchurch	15
GENA731	Supporting Healthier Lifestyles: Core Principles	University of Otago, Wellington	15
GENA732	Supporting Healthier Lifestyles: Sleep Management	University of Otago, Wellington	15
GENA734	Supporting Healthier Lifestyles: Addiction and Drug Abuse	University of Otago, Wellington	15
GENA735	Supporting Healthier Lifestyles: Challenging Conversations	University of Otago, Wellington	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

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<sup>11</sup> 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
MAOR500	Introduction to conversational Māori	Auckland University of Technology	15
MAOR501	Beginners Māori Language I	Auckland University of Technology	15
MAOR502	Beginners Māori Language II	Auckland University of Technology	15 MAOR501 is a prerequisite
MEDSCI 710	Nutrition Mechanisms	University of Auckland	15
MSME701	Clinical Diagnosis	University of Otago, Christchurch	15
MSME702	Musculoskeletal Tissues	University of Otago, Christchurch	15
MSME703	Musculoskeletal Disorders	University of Otago, Christchurch	15
MSME704	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
MSME711	Pain Assessment	University of Otago, Christchurch	15
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 712	Youth Health Clinical Skills	University of Auckland	15

Course/Paper Code	Course/Paper Name	Provider	Credits
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
POPHLTH 701	Research Methods in Health	University of Auckland	15
POPLHLTH 709	Evidence for Best Practice	University of Auckland	15
POPLHLTH 732	Population Youth Health	University of Auckland	15
POPHLTH 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 a pre-requisite
POPLPRAC 702	Adult Mental Health and CBT Skills for Primary Care	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 723 is a pre-requisite
POPLPRAC 724	Child and Adolescent Palliative Care	University of Auckland	15
POPLPRAC 739	Urgent Primary Medical Care	University of Auckland	15
POPLPRAC 740	Urgent Primary Surgical Care	University of Auckland	15
POPLPRAC 743	Upper Limb and Spine	University of Auckland	15
POPLPRAC 744	Lower Limb and Physiotherapy	University of Auckland	15
POPLPRAC 745	Sports Medicine in Community	University of Auckland	15
POPLPRAC 746	Medical Issues in Sport	University of Auckland	15
POPLPRAC 754	Infant, Child and Adolescent Primary Mental Health	University of Auckland	15

Course/Paper Code	Course/Paper Name	Provider	Credits
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.