



The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa

Effective 1 December 2016

# Fellowship Pathway Regulations

The Royal New Zealand College of General Practitioners (RNZCGP, 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 a mark of having attained the required proficiencies to provide high-quality care and practise independently.

These regulations govern the pathway to Fellowship. This revision of the regulations comes into effect on 1 December 2016. Registrars enrolled in the General Practice Education Programme (GPEP) under a previous version of these Regulations may complete the programme under those Regulations.

The College Board, or its delegated representative, monitors standards for awarding the College's postgraduate qualifications. Appeals about educational standards can be made to the Board. Candidates undertaking assessments on the Fellowship pathway are informed of the relevant appeal processes as they reach that assessment point. All other queries and appeals regarding individual decisions taken on the programme should be directed to the relevant Programme Advisor, in the first instance.

# 1. The discipline and speciality of general practice

## 1.1 Definition of General Practice

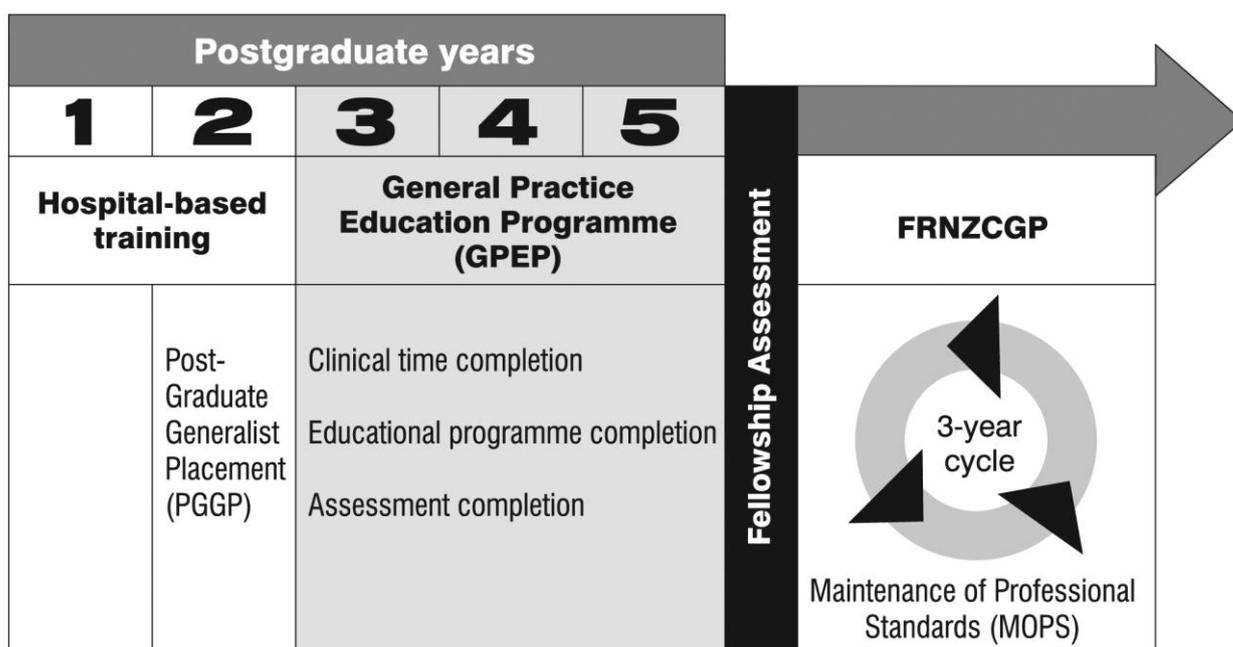
General practice is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity. It is a clinical specialty oriented to primary health care. It is a first level service that involves improving, maintaining, restoring and coordinating people's 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 Fellowship of the College is to complete the College's three-year General Practice Education Programme (GPEP), with the Fellowship Assessment 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 achieve Fellowship of the RNZCGP, the following criteria must be met:

- completion of GPEP clinical experience requirements – refer to section 3.3
- completion of GPEP formative activities – refer to section 3.4
- a pass in GPEP summative assessment activities – refer to section 3.5
- Assessed as having met the Fellowship Assessment Standards and any conditions set as a result of the Fellowship assessment visit – refer section 4
- a certificate of competence in advanced cardiac life support (ACLS) based on assessment, from a College-endorsed resuscitation course provider, to a minimum of the equivalent of a New Zealand Resuscitation Council CORE Immediate course, which is not more than three years old at the date of Fellowship
- a Certificate of Professional Standing from the Medical Council of New Zealand (MCNZ) which is not more than three months old at the date of Fellowship and which indicates that the doctor is in good professional standing
- the candidate must hold current membership of the College and be in good financial standing.

## 3. General Practice Education Programme (GPEP) requirements

### 3.1 General requirements

The requirements below apply to all registrars beginning GPEP on 1 December 2016. Programme requirements for individual registrars are governed by the rules in place at the time of first registration, unless:

- there has been a break in active registration for a period of a year (cumulative) or longer (this includes programmes 'on hold'); 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 may be required to transfer to a current set of rule requirements, or to 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. It is normally expected that a year of this time be undertaken in New Zealand; and
- at the time of entry to the programme the candidate must provide a Certificate of Professional Status 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.

Additional requirements for programme admission and / or funding eligibility are applied. Entry to the programme is via a competitive selection process and is not guaranteed.

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

### 3.3 GPEP clinical experience requirements

#### 3.3.1 General 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 or more clinical workload (approximately 32 hours or more a week) in general practice or approved alternative medical work. Clinical time includes time spent writing patient notes and referrals, which should be done contemporaneously with the consultation.
- (d) Leave taken may contribute to FTE time to a maximum of 20 leave days per year.
- (e) All clinical time during GPEP is expected to 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 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 total clinical time can be met through a combination of clinical experiences as detailed in the table below. Part-time options are available.

| Restricted scope practice in general practice  | Other vocational scopes   |
|--|---|
| <ul style="list-style-type: none"> <li>• Maximum of 18 months FTE (unless with approval) from:               <ul style="list-style-type: none"> <li>○ armed forces</li> </ul> </li> <li>• Maximum 12 months FTE (unless with approval) 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>• Maximum 6 months (unless with approval) from:               <ul style="list-style-type: none"> <li>○ providing clinical education</li> <li>○ cosmetic medicine</li> </ul> </li> <li>• Maximum 3 months (unless with approval) from:               <ul style="list-style-type: none"> <li>○ time spent in approved clinical governance or management activities</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.<br/><br/>Clinical areas recognised:               <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</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> </ul> </li> </ul> </li> </ul> |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>○ public health medicine</li> <li>○ rehabilitation medicine</li> <li>○ sports medicine</li> <li>● Maximum of 6 months FTE may be granted on approval of application for any other scope of practice.</li> </ul> |
|--|--|

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
- ii) a training post that is based in a rural location.

### 3.3.2 Dual Fellowship training pathway

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.

The clinical experience requirements of the dual Fellowship training pathway are as follows:

| <b>Compulsory runs</b>  |
|---|
| <p>All of the following must be completed:</p> <ul style="list-style-type: none"> <li>● <b>Two runs</b> (12 months FTE) in general practice undertaken whilst fulfilling the GPEP1 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 / 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> |

### 3.3.3 Year 1 clinical experience requirements

The first year of GPEP comprises two 26-week attachments to an accredited teaching practice and approved teacher. Four days a week are usually spent in the practice with one day attending seminars and workshops. Registrars spend most of their time seeing patients in the teaching practice, although they may engage in other activities, as their learning needs dictate.

- **Full-time** is ten-tenths a week comprised typically of eight-tenths clinical time for 12 months, plus two-tenths a week spent in seminars. Total clinical time on completing Year 1 will be 12 months FTE towards GPEP.
- **Part-time** is seven-tenths a week comprised typically of five-tenths clinical time for 12 months, plus two-tenths a week spent in seminars. Total clinical time on completing Year 1 will be 10 months FTE towards GPEP.

### 3.3.4 Years 2 and 3 clinical experience requirements

- (a) During Years 2 and 3, registrars are required to complete the balance of their GPEP clinical time in a College approved training location – normally 24 or 26 months FTE.
- (b) Registrars in the programme must meet the 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).
- (d) Clinical time requirements as specified in section 3.3.1 must be completed whilst actively engaged in GPEP.
- (e) Registrars who are working less than the minimum FTE clinical time required (see 3.3.4b above) will be registered in the programme as 'on hold'. If the registrar is the holder of a current practising certificate, they will be required to comply with MCNZ requirements for recertification (as outlined in section 3.4.7) during their 'on hold' period.
- (f) 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.
- (g) A one-tenth concession for a full-time equivalent year during Years 2 and 3 may be granted 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.
- (h) Notwithstanding the above, the maximum time that may be taken on the dual training programme pathway is eight years.

### 3.3.5 Training under other vocational scope clinical time requirements

Registrars in Years 2 and 3 who are training in another vocational scope, as permitted in section 3.3.1 above, 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 meeting records must be provided to the College at the end of the placement.

### 3.3.6 Research Registrar clinical time requirements

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. Approved full-time research registrars generally engage in four-tenths clinical general practice work and four-tenths academic and 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.

## 3.4 GPEP education programme – formative activities

### 3.4.1 General requirements

- (a) Formative activities are designed to enhance and evaluate performance and understanding in general practice, and identify areas for improvement.
- (b) Each year of the GPEP includes a range of formative activities, as detailed below.
- (c) All registrars are required to complete the listed formative activities within each year of 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.

### 3.4.2 Year 1 formative activities

Registrars in **Year 1** are required to complete a range of 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-hour sessions conducted 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 local after-hours clinics or Accident and Medical clinics, provided that appropriate supervision (by a Fellow of the College) has been arranged.
- (h) maintain a log of all community visits undertaken to community service providers or to observe in specialist general practice clinics. A minimum of five visits are expected per attachment.

In addition, registrars are expected to:

- (i) meet with an assigned supervisor of training (GPEP teacher) on a weekly basis
- (j) undertake research and prepare a seminar presentation
- (k) undertake any other activities recommended by the GPEP teacher.

### 3.4.3 Year 2 formative activities

Registrars in **Year 2** are required to complete a range of formative activities that include, but are not limited to:

- (a) professional development plan
- (b) in-practice visit from a medical educator
- (c) medical record review (or approved alternate audit of medical practice)
- (d) learning group attendance – minimum of 12 hours of meeting time (normally comprised of six two-hour meetings) per year
- (e) maintain 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.

### 3.4.4 Year 3 formative activities

Registrars in **Year 3** are required to complete a range of formative activities that include, but are not limited to:

- (a) professional development plan
- (b) in-practice visit from a medical educator
- (c) patient feedback survey (or approved alternate audit of medical practice)
- (d) referrals audit (or approved alternate audit of medical practice)
- (e) learning group attendance – minimum of 12 hours of meeting time per year (normally comprised of six two-hour meetings)
- (f) colleague multi-source feedback
- (g) maintain 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.

### 3.4.5 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 3.4.2 above.

Notwithstanding 3.4.3 and 3.4.4 above, during the third general practice run, the following formative requirements must be met:

- (a) professional development plan
- (b) in-practice visit from a medical educator
- (c) medical record review (or approved alternate audit of medical practice)
- (d) Multisource feedback survey, including both patient and colleague feedback
- (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).

In the final six months of training, registrars are required to undertake a multi-source feedback colleague survey.

### 3.4.6 Training under other vocational scope formative activities

Registrars who choose to undertake training in another vocational scope as part of GPEP may be required to complete a range of formative activities related to the vocational scope(s). These may include, but are not limited to, a log book or mini-CEX (clinical examination).

### 3.4.7 Formative professional development activities until Fellowship is obtained

In order to comply with MCNZ recertification requirements, registrars who have not obtained Fellowship by the end of Year 3 must complete the following formative activities until Fellowship is obtained:

- (a) professional development plan – one per year, to be reviewed and agreed to by the medical educator
- (b) audit of medical practice – one per year
- (c) attend peer review of at least 10 hours per year
- (d) complete at least 15 hours of continuing medical education per year
- (e) complete at least one hour per year of activities aimed at developing cultural competence
- (f) complete patient and colleague multisource feedback once every three years
- (g) maintain a collegial relationship with an appropriate vocationally registered Fellow, comprising a minimum of four meetings with a minimum of eight hours of interaction per year.

The registrar's professional development portfolio should be signed off annually by the registrar's assigned medical educator.

## 3.5 GPEP education programme – summative assessment activities

### 3.5.1 General requirements

- (a) Summative assessments evaluate an individual's knowledge of, skills in or experience of general practice. A pass in each summative assessment is needed to be eligible for Fellowship assessment.
- (b) Registrars have a maximum of 24 months from their start date of GPEP to undertake their first summative assessment. Assessments may not normally be undertaken unless the registrar has completed 80% of the GPEP1 requirements (or the equivalent of 40 weeks FTE plus formative activities).
- (c) Both examination components (outlined in 3.5.2 below) must be successfully completed within three years of the date on which the registrar first passes one of the examinations for the registrar to be eligible for Fellowship assessment.
- (d) If a registrar has not successfully completed both examination components (outlined in 3.5.2 below) by his or her third anniversary date, the registrar may be required to repeat and successfully complete both examination components, regardless of any results already achieved.
- (e) Candidates may have up to three attempts at successfully completing the clinical 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.
- (f) Requirements for there to be a Fellow on site to provide oversight of training for the registrar are reduced on passing the GPEP written and clinical examinations.
- (g) Examinations are governed by the rules outlined in the GPEP Clinical and Written Examinations Rules book.

### 3.5.2 GPEP summative assessments

The summative assessments before Fellowship are:

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

Registrars on the dual training programme are required to successfully complete (with at least a B- grade) each of the academic component modules specified in the DRHM Fellowship Pathway Regulations. This fulfils the requirement for an academic component in 3.5.2c above.

## 3.6 Resuscitation skills

Registrars in GPEP are expected to maintain their proficiency in ACLS resuscitation skills throughout their time in the programme. They must hold a certificate (attendance or competence), which is:

- not more than three years old;
- from an RNZCGP-endorsed resuscitation skills provider; and
- the equivalent of the New Zealand Resuscitation Council CORE Skills course or above (candidates on the dual training programme must hold the equivalent of CORE Advanced course training.)
- Note that the registrar must hold a certificate from an assessed course, to the equivalent of the New Zealand Resuscitation Council Immediate course or above, to proceed to Fellowship (see section 2.2).

## 4. Fellowship assessment

### 4.1 Fellowship assessment visit

#### 4.1.1 General requirements

- (a) The purpose of the Fellowship assessment visit is to examine a registrar's practise to ensure that it is safe, competent and meets the standards for Fellowship.
- (b) Registrars are visited by a senior Fellow of the College and their practice, records and consultation skills are assessed against the standards set out in the Fellowship assessment visit booklet.
- (c) All standards outlined in the Fellowship Assessment Standards and Guidelines book and any further conditions set as a result of the visit must be met to obtain Fellowship.
- (d) The assessment visit for Fellowship must take place in a CORNERSTONE-accredited general practice or other approved practice environment that meets most of the criteria as listed in the definition of general practice (see section 1).
- (e) All criteria for the award of Fellowship (outlined in section 2.2) must be attained within 18 months of the assessment visit or another assessment visit will be required.
- (f) 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.

#### 4.1.2 Requirements for Fellowship assessment visit

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

In addition, candidates for Fellowship assessment:

- (a) are required to have had a visit from a medical educator within three years of the assessment visit (except in the case of doctors on the Group 1 Prior Training Pathway);
- (b) must have worked in the practice for at least three months FTE in the nine months up to the assessment visit;
- (c) must 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;
- (d) must sign a declaration that they do not have a pending criminal proceeding, or an investigation under the Health and Disability Commissioner Act 1994 (unless they have a Certificate of Professional Standing from the MCNZ which states that the complaint under investigation is of a minor nature); and
- (e) must declare any conditions on their practicing certificate for consideration. Visit eligibility will be determined by the College.

## 5. Recognition of prior learning

### 5.1 Clinical experience before GPEP

#### 5.1.1 General practice clinical experience before GPEP

Doctors with general practice clinical experience before enrolling in GPEP, and who do not qualify for admission to the Prior Training Pathway to Fellowship (section 6 below), may apply to have their GPEP clinical time reduced, provided the clinical experience was undertaken in a position with associated 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 New Zealand clinical experience.

#### 5.1.2 Non-general practice clinical experience before GPEP

Doctors who have completed non-general practice medical vocational training programmes of sufficient relevance to general practice (for example Urgent Care Physician 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 experience before GPEP

### 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 (see 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

#### 5.3.2.1 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 training pathway (see 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.

#### 5.3.2.2 Academic work completed before GPEP

Doctors who have completed a postgraduate certificate or diploma 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. Applications will be considered on a case-by-case, based on the level of study 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: FRACGP and FACRRM reciprocity

Doctors who hold Fellowship of The Royal Australian College of General Practitioners (FRACGP) and who gained this qualification by passing an RACGP assessment are entitled to Fellowship ad eundem gradum through a reciprocal agreement between the RNZCGP and the RACGP. Applicants for Fellowship by reciprocity need to complete an application form; provide a certified copy of their RACGP Fellowship certificate and training programme details and 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 RNZCGP membership fees. Fellowship of the RNZCGP 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 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 and 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 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 RNZCGP membership fees. Fellowship of the RNZCGP will be granted once the necessary documentation has been received and approved.

## 6.2 Prior Specialist Training Pathway to Fellowship: Recognised Countries

### 6.2.1 Recognised training programme qualifications

The overseas general practice qualifications specified below are recognised for admission to the Prior Training Pathway to Fellowship, provided they have been obtained by completion of the training programme and by passing the assessment requirements of that country.

#### 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 in de Huisartsgeneeskunde Master in General Practice, 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.

#### 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
- Graduates of the Master of Medicine in Family Medicine, Singapore
- Fellows of the College of Family Physicians of South Africa.

### 6.2.2 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 an RNZCGP approved record review within 6 months of the Fellowship assessment visit
- (c) patient and colleague multi-source feedback (MSF) – complete through an RNZCGP-approved provider within three months of the Fellowship assessment visit
- (d) cultural competency orientation – provide evidence of having undertaken an approved cultural competency event within New Zealand
- (e) continuing professional development (CPD) – provide evidence of meeting the College requirements for CPD, in proportion to clinical time in New Zealand
- (f) personal profile and reflection – complete the RNZCGP 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.

### **6.2.3 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 3.4.4) (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 4.1.2

The candidate must meet the clinical time requirement of the programme (refer to section 3.3.3b) 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.

### **6.2.4 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, 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 RNZCGP 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 (see section 5).

## **7. Registration within the vocational scope of general practice**

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

## **8. Continuing Professional Development requirements**

The College Continuing Professional Development (CPD) 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 RNZCGP:

- send mail to PO Box 10440, Wellington 6143
- phone (04) 496 5999
- fax (04) 496 5997
- email [fellowship@rnzcgp.org.nz](mailto:fellowship@rnzcgp.org.nz)
- visit the website at [www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)