

**BE  
MORE.  
BECOME  
A GP.**

*General Practice*

**EDUCATION**

**PROGRAMME**



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

# WHAT'S INSIDE

1. Message from the CEO
2. The Māori Faculty
4. Welcome to the Programme
5. The Curriculum
6. Communication and Representation
7. Learning Zone
8. An Overview of GPEP
9. GPEP1
13. Exams
14. GPEP2/3
16. Leave
17. Claims
18. Frequently Asked Questions
20. Fellowship
21. Medical Council Audit
22. Personal Information
23. Medical Conditions that may impact on your practice
23. Medical Council requirements for having a third
24. Patient Complaints
25. Informed Consent

# MESSAGE FROM THE CEO

Welcome to the Royal New Zealand College of General Practitioners and to the General Practice Education Programme (GPEP)

Today is your first step towards becoming a vocationally registered general practitioner, a rewarding and challenging area of speciality at the forefront of primary health care in New Zealand.

Our programme will equip you with the skills, knowledge and attitudes required to be a competent and valued member of your community, and our trained teachers and educators will be there to support you every step of the way.

Our partnership with you does not end when you complete the GPEP programme. When you attain Fellowship, the College will continue to be your partner in professional practice.

We provide lifetime learning, including continuing education, professional development and advocacy opportunities. We also keep you informed about College activities and events that we hope you'll be involved with.

Thank you for choosing to become a general practitioner. We look forward to working with you while you attain your vocational registration, your Fellowship and beyond.

**Helen Morgan-Banda**  
Chief Executive



# TE AKORANGA Ā MĀUI – THE MĀORI FACULTY

Te Akoranga ā Māui (TeAKO) is a chapter within the Royal New Zealand College of General Practitioners (the College) made up of College members who identify as Māori. The 'Māui' in the faculty's name refers to Sir Māui Pōmare, the first Māori doctor, while 'Akoranga' means teaching, learning and education. TeAKO is the first indigenous faculty of an Australasian or New Zealand medical college and has more than 120 members (membership is optional). TeAKO provides collegial support to members, Māori clinical leadership and advocacy, medical education expertise and updates.

*Ko te pae tawhiti whāia kia tata,  
ko te pae tata whakamaua kia tina  
With collaboration, the work will be complete*



## Dr Keri Ratima

*Chair, Te Akoranga ā Māui (Te Whakatōhea, Ngāti Awa, Tūhoe)*

Keri was recently appointed as the Chair of Te Akoranga ā Māui. Keri brings enthusiasm and expertise to the role. In a former life, Keri was the first Tumuaiki Māori for the Royal New Zealand College of General Practitioners.

Keri has dual fellowship of the College and the NZ College of Public Health Medicine and is currently working as the Medical Officer at MidCentral District Health Board. In this role, Keri provides 20 public health nurses, who work in the region's schools, with clinical oversight, support and standing orders.

Keri has had a variety of roles over the years, and her general practice career has been about making a difference whether it has been directly through hands on clinical care, conducting research, using her experience in an advisory role to Government or working with doctors on the General Practice Education Programme. Keri is part of the Mokomoko whānau from the Ōpōtiki region.



## Tengaruru Wi-Neera

*Principal Advisor – Māori (Ngāti Ruanui, Ngā Ruahine, Taranaki, Ngāti Toa Rangitira)*

Tengaruru was recently appointed as Principal Advisor – Māori, to provide advice and guidance in te reo, tikanga and mātauranga Māori. Tengaruru is a part of the College's Māori & Health Equity Team and works with the Tumuaiki, Pou Whirinaki and the faculty executive, Te Akoranga ā Māui, to strengthen the Colleges commitment to improving health equity for Māori.

Tengaruru has a background in tertiary education and training. His areas of expertise is te reo Māori, tikanga and mātauranga Māori. His previous roles include being Director Māori at the Western Institute of Technology in Taranaki; Researcher and Translator for Te Matahiapō Indigenous Research Organisation (TeMiro) and most recently Chair of Te Rōpū HauTikanga (Tikanga Māori Advisory Board) at the Centre for Brain Research, Auckland University.



*Whāia te iti kahurangi ki te tūohu koe me he maunga teitei*  
*Pursue that which is precious and do not be deterred by anything*  
*less than a lofty mountain*

## Dr Rāwiri Keenan

*Pou Whirinaki*

Dr Keenan (*Taranaki & Te Āti Awa*) is the College's Pou Whirinaki. This is a part-time role to assist and develop the participation, retention and success of Māori registrars taking part in the General Practice Education Programme (GPEP).

In addition to the Pou Whirinaki role, Rāwiri works as a GP in the Waikato.

## GPEP1 & GPEP2

The Pou Whirinaki role has a focus on recruiting Māori RMOs into the GPEP programme and supporting them. The support will vary from registrar to registrar and depends at which stage of the pathway they are at. Support can vary from navigating the programme requirements to talking through some of the pressure felt as a Māori doctor, which can arise from both work and home. There are the usual supports during GPEP and the Pou Whirinaki role can assist in between or in addition to these supports.

GPEP1 registrars can expect to be contacted by email several times in the year, but can contact Rāwiri at any time. GPEP2 registrars are generally left to contact Rāwiri when needed.

Rāwiri can be contacted by email: [Pou.whirinaki@rnzcgp.org.nz](mailto:Pou.whirinaki@rnzcgp.org.nz) or [dr.rawiri.keenan@gmail.com](mailto:dr.rawiri.keenan@gmail.com)



**Te Akoranga ā  
Māui peer group  
hui // 2016**

[www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)

Te Akoranga ā Māui peer  
group hui will be posted  
on the website once  
confirmed:



# WELCOME TO THE PROGRAMME

*Mā whero mā pango ka oti ai te mahi*

*With collaboration, the work will be complete*

---



Welcome to the general practice education programme (GPEP). It's my pleasure, on behalf of the College, to welcome you to the programme. You've made a great choice to pursue a career in General Practice.

Learning is a collaborative journey and many other people will play a role in it such your patients and your families. Our education programme is a collaborative one between the practices and practice teachers, the medical educators, the programme advisors and you, the registrar. It is a journey that will challenge you and reward you.

The medical educators and Clinical Lead are here to help you in your learning journey, as you transform your knowledge and experience from hospital and university into the context of General Practice.

The GPEP team are here to work with you, to support you in the programme and to offer assistance, so please get to know your advisor and rely on their knowledge and support.

We all have the goal of working with you through your training and ultimately to Fellowship with the College. Welcome to the programme! I hope you enjoy the year.

**Joe Grayland,**  
Group Manager Learning

---



Hello everyone,

I would like to extend a warm welcome to you. Thank you for choosing General Practice as your specialist career. The next few years are going to be challenging and intense at times, but also fun. In General Practice we care for the whole person and as a training programme we aim to care for you our learners in a holistic way also.

The team involved in the programme delivery are all very passionate about creating vocationally registered general practitioners who are fit for purpose to provide excellent primary care services for the whole New Zealand population.

We are all keen to help you however we can, so don't be afraid to ask.

Best wishes

**Dr Liza Lack**  
National Clinical Leader GPEP



# THE CURRICULUM

*Mā te huruhuru ka rere te manu*  
*Adorn the bird with feathers so it can fly*

The GPEP curriculum is an official document accredited by the Medical Council of New Zealand. It defines the knowledge, skills and attitudes required of a general practitioner from postgraduate vocational years to beyond Fellowship.

## The purpose of the curriculum is to:

- guide and support registrars to demonstrate and achieve the required general practice competencies
- act as a resource for general practice educators in their role of facilitating registrars' learning
- enable assessors to develop valid and reliable assessments of the required competencies in registrars
- guide and act as a resource for continuing professional development of vocationally registered general practitioners, to ensure that their knowledge, skills and attitudes continue to reflect contemporary practice.

## The curriculum:

- is aligned with New Zealand general practice and primary care as well as international standards
- defines the skills, knowledge and attitudes required for general practice
- is organised under six domains:
  - communication   ■ clinical expertise   ■ professionalism
  - scholarship   ■ context of general practice   ■ management.

## The curriculum is based on an education philosophy which recognises that general practitioners:

- are life-long learners
- work within a constantly changing health environment
- seek needs-based experiential learning involving self-evaluation and critical analysis of current practice.

The curriculum  
is on the College  
website at:

[www.rnzcgp.org.nz/  
gpep-curriculum-  
for-general-practice](http://www.rnzcgp.org.nz/gpep-curriculum-for-general-practice)







# COMMUNICATION AND REPRESENTATION

*He taonga rongonui te aroha ki te tangata*  
*Goodwill towards others is a precious treasure*

Representatives play an important part in ensuring programme management hears registrar feedback and issues. Each GPEP1 seminar group elects a representative and a national registrar representative is elected from this group to act as the formal liaison between registrars, medical educators and the College.

Representatives will be contacted by the GPEP team to arrange regular tele and video conferences.

Registrars enrolled in the College's vocational training programmes also have representation on the College's National Advisory Council through the Associates and Members in Training Chapter.

## GP Pulse

The College's online magazine is published monthly and includes features on current topics and College news. Teachers, registrars and trainees are encouraged to contribute items.

Contact the editor at [gppulse@rnzcgp.org.nz](mailto:gppulse@rnzcgp.org.nz)

## Support for registrars on the programme

If you have any financial problems, relationship worries, study concerns, or other difficulties that affect your learning your medical educator, programme advisor, and/or teacher will be able to help you arrange appropriate support and follow-up. The College's Employee Assistance Programme (EAP) is also available to College-employed registrars. It is important that you discuss any difficulties as early as possible as that they can be quickly resolved. Alternatively, you may find it useful to contact your employment line manager at the College or in your practice.

To make a  
confidential  
appointment  
(face to face,  
telephone or  
e-counselling)  
contact

0800 327 669  
[www.eapservices.co.nz/  
booking](http://www.eapservices.co.nz/booking)







## LEARNING ZONE

*Te manu e kai ana i te miro, nōna te ngahere,  
te mana e kai ana i te mātauranga, nōna te ao.*

*One who is skilled at accessing nature's bounty will live  
a long healthy life, one who engages in education knows  
opportunities are boundless*

---

Online resources are available to registrars, GP teachers and medical educators in Learning Zone.

All GPEP registrars have access to Learning Zone, the College's online learning platform. Learning Zone has learning activities, curriculum guidelines, topic-based modules, professional development support, seminar group and workshop details, and other resources and references to support your learning. It also has online forums where registrars and medical educators can interact, share resources and discuss issues nationally and regionally.

Use [LMS.help@rnzcgp.org.nz](mailto:LMS.help@rnzcgp.org.nz) as the contact email address.



# AN OVERVIEW OF GPEP

*Mā te rongo, ka mōhio; mā te mōhio, ka marama; mā te marama, ka mātau; mā te mātau, ka ora.*

*Through resonance comes cognisance, through cognisance comes understanding, through understanding comes knowledge, through knowledge comes life and well-being.*

The programme is based on working in general practice, with the opportunity to work in rural and/or urban practices and experience a variety of practice environments. The standard full-time GPEP programme is 36 months – three years full-time equivalent (FTE). FTE is based on a minimum of eight tenths clinical time (a 32-hour week).

## GPEP clinical time requirements:

- 36 months FTE clinical time for the General Practice Education Programme.
- A minimum of 18 months FTE must be spent in the scope of general practice.
- In GPEP 1: Full time = 12 months of the 36 months.  
Part time = 10 months of the 36 months.
- The rest of your clinical time is to be made up in GPEP 2/3. Please contact your programme advisor for more information.

### GPEP Year 1

#### In practice training

- Protected teaching time
- Attend 32 out of 40 seminars
- Research and present four vignettes:
  - Two reflective writing activities
  - One match questions activity
  - One WEBS (what the evidence base suggests) activity
- Audit of medical practice
- Four video reviews
- Patient feedback surveys
- Five after hours sessions per attachment, recorded and logged
- Five community visits per attachment, recorded and logged
- Two in-practice visits (IPVs) including your learning plan, one per attachment
- Feedback forms.

### GPEP Year 2

- Professional development plan
- Clinical audit – medical record review
- In practice visit
- Learning groups

### GPEP Year 3

- Professional development plan
- Clinical audit – patient feedback survey
- In practice visit
- Colleague multi-source feedback
- Learning group attendance

### GPEP Years 2 & 3

- Academic component

### Summative activity

- Written and clinical exams
- Fellowship visit





# GPEP1

*Nāku te rourou nāu to rourou ka ora ai tātou*  
*With your basket and mine we will be sustained*

GPEP Year 1 is an intensive clinical programme which prepares you for safe practice. You are attached to an accredited teacher in an approved teaching practice for (usually) two six-month attachments where you see patients and receive one-on-one teaching. You also attend day-release seminars and workshops, primarily in small groups facilitated by medical educators. Unless otherwise agreed with the College, registrars in part-time positions spend a minimum of five half-day sessions in each week in the practice.

## 1. Protected teaching time

Your teacher is contracted to meet with you for a minimum of one and a half hours each week. This protected teaching time may include:

- informal discussions and questions
- reviewing patients or problems
- formally reviewing recorded consultations
- practical skills
- joint consulting sessions
- role play
- reviewing your video consultation
- structured teaching opportunities.

In addition, your teacher should be readily available and approachable for informal discussions or 'corridor teaching' to respond to on-the-spot queries and concerns.

The Health Practitioners Competence Assurance Act 2003 (HPCAA) requires all doctors who are not vocationally registered to have a collegial relationship with a vocationally registered doctor. This requirement is met for you by your teacher through their close supervision of your practice. Your teacher is available to supervise you four days a week, as well as during the negotiated practice activities and including after hours services.

Specific time is set aside for planned learning activities, discussion, observation, review and feedback with your teacher based on the experience you have gained from consulting with patients. Teaching should focus on your needs, after identifying those needs through discussion and planning for learning with your teacher.

If your teacher takes leave, another vocationally registered GP must take on your teacher's role.



## 2. Seminars

Weekly seminars are organised by your programme advisor and medical educator. Check Learning Zone for information about when and where seminars are held.

There are 40 weekly seminar days in GPEP1. You are required to attend a minimum of 32 seminars. Your programme advisor checks attendance sheets and records your seminar attendance in Learning Zone. Check your attendance records regularly so you do not miss too many. Please note you may not be permitted to sit the exams if you have not met the seminar attendance requirements.

Note: Seminar days are considered days of work. If you are College-employed and miss a seminar day, you need to apply for sick leave or annual leave on iPayroll.

In your seminars you will perform role plays, engage in small group discussions, share your 'life story', present your vignettes and medical audit, and discuss your video reviews (see below). Each week focuses on a different topic and will have speakers relating that topic. You are required to complete the pre-reading and activities in Learning Zone before attending each seminar.

### Role plays

Performing a role play can help you explore different feelings, points of view, courses of action and decision-making processes. You can also explore the language you use and practise different ways of delivering a similar message.

### Small group discussion

Small group discussion is a way for you to learn about a wide range of topics and share your experiences with peers. You'll also carry out physical examinations and participate in Q&A sessions, debates, simulated consultations, audio or visual presentations, notes reviews, complaints reviews and mock examinations.

### Life story

You may be required to make a 20 minute presentation about yourself and your life. Sharing your life story, and listening to the stories of others, will help you build strong relationships with a supportive network of colleagues. This is a fun, insightful activity that provides the story teller with a positive sense of achievement and gives the group a sense of connection.

## 3. Vignettes

You will complete vignettes during the year and present and discuss these in your seminar days.

Four of your vignettes need to be uploaded to Learning Zone for your programme advisor to record as part of your educational requirements. You need to upload the following in Learning Zone:

- two reflective writing activities
- one match questions activity
- one WEBS activity.

Templates and exemplars for these activities are available on Learning Zone. We recommend you complete and upload your vignettes throughout the year.

### Reflective writing

Reflection heightens awareness and allows you to transform experiences into genuine learning. Reflective writing can help with assessment, learning and professional development. You are encouraged to explore your experiences in terms of personal feelings and reactions, and evaluate those reactions with the benefit of distance and hindsight.

### Match questions

This activity involves sharing your written questions and answers with your learning group. The group's questions will be collated and returned to you with the answers mixed up. The task is to match the correct answers to the questions.

### What the evidence base suggests (WEBS)

You will carry out a literature search around a learning question of your choice. You will select a document, cite it and discuss why you selected it. In the WEBS activity, you need to provide an overview of a key document, a summary of its strengths and weaknesses, and the take home message.

## 4. Audit of medical practice

Medical audits are an integral part of general practice. The purpose of an audit is to objectively establish performance. You are encouraged to choose a question or issue you are particularly interested in. Audit skills include forming protocols, reviewing the literature, critically analysing information, organising and analysing data, drawing conclusions and setting goals.

Audits are useful for identifying gaps in practice, particularly in care provided to groups within the practice. In its commitment to achieving positive health outcomes for Māori, the College would like to see audits that compare outcomes for Māori and non Māori.

You need to upload your clinical audit to Learning Zone and present it at a weekly seminar. Your audit can be done any time during the year. However, we recommend you complete and upload your audit before your exams, if possible.

This text is recommended for medical audits:  
Irvine D, Irvine S, editors. Making sense of audit. Oxford: Radcliffe Medical Press; 1991. =

## 5. Video reviews

You need to record four consultations, each with the patient's consent. Videoing consultations is a good way of unobtrusively reviewing yourself at work. It allows you and your teacher to reflect on your performance during your protected teaching time or in seminars. Your programme advisor will keep a record of the dates you reviewed each video.

There is a video review form available on Learning Zone. You do not need to upload your video anywhere. These remain confidential. Your video reviews can be done any time during the year. However, we recommend you complete your reviews and upload the dates before your exams, if possible.

## 6. Patient feedback surveys

Your programme advisor will send you a pack of 60 patient feedback surveys early in your first attachment. The survey enables patients to give feedback on your interpersonal skills during a consultation. At least 50 surveys must be completed and returned by the end of the first attachment. Full instructions for patients are provided with the questionnaires. After the surveys are processed by the College, you will be sent a detailed analysis of the results and be asked to reflect and comment on the analysis.

Please check and discuss with your reception or practice staff about handing out the forms. You must not complete any forms yourself on behalf of the patients.

## 7. After hours sessions

You are expected to participate in a minimum of five after hour sessions per attachment.

At the beginning of each attachment, negotiate your after hours sessions with your teacher and practice. Complete the after hours agreement form (available on Learning Zone) and send it to your programme advisor.

After hours sessions are expected to be 4-5 hours long and should 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 RNZCGP) has been arranged.

If your practice does not offer after hours sessions, you'll need to arrange to get this experience in the local after hours or accident and emergency clinic, with appropriate supervision. Please advise your medical educator and programme advisor of your arrangements.

## 8. Community visits

You are expected to participate in a minimum of five community visits per attachment.

At the beginning of each attachment, negotiate your participation in community visits with your teacher and/or practice. You need to complete the community visits log and send it to your programme advisor. The community visits logs template is available on Learning Zone.

Community visits include visiting:

- Māori health providers
- Pacific providers
- allied health professionals or social service providers, such as Work and Income and Housing New Zealand
- specific clinics, such as sexual health, family planning, adolescent clinics, sports medicine clinics, pharmacies, physiotherapists, private hospitals, consumer organisations, Plunket, and so on.

## 9. In-practice visits (IPVs)

You will complete two IPVs during GPEP Year 1, one for each attachment.

During an IPV, you will be visited by a medical educator or an experienced teacher. The visit usually takes place six to eight weeks into the attachment. If you have any concerns or see issues developing before your scheduled visit, it is important that either you or your teacher request a visit as soon as possible.

You are required to complete a GPEP1 self-evaluation form and learning plan for your visitor to read before the visit. The template is available on Learning Zone.

The visitor will want to ensure that:

- the physical and cultural aspects of the practice environment are conducive to good learning
- the relationship between you and your teacher is conducive to good learning
- any problems within the attachment are dealt with and barriers to learning are acknowledged and minimised
- any significant events noted by you or your teacher have been managed well and your needs are balanced with those of your teacher.

The visit takes two to three hours. The GPEP team will contact you and your teacher before the visit to arrange an appropriate time and discuss the process and preparation for the visit.

Visits include:

- a discussion with you about your learning plan, career development and planning
- an observation of you consulting with three patients
- a discussion with your teacher, including their assessment of your progress
- your feedback about the attachment, and the teacher's and the practice's future within the programme
- an observation of a typical teaching session and three-way discussion between you, the medical educator and your teacher.

The visitor will provide a brief written report of the in-practice visit for you, your teacher and the medical educator team. You will have an opportunity to provide feedback. Feedback can remain confidential, if you prefer.

## Learning plan

You need to identify and discuss your learning goals and plans with your teacher and medical educators repeatedly throughout the year.

The initial learning plan should be formulated and recorded during the first weeks of your attachment. Your teacher will provide regular feedback and both you and your teacher can review your procedural skills log and the seminar modules to plan topics for protected teaching time when necessary.

At in-practice visits, your visitor will review your skills log and help you further refine your learning plan.

## 10. Feedback forms

Registrars must complete two feedback forms per attachment:

- one on their weekly seminars
- one on their teacher and practice.

The weekly seminars are evaluated by using online feedback forms. The results are collated and feedback is returned to the medical educator, national clinical lead and programme advisors to further develop the programme.

You must complete one form per attachment. Survey links will be available in Learning Zone and your programme advisors will follow up as necessary.

A summary of attachment evaluations is also reported to Health Workforce New Zealand, who funds the programme. This is part of the quality assurance process.

## Health and safety

The College, in conjunction with your allocated practice, is committed to ensuring that your workplace meets required standards. A key step to managing health and safety effectively is to identify and assess any hazards and risks that you may be exposed to. Therefore, it is important for you to report all significant hazards and risks that you identify in your workplace to the appropriate person in your practice and to your programme advisor. If you have an accident or need to report an incident, report it to your practice and to your programme advisor.

Your allocated practice will have policies, procedures and systems in place as part of their commitment to health and safety in the workplace. They do this by identifying and managing health and safety risks, making sure staff are informed and giving staff an opportunity to participate in health and safety. If this is not the case at your practice, please contact your programme advisor.

You will carry out a health and safety induction when you first start in each practice. If this does not happen, contact the practice's health and safety coordinator and ensure you become familiar with the requirements and procedures in your practice.

Make sure that you are familiar with your practice's planned response and procedures for fires, disasters or emergencies. If you have any questions about any health and safety issues relating to your employment, ask at your practice or your programme advisor.





# EXAMS

*E tipu, e rea, mō ngā rā o tō ao*

*Grow young shoot for the days of your world.*

You are eligible to sit the GPEP exams once you complete 80% of the GPEP1 requirements. This is the equivalent of 40 weeks FTE, plus formative activities. Your programme advisor will inform you of the dates for the clinical and written exams. You must apply online to sit exams. Your programme advisor will provide all the details you need to do this.

## Clinical exams

The clinical examination is based on a series of 10 simulated consultations. Each consultation is 13 minutes long. The consultations involve patient interviews with actors playing the role of patients. Cases are based on actual patient consultations.

For each consultation, you should:

- form a relationship with the patient
- identify the principal concerns
- develop a safe and appropriate management plan.

The 10 consultations include cases that focus on communication skills, management skills and physical examination skills.

## Written exams

The written examination is in two sections. Each section is three hours long, with a total of 120 questions. The first section covers the application of basic knowledge, including diagnostic and problem-solving skills. The second section is made up of five parts: visual interpretation, clinical laboratory interpretation, ECG interpretation, critical appraisal and a series of extended matching questions.

## Mock exams

Leading up to the exams, there are a number of mock exams staged throughout the country. These provide an excellent opportunity to prepare yourself for the clinical exam and gain an understanding of what to expect on the day. The GPEP team and your Medical Educator will be able to provide information on where and when these are held.

## Practice and self-employed registrars

Practice and self-employed registrars pay for their clinical and written exams themselves, unless this is otherwise negotiated with your practice. Once you've registered for exams, you'll be sent an invoice for payment.

## College employed registrars

The clinical and written exams fees are covered by Health Workforce New Zealand



## GPEP2/3

### *Whiria te tangata ka puta he oranga* *Relationships promote well-being*

As a senior registrar in the 24 months following GPEP Year 1, you must be working at least four tenths in a clinical area that meets the clinical practice environment requirements.

At the end of GPEP1, the GPEP team determines your time requirement and the number of cycles required to complete the programme.

In GPEP Years 2 and 3, you will work in general practice further developing your skills, knowledge and clinical practice. During the course of your clinical time, you will be allocated to a learning group and undertake a series of learning activities and formative assessments, supported by medical educators and the College's online learning platform – Learning Zone.

#### **Professional development plan**

Completing a plan at the beginning of each year will help you identify the professional development activities to undertake during the year. The aims of the PDP are to enable you to:

- analyse areas of individual strengths and weaknesses
- identify learning needs and areas requiring improvement
- plan professional development.

Depending on the amount of detail you choose to cover, it should take about two hours to complete a draft PDP. This draft is then taken to the first learning group meeting of the year for discussion and review. The final version is submitted the College as the first GPEP years 2 and 3 formative assessment each year.

The PDP is also a requirement for all Fellows when undertaking their Maintenance of Professional Standards (MOPS).

#### **Clinical audit**

An annual clinical audit must be undertaken by all GPEP Years 2 and 3 registrars; we recommend you complete a medical record review in year 2 and a patient feedback survey in year 3. This can be a record review, Better Practice Patient Questionnaire (BPPQ) or for locums a Doctor's Interpersonal Skills Questionnaire (DISQ), or a CQI clinical audit activity.

#### **Medical record review**

A record review involves a self-audit of 15 patient records. You will write a brief report and sent it to the College along with the numerical data identifying opportunities and a plan for improvement. You are actively encouraged to do a record review as your clinical audit during year 2 of the programme.

## Patient feedback survey

In the Better Practice Patient Questionnaire (BPPQ), patients are asked to respond to questions about the doctor, the practice staff and the practice itself.

On request, you are sent a package of 60 questionnaires for patients, of which at least 50 must be completed and returned. Full instructions are supplied with the questionnaires. Following processing of the results by the College, you are sent a detailed analysis of the results and are asked to reflect and comment on the analysis.

Some registrars complete a BPPQ survey for their PHO/IPA and this can count towards GPEP.

## Doctor's interpersonal skills questionnaire

Senior registrars working as locums or working short-term in a practice may get their patients to complete a DISQ; the DISQ excludes those parts of the BPPQ that deal with the practice staff and the practice.

## CQI clinical audit activity

With the overall aim of enhancing patient care, CQI clinical audit activities are used to assess progress to date as well as potential improvement activities. There are a number of CQI clinical audit activities available on the College website approved for general use or you can complete the Design your own CQI Application Form and send it to the College for consideration.

## In practice visit

A medical educator will visit you in your practice once each year. During the visit, the medical educator will:

- observe a series of consultations
- assist you to record consultations if required
- view the practice premises, resources and equipment
- review a selection of your patient records
- discuss what they have observed during the visit, to assist you to develop your general practice knowledge, skills and practice
- undertake educational activities as appropriate
- provide other information and advice as appropriate.

You are encouraged to have the observed consultations recorded, so that you can review the recording in your own time, and reflect on what the medical educator has said about each consultation. The recording need never leave your possession and no one but yourself will see it.

The visit takes around four hours. Liaise with your visiting medical educator to decide on a mutually convenient date. Some educators will provide a list of available dates at the beginning of the year for you to choose from.

You are required to complete a pre-visit form for the medical educator to read prior to the visit. Following the visit, the medical

educator will provide you with a report summarising what they observed in the visit to help you reflect on your strengths and areas for development. You are also required to complete a reflection following the visit which must be returned to the College.

## Learning group attendance

At the beginning of years 2 and 3, you will be allocated to a learning group led by a medical educator. This is usually a geographically close group of between eight and 12 registrars who meet face to face for around two hours. If you work in a region without a local group, you will have the option to join a group that meets via video conference. Eight learning group meetings are held per year, with a minimum attendance of six required.

Training topics available in Learning Zone provide structure for the meetings. Groups are encouraged to have some meetings which are inter-professional to include practice nurses, pharmacists, physiotherapists or other primary care health professionals, as appropriate locally.

## Colleague multi-source feedback

This is an independent, multiple-source feedback (MSF) report using peers and other health care professionals. It comprises a short online questionnaire in which you assess yourself and then ask 15 colleagues to provide feedback via an online questionnaire. The data is analysed and a report is provided to the College. The report is forwarded to yourself and your medical educator for discussion. You are then required to complete and submit a reflection on the report.

The MSF report gives an insight into how you are perceived by others and can be used to help measure personal and professional performance.

## Academic Component

You will need to complete an academic component during GPEP years 2 and 3.

The academic component must be:

- a minimum of 150 learning hours
- a formal, summative assessment or refereed peer review
- at the same level or above as GPEP
- relevant to the domains and content of GPEP, as well as to your professional practice and career pathway.
- The GPEP team will be able to assist you with queries about the academic component.



## Practice and self-employed registrars

A practice-employed registrar is entitled to the same level of educational support and assistance as a College-employed registrar. However, you do not receive any of the employment entitlements of a College-employed registrar. You are required to negotiate your own terms and conditions with your employing practice.

If you are away on your region's seminar day, inform your programme advisor and also advise your medical educators in advance, if possible.

## College-employed registrars

In your first week of employment, you will be sent a log-in to iPayroll and instructions on how to use this system to apply for leave. If you have any questions about applying for leave, ask your programme advisor.

Please discuss your leave requests with your teacher and practice manager before you apply for leave in iPayroll. Talk about the impact on patients in your care, how you will ensure continuity of care, any impact on your learning needs, and your courtesy and professional responsibility.

Your programme advisor will contact your teacher or practice manager to verify and approve any leave you apply for.

We highly recommend spreading out your leave across the two attachments, where possible.

Registrars are entitled to a paid holiday on each of the 11 public holidays if they fall on a day that would otherwise be a working day.

Registrars may be entitled to parental leave. Registrars should discuss this with their programme advisor.

## Annual leave

Full time registrars are entitled 4 weeks (120 hours) of annual leave. Part time registrars get 14 days (112 hours) of annual leave.

- Please inform your teacher and/or practice manager at the earliest opportunity if you are planning on taking leave.
- If you are doing a community visit on your seminar day, you do not need to apply for leave. However, you do need to inform your medical educator and programme advisor. You will also miss out on seminar attendance for that day.
- If you leave a seminar early, you need to apply for leave for the hours you miss. Medical educators and programme advisors will monitor the attendance sheets at the seminars.

## Sick leave

Full-time registrars are entitled to 15 days (120 hours) sick leave for the whole year. Part-time registrars are entitled to 10.5 day (84 hours) sick leave for the whole year.

- Please inform your teacher and/or practice manager at the earliest opportunity if you are unable to come to work and intend to take sick leave.
- If you need to take time off work due to a planned event (for example, surgery), you should give your teacher and/or practice manager as much notice as possible so you can manage your operational work requirements. Your programme advisor may request evidence of the planned event before granting sick leave (depending on circumstances).
- If you are sick on your seminar day, you need to apply for sick leave on iPayroll and inform your programme advisor.
- You can use sick leave if you need to take time off to care for a dependant.

## Time off in lieu (TOIL)

Any TOIL credited must be used in the six (6) weeks after being approved and used at the practice where it was accrued.

You can claim TOIL for five after hours visits and from attending one approved course or conference on a weekend.

Programme advisors will only approve after hours TOIL once you have signed and sent the programme and community visits agreement to the College at the beginning of each attachment.

You can only claim for five after hours TOIL lots per attachment.

If you attend a College-approved conference over a weekend, you can apply for credit for overtime in lieu at a maximum of 8 hours on Saturday and Sunday.

You may only take TOIL, after the time has been credited to you. You cannot take TOIL in advance.

To take credited TOIL, apply for leave in lieu of overtime on iPayroll.

If you are part-time, College-employed and your day off falls on the day of a conference, you can apply for credit for overtime in lieu on that day as well as the weekend.

TOIL for ACLS done on a weekend or on a weekday after hours can be claimed for. If ACLS is done on a normal practice day, you need to inform their practice but do not need to take leave.

# CLAIMS

## Practice and self-employed registrars

A practice-employed registrar must negotiate their own terms and conditions for expense claims with their employing practice.

## College-employed registrars

You will be sent a link to our ERS (electronic reimbursement system) at the beginning of your GPEP1 year.

- Registrars have three months to claim for anything they have purchased.
- Claims logged on ERS must have the appropriate evidence to support it, that is, GST receipts and tax invoices.

**Note: a small Eftpos receipt with a GST number on it is not a GST receipt.**

Registrars can claim for the following once throughout GPEP1:

- Annual practising certificate (APC)
- medical indemnity insurance (MPS)
- advanced cardiac life support (ACLS) Note: Minimum level 5 is applicable
- Either APLS or EMST for any registrar who is undertaking rural hospital medical vocational training
- ACC PRIME courses for rural registrars attached to PRIME Certified Practices, if not funded by ACC
- annual membership of Te Ohu Rata O Aotearoa
- RNZCGP Associate Membership fees

## Conference claims

The College encourages you to attend our annual Conference for General Practice.

- If you choose to attend the College conference, the College will contribute up to \$400 plus GST towards the registration for this conference.
- If you choose to attend hui ā-tau or another approved alternative conference or course, the College will contribute up to a total of \$500 plus GST towards the cost of attendance, meals, travel and accommodation (on receipt of correct invoices).
- Registrars can ask their programme advisor if a conference can be considered 'approved'

## Claims for texts and equipment

Registrars can claim up to \$500 plus GST for required textbooks and equipment for the year. This does not include mobile or smart phones but does include tablets, desktops, laptops and e-readers.

**Note:** If you claim for texts and equipment purchased from overseas, you are not eligible to claim for GST.

## Travel claim on ERS

Travel claims may be claimed as follows:

- Mileage is reimbursed at the rate of \$0.77 per km for registrars
- All travel must be broken down into single trips, that is, home to seminar, seminar to home
- Seminar travel: reimbursed for distances in excess of 30km each way
- Rural travel: only registrars in a practice with a rural ranking are eligible. The College will reimburse two return trips from home to practice per week.
- Petrol is not reimbursed
- The College does not reimburse mileage for community visits.

Please log your seminar and rural travel claims monthly or fortnightly rather than in bulk at the end of each attachment.

Important points to remember:

- When claiming any accommodation, the College will approve up to \$120 plus GST per night with the correct invoices provided.
- Registrars can claim up to \$90 for meals in a 24 hour period. Make sure you provide the correct invoices and, if you went out in a group, clearly mark what you paid for.
- The College does not reimburse alcohol related expenses.
- Course bookings and/or equipment must be in the registrar's name.
- Please edit your pending claims rather than submitting a new claim.
- The College does not reimburse for extras for flights (for example, seat selection). However, if an overnight stay is required and approved, one piece of luggage will be reimbursed.

# FREQUENTLY ASKED QUESTIONS

## How do I access BMJ Learning?

Check Learning Zone - forms and guides for information.

## Can I attend a PRIME Course during my attachments?

Those GPEP1 registrars that are part of a PRIME Core practice in one or both attachments will be contacted by the College to attend a PRIME Course.

## When can I credit my PGGP run to GPEP?

You can credit your three month PGGP run in GPEP 2.

## What is the minimum requirement I have to work per week?

You must work a minimum of 7/10ths a week in GPEP1 and at least 4/10ths a week in GPEP 2&3, excluding the dependency tenth (applies only to GPEP 2&3). If you work less than 4/10ths in GPEP 2&3, you will be placed on hold and required to complete a range of CPD activities and record these on CPD online.

## Do I need a collegial relationship?

Your GP teacher fulfils the collegial relationship requirements in GPEP1. All registrars in GPEP years 2 & 3 must maintain a mentoring relationship with an appropriate vocationally registered Fellow, comprising a minimum of four meetings with a minimum of eight hours of interaction per year.

## What happens if I don't pass both the written and clinical exam?

You will be allowed to continue into GPEP 2 & 3, provided you have completed your GPEP 1 programme requirements. You will still need on-site supervision and must work with a Fellow at all times.

## What happens when I go on hold?

Email the GPEP team, [GPEP2@rnzcgp.org.nz](mailto:GPEP2@rnzcgp.org.nz), advising the date you intend to go on hold and your estimated date of return. Your GPEP programme will then be put on hold and your medical educator informed. This means that you will not be able to participate in the GPEP educational activities until you resume working at 4/10ths, the minimum time necessary to be active on the programme.

## How long can I go on hold?

You can go on hold for a total of three years. You can go on hold more than once but the total time on hold must not exceed three years.

## Can I work in different scopes of practice?

Yes, there is a range of other vocational scopes in which you are able to work during your GPEP years 2 & 3. For a comprehensive list of these scopes and how much time can be credited from each, please see section 3.3.1(f) in the Fellowship regulations. When working in another vocational scope you must be in a collegial relationship with a vocationally registered doctor of that scope.

## What is acceptable for the academic component?

A list of pre-approved university papers is available on the academic component policy. If you are interested in doing a course that is not on this list you may apply to have this credited. Please contact the GPEP team to discuss.

You may also apply for recognition of prior learning if you have completed:

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

## What should I do if my practice isn't Cornerstone® accredited?

In GPEP1 you must be working at a CORNERSTONE® accredited practice, or a practice contracted to be working towards CORNERSTONE® accreditation; or a practice that has been assessed as meeting a similar College-approved general practice standard.

In GPEP2 it is advised you work at a CORNERSTONE® accredited practice, or a practice which is working towards accreditation. If you are unable to find employment in a CORNERSTONE® practice, you can apply to have your clinical time there counted towards GPEP. Please contact the GPEP team to discuss.

**Note:** If you have not passed both the written and clinical exam, and are working in a practice without a Fellow, this will not be approved.

## What happens if I move regions?

Email the GPEP team advising where you are intending to move, your new practice/contact details, and when you are going. You will be allocated to a visiting medical educator and learning group in your new region.

For the Fellowship visit, you will need to have worked at least three months FTE in the practice where the assessment will take place in the nine months leading up to the visit date.

### **What time can be counted from before GPEP?**

General practice time completed outside a training programme cannot be credited towards GPEP. Those who completed the Post Graduate Generalist Placement (PGGP) run will have this credited towards GPEP.

In addition, you may apply to have the following credited:

- GP experience that was undertaken in a position with associated formal training
- Time spent in related scopes whilst in a training programme, for example Urgent Care Physician or Rural Hospital Medicine.

### **What happens when I finish my modules but haven't finished my clinical time requirement?**

You must complete Continuing Professional Development (CPD) from the end of GPEP year 3 until you are awarded Fellowship. The Annual CPD requirements are:

- Professional Development Plan (PDP) – one per year
- Clinical audit – one per year
- Attend peer review of at least 10 hours per year
- Complete at least 15 hours of CME per year
- Participate in a minimum of one hour of activity relevant to the development of cultural competence or the advancement of Māori health
- Meet with your collegial Fellow for a minimum of 8 hours total per year
- Hold a current resuscitation skills certificate to a minimum of NZRC Level 5. Please note requirements for Fellowship differ from GPEP – a certificate of competence in resuscitation skills from the completion of an assessed course is required to achieve Fellowship. Please refer to the information on our website for specific course requirements.

### **What happens if I can't attend a seminar or learning groups?**

It is important that you attend a minimum of 32 of the 40 seminars in GPEP1 to meet the programme requirements.

If you do not attend at least six of the eight GPEP2 learning groups per year, you will be required to participate in a catch-up activity at extra cost. The type of activity will depend on how many groups have been missed.

If you live in a geographically isolated region, you will be able to attend learning groups via tele- or video-conferencing.

### **What can I expect from my GP teacher and medical educator?**

Your GP teacher is available to support your learning, to answer questions and to provide feedback about your practice. Your medical educator monitors your progress through the programme and is available for any programme level queries and feedback.





# FELLOWSHIP

*He rau ringa e oti ai  
Many hands make light work*

When you have completed all your training requirements, passed all your summative assessments and completed your clinical time requirement, you will be eligible for your Fellowship assessment visit.

During the visit, the assessor will examine your general practice to ensure that you are safe and competent, and that you meet the standard for Fellowship to be awarded.

The visit will take between four and six hours. The assessor will then write a report to be considered by two College censors and the Censor-in-Chief. Their decision will be emailed to you six to eight weeks after your visit.

## Key points to remember:

- You need to have had an in-practice visit from a medical educator in the three years prior to your Fellowship assessment visit
- You must have worked in the practice where you will have your assessment visit for three months FTE during the nine months prior to your visit
- You must complete a medical record review in the six months prior to your visit
- You must be able to provide a certificate of good standing from the Medical Council, a resuscitation certificate that meets the requirements for Fellowship, and have your CPD up to date before Fellowship can be awarded
- Familiarise yourself with the Fellowship assessment visit information booklet for candidates, this clearly sets out the standard against which you will be assessed.



# MEDICAL COUNCIL AUDIT

*Kia oti a runga, kia oti a raro, ka puta ai ki waho*  
*Do everything you can to succeed*

---

The Medical Council audits every doctor in the GPEP programme every year. To pass your audit, you need to be up to date in your programme.

Tip: keep the programme timetable handy and plan your year to send in your completed programme modules by the due dates listed in the timetable.



# PERSONAL INFORMATION

*He hono tangata e kore e motu; ka pa he taura waka e motu*  
*A human bond cannot be parted unlike a severable canoe rope.*

- Before and during the programme the College collects personal information about you, from you and your referees, and from your teacher and medical educator.
- This information is collected for administration purposes, including:
  - placement
  - monitoring of assessments
  - exam administration
  - managing employment where registrars are employed by the College.
- This information will be held by the College.
- You can seek access to, and correction of, any personal information the College holds about you.
- During your placement, you are required to comply with all legal requirements including:
  - the Privacy Act
  - the Health Information Privacy Code
  - the Code of Health and Disability Consumers' Rights (this includes obtaining express written authorisation from patients for the use of any clinical information for teaching or learning purposes outside the practice.
- On or before the first seminar day you will be required to sign a confidentiality agreement.
- You must declare any unresolved complaints, disciplinary procedures, previous criminal convictions or health issues that may affect your ability to practise competently and safely.



# MEDICAL CONDITIONS THAT MAY IMPACT ON YOUR PRACTICE

- If you have any physical or mental health concerns that may affect your ability to practise competently and safely, you should provide full details of these to your teacher or medical educator.
- You are expected to comply with Medical Council guidelines as well as with all other relevant guidelines and ethical standards.
- Read the Medical Council Guidelines on Transmissible Major Viral Infections [www.mcnz.org.nz/assets/News-and-Publications/Statements/TMVI-HRANZ-guidelines.pdf](http://www.mcnz.org.nz/assets/News-and-Publications/Statements/TMVI-HRANZ-guidelines.pdf) and the Medical Council's Cole's Medical Practice in New Zealand [www.mcnz.org.nz/news-and-publications/cole-s-medical-practice-in-new-zealand/](http://www.mcnz.org.nz/news-and-publications/cole-s-medical-practice-in-new-zealand/) which addresses issues related to doctors' health.
- Teaching practices are aware of the need to practise universal precautions and of their need to notify the Medical Council of any inability to practise in line with the requirements of the Health Practitioners Competence Assurance Act 2003, section 45.
- The College is happy to provide any guidance or support needed to ensure these obligations are met and that the programme operates in a safe and lawful manner.

## MEDICAL COUNCIL REQUIREMENTS FOR HAVING A THIRD PERSON PRESENT DURING A CONSULTATION

*Mā tini mā mano ka rapa te whai*  
*By many, by thousands, completion is accomplished*

You are expected to comply with the Medical Council guideline for informed consent related to having a third person present during a consultation.

### The following issues are particularly salient:

- Policies related to having a third person present during a consultation should be displayed in the practice waiting room and examination areas. Arrangements for the presence of a third person should be in place before the start of the consultation.
- All parties involved in the consultation must understand the role of the third person. The patient must give informed consent for the person to be present and the role they will take.
- The Medical Council advises that the doctor speak with the patient about the presence of a third person in private, away from the nominated third person. This is to ensure the patient does not feel obligated to accept someone due to the discomfort of saying 'no' in front of them.
- The Medical Council recommends to doctors that, if they require a third person to attend a consultation, the third person should preferably be another health professional.
- If a third person attends all or part of a consultation or procedure, you need to ensure the third person is aware of its confidential nature and that the patient's personal information and physical privacy must be respected.
- Not every patient will want to have a third person in attendance, especially if there is an intimate aspect to the consultation that includes a physical examination for which the patient may have to undress. Some patients have indicated that a third person makes them feel an audience is present. A patient has the right to decline a third person being present.
- If there is no agreement on the attendance of a third person or who that third person should be, either the doctor or the patient has the right to withdraw from the consultation until a mutually acceptable third person is available. Alternatively, the patient may be referred to another doctor. This should not have any adverse effect on the care that is provided.



# PATIENT COMPLAINTS

*Aroha mai, aroha atu*  
*Kindness given is kindness received*

Discuss any complaint promptly with your teacher (or doctor providing oversight) and with your medical educator. It is College policy that your Clinical Leader is advised of any complaints so that full support can be arranged for you if required.

Many complaints are usefully discussed in seminar or learning groups as learning exercises (mea culpa). Confidentiality agreements are signed by all group members to facilitate this process of peer review.

Familiarise yourself with the practice's complaints procedure and the Code of Health and Disability Services Consumers' Rights.<sup>1</sup>

## **Reply to the complainant promptly and courteously after seeking advice from:**

- your teacher
- the Medical Protection Society (0800 225 5677)
- an appropriate lay person to check understanding of your reply.

Any formal complaints received while in the programme and referred to the Health and Disability Commissioner or Medical Council should be notified immediately to your medical educator and Clinical Leader. Ensure you maintain appropriate confidentiality when communicating the complaint to others.

You are also required to inform the Manager, Vocational Training if you are being investigated about a complaint that occurred before starting the training programme.

## **Complaints include but are not limited to:**

- patients' and others', such as fellow health professionals', complaints to outside investigation authorities, such as the Health and Disability Commissioner, Coroner or DHB
- criminal offences
- investigations by organisations such as ACC and the Commerce Commission.

<sup>1</sup> The Code of Health and Disability Services Consumers' Rights (Right 10 (6a)) requires written acknowledgement within five working days of receipt of a complaint. The receipt of complaint must contain information of any relevant internal and external complaints procedures.



# INFORMED CONSENT

*He aroha whakatō, he aroha puta mai*

*If kindness is sown then kindness you shall receive*

## Informing patients about the practice's teaching role

### General notifications to all patients

Practices should tell their patient population that they are a teaching practice. This should be a continuous process. The most common way of notifying patients is by a waiting room notice provided by the programme that tells the patients of their right to refuse to see a registrar. Another method is through a practice newsletter or including an item in a practice booklet. Your practice may need to provide translations in te reo Māori or other languages.

### Individual notification to patients

All new patients should be told about the teaching programme when they join the practice. If this is done by a receptionist or nurse, it is appropriate for your teacher to discuss with them exactly what patients should be told and how the information should be passed on. This first explanation is important.

At other times, opportunities will arise to talk to patients about the programme. However, the common time will be when a patient sees you for the first time. It is essential that you know how to do this and what written information is available to back up the spoken word.

Names are important – the doctor knows the patients but they may not know the name of an unfamiliar doctor. A nameplate on the desk or a badge is a good idea.

## Referring patients to you

### How will the practice be organised?

It is important to decide how patients are to be referred to you. Sometimes you may see the overflow, patients who cannot be seen by your teacher or another principal in the practice. This system tends to give you mostly acute problems and often younger patients. It puts additional pressure on patients to see you if they want prompt attention. While you may be extending the service, the overflow method has significant problems.

Some practices have a system of asking patients if they would see you instead of their usual doctor and they do that each day to give you a sufficient number of patients. Such a system can work well, but it will be especially important that patients are clearly told of their options. In a few practices a small registrar practice has been built up of patients who are always happy to be seen by the current registrar. This system means that patients do not have continuity and is a problem when there is no registrar in the practice.





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