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

THE RNZCGP RURAL STRATEGY ACTION PLAN

Years 1-3: Report on progress

RNZCGP
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The RNZCGP Rural Strategy Action Plan Years 1-3: Report on progress

Vision for 2024
Improved health outcomes for rural communities through the work of high quality, well trained medical generalists working within multidisciplinary teams.

Objectives
Objective 1: Promote a greater understanding of rural practice and rural health practitioners and their value to the New Zealand health sector
Objective 2: Further develop rural integrated services with a focus on improving access for rural populations, improving health equity, and maintaining quality and safe care
Objective 3: Increase the capacity and sustainability of the rural practice health workforce to meet population and service needs
Objective 4: Enhance the skills and flexibility of the rural medical workforce to provide complex care
Objective 5: Increase academic activity to improve effectiveness, research (evaluation) and quality

Year 1: 1 April 2015 – 31 March 2016

	Action	**Responsibility**	**Timeline**	**Record activity**	**Status**	**Comments** Eg, ability to meet timelines, adequacy of resources, whether realistic, changes to priorities, goals and deadlines, and learnings Also consider: trends of progress, recommendations, further actions.
Objective 1: Action 1	Analyse the demographics of rural practitioners	Quality, Research & Policy Group	Year 1	Report by Pam Watson, *DRHM Workforce Planning and Curriculum Questionnaire 2014* competed. **April 2015** Report by Deanne Wong "2014 RNZCGP Workforce Survey: The Rural Medical Workforce" completed. **7 Sept 2016** Research on rural medical workforce published in *Journal of Primary Health Care*.	Completed	

Objective 1: Action 3	Undertake research on such issues as: - number of RNZCGP members who consider themselves to be in rural practice; - factors considered important in classifying oneself as rural; - distance from the nearest base hospital; - number of rural GPs not affiliated with the Chapter (eg, by analysing data from the Rural General Practice Network).	Quality, Research & Policy Group	Year 1	**7 Sept 2016** Research paper "The rural medical generalist workforce: The RNZCGP's 2014 workforce survey results" published in *Journal of Primary Health Care* includes classifying oneself as 'rural' **March 2016** Policy Team finalised report, "Rural General Practice in 2015: Education, Recruitment, Retention and Standards". The report gathers and analyses data on: • rurality and NZ Zealand medical schools • Voluntary Bonding Scheme • PGGP Education Programme • GPEP • rural CPD • rural practices Recommendations primarily aimed at the College have been developed based on the findings. Report launched at RuralFestNZ 2016 (RHANZ workshop)	Completed	
Objective 1: Action 4	Review data already collected on rural practice and rural practitioners	Quality, Research & Policy Group	Year 1	As for Objective 1 Action 3. March 2016: Policy Team finalised the report, "Rural General Practice in 2015: Education, Recruitment, Retention and Standards". Report launched at RuralFestNZ 2016 (RHANZ workshop).	Completed	
Objective 5: Action 2	To undertake further research on rural health care, which might include: - establishing a minimum data set of rural practices (or accredited GP training practices) with data collated annually.	Quality, Research & Policy Group Learning & Practice Development Group	Year 1	See Objective 1 Actions 1 and 4 above. Policy Team finalised report, "Rural General Practice in 2015: Education, Recruitment, Retention and Standards". **19 August 2016** EAG agree to use data obtained from the RGPN based on the 'in/out rule' to classify practices as 'rural'. This will provide a means to track registrars in GPEP training. **Sept 2016** Practices defined as 'rural' will be identified on iMIS which will facilitate future analysis of data.	Completed	22 Jan 2015 College staff discussion: Falls under other Year 1 actions on research & under Year 2 actions.

Objective 2: Action 1	Encouraging rural general practices to participate in RNZCGP *Cornerstone* accreditation.	Membership Services Group Learning & Practice Development Group	Year 1	**May 2015** Policy Team analysed data re rural practices and Cornerstone accreditation status. Results show only little difference between rural/non-rural in practices having Cornerstone accreditation. Findings included in report, "Rural General Practice in 2015: Education, Recruitment, Retention and Standards". **Sept 2016** Communications Team will liaise with Quality Team to publicise/encourage rural practices to participate in Cornerstone accreditation.	Completed	22 Jan 2015 Staff discussion: - Need to obtain a list of "rural practices" (eg RGPN) - Cornerstone team to analyse which rural practices participate in Cornerstone, and determine whether a shortfall exists. If so, consider ways to encourage participation. - Will need review re impact of Foundation Standard on participation in Cornerstone programme
Objective 2: Action 2	Ensuring that an appropriate rural perspective is sought and included in developing the Foundation Standard and advanced level standards.	Quality, Research & Policy Group	Year 1	QRP Group (Jeanette McKeogh): A rural perspective was sought in development of the *Foundation Standard*. QRP Group (Jeanette McKeogh) sought and considered a rural perspective in the development of College's advanced level standards. Rural representative Campbell Murdoch was a member of the working group on the review of *Aiming for Excellence*.	Completed	
Objective 3: Action 1	Promote collegiality eg, Skype peer groups, local education (such as urban specialists talking to peer groups) and implementing CME into the practice.	Learning & Practice Development Group Membership Services Group	Year 1	**1 July 2015** Membership Services and Rural GP Chapter Chair Jo Scott Jones set up a closed Facebook group for Rural Chapter members. Aims to connect members and to allow safe discussion on rural issues and opportunities. College is able to promote. https://www.facebook.com/groups/1851865698372472/ **31 July 2015** RNZCGP Conference in Hamilton, Rural GP Chapter Chair organised a meeting for rural GPs to promote the Facebook page and to gather data for an interests register. Membership Services asked Dr Jo Scott Jones to join the Kapa Kaiaka online community to help	Ongoing	22 Jan 2015: Staff discussion on potential approach: - LPD Group to decide relevant KPI for this action point & measure. - Membership Services Group to promote once appropriate measure(s) determined. 1 Sept 2016: Learning Group discussed:

				highlight and promote discussion of rural general practice by new Fellows.		- possibility of promoting Facebook page - setting up a repository service for researchers – to liaise with Comms Team and Rural Chapter

Changes to external and internal environment and key discussions – Year 1

22 January 2015	Relevant College staff discuss Year 1 action points and approach on Action Plan.
9 March 2015	During the DRHM Strategy Planning Day, the Rural Strategy was presented to inform DRHM's discussion on the Division's strategic planning.
13 March 2015	College President Tim Malloy announces support for the development of a Rural Medical Workforce Taskforce for rural medical education and workforce development at the RGPN conference workshop on "rural pipeline". No further development.
13 March 2015	Campbell Murdoch resigns as Chair of Rural General Practitioners' Chapter at the AGM
April 2015	Changes to internal College staff include Group Manager – Membership Services and Manager – Practice Assessment (*Cornerstone* programme)
4 May 2015	Dr Jo Scott Jones elected as Chair of Rural Chapter and starts a conversation on Rural Chapter's responsibilities on action points under Rural Strategy.
June 2015	College learns that HWNZ is reducing the funding envelope for general practice training and explores options of addressing a loss of funding for PGGP (eg, providing additional rural placements in GPEP and a rural focus through prevocational community attachments). MoH's Integrated Performance and Incentives Programme (IPIF) is put on hold until reviews of the New Zealand Health Strategy, health funding and systems are carried out.
7 July 2015	DRHM discusses its potential contribution to the Rural Strategy Action Plan.
31 July 2015	At RNZCGP Conference, Rural Chapter members meet to further discuss action under the Rural Strategy.
August 2015	College adopts a new allocation process to increase focus on regional placements for GPEP Y1 registrars. For the first time, letters offering training/employment will not guarantee placement in a registrar's preferred region, with the College asking applicants to relocate.

Year 2: 1 April 2015 – 31 March 2017

	Action	**Responsibility**	**Timeline**	**Activity**	**Status**	**Comments** Eg, ability to meet timelines, adequacy of resources, whether still realistic, changes to priorities, goals and deadlines, and learnings Also consider: trends of progress, recommendations, further actions.
Objective 1: Action 2	Promote the value of rural generalist care, for example by case studies and articles in *GP Pulse*	Membership Group	Year 2	*GP Pulse* articles - Feature "From GP to rural hospital doctor" on Dr Nigel Crane's journey to becoming a rural hospital doctor (June 2015) - President's Editorial "Act local, think rural" (April 2015) - "It's rural, not the Badlands" (April 2016) *ePulse* articles - "Meet Garry Nixon – Dual and Distinguished Fellow, Division of RHM Maven and Outdoorsman" (12 April 2016) - **"**Meet Andrew Laurenson - Rural hospital doctor in Greymouth, medical officer in Afghanistan and overall active man" (10 May 2016) - "Meet Kati Blattner – RHD and senior lecturer with medical links to the Pacific" (28 June 2016) Rural Chapter drafting paper on Rural GP Chapter's activities under the College's Rural Strategy for WONCA World Rural Health conference (April 2017)	Ongoing	
Objective 2: Action 3	To promote the value of the integration of primary care with other community services, such as Whānau	Membership Group Equity Group	Year 2	Learning Group & Equity Team are undertaking an equity review of the GPEP curriculum. Expected date of completion: early 2017.	Ongoing	22 Jan 2015 College staff discussion – to publish an article in *GP Pulse* on integrated care and use

	Ora, as a means of addressing inequities for at-risk families.	Rural General Practitioners' Chapter Division of Rural Hospital Medicine		Membership Services: *GP Pulse* articles re Kaitaia and Gisborne in progress **Oct/Nov 2016** Joe Grayland & Alita Bigwood to visit rural practices/hospitals/communities in Gisborne, Queenstown, Cromwell, Clyde, Alexandra, Dunstan and Queenstown		case studies eg, Warkworth
Objective 3: Action 2	Maximising exposure to, and promoting careers in, rural general practice to medical students and postgraduate trainees.	Learning Group Membership Group Rural General Practitioners' Chapter Division of Rural Hospital Medicine	Year 2	Membership Services to promote rural GP at careers evenings organised by RMO Units throughout NZ for yearly GPEP intake. The College is aiming to recruit GP Ambassadors to represent the College at events and have an online presence. Two ambassadors will be rural GPs to ensure the correct messaging is being promoted through the College's promotional campaign. Membership Services' 2016 Work Plan includes awareness campaign. Membership Services have promoted: - general practice community based attachments in brochure promoting GPEP - training in RHM and have a role in the application process. **June 2016** Letter to University of Otago with support from RNZCGP, DRHM and Rural GP Chapter on its proposed *Rural Health Plan*, which proposes to increase capacity for rural health training. **July 2016** Rural Programme Advisor Alita Bigwood promotes DRHM training programme at Rotorua NZMA GPCME conference **August 2016** new EAG working group to discuss how to encourage trainees to rural placements	Ongoing	22 Jan 2015 Staff discussion: - Membership Services to incorporate rural promotion into College's Recruitment Strategy (Marketing). - To ensure College's recruitment brief includes rural careers. - Noted College members already visit universities. 20 Sept 2016 Staff discussion: - To involve Marketing Team in annual plan re rural placements during GPEP orientation - To explore an incentive "package" in light of work towards a rural advanced competency eg, scholarships or funding via financial institutions for housing to attract registrars to rural placements.
Objective 3: Action 3	Ensuring all medical students and doctors have the opportunity to	Learning Group	Year 2	**June 2015** Reduction in funding from HWNZ for general practice training means loss of PGGP. College explores options to address loss of PGGP	Ongoing	22 Jan 2015 Staff discussion:

	gain a positive experience of working and training in rural settings, for example by obtaining greater funding for the Post-graduate Generalist Placement (PGGP) education programme for PGY2 and PGY3 registrars.			after Nov 2015 eg, providing additional rural placements in GPEP and a rural focus in MCNZ's prevocational community based attachments. College made efforts to link PGGP applicants with the application process for GPEP in 2016. **August 2015** Membership Services holds session during College Conference to discuss how the new prevocational general practice community based placements will work. **August 2015** College changes allocation process for GPEP1 registrars by increasing focus on regional/rural placements to better address equity issues. Letters offering training/employment no longer guarantee placement in a preferred region with possibility of applicants being asked to locate to certain areas. Proposal for national oversight of placements following assessment by Medical Educators with decisions fed back to the Board Recommendations in report, "Rural General Practice in 2015: Education, Recruitment, Retention and Standards" (March 2016): - Aim to fill at least 75% of available GPEP1 rural training positions and have at least 25% GPEP2/3 registrars in rural practices - To elicit and act on feedback from registrars - To enhance relationships between College and training practices - To develop GPEP rural coordinator role - To encourage Cornerstone accredited practices to accommodate registrars **17 August 2016** College's newsletter *Learning Curve* Issue 30 seeks interest from rural practices to place GPEP registrars in areas such as Northland, Taranaki, Nelson, Marlborough, the West Coast and Hawke's Bay.		- New MCNZ pre-vocational programme may help to increase opportunities for rural experience. - Noted that PGGP may be subsumed by new pre-vocational programme - PGGP requires resignation from DHB +/- unpaid leave 20 Sept 2016 Staff discussion: - Noted challenge to fill community based attachments (cf, DHBs' placements that focus on service orientation) - Feedback on training for quality improvement: (i) feedback from GPEP registrars at end of placements – work is needed in this area (ii) registrar satisfaction survey (iii) DRHM registrars – need clarity on expectations of rotational supervisors - Look at engaging rural community to help with socialisation of registrars - Consider ways to overcome barrier to rural GPEP1 placements because of travel for day

				August 2016 College is exploring funding for teachers and registrars' salary for the 6-month general practice placement during RHM training		release seminars/workshops in urban centres: video conferencing, block courses organised by individual Medical Educators. Pilot group in New Plymouth by Jo Scott Jones – to seek feedback on learning outcomes
Objective 3: Action 4	Promote adequate support for doctors and practices to tackle workload and the on-call burden.	Policy Team Membership Group Rural General Practitioners' Chapter Division of Rural Hospital Medicine	Year 2	**August 2015** former College Medical Director Sam Murton contracted to update College's self-care resources, which will include information for rural practitioners. **October 2016** Membership Services to publicise the self-care resource and include a rural aspect	Ongoing	22 Jan 2015 Staff discussion: - Policy Team to develop resources (eg, revise self-care resource) - Membership services to promote resources
Objective 4: Action 1	To establish a working group between the Rural General Practitioners' Chapter and Division of Rural Hospital Medicine to plan ways of aligning future training. The working group will: - consider training models which combine training for rural hospital medicine and rural general practice; - look at models for a post-fellowship pathway to rural practice (eg, a post-graduate diploma in rural practice) to allow GPs to gain the	Rural General Practitioners' Chapter Division of Rural Hospital Medicine Learning Group Policy Team	Year 2	**9 Nov 2015** DRHM Board of Studies discuss possibility of a training pathway leading to the "rural generalist", a doctor who completes FRNZCGP and additional rural papers. Considered the term FRNZCGP 'rural' **March 2016** Early discussions re future training **7 June 2016** Teleconference workshop re rural training pathway (Jo Scott-Jones, Patrick McHugh, Steve Main & Pam Watson). Discussed areas for further exploration: - Improving GPEP training to better equip all GPs to practise rurally - Improving dual pathway to GP/DRHM Fellowship - Introducing 'advanced GP competency' in rural health - More flexible pathways to obtain a second fellowship	Ongoing	22 Jan 2015 Staff discussion: - Noted differing views between members of the DRHM and Rural Chapter - to clarify status at DRHM strategy meeting

	appropriate skill set (with optional elements).			**Sept 2016** Workshop on the rural advanced competency (next in Nov 2016)		
Objective 4: Action 2	To investigate ways for trainees to gain exposure to rural general practice such as: - supporting a wider range of rural training practices to accommodate trainees; - accrediting practices for rural training if the model of care and range of patients are typical of the rural experience; - including more rural specific education in the GPEP1 academic programme; - facilitating adequate training in acute care, trauma and emergency care and on-call work during GPEP; - expanding virtual education to allow trainees to work in rural areas while completing GPEP1 and beyond.	Learning Group Policy Team Rural General Practitioners' Chapter Division of Rural Hospital Medicine	Year 2	Also see Objective 3 Action 3 on opportunity to experience rural practice. Objective 4 Action 1 on GPEP training **June 2015** With loss of HWNZ funding for PGGP, College explores the provision of additional rural placements in GPEP, and a rural focus through MCNZ prevocational community based attachments. **July 2016** National Advisory Council meeting: Consider motion by Dr Jenny James on behalf of Rural GP Chapter for a review of GPEP training so it better meets the needs of registrars training to become rural GPs. Dr James' proposal was lined up with the outcome of the June 2016 workshop on the rural advance competency (Objective 4 Action 1). **August 2016** EAG agree to use data obtained from the RGPN based on the 'in/out rule' to classify practices as 'rural'. This will provide a useful base for negotiation for community based attachments and incentive funding of GPEP placements and as a means to track registrars' experiences during GPEP training.	Ongoing	22 Jan 2015 College staff discussion: - LPD Group to investigate feasibility of introducing a 6-month period during GPEP2 in new settings eg rural hospital - LPD Group to consider including more rural specific education in GPEP1 - Noted the Fellowship regulations already contain requirements in acute care, emergency care etc. - Noted challenge in introducing components into training programmes requires prioritising against current content 18 Nov 2015 Pam Watson: difficult to fit more content into current seminar programme.
Objective 5: Action 1	Investigate whether the RNZCGP's Research Education Charitable Trust (RECT) could make funding rural research a priority or call for expressions of interest.	Policy Team	Year 2	**31 July 2015** At Chapter's strategy discussion at RNZCGP conference, Dr Jo Scott Jones discusses possibility of forming a research group. College CEO advised: 1. To build the structure into the existing RECT, which is currently under development (Policy Manager) 2. To look into fundraising via bequests.	Ongoing	22 Jan 2015 Staff discussion: - QRP to have initial conversation with RECT

				Rural Chapter Research Subcommittee intends to review RECT with a rural research lens with a view to establishing a sustainable funding source to support rural research fellows. College drafting new RECT operational polices and anticipate members will approve at next RECT meeting in October 2016. This includes defining what research RECT will or will not fund, and whether College Chapters and Faculties can apply for grants. Membership Services to raise awareness and to coordinate fundraising via bequests.		
Objective 5: Action 2	To undertake further research on rural health care, which might include: - establishing a minimum data set of rural practices (or accredited GP training practices) with data collated annually; - collecting data on deprivation in rural areas; - looking at equity of healthcare between the rural/urban patient; - considering whether GPEP1 career plans should include rural practice; - reviewing availability of MOPS activities to rural practitioners and/or availability of MOPS activities with a rural theme.	Policy Team Learning Group	Year 2	**July 2015** Rural Chapter meeting: - Dr Jo Scott Jones outlines vision for a research strategy that will detail agreed research areas; anticipating a mix of clinical issues (outcomes based research eg smoking cessation, mental health) and workforce issues (what works well, current state of play, etc) - Dr Greville Wood appointed to lead Rural Chapter subcommittee to develop the research stream of the Rural Strategy. - Dr Jo Scott Jones aims to publish monthly articles to celebrate good happenings in rural communities and to promote lifestyle and work satisfaction, and to have regular articles with a rural focus in the *JPHC* and *NZMJ*. College continues to provide access to *BMJ* learning modules Three-month trial of online journal club in 2015 was small and successful. Consequent action: (a) e-learning forum specifically on medical education to be provided to Medical Educators (Learning Group) (b) establishment of a more general e-journal club for all members (Membership Services)	Ongoing	22 Jan 2015 Staff discussion - QRP Group to consider how to access information on deprivation and inequity in rural context. - LPD group to consider whether career plans are giving rural attachments sufficient weight. - Should rural attachments be mandatory to ensure sufficient access/exposure? - LPD to consider surveying members about their MOPS activities. If there is a lack of available activities, then make a call for expressions of interest to fill the gap.

				17 March 2016 NAC meeting: Rural Chapter Chair Dr Jo Scott-Jones raised the issue of standard of care in rural communities and equity. Discussion around: • standards and styles of care stipulated in College training programmes/curriculum • prioritisation of services • advocacy for services for specific communities • metrics on rural inequities. **April 2016** Rural Chapter Subcommittee chaired by Greville Wood with aim to promote research via: (a) establish a financial entity to raise funds with oversight and management by a board of trustees (b) Subcommittee to determine Chapter's overall research strategy with aim to ensure research is focused and have outcome of improving health care delivery for rural New Zealanders. **13 April 2016** Research Subcommittee seeks feedback from all Chapter members on themes of research. **24 May 2016** Rural GP Chapter Board meeting: discussion about lack of rural people undertaking rural research; DRHM is promoting rural research **7 June 2016** DRHM Executive meeting: discussion on how College and DRHMNZ can promote rural research: - building rural research capacity amongst rural GPs and rural hospital doctors - encourage universities and government to support and fund rural academic posts - dissemination of rural research - scholarship for registrar; prizes **5 July 2016** Rural GP Chapter discuss exploring rural research day		College staff noted: - College provides access to *BMJ* learning modules - A 3-month trial of online journal club from Feb 2015 (*ePulse* 27/1/15) - Rural conference & seminars are currently best College activity to address MOPS requirement in this area - There is a lack of data on what GPs are doing for MOPS.

				August 2016 EAG agree to use data obtained from the RGPN based on the 'in/out rule' to classify practices as 'rural'. This will provide a means to track registrars' experiences during GPEP training and to establish a minimum data set of rural practices.		

Changes to external and internal environment and key discussions – Year 2

Feb – August 2016	Restructure of College's operational groups (tier 1 and tier 2)
4-5 May 2016	Helen Morgan-Banda and Jo Scott-Jones launch RNZCGP's report, "Rural General Practice in 2015: Education, Recruitment, Retention and Standards" at RuralFest NZ 2016 (RHĀNZ member organisations met to workshop key issues to take to Parliament.)
17 May 2016	Government announces Health Research Council of New Zealand will receive $97 million over next 4 years
29 July 2016	Jo Scott-Jones steps down as chair of Rural General Practitioners' Chapter. New chair Dr Grahame Jelley appointed.
August 2016	Tim Malloy appointed to MoH's Rural Health Advisory Group, which provides guidance and respond to issues raised by DHBs, PHOs, practices, rural hospitals and rural communities.
22 August 2016	Joe Grayland commences as new GM Leaning with restructuring of Learning Group.
14 September	New role of Senior Advisor – Rural (Alita Bigwood)

Year 3: 1 April 2017 – 31 March 2018

	Action	Responsibility	Timeline	Activity	Status	Comments Eg, ability to meet timelines, adequacy of resources, whether still realistic, changes to priorities, goals and deadlines, and learnings Also consider: trends of progress, recommendations, further actions.
Objective 2: Action 4	To foster research on deprivation in rural areas and the equity of healthcare between the rural and urban patient.	Policy Team Rural General Practitioners' Chapter Division of Rural Hospital Medicine	Year 3	**27 July 2015** Dr Steve Hoskin, Te Anau, expresses interest to Jo Scott Jones on future research into rural health inequities **17 March 2016** NAC meeting: Rural Chapter Chair Dr Jo Scott-Jones discussed standard of care in rural communities and equity. In particular: • standards and styles of care stipulated in College training programmes/curriculum • prioritisation of services • advocacy for services for specific communities • metrics on rural inequities. **April 2016** Rural Chapter creates subcommittee chaired by Greville Wood to promote research. Suggested research includes health of the rural sector and primary/secondary care interface. *Journal of Primary Health Care* (Sept 2016 issue) focuses on rural issues. *Journal of Primary Health Care* article (Sept 2016) "The price of 'free': Quantifying the costs incurred by rural residents attending publically funded outpatient clinics in rural and base hospitals" by	Ongoing	22 Jan 2015 Staff discussion: - See Objective 5 Action 2 (Year 2)

				Fearnley D, Kerse N, Nixon G – for media release by the Communications Team (Southern media) **Sept 2016** Early discussions on setting up an online repository service for researchers		
Objective 3: Action 5	Promote good work-life balance, the ability to have time off and protection against burnout.	Membership Group Policy Team Rural General Practitioners' Chapter Division of Rural Hospital Medicine	Year 3	Membership Services intend to promote resource, *General Practice From Midlife to Retirement* in *GP Pulse* Nov/Dec 2015	Ongoing	22 Jan 2015 Staff discussion: - See Objective 3 Action 4 (Year 2)
Objective 3: Action 6	Obtain scholarships for further study and/or travel to encourage fellows who opt to stay in rural locations long-term.	Membership Group	Year 3			
Objective 4: Action 3	To include the following action points in the RNZCGP strategy: (a) To investigate the possibility of adding "The Practitioner" to the Integrated Performance and Incentive Framework (IPIF) with progression through quality levels. (b) To investigate extended/advanced competencies for the rural health practitioner.	Policy Team	Year 3	See Objective 4 Action 1. **Sept 2016** Workshop in the rural advanced competency with next workshop in Nov 2016.	Ongoing	Mid-2015 IPIF put on hold with restructuring of Ministry of Health

Objective 5: Action 3	Investigate accessing research funding for registrars (eg, from the Health Research Council).	Policy Team	Year 3			
Objective 5: Action 4	Promote the research GP registrar position.	Learning Group Policy Team	Year 3	**22 Jan 2015** College staff noted the College's rules already allow for research during GPEP. It changes the trainee's clinical time; and is done through universities. If funding is through universities rather than the College, the action is not relevant. But see Objective 5 Action 3 above. Fostering research also falls under Objective 2 Action 4.	Not currently relevant.	