



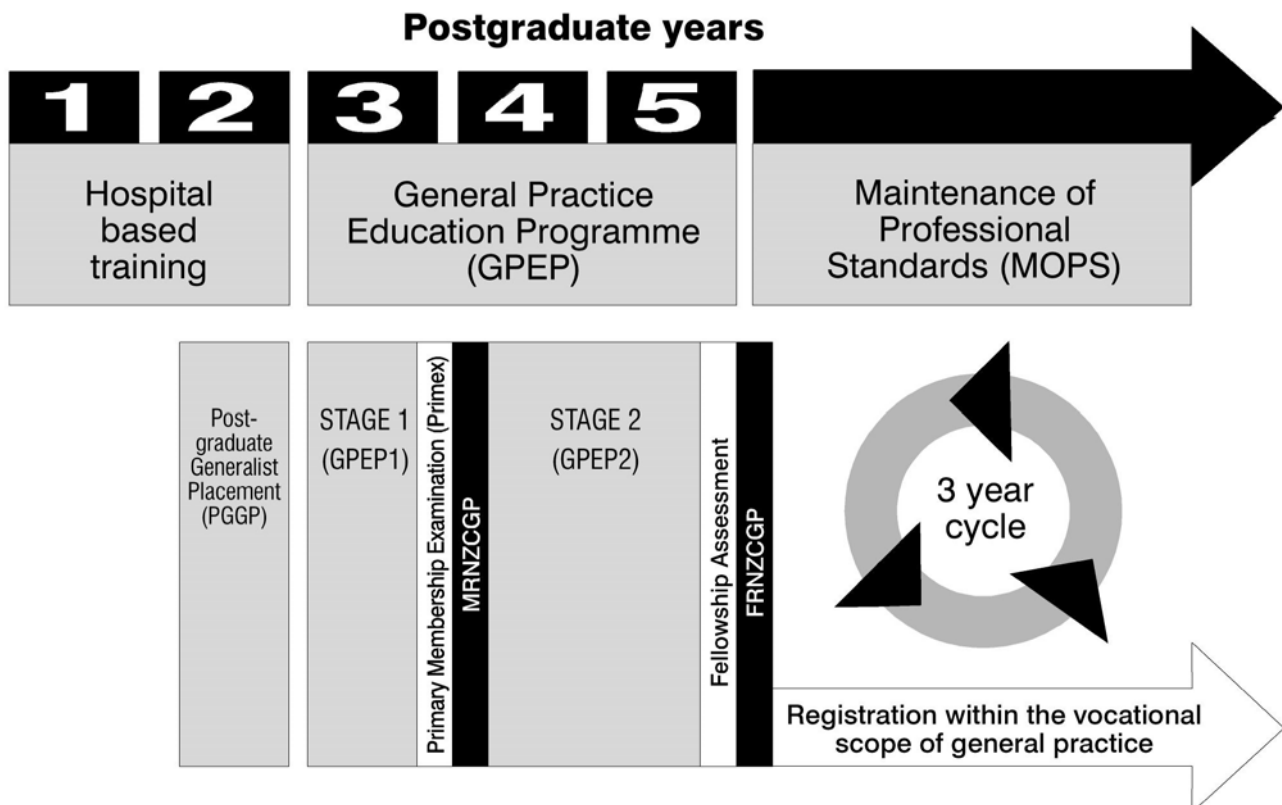
# Fellowship Pathway Regulations

The Royal New Zealand College of General Practitioners (RNZCGP) aims to improve the health of all New Zealanders through high quality general practice care. General practice has its own body of knowledge and skills that make an essential contribution to the health of our community. The College believes that Fellowship of the College is a mark of having attained the required proficiencies to provide high quality care and to practise independently.

The College Council, or its delegated representative, is charged with monitoring standards for the awarding of the College's postgraduate qualifications. Appeals regarding educational standards can be made to the College Council. Individual candidates progressing through the Fellowship pathway are informed of the relevant appeal processes as they reach that assessment point.

## Pathway to Fellowship

The standard pathway to Fellowship of the College is to complete both stages of the College's General Practice Education Programme (GPEP). The Primary Membership Examination (Primex) is taken at the end of Stage 1 (GPEP1), and the Fellowship Assessment undertaken at the end of Stage 2 (GPEP2).



## 1. Criteria for Fellowship of The Royal New Zealand College of General Practitioners

To achieve Fellowship of the RNZCGP, the following criteria must be met:

- completion of GPEP Stage 1 (GPEP1)
- a pass in the Primary Membership Examination (Primex)
- completion of GPEP Stage 2 (GPEP2)
- a pass in the Fellowship Assessment visit
- a pass in a Resuscitation Skills course to a minimum of Level 5 NZ Resuscitation Council.
- records confirming completion of the minimum Medical Council (MCNZ) requirements for CME, peer review and audit for each 12 months in the GPEP2 programme
- a Certificate of Good Standing from MCNZ dated within three months of awarding of Fellowship.

## 2. General Practice Education Programme (GPEP)

The full-time GPEP programme consists of 10 months in GPEP1 and 26 months in GPEP2. Part-time options are available. This programme is the standard pathway to Fellowship.

Participants in GPEP are expected to hold and maintain (throughout their time in the programme) a Resuscitation Skills certificate from a College-approved provider to Level 5 NZRC standards, and to ensure their certificate is renewed at least every three years. A certificate dated within three years is required:

- to undertake after-hours sessions independently during GPEP1 (Grade II status)
- as a pre-requisite for sitting Primex
- to obtain Fellowship.

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

The standard clinical time requirement for the programme is 36 months, of which 18 months must be in traditional general practice (see Section 9). Note that this clinical time may be reduced through recognition of prior learning (see Section 10).

A portion of the clinical time may be spent in other primary or secondary care clinical environments in New Zealand or overseas, to develop skills relevant to general practice.

Time contribution from other areas can come from a maximum of:

- 18 months FTE in generalist primary care or community-based services e.g. student health, geriatric health, armed forces, A&M, rural hospital, after-hours clinics
- 12 months FTE in general practice research as part of an approved Research Registrar pathway (see 6.4)
- six months FTE in specialist community-based services e.g. sports medicine, appearance medicine, alcohol and drug, family planning, occupational health
- six months FTE in a relevant urban/provincial hospital environment e.g. palliative care, emergency departments
- six months FTE general practice in another country (prior approval is required)
- six months FTE providing clinical education and/or research relevant to clinical practice (prior approval is required).

General practice experience in New Zealand (or a comparable country, see Section 9) undertaken before enrolment in GPEP will be credited towards the clinical time requirements. However, all candidates must still meet the minimum clinical practice requirements for both GPEP1 and GPEP2 (see below) while enrolled in the programme.

Non-general practice experience (as specified above) undertaken while enrolled on the New Zealand Rural Hospital Medicine training programme will be credited towards the clinical time requirements for GPEP. Non-general practice clinical experience undertaken outside of GPEP or the Rural Hospital Medicine training programme will not be credited towards GPEP requirements.

These regulations were revised in May 2008 and apply to candidates beginning either GPEP1 or GPEP2 from 1 July 2008. Those currently enrolled in GPEP1 or GPEP2 have five years to complete the programme under the previous regulations. On 1 July 2013, all those enrolled will transfer to the new regulations. Candidates may opt to transfer to the new regulations before that date.

## **4. General Practice Education Programme Stage 1 (GPEP1)**

### **4.1 Health Workforce New Zealand (HWNZ) funded registrars**

GPEP1 comprises two 21 week attachments to an accredited teaching practice and teacher, with four days per week usually spent in the practice and one day attending seminars and workshops. The attachments give registrars the experience of being immersed in general practice with a teacher, and provide opportunities to reflect on the learning that takes place. Registrars spend most of their time seeing patients in the teaching practice, although they may engage in other activities, as their learning needs dictate.

### **4.2 Minimum clinical practice requirement**

Registrars must work at least five tenths in general practice for the duration of GPEP1. This excludes the two tenths seminar commitment; so the total minimum time commitment is seven tenths.

Full details of GPEP1, including the entry and selection criteria, are available from the GPEP1 programme administrators.

## **5. Primary Membership Examination (Primex)**

### **5.1 The examination**

The Primary Membership Examination (Primex) is a test of the minimum skills, knowledge and ability to practise safely as a doctor in GPEP2.

Full details of the examination are given in the Primex Information Handbook, obtainable from the College in April each year and on the College website. Applications to sit Primex close in June.

Candidates enrolling for Primex are advised to apply for Associate Membership of the College.

### **5.2 Pre-requisites**

All candidates for Primex must meet the following pre-requisites:

- have completed, or be completing, GPEP1 or equivalent training
- be registered with MCNZ and hold a current Practising Certificate for New Zealand
- hold a Level 5 Resuscitation Skills certificate dated no earlier than three years before 31 January of the year after sitting Primex. This is a co-requisite for Primex and a copy of the certificate must be sighted by the College before Membership is awarded.

Having at least six months full-time equivalent general practice experience in New Zealand by 30 November in the year of entry is strongly recommended.

### **5.3 Re-sits**

Candidates who are unsuccessful in either or both sections of Primex may re-sit that section/s. To be eligible to re-sit, the candidate must be enrolled in and active in GPEP2.

### **5.4 Award of MRNZCGP**

Candidates who pass Primex and are financial members of the College are awarded Membership of The Royal New Zealand College of General Practitioners. This title is not registerable with the Medical Council of New Zealand, but does entitle the holder to use the designation MRNZCGP while completing GPEP2. The MRNZCGP title may only be used while the individual remains a financial member of the College and expires after five years if the doctor is not enrolled in GPEP2. Once a doctor gains FRNZCGP, this automatically supersedes MRNZCGP.

## 6. General Practice Education Programme Stage 2 (GPEP2)

### 6.1 GPEP2

GPEP2 has both clinical practice and educational programme requirements. Most doctors complete it in 26 months full-time equivalent. Doctors with previous general practice experience have this time reduced. GPEP2 must be completed within eight years of starting.

### 6.2 Clinical practice requirement

Candidates must be working at least two tenths in a clinical area to be active in the programme.

- Those who have been awarded credit for three years traditional general practice experience have no minimum time requirement for GPEP2. However, these candidates are required to spend at least two tenths working in general practice while undertaking the educational programme.
- Candidates may undertake locum work in GPEP2. However in order to achieve the learning outcomes related to continuity of care, it is strongly recommended that some longer term positions are included.
- Doctors must suspend their GPEP2 for periods in which they are working less than two tenths.

The Fellowship Assessment must take place in a practice where the candidate has worked for three months FTE (or more) in the past nine months.

### 6.3 Educational programme requirements

#### 6.3.1 Education programme for doctors who started GPEP2 before 13 December 2010

The GPEP2 programme consists of two cycles, called Part 1 and Part 2. Each of Parts 1 and 2 of GPEP2 includes the preparation and implementation of a Professional Report and Plan; the completion of a survey by patients; a self-audit of records; and a visit to the doctor by a GPEP2 facilitator. During the visit, the facilitator will inspect the practice, review a selection of patient records and observe, and usually video, consultations. The facilitator will then discuss with the doctor what they have observed during the visit so as to assist him or her to improve their general practice knowledge, skills and practice.

For every 12 months in GPEP2, 20 hours of endorsed continuing medical education (CME), and 10 hours of peer review activities must be undertaken and reported, regardless of the number of tenths worked.

#### 6.3.2 Education programme for doctors who started GPEP2 after 13 December 2010

Doctors in GPEP2 will complete one or two cycles of the education programme, based on their clinical time requirement, and independent of the tenths worked.

The programme consists of the following compulsory formative assessment activities:

- Professional Development Plan (PDP) – one per year
- Clinical Audit – one per year
- In-practice Visit (IPV) from a Medical Educator – one per year
- Learning Group attendance – minimum of 6 out of 8 per year
- Multi-source Feedback (MSF) – one per programme.

Please note: All doctors in GPEP2 must also make their own arrangements to establish a professional collegial relationship with a vocationally-registered GP, as the MCNZ requires of all non-vocationally registered doctors. The MCNZ also requires all doctors registered in the general scope to spend 50 hours per year on continuing professional development activities including:

- a formal meeting with your colleague at least six times in the first year and at least four times a year from then on with a minimum of eight interactive hours per annum
- completing a clinical audit each year (patient surveys, record reviews and facilitator/assessor visits count as audits)
- completing at least 10 hours peer review a year

- completing at least 20 hours of CME a year.

Until Fellowship is awarded, the candidate must ensure these requirements continue to be met, and report them to the College annually.

## 6.4 Research

The College operates a Research Registrar Programme. Approved full-time research registrars generally engage in four tenths clinical general practice work, four tenths general practice research and two tenths academic study. Part-time options may be available.

# 7. Fellowship and registration within the vocational scope of general practice

## 7.1 Fellowship Assessment Visit

On satisfactory completion of all GPEP2 requirements and a pass in Primex, an assessment visit is arranged. Doctors are visited by a senior Fellow of the College and their practice, records and consultation skills are assessed against the standards set out in the Fellowship Assessment module.

The Fellowship Assessment must take place in a general practice or other practice environment that meets most of the criteria as listed in the definition of general practice (see Section 9). The candidate must have worked in the practice for at least three months FTE in the past nine months.

A co-requisite for Fellowship is that individuals must hold a Resuscitation Skills certificate from a College-approved provider to a minimum of Level 5 of the NZ Resuscitation Council standards dated no older than three years at the time of Fellowship being awarded. A copy of the certificate must be sighted by the College before Fellowship is awarded.

A Certificate of Good Standing with Medical Council dated within three months must be sighted by the College before Fellowship is awarded.

Fellowship must be attained within 18 months of the assessment visit, so evidence of all requirements for Fellowship should be supplied to the College in a timely manner. The Fellowship assessment visit may need to be repeated if the other requirements are not met within 18 months.

Please note: The Fellowship Assessment visit is charged separately; it is not included in the GPEP2 fee.

## 7.2 Registration within the vocational scope of general practice

Once Fellowship has been granted, Fellows may apply to the Medical Council for registration within the vocational scope of General Practice.

# 8. Maintenance of Professional Standards (MOPS)

The Maintenance of Professional Standards (MOPS) programme is designed to meet the Medical Council's recertification requirements for the maintenance of registration within the vocational scope of general practice. It also helps general practitioners to demonstrate their commitment to quality improvement and lifelong learning.

At least 150 credits must be gained over a three-year cycle. Credits are obtained from continuous quality improvement (CQI) activities, CME, peer review and a professional development plan. A Resuscitation Skills course, through a College-approved provider, to at least Level 5 of the New Zealand Resuscitation Council's standards, is required every three years.

# 9. Definitions

## ***Full-time equivalent***

Full-time equivalent (FTE) is defined as an eight tenths or more workload (approximately 32 hours or more a week) in general practice or approved alternative medical work.

### ***Countries recognised as comparable for training purposes***

The RNZCGP recognises general practice experience in Australia, Belgium, Canada, Eire, Hong Kong, Singapore, the United Kingdom, Netherlands, and the USA as being comparable to that in New Zealand for the purpose of training. Doctors wanting to have overseas experience in a country other than these considered are required to provide full details of their overseas general practice experience and demonstrate its similarity with New Zealand general practice.

### ***Dependency Tenth***

A one tenth concession per full-time equivalent GPEP2 year may be granted to doctors involved in childcare and/or the care of a live-in disabled family member, in recognition of the value that this experience brings to general practice work.

### ***The Discipline and Speciality of General Practice***

General practice is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity. It is a clinical specialty orientated to primary health care. It is a first level service that involves improving, maintaining, restoring and coordinating people's health. It focuses on patients' needs and enhancing links between local communities and other health and non-health agencies. General practice:

- is personal, family and community-oriented, comprehensive primary care that continues over time, is anticipatory as well as responsive, and is not limited by the age, gender, race, religion or social circumstances of the patient, nor by their physical or mental states
- is normally the point of first contact within the health system, providing open and unlimited access to its users, dealing with all health problems regardless of the age, gender, culture or any other characteristic of the person concerned
- makes efficient use of a health care resources through coordination of care, working with other health professionals in a primary health setting, managing the interface with other specialties, and taking an advocacy role for the patient when needed
- develops a person-centred approach, orientated to the individual, as well as an approach that is responsive to the needs of the family/whānau and their community
- has a unique consultation process that through effective communication between doctor and patient over time establishes a relationship
- is responsible for providing of longitudinal continuity of care as determined by the needs of the patient
- has a specific decision-making process determined by the needs of the patient
- diagnoses and manages both acute and chronic health problems of individual patients
- diagnoses and manages illness which presents in an undifferentiated way at an early stage of its development, which may require urgent intervention
- promotes health and wellbeing through appropriate and effective intervention
- has a specific responsibility for health in the community
- deals with health problems in the physical, psychological, social and cultural dimensions.

## **10. Recognition of Prior Learning/Training**

### **10.1 Overseas General Practice Vocational Training Programmes**

Doctors who hold Fellowship of The Royal Australian College of General Practitioners and gained this qualification by passing the RACGP assessment are entitled to Fellowship ad eundem gradum through a reciprocal agreement between the RNZCGP and the RACGP. Applicants for Fellowship by reciprocity need to complete an application form; provide a certified copy of their RACGP Fellowship certificate and a letter from the RACGP confirming their current financial and professional good standing; and pay the relevant fees. Fellowship of the RNZCGP will be granted once the necessary documentation has been received and approved, and the applicant has started general practice in New Zealand.

Doctors who hold the following qualifications by passing the assessment requirements of that country may apply for exemption from GPEP1 and Primex.

- Members or Fellows of The Royal College of General Practitioners
- Members or Fellows of The Irish College of General Practitioners
- Fellows of The Hong Kong College of General Practitioners
- Certificants in General Practice, Netherlands
- Diploma van huisarts Diploma of General Practitioner, Belgium (up to 2007) and Master in de Huisartsgeneeskunde Master in General Practice, Belgium (from 2007).

Doctors who hold the following qualifications are exempt from GPEP1 and Primex written papers, but not the clinical examination:

- Certificants in Family Medicine, College of Family Physicians of Canada (if gained following introduction of clinical exam, both exempt)
- Diplomates of the American Board of Family Medicine (current certification not essential).

Doctors who have completed other overseas general practice vocational training programmes and/or summative assessments in general practice may apply for recognition of prior learning to determine if they are eligible for an exemption from GPEP1 and/or Primex.

As well as these exemptions, experienced doctors with these qualifications may also be eligible for exemptions in GPEP2, see below.

## 10.2 Non-general practice medical vocational training programmes

Doctors who have completed non-general practice, medical vocational training programmes, for example Accident and Medical or Rural Hospital Medicine, may apply for recognition of prior learning to determine if they are eligible for exemption from some of the clinical practice requirements for training and/or other components of GPEP2. Please see Section 2 for clinical environments that may contribute to GPEP. Only doctors who have completed a comparable general practice vocational training programme will be given an exemption for GPEP1 and/or Primex.

## 10.3 Doctors with experience in general practice

Doctors with previous general practice experience in New Zealand or a comparable country will be able to put this time towards the clinical practice requirement for training.

Doctors who have completed GPEP2 components in the three years before entering training (for example patient survey or record review) may apply to have these recognised as contributing to their training.

# 11. Experiential Interim Pathway

The Experiential Interim Pathway (EIP) is for doctors who have considerable experience in general practice. It is a time-limited alternative pathway to RNZCGP Fellowship and registration in the vocational scope of general practice.

The EIP will be available **until 31 May 2013**.

## 11.1 EIP Eligibility

Doctors applying to enter the EIP must meet all the following criteria:

- have worked in general practice in New Zealand, or a comparable country as defined in Section 9, for a minimum of eight years FTE since 1 June 1994 and before 1 January 2012.
- demonstrate that at the time of application they have worked in a general practice in New Zealand for at least three months FTE in the past nine months.

- provide evidence of meeting the CPD requirements for MCNZ recertification for a minimum of 36 months before the date of the assessment visit taking place. Evidence consists of a summary of activities undertaken, with verification by the vocationally-registered collegial associate (see [www.mcnz.org.nz](http://www.mcnz.org.nz));
- provide a current certificate of good standing (one dated within the previous three months) from MCNZ.

Note that EIP applicants can apply to have up to a maximum of three years FTE practice recognised as part of the eight years FTE general practice from: student health, geriatric health, armed forces, A&M, rural hospital and/or after hours clinics.

## 11.2 EIP Fellowship Assessment Requirements

Doctors who meet the eligibility criteria will be permitted to proceed to assessment, as detailed below. Note that the assessment visit must take place in a general practice in New Zealand where the doctor has worked for three months (or more) FTE in the past nine months.

Assessment requirements:

- completion of a multisource 360 degree feedback, from colleagues and patients
- completion of the Personal Profile and Reflection form
- a practice assessment visit which will include: observation of at least eight consultations; review of 15 patient records; review of practice systems and equipment; and up to one hour for clarification of issues raised from consultations and/or records viewed
- a resuscitation certificate to at least NZRC Level 5 (from an RNZCGP-endorsed course provider) dated no older than three years at the time of Fellowship being awarded
- evidence of meeting the minimum requirements for recertification for a minimum of 36 months before the date of the assessment visit taking place
- an MCNZ certificate of good standing current within three months of the date of Fellowship.

All Fellowship requirements must be completed by 1 December 2013, or within 18 months of the assessment visit, whichever occurs first.

### Further information

For further information contact the RNZCGP, PO Box 10440, Wellington 6143; phone (04) 496 5999; fax (04) 496 5997; email [fellowship@rnzcgp.org.nz](mailto:fellowship@rnzcgp.org.nz); or website [www.rnzcgp.org.nz](http://www.rnzcgp.org.nz).