



The Royal New Zealand  
College of General Practitioners

# **Stage 2**

# **General Practice**

# **Education Programme**

## INFORMATION HANDBOOK

---

An Introduction to GPEP2







The Royal New Zealand  
College of General Practitioners

# **Stage 2**

# **General Practice**

# **Education Programme**

## INFORMATION HANDBOOK

---

An Introduction to GPEP2

**2010**

© 2000 The Royal New Zealand College of General Practitioners, New Zealand.

Revised 2009.

The Royal New Zealand College of General Practitioners owns the copyright of this work and has exclusive rights in accordance with the Copyright Act 1994.

In particular, prior written permission must be obtained from the Royal New Zealand College of General Practitioners for others (including business entities) to:

- copy the work
- issue copies of the work, whether by sale or otherwise
- show the work in public
- make an adaptation of the work

as defined in the Copyright Act 1994.

# Contents

Introduction .....	4
Eligibility .....	5
Getting started .....	6
Fees.....	7
Fellowship .....	7
Goal and Objectives of GPEP2.....	8
GPEP2 Part 1 .....	10
GPEP2 Part 2 .....	12
Professional Report & Plan.....	13
Patient Surveys (BPPQ and DISQ) .....	14
Medical Records Audit.....	14
The Facilitator Visit.....	15
Professional Development Activities.....	16
Peer Review .....	17
The Fellowship Assessment Visit.....	17
Fitness to Practise and Competence .....	18
Appeals .....	19
Representation for Senior Registrars .....	19
Aiming for Excellence .....	19
Appendix I: GPEP2 Curriculum Development.....	20
Appendix II: RNZCGP Research Registrar Programme.....	24

## Criteria for Fellowship of the Royal New Zealand College of General Practitioners

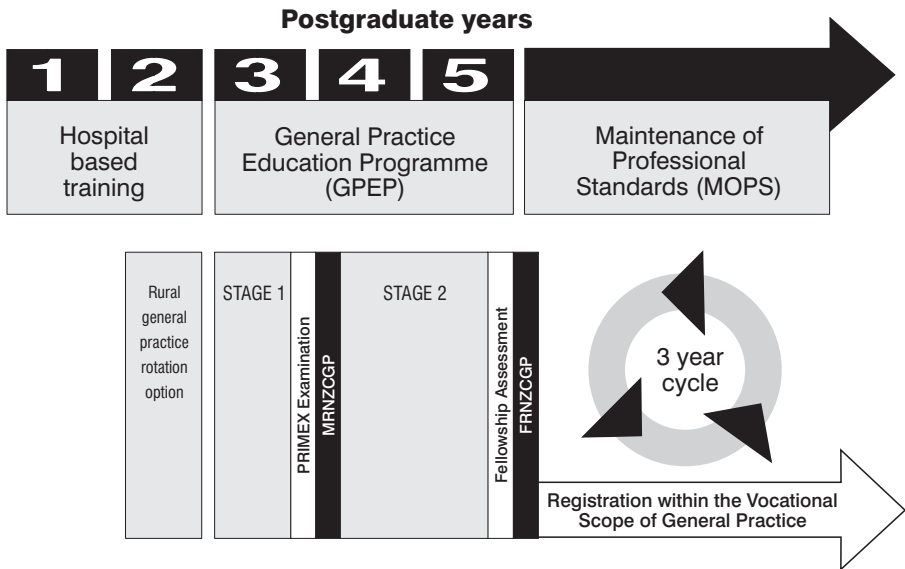
In order to achieve Fellowship of the RNZCGP the following criteria must be met:

- completion of GPEP Stage 1
- a pass in the Primary Membership Examination (Primex)
- completion of GPEP Stage 2
- a pass in the Fellowship Assessment visit
- a pass in a Resuscitation Skills course at a minimum of Level 7 NZ Resuscitation Council for those entering GPEP in or after 2009 OR completion of a Resuscitation Skills course at a minimum of Level 5 NZ Resuscitation Council for those who entered GPEP prior to 2009. Participation in a Level 5 NZ Resuscitation Council course will be accepted until 1 July 2010.
- records confirming completion of the minimum MCNZ requirements of CME, peer review and audit for each 12 months in the programme
- a Certificate of Good Standing with Medical Council of New Zealand (MCNZ) dated within three months of the awarding of Fellowship.

# Introduction

GPEP2 is Stage 2 of the RNZCGP General Practice Education Programme (GPEP). The following diagram shows the pathway to Fellowship and vocational registration for general practitioners.

# Educational Pathway to Fellowship and Vocational Registration



## Eligibility

Any doctor who has sat the Primex examination (whether or not they gained a complete pass in Primex) can enter GPEP2. Others, with comparable training and qualifications may also apply.

Doctors may be working full-time or part-time (two tenths in a clinical area minimum).

The Fellowship Regulations detail eligibility requirements and the programme to be followed by doctors wishing to become Fellows of the College. Different pathways are available depending on individual circumstances (see Sections 3 and 6 of the Regulations). Upon receipt of the application (or update) form, the College determines the most appropriate pathway for each doctor according to their training, experience and number of tenths currently being worked.

# Getting started

1. Read this booklet.
2. Return to the College your first Professional Report & Plan (PRP) and payment for Part 1.
3. The College will send you the material you need for Part 1.

Once you have completed Part 1 the College will send your second PRP to get your Part 2 underway.

When you have completed all the modules and activities a Fellowship Assessment visit will be arranged.

It is in the interests of senior registrars to complete their GPEP2 in the minimum time specified in their pathway. However, there are a variety of reasons why some doctors take longer. **It is important to note that completed modules are “valid” for up to eight years; after that they expire and have to be repeated.**

The College is intending to implement changes to the GPEP2 programme in 2011 (See Appendix I). Senior registrars already enrolled in GPEP2 at the time the new programme starts finish their training under the current programme. It is hoped that there may be an option to transfer to the new programme. Details will be confirmed when the MCNZ has notified the College of its approval.

# Fees

The GPEP2 fee is set annually by the College; details are on the College website [www.rnzcgp.org.nz/forms-2/](http://www.rnzcgp.org.nz/forms-2/). Payments can be by cheque, credit card or monthly direct debit.

Doctors are encouraged to complete GPEP2 in the minimum time specified in their pathway. A grace period (six months) is allowed after the expiry of the minimum time; thereafter doctors pay an annual maintenance fee until they complete GPEP2.

# Fellowship

Doctors who successfully complete the General Practice Education Programme gain the qualification Fellow of the Royal New Zealand College of General Practitioners (FRNZCGP). Doctors gain this qualification by demonstrating to the College that they have the skills and abilities necessary to practise as independent general practitioners.

Fellowship is awarded once doctors have completed all the modules, activities, time requirements and met the standards for GPEP2 as assessed in the Fellowship Assessment visit to the satisfaction of the College's Education Advisory Committee, and evidence of good standing with the Medical Council of New Zealand has been sighted by the Committee.

# Goal and Objectives of GPEP2

## Goal

The awarding of Fellowship of the Royal New Zealand College of General Practitioners entitles the holder to use the designation FRNZCGP and to apply to the Medical Council of New Zealand for Registration within the Vocational Scope of General Practice.

## Objectives

On attainment of Fellowship doctors will have demonstrated to the College the competence to practise as independent general practitioners, through the demonstration of:

1. advanced consulting skills in practice. The doctor must be able to demonstrate to an independent observer:
  - a thorough knowledge of the range of normality, and skills for clinical judgement of earliest deviation from health.
  - the skills for the recognition and management of disease and illness common to general practice.
  - the skills for the recognition and urgent management of conditions threatening serious disability.
  - the skills for the recognition and emergency management of life threatening conditions (resuscitation skills certification will be required).
  - the skills for the provision of effective care in chronic conditions, including the provision of support for patients (especially those with disabilities) when cure is not possible.
  - the knowledge and skills to utilise ancillary services and other resources to assist in patient management.

Note: consultations for Fellowship Assessment visits are required to be conducted in English or Te reo Māori.

2. skills for determining and implementing acceptable screening programmes.
3. skills for health education and preventive care.
4. skills to obtain feedback on their performance from patients and peers, and to respond to this feedback with changes to improve their practice.
5. competence to reflect critically on their practice, and to incorporate new learning from guidelines, audit and research into their practice.
6. adequate practice management systems, e.g. vaccine cold chain, sterilisation procedures.
7. the ability to work co-operatively with other members of a health care team.
8. the critical faculties required for continuing professional development and lifelong learning based on the principles of general practice, including self-reflection and self-appraisal.
9. the skills to work within the limitations of their capability, through a clear awareness of these limits.
10. an awareness of the importance of a balance between professional and personal maintenance, with respect to a balance between their professional and personal life.

# GPEP2 Part 1

1. Read through the later sections in this booklet where the GPEP2 modules and activities are described. They are:
  - the Professional Report & Plan (PRP)
  - the patient survey (BPPQ or DISQ) module
  - the self audit of Medical Records
  - the facilitator visit
  - College-endorsed professional development activities
  - College-registered peer review activities
2. Your facilitator will contact you soon after you have sent in your first PRP. You can contact your facilitator for information and advice at any time.
3. Set up a year planner and plan your Part 1 as far as practicable. The PRP has to be done first, of course. When do you plan to do the other activities? The normal pattern is to do the patient survey and medical records audit in the first few months, before the first facilitator visit.
4. Join a College registered Peer Review Group. Contact your facilitator if you need help finding a group.
5. Think about your professional development and peer review goals and decide on your approach. Professional development and peer review activities should be done regularly throughout the year.
6. During the year:
  - Complete your first Professional Report & Plan (PRP) and return it with your first year's fee to the College. The PRP form for Part 1 is included with this Handbook. The College will send your PRP on to your facilitator, who will then get in touch with you. The College will also send you the appropriate patient survey.

- Complete the patient survey and return it to the College. Most doctors complete the BPPQ (Better Practice Patient Questionnaire). If you carry out a BPPQ survey in conjunction with an IPA programme, you may submit the same survey for your GPEP2. The DISQ (Doctors Interpersonal Skills Questionnaire) is a reduced version of the BPPQ and is normally completed by those working as locums or in short-term positions.
- Complete self audit of medical records and return report (numerical data and written text) to the College.
- Host a visit from your facilitator (usually about halfway through the year). The visit includes a review of your consultation skills, patient records and the practice itself.
- Complete a *Reflecting on the visit* report and send it to the College.
- Keep a record of your College-endorsed professional development activities and College-registered peer review activities using the CPD Online programme—see [www.rnzcgp.org.nz/cpd-online/](http://www.rnzcgp.org.nz/cpd-online/).
- Keep a record of your work experience (chart provided at the back of the PRP).\*

\* (*Send this record to the College when you send in your second PRP*).

If you are working full-time in general practice, you will generally complete Part 1 within 12 months of sending in your first PRP. By this stage you should have completed at least 20 hours of College-endorsed professional development activities and 15 hours of College-registered peer review.

Note that you can complete Part 1 requirements in less than a calendar year, and start straight away on your Part 2. You cannot, however, complete the whole GPEP2 in less than the stipulated time as determined by your training and previous general practice experience.

Similarly you can take longer than a calendar year to complete your Part 1. In this case you can still complete your whole GPEP2 by taking less time for Part 2, or you can extend the time it takes you to complete the programme.

# GPEP2 Part 2

1. Once you have completed Part 1 you will be sent your next PRP form. As part of the second PRP you will be asked to report on:
  - your Part 1 professional development activities
  - your Part 1 peer review activities
  - your Part 1 work history record
  - how well you achieved your Part 1 objectives
  - your goals and objectives for Part 2.
2. Part 2 then follows a similar pattern to Part 1.
3. Once all the Part 2 modules, activities and reports have been received, processed and approved, you will be ready for the final stage in GPEP2, the Fellowship Assessment visit.\*

\* *(Note that if you are required to spend more than two years in GPEP2, you will be required to complete further professional development activities in your third and subsequent years, before being eligible for a Fellowship Assessment visit. Further details will be provided by the College in such cases.)*

The GPEP2 programme is flexible as regards the time taken to complete it. The only restriction is that modules, as noted earlier, have a “life” of eight years. However, you are strongly urged to make every effort to complete the programme in the minimum time. Experience has shown that those doctors who take more than the minimum time often end up taking the maximum time, which becomes more expensive for the doctor and is less educationally sound.

In order to complete GPEP2 and be eligible for a Fellowship Assessment visit you must complete all the modules and activities as required by the programme, and you must spend the minimum time in the programme as is appropriate for your general practice training and experience. (The only exception to the eight year life is the Professional Report & Plan—see the following section.)

# Professional Report & Plan

The focal point of the GPEP2 is the Professional Report & Plan (PRP). Completing a plan for each part of GPEP2 will help you decide which professional development activities you need to undertake to develop your professional knowledge and skills. The aims of the PRP are to enable you to:

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

The PRP is therefore designed to enable you to identify and concentrate on the things that will be of most benefit to you and your practice. It can be extremely valuable in terms of establishing needs and priorities. It can help you decide which professional development activities will be of most use to you—and enable you to avoid attending sessions that may not meet your needs. It can also provide the impetus for carrying out a professional development activity you have been meaning to do for a while.

Each Professional Report & Plan has a “life” of 18 months. For example, if you have not completed Part 1 within 18 months of submitting your first PRP, you will be expected to submit an updated PRP setting out the professional development activities you intend to undertake in the next year.

Professional development and peer review activities undertaken before your GPEP2 starts cannot be credited to your programme.

The PRP for Part 2 will be sent to you as soon as you have completed Part 1.

Depending on the amount of detail you choose to cover, it should take about two hours to complete a PRP. Keep a copy for your own reference as the year progresses.

# Patient Surveys (BPPQ and DISQ)

Doctors complete a patient survey—either the Better Practice Patient Questionnaire (BPPQ) or the Doctors Interpersonal Skills Questionnaire (DISQ)—in each of Parts 1 and 2 of GPEP2.

The DISQ is a subset of the BPPQ. In the BPPQ, patients are asked to respond to questions about the doctor, the practice staff and the practice itself. The DISQ excludes those parts of the BPPQ that deal with the practice staff and the practice. Doctors working as locums or working short-term in a practice may get their patients to complete the DISQ; other doctors should use the BPPQ. As far as practicable, all doctors should complete the BPPQ in Part 2.

Doctors 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.

Some doctors complete a BPPQ survey for their IPA/PHO and this can, of course, count towards either Part 1 or Part 2.

Following processing of the results by the College, doctors are sent a detailed analysis of the results and are asked to reflect and comment on the analysis.

## Medical Records Audit

In each of the Parts 1 and 2 of GPEP2 doctors undertake a self audit of 15 of their own patient records. A brief report is written and sent to the College along with the numerical data identifying opportunities and a plan for improvement.

The self audit of records should be completed prior to the facilitator visit.

# The Facilitator Visit

A GPEP2 facilitator (who is a Fellow of the College) will visit each doctor in their practice once in each of Parts 1 and 2 of GPEP2. During this visit the facilitator will:

- observe a series of consultations;
- assist the doctor to record consultations as agreed;
- inspect the practice premises;
- review a selection of the doctor's patient records;
- discuss with the doctor what they have observed during the visit, so as to assist the doctor to improve their general practice knowledge, skills and practice;
- provide other information and advice to the doctor as appropriate.

Doctors are required to have the observed consultations recorded (DVD or video), so that they can subsequently review them in their own time, and reflect on what the facilitator has said about each consultation. The record need never leave the doctor's possession and no-one but the doctor will see it.

Following the visit, the doctor completes a *Reflecting on the visit* report and returns it to the College.

The visit will normally take place about half way through each of Parts 1 and 2, at a time mutually agreed between the facilitator and the doctor.

# Professional Development Activities

For GPEP2 you need to participate in a minimum of 20 hours of College-endorsed professional development activities per 12 month period, starting from when your first PRP is sent to the College. We hope you will do much more than this. Professional development activities may include College endorsed continuing medical education (CME), including seminars, meetings, workshops, conferences etc., and also approved university courses and other approved professional activities. Once you have submitted your PRP to the College, your facilitator will contact you to discuss the professional development activities that will best meet your needs.

Note that you are required to complete 20 hours of professional development activities and 15 hours of Peer Review for every 12 months you are in GPEP2. For example, if you spent a total of 2½ calendar years in GPEP2, you would need to participate over that period in a minimum of 50 hours of professional development activities (20 hours x 2½ years) and 37½ hours of Peer Review (15 hours x 2½ years).

Part-time doctors must complete the same amount of CME and peer review each year as full-time doctors.

Please be careful to ensure that the CME you undertake is a College endorsed activity or provided through a College registered provider. If in doubt, ask the course provider or check the status with the College.

You will need to keep records of your professional development activities on the CPD Online programme [www.rnzcgp.org.nz/cpd-online/](http://www.rnzcgp.org.nz/cpd-online/). At the end of each part of GPEP2 you will be required to report on the value to you of the CPD activities you have undertaken.

# Peer Review

You are required to participate in a minimum of 15 hours of peer review activities per 12 month period, starting from when your first PRP is sent to the College. Peer Review Groups are registered with the College and can include clinically orientated groups of doctors meeting regularly to review and improve their skills, and Balint type groups.

Attendance at Peer Review Groups can also contribute credits towards MOPS programmes for vocationally registered general practitioners. The same Peer Review Group may therefore include doctors in GPEP2 and doctors in the MOPS programme.

If you have any difficulty finding an established group ask your facilitator for assistance. If you want to register a new Peer Review Group, contact the receptionist at the College. For registration, groups must meet for a minimum of fifteen hours per calendar year, specify what they are trying to achieve and have a means of evaluating whether they have reached their achievements. Methods of evaluation can include keeping a record of what members have learnt and/or changed as a result of the group meetings, and evaluating whether the session was useful or not. (Note that credits will not be lost if the group decides a session was not useful!)

You will need to keep records of your Peer Review Group activities on the CPD Online programme [www.rnzcgp.org.nz/cpd-online/](http://www.rnzcgp.org.nz/cpd-online/). At the end of each part of GPEP2 you will be required to report on the value to you of the peer review group activities you have participated in.

## The Fellowship Assessment Visit

Once you have completed all the requirements of the programme you will be ready for the Fellowship Assessment visit. During this visit an experienced assessment visitor (who is a Fellow of the College) will visit you in your practice to observe consultations, records and practice premises to ensure that you are safe, competent and meet the standards for GPEP2.

# Fitness to Practise and Competence

The performance of a doctor undertaking GPEP2 may raise concerns as to the doctor's fitness to practise medicine because of some mental or physical condition and/or the doctor's competence to practise medicine because of deficiencies in the doctor's skill, knowledge or standard of medical practice.

The Health Practitioner Competency Assurance Act 2003 makes it mandatory for a medical practitioner who has reason to believe that another medical practitioner is not fit to practise medicine because of some mental or physical condition to give notice to the Registrar of the Medical Council of New Zealand of such belief.

It is a condition of the doctor's undertaking GPEP2 that if the doctor's performance during their GPEP2 raises concerns as to the doctor's fitness to practise or competence, the College and/or its officers shall have the right to convey such concerns to the Registrar of the Medical Council of New Zealand, and the doctor expressly authorises the College and/or its officers to give such notification as the College and/or its officers consider appropriate.

## Appeals

A GPEP2 doctor may at any time appeal against a decision they receive from the College regarding a GPEP2 module. The nature of the appeal will be dependent on the nature of the module. Any doctor who wishes to make an appeal regarding a GPEP2 module should contact the Group Manager Education at the College, who will advise the doctor of the procedures that apply to the module concerned.

The preference will always be to avoid the need for an official appeal by discussing and resolving with the doctor the matters causing concern. The aim at all times will be to assist the doctor to complete GPEP2 according to the College's GPEP2 procedures.

# Representation for Senior Registrars

Each year senior registrars in GPEP2 elect representatives from a range of interests.

These representatives then elect a national senior registrar representative who will act a formal liaison between participants, the facilitators and the Group Manager, Education.

The representatives play an important part in ensuring that the programme management hears senior registrar feedback and issues. There is an opportunity for the national representative to attend an annual meeting in Wellington of representatives drawn from across the training pathway. This forum identifies areas for programme quality improvement.

## Aiming for Excellence

Your attention is drawn to the College resource Aiming for Excellence which is available on the College website [www.rnzcgp.org.nz](http://www.rnzcgp.org.nz).

Aiming for Excellence is used by general practice teams and the CORNERSTONE General Practice Accreditation Programme to assess quality in general practices.

You may find it a useful guide to support you to meet the daily and ongoing challenges inherent in health care provision. GPEP2 doctors are not required to meet the Aiming for Excellence standards to attain Fellowship.

# Appendix I: GPEP2 curriculum development

The College has revised its programme for the General Practice Education Programme Stage 2 (GPEP2). The changes are a result of the review of the GPEP2 programme undertaken by the Clinical Training Agency (CTA) published early 2007 and the ongoing feedback from GPEP2 participants since that review.

The proposed new programme has more structure with a focus on flexibility, individual learning needs, regular contact with a medical educator and use of an eportfolio to record progress.

The revised programme is subject to approval by the Medical Council of New Zealand and on availability of funding from the Clinical Training Agency.

Due to the external factors affecting the progress of the proposals, the College has decided on 2011 as the proposed implementation date for the approved changes. Senior registrars already enrolled in GPEP2 at the time the new programme starts will have the option of finishing their training under the current programme, or transferring to the new programme.

A change which can be implemented without CTA funding is the first one shown in the table below—working in a quality learning environment. Whilst the College cannot insist on this being compulsory until MCNZ approval is gained, we would advise new senior registrars to use these criteria to guide their choice of place of work.

Existing programme	Proposed programme	Rationale/comment
<p>The quality of the general practice clinical learning environment is not specified in the current programme.</p>	<p>General practice clinical experience for new GPEP2 participants will need to take place in either:</p> <ul style="list-style-type: none"> <li>• CORNERSTONE or Te Wana accredited practices</li> <li>• practices working towards accreditation in CORNERSTONE or Te Wana</li> <li>• approved or accredited GPEP1 teaching practices</li> <li>• other practices wishing to train a GPEP2 senior may request to become an approved GPEP2 learning practice (would require an approval visit).</li> </ul>	<p>A number of the Fellowship Assessment criteria relate to the practice environment. Senior registrars need to meet these standards in order to achieve Fellowship.</p> <p>By working in an approved practice, the senior registrar's focus in training can be on their own practice, more confident that their work environment and its processes and facilities are up to standard.</p>
<p>The current programme is self-directed and requires completion of the following modules:</p> <ul style="list-style-type: none"> <li>• Professional report &amp; plan (PRP)</li> <li>• Patient survey (BPPQ or DISQ)</li> <li>• Self-audit of medical records</li> <li>• Facilitator visit</li> <li>• Professional development activities</li> <li>• Peer review activities.</li> </ul> <p>Senior registrars must also keep a record of:</p> <ul style="list-style-type: none"> <li>• CME (including resuscitation skills course)</li> <li>• Peer review</li> <li>• Work experience.</li> </ul>	<p>The proposed programme requires the senior registrar to maintain a portfolio of learning records including:</p> <ul style="list-style-type: none"> <li>• learning and development plan</li> <li>• procedural skills log (continuing on from GPEP1)</li> <li>• a learning log containing evidence of learning activities (related to the curriculum domains and competencies)</li> <li>• evidence of regular attendance and participation in a local learning group.</li> </ul>	<p>Feedback from GPEP2 participants suggests that after the weekly seminars and one-on-one support from a GPEP1 teacher, the change to self-directed learning can be overwhelming. The College has addressed this by providing additional structure and educative support to the programme. The senior registrar determines how and when the requirements will be completed and can tailor their programme to meet their individual learning needs.</p>

Existing programme	Proposed programme	Rationale/comment
	<p>In addition to the learning records, senior registrars must also:</p> <ul style="list-style-type: none"> <li>• achieve a pass grade in an approved postgraduate paper</li> <li>• complete a multi-source feedback exercise (MSF)</li> <li>• achieve a pass grade in a resuscitation skills course to at least NZRC Level 7</li> <li>• maintain their Medical Council recertification requirements through the College's CPD online programme.</li> </ul>	<p>The addition of a post-graduate paper will provide senior registrars with an introduction to academic research, and enable achievement of some or all of the competencies in the Scholarship domain of the curriculum.</p> <p>The MSF is a more helpful feedback tool than BPPQ/DISQ.</p> <p>The CPD online programme is designed to record CQI, CME, peer review, APDA and collegial relationship information in accordance with MCNZ recertification requirements.</p>
<p>Educational support is limited to one or two facilitator visits over the entire GPEP2 programme. The Medical Council requires general registrants (senior registrars) to work in a collegial relationship with a Fellow of the College.</p>	<p>The senior registrar will have an allocated medical educator who will provide educational continuity and support throughout GPEP2.</p> <p>The change of term from facilitator to medical educator brings GPEP2 in line with GPEP1, and reflects the widening of the role beyond facilitation.</p> <p>Medical educators will run local learning groups and undertake in-practice visits.</p> <p>The senior registrar will need to arrange their own collegial relationship with a Fellow of the College as per the Medical Council's requirements.</p>	<p>The GPEP2 programme is self-directed as the senior registrar can choose what activities to do and when. However, support will be available from an allocated medical educator to assist the senior registrar to achieve their learning outcomes. Online discussion forums will also be set up to encourage interaction between senior registrars.</p>

Existing programme	Proposed programme	Rationale/comment
<p>The facilitator visit usually takes place once the modules have been completed. The visit assists the senior registrar to assess their own practice and their readiness for assessment. The facilitator prepares a report on the visit and the senior registrar prepares a written reflection in response to the facilitator's report.</p>	<p>Completion of the above requirements feed into formative and summative assessments of the senior registrar. The in-practice visit is one of many learning activities in GPEP2. The medical educator prepares a report on the visit and the senior registrar prepares a written reflection in response to the report.</p>	<p>The College expects the medical educator to discuss with the senior registrar what they have observed during the visit so as to assist them to improve their general practice knowledge, skills and practice. The visit is a learning tool, not a formal assessment that can be passed or failed.</p>

# Appendix II: RNZCGP Research Registrar Programme

## Information for Application for 2010 entry

### Background

The success of primary care service delivery in New Zealand will continue to depend on having an adequately trained workforce who can improve their service to the people of New Zealand through critical inquiry and training of new clinicians. In the context of an ageing clinician workforce and a health system reorienting towards primary care leadership, there is some urgency to the task of building more research capacity in the sector.

The Royal New Zealand College of General Practitioners has proposed four research capacity-building workstreams in its Primary Care Research Strategy:

1. Partnership activities with the Health Research Council of New Zealand (HRC)
2. The General Practice Research Registrar programme
3. Maintenance of built capacity
4. Leveraging excellence in the New Zealand primary care research workforce through international exchanges

### The RNZCGP Research Registrar programme.

The purpose of the Research Registrar programme is to build a general practitioner workforce with the advanced skills needed to meet the **research** demands of a primary care-led health system and new academic demands as undergraduate medical education becomes increasingly community-based and the number of general practice vocational training places increases.

## The Programme

The Research Registrar programme will have the following characteristics and allow full vocational registration *at the same time* as other General Practice registrars.

1. There will be 5–10 Research Registrar places available each year.
2. Research Registrar positions will be geographically distributed throughout New Zealand, with no more than two new places available in any year in any single College faculty region. This is to make sure that the Research Registrar programme remains accessible to GP trainees throughout New Zealand and that Research Registrar posts are held in the variety of settings that fully trained general practitioners work in.
3. The generic programme of a Research Registrar will be: two days/week practising in a general practice clinical setting; two days/week working in an academic or management/organisational setting; one day/week engaged in formal advanced general practice study.
4. The clinical settings Research Registrars and other GP Registrars work in will be similar. All registrars in the General Practice Education Programme (Stage 2) (GPEP2) will have the same clinical assessments.
5. The academic or management/organisational settings Research Registrars work in will be approved by the College as supportive environments for Research Registrar training. Research Registrars will receive payments for their research time by their sponsors, according to the arrangements negotiated between the Research Registrar and the sponsor. Normally this payment will cover a stipend or salary for three days/week (two days in the academic or organizational setting plus one day study) plus approved study fees. Approved settings are likely to include:
  - a. any of the five university Departments of General Practice
  - b. ACC or the Ministry of Health
  - c. DHBs
  - d. PHOs
  - e. primary health care service management organisations

The Research Registrar is required to submit a half yearly research report to the College. By the end of the programme, the Research Registrar is expected to have published a paper in a peer-reviewed scientific journal.

6. The formal study Research Registrars enrol in will be approved by the College as providing advanced academic general practice training, usually via the papers and courses delivered by any of the five Departments of General Practice. Research Registrars are not expected to *complete* a postgraduate degree during their GPEP2 programme. Postgraduate study in public or population health *only* is not likely to be approved because these courses are not designed for General Practice Registrars. However, public health papers that can be cross-credited to a general practice course may be approved. Suitable papers include those run as part of a:
  - a. Masters degree in General Practice
  - b. Masters degree in Health Sciences (endorsed in General Practice)
  - c. PhD

## **Application Process**

GPEP1 candidates interested in taking up one of these positions should directly contact a sponsoring organisation to make arrangements (see section 5 above).

Research Registrars will arrange their own formal study and clinical work/academic work/study balance, with the proviso that at least 2 days/week (4 tenths) will be spent in a clinical setting.

Application to the programme is strongly encouraged when the candidate is reaching the end of their GPEP1 year. Others will be considered on a case by case basis.

Once accepted, assistance will be provided with choosing suitable post-graduate studies before the start of the academic year.

Applications are available on the College website at [www.rnzcgp.org.nz/research-registrar-programme](http://www.rnzcgp.org.nz/research-registrar-programme)

## Selection Process

Applications are assessed by a selection committee comprising the Chair of the Education Advisory Committee, the Group Manager Education, the Education Development Officer and a research expert external to the College (currently Dr Sue Dovey, Otago University).

## Selection Criteria

- The Research Registrar programme is available to graduates of the General Practice Education Programme Stage 1 (GPEP1). Others will be considered on a case by case basis.
- Acceptance to the programme is subject to a pass in the Primary Membership Examination (Primex).
- No 'grandparenting' or retrospective admittance to the Research Registrar programme is possible.
- The clinical work and research work must be undertaken concurrently.
- Geographical spread will be taken into account.
- Acceptance to the programme is subject to receipt of written evidence of clinical employment in a Cornerstone accredited general practice.
- The organisation hosting the research component must be identified within the application, and acceptance to the programme is subject to a letter of confirmation from this organisation.

If you have any queries at any time about your GPEP2,  
please contact your facilitator,  
or the Programme Administrator  
at the College:  
Phone: 04-496 5969  
Fax: 04-496 5997  
Email: [gpep2@rnzcgp.org.nz](mailto:gpep2@rnzcgp.org.nz)

