



GENERAL PRACTICE EDUCATION PROGRAMME (GPEP)

Examinations – Application for Special Consideration

Any candidate scheduled to sit the Royal New Zealand College of General Practitioners (College) GPEP clinical or written examination can apply for special consideration.

Special Consideration in Assessment is the process by which the College seeks to ensure just and equitable treatment of registrars affected by medical or non-medical circumstances that impact or have the potential to impact their performance in an assessment. It may be applied in a circumstance not ordinarily encountered or anticipated and that is beyond the control of a registrar.

Full details, including the criteria for special consideration, can be found in the '*GPEP Written and Clinical Examinations Rules*', Section 5 and in the '*Special Consideration in Assessment and Reconsideration of Examination Results*' policy.

Circumstances which may require special consideration and/or special arrangements are:

- disability, permanent and longstanding impairment e.g. deafness, dyslexia, physical impairment
- temporary impairment
- non-medical compassionate grounds or serious disruption
- essential commitments (religious, cultural, societal or legal)
- technical problems during an examination, including health and safety risks arising.

Note: Any other circumstances may be considered under exceptional circumstances by the College on a case-by case basis.

Application Process

To apply for special consideration in assessment, complete the attached form (including supporting evidence) and submit to the College.

Timeframes

Applications may be submitted prior to the scheduled assessment date: at least four (4) working days (where possible) **or** up to four (4) working days after sitting an assessment.

Medical Grounds

If your application is related to a medical condition, your completed application form must be accompanied by a medical certificate or report from the treating practitioner. The certificate or report should be dated to cover the period affected and be no more than 3 months old at the time of submission.

The application must include the following information:

- The severity of the medical condition; and
- The medical practitioner's opinion on the effect of the condition on your ability to present for the assessment or.
- Sufficient evidence to show that your performance was seriously affected at the time of the examination.

Compassionate Grounds

If your application is related to compassionate grounds, your completed application form must be accompanied by relevant supporting documentation. This documentation may include:

- A bereavement notice and statutory declaration stating relationship to deceased
- A notice from the treating practitioner where illness of a close relative is involved
- A copy of a police incident report.

Disability Grounds

If your application is related to a disability which requires the use of specialised equipment or aids, your completed application form must be accompanied by relevant supporting documentation. This documentation must include:

- A medical report or certificate confirming the nature of the disability and substantiating the grounds for the special consideration in assessment application
- Clear instructions for the provision of specified requirements.

Outcomes of Special Consideration

Special Consideration in Assessment could result in:

- A registrar requiring specialist equipment or additional support during the examination/s
- A registrar deferring their examination/s for one year*

*A registrar that applies to the College for deferral of an examination/s is required to meet the GPEP summative assessment requirements outlined in the relevant Fellowship Pathway Regulations.

Instructions for obtaining a medical report/certificate

Candidates consulting medical practitioners, dentists or counsellors

1. Arrange to see your practitioner either as early as possible before you sit the examination if you are applying under medical grounds, or as soon as possible after the examination if you are applying due to significant and unexpected circumstances.
2. Ask the person you consult to complete and return **Section B** by email to the College **as soon as possible**.

To medical practitioners, dentists or counsellors

1. The criterion for special consideration is that the impairment will impact or has impacted significantly on the candidate's ability to perform in the indicated examination. You are asked to carefully consider the degree of impairment suffered by the candidate when completing this form.
2. Please deal with applications in the same way that you deal with insurance examinations:
 - Do not discuss with the candidate your views as to the merit of their claim
 - Do not hand the completed form to the candidate but return it direct, and promptly (within 4-working days) by email to the Royal New Zealand College of General Practitioners at: exams@rnzcgp.org.nz

This procedure is suggested to allow you to manage applications appropriately without interfering with the doctor–patient relationship.

Application for special consideration in assessment

(Refer to the information and notes on pages 1 and 2 of this form before completing this application.)

SECTION A: TO BE COMPLETED AND SIGNED BY CANDIDATE

Surname:

College I.D:

First names:

Preferred name (if applicable):

Address:

Phone:

Email:

Please select from the following the special consideration being applied for:

Written Examination

Clinical Examination

Grounds for special consideration:

Medical Grounds

Disability Grounds

Compassionate Grounds

Other

Are you seeking to defer your examination/s?

Yes

No

Please provide details below, and attach relevant evidence:

Declaration

I authorise The Royal New Zealand College of General Practitioners (the College) to release the information contained in this form, except for medical evidence, to the people involved in the assessment of this examination.

I understand that there may be costs associated with providing special conditions, and that these will be discussed with me in advance of invoicing.

I understand that the medical evidence will be submitted only to a qualified medical practitioner (the adviser) appointed by the College. Should the adviser require further information or clarification, then I authorise the adviser to seek the necessary information directly from the person or people who have supplied the information in support of this application. In the event of a difference of opinion or a dispute about the seriousness of the illness or other medical condition, I authorise the release of the information to an independent medical referee appointed by the College. I understand that the information associated with this application will be used for the purpose of this application only and will not be released to anyone else.

I have read and understood the relevant sections of the Fellowship Pathway Regulations.

I have read and understood the '*GPEP Written and Clinical Examination Rules*' and the '*Special Consideration in Assessment and Reconsideration of Examination Results*' policy.

Signature:

Dated:

SECTION B: To be completed for Medical or Disability Grounds only

CONFIDENTIAL REPORT TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER, REGISTERED DENTAL PRACTITIONER OR COUNSELLOR

(Please read the notes headed 'To Medical Practitioners, Dentists or Counsellors' on page 2 of this application form. Further details may be attached to this report, as necessary.)

Name of practitioner or counsellor:

Date of consultation:

Diagnosis:

In my opinion, this candidate will suffer/is likely to have suffered impaired performance in the GPEP examination(s) to a:

- mild degree
- moderate degree
- serious degree

Name of Practice/surgery stamp:

Signature:

Date:

Address:

Phone:

Observations:

After considering the information provided by the candidate's medical practitioner, dentist or counsellor and taking into account the application by the College of the criteria for special consideration in assessment, this candidate will suffer/is likely to have suffered an impaired performance.

Signature:

Phone:

SECTION C: *To be completed by the College*

Head of Learning Comments and Recommendation to Censor in Chief:

Signature:

Date:

Censor in Chief Approval:

Examination/s relating to special consideration:

- Written Examination
- Clinical Examination

Grounds for special consideration:

- Medical Grounds
- Compassionate Grounds
- Disability Grounds
- Other

Deferral of examination

- Yes
- No

Approved **Yes** **No**

Comments (if applicable)

Signature:

Date: