OVERVIEW

Recertification overview

The programme runs over three years (a triennium) and includes annual compulsory requirements. Requirements are dependent on the recertification pathway followed.

- The main urgent care recertification pathway is the programme is for Fellows practising urgent care, even part-time.
- The alternative clinical recertification pathway is for those doctors working clinically but in an area of medicine that does not allow completion of urgent care clinical hours (eg palliative care, sexual health, public health, sports medicine etc.), but who wish to maintain RNZCUC Fellowship.
- The non-clinical recertification pathway is for those not working clinically in any area of medicine, but who wish to remain FRNZCUC.
- The special circumstance recertification pathway is for those who do not fit into any of the categories above. This happens rarely; typically once every few years.
- The overseas pathway is for Fellows registered with an overseas body (eg General Medical Council in UK) who wish to remain FRNZCUC.

Urgent care recertification pathway summary

The list below summarises the urgent care recertification pathway requirements. Requirements for the other pathways are shown on the relevant pages.

- Clinical hours of 600 per triennium in urgent care or emergency departments. Fellows providing urgent care outside of these facilities may apply for their urgent care hours to count as clinical hours.
- A structured annual conversation, including the review of the professional development plan (PDP), and the creation or updating of the PDP. The SAC should occur towards the end of your annual cycle.
- Peer group activities of 6 hours per year.
- Annual training in resuscitation, with at least one full course every three years.
- Audit and other tools to measure and improve patient outcomes of one per year. Over the triennium, the requirement is one each of:
    - Clinical notes audit (if notes are being reviewed by an accredited urgent care clinic MD, this may be replaced by an approved audit of your choosing)
    - Multi-source feedback survey
    - Approved audit of your choosing.
- Completion of the essential knowledge quiz each year.
- Educational activities relevant to urgent care of 5 hours per year.
- Additional CPD from any relevant activity, of 60 points per triennium.

Compliance with the programme and reporting to MCNZ

We check your progress on an annual basis (around the time of your PC renewal). If we cannot find evidence of compliance we will ask you to complete all overdue items within three months, or develop a approved plan with the DPD (DCT for registrars). If either of these don't happen, we are required to inform MCNZ that you are not complying with the programme. The Fellows' performance policy or registrar performance policy applies.

Fellows on more than one vocational programme

Our understanding is that doctors should participate in the recertification programmes of all vocational scopes that they are registered and practising in. Fellows should consult with MCNZ for guidance on this.

We can provide a certificate of completion of the urgent care recertification programme to Fellows also completing another recertification programme.

Activities completed as part of another programme, when applicable to your practice of urgent care, may be claimed as CPD in the urgent care programme. Record completion of the activity and upload any relevant documentation in UCCIS in the same way you would any pure urgent care activity. Examples include:

- MSFS completed for other College (upload results/report from other College)
- A peer group discussing urgent or acute cases – the time on those cases can be claimed (upload minutes or learning notes)
- CME relating to urgent care and identified as an action in the PDP (certificate of completion/record) even if claimed for another college's programme
- An audit completed for another college can be used as an optional audit (upload result of the audit and record learnings applicable to urgent care).

At the end of the day, we would expect the doctor to decide if it is relevant to urgent care, in the same way as we would when claiming any CPD, and if necessary be able to defend that decision at the SAC or if the College audits the uploaded activities/documents.

Cultural safety and health equity

Embedded within these activities is training or activities that contribute to cultural safety and health equity. At least two hours per year of activity should contribute to improving cultural safety, lead towards providing equitable health outcomes for all including those dealing with disadvantage, foster inclusion, or help improve the health literacy of patients.

- The structured annual conversation contains questions designed to identify the relevant parts of the year's CPD that relate to cultural safety and health equity.
- Clinical practice audits include those that directly address areas of cultural safety and health equity.
- Cultural safety and health equity activities have been determined high-value activities, affording double CPD points.
- The College will maintain a list of resources (courses, webinars, online learning, web apps, books, papers and journals) that allow a doctor to access a wide range of relevant material.