



Collegial agreement CPD and recertification

CPD1 –
September 2017
Registration no:

This form is only to be completed by those doctors who practise in a vocational scope of practice, and also in a different area of medicine in their general scope of practice.

Collegial relationship agreement

The purpose of this agreement is to set out the terms of reference for the collegial relationship and clarify the objectives and responsibilities of each colleague. See website www.mcnz.org.nz for Recertification and CPD booklet.

The objective of the relationship is to:

- maintain safe practice
- facilitate continuing professional development (CPD) by way of continuing medical education, peer review and audit of medical practice.

Responsibilities of the doctor registered within a general scope:

- organise meetings as necessary, lasting one hour, initially six times a year, then at least four times a year
- provide materials for assessment as needed (eg, case notes, videos)
- record all details of CPD activities. (Forms [CPD2](#), [CPD3](#), [CPD4](#), [CPD5](#) & [CPD6](#)).

Responsibilities of the colleague:

- be available for meetings
- ensure adequate records of meetings are kept
- ensure the doctor is not professionally isolated
- work with the doctor in developing appropriate CPD
- assess progress and review needs
- take appropriate action if concerns arise about the doctor's fitness to practise.

Liability

If you are working in a collegial relationship, your colleague is neither responsible nor liable for your decisions unless he or she has been directly involved in the care of your patients. In this case any investigation would include an investigation of your colleague's level of involvement.

Doctor registered within a general scope (please fully complete this section or will it not be processed)

Name:	Signature:	Reg no:
Period agreed on: From:	To:	
Employment level (e.g. HO)	Branch of medicine:	
Workplace:		

Colleague registered within the same or related vocational scope (providing collegial relationship)

Name:	Date:
Signature:	MCNZ Registration no:

Please take a copy for your record and post or email pc@mcnz.org.nz this form to the Council office:
P O Box 10509, The Terrace, Wellington 6143