



# Continuing professional development and recertification

Medical Council of New Zealand

Protecting the public, promoting good medical practice

Te tiaki i te iwi whānui me te whakatairanga pāi i te mahi e pā ana ki te taha rongōā

The primary purpose of the Medical Council of New Zealand is to promote and protect public health and safety.

The Council has the following key functions:

- registering doctors
- setting standards and guidelines
- recertifying and promoting lifelong learning for doctors
- reviewing practising doctors if there is a concern about performance, professional conduct or health.

# Continuing professional development and recertification

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This booklet is for doctors registered within a general and/or a vocational scope of practice. It replaces the Council booklet on *Continuing professional development and recertification* published in September 2004.

# Introduction

1. If you want to practise medicine in New Zealand you must be registered with the Medical Council of New Zealand (the Council) and you must hold a current practising certificate issued under the Health Practitioners Competence Assurance Act 2003 (HPCAA).
2. The principal purpose of the HPCAA is to ensure all registered doctors are competent and fit to practise medicine.

## What is continuing professional development?

3. Continuing professional development (CPD) is your involvement in peer review, clinical audit and continuing medical education, aimed at ensuring you are competent to practise medicine.

## What is recertification?

4. Recertification is the term given to the process by which all doctors demonstrate their competence as a condition of holding an annual practising certificate (APC).
5. Before the Council issues your APC, you must be able to show that you are participating in CPD.
6. The aim of CPD is to foster a culture of peer support and lifelong learning.

7. Your CPD should cover the **domains of practice** listed below. The Council's publication *Good medical practice* further explains these domains of practice.

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**Medical care** – diagnostic and management skills including those specific to each branch of practice and those common to several branches—eg prescribing, surgical skills, psychotherapy and expert advisor skills

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**Communication** – with patients and families  
– with colleagues  
– medical record-keeping

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**Collaboration** – teamwork

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**Management** – personal management (including insight and recognising limits)  
– management within systems  
– use of time and resources

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**Scholarship** – lifelong learning  
– teaching  
– research  
– critical appraisal

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**Professionalism** – honesty  
– integrity  
– probity  
– respect for patients (including cultural competence with respect to gender, race, boundaries and New Zealand's biculturalism)  
– moral reasoning and ethical practice  
– respect for colleagues  
– advocacy for patients  
– commitment to continuous improvement in the healthcare system  
– collaboration with other healthcare stakeholders

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# What does continuing professional development involve?

8. As a general rule, the Council requires most doctors to do 50 hours of continuing professional development (CPD) each year.
9. CPD **must** include:
  - **Clinical audit** (at least one audit per year)  
This is a process used to assess, evaluate and improve the care of patients in a systematic way to enhance health by objectively measuring your performance against standards and, when your performance does not meet the standard, recommendations for change are made. (This may include changing the standard if it is found to be inappropriate.) Clinical audit may be multidisciplinary. It involves a cycle of continuous improvement of care, based on explicit and measurable indicators of quality. It has a statistical basis.

## **Examples of clinical audit include:**

- external audit of procedures (not of the service)
- comparing the processes, or outcomes of health or patient care, with best practice in that domain
- analysis of patient outcomes
- audit of departmental outcomes including information on where you fit within the team
- audit of your performance in an area of practice against that of your peers
- taking an aspect of practice such as transfusion rates and comparing your performance to national standards
- formal double reading of scans or slides and assessment of your results against those of the group
- patient satisfaction survey

- check that cervical smear, diabetes, asthma, heart failure, lipid control and other procedures are done to pre-approved standard formats, including reflection on the outcome, plans for change and follow-up audit to check for health gains for that patient or for that group of patients.
- **Peer review** (a minimum of 10 hours per year)  
This is evaluation of the performance of individuals or groups of doctors by members of the same profession or team. It may be formal or informal and can include any time when doctors are learning about their practice with colleagues. Peer review can also occur in multidisciplinary teams when team members, including other health professionals, give feedback.  
In formal peer review, peer(s) systematically review aspects of your work, for example - the first six cases seen, or a presentation on a given topic. Peer review normally includes feedback, guidance and a critique of your performance.

**Examples of peer review:**

- joint review of cases
  - review of charts
  - practice visits to review a doctor’s performance
  - 360° appraisals and feedback
  - critique of a video review of consultations
  - discussion groups
  - inter-departmental meetings, which may review cases and interpretations of findings
  - mortality and morbidity meetings.
10. For clinicians, peer review should not include:
- practice management
  - matters relating to practice premises or systems
  - non-clinical research
  - non-clinical education
  - participation on College or other committees that are not of a clinical nature.

## Continuing medical education (a minimum of 20 hours per year)

### **This includes:**

- attendance at relevant educational conferences, courses and workshops
- self-directed learning programmes and learning diaries
- assessments designed to identify learning needs in areas such as procedural skills, diagnostic skills or knowledge
- journal reading.

### **CPD may also include:**

- examining candidates for College examinations
- supervising or mentoring others
- teaching
- publication in medical journals and texts
- research
- committee meetings with an educational content, such as guideline development
- giving expert advice on clinical matters
- presentations to scientific meetings
- working as an assessor or reviewer for the Council.

## Your responsibility

11. Your participation in CPD is your responsibility, not that of your employer, branch advisory body, medical school, primary health organisation, independent practitioners' association, PHO or any other person or organisation. Nevertheless, these organisations will be able to help you with your CPD.

# What do I have to do?

12. All the available CPD options are explained in the next few pages. As a quick reference, the available options relate to:

	<b>Paragraph</b>
Doctors registered in a general scope, and specialists working outside their vocational scope	13
Specialists working in their vocational scope	14
General practitioners participating in the RNZCGP AVE	15
Credentialed medical officers not registered in a vocational scope	16
Doctors in specialist training programmes	17
Doctors in non-clinical practice	18

<b>Option</b>	<b>If you are ...</b>	<b>your CPD option is ...</b>	
13.	<ul style="list-style-type: none"><li>• registered and practising in a general scope of practice, or</li><li>• registered in a general scope and a vocational scope, but working outside your vocational scope</li></ul>	a collegial relationship	➔

## Requirements

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You must

- establish a collegial relationship with a doctor registered within the same or a related vocational scope as the one you work in, and either
- participate in an approved branch advisory body recertification programme, or
- arrange your own CPD with the help of your colleague.

If you choose to arrange your own CPD you must spend 50 hours each year on CPD activities including:

- formal meetings with your colleague at least six times in the first year, and then at least four times a year with a minimum of eight interactive hours a year
- one clinical audit each year
- at least 10 hours a year of peer review
- at least 20 hours a year of continuing medical education.

In addition:

- your CPD must be referenced to the domains of practice listed on page 4
- you must record your CPD on the Council's forms, which you can download and print from the website
- your colleague must sign your annual practising certificate application form each year
- if audited you must produce forms, signed by your colleague, to show you are meeting the Council's recertification requirements.

Option	If you are ...	your CPD option is ...
14.	<ul style="list-style-type: none"> <li>• registered and practising in a vocational scope, or</li> <li>• registered in a vocational scope and practising in a different scope and your work is covered by the same recertification programme</li> </ul>	a College or branch advisory body recertification programme (sometimes called MOPS) →

## Special arrangements

15.	<ul style="list-style-type: none"> <li>• a general practitioner enrolled in the Royal New Zealand College of General Practitioners (RNZCGP) advanced education programme (AVE)</li> </ul>	<ul style="list-style-type: none"> <li>• active participation and reporting to the RNZCGP →</li> </ul>
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16.	<ul style="list-style-type: none"> <li>• a credentialed medical officer (previously known as MOSS) registered in a general scope of practice</li> </ul>	<ul style="list-style-type: none"> <li>• organisational performance management system</li> <li>• formal appraisal</li> <li>• participation in an approved branch advisory body recertification programme →</li> </ul>
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## Requirements

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If you are registered within a vocational scope, you must participate in an accredited recertification programme provided by a relevant branch advisory body (see Appendix 1, page 34).

Groups of doctors may apply to Council for approval to participate in alternative recertification programmes, however to ensure doctors do not work in professional isolation Council will not approve individual alternative programmes.

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You must:

- establish a relationship with a colleague who can support and monitor your progress through the AVE
- meet formally with your colleague four times each year
- comply with the AVE requirements
- report directly to the RNZCGP.

You do not need to keep separate CPD records for the Council while you are actively participating in AVE, as we will check your participation directly with the RNZCGP.

If you are not reporting regularly to the College, ie not progressing with AVE, the Council will review your situation to ensure your compliance with CPD requirements.

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If you are working as a medical officer (previously known as MOSS) you may either:

- establish a collegial relationship (see 13 above), or
- arrange with your employer to:
  - ensure you have a defined job description linked to an effective organisational performance appraisal and management system
  - be credentialed by a formal District Health Board or hospital credentialing committee, and
  - participate in appropriate branch advisory body recertification programme(s) relevant to the work you do.

If you choose the second option, your employer (or suitable alternative) will be asked to confirm these arrangements are in place.

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Option	If you are ...	your CPD option is ...	
17.	<ul style="list-style-type: none"> <li>enrolled as a registrar and actively participating in formal vocational training</li> </ul>	<ul style="list-style-type: none"> <li>vocational training</li> </ul>	→
18.	working in non-clinical practice (as defined by the Council) where patient safety may be at risk	<ul style="list-style-type: none"> <li>educational supervision (must be approved by the Council)</li> </ul>	→

## Requirements

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If you are a doctor in an accredited vocational training programme, you will have an established relationship with your supervisor.

As long as you stay in your vocational training programme, as shown on your APC application form and verified by your College or other training authority, you do not have to keep CPD records or establish a collegial relationship.

If you withdraw from vocational training and continue practising you must establish a collegial relationship (see 13 above).

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If you work in non-clinical practice and think that the usual CPD and collegial relationship requirements are not relevant in your case you can apply to the Council for approval to have educational supervision rather than a collegial relationship.

If this is approved, you must recertify by forming a relationship with an education supervisor who can confirm that you are competent to do the work you are doing. For example, a member of a committee or board might participate in committee or board training days each year.

The Council may propose to remove your vocational scope and place limitations on your practice.

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## Record keeping

19. If you are working in a collegial relationship you must record your CPD on forms you can download from the Council's website. Sample forms are in the appendices at the back of this booklet. Do not leave it until the last minute to start recording—if you are asked to produce your records it is difficult to create them retrospectively.
20. When you apply for your APC, the Council will ask you to declare that you are actively participating in CPD, unless we have exempted you.

# Audit

21. The Council will audit 10 percent of doctors each year to ensure they are complying with these requirements. Doctors selected for the audit will be advised in a letter which will be included with their application for their annual practising certificate.

22. Audit requirements are:

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If you are in a vocational training or recertification programme

- The Council will ask your branch advisory body to confirm your participation
- If we cannot get the information from the branch advisory body, we will ask you for documents confirming your participation.

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If you are working in a collegial relationship

- Your colleague must sign your APC application each year.
- You will be audited periodically to check your CPD. When this happens, you will have to send details of your CPD to the Council, using the Council's form *Record of continuing professional development* (Appendix 4).
- You can download the forms from the Council's website.

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If you are a credentialed medical officer (previously known as MOSS)

ie, you do not have an established collegial relationship

You must nominate an appropriate person the Council can contact to confirm that:

- you are credentialed, and
- your employer has a performance management system.

We will check with the relevant branch advisory body that you are participating in an approved recertification programme.

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If you are working with educational supervision

Your supervisor will be asked to confirm you are complying with appropriate training or other activities to ensure you are competent to do the work you are doing.

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## Audit outcomes

23. If you satisfy the audit requirements, you will be recertified and issued with your annual practising certificate. This will be the outcome for most doctors.
24. If you have not completed the requirements or have given inadequate information, or if we have reason to believe you have given misleading information, you may have to do the Council's Colleague, Patient and Self Questionnaire (CPSQ). You will be given an interim practising certificate to enable you to continue working until the results of the questionnaire become available.
25. Your recertification (ie, when the Council issues your APC) will depend on the outcome of the questionnaire.
26. Outcomes might include:
  - recertification with another audit in 12 months' time
  - referral for a health assessment
  - a full performance assessment.
27. If the Council proposes to change or limit your scope of practice, you will be given an opportunity to make submissions and be heard.

## Managing problems

28. If you are working in a collegial relationship, you and your colleague must be clear about expectations. A written agreement helps avoid misunderstandings. Use the template in Appendix 2 to guide you, or amend it to suit your individual circumstances.
29. If you become concerned about the competence or conduct of another doctor, first try to discuss this openly with the doctor concerned. This may feel uncomfortable, but letting an unsatisfactory situation continue is not in the public or the doctor's interest.

# When and how you should tell the Council of a concern

## About competence

30. It is not mandatory to tell the Council about a doctor's poor performance but if there is a concern which cannot be resolved at a local level, and you consider the health and safety of the public or the doctor at risk you have an ethical duty to report the concern to the Council.
31. The Council has procedures for reviewing doctors' performance. To discuss the options, please contact the Council's performance coordinator on 0800 286 801 ext 771.

## About conduct

32. There may be times when you find out something about a colleague that should be reported to the Council, the Health and Disability Commissioner or the police.
33. The appropriate organisation will investigate all reports made in good faith.

## About health

34. If an employer, manager or colleague is concerned that a doctor cannot work safely because of a mental or physical condition, that person has a statutory duty to tell the Council. We have a strong assessment and rehabilitation programme to help the doctor continue working in a way that is safe for both the public and the doctor concerned.
35. You can contact the Council on 0800 286 801 to discuss any concerns you may have about yourself or about a colleague.

# Liability

36. A doctor will only be liable for negligence if he or she was aware, or should have been aware, that another doctor was not competent or fit to practise, and took no action.
37. No one who tells the Council of his or her concerns about another doctor will be legally liable for any information given unless he or she has acted in bad faith.

## Resources

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Medical Council publications	<ul style="list-style-type: none"><li>• <i>Cole's medical practice in New Zealand</i></li><li>• <i>Good medical practice A guide for doctors</i></li><li>• <i>Statements of the Medical Council of New Zealand</i></li></ul>	<p>Explains about medical practice in New Zealand.</p> <p>Explains the duties and responsibilities of doctors working in New Zealand.</p> <p>Is a set of statements that give advice and set standards on a variety of issues.</p>
Expert advice	<p>The Council will appoint an expert group to:</p> <ul style="list-style-type: none"><li>• find or develop resources</li><li>• advise on the structure of a good CPD programme</li></ul>	<p>Information will be put on the website when it becomes available.</p>
Medical Council contact details	<ul style="list-style-type: none"><li>• The Council staff can help you with the practicalities of recertification and your APC.</li><li>• All publications are available on the website, or by request.</li></ul>	<ul style="list-style-type: none"><li>• 0800 286 801 ext 785 or 794</li><li>• <a href="http://www.mcnz.org.nz">www.mcnz.org.nz</a></li><li>• <a href="mailto:info@mcnz.org.nz">info@mcnz.org.nz</a></li></ul>
Ministry of Health	<p><i>Toward clinical excellence, an introduction to clinical audit, peer review and other clinical practice improvement activities</i></p>	<p>A handbook for doctors developing expertise in peer review and clinical audit.</p> <p>This is available at <a href="http://www.moh.govt.nz">www.moh.govt.nz</a> or from the Ministry of Health, PO Box 5013, Wellington.</p>

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# My special case - frequently asked questions about ...

## General topics

### 38. **How do I establish a collegial relationship?**

*Ideally, you will be able to do this with someone who is registered within the same vocational scope as you and who works at the same place as you. If this is not possible, you can set up the relationship at a distance. If you do work at a distance, you will have to arrange to meet face to face for one hour six times a year for the first year and to use email and internet technology to augment these meetings.*

*Once the relationship is established, you must have formal contact at least four times a year with a minimum of eight interactive hours a year.*

*If you cannot find a doctor registered within your vocational scope you can establish a collegial relationship with a doctor from a related scope of practice. This is appropriate as long as your peer review, clinical audit and continuing medical education (CME) covers the work you are doing.*

### 39. **What information do I have to collect and when do I have to send it to the Council?**

*You must record all your CPD on the correct forms, which you can download and print from the Council's website.*

*When you are audited you have to provide CPD information quickly. This is difficult and time consuming if you have to create records retrospectively so make sure you keep your records up to date.*

*Please do not send in your records unless we ask for them.*

40. **I took a career break last year to look after my children/travel abroad/study art history/ etc. Can I reduce the amount of continuing professional development I would normally have to do?**

*If you are in an approved recertification programme, this will depend on the policy of your branch advisory body. If you are not in an approved programme, you will need to justify the reduction when you are audited.*

*If your branch advisory body puts your participation in its recertification (sometimes known as Maintenance of Professional Standards, or MOPS) programme on hold for any reason, please remember to reinstate this once you return to work.*

41. **Can my spouse or other close relative provide collegial review of my professional development?**

*No, this is not appropriate. Conflict may arise where one family member reviews another's practice. Doctors in this situation are expected to participate in peer group review, use email and internet technology and develop a collegial relationship with a doctor other than a member of their family.*

42. **I am a locum medical practitioner and do not work in one place for long. What is expected of me?**

*If you are not registered within a vocational scope, you will still have to set up a collegial relationship with an appropriate person. It is your responsibility to ensure you work with this person to set up a CPD programme so you can recertify and continue to receive an APC. Use email and internet technology to help with your ongoing communication and learning.*

43. **I am qualified and registered in a vocational scope, although I no longer work in clinical practice. What do I need to do?**

*If your branch advisory body provides a recertification programme for doctors who are in non-clinical practice and you continue to comply with these requirements, you will be able to maintain your vocational scope of practice.*

*If you still do medical work but your branch advisory body does not provide a recertification programme for non-clinical practice, the Council will review your scope, and may wish to put limits on it that more accurately reflect the work you do. The CPD requirements will be modified to take these changes into account – you may be required to nominate an educational supervisor rather than establish a collegial relationship. Cases will be considered individually.*

**44. I am registered and working in two vocational scopes. Do I have to participate in recertification programmes for each scope?**

*If the vocational scopes are closely related and flexible enough to cover all the work you do, you will not have to enrol in separate recertification programmes.*

*Please check with your branch advisory bodies for guidance. When you are audited, you will be asked to justify participating in only one recertification programme and the Council will ask the branch advisory bodies for advice.*

**45. I have retired from practice but want to continue writing prescriptions.**

*The Council prefers that doctors do not prescribe for themselves and their families, but we recognise this does happen and is acceptable in certain circumstances.*

*You may prescribe for yourself and your family, but only in accordance with the Council's Statement of self care and family care. Your prescribing must be monitored by another doctor.*

*You must have an annual practising certificate to write prescriptions, and the Council will usually propose to limit your scope of practice before your APC is issued.*

## Working in general or private practice

**46. Why do some people charge a fee for providing a collegial relationship?**

*The Council has no policy on charging fees for providing a collegial relationship. Doctors provide collegial review as part of their practice; some will see it as a professional responsibility, others will want to charge a fee. It is important to agree on this from the start.*

**47. I am a practising GP, now 70 years old. I was grandparented into vocational registration several years ago but have let it lapse because I didn't want to be involved with the College recertification programme.**

*Isolation is a risk factor for poor performance. You do not have to participate in the College programme but you must have an alternative arrangement with a colleague who can help you plan and review CPD to maintain your competence and keep you involved with other doctors. This is called a collegial relationship.*

**48. I am a solo rural GP and I cannot take the time to travel to collegial sessions or to CME events.**

*Isolation is a risk factor for poor performance. Remember it is your responsibility to ensure you maintain your competence for your own benefit, as well as for the benefit of your patients.*

*If you are registered within a **vocational** scope, contact the RNZCGP to discuss how you can meet the requirements of its MOPS programme.*

*If you have a **general** scope of practice, you must establish a collegial relationship and with your colleague's help, devise a CPD programme with content and review to suit your needs. You can do a lot of this from a distance, however you will be required to meet periodically throughout the year to satisfy the requirements (see paragraph 13 above.)*

49. **I don't get on with the doctors around here. They accuse me of trying to take over their patients and they won't let me join their after-hours roster. I have a general scope of practice, so how can I find someone to provide a collegial relationship?**

*Isolation is a risk factor for poor performance. You should ask your branch advisory body or Primary Health Organisation to mediate between you and your colleagues and help find a doctor who can help you plan and review your CPD.*

50. **I am aware of a doctor whose 'collegial relationship' is provided by one of his friends from a long distance. I know they never meet and I know they just sign the documents and send them in.**

*If you have concerns about the doctor's competence you should contact the Council. We audit records of professional development and will regard falsification of documents as fraud.*

51. **I work part time/in a poverty area/solo rural/semi-retired/etc and I cannot afford the time/money/travel/fees such a scheme would require.**

*If you are in clinical practice you must engage in professional development in order to recertify. This is because it is your responsibility to maintain your competence and to ensure you and your patients are safe. You must justify how much or how little CPD you do, and where and when you do it. These are matters you might profitably discuss with your colleagues.*

52. **I am registered in the vocational scope of general practice and wish to work in accident and medical practice. What CPD do I have to do?**

*You can work in an accident and medical practice without establishing a collegial relationship as long as your recertification programme covers the work that you do.*

53. **I am registered in the vocational scope of accident and medical practice and wish to work in general practice. What CPD do I have to do?**

*You must establish a collegial relationship with a doctor registered within the vocational scope of general practice to ensure your CPD covers the breadth of general practice work, especially the care of chronic conditions.*

54. **I am employed as a cremations referee only. What CPD do I have to do?**

*You must hold an APC, but you will be exempt from CPD requirements. You must write to the Council and apply for this exemption, which will be reviewed every three years.*

## Working in hospitals

55. **I am a second year doctor/senior house officer/service registrar working in a hospital, doing relieving and/or rotating runs. Do I have to keep records of my CPD?**

*Historically the Council exempted such doctors from keeping records and from CPD auditing, but this is no longer the case.*

*As part of the Council's promotion of lifelong learning, all doctors must take part in CPD and keep CPD records. From October 2006, the Council will start auditing doctors who have been exempt until now.*

*You must participate in CME, peer review and clinical audits as defined in this booklet, and your CPD records and APC application form must be signed off by a supervising consultant.*

*Please do not wait until you are asked to produce your audit documents to start collating your records as this will be unmanageable if you are changing runs frequently.*

**56. I am a service registrar working in a long-term/permanent position, and am not enrolled in a vocational training programme. How do I recertify?**

*You will be registered within a general scope of practice and therefore must set up a collegial relationship with one of your consultants. You will need to either enrol in an approved recertification programme or work with a colleague to establish a CPD programme. Remember that your CPD programme must cover peer review, clinical audit and CME.*

**57. I am a medical officer (previously known as a MOSS) in a provincial hospital and I work in more than one branch of medicine. Do I have to do a recertification programme for each branch?**

*Not necessarily. You can use your own judgement on this, but remember it is your responsibility to ensure you maintain your competence. The best approach will be to work with your consultants and/or hospital management to determine what best suits your situation. If you are credentialed by an approved credentialing committee, you will not have to set up a collegial relationship (see paragraph 16).*

*You are responsible for ensuring you maintain your own competence and for keeping appropriate records of your CPD, which must include CME, peer review and clinical audit.*

**58. I am an anaesthetist working in an intensive care unit. What must I do to recertify?**

*The Council has the following formal agreement with the Australian and New Zealand College of Anaesthetists and the Joint Faculty of Intensive Care Medicine:*

- *If you are registered within the vocational scope of anaesthesia and working in a Level 3 intensive care unit (ICU) or directing a Level 1 or 2 ICU you must establish a collegial relationship with a doctor registered within the vocational scope of intensive care medicine.*

- *If you are registered within the vocational scope of anaesthesia and working in (but not the director of) a Level 1 or 2 ICU you will not need to establish a collegial relationship, however you must ensure that your anaesthesia recertification programme covers your intensive care work.*

**59. I am registered in the vocational scope of accident and medical practice and wish to work in an emergency department. What CPD do I have to do?**

*The Council has the following formal agreement with the Australasian College for Emergency Medicine and the Accident and Medical Practitioners Association:*

- *If you are registered within the vocational scope of accident and medical practice and work in a hospital emergency department, you must establish a collegial relationship with a doctor registered within the vocational scope of emergency medicine.*

**60. I qualified as a specialist overseas and would prefer to do my CPD through my own College rather than a local one. Is this allowed?**

*To ensure all doctors maintain their competence to work in the New Zealand health system, they are required to recertify either through a New Zealand based recertification programme, or as part of a group that has satisfied the Council's criteria for recognition of an alternative recertification programme.*

*The Council does not recognise overseas recertification programmes for individual doctors because it has to ensure doctors are not professionally isolated. However, a group of doctors may apply to the Council to recertify using an alternative programme.*

*Accreditation of alternative programmes takes about four months and there is an application fee to cover the cost. Details of the Council's policy on recognition of alternative recertification programmes are available from [education@mcnz.org.nz](mailto:education@mcnz.org.nz)*

## Information for ‘colleagues’

### 61. I have been asked to be a ‘colleague’. What does this involve?

*You have been asked because you are registered in a vocational scope of practice and you are actively participating in an approved recertification programme.*

*A ‘collegial relationship’ with a doctor who is registered in a general scope requires you to:*

- *be a role model of good medical practice*
- *be a sounding board for the doctor’s ideas*
- *be a resource in times of difficulty*
- *ensure the doctor takes part in CPD, peer review and clinical audit.*

*This may include:*

- *random auditing of a specified number of clinical records in any one calendar year and giving feedback on areas for improvement*
- *observing a specified number of consultations in any one calendar year and giving feedback on areas for improvement*
- *helping the doctor in any other mutually agreed way to enhance his or her practice skills and personal growth.*

### 62. What is my legal liability when I agree to be the ‘colleague’ and help a doctor with his or her continuing professional development? What if the doctor does something wrong?

*As long as you have acted responsibly and properly you need not worry; you cannot be held responsible for the doctor’s clinical practice. On the other hand, if you were aware of a major deficiency and did not counsel the doctor to do professional development in that area of practice, you could be held to have contributed to an adverse outcome.*

# Definitions

## 63. **Active participation**

A doctor is actively participating if he or she:

- completed the most recent branch advisory body recertification cycle and is continuing to report his or her CPD to that body regularly, or
- is making acceptable progress through a vocational training programme.

## 64. **Branch advisory body**

A branch advisory body is a specialist College, society or association that advises the Council about registration within a vocational scope of practice and assesses applications for registration within that scope from overseas trained doctors.

To be recognised by the Council, a branch advisory body must have a defined body of knowledge and practice, fulfil a recognised health need, have a group of doctors who can provide an appropriate professional environment, have an acceptable training programme and qualification and have an acceptable recertification programme and a national body that can report to the Council.

A branch advisory body usually delivers postgraduate vocational training to a standard set by the Council as well as a MOPS or other recertification programme initially accredited and then reaccredited periodically by the Council.

## 65. **Clinical audit**

Clinical audit assesses, evaluates and improves the care of patients in a systematic way to enhance health by objectively measuring performance against standards and, when performance does not meet the standards, making recommendations for change. This may include altering the standards if they are found to be inappropriate. Clinical audit may be multidisciplinary. It involves a cycle of continuous improvement of care, based on explicit and measurable indicators of quality. It has a statistical basis.

## 66. **Clinical practice**

A doctor is engaged in clinical practice if he or she assesses, diagnoses, gives advice, treats or makes reports, whether face-to-face or otherwise, with a patient, or with a group of patients or a population. This definition includes public health medicine and medical administration.

All doctors in clinical practice who are registered within a vocational scope of practice should be involved in recertification programmes administered by branch advisory bodies and approved by the Council.

## 67. **Credentialing**

Credentialing assigns specific clinical responsibilities (scopes of practice) to health professionals based on their training, qualifications, experience and current practice, within an organisational context. This context includes the facilities and support services available and the service the organisation is funded to provide. Credentialing is part of a wider organisational quality and risk management system.

## 68. **Competence**

The knowledge, skills, attitudes and judgement a doctor needs to be able to practise within his or her scope to a standard acceptable to reasonable peers and to the community.

## 69. **Health assessment**

The Council manages doctors who have conditions affecting their fitness to practise medicine by communicating with them, evaluating the concern, limiting or suspending their practice if necessary, having the doctors assessed by a specialist nominated by the Health Committee, and then rehabilitating the doctors while keeping their patients safe.

This process is designed to separate health issues from those of conduct and discipline.

## 70. **Non-clinical practice**

A doctor is practising non-clinical medicine if he or she is not engaged in clinical practice as defined above, but is engaged in such activities as medical informatics, contributing to medical media, teaching members of the profession and students (without direct patient contact), doing research that does not involve humans or doing medical advisory, board or committee work for which an APC is required. This list is not exhaustive.

The doctor in non-clinical practice may recertify via a collegial relationship with another doctor to ensure he or she is maintaining competence and taking part in CPD. Alternatively, the doctor can form a relationship with an educational supervisor who can confirm his or her participation in appropriate training and competence to do the work.

If a doctor working in non-clinical practice can satisfy Council that his or her work has no risk to public health and safety, he or she may apply to be exempt from CPD. Applications are considered individually by the Council and only granted when it is clear public safety is not at risk.

The doctor may also be able to claim a reduction of the APC fee – dependent on income – or waiving of the fee if he or she is retired and giving service to the profession.

## 71. **Peer review**

This is evaluation of the performance of individuals or groups of practitioners by members of the same profession or team. It may be formal or informal and can occur whenever practitioners are learning about their practice with colleagues. Peer review can also occur in multidisciplinary teams when team members who are 'peers' or other health professionals give feedback.

Formal peer review is an activity where peer(s) systematically review aspects of a doctor's work, eg, a review of the first six cases seen or a presentation on a given topic. It normally includes feedback, guidance and a critique of the doctor's performance.

## 72. **Performance**

Acceptable performance means practising to a standard acceptable to reasonable peers and to the community. It includes making safe judgements, demonstrating the level of skill and knowledge required for safe practice, behaving appropriately and acting in a way that does not adversely affect patient safety, within all domains of medical practice.

## 73. **Practice of medicine**

This means:

- advertising, holding out to the public, or representing in any manner that one is authorised to practise medicine in New Zealand
- signing any medical certificate required for statutory purposes, such as death and cremation certificates
- prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners
- assessing, diagnosing, treating, reporting or giving advice in a medical capacity using the knowledge, skills, attitudes and competence initially attained for the MB ChB degree, or equivalent, and built on in postgraduate and continuing medical education, wherever there could be an issue of public safety.

“Practice” in this context goes wider than clinical medicine to include teaching, research and medical or health management in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.

Emergency care is so much a part of a doctor's professional ethic that, in the opinion of the Council, a qualified doctor who is not registered may render medical or surgical aid to any person in an emergency when a registered doctor is unavailable.

74. **Quality assurance activity (HPCAA, s.54-63)**

Under the Health Practitioners Competence Assurance Act 2003, s.54-63, this is an activity that consists of, includes, or results in an assessment or evaluation of any health service provided by a doctor in order to improve his or her practice or competence.

It might include:

- (i) a study of the incidence or causes of conditions or circumstances that may affect the quality of health services provided
- (ii) recommendations about the provision of services as a result of such a study
- (iii) monitoring the implementation of any recommendations.

The Act encourages effective quality assurance activities by protecting the confidentiality of information and documents developed solely for the activity and giving immunity from civil liability to people who engage in such activities in good faith (a 'declared quality assurance activity').

The Ministry of Health document *Protected quality assurance activities under the Health Practitioners Competence Assurance Act 2003* is available at [www.moh.govt.nz](http://www.moh.govt.nz)

# Registration and scopes of practice

Doctors practising medicine in New Zealand may be:

75. registered within a **provisional general or provisional vocational** scope of practice, ie:
  - New Zealand or overseas trained doctors who have recently graduated and are working in their first postgraduate year
  - overseas trained doctors who have passed the Council’s registration examination (NZREX Clinical)
  - overseas trained doctors who satisfy the Council’s policy for registration within a provisional general scope
  - overseas trained doctors who satisfy the Council’s policy for registration or assessment within a vocational scope.
76. registered within a **general scope** of practice:
  - doctors who have been registered within a provisional general scope for at least 12 months and who have completed the requirements for registration within a general scope.
77. registered within a **vocational** scope of practice:
  - doctors who have been recognised by the Council as having appropriate training, qualifications, experience and competence in a recognised branch of medicine.
78. registered within a **special purpose** scope of practice:
  - doctors who have been registered to do research, for sponsored training, for postgraduate training or experience, to do a specialist *locum tenens*, or for an emergency or another specified or defined purpose approved by the Council.

# Appendices

# Appendix 1 – Approved vocational scopes, branch advisory bodies and recertification programmes

## VOCATIONAL SCOPES

Recertification programmes

## BRANCH ADVISORY BODIES

**1.** ACCIDENT AND MEDICAL PRACTICE  
Recertification

Accident and Medical Practitioners Association  
202 Ponsonby Road, Auckland  
Ph: 64 9 376 5783, Fax: 64 9 376 5783, email: info@ampa.co.nz

**2.** ANAESTHESIA  
Maintenance of professional standards

New Zealand Committee, Australian and New Zealand College of Anaesthetists, P O Box 7451, Wellington South, New Zealand  
Ph: 64 4 385 8556, Fax: 64 4 385 3950, email: anzca@anzca.org.nz

**3.** BREAST MEDICINE  
Continuing medical education

Australasian Society of Breast Physicians, 48a Liverpool Street Epsom  
Auckland 1003, Ph: 64 9 520 0389, e-mail: k.parker@smwh.co.nz

**4.** CARDIOTHORACIC SURGERY  
Continuing professional development

New Zealand Committee, Royal Australasian College of Surgeons,  
P O Box 7451, Wellington  
Ph: 64 4 385 8247, Fax: 64 4 385 8873, email: College.NZ@surgeons.org

<p><b>5.</b> CLINICAL GENETICS Maintenance of professional standards</p>	<p>Royal Australasian College of Physicians, P O Box 10601, Wellington Ph: 64 4 472 6713, Fax: 64 4 472 6718, email: racp@racp.org.nz</p>
<p><b>6.</b> DERMATOLOGY (i) Continuing medical education</p>	<p>The branch advisory body is: Royal Australasian College of Physicians, P O Box 10601, Wellington. Ph: 64 4 472 6713, Fax: 64 4 472 6718 email: racp@racp.org.nz</p>
<p>(ii) Continuing medical education</p>	<p><i>An alternative approved recertification programme is run by:</i> New Zealand Dermatological Society C/- Dr Louise Reiche, 175 Grey Street, Palmerston North Ph: 64 6 355 1052, Fax: 64 6 355 1049, email: lreiche@eorangihospital.co.nz</p>
<p><b>7.</b> DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY Continuing professional development</p>	<p>New Zealand Branch, Royal Australian and New Zealand College of Radiologists, P O Box 10424, The Terrace, Wellington Ph: 64 4 472 6470, Fax: 64 4 472 6474, email: nzbranch@ranzcr.org.nz</p>
<p><b>8.</b> EMERGENCY MEDICINE Maintenance of professional standards</p>	<p>New Zealand Faculty, Australasian College for Emergency Medicine, P O Box 22234, Wellington. Ph: 64 4 938 4827, Fax: 64 4 976 4827, email: acemnz@paradise.net.nz www.acem.org.au</p>

<b>9.</b>	<p><b>FAMILY PLANNING AND REPRODUCTIVE HEALTH</b> Continuing medical education</p>	<p>Family Planning and Reproductive Health, Private Bag 99929, Newmarket, Auckland Ph: 64 9 524 3352, Fax 64 9 522 0130, email: christine.roke@fpanz.org.nz</p>
<b>10.</b>	<p><b>GENERAL PRACTICE</b> Maintenance of professional standards</p>	<p>Royal New Zealand College of General Practitioners, P O Box 10440, Wellington Ph: 64 4 496 5999, Fax: 64 4 496 5997, email: rnzcgpr@rnzcgpr.org.nz</p>
<b>11.</b>	<p><b>GENERAL SURGERY</b> Continuing professional development</p>	<p>New Zealand Committee, Royal Australasian College of Surgeons, P O Box 7451, Wellington Ph: 64 4 385 8247, Fax: 64 4 385 8873, email: College.NZ@surgeons.org</p>
<b>12.</b>	<p><b>INTENSIVE CARE MEDICINE</b> Maintenance of professional standards</p>	<p>New Zealand National Committee, Joint Faculty of Intensive Care Medicine, P O Box 7451, Wellington South Ph: 64 4 385 8556 Fax: 64 4 385 3950, email: jficm@anzca.org.nz</p>
<b>13.</b>	<p><b>INTERNAL MEDICINE</b> Maintenance of professional standards</p>	<p>New Zealand Committee, Royal Australasian College of Physicians, P O Box 10601, Wellington Ph: 64 4 472 6713, Fax: 64 4 472 6718, email: racp@racp.org.nz</p>
<b>14.</b>	<p><b>MEDICAL ADMINISTRATION</b> Continuing education programme</p>	<p>Royal Australasian College of Medical Administrators, P O Box 10233, Wellington Ph: 64 4 472 9183, Fax: 64 4 472 9184, email: racma@afphm.org.nz</p>

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- 15.** **MUSCULOSKELETAL MEDICINE**  
 Reaccreditation programme  
 New Zealand Association of Musculoskeletal Medicine,  
 394 Hibiscus Coast Highway, Orewa  
 www.musculoskeletal.co.nz email: markjohn@ihug.co.nz
- 
- 16.** **NEUROSURGERY**  
 Continuing professional development  
 New Zealand Committee, Royal Australasian College of Surgeons,  
 P O Box 7451, Wellington  
 Ph: 64 4 385 8247, Fax: 64 4 385 8873, email: College.NZ@surgeons.org
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- 17.** **OBSTETRICS AND GYNAECOLOGY**  
 Continuing education programme  
 New Zealand Committee, Royal Australian and New Zealand College of  
 Obstetricians and Gynaecologists, P O Box 10611, Wellington  
 Ph: 64 4 931 9062, Fax: 64 4 472 4609, email: s.williams@ranzcog.org.nz
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- 18.** **OCCUPATIONAL MEDICINE**  
 Maintenance of professional standards  
 New Zealand Regional Committee,  
 Australasian Faculty of Occupational Medicine, P O Box 2891, Auckland  
 Ph: 64 9 625 4434, Fax: 64 9 625 2292
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- 19.** **OPHTHALMOLOGY**  
 Continuing professional development  
 New Zealand Branch, Royal Australian and New Zealand College of  
 Ophthalmologists, PO Box 31186 Milford, Auckland 9  
 Dr Brian Sloan, Ph: 64 9 489 6871, Fax: 64 9 489 8172,  
 email: sloanbh@wave.co.nz www.ranzco.edu
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- 20.** ORAL AND MAXILLOFACIAL SURGERY  
Continuing professional development  
RACDS Board of Studies for OMS, C/- Oral and Maxillofacial Surgery,  
Christchurch Hospital, Private Bag 4710, Christchurch  
Ph: 64 3 379 6234, Fax: 64 3 364 1043, email: ceo@racds.org
- 21.** ORTHOPAEDIC SURGERY  
Continuing professional development  
New Zealand Committee, Royal Australasian College of Surgeons,  
P O Box 7451, Wellington  
Ph: 64 4 385 8247, Fax: 64 4 385 8873, email: College.NZ@surgeons.org
- 22.** OTOLARYNGOLOGY HEAD AND NECK SURGERY  
Maintenance of professional standards  
New Zealand Committee, Royal Australasian College of Surgeons,  
P O Box 7451, Wellington  
Ph: 64 4 385 8247, Fax: 64 4 385 8873, email: College.NZ@surgeons.org
- 23.** PAEDIATRIC SURGERY  
Continuing professional development  
New Zealand Committee, Royal Australasian College of Surgeons,  
P O Box 7451, Wellington  
Ph: 64 4 385 8247, Fax: 64 4 385 8873, email: College.NZ@surgeons.org
- 24.** PAEDIATRICS  
Maintenance of professional standards  
New Zealand Committee, Royal Australasian College of Physicians  
P O Box 10601, Wellington  
Ph: 64 4 472 6713, Fax: 64 4 472 6718, email: racp@racp.org.nz

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- 25.** PALLIATIVE MEDICINE  
Maintenance of professional standards  
Australasian Chapter of Palliative Medicine,  
Royal Australasian College of Physicians, P O Box 10601, Wellington  
Ph: 64 4 472 6713, email: [racp@racp.org.nz](mailto:racp@racp.org.nz)
- 
- 26.** PATHOLOGY  
Continuing medical education  
Royal College of Pathologists of Australasia,  
P O Box 14108, Kilbirnie, Wellington  
Ph: 64 4 387 8273, Fax: 64 4 387 8209, email: [rcpanz@rcpanz.org.nz](mailto:rcpanz@rcpanz.org.nz)
- 
- 27.** PLASTIC AND RECONSTRUCTIVE SURGERY  
Continuing professional development  
New Zealand Committee, Royal Australasian College of Surgeons,  
P O Box 7451, Wellington  
Ph: 64 4 385 8247, Fax: 64 4 385 8873, email: [College.NZ@surgeons.org](mailto:College.NZ@surgeons.org)
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- 28.** PSYCHIATRY  
(i) Maintenance of professional standards  
The branch advisory body is:  
New Zealand Branch, Royal Australian and New Zealand  
College of Psychiatrists, P O Box 10669, Wellington  
Ph/Fax: 64 4 472 7247, email: [nzoffice@ranzcp.co.nz](mailto:nzoffice@ranzcp.co.nz)
- (ii) Recertification programme  
*An alternative approved recertification programme is run by:*  
Institute of Australasian Psychiatrists New Zealand Incorporated  
P O Box 39341, Howick, Auckland  
Fax: 64 9 537-3922, email: [admin@iapnz.org.nz](mailto:admin@iapnz.org.nz) [www.iapnz.org.nz](http://www.iapnz.org.nz)
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- 29.** PUBLIC HEALTH MEDICINE  
Continuing medical education  
Australasian Faculty of Public Health Medicine,  
P O Box 10233, Wellington  
Ph: 64 4 472 9183, Fax: 64 4 472 9184, email: Judith.parnell@afphm.org.nz
- 
- 30.** RADIATION ONCOLOGY  
Continuing professional development  
New Zealand Branch, Royal Australian and New Zealand College of  
Radiologists, P O Box 10424, The Terrace, Wellington  
Ph: 64 4 472 6470, Fax: 64 4 472 6474, email: nzbranch@ranzcr.org.nz
- 
- 31.** REHABILITATION MEDICINE  
Continuing medical education  
New Zealand Branch, Australasian Faculty of Rehabilitation Medicine,  
779 Portobello Road, Portobello, Dunedin  
Ph: 64 3 474 0999 Fax: 64 3 476 6046
- 
- 32.** SEXUAL HEALTH MEDICINE  
Continuing medical education  
Australasian Chapter of Sexual Health Medicine (RACP),  
15 St Johns Avenue, Palmerston North  
Ph: 64 6 357 4023, email: anne\_robertson@clear.net.nz
- 
- 33.** SPORTS MEDICINE  
Maintenance of professional standards  
Australasian College of Sports Physicians, Anglesea Sports Medicine,  
P O Box 4362, Hamilton East  
Ph: 64 7 957 6064, Fax: 64 7 858 0789  
email: chris@angleseaphysioandsports.co.nz
-

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- 34.** UROLOGY  
Continuing professional development  
New Zealand Committee, Royal Australasian College of Surgeons,  
P O Box 7451, Wellington  
Ph: 64 4 385 8247, Fax: 64 4 385 8873, email: [College.NZ@surgeons.org](mailto:College.NZ@surgeons.org)
- 
- 35.** VASCULAR SURGERY  
Continuing professional development  
New Zealand Committee, Royal Australasian College of Surgeons,  
P O Box 7451, Wellington  
Ph: 64 4 385 8247, Fax: 64 4 385 8873, email: [College.NZ@surgeons.org](mailto:College.NZ@surgeons.org)
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# Continuing professional development and recertification

## Collegial relationship agreement

The purpose of this agreement is to set out the terms of reference for the collegial relationship and to clarify the objectives and responsibilities of each colleague.

The objective of the relationship is to:

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

Responsibilities of the doctor registered within a general scope:

- organise meetings as necessary - face to face meetings should take place for 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.

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 clinical 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)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Period agreed on: From \_\_\_\_\_ to \_\_\_\_\_

Employment: Level (HO etc.) \_\_\_\_\_ Branch of medicine: \_\_\_\_\_

Workplace: \_\_\_\_\_

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

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please take a copy for your records and send this form to the Council office.



# Continuing professional development and recertification

## Meeting record

Name *(Doctor registered within a general scope)*

MCNZ Reg No

Name *(Colleague)*

MCNZ Reg No

Meeting date

Duration

Type *(eg, face to face, telephone)*

Educational and quality assurance activities carried out since the last meeting





CPD3 – Sept 05  
Registration No:

# Continuing professional development and recertification

## Record of continuing professional development activities

for doctors who are not participating in a recognised vocational training or recertification programme

Name (*Doctor registered within a general scope*)

MCNZ Reg No

Name (*Colleague*)

MCNZ Reg No

### A. Practice clinical audit (one per year)

Audit topic

What did you learn?

How did your practice change as a result?

Colleague's comments and sign-off

MCNZ office use

When completed please retain this form until you are asked to send it to the Council office as part of your audit.









## D. Optional

Activity	Details of activity How did you change your practice as a result?	Colleague's comments and sign-off
Self-directed learning programmes and learning diaries		
Assessments designed to identify learning needs in areas such as procedural skills, diagnostic skills, knowledge Journal reading		
Teaching		
Committee meetings with educational content, such as guideline development		
Examining candidates for College examinations		

Supervision, mentoring others

Publications in medical journals  
and texts

Research

MCNZ office use

When completed please retain this form until you are asked to send it to the Council office as part of your audit.



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