



# Continuing professional development and recertification

CPD1 – May 06  
Registration  
No:

## 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.

### 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 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.

### 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 (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 fax this form to the Council office:  
P O Box 11649, Wellington 6142  
Fax: 04 385 8902