



Collegial relationship agreement: Doctors whose scope of practice is restricted to *providing care to yourself and those close to you*

CPD1a – July 2007
Registration No:

Objective

The objective of the relationship is to maintain safe practice and to clarify the individual responsibilities of both colleagues.

Responsibility of the doctor restricted to providing care to yourself and those close to you

You must arrange to see the nominated general practitioner or physician as agreed during the year.

Responsibility of the GP or physician

You must:

- Ensure all meetings are documented
- Ensure prescribing is monitored
- Take appropriate action if you have concerns about this doctor's ability to carry on in this capacity.

Legal liability

The general practitioner or physician (colleague) will be responsible for their own actions involved in the treatment of the doctor who requires this collegial relationship (the doctor). However the colleague will not be responsible for the doctor's actions unless he or she fails to fulfil the responsibilities listed in this collegial relationship agreement.

Collegial relationship

This collegial relationship is between:

- Dr _____ (doctor restricted to *providing care to yourself and those close to you*)
and
- Dr _____ (general practitioner/physician)

Agreement

We, the undersigned, agree to meet _____ times each year to ensure prescribing is appropriate.

We confirm that procedures are in place to ensure that Dr _____ complies with the following requirements:

- To monitor prescribing for ongoing conditions at regular agreed intervals.
- That treatment is limited to minor or self-limiting conditions.
- That emergency treatment is provided only until another practitioner is available.
- That potentially addictive substances are not prescribed to self or family.
- All prescribing must be documented.

Signed by:

Doctor restricted to *providing care to yourself and those close to you*

Name	Signature
Date	MNCZ Registration Number

General practitioner or physician

Name	Signature
Date	MNCZ Registration Number

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