



Collegial relationship agreement

Continuing professional development (CPD) and recertification

Return to:
Level 13 Mid City Tower, 139-143 Willis Street, P O Box 11 649 Wellington, New Zealand
Telephone 04-384 7635, Fax 04-385 8902

CPD1 – April 2005
Registration No:

Form available on website
www.mcnz.org.nz

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 quality 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 as often as needed to maintain the relationship)
- provide materials for assessment as needed (e.g. case notes, videos)
- record all details of CPD activities.

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 which case any investigation would include an investigation of the colleague's level of involvement.

Responsibilities of the colleague registered within the same or related vocational scope:

- 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 he or she has concerns about the doctor's fitness to practise.

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: _____

OR: Exempt from collegial relationship (refer CPD and recertification booklet, Option 5, page 11)

Post PGY1 year, rotating runs (SMS) Vocational training programme