



# Recertification and continuing professional development

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Medical Council of New Zealand

Protecting the public, promoting good medical practice

Te tiaki i te iwi whānau me te whakataranga pai | te mahi e pā ana ki te taha rongōā

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.

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## 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 protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions. One of these mechanisms is a requirement that all practising doctors participate in continuing professional development so that they can be recertified (issued with a practising certificate) each year.

## What is continuing professional development?

3. Continuing professional development (CPD) is involvement in clinical audit, peer review and continuing medical education, aimed at ensuring that a doctor is competent to practise medicine. Continuing professional development is also intended to foster a culture of peer support and lifelong learning.

## What is recertification?

4. Recertification is a mechanism used to ensure doctors are competent to practise within the scope in which they are registered. Recertification should provide assurance to the public and patients that practising doctors are competent and safe to practise.

## Regular practice review

5. Council has defined its requirement/expectation for regular practice review (RPR) to form part of CPD including the principles upon which RPR is based. With the introduction of RPR to recertification programmes, Council is aiming to improve the existing high standard of the profession. Please see Appendix 1 for further information about RPR.

## Vocational scope recertification

6. Recertification programmes of medical colleges and branch advisory bodies (BABs) are recognised and accredited by Council. A list of accredited recertification programmes is included in the appendices section of this booklet.
7. Doctors are required to confirm they have met recertification requirements when they apply for a practising certificate.
8. Doctors registered in a vocational scope are not required to establish a collegial relationship, unless they hold registration in a general scope and are also working outside their vocational scope.

## General scope recertification

9. Doctors registered in a general scope of practice, and who are not in a vocational training programme achieve recertification by participating in one of the following:
  - maintaining a collegial relationship with a doctor who is registered in the vocational scope(s) the doctor works in, and who will assist the doctor to meet Council's CPD requirements, including continuing medical education (CME), peer review and quality audit, or
  - formal organisational performance appraisal, credentialing, and participation in an approved BAB recertification programme or other formal CPD that meets Council requirements (for medical officers only).
10. Doctors working in non-clinical practice are required to establish a relationship with a CPD associate who will be required to attest that the doctor is maintaining safe practice.

## Collegial relationships

11. Doctors registered in a general scope of practice are required to establish a collegial relationship with a doctor who is registered in the same (or closely related) vocational scope of practice.
12. The colleague will be a:
  - role model of good medical practice
  - sounding board for the doctor's ideas
  - resource in times of difficulty.

13. Their key role is to help develop a CPD plan each year. They may also facilitate:
- 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.
14. Please refer to the collegial relationship agreement in the appendices section of this booklet for further information about collegial relationships.

## Record keeping

15. Council audits CPD participation, and therefore it is essential that you develop a CPD plan to ensure that you satisfy all of the requirements. If you are working in a collegial relationship, make sure that you keep records of your CPD as you go so you can produce your records when you are audited.

## Continuing professional development

16. Your continuing professional development 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

- providing good clinical care
  - keeping records
  - prescribing drugs or treatment
  - supporting self-care
  - providing care to those close to you
  - treating people in emergencies
  - cultural competence
- 

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### Communication

- doctor-patient relationship
  - establishing and maintaining trust
  - confidentiality
  - giving information to patients about their condition
  - involving relatives, carers and partners
  - giving information to patients about education and research activities
  - advising patients about your personal beliefs
  - assessing patients' needs and priorities
  - avoiding discrimination
  - ending a professional relationship
  - advertising
  - dealing with adverse outcomes
  - working in teams
  - overseeing prescribing by other health professionals
  - arranging cover
  - delegating patient care to colleagues
  - referring patients
  - sharing information with the patients' general practitioner
  - providing your contact details.
- 

### Collaboration and management

- working with colleagues
  - making decisions about access to medical care
- 

### Scholarship

- teaching, training, appraising and assessing doctors and students
  - research
  - maintaining and improving your performance
- 

### Professionalism

- raising concerns about patient safety
  - writing reports, giving evidence and signing documents
  - your health
  - integrity in professional practice
  - financial and commercial dealings
  - hospitality, gifts and inducements
  - conflicts of interest
-

# What does continuing professional development involve?

17. As a general rule, the Council requires most doctors to do 50 hours of continuing professional development (CPD) each year.
18. For doctors registered in a **general scope of practice** and working in a collegial relationship CPD must include:
  - **Collegial relationship meetings** (six meetings in the first year, and four meetings a year after that, with a minimum of eight interactive hours a year).
  - **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.

Peer review must take place in an environment conducive to:

- the confidentiality of the patients being discussed
- the privacy of the doctors whose work is being reviewed
- mutual learning
- professional support and collegiality.

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.

For clinicians, peer review does 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.

19. Doctors registered in a **vocational scope of practice** must participate in an accredited recertification programme administered by the relevant branch advisory body.

## Your responsibility

20. Your participation in CPD is your responsibility, not that of your employer, branch advisory body, medical school, 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?

### General scope:

21. Meet with your colleague to develop a CPD plan. This will ensure that you will meet all of the CPD requirements, listed below, over a 12 month period.
22. Keep records of all of your CPD activities so that you can easily provide the records to Council when you are asked to do so.

### Vocational scope:

23. Contact the relevant college or association for advice about enrolling in their recertification programme. (See Appendix 2)
24. You must then satisfy all the requirements of that programme so that you will be issued with a completion certificate at the end of each recertification period.
25. When you are audited please provide a copy of this certificate with your application for your practising certificate.

### CPD options

26. 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 | 27               |
| Specialists working in their vocational scope   | 28               |
| General practitioners participating in the RNZCGP GPEP2                                       | 29               |
| Credentialed medical officers not registered in a vocational scope                            | 30               |
| Doctors in specialist training programmes   | 31               |
| Doctors in non-clinical practice  | 32               |

| Option | If you are...   | Your CPD option is...                                       | Requirements  |
|--------|---|---|---|
| 27.    | registered and practising in a general scope of practice, or registered in a general scope and a vocational scope, but working outside your vocational scope                            | A collegial relationship                                    | <p>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</p> <ul style="list-style-type: none"> <li>■ participate in an approved branch advisory body recertification programme, or</li> <li>■ arrange your own CPD with the help of your colleague.</li> </ul> <p>If you choose to arrange your own CPD, you must spend 50 hours each year on CPD activities including:</p> <ul style="list-style-type: none"> <li>■ 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</li> <li>■ one clinical audit each year</li> <li>■ at least 10 hours a year of peer review</li> <li>■ at least 20 hours a year of continuing medical education.</li> </ul> <p>In addition:</p> <ul style="list-style-type: none"> <li>■ your CPD must be referenced to the domains of practice listed in paragraph 16</li> <li>■ you must record your CPD on the Council's forms, which you can download and print from the website</li> <li>■ your colleague must sign your practising certificate application form each year</li> <li>■ if audited, you must produce forms, signed by your colleague, to show you are meeting the Council's recertification requirements.</li> </ul> |
| 28.    | registered and practising in a vocational scope, or registered in a vocational scope and practising in a different scope and your work is covered by the same recertification programme | a College or branch advisory body recertification programme | <p>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 2, page 34).</p> <p>Groups of doctors may apply to Council for approval to participate in alternative recertification programmes. To ensure doctors do not work in professional isolation however, Council will not approve individual alternative programmes.</p>  |

| Option                      | If you are...  | Your CPD option is...   | Requirements   |
|-----------------------------|--|---|--|
| <b>Special arrangements</b> |  |   |  |
| 29.                         | a general practitioner enrolled in stage 2 of the Royal New Zealand College of General Practitioners (RNZCGP) General Practice Education Programme (GPEP2) | active participation and reporting to the RNZCGP  | <p>You must:</p> <ul style="list-style-type: none"> <li>■ establish a relationship with a colleague who can support and monitor your progress through the GPEP2</li> <li>■ meet formally with your colleague four times each year</li> <li>■ comply with the GPEP2 requirements</li> <li>■ report directly to the RNZCGP.</li> </ul> <p>You are required to maintain records of your meetings with your colleague (see form CPD1 at the end of this book) and send these records when you are audited.</p> <p>You do not need to keep separate records (forms CPD 2-6) for the Council while you are actively participating in GPEP2. We will check your participation directly with the RNZCGP.</p> <p>If you are not reporting regularly to the College, ie, not progressing with GPEP2, the Council will review your situation to ensure your compliance with CPD requirements.</p> |
| 30.                         | a credentialed medical officer registered in a general scope of practice, and you are not registered in a vocational scope of practice                     | <ul style="list-style-type: none"> <li>■ organisational performance management system; and</li> <li>■ formal appraisal; and</li> <li>■ participation in an approved branch advisory body recertification programme (see Option 28)</li> </ul> | <p>If you are working as a medical officer you may either:</p> <ul style="list-style-type: none"> <li>■ establish a collegial relationship (see Option 27), or</li> <li>■ arrange with your employer to: <ul style="list-style-type: none"> <li>– ensure you have a defined job description linked to an effective organisational performance appraisal and management system</li> <li>– be credentialed by a formal District Health Board or hospital credentialing committee, and</li> <li>– participate in appropriate branch advisory body recertification programme(s) relevant to the work you do.</li> </ul> </li> </ul> <p>If you choose the second option, your employer (or suitable alternative) will be asked to confirm these arrangements are in place.</p>  |

| Option | If you are...  | Your CPD options are...   | Requirements   |
|--------|--|---|--|
| 31.    | enrolled as a registrar and actively participating in formal vocational training | vocational training   | <p>If you are a doctor in an accredited vocational training programme, you will have an established relationship with your supervisor.</p> <p>Please ensure that your training supervisor or director signs your practising certificate application form.</p> <p>As long as you stay in your vocational training programme, and this is verified by your College or other training authority, you do not have to keep CPD records or establish a collegial relationship.</p> <p>If you withdraw from vocational training and continue practising you must establish a collegial relationship (see Option 27).</p>  |
| 32.    | working in non-clinical practice (as defined by Council)                         | <p>CPD Associate (must be approved by Council)</p> <p>A College or Branch Advisory Body recertification programme</p> | <p>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 a CPD Associate rather than a collegial relationship.</p> <p>If this is approved, you must recertify by forming a professional relationship with another person 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 CPD Associate does not have to be a registered doctor.</p> <p>If you are registered in a vocational scope and are no longer working in clinical practice, you are able to retain your vocational scope.</p> <p>You may meet Council's recertification requirements by completing CPD through your own BAB or through RACMA. Your BAB may exempt doctors working in non-clinical practice from clinical peer review, but CPD activities must cover your non-clinical practice.</p> <p>The Council will propose to limit your scope of practice to 'non-clinical practice'. If you wish to return to clinical practice, you must retrain with your BAB.</p> |

# Keeping records of your CPD activities

33. 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.
34. When you apply for your practising certificate, the Council will ask you to declare that you are actively participating in CPD, unless we have exempted you.

## Audit

35. The Council will audit 10 per cent 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 practising certificate.
36. Audit requirements are:

| <b>If you are in a vocational training programme</b>                | <b>The Council will ask your branch advisory body to confirm your participation.</b>   |
|---|--|
| If you are participating in an accredited recertification programme | Either: <ul style="list-style-type: none"> <li>■ send a copy of the certificate issued by your BAB, or</li> <li>■ we will check directly with the BAB for confirmation that you are participating (you must authorise us to do this on your practising certificate application.)</li> </ul>  |
| If you are working in a collegial relationship                      | Your colleague must sign your practising certificate 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 <i>Record of continuing professional development</i> (Appendix 3).<br><br>You can download the forms from the Council's website. |

|   |  |
|---|--|
| If you are a credentialed medical officer you do not have an established collegial relationship | You must nominate an appropriate person the Council can contact to confirm that: <ul style="list-style-type: none"> <li>■ you are credentialed, and</li> <li>■ your employer has a performance management system.</li> </ul> We will check with the relevant branch advisory body that you are participating in an approved recertification programme. |
| If you are working with a CPD Associate   | Your associate 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.  |

## Audit outcomes

37. If you satisfy the audit requirements, you will be recertified and your practising certificate will be issued. This will be the outcome for most doctors.
38. If you do not comply with the requirements the Council will propose to place conditions on your scope of practice. Council may also propose to alter your scope of practice or suspend your registration. You will be given an opportunity to make submissions and attend a Council meeting to present your submissions before Council makes a final decision on your application for your practising certificate.

## Managing problems

39. 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 3 to guide you, or amend it to suit your individual circumstances.

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

## About competence

40. 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.
41. 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 or 776.

## About conduct

42. 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.
43. The appropriate organisation will investigate all reports made in good faith.

## About health

44. 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.
45. You can contact the Council on 0800 286 801 to discuss any concerns you may have about yourself or about a colleague.

## Liability

46. 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.
47. 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

|  |   |   |
|--|---|---|
| Publications   | ■ <i>Cole's Medical practice in New Zealand</i>   | Explains about medical practice in New Zealand  |
|  | ■ <i>Good medical practice. A guide for Doctors</i>   | Explains the duties and responsibilities of doctors working in New Zealand  |
|  | ■ <i>Standards and guidelines</i>   | These documents set standards and provide guidelines on a variety of issues affecting the medical profession.   |
| All publications are available at <a href="http://www.mcnz.org.nz">www.mcnz.org.nz</a> – Resources |   |   |
| Ministry of Health   | ■ <i>Toward clinical excellence, an introduction to clinical audit peer review and other clinical practice improvement activities</i> | A handbook for doctors developing expertise in peer review and clinical audit 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 |

# Frequently asked questions

## General topics

### 48. 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 (Skype, video-conferencing, etc) 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.*

**49. 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.*

**50. I took a break from medicine last year. Can I reduce the amount of continuing professional development I would normally have to do?**

*You will be required to complete your CPD requirements over a full calendar year. If you are audited before you have completed the full 12 months, please let us know and we will defer your audit for another 12 months.*

**51. 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. You are expected to participate in peer group review, and use email and internet technology to develop a collegial relationship with a doctor who is not a member of your family.*

**52. 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 a practising certificate. Use email and internet technology to help with your ongoing communication and learning.*

**53. 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 limit your scope of practice to more accurately reflect the work you do.*

*The CPD requirements will be modified to take these changes into account – you may be required to establish a relationship with a CPD associate rather than establish a collegial relationship. Contact us so that your individual case can be considered.*

**54. 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.*

**55. 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 recognises that this does happen and in certain circumstances this is acceptable.*

*You may prescribe for yourself and your family, but only in accordance with the Council's Statement on providing care to yourself and those close to you. Your prescribing must be monitored by another doctor.*

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

## Working in general or private practice

**56. 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.*

**57. 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. If you no longer wish to participate in the College programme, you will be required to relinquish your vocational scope and establish a collegial relationship with someone who can help you plan and review CPD to maintain your competence and keep you involved with other doctors.*

**58. 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 option 27).*

**59. 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.*

**60. 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 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 12).*

**61. 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.*

**62. 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.*

*If you are not registered in a general scope of practice (as well as your vocational scope of accident and medical practice) you must apply to Council if you wish to work in general practice.*

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

*You must establish a relationship with a CPD Associate. Please see option 32 for details.*

## Working in hospitals

**64. 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?**

*As part of the Council's promotion of lifelong learning, all doctors must take part in CPD and keep CPD records.*

*Ideally you will be able to establish a collegial relationship for the duration of your work at this level, however if this is not possible you will need to develop your own CPD plan and have your records and practising certificate application form signed by your 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.*

**65. 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.*

**66. I am a medical officer 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 30).*

*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.*

**67. 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 College of Intensive Care Medicine of Australia and New Zealand:

- 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 recertification programme covers your intensive care work.

**68. 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.

**69. 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'

**70. 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

This may include:

- helping the doctor to develop a CPD plan each year
- 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.

**71. 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

**72. 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.

### 73. 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 recertification programme initially accredited and then reaccredited periodically by the Council.

### 74. 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.

### 75. 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.

### 76. Credentialing

Credentialing is a process used by health and disability service providers to assign specific clinical responsibilities to doctors on the basis of 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.

### 77. 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.

### 78. 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 a practising certificate is required. This list is not exhaustive.

The doctor in non-clinical practice may apply to the Royal Australasian College of Medical Administration (RACMA) to participate in the RACMA recertification programme. Alternatively, the doctor can form a relationship with a CPD Associate who can confirm his or her participation in appropriate training and competence to do the work.

The doctor may also be able to claim a reduction of the practising certificate fee — dependent on income — or waiving of the fee if he or she is retired and the work they do is providing a service to the profession only.

### 79. 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.

### 80. 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.

### 81. 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.*

## 82. 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:*

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

*The HPCAA 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:

83. registered within a **provisional general or provisional vocational** scope of practice, ie:
  - New Zealand or international medical graduates (IMGs) who have recently graduated and are working in their first postgraduate year
  - IMGs who have passed the Council's registration examination (NZREX Clinical)
  - IMGs who satisfy Council's *Policy for registration within a provisional general scope*
  - IMGs who satisfy the Council's *Policy for registration or assessment within a vocational scope*.
84. registered within a **general scope** of practice:
  - doctors who have been registered within a provisional general scope for at least six months and who have completed the requirements of registration within a general scope.
85. registered within a **vocational scope** of practice:
  - doctors who have been recognised by the Council as having appropriate specialist training, qualifications, experience and competence in a recognised branch of medicine.
86. registered within a **special purpose scope** of practice:
  - doctors who have been registered to do research, for sponsored training, for postgraduate training, to do a specialist locum tenens, to do teleradiology, to assist during a pandemic, for an emergency or for another specified or defined purpose approved by the Council.

# Appendices

## Appendix 1

### Regular practice review

#### 1. Vocational scope

Council is encouraging BABs to develop regular practice review (RPR) processes for doctors registered in a vocational scope of practice, and make these available as part of the CPD programme on a voluntary basis.

#### 2. General scope

The Council is strengthening the recertification programmes for doctors registered in a general scope of practice, who are not participating in a vocational training programme, by requiring them to participate in an accredited recertification programme. This programme must include regular practice review (RPR) to be undertaken 3 yearly, with the first review to be undertaken 3 years after the doctor achieves registration in a general scope of practice.

### Key principles for regular practice review

Following extensive consultation in 2009 Council agreed to a set of key principles to apply to RPR processes.

The key principles for RPR include that:

- RPR is a formative process. It is a supportive and collegial review of a doctor's practice by peers, in a doctor's usual practice setting
- the primary purpose of RPR is to improve the existing high standard of the profession. It is possible that RPR may also assist in the identification of poor performance which may adversely affect patient care
- RPR will be led by the profession with support and assistance from Council
- Council will encourage each BAB to develop a RPR process using specific tools relevant to that specialty. Alternatively they may expand upon existing BAB processes or tools that have already been developed by Council to include Council's principles of RPR. The BABs will make the process available to doctors on a voluntary basis. Council will assess and provide feedback about the RPR process when accrediting a BAB CPD programme
- RPR is informed by a portfolio of information provided by the doctor, which may include audit outcomes and logbooks
- a 360 assessment forms part of a RPR
- RPR must include some component of external assessment, that is by peers external to the doctor's usual practice setting
- the RPR must include a process for providing constructive feedback to the doctor being assessed
- the organisation responsible for undertaking the RPR must have a process for assisting the doctor in identifying and addressing learning needs.

### Tools for assessing doctors during RPR

Council believes that the profession is best placed to lead the implementation of RPR, including the development of tools for each area of medicine. The BABs have the expertise and knowledge of the competencies required for their specialty area. They also currently take direct responsibility for educational outputs such as CPD programmes and vocational training. Other organisations interested in providing recertification programmes would need to meet the accreditation criteria Council sets for the BABs.

The BAB or accredited provider will retain responsibility for the design and implementation of the RPR process. Council will assist in sharing knowledge among organisations.

The RPR will be informed by a portfolio of information provided by the doctor. The portfolio will include details of CPD activities undertaken, audit outcomes and logbooks, if appropriate. Council has developed a range of tools which would be available to accredited providers and BABs, should they wish to use them. The tools include:

- interview with the doctor
- observation of consultations
- records review
- case based oral assessment
- peer ratings
- interviews with colleagues
- knowledge testing
- analysis of data concerning prescribing and laboratory use.

## Appendix 2 – Approved vocational scopes, branch advisory bodies and recertification programmes

| <b>VOCATIONAL SCOPES</b>   | <b>BRANCH ADVISORY BODIES</b>   |
|--|---|
| <b>Recertification programmes</b>  |   |
| 1 ACCIDENT AND MEDICAL PRACTICE<br>Recertification                               | Accident and Medical Practitioners Association<br>202 Ponsonby Road, Auckland<br>Ph: 64 9 376 5783, email: info@ampa.co.nz  |
| 2 ANAESTHESIA<br>Continuing professional development                             | New Zealand National Committee, Australian and New Zealand College of Anaesthetists<br>PO Box 25506, Panama Street, Wellington 6146<br>Ph: 64 4 499 1213, email: anzca@anzca.org.nz           |
| 3 CARDIOTHORACIC SURGERY<br>Continuing professional development                  | New Zealand Committee, Royal Australasian College of Surgeons<br>PO Box 7451, Wellington<br>Ph: 64 4 385 8247, email: College.NZ@surgeons.org   |
| 4 CLINICAL GENETICS<br>MyCPD   | Royal Australasian College of Physicians<br>PO Box 10601, Wellington<br>Ph: 64 4 472 6713, email: racp@racp.org.nz  |
| 5 DERMATOLOGY<br>(i) MyCPD   | The branch advisory body is:<br>Royal Australasian College of Physicians<br>PO Box 10601, Wellington<br>Ph: 64 4 472 6713, email: racp@racp.org.nz  |
| (ii) Continuing medical education  | An alternative approved recertification programme is run by:<br>New Zealand Dermatological Society<br>email: ireiche@aorangihospital.co.nz  |
| 6 DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY<br>Continuing professional development | New Zealand Branch, Royal Australian and New Zealand College of Radiologists<br>PO Box 10424, The Terrace, Wellington<br>Ph: 64 4 472 6470, email: nzbranch@ranzcr.org.nz                     |
| 7 EMERGENCY MEDICINE<br>Maintenance of professional standards                    | New Zealand Faculty, Australasian College for Emergency Medicine<br>PO Box 22234, Wellington<br>Ph: 64 4 938 4827, email: acemnz@paradise.net.nz www.acem.org.au                              |
| 8 FAMILY PLANNING AND REPRODUCTIVE HEALTH<br>Continuing medical education        | Family Planning and Reproductive Health<br>Private Bag 99929, Newmarket, Auckland<br>Ph: 64 9 524 3352, email: christine.roke@fpanz.org.nz  |
| 9 GENERAL PRACTICE<br>Maintenance of professional standards                      | Royal New Zealand College of General Practitioners<br>PO Box 10440, Wellington<br>Ph: 64 4 496 5999, email: rnzcgpp@rnzcgpp.org.nz  |
| 10 GENERAL SURGERY<br>Continuing professional development                        | New Zealand Committee, Royal Australasian College of Surgeons<br>PO Box 7451, Wellington<br>Ph: 64 4 385 8247, email: College.NZ@Surgeons.Org   |
| 11 INTENSIVE CARE MEDICINE<br>Maintenance of professional standards              | New Zealand National Committee, College of Intensive Care Medicine of Australia and New Zealand<br>PO Box 25167, Panama Street, Wellington 6146<br>Ph: 64 4 499 1213, email: cicm@cicm.org.nz |
| 12 INTERNAL MEDICINE<br>MyCPD  | New Zealand Committee, Royal Australasian College of Physicians<br>PO Box 10601, Wellington<br>Ph: 64 4 472 6713, email: racp@racp.org.nz   |
| 13 MEDICAL ADMINISTRATION<br>Continuing education programme                      | Royal Australasian College of Medical Administrators<br>PO Box 10233, Wellington<br>Ph: 64 4 472 9183, email: racma@aifphm.org.nz   |
| 14 MUSCULOSKELETAL MEDICINE<br>Reaccreditation programme                         | New Zealand Association of Musculoskeletal Medicine<br>394 Hibiscus Coast Highway, Orewa<br>www.musculoskeletal.co.nz, email: markjohn@ihug.co.nz   |

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| 15 | NEUROSURGERY<br>Continuing professional development                              | New Zealand Committee, Royal Australasian College of Surgeons<br>PO Box 7451, Wellington<br>Ph: 64 4 385 8247, email: College.NZ@surgeons.org  |
| 16 | OBSTETRICS AND GYNAECOLOGY<br>Continuing professional development                | New Zealand Committee, Royal Australian and New Zealand College of Obstetricians and Gynaecologists<br>PO Box 10611, The Terrace, Wellington<br>Ph: 64 4 472 4608, email: ranzcog@ranzco.org.nz www.ranzcog.edu.au   |
| 17 | OCCUPATIONAL AND ENVIRONMENTAL MEDICINE<br>Maintenance of professional standards | New Zealand Regional Committee, Australasian Faculty of Occupational and Environmental Medicine<br>PO Box 2891, Auckland<br>Ph: 64 9 625 4434, Auckland<br>Ph: +61 2 8247 6239, email: FacultyCPD@racp.edu.au  |
| 18 | OPHTHALMOLOGY<br>Continuing professional development                             | New Zealand Branch, Royal Australian and New Zealand College of Ophthalmologists<br>PO Box 31186 Milford, Auckland 9<br>Ph: 64 9 489 6871, email: sloanbh@wave.co.nz www.ranzco.edu  |
| 19 | ORAL AND MAXILLOFACIAL SURGERY<br>Continuing professional development            | RACDS Board of Studies for OMS, C/- Oral and Maxillofacial Surgery<br>Christchurch Hospital<br>Private Bag 4710, Christchurch<br>Ph: 64 3 379 6234, email: ceo@racds.org   |
| 20 | ORTHOPAEDIC SURGERY  | New Zealand Committee, Royal Australasian College of Surgeons<br>PO Box 7451, Wellington<br>Ph: 64 4 385 8247, email: College.NZ@surgeons.org  |
| 21 | OTOLARYNGOLOGY HEAD AND NECK SURGERY<br>Continuing professional development      | New Zealand Committee, Royal Australasian College of Surgeons<br>PO Box 7451, Wellington<br>Ph: 64 4 385 8247, email: College.NZ@surgeons.org  |
| 22 | PAEDIATRIC SURGERY<br>Continuing professional development                        | New Zealand Committee, Royal Australasian College of Surgeons<br>PO Box 7451, Wellington<br>Ph: 64 4 385 8247, email: College.NZ@surgeons.org  |
| 23 | PAEDIATRICS<br>MyCPD   | New Zealand Committee, Royal Australasian College of Physicians<br>PO Box 10601, Wellington<br>Ph: 64 4 472 6713, email: racp@racp.org.nz  |
| 24 | PALLIATIVE MEDICINE<br>Maintenance of professional standards                     | Australasian Chapter of Palliative Medicine, Royal Australasian College of Physicians<br>PO Box 10601, Wellington<br>Ph: 64 4 472 6713, email: racp@racp.org.nz  |
| 25 | PATHOLOGY<br>Continuing medical education  | Royal College of Pathologists of Australasia<br>PO Box 14108, Kilbirnie, Wellington<br>Ph: 64 4 387 8273, email: College.NZ@surgeons.org   |
| 26 | PLASTIC AND RECONSTRUCTIVE SURGERY<br>Continuing professional development        | New Zealand Committee, Royal Australasian College of Surgeons<br>PO Box 7451, Wellington<br>Ph: 64 4 385 8247, email: College.NZ@surgeons.org  |
| 27 | PSYCHIATRY<br>Continuing professional development                                | New Zealand Branch, Royal Australian and New Zealand College of Psychiatrists<br>PO Box 10669, Wellington<br>Ph/Fax: 64 4 472 7247, email: cpd@ranzcp.co.nz  |
| 28 | PUBLIC HEALTH MEDICINE<br>Continuing professional development                    | The branch advisory body is:<br>New Zealand College of Public Health<br>PO Box 10233, Wellington<br>Ph: 64 4 472 9183, email: admin@populationhealth.org.nz<br>An alternative approved recertification programme is run by<br>Australasian Faculty of Public Health Medicine<br>145 Macquarie Street, SYDNEY NSW 2000<br>+61 2 9256 9622, email: afphm@racp.edu.au |

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|----|---|--|
| 29 | RADIATION ONCOLOGY<br>Continuing professional development | New Zealand Branch, Royal Australian and New Zealand College of Radiologists<br>PO Box 10424, The Terrace, Wellington<br>Ph: 64 4 472 6470, email: nzbranch@ranzcr.org.nz        |
| 30 | REHABILITATION MEDICINE<br>Continuing medical education   | New Zealand Branch, Australasian Faculty of Rehabilitation Medicine<br>779 Portobello Road, Portobello, Dunedin<br>Ph: 64 3 474 0999, email: racp@racp.edu.au                    |
| 31 | RURAL HOSPITAL MEDICINE<br>Continuing medical education   | Division of Rural Hospital Medicine NZ, Royal New Zealand College of General Practitioners<br>PO Box 10440, Wellington<br>Ph: 64 4 496 5963, email: lana.henderson@rnzcgp.org.nz |
| 32 | SEXUAL HEALTH MEDICINE<br>Continuing medical education    | Australasian Chapter of Sexual Health Medicine (RACP)<br>15 St Johns Avenue, Palmerston North<br>Ph: 64 6 357 4023, email: anne_robertson@clear.net.nz                           |
| 33 | SPORTS MEDICINE<br>Maintenance of professional standards  | Australasian College of Sports Physicians, Anglesea Sports Medicine<br>PO Box 4362, Hamilton East<br>Ph: 64 7 957 6064, email: chris@angleseaphysioandsports.co.nz               |
| 34 | UROLOGY<br>Continuing professional development            | New Zealand Committee, Royal Australasian College of Surgeons<br>PO Box 7451, Wellington<br>Ph: 64 4 385 8247, email: College.NZ@surgeons.org                                    |
| 35 | VASCULAR SURGERY<br>Continuing professional development   | New Zealand Committee, Royal Australasian College of Surgeons,<br>PO Box 7451, Wellington,<br>Ph: 64 4 385 8247, email: College.NZ@surgeons.org                                  |

CPD1 – May 06  
Registration No:



# 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 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 (HO etc) \_\_\_\_\_ Branch of medicine: \_\_\_\_\_  
 Workplace: \_\_\_\_\_

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ MCNZ Registration No: \_\_\_\_\_

Please take a copy for your record and post or fax this form to the Council office:  
 PO Box 11649, Wellington 6142  
 Fax: 04 385 8902



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

CPD1a – July 07  
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: \_\_\_\_\_

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

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

MCNZ Registration No: \_\_\_\_\_

### General practitioner or physician

Name: \_\_\_\_\_

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

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

MCNZ Registration No: \_\_\_\_\_

Please take a copy for your record and post or fax this form to the Council office:

PO Box 11649, Wellington 6142

Fax: 04 385 8902



## CPD Associate agreement: Doctors who are exempt from working in a collegial relationship.

CPD1b – Aug 06  
Registration No:

### Objectives

The objectives of the continuing professional development (CPD) associate agreement are:

- To ensure the doctor named in this agreement maintains safe practice, and
- To clarify the individual responsibilities of the doctor and the CPD associate.

### Responsibility of the doctor working with a CPD associate

- You must arrange to see your CPD associate as agreed during the year.
- You must undertake to do what is necessary to ensure your knowledge and skills relevant to the work you are doing is maintained to the required standard. This is necessary to protect the health and safety of the public.

### Responsibility of the CPD associate

You must:

- be sufficiently aware of the doctor's practice to be able to confirm to the Council that the doctor is competent to do the work he or she is doing at the time he or she applies for an annual practising certificate.
- ensure that the doctor undertakes ongoing education to ensure that his or her medical knowledge is kept up to date, relevant to type of work he or she is doing.

### Legal liability

The CPD associate will not be responsible for the doctor's actions unless he or she fails to fulfil the responsibilities listed in this agreement.

### CPD associate arrangement

This arrangement is between:

- Dr \_\_\_\_\_ (doctor ) and
- \_\_\_\_\_ (CPD associate)

### Agreement

We, the undersigned, agree to meet \_\_\_\_\_ times each year to ensure ongoing practice is appropriate.

We confirm that procedures are in place to ensure that Dr \_\_\_\_\_ is competent to continue in the position held, and to do the work he or she is doing.

### Signed by:

#### Doctor

Name: \_\_\_\_\_

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

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

MCNZ Registration No: \_\_\_\_\_

#### CPD associate

Name: \_\_\_\_\_

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

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

MCNZ Registration No: \_\_\_\_\_

Please take a copy for your record and post or fax this form to the Council office:

PO Box 11649, Wellington 6142

Fax: 04 385 8902



# Continuing professional development and recertification

## Collegial relationship meetings

Name: *(doctor registered with 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:

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Commendations:

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Concerns and recommendations:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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



# 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 with a general scope)*

MCNZ Reg No:

Name: *(colleague)*

MCNZ Reg No:

### A. Practice clinical audit

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<br>How did you change your practice as a result? | Colleague's comments<br>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   |  |                                      |

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



## Training Registrar – CPD arrangements Exempt from working in a collegial relationship.

CPD7 – July 08  
Registration No:

### Objective

- To confirm that the doctor named is enrolled and actively participating in a formal vocational training programme.

### Responsibility of the doctor

You must:

- remain in the vocational training programme in order to be exempt from a collegial relationship and keeping CPD records
- undertake to do what is necessary to ensure your knowledge and skills relevant to the work you are doing is maintained to the required standard. This is necessary to protect the health and safety of the public.

### Responsibility of the supervisor of training

You must:

- be sufficiently aware of the doctor's practice to be able to confirm to the Council that the doctor is competent to do the work he or she is doing at the time he or she applies for an annual practising certificate
- have an established relationship with the doctor participating in the vocational training programme
- be registered in the same vocational scope of practice as the doctor is training in.

### Legal liability

Unless the supervisor acts in bad faith or without reasonable care, they are not civilly liable for the actions of those they supervise.

### Confirmation

We, the undersigned, agree that procedures are in place to ensure that the doctor named below is competent to continue in the vocational training programme.

### Name of vocational training programme

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### Vocational scope of practice

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### Signed by:

#### Doctor

Name:

Signature:

Date:

MCNZ Registration No:

#### Supervisor of training

Name:

Signature:

Date:

MCNZ Registration No:

Please take a copy for your record and post or fax this form to the Council office:  
PO Box 11649, Wellington 6142  
Fax: 04 385 8902



### **Contact details**

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