



Te Kaunihera  
Rata o  
Aotearoa

**Medical  
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## CPD8 Recertification programme for doctors registered in a General scope of practice

Registration no:

\_\_\_\_\_

### Objective

To confirm that the doctor named is enrolled and actively participating in *Inpractice*, the Council approved recertification programme for doctors registered in a General scope of practice, administered by bpac<sup>nz</sup>.

### Responsibility of the doctor

You must:

- remain enrolled and participating in *Inpractice*; and
- 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.

### The objectives of recertification are to:

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

### How to enrol

To enrol with the *Inpractice* programme, please call bpac<sup>nz</sup> for assistance at 0800 884 889 or email them at [support@inpractice.org.nz](mailto:support@inpractice.org.nz). Completing your enrolment is quite simple; you will be asked to create an online account with *Inpractice*, and to supply the name and registration number of a vocationally registered colleague who will be providing your collegial relationship. For more information on the details of the recertification programme, please go to the *Inpractice* website at [www.inpractice.org.nz](http://www.inpractice.org.nz).

### New registrants

You will not be able to complete your enrolment with *Inpractice* until granted registration within a General scope of practice. You must promptly complete the enrolment process as soon as you have been granted registration and provided with a registration number.

### Declaration

I, the undersigned, confirm that I have enrolled/will enrol in *Inpractice*, the approved recertification programme for doctors registered in a General scope of practice.

- I have enclosed evidence of my enrolment in *Inpractice* recertification programme named above. (This can include your confirmation of enrolment email from bpacnz or a screen shot of your eportfolio).
- I will provide evidence of my enrolment in *Inpractice* recertification programme once I have been registered in the General scope of practice. (Evidence of enrolment is not required for first-time new registrants).

Name:

Signature:

Date:

MCNZ registration number:

Please email this form to the Council office at:  
[registration@mcnz.org.nz](mailto:registration@mcnz.org.nz)