



Collegial relationship agreement

PLEASE READ THE FOLLOWING TWO PAGES. THEY CONTAIN IMPORTANT INFORMATION.

This form is only to be completed by vocationally registered doctors who work outside their vocational scope of practice, or doctors who are limited to non-clinical practice.

(General registrants not in a vocational training programme are required to participate in the [Inpractice](#) recertification programme administered by bpac^{nz})

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.

Objective

The objective of the relationship is to ensure that the doctor's professional development plan (PDP) and Continuing Professional Development (CPD) activities are appropriate for the area of medicine they are working in.

Responsibilities of the doctor:

The responsibilities of the doctor are to:

- organise meetings with their collegial relationship provider, lasting one hour, initially six times a year, and at least four times a year in subsequent years
- provide materials for discussion and review (for example multisource feedback and audit reports)
- make a record of all collegial relationship meetings ([CPD2](#))
- record all details of CPD activities completed (Forms [CPD3](#), [CPD4](#), [CPD5](#), [CPD6](#))
- update their PDP following collegial relationship meetings as appropriate.

Responsibilities of the collegial relationship provider:

The responsibilities of the collegial relationship provider are to:

- be available for meetings
- ensure the doctor makes an adequate record of the meetings ([CPD2](#))
- review feedback and other educational and quality assurance material and support the doctor to reflect on their PDP utilising feedback to inform their learning needs
- take appropriate action if concerns arise about the doctor's fitness to practise.

Liability

The collegial relationship provider is neither responsible nor liable for the doctor's decisions unless they have been directly involved in the care of their patients. In this case any investigation would include an investigation of the collegial relationship provider's level of involvement.

PTO

PLEASE COMPLETE THE FOLLOWING TO INDICATE THAT BOTH PARTIES HAVE READ AND AGREED TO THE RESPONSIBILITIES ABOVE.

Details of collegial relationship

Doctor (please fully complete this section or will it not be processed)

Name:

Registration number:

Signature:

Period agreed on - From:

To:

* This will need to be reviewed on an annual basis when you review your practice certificate

Employment level (e.g. HO)

Branch of medicine:

Workplace:

Collegial relationship provider within the same or similar vocational scope of practice to that the doctor is working in

Name:

Date:

Signature:

MCNZ Registration no:

Please take a copy for your record and email pc@mcnz.org.nz or post this form to the Council office:
PO Box 10509, The Terrace, Wellington 6143.