



Te Kaunihera  
Rata o  
Aotearoa

**Medical  
Council of  
New Zealand**

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**CPD3 – Medical practice audit record**

**PLEASE READ THE FOLLOWING. IT CONTAINS IMPORTANT INFORMATION.**

**Record of audit for vocationally registered doctors practising 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<sup>nz</sup>)

Name (doctor undertaking audit) MCNZ Reg No \_\_\_\_\_

Name (collegial relationship provider) MCNZ Reg No \_\_\_\_\_

**Completed audit of medical practice**

Please attach a copy of your written audit plan to this document before submitting it.

**Audit topic:** Please explain how the audit relates to an area of your practice that you wish(ed) to improve.

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**Performance standard:** Against which standard did you measure your performance?

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**What did you learn?** Please include an outline of the outcomes of the audit

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**How did your practice change as a result?** Please explain how you have responded / plan to respond to the outcomes of the audit. (Attach separate sheet, if necessary.)

- How will this impact on patient outcomes?
  - How will you monitor that the action you have taken, has had a positive impact?
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**When is your next audit due?**

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**Colleague's comments and sign-off**

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**MCNZ office use only**

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