



## Recertification programme for doctors registered in a general scope of practice

CPD8 – APR 2015  
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).

### Declaration

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

- I have enclosed evidence of my enrolment in the *Inpractice* recertification programme named above.   
(This can include your confirmation of enrolment email from bpac<sup>nz</sup> or a screen shot of your eportfolio).

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

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

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

MCNZ registration number: \_\_\_\_\_

Please take a copy for your records and post or email this form to the Council office at:

Postal address: PO Box 10509, The Terrace, Wellington, 6143. Email address: [registration@mcnz.org.nz](mailto:registration@mcnz.org.nz)

For more information on section 43 of the HPCA Act 2003, please go to [www.legislation.govt.nz/act/public/2003/0048/latest/DLM203823.html](http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203823.html).