



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

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CPD2– Collegial relationship meeting record

PLEASE READ THE FOLLOWING. IT CONTAINS 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 and complete the electronic meeting record within their ePortfolio)

Name (*doctor*) _____ MCNZ Reg No _____

Name (*Collegial relationship provider*) _____ MCNZ Reg No _____

Meeting date _____ Duration _____

Type (*eg, face to face, telephone*) _____

Educational and quality assurance activities carried out since the last meeting
(if this is your first meeting tick the activities recently undertaken)

Multisource feedback

Peer Review

RPR

Audit

CME

Specify.....

Other

Specify.....

Notes from the meeting (*summarise topics and discussion*)

Review of PDP

Discussion included:

Career planning

Self-care

Peer relationships

Updates to be made to the PDP

Signed (*doctor*)

Date

Signed (*Collegial relationship provider*)

Date

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