



# Recertification and continuing professional development booklet

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Medical Council of New Zealand, September 2016



Te Kaunihera Rata o Aotearoa  
Medical Council of New Zealand

Protecting the public, promoting good medical practice

Te tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

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# Introduction

1. If you want to practise medicine in New Zealand you must be registered with the Medical Council of New Zealand (the Council) and hold a current practising certificate issued under the Health Practitioners Competence Assurance Act 2003 (HPCAA).
2. The principal purpose of the HPCAA is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions. One of these mechanisms is a requirement that all practising doctors participate in continuing professional development so that they can be recertified (issued with a practising certificate) each year.

Please see Appendix 4 for more information on Council's vision and principles for recertification.

## What is continuing professional development?

3. Continuing professional development (CPD) is involvement in audit of medical practice, peer review and continuing medical education, aimed at ensuring that a doctor is competent to practise medicine. Continuing professional development is also intended to foster a culture of peer support and lifelong learning.

## What is recertification?

4. Recertification is a mechanism used to ensure doctors are competent to practise within the scope in which they are registered. Recertification should provide assurance to the public and patients that practising doctors are competent and safe to practise.

## Regular practice review

5. Council has defined its requirement/expectation that regular practice review (RPR) must form part of CPD including the principles upon which RPR is based. With the introduction of RPR to recertification programmes, Council is aiming to improve the already high standard at which the profession practises.

Please see Appendix 1 for further information about RPR.

## Vocational scope recertification

6. Recertification programmes of medical colleges and associations are recognised and accredited by Council. A list of accredited recertification programmes is included in the appendices section of this booklet.
7. Doctors are required to be enrolled and actively participating in a Council approved recertification programme when they apply for a practising certificate.
8. Doctors registered in a vocational scope are not required to establish a collegial relationship, unless they are also working outside their vocational scope in a general scope of practice.

## General scope recertification

9. Doctors registered in a general scope of practice, and who are not in a vocational training programme achieve recertification by participating in one of the following:
  - the recertification programme that the Council has contracted bpac<sup>nz</sup> to provide called *inpractice*, or
  - the recertification programme for credentialed Medical Officers employed by district health boards, who participate in the accredited recertification program provided by either the ANZCA or the RACP. (See paragraph 23).
10. Doctors working in non-clinical practice that is judged by Council's medical adviser to be a low risk to the health and safety of the public are required to establish either a collegial relationship or to establish a relationship with a CPD associate who will be required to attest that the doctor is maintaining safe practice. If the non-clinical practice is judged to be medium to high risk to the health and safety of the public then recertification requirements will be required for doctors registered in a general scope of practice or a vocational scope as appropriate.

## Record keeping

11. Council audits CPD participation, and therefore it is essential that you develop a CPD plan to ensure that you satisfy all of the requirements.

## Continuing professional development

12. Your continuing professional development should cover the domains of practice listed below. The Council's publication *Good medical practice* further explains these domains of practice.



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- Medical care**
- providing good clinical care
  - keeping records
  - prescribing drugs or treatment
  - supporting self-care
  - treating people in emergencies
  - cultural competence
- 

- Communication**
- doctor-patient relationship
  - establishing and maintaining trust
  - confidentiality
  - giving information to patients about their condition
  - involving relatives, carers and partners
  - giving information to patients about education and research activities
  - advising patients about your personal beliefs
  - assessing patients’ needs and priorities
  - avoiding discrimination
  - ending a professional relationship
  - advertising
  - dealing with adverse outcomes
  - working in teams
  - overseeing prescribing by other health professionals
  - arranging cover
  - delegating patient care to colleagues
  - referring patients
  - sharing information with the patients’ general practitioner
  - providing your contact details
- 

- Collaboration and management**
- working with colleagues
  - making decisions about access to medical care
- 

- Scholarship**
- teaching, training, appraising and assessing doctors and students
  - research
  - maintaining and improving your performance
- 

- Professionalism**
- raising concerns about patient safety
  - writing reports, giving evidence and signing documents
  - your health
  - integrity in professional practice
  - financial and commercial dealings
  - hospitality, gifts and inducements
  - conflicts of interest
-

# What does continuing professional development involve?

13. As a general rule, the Council requires most doctors to do 50 hours of continuing professional development (CPD) each year as part of their approved recertification programme, which should include:

- **Collegial relationship meetings** (six meetings in the first year, and four meetings a year after that, with a minimum of eight interactive hours a year).
- **Participation in audit of medical practice** (at least one audit per year). This is a systematic critical analysis of the quality of the doctor's own practice that is used to improve clinical and/or health outcomes, or to confirm that current management is consistent with current available evidence or accepted consensus guidelines.
  - Audit of medical practice may be multidisciplinary. It involves a cycle of continuous improvement of care, based on explicit and measurable indicators of quality.
  - It has a statistical basis.

Examples of medical practice audit include:

- external audit of procedures (not of the service)
- comparing the processes, or outcomes of health or patient care, with best practice in that domain
- analysis of patient outcomes
- audit of departmental outcomes including information on where you fit within the team
- audit of your performance in an area of practice measured against that of your peers
- taking an aspect of practice such as transfusion rates and comparing your performance to national standards
- formal double reading of scans or slides and assessment of your results against those of the group
- patient satisfaction survey
- check that cervical smear, diabetes, asthma, heart failure, lipid control and other procedures are done to pre-approved standard formats, including reflection on the outcome, plans for change and follow-up audit to check for health gains for that patient or for that group of patients.

See: <https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/audit-of-medical-practice/> for more information.

- **Peer review** (a minimum of 10 hours per year). This is evaluation of the performance of individuals or groups of doctors by members of the same profession or team. It may be formal or informal and can include any time when doctors are learning about their practice with colleagues. Peer review can also occur in multidisciplinary teams when team members, including other health professionals, give feedback. In formal peer review, peer(s) systematically review aspects of your work, for example, the first six cases seen, or a presentation on a given topic. Peer review normally includes feedback, guidance and a critique of your performance.

Peer review must take place in an environment conducive to:

- the confidentiality of the patients being discussed
- the privacy of the doctor whose work is being reviewed
- mutual learning
- professional support and collegiality.

Examples of peer review:

- joint review of cases
- review of charts
- practice visits to review a doctor's performance
- 360° appraisals and feedback
- critique of a video review of consultations
- discussion groups
- inter-departmental meetings, which may review cases and interpretations of findings
- mortality and morbidity meetings.

For clinicians, peer review does not include:

- practice management
- matters relating to practice premises or systems
- non-clinical research
- non-clinical education
- participation on College or other committees that are not of a clinical nature.

- **Continuing medical education** (a minimum of 20 hours per year)

This includes:

- attendance at relevant educational conferences, courses and workshops
- self-directed learning programmes and learning diaries
- assessments designed to identify learning needs in areas such as procedural skills, diagnostic skills or knowledge
- journal reading.

CPD may also include:

- examining candidates for College examinations
- supervising or mentoring others
- teaching
- publication in medical journals and texts
- research
- committee meetings with an educational content, such as guideline development
- giving expert advice on clinical matters
- presentations to scientific meetings
- working as an assessor or reviewer for the Council.

14. Doctors registered in a vocational scope of practice must participate in a recertification programme provided by an accredited college or other accredited organisation.

## Your responsibility

15. Your participation in CPD is your responsibility, not that of your employer, College, medical school, independent practitioners' association, PHO or any other person or organisation. Nevertheless, these organisations will be able to help you with your CPD.

## What do I have to do?

### General scope:

16. Contact [bpac<sup>nz</sup>](#) for advice about enrolling in the *inpractice* programme. You must then satisfy the requirements of the programme, and attest to this when you renew your practising certificate every year.

### Vocational scope:

17. Contact the relevant college or organisation for advice about enrolling in their recertification programme. (See Appendix 2)

18. You must then satisfy all the requirements of that programme so that you will be issued with a completion certificate at the end of each recertification period.

19. When you are audited please provide a copy of this certificate with your application for your practising certificate.



## CPD options

20. All the available CPD options are explained in the next few pages. As a quick reference, the available options relate to:

	<b>Paragraph</b>
Doctors registered in a general scope	21
Doctors in specialist training programmes	22
Credentialed medical officers not registered in a vocational scope	23
Specialists working in their vocational scope	24
Doctors registered in a provisional general scope	25
Doctors registered in a provisional vocational scope	26
Doctors registered in a special purpose scope	27
Doctors in non-clinical practice	28



Option	If you are...	Your CPD option is...	Requirements
21.	Registered and practising in a general scope of practice	The <i>Inpractice</i> programme	<ul style="list-style-type: none"> <li>■ If you are registered in a general scope you must participate in the <i>Inpractice</i> recertification programme administered by bpac<sup>nz</sup>.</li> </ul>
22.	Registered in a general scope of practice and enrolled as a registrar and actively participating in formal vocational training	An accredited vocational training programme	<p>If you are a doctor in an accredited vocational training programme, you will have an established relationship with your supervisor.</p> <p>As long as you stay in your vocational training programme, and this is verified by your College or other training organisation, you do not have to keep CPD records.</p> <p>If you withdraw from vocational training and continue practising you must join the <i>inpractice</i> programme.</p>
23.	A medical officer registered in a general scope of practice, employed by a DHB and participating in the ANZCA or RACP recertification programme	DHB Medical Officer recertification	<p>You may certify in this way if you are:</p> <ul style="list-style-type: none"> <li>■ participating in the ANZCA or RACP accredited recertification programme and</li> <li>■ were already participating in the ANZCA or RACP recertification programme prior to 14 March 2012 (and provide evidence of this), and</li> <li>■ employed as a Medical Officer, and</li> <li>■ employed solely in a public hospital, and</li> <li>■ employed in a permanent position (not fixed term or locum), and</li> <li>■ undertaking both credentialling and professional development reviews annually that are overseen by the CMO.</li> </ul> <p>The CMO of the DHB will be required to verify to the Council that all the above criteria are met by filling out the CPD9 form.</p>

Option	If you are...	Your CPD option is...	Requirements
24.	Registered and practising in a vocational scope, or registered in a vocational scope and practising in a different scope and your work is covered by the same recertification programme	A recertification programme provided by an accredited College or other accredited organisation	<p>If you are registered within a vocational scope, you must participate in an accredited recertification programme provided by a College or other organisation (see Appendix 2, page 27)</p> <p>Doctors may work outside their vocational scope but must do so within a collegial relationship.</p>
25.	Registered and practising in a provisional general scope of practice	Supervision by a vocationally registered doctor	<p>If you are registered within a provisional general scope, you must be supervised by a doctor registered in a vocational scope of practice related to the area of medicine you are working in, and meet any other requirements set by Council for gaining general registration.</p> <p>Your supervisor must provide at least 3-monthly supervision reports to Council.</p>
26.	Registered and practising in a provisional vocational scope of practice	Supervision by a vocationally registered doctor	<p>If you are registered within a provisional vocational scope, you must be supervised by a doctor registered in the same vocational scope of practice, and meet any other requirements set by Council for gaining vocational registration.</p> <p>Your supervisor must provide at least 3-monthly supervision reports to Council.</p>
27.	Registered and practising in a special purpose scope of practice	Supervision by a vocationally registered doctor	<p>If you are registered within a special purpose scope, you must be supervised by a doctor registered in a relevant vocational scope of practice.</p> <p>Your supervisor must provide at least 3-monthly supervision reports to Council.</p>

Option	If you are...	Your CPD option is...	Requirements
28.	working in non-clinical practice (as defined by Council)	Collegial relationship provider or CPD Associate (must be approved by Council)	<p>If you work in non-clinical practice and you believe the work you do meets the Medical Council's definition of <a href="#">non clinical practice</a>, you may <a href="#">apply</a> to the Medical Council to have your scope of practice limited to non-clinical practice (see <a href="#">CPD1c</a>).</p> <p>If this is approved, you must recertify by forming a professional relationship in the form of either a collegial relationship (see <a href="#">CPD1</a>) or a CPD Associate (see <a href="#">CPD1b</a>).</p> <p>If you are registered in a vocational scope and are no longer working in clinical practice, you are able to retain your vocational scope.</p> <p>You may meet Council's recertification requirements by completing CPD through your own College or through RACMA. Your College may exempt doctors working in non-clinical practice from clinical peer review, but CPD activities must cover your non-clinical practice. Check with your own College for more information.</p> <p>The Council may propose to limit your scope of practice to 'non-clinical practice'. If you wish to return to clinical practice, you must do so in collaboration with your College, which may include retraining.</p>
		A recertification programme provided by an accredited College or other accredited organisation	



## Audit

29. The Council will audit at least 15 percent of doctors each year to ensure they are complying with these requirements. Doctors selected for the audit will be advised in a letter which will be included with their application for their practising certificate.

30. Audit requirements are:

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If you are in a vocational training programme

The Council will ask your accredited provider to confirm your participation

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If you are participating in an accredited recertification programme

Either:

- send a copy of the certificate issued by your College or other accredited provider; or
  - we will check directly with the provider for confirmation that you are participating. You must authorise us to do this on your practising certificate application.
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If you are participating in *inpractice*

We will check directly with bpac<sup>nz</sup> for confirmation that you are participating.

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If you are a medical officer employed by a DHB (and you meet all the requirements listed in paragraph 23 on page 9)

- send a copy of the certificate issued by the ANZCA or the RACP, or
  - we will check directly with the ANZCA or RACP for confirmation that you are participating. You must authorise us to do this on your practising certificate application.
- 

If you are working with a CPD Associate

Your associate will be asked to confirm on your practising certificate application that you are complying with appropriate training or other activities to ensure you are competent to do the work you are doing.

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## Audit outcomes

31. If you satisfy the audit requirements, you will be recertified and your practising certificate will be issued. This will be the outcome for most doctors.

32. If you do not comply with the requirements, Council may propose to place conditions on your scope of practice. Council may also propose to alter your scope of practice or suspend your registration. You will be given an opportunity to make submissions and attend a Council meeting to present your submissions before Council makes a final decision on your application for your practising certificate.

# When and how you should tell the Council of a concern

## About competence

33. It is not mandatory to tell the Council about a doctor's poor performance but if there is a concern which cannot be resolved at a local level, and you consider the health and safety of the public or the doctor to be at risk, you have an ethical duty to report the concern to the Council.
34. The Council has procedures for reviewing doctors' performance. To discuss the options, please contact the Council on 0800 286 801 and ask for a Professional Standards Coordinator.

## About conduct

35. There may be times when you find out something about a colleague that should be reported to the Council, the Health and Disability Commissioner or the Police.
36. The appropriate organisation will investigate all reports made in good faith.

## About health

37. If an employer, manager or colleague is concerned that a doctor cannot work safely because of a mental or physical condition, that person has a statutory duty to tell the Council. We have a strong assessment and rehabilitation programme to help the doctor continue working in a way that is safe for both the public and the doctor concerned.
38. You can contact the Council on 0800 286 801 to discuss any concerns you may have about yourself or about a colleague.

# Liability

39. A doctor will only be liable for negligence if he or she was aware, or should have been aware, that another doctor was not competent or fit to practise, and took no action.
40. No one who tells the Council of his or her concerns about another doctor will be legally liable for any information given unless he or she has acted in bad faith.



# Resources

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Publications	■ <i>Cole's Medical Practice in New Zealand</i>	Explains about medical practice in New Zealand
	■ <i>Good medical practice. A guide for Doctors</i>	Explains the duties and responsibilities of doctors working in New Zealand
	■ <i>Standards and guidelines</i>	These documents set standards and provide guidelines on a variety of issues affecting the medical profession.

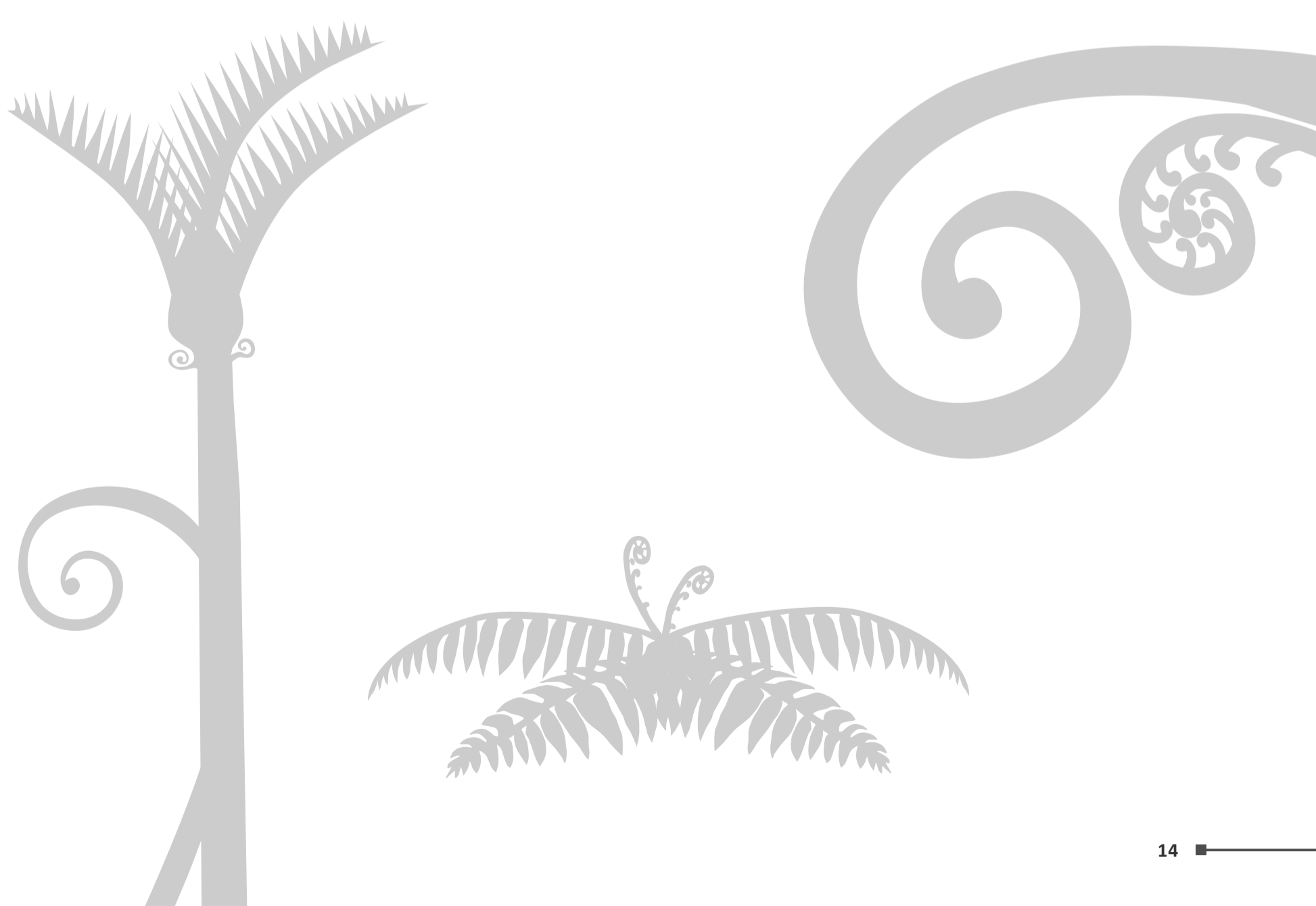
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All publications are available at [www.mcnz.org.nz](http://www.mcnz.org.nz) – News and publications

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Ministry of Health	■ <i>Toward clinical excellence, an introduction to clinical audit peer review and other clinical practice improvement activities</i>	A handbook for doctors developing expertise in peer review and clinical audit. This is available at <a href="http://www.moh.govt.nz">www.moh.govt.nz</a> or from the Ministry of Health, PO Box 5013, Wellington.
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# Frequently asked questions

## General topics

**41. I took a break from medicine last year. Can I reduce the amount of continuing professional development I would normally have to do?**

*You will be required to complete your CPD requirements over a full calendar year. If you are audited before you have completed the full 12 months, please let us know and we may defer your audit for another 12 months.*

**42. I am a locum medical practitioner and do not work in one place for long. What is expected of me?**

*If you are registered within a general scope, you will need to enroll in the inpractice programme. If you are registered in a vocational scope, you need to be participating in your accredited provider's CPD programme.*

**43. I am qualified and registered in a vocational scope, although I no longer work in clinical practice. What do I need to do?**

*If your College or other accredited organisation provides a recertification programme for doctors who are in non-clinical practice and you continue to comply with these requirements, you will be able to maintain your vocational scope of practice. You may also consider completing CPD through RACMA. If you still do medical work but your College does not provide a recertification programme for non-clinical practice, the Council will review your scope, and may wish to limit your scope of practice to more accurately reflect the work you do.*

*The CPD requirements will be modified to take these changes into account – you may be required to establish a relationship with a CPD associate rather than establish a collegial relationship. Contact us so that your individual case can be considered.*

**44. I am registered and working in two vocational scopes. Do I have to participate in recertification programmes for each scope?**

*If the vocational scopes are closely related and flexible enough to cover all the work you do, and if the two Colleges have a reciprocal agreement in place, you may not have to enrol in separate recertification programmes.*

*Please check with your Colleges for guidance. When you are audited, you will be asked to justify participating in only one recertification programme and the Council will ask the Colleges for advice.*

**45. I have retired from practice but want to continue writing prescriptions.**

*You may not prescribe for yourself and your family, in accordance with the Council's Statement on providing care to yourself and those close to you. You must have a practising certificate to write prescriptions.*



## Working in general or private practice

- 46. I am a practising GP, now 70 years old. I was grandparented into vocational registration several years ago but have let it lapse because I didn't want to be involved with the College recertification programme.**

*Isolation is a risk factor for poor performance. If you no longer wish to participate in the College recertification programme, you will be required to relinquish your vocational scope and enrol in the inpractice programme.*

- 47. I am a solo rural GP and I cannot take the time to travel to collegial sessions or to CME events.**

*Isolation is a risk factor for poor performance. Remember it is your responsibility to ensure you maintain your competence for your own benefit, as well as for the benefit of your patients.*

*If you are registered within a **vocational** scope, contact the RNZCGP to discuss how you can meet the requirements of its MOPS programme.*

*If you have a **general** scope of practice, you must enrol in the inpractice programme. This is an online programme. You can fulfil many of the requirements from a distance. Contact [bpac<sup>nz</sup>](#) for advice.*

- 48. I work part time/in a poverty area/solo rural/semi-retired etc and I cannot afford the time/money/travel/fees such a scheme would require.**

*If you are in clinical practice you must engage in professional development in order to recertify. This is because it is your responsibility to maintain your competence and to ensure you and your patients are safe.*

- 49. I am registered in the vocational scope of general practice and wish to work in urgent care. What CPD do I have to do?**

*You can work in urgent care without establishing a collegial relationship as long as your general practice recertification programme covers the work that you do.*

- 50. I am registered in the vocational scope of urgent care and wish to work in general practice. What CPD do I have to do?**

*You must establish a collegial relationship with a doctor registered within the vocational scope of general practice to ensure your CPD covers the breadth of general practice work, especially the care of chronic conditions.*

- 51. I am vocationally registered in General Practice and wish to perform cosmetic procedures. What must I do to recertify?**

*Please see our Statement on Cosmetic procedures: <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cosmetic-procedures.pdf>.*

*A doctor who is vocationally registered in General Practice, can perform category 2 cosmetic procedures without a collegial relationship, but only if the RNZCGP has accredited you for it. If your competence has not been accredited by the RNZCGP, you will need to be in a collegial relationship.*

*A doctor who is vocationally registered in General Practice, can perform category 1 cosmetic procedures in their general scope, provided they have a collegial relationship, with a doctor who is vocationally registered in the area of medicine they are working in eg Dermatology or General Surgery. There are different requirements for general practitioners wishing to undertake tumescent liposuction. Please contact us for more information.*

**52. I am vocationally registered in General Practice and wish to work in Rural Hospital Medicine. What must I do to recertify?**

*A doctor who is vocationally registered in General Practice, can work in Rural Hospital Medicine, however they will have additional requirements on top of their MOPS Programme. Please contact the RNZCGP for details of these additional requirements.*

**53. I am employed as a cremations referee only. What CPD do I have to do?**

*You must establish a relationship with a CPD Associate. Please see paragraph 28 for details.*

**Working in hospitals**

**54. I am a second-year doctor/senior house officer/ service registrar working in a hospital, doing relieving and/or rotating runs. Do I have to keep records of my CPD?**

*As part of the Council's promotion of lifelong learning, all doctors must take part in CPD and keep CPD records. You will be required to join the inpractice programme, unless you are formally participating in vocational training.*

**55. I am a service registrar working in a long-term/permanent position, and am not enrolled in a vocational training programme. How do I recertify?**

*You will be registered within a general scope of practice and therefore must join the inpractice programme.*

**56. I am a medical officer in a provincial hospital and I work in more than one area of medicine. Do I have to do a recertification programme for each area?**

*Not necessarily. You can use your own judgement on this, but remember it is your responsibility to ensure you maintain your competence across all areas. The best approach will be to work with your consultants and/or hospital management to determine what best suits your situation. If you are on a general scope, you must enrol in the inpractice programme.*

**57. I am an anaesthetist working in an intensive care unit. What must I do to recertify?**

*The Council has the following formal agreement with the Australian and New Zealand College of Anaesthetists and the College of Intensive Care Medicine of Australia and New Zealand:*

*"If you are registered within the vocational scope of anaesthesia and working in a Level 3 intensive care unit (ICU) or directing a Level 1 or 2 ICU, you must establish a collegial relationship with a doctor registered within the vocational scope of intensive care medicine."*

*"If you are registered within the vocational scope of anaesthesia and working in (but are not the director of) a Level 1 or 2 ICU you will not need to establish a collegial relationship, however you must ensure that your recertification programme covers your intensive care work."*

**58. I am practising internal medicine and also practising in haematology. Which college(s) do I need to be enrolled with?**

*If you are vocationally registered in both internal medicine and pathology and working in haematology, then you need to be in both the Royal College of Pathologists of Australasia CPD programme and the Royal Australasian College of Physicians CPD programme.*

*If you are vocationally registered in internal medicine only and you're working in haematology, then you need to be participating in the Royal Australasian College of Physicians CPD programme.*

*If you are vocationally registered in pathology only and working in haematology, then you need to be participating in the Royal College of Pathologists of Australasia CPD programme.*

*However, please check with your Colleges for guidance. When you are audited, you will be asked to justify participating in only one recertification programme and the Council will ask the Colleges for advice.*

**59. I am practising musculoskeletal medicine and pain medicine. What CPD do I have to do?**

***If you are vocationally registered in both musculoskeletal medicine and pain medicine***

*If your work in musculoskeletal medicine is not a subset of your work in pain management, then you need to be enrolled with and actively participate in both the New Zealand Association of Musculoskeletal Medicine CPD programme and the Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine's CPD programme.*

*However, if all the work you do is pain management, and a subset of that is in musculoskeletal pain medicine, you then need to participate in the Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine's CPD programme, to cover the full breadth of work that you do. You can therefore put your vocational registration in musculoskeletal medicine on hold. You would also not need to establish a collegial relationship for your musculoskeletal medicine practice. You can restart your vocational registration in musculoskeletal medicine at any time, but you need to be also participating in the New Zealand Association of Musculoskeletal Medicine CPD programme to do this.*

***If you are vocationally registered in pain medicine and practising musculoskeletal medicine under your general scope***

*You need to participate in the Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine's CPD programme and you would also need to form a [collegial relationship](#) with someone who has vocational registration in musculoskeletal medicine, and who is actively participating in the New Zealand Association of Musculoskeletal Medicine recertification programme. A [collegial relationship](#) is not supervision – the key role of the vocationally registered colleague would be to assist you with developing your CPD plan for musculoskeletal medicine every year. They use the knowledge of their participation in the New Zealand Association of Musculoskeletal Medicine programme to help you develop a CPD programme that will ensure that you retain competence and currency with your musculoskeletal medicine practice.*

**60. I am working in hyperbaric medicine. What must I do to recertify?**

- If you are vocationally registered in Anaesthesia or Emergency medicine, then you can work in hyperbaric medicine without a collegial relationship.*
- If you are vocationally registered in another area of medicine then you can work in hyperbaric medicine, under your general scope, under a collegial relationship\*.*
- If you are vocationally registered in another area of medicine, but do not have a general scope, you would need to apply for a general scope in order to practise hyperbaric medicine, and then work under a collegial relationship in your general scope.*
- If you are generally registered only and undergoing a training programme other than Anesthesia, you would also need to work in a collegial relationship\* for your hyperbaric medicine.*
- If you are generally registered and participating in the Inpractice recertification programme, then you would be able to work in hyperbaric medicine, but would need to do so under a collegial relationship\*.*

\* The colleague can be anyone who has a vocational scope of practice (in any area of medicine), and who is actively practising hyperbaric medicine, and who has completed an approved hyperbaric medicine training course, that is: [a Diving and Hyperbaric Medicine certificate programme or http://www.spums.org.au/spums-approved-courses-doctors-training-diving-and-hyperbaric-medicine/approved-courses-doctors](http://www.spums.org.au/spums-approved-courses-doctors-training-diving-and-hyperbaric-medicine/approved-courses-doctors) or any other overseas hyperbaric course. As part of the collegial relationship you would need to keep ongoing records of your CME in hyperbaric medicine (CPD1-6).

**61. I am registered in the vocational scope of urgent care and wish to work in an emergency department. What CPD do I have to do?**

*The Council has the following formal agreement with the Australasian College for Emergency Medicine and the Royal New Zealand College of Urgent Care:*

*“If you are registered within the vocational scope of urgent care and work in a hospital emergency department, you must establish a collegial relationship with a doctor registered within the vocational scope of emergency medicine.”*

**62. I qualified as a specialist overseas and would prefer to do my CPD through my own College rather than a local one. Is this allowed?**

*To ensure all doctors maintain their competence to work in the New Zealand health system, they are required to recertify through a New Zealand based recertification programme.*

*The Council does not recognise overseas recertification programmes for individual doctors because overseas programmes are not accredited by Council.*



# Definitions

## 63. Active participation

*A doctor is actively participating if he or she:*

- *completed the most recent recertification cycle and is continuing to report his or her CPD to the accredited provider regularly, or*
- *is making acceptable progress through a vocational training programme.*

## 64. Audit of medical practice

*A systematic, critical analysis of the quality of the doctor's own practice that is used to improve clinical care and/or health outcomes. Or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines.*

### **Criteria for conducting an audit of medical practice**

1. *The topic for the audit relates to an area of your practice that may be improved.*
2. *The process is feasible in that there are sufficient resources to undertake the process without unduly jeopardizing other aspects of health service delivery.*
3. *An identified or generated standard is used to measure current performance.*
4. *An appropriate written plan is documented.*
5. *Outcomes of the audit are documented and discussed.*
6. *Where appropriate an action plan is developed that will identify and maximize the benefit of the process to patient outcomes. The plan should outline how the actions will be implemented and the process of monitoring.*
7. *Subsequent audit cycles are planned, where required, so that the audit is part of a process of continuous quality improvement.*
8. *Council requires that a doctor participates in at least one audit each year.*

## 65. Clinical practice

*Clinical practice is any work undertaken by a doctor that relates to the care of an individual patient.*

## 66. Credentialing

*Credentialing is a process used by health and disability service providers to assign specific clinical responsibilities to doctors on the basis of their training, qualifications, experience and current practice, within an organisational context. This context includes the facilities and support services available and the service the organisation is funded to provide. Credentialing is part of a wider organisational quality and risk management system.*

## 67. Competence

*The knowledge, skills, attitudes and judgement a doctor needs to be able to practise within his or her scope to a standard acceptable to reasonable peers and to the community.*

## **68. Non-clinical practice**

*Non-clinical practice is any work undertaken by a doctor that does not relate to the care of an individual patient.*

*The doctor in non-clinical practice may apply to the Royal Australasian College of Medical Administration (RACMA) to participate in the RACMA recertification programme. Alternatively, the doctor may be able to form a relationship with a CPD Associate who can confirm his or her training and competence to do the work. (See paragraph 28 for details).*

*The doctor may also be able to claim a reduction of the practising certificate fee — dependent on income — or waiving of the fee if he or she is retired and the work they do is providing a service to the profession only.*

## **69. Peer review**

*This is evaluation of the performance of individuals or groups of practitioners by members of the same profession or team. It may be formal or informal and can occur whenever practitioners are learning about their practice with colleagues. Peer review can also occur in multidisciplinary teams when team members who are ‘peers’ or other health professionals give feedback.*

*Formal peer review is an activity where peer(s) systematically review aspects of a doctor’s work, eg a review of the first six cases seen or a presentation on a given topic. It normally includes feedback, guidance and a critique of the doctor’s performance.*

## **70. Performance**

*Acceptable performance means practising to a standard acceptable to reasonable peers and to the community. It includes making safe judgements, demonstrating the level of skill and knowledge required for safe practice, behaving appropriately and acting in a way that does not adversely affect patient safety, within all domains of medical practice.*

## **71. Practice of medicine**

*This means:*

*advertising, holding out to the public, or representing in any manner that one authorised to practise medicine in New Zealand*

- *signing any medical certificate required for statutory purposes, such as death and cremation certificates*
- *prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners*
- *assessing, diagnosing, treating, reporting or giving advice in a medical capacity using the knowledge, skills, attitudes and competence initially attained for the MB ChB degree, or equivalent, and built on in postgraduate and continuing medical education, wherever there could be an issue of public safety.*

*‘Practice’ in this context goes wider than clinical medicine to include teaching, research and medical or health management in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.*

## **72. Quality assurance activity (Health Practitioners Competence Assurance Act 2003, s.54–63)**

*Under the Health Practitioners Competence Assurance Act 2003, s.54-63, this is an activity that consists of, includes, or results in an assessment or evaluation of any health service provided by a doctor in order to improve his or her practice or competence.*

*It might include:*

- (i) a study of the incidence or causes of conditions or circumstances that may affect the quality of health services provided*
- (ii) recommendations about the provision of services as a result of such a study*
- (iii) monitoring the implementation of any recommendations.*

*The HPCAA encourages effective quality assurance activities by protecting the confidentiality of information and documents developed solely for the activity and giving immunity from civil liability to people who engage in such activities in good faith (a ‘declared quality assurance activity’).*

*The Ministry of Health document [Protected quality assurance activities under the HPCCA 2003](#) is available at [www.moh.govt.nz](http://www.moh.govt.nz)*



# Registration and scopes of practice

Doctors practising medicine in New Zealand may be:

73. registered within a **provisional general** or **provisional vocational** scope of practice, ie:

- New Zealand or international medical graduates (IMGs) who have recently graduated and are working in their first postgraduate year
- IMGs who have passed the Council's registration examination (NZREX Clinical)
- IMGs who satisfy Council's requirements for registration within a provisional general scope
- IMGs who satisfy the Council's requirement for registration within a provisional vocational scope.

74. registered within a **general scope** of practice:

- doctors who have been registered within a provisional general scope for at least 6 to 12 months and who have completed the requirements of registration within a general scope.

75. registered within a **vocational scope** of practice:

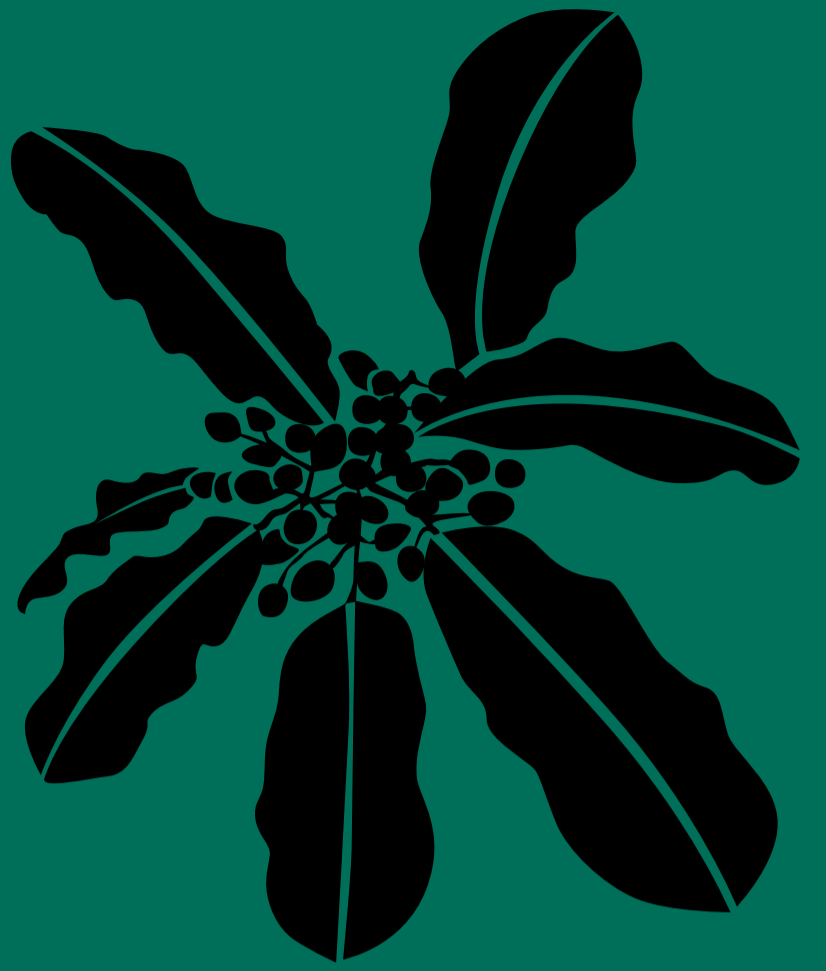
- doctors who have been recognised by the Council as having appropriate specialist training, qualifications, experience and competence in a recognised area of medicine, and who have completed the requirements of registration within a vocational scope.

76. registered within a **special purpose scope** of practice:

- doctors who have been registered to practice under supervision to do research or sponsored training or postgraduate training, to do a specialist locum tenens, to do teleradiology, to assist during a pandemic, or an emergency.







# Appendices

## Appendix 1

# Regular practice review

### 1. Vocational scope

Council is encouraging accredited providers to develop regular practice review (RPR) processes for doctors registered in a vocational scope of practice, and make these available as part of the CPD programme on a voluntary basis.

### 2. General scope

The Council has strengthened the recertification programmes for doctors registered in a general scope of practice, who are not participating in a vocational training programme, by requiring them to participate in an accredited recertification programme. This programme includes regular practice review (RPR) to be undertaken 3 yearly, with the first review to be undertaken 3 years after the doctor achieves registration in a general scope of practice. The programme is administered by bpac<sup>nz</sup>. For more information go to [www.inpractice.org.nz](http://www.inpractice.org.nz)

### Key principles for regular practice review

Following extensive consultation in 2009 Council agreed to a set of key principles to apply to RPR processes.

The key principles for RPR include that:

- RPR is a formative process. It is a supportive and collegial review of a doctor's practice by peers, in a doctor's usual practice setting
- the primary purpose of RPR is to improve the existing high standard of the profession. It is possible that RPR may also assist in the identification of poor performance which may adversely affect patient care
- RPR will be led by the profession with support and assistance from Council
- Council will encourage each accredited provider to develop a RPR process using specific tools relevant to that specialty. Alternatively they may expand upon existing accredited providers' processes or tools that have already been developed by Council to include Council's principles of RPR. The accredited provider will make the process available to doctors on a voluntary basis. Council will assess and provide feedback about the RPR process when accrediting an accredited provider's recertification programme
- RPR is informed by a portfolio of information provided by the doctor, which may include audit outcomes and logbooks
- a 360° assessment forms part of a RPR
- RPR must include some component of external assessment, that is by peers external to the doctor's usual practice setting
- the RPR must include a process for providing constructive feedback to the doctor being assessed

- the organisation responsible for undertaking the RPR must have a process for assisting the doctor in identifying and addressing learning needs.

### **Tools for assessing doctors during RPR**

Council believes that the profession is best placed to lead the implementation of RPR, including the development of tools for each area of medicine. The Colleges have the expertise and knowledge of the competencies required for their specialty area. They also currently take direct responsibility for educational outputs such as CPD programmes and vocational training. Other organisations interested in providing recertification programmes would need to meet the accreditation criteria Council sets for the Colleges.

The accredited provider will retain responsibility for the design and implementation of the RPR process. Council will assist in sharing knowledge among organisations.

The RPR will be informed by a portfolio of information provided by the doctor. The portfolio will include details of CPD activities undertaken, audit outcomes and logbooks, if appropriate. Council has developed a range of tools which would be available to accredited providers, should they wish to use them. The tools include:

- interview with the doctor
- observation of consultations
- records review
- case based oral assessment
- peer ratings
- interviews with colleagues
- knowledge testing
- analysis of data concerning prescribing and laboratory use.



## Appendix 2

# Approved vocational scopes, accredited providers and recertification programmes

### Vocational Education and Advisory Bodies

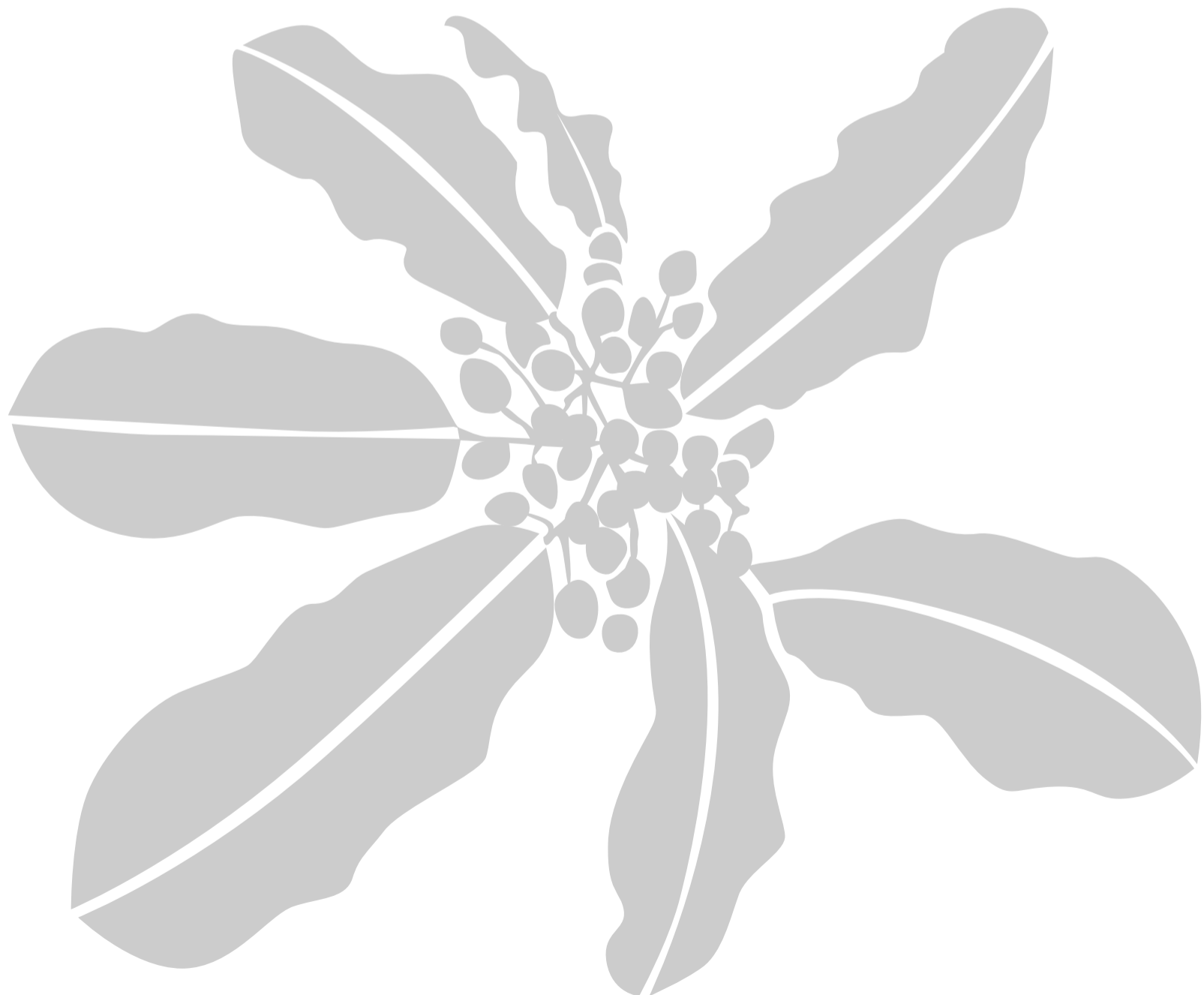
VOCATIONAL SCOPES Recertification programmes	ACCREDITED PROVIDERS
1 ANAESTHESIA Continuing professional development	Australian and New Zealand College of Anaesthetists PO Box 25506, Panama Street, Wellington 6146 Ph: 64 4 499 1213, email: anzca@anzca.org.nz
2 CARDIOTHORACIC SURGERY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington Ph: 64 4 385 8247, email: College.NZ@surgeons.org
3 CLINICAL GENETICS MyCPD	Royal Australasian College of Physicians PO Box 10601, Wellington Ph: 64 4 460 8122, email: mycpd@racp.org.nz
4 DERMATOLOGY NZDS CME, or RACP MyCPD participation required	Royal Australasian College of Physicians PO Box 10601, Wellington Ph: 64 4 460 8122, email: mycpd@racp.org.nz  or New Zealand Dermatological Society PO Box 4431 Palmerston North 4442 www.dermet.org.nz
5 DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY Continuing professional development	Royal Australian and New Zealand College of Radiologists PO Box 10424, The Terrace, Wellington Ph: 64 4 472 6470, email: nzbranch@ranzcr.org.nz
6 EMERGENCY MEDICINE Maintenance of professional standards	Australasian College for Emergency Medicine PO Box 22234, Wellington Ph: 61 3 9320 0444, email: cpd@acem.org.au www.acem.org.au
7 FAMILY PLANNING AND REPRODUCTIVE HEALTH Continuing medical education	The New Zealand Family Planning Association Private Bag 99929, Newmarket, Auckland Ph: 64 9 524 3352, email: christine.roke@fpanz.org.nz

VOCATIONAL SCOPES	ACCREDITED PROVIDERS
<b>Recertification programmes</b>	
8 GENERAL PRACTICE Maintenance of professional standards	Royal New Zealand College of General Practitioners PO Box 10440, Wellington Ph: 64 4 496 5999, email: rnzcgp@rnzcgp.org.nz
9 GENERAL SURGERY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington Ph: 64 4 385 8247, email: College.NZ@Surgeons.Org
10 INTENSIVE CARE MEDICINE Maintenance of professional standards	College of Intensive Care Medicine of Australia and New Zealand PO Box 25167, Panama Street, Wellington 6146 Ph: 64 4 499 1213, email: cicm@cicm.org.nz
11 INTERNAL MEDICINE MyCPD	Royal Australasian College of Physicians PO Box 10601, Wellington Ph: Ph: 64 4 460 8122, email: mycpd@racp.org.nz
12 MEDICAL ADMINISTRATION Continuing education programme	Royal Australasian College of Medical Administrators PO Box 10233, Wellington Ph: 64 4 472 9183, email: racma@afphm.org.nz
13 MUSCULOSKELETAL MEDICINE Reaccreditation programme	New Zealand Association of Musculoskeletal Medicine <a href="http://www.musculoskeletal.nz">www.musculoskeletal.nz</a> or Australasian Faculty of Musculoskeletal Medicine <a href="mailto:info@afmm.com.au">info@afmm.com.au</a>
14 NEUROSURGERY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington Ph: 64 4 385 8247, email: College.NZ@surgeons.org
15 OBSTETRICS AND GYNAECOLOGY Continuing professional development	Royal Australian and New Zealand College of Obstetricians and Gynaecologists PO Box 10611, The Terrace, Wellington Ph: 64 4 472 4608, email: ranzcog@ranzcog.org.nz <a href="http://www.ranzcog.edu.au">www.ranzcog.edu.au</a>
16 OCCUPATIONAL AND ENVIRONMENTAL MEDICINE MyCPD	Australasian Faculty of Occupational and Environmental Medicine, Royal Australasian College of Physicians PO Box 10601, Wellington Ph: 64 4 460 8122 email: mycpd@racp.org.nz

<b>VOCATIONAL SCOPES</b> Recertification programmes	<b>ACCREDITED PROVIDERS</b>
17 OPTHALMOLOGY Continuing professional development	New Zealand Branch, Royal Australian and New Zealand College of Ophthalmologists PO Box 31186 Milford, Auckland 9 Ph: 64 9 489 6871, email: jmclnnes@ranzco.edu.au
18 ORAL AND MAXILLOFACIAL SURGERY Continuing professional development	Royal Australasian College of Dental Surgeons, C/- Oral and Maxillofacial Surgery Christchurch Hospital Private Bag 4710, Christchurch Ph: 64 3 379 6234, email: ceo@racds.org
19 ORTHOPAEDIC SURGERY	Royal Australasian College of Surgeons PO Box 7451, Wellington Ph: 64 4 385 8247, email: College.NZ@surgeons.org  An alternative accredited recertification programme is offered by the New Zealand Orthopaedic Association PO Box 5545, Lambton Quay Wellington 6145 email: admin@nzoa.org.nz
20 OTOLARYNGOLOGY HEAD AND NECK SURGERY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington Ph: 64 4 385 8247, email: College.NZ@surgeons.org
21 PAEDIATRIC SURGERY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington Ph: 64 4 385 8247, email: College.NZ@surgeons.org
22 PAEDIATRICS MyCPD	New Zealand Committee, Royal Australasian College of Physicians PO Box 10601, Wellington Ph: 64 4 460 8122, email: mycpd@racp.org.nz
23 PAIN MEDICINE Continuing professional development	Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists 630 St Kilda Road, Melbourne Victoria, 3004 Ph: 61 3 8517 5337
24 PALLIATIVE MEDICINE MyCPD	Australasian Chapter of Palliative Medicine, Royal Australasian College of Physicians PO Box 10601, Wellington Ph: 64 4 460 8122, email: mycpd@racp.org.nz

VOCATIONAL SCOPES Recertification programmes	ACCREDITED PROVIDERS
25 PATHOLOGY Continuing medical education	Royal College of Pathologists of Australasia Private Bag 93512, North Shore City, Auckland Ph: 64 21 418 842, email: rcpanz@rcpanz.org.nz
26 PLASTIC AND RECONSTRUCTIVE SURGERY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington Ph: 64 4 385 8247, email: College.NZ@surgeons.org
27 PSYCHIATRY Continuing professional development	Royal Australian and New Zealand College of Psychiatrists PO Box 10669, Wellington Ph/Fax: 64 4 472 7247, email: cpd@ranzcp.co.nz
28 PUBLIC HEALTH MEDICINE • TOPS  • MyCPD	New Zealand College of Public Health Medicine PO Box 10233 Wellington 6143 Ph: 64 4 472 9183, email: admin@nzcphm.org.nz  The Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians PO Box 10601, Wellington Ph: 64 4 460 8122, email: mycpd@racp.org.nz
29 RADIATION ONCOLOGY Continuing professional development	Royal Australian and New Zealand College of Radiologists PO Box 10424, The Terrace, Wellington Ph: 64 4 472 6470, email: nzbranch@ranzcr.org.nz
30 REHABILITATION MEDICINE MyCPD	New Zealand Branch, Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians PO Box 10601, Wellington Ph: 64 4 460 8122, email: mycpd@racp.org.nz
31 RURAL HOSPITAL MEDICINE Continuing medical education	Division of Rural Hospital Medicine NZ, Royal New Zealand College of General Practitioners PO Box 10440, Wellington Ph: 64 4 496 5963, email: alita.bigwood@rnzcgp.org.nz
32 SEXUAL HEALTH MEDICINE MyCPD	Australasian Chapter of Sexual Health Medicine, Royal Australasian College of Physicians PO Box 10601, Wellington Ph: 64 4 460 8122, email: mycpd@racp.org.nz

VOCATIONAL SCOPES	ACCREDITED PROVIDERS
Recertification programmes	
33 SPORT AND EXERCISE MEDICINE Maintenance of professional standards	Australasian College of Sport and Exercise Physicians, Anglesea Sports Medicine PO Box 4362, Hamilton East Ph: 64 7 957 6064, email: NationalOffice@acsp.org.au
34 URGENT CARE Recertification	Royal New Zealand College of Urgent Care, Postal address: 110 Lunn Avenue, Remuera, Auckland Ph: 64 9 527 7966, email: info@RNZCUC.org.nz
35 UROLOGY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington Ph: 64 4 385 8247, email: College.NZ@surgeons.org
36 VASCULAR SURGERY Continuing professional development	Royal Australasian College of Surgeons, PO Box 7451, Wellington Ph: 64 4 385 8247, email: College.NZ@surgeons.org





## Appendix 3

### Forms

- Download [CPD1](#) Collegial relationship agreement
- Download [CPD2](#) Record of collegial relationship meetings
- Download [CPD3](#) Record of clinical audit
- Download [CPD4](#) Record of educational activities
- Download [CPD5](#) Record of peer review
- Download [CPD6](#) Record of optional activities
- Download [CPD7](#) Training Registrar confirmation
- Download [CPD8](#) Recertification programme for doctors registered in a general scope
- Download [CPD9](#) Verification of recertification requirements for doctors working at District Health Boards as Medical Officers



## Appendix 4

# Vision and principles for recertification for doctors in New Zealand

### Background

Doctors working in New Zealand are respected for the high standard of care they provide, however the public's expectations have increased and patients are more questioning of the medical advice they receive. The profession and Council need to take the lead in providing assurance to the public and patients that their trust and confidence in doctors is warranted.

Council is responsible for ensuring that doctors maintain high standards of practice. One of the functions of Council is to recognise, accredit, and set programmes to ensure the ongoing competence of doctors. Council achieves this by setting and recognising recertification programmes. Recertification should provide assurance to the public and patients that practising doctors are competent and fit to practise.

Council has traditionally regarded continuing professional development (CPD) as the key mechanism for recertification. It is widely accepted that doctors should undertake CPD and the large majority of doctors responsibly meet their own CPD requirements. However, Council recognises that more focus is required to ensure effectiveness of CPD activities on performance. Council's recertification programmes and activities should provide both quality assurance and quality improvement.

This paper outlines the current recertification requirements, and sets out Council's vision and principles for recertification for doctors in New Zealand.

It is to be emphasised that these are Council's vision and principles and that it is not proposed that these limit or constrain the activities that doctors may undertake in addition to what is required for recertification by Council.

### Current recertification requirements

Recertification currently involves a process aimed at maintaining and improving competence and performance through completion of CPD.

All recertification programmes currently require a minimum of 50 hours per year which must include:

- Ten hours of peer review.
- Twenty hours of continuing medical education.
- Participation in audit of medical practice.

### *Doctors registered in a vocational scope of practice*

Doctors registered in a vocational scope of practice meet recertification requirements by participating in accredited recertification programmes provided by medical colleges. Medical colleges are responsible for ensuring that doctors participating in their recertification programmes meet the set requirements.

### *Doctors registered in a general scope of practice*

Doctors registered in a general scope of practice, and who are not in a vocational training programme meet recertification requirements by participating in the Inpractice programme. In addition to the activities outlined above, the following must also be completed:

- A professional development plan.
- Completion of the Essentials quiz.
- Regular practice review, every 3 years.
- Multisource feedback, every 3 years.
- Have a collegial relationship with a vocationally registered doctor.

## **Vision and principles for recertification**

### **Vision**

Recertification should ensure that each doctor is supported by education that provides for their individual learning needs and is delivered by effective, efficient and reflective mechanisms that support maintenance of high standards and continuing improvement in performance.

### **Principles**

Quality recertification activities are:

- Evidence-based.
- Formative in nature.
- Informed by relevant data.
- Based in the doctor's actual work and workplace setting.
- Profession-led.
- Informed by public input and referenced to the Code of Consumers' Rights.
- Supported by employers.

## **1. Recertification is evidence-based**

There needs to be evidence supporting any recertification activity. Where evidence shows minimal relationship between an activity and a goal (for example ensuring standards are achieved; improving quality) the activity should not form a major component of recertification. Conversely where evidence does demonstrate a strong relationship, the activity should form a major component.

New initiatives or innovations, by their very nature, will not be evidence-based. Persons or organisations designing and implementing new initiatives or innovations have an obligation to evaluate the relationship between the initiative or innovation and a goal.

Activities engaged in should be aimed at improving performance in practice.

## **2. Recertification is formative in nature**

Recertification activities are formative. Doctors may participate in activities in which they receive feedback to guide their individual education and CPD. The feedback is not aimed at judging whether the doctor is performing at the required standard of competence. Recertification differs in this regard to other activities such as credentialing, exams or tests that are summative in nature.

## **3. Recertification is informed by relevant data**

Good quality performance and outcome data should form a central component of recertification. Data will inform doctors about their performance and provide guidance on the areas to focus on in their CPD activities.

The Council's fitness to practise strategic direction and its policy on recertification is based on doctors receiving information and feedback on their performance, including areas for improvement in their practice. Better data is important to this process.

## **4. Recertification is based in the doctor's actual work and workplace setting**

Recertification should focus on improving the practice of doctors relevant to their specific practice and the health service setting in which they work.

Recertification and CPD should focus on skills, knowledge and attributes relevant to standards of safety and quality in the areas of:

- Professionalism.
- Communication.
- Cultural competence
- Clinical management.
- Clinical problems and conditions.
- Procedures and interventions.

**5. Recertification is profession-led**

Recertification should be profession-led. Establishing standards and ensuring individual commitment should be the role of the medical colleges and other appropriate educational organisations. The required standards of quality must reflect expected standards of medical practice. The leadership of the profession is critical. Recertification is based on doctors receiving feedback, within an open and supportive culture. It becomes a driver for change. Profession-led recertification is a privilege that also has responsibilities which include setting standards and ensuring all doctors strive to meet those standards.

**6. Recertification should be informed by public input and referenced to the *Code of Consumers' Rights***

Standards of quality for practice should be developed in discussion with consumers and should reflect the Code of Consumers' Rights and the expectations of doctors.

The *Code of Consumers' Rights* imposes legal duties on doctors that are relevant to all areas of medical practice, particularly professionalism and communication. Consequently they must form part of the standards of quality for practise.

**7. Recertification should be supported by employers**

For doctors who are employees their employer should have a responsibility to support and invest in the recertification and CPD of their employee doctors.

**16 February 2016**