



CPD Associate/Colleague agreement: Doctors who are exempt from working in a collegial relationship.

CPD1b – March 2015
Registration No:

Objectives

The objectives of the continuing professional development (CPD) agreement are:

- To ensure the doctor named in this agreement maintains safe practice, and
- To clarify the individual responsibilities of the doctor and the CPD associate/colleague.

Responsibility of the doctor working with a CPD associate/colleague

- You must arrange to see your CPD associate/colleague as agreed during the year.
- You must 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.

Responsibility of the CPD associate/colleague

You must:

- be sufficiently aware of the doctor's practice to be able to confirm to the Council that the doctor is competent to do the work he or she is doing at the time he or she applies for a practising certificate.
- ensure that the doctor undertakes ongoing education to confirm that his or her medical knowledge is kept up to date, relevant to type of work he or she is doing.

Legal liability

The CPD associate/colleague will not be responsible for the doctor's actions unless he or she acts with reasonable care and fails to fulfil the responsibilities listed in this agreement.

CPD Associate/Colleague arrangement

This arrangement is between:

- Dr _____ (doctor) and
- _____ (CPD associate/colleague)

Agreement

We, the undersigned, agree to meet at least four times each year to ensure ongoing practice is appropriate.

We confirm that procedures are in place to ensure that Dr _____ is competent to continue in the position held, and to do the work he or she is doing.

Dr _____ agrees to the condition that his / her scope of practice be limited to non-clinical practice.

Signed by:

Doctor

Name	Signature
Date	MCNZ Registration Number

CPD associate/colleague

Name	Signature
Date	MCNZ Registration Number (if applicable)

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