



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

Collegial Relationship Guide

Requirements

The Medical Council of New Zealand (Council) requires general registrants and vocational registrants working outside their vocational scope¹ to maintain a collegial relationship with a vocationally registered colleague working in the same or similar scope of practice to that in which the doctor usually works. Doctors registered in a general scope of practice, and who are not in a vocational training programme, are required to participate in the *Inpractice* programme administered by bpac^{nz}.

The two key roles that form the collegial relationship are:

- The collegial relationship provider who plays the role of mentor (referred to as the colleague) and;
- the doctor who is receiving the support.

The main purpose of the collegial relationship is to ensure that the doctor's professional development plan (PDP) and Continuing Professional Development (CPD) activities are appropriate for the area of medicine they are working in.

Vocationally registered doctors working outside their scope of practice, and those who are limited to non-clinical practice, are required to have six collegial relationship meetings within their first 12 months of practice and four meetings per annum in subsequent years. Ideally, these meetings occur at regular intervals throughout the course of the year.

Meetings may be conducted face to face or at a distance (for example via teleconference or Skype), but not over email as it must be a mutual discussion.

If you do not know who to approach to be your collegial relationship provider you might like to discuss with your Clinical Leader or Chief Medical Officer, alternatively you can use the Online Register Search facility on Council's website to find an appropriate colleague who works in your area.

¹ There is also a category of doctors whose practice of medicine is deemed so low risk that they do not need to participate in a recertification programme but are required to establish a collegial relationship. To be in this category you need to complete an 'Application for scope of practice to be limited to non-clinical practice', available on Council's website, and have this approved by Council.

Introduction

A good collegial relationship can help support the doctor to develop areas of their practice and can form part of quality CPD.

There are several different aspects to the collegial relationship which may have different emphases at different stages in a doctor's career. They should encompass clinical and non-clinical aspects of professional activities, with the central aspect to actively support a doctor's ongoing professional development. This is then expressed as an action plan of activities or tasks.

A record should be kept of every collegial relationship meeting. The collegial relationship meeting record below can help guide discussions and be used to note down the outcomes of meetings.

Download [CPD2 - Collegial relationship meeting record](#)

Prompts for guiding discussion in collegial relationship meetings

Professional Development Plan (PDP)

The primary purpose of collegial relationship meetings is the development and review of the doctor's PDP.

This section of the guide provides some suggested prompts to help frame your discussions in collegial relationship meetings to encourage reflection on the PDP.

The data to inform the discussion can be drawn from formative assessments that help with the identification of areas for improvement that may then be developed into PDP goals. These assessments include colleague and patient feedback and Regular Practice Review.

The discussion should also cover:

- Activities that involve evaluation of performance such as audit and peer review.
- Activities that help with attainment of PDP goals by increasing knowledge, skills, and professional performance, for example continuing medical education.

Access to a range of information will allow the doctor to discover areas for development as well as their areas of strength. A useful assessment of potential learning needs can then be made which, with further consideration and discussion, should result in an action plan (goals) in the doctor's PDP to address these areas.

Over the course of an annual cycle it is important to revisit progress towards achieving the goals in the PDP, to indicate where these have been completed and potentially add new ones, where appropriate. The colleague can help the doctor ensure that their professional development activities are well chosen and are an effective and efficient use of the doctor's time and energy.

For more information on reviewing and developing a PDP, see the PDP Review and Development Guide.

Download [PDP Review and Development Guide](#)

Feedback to inform learning needs

There is good evidence that doctors often find it difficult to identify their own learning needs. This section of the guide provides some suggested prompts to help frame your discussions in collegial relationship meetings to encourage reflection on the PDP utilising feedback to inform learning needs.

Forms of feedback include:

1. Multisource feedback reports

Such reports provide a good opportunity for those who are most familiar with your practice to provide a reasonably objective assessment of your strengths and identified areas for improvement.

In reviewing these reports, it can be helpful to reflect on the following:

- Are there any domains where there are a wide range of scores, why might colleagues or patients have such differing opinions of you in this area?
- Are there any areas where your self-assessment differs significantly from the assessment of your peers?
- Your results relative to those of your peers - the average scores doctors achieve in these assessments tend to be high - are there any areas where your scores are significantly below those of your peers i.e. outside the standard deviation?
- During the process of soliciting feedback did you consciously, or unconsciously, make any changes from the way you would normally practise? Why?
- In what ways could your practice change as a result of this assessment? Can this process of change be turned into a PDP goal?

2. Peer review

Peer review involves 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.

When discussing peer review, it can be helpful to reflect on the following:

- Do the peer review activities focus on the evaluation of performance by peers?
- Is there evidence of reflection on the standards of performance?
- Are any areas of performance identified as requiring improvement? Can these be addressed by developing them into PDP goals?
- How do you ensure patients benefit from your participation in peer review?

3. Regular Practice Review (RPR)

RPR is a supportive and collegial review of a doctor's clinical practice and professional development activities.

The primary purpose of the RPR is to provide doctors with independent feedback on their practice in order to help them identify both areas for improvement and learning needs in order to appropriately target professional development activities. The RPR is a significant formative assessment and it is recommended that time be spent reflecting on both the process and outcome with your colleague.

When reviewing an RPR, it can be helpful to reflect on the following:

- It is common for doctors to feel anxious in the lead up to a review, what if anything were you concerned about? Why?
- During the visit did you consciously, or unconsciously, make any changes from the way you would normally practise? Why?
- What was your feeling at the completion of the visit? Were there areas where you felt reassured? Uncomfortable?
- What areas of your practice were identified as strengths or areas for development? Did any of these surprise you?
- What areas for development have /can you turn into PDP goals?

4. Audit

Audit entails a systematic, critical analysis of the quality of a doctor's own practice and 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 involves a cycle of continuous improvement of care, based on explicit and measurable indicators of quality.

When reviewing an audit, it can be helpful to reflect on the following:

- Can the findings of the Audit be used to improve outcomes or to confirm that current management is consistent with current best practice?
- How could your practice change? How could your patients benefit from this audit?
- Where a gap has been identified, what learning/professional development activities or tasks could you undertake to help close this gap? Can this be turned in to a PDP goal?

Continuing Medical Education (CME)

CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a doctor uses to provide services for patients, the public, or the profession.

When reviewing CME activities, you should reflect on the following:

- How well does the CME that has been recorded support the achievement of the PDP goals?
- Does the current approach to CME provide the most value for the limited learning time available?

- What improvements, if any, could be made to the way CME is approached and recorded?
- What changes to your practice will you make as a result of the CME being undertaken? How would patients, the public or the profession benefit?

Discussion of non-clinical issues

The colleague can also be a sounding board for the doctor's ideas and a resource in time of difficulty. Therefore, it's anticipated that meetings may include discussions about non-clinical issues such as self-care, career planning and relationships with peers and others.

Self-care

During discussions about self-care, it can be helpful to reflect on the following:

- What things about your work do you enjoy? What do you not enjoy?
- How is balance maintained between work, leisure, holidays and family?
- What do you do to assess and maintain your health in the widest sense – physical, mental, family, and spiritual?
- Do you have appropriate support structures in place?

Career planning

Career planning has benefits for everyone. No matter what stage you are at in your medical career, having a plan can help you achieve both career and lifestyle goals.

During discussions about career planning, it can be helpful to reflect on the following:

- Are you considering a change in career or lifestyle? Do you have a plan for achieving this?
- If you have no plans for change what can you do to maintain satisfaction in your current role?
- If you are considering retiring, what is your plan for doing this? Have you considered making changes to your work load, case mix complexity and after-hours work? Is there the opportunity to transition to new roles such as mentoring, teaching or governance? How will your retirement impact on your patients and peers and what can be done to mitigate these impacts?

Peer relationships

The importance of maintaining healthy working relationships with colleagues and peers is recognised throughout the medical profession. The great majority of doctors behave appropriately and work well together. However, at times working relationships can become strained for a variety of reasons. When this occurs, it can create a significant amount of stress.

During discussions about peer relationships, it can be helpful to reflect on the following:

- Do you have any difficult relationships with colleagues?
- How might these difficult relationships affect your ability to do your job?
- How can the relationship be improved? What external assistance might be required?