



Recertification and continuing professional development

Medical Council of New Zealand, April 2018



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 medicine¹ 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 mechanisms to ensure that health practitioners are competent and fit to practise in their professions. These mechanisms include giving the Council power to require doctors to undertake programmed activities and a reflective, systematic approach to practice, designed to assist doctors to maintain safe and competent practice.
3. These requirements are formally known as recertification programmes. Historically, continuing professional development (CPD) has been a key component of recertification programmes.
4. The nature of a doctor's medical practice in New Zealand will vary, depending on the scope(s) of practice within which they are registered. Similarly, the Council's recertification requirements will vary, depending on the type of registration (scope of practice) that you hold. The level of potential risk of harm to the public posed by specific medical practice is also reflected in the different recertification requirements.
5. All doctors practising in New Zealand must recertify through a New Zealand-based recertification programme. The Council does not recognise recertification programmes in other jurisdictions for individual doctors because these are not accredited by the Council.
6. This booklet outlines the recertification programme requirements as they apply to doctors who are registered and practising in New Zealand.

¹ The practice of medicine is defined by the Council as:

- advertising, holding out to the public or representing in any manner that one is 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 practitioner or designated prescriber
- assessing, diagnosing, treating, reporting or giving advice in a medical capacity, using the knowledge, skills, attitudes and competence initially attained for the MBChB degree (or equivalent) and built upon 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.

Vision and Principles of Recertification

7. The Council recently began a review to work towards strengthening recertification requirements for vocationally registered doctors in New Zealand. The initial part of this review considered the core principles that underpin the strategy and decision making in setting recertification requirements. Following consultation with the profession, the Council decided the following visions and principles would form the basis for a strengthened approach, which it is currently working towards.

Council Vision

8. 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 of recertification

9. 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.
10. You can find out more about these principles and the Council's work towards strengthening recertification requirements on the Council website. In the meantime, doctors registered and practising in New Zealand will need to complete the current requirements specified in this booklet.

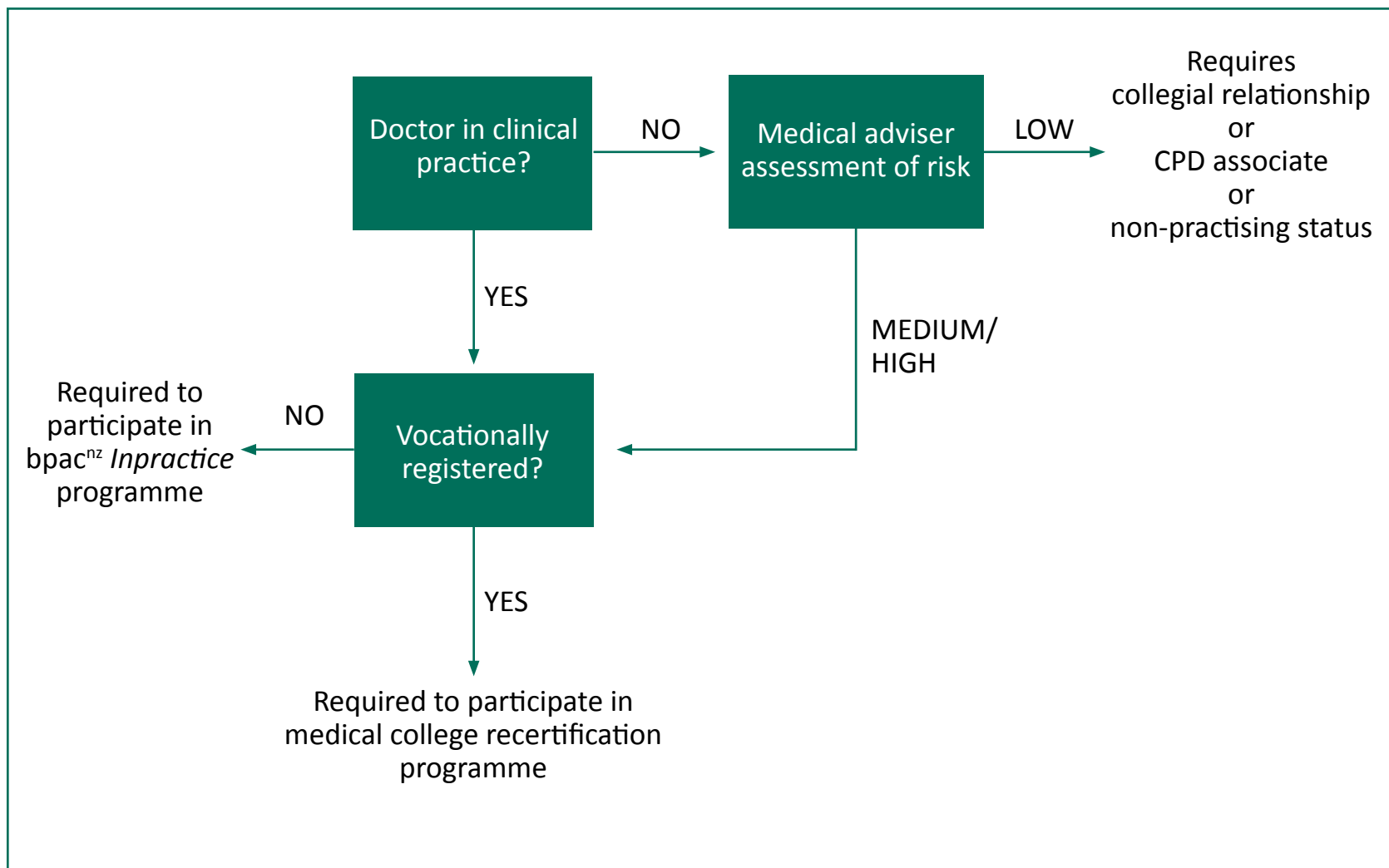
Managing risk to the public

11. The recertification requirements you will be required to fulfil are dependent on your type of registration and the level of potential risk of harm your specific practice of medicine poses to the health and safety of the public. For example, doctors who are in clinical practice² are always considered to pose a high risk, while other non-clinical types of practice³ may be high, medium or low risk.
12. This risk-based approach is illustrated on the following page, in the process followed by the Council in determining a doctor's core recertification requirements.

² Clinical practice is defined as any work undertaken by a doctor that relates to the care of an individual patient.

³ Non-clinical practice is defined as any work undertaken by a doctor that does not relate to the care of an individual patient.

Recertification decision flow diagram



Recertification programmes and accredited providers

13. In setting recertification requirements, the Council has the power to accredit medical colleges to provide recertification programmes and to approve other organisations to assist doctors with fulfilling their recertification requirements.
14. To be accredited as a provider, organisations are required to demonstrate that their programme is consistent with and adheres to the Council-set accreditation standards. The accreditation standards for New Zealand and Australasian colleges can be found [here](#).
15. For doctors practising under their vocational registration, the accredited organisation will be their medical college. For doctors practising under their general registration, recertification requirements are generally met through the requirement to enrol in the *Inpractice* programme provided by bpac^{nz}. Doctors practising under both their general and vocational registration should be participating in the recertification programme(s) that relate to their actual work.

Recertification requirements for doctors who are practising under general registration

16. Doctors registered in the general scope of practice and who are not in a vocational training programme achieve recertification by participating in the recertification programme that the Council has contracted bpac^{nz} to provide, called *Inpractice*.⁴ You should contact bpac^{nz} for advice about enrolling and then satisfy the requirements of the programme. You will need to attest to this when you renew your practising certificate every year. Further information can be found [here](#).
17. Doctors undertaking postgraduate year 2 (PGY2) of the prevocational medical training programme need to complete the requirements of the training programme and do not need to undertake additional recertification activities.

Recertification requirements for doctors who hold vocational registration

18. Doctors registered in a vocational scope of practice must participate in a recertification programme provided by an accredited college or other accredited organisation.
19. Contact the relevant college or organisation for advice about enrolling in their recertification programme (see Appendix 1). 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.
20. If you are registered and working in more than one vocational scope of practice, check with your respective colleges on what you are required to do. If the scopes are closely related and flexible enough to cover all the work you do and the two colleges have a reciprocal agreement in place, you may be able to cross-credit elements of your programme.
21. When you are audited, you will be asked to justify participating in only one recertification programme and the Council will ask colleges for advice.

Recertification requirements for doctors working in non-clinical practice

22. Doctors working in non-clinical practice that has been assessed by the Council's medical adviser to pose a low risk of harm to the health and safety of the public are required to establish either a collegial relationship or 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 pose a medium to high risk of harm to the health and safety of the public, recertification requirements will be the same as that required of doctors registered in a general scope of practice or a vocational scope (whichever is relevant).

⁴ The exceptions are credentialled medical officers employed by district health boards who participate in the accredited recertification programme provided by either the ANZCA or the RACP. (Please note that this option is only available to doctors who have had previous approval and is no longer offered).

Provisional and special purpose scopes of practice

23. Doctors registered and practising in the provisional general or provisional vocational scope of practice do not have formally set recertification requirements. Safe and competent practice is assured through the supervision, assessment and reporting required under these scopes of practice. Similarly, no formal recertification requirements are set for doctors registered and practising in time-limited, special-purpose scopes of practice.

Your responsibility

24. You are responsible for ensuring you meet your recertification requirements - not your employer, college, medical school, independent practitioner association or PHO. However, these organisations have a role in helping you to meet those requirements.

What does a recertification programme involve?

25. As a general rule, the Council requires most doctors, as part of their approved recertification programmes, to undertake 50 hours of professional activity each year, directed to the maintenance of competence.⁵ This should include:

- participation in audit of medical practice
- peer review
- continuing medical education.

■ **Participation in audit of medical practice** (at least one audit per year)

This 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 of medical practice may be multidisciplinary. It involves a cycle of continuous improvement of care, based on explicit and measurable indicators of quality. Importantly, it has a statistical basis.

Examples of medical practice audit can 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

⁵ Competence is defined as the knowledge, skills, attitude and judgement to a standard reasonably to be expected of a doctor practising medicine in their scope of practice.

- checking 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 group of patients.

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

- The topic for the audit relates to an area of your practice that may be improved.
- The process is feasible in that there are sufficient resources to undertake the process without unduly jeopardising other aspects of health service delivery.
- An identified or generated standard is used to measure current performance.
- An appropriate written plan is documented.
- Outcomes of the audit are documented and discussed.
- Where appropriate, an action plan is developed that will identify and maximise the benefit of the process to patient outcomes. The plan should outline how the actions will be implemented and the process of monitoring.
- Subsequent audit cycles are planned, where required, so that the audit is part of a process of continuous quality improvement.
- Council requires that a doctors to participate in at least one audit each year see [here](#) for more information.

■ **Peer review** (a minimum of 10 hours per year)

This involves evaluation of the performance⁶ 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, peers 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 include:

- 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 consultation
- discussion groups

⁶ Performance is defined as practice to a standard reasonably acceptable to peers. 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.

- inter-departmental meetings that may review cases and interpretations of finding
- 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)

Continuing medical education (CME) 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.

CME 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.

Domains of practice and competencies

26. Your CME should cover the domains of medical practice. These are summarised below but are discussed in more detail in the Council’s publication *Good medical practice*.

Medical care includes:

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

Communication includes:

- the 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 patient's general practitioner
- providing your contact details.

Collaboration and management includes:

- working with colleagues
- making decisions about access to medical care.

Scholarship includes:

- teaching, training, appraising and assessing doctors and students
- research
- and improving your performance.

Professionalism includes:

- 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.

Taking a break from practice

27. If you are planning to take a break from medical practice or if the break is sudden or unplanned, you must notify the Council as soon as possible.
28. While you are not practising, you do not need to undertake recertification activities.
29. You must notify the Council as soon as you return to practice. You will be required to meet your recertification obligations immediately upon returning to practice.

Audit of participation in recertification

30. Audit is a key Council method of ensuring doctors are complying with their recertification requirements. We may contact your college about your compliance in the recertification programme.
31. Audit requirements are as follows:

Doctors in a vocational training programme	The Council will ask your accredited provider to confirm your participation.
Doctors in an accredited recertification programme	The Council will check directly with the provider for confirmation that you are participating. You must authorise us to do this on your practising certificate application.
Doctors participating in <i>Inpractice</i>	bpac ^{nz} reports directly to the Council with confirmation that you are participating.
Doctors practising non-clinically and working with a CPD associate	Your practising certificate application must include confirmation from your associate that you are complying with appropriate training or other activities to ensure you are maintaining competence in the work you are doing.

Audit outcomes

32. If we find that you have not met your recertification requirements, you will be asked to explain this failure. The Council's preferred approach is to work with you to ensure that you understand and meet your requirements. However, failure to satisfy requirements may result in the Council proposing to place conditions on your scope of practice or limitations on your practice. In serious cases, the Council may propose to suspend your registration. Should any formal proposal be made, you will be given an opportunity to make submissions and attend a Council meeting to present your submissions before the Council makes a final decision on its proposal.

Resources

33. Council publications:

- [Cole's Medical Practice in New Zealand](#) – discusses best medical practice in New Zealand
- [Good medical practice](#) – explains the duties and responsibilities of doctors working in New Zealand
- [Standards and guidelines](#) – set standards and provide guidelines on a variety of issues affecting the medical profession.

All publications are available on the Council's website.

34. Ministry of Health publications:

- *Toward Clinical Excellence: An Introduction to Clinical Audit, Peer Review and Other Clinical Practice Improvement Activities* A handbook for doctors developing expertise in peer review and clinical audit.

This is available at www.health.govt.nz or from the Ministry of Health, PO Box 5013, Wellington.

Registration and scopes of practice

35. Doctors practising medicine in New Zealand may be registered within four scopes of practice.

36. Registered within the **provisional general** or **provisional vocational** scopes of practice include:

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

37. Doctors registered within the **general** scope of practice include:

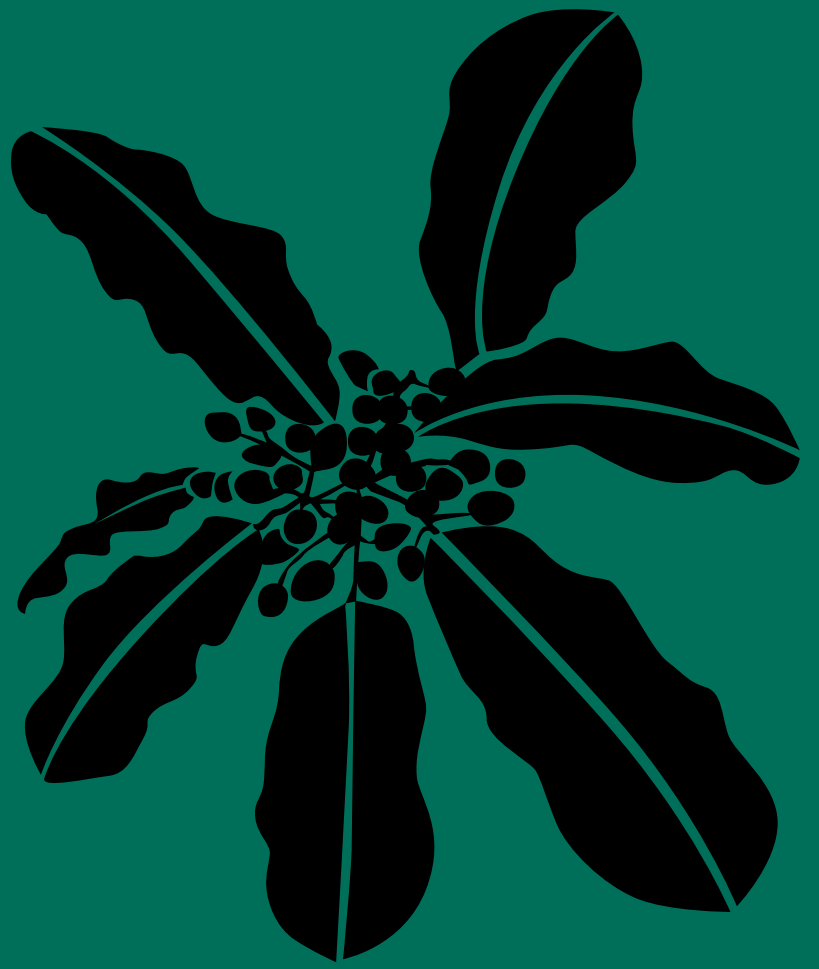
- doctors who have been registered within the provisional general scope of practice for at least 6 to 12 months and who have completed the requirements of registration within the general scope.

38. Doctors registered within a **vocational** scope of practice include:

- 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 for registration within a vocational scope.

39. Doctors registered within a **special purpose** scope of practice include:

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



Appendix 1:

Approved vocational scopes, accredited providers and recertification programmes

Appendix 1: Approved vocational scopes, accredited providers and recertification programmes

VOCATIONAL SCOPES Recertification programmes	ACCREDITED PROVIDERS
ANAESTHESIA Continuing professional development	Australian and New Zealand College of Anaesthetists PO Box 25506, Featherston Street, Wellington 6146 Ph: 64 4 499 1213, email: anzca@anzca.org.nz
CARDIOTHORACIC SURGERY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington 6242 Ph: 64 4 385 8247, email: college@surgeons.org
CLINICAL GENETICS MyCPD	Royal Australasian College of Physicians PO Box 10601, Wellington Ph: 64 4 460 8122, email: mycpd@racp.org.nz
DERMATOLOGY NZDS CME or RACP MyCPD participation required	Royal Australasian College of Physicians PO Box 10601, Wellington 6143 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
DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY Continuing professional development	Royal Australian and New Zealand College of Radiologists PO Box 10424, The Terrace, Wellington 6143 Ph: 64 4 472 6470, email: nzbranch@ranzcr.org.nz
EMERGENCY MEDICINE Maintenance of professional standards	Australasian College for Emergency Medicine PO Box 22234, Wellington 6441 Ph: 61 3 9320 0444, email: cpd@acem.org.au www.acem.org.au
FAMILY PLANNING AND REPRODUCTIVE HEALTH Continuing medical education	The New Zealand Family Planning Association Private Bag 99929, Newmarket, Auckland 1149 Ph: 64 9 524 3352, email: christine.roke@fpanz.org.nz
GENERAL PRACTICE Maintenance of professional standards	Royal New Zealand College of General Practitioners PO Box 10440, Wellington 6143 Ph: 64 4 496 5999, email: rnzcgp@rnzcgp.org.nz
GENERAL SURGERY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington 6242 Ph: 64 4 385 8247, email: college@surgeons.org

VOCATIONAL SCOPES
Recertification programmes**ACCREDITED PROVIDERS**

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
INTERNAL MEDICINE MyCPD	Royal Australasian College of Physicians PO Box 10601, Wellington 6143 Ph: 64 4 460 8122, email: mycpd@racp.org.nz
MEDICAL ADMINISTRATION Continuing education programme	Royal Australasian College of Medical Administrators PO Box 10233, Wellington 6143 Ph: 64 4 472 9183, email: racma@afphm.org.nz
MUSCULOSKELETAL MEDICINE Reaccreditation programme	New Zealand Association of Musculoskeletal Medicine Australasian Faculty of Musculoskeletal Medicine email: info@afmm.com.au
NEUROSURGERY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington 6242 Ph: 64 4 385 8247, email: college@surgeons.org
OBSTETRICS AND GYNAECOLOGY Continuing professional development	Royal Australian and New Zealand College of Obstetricians and Gynaecologists PO Box 10611, The Terrace, Wellington 6143 Ph: 64 4 472 4608, email: ranzcog@ranzcog.org.nz www.ranzcog.edu.au
OCCUPATIONAL AND ENVIRONMENTAL MEDICINE MyCPD	Australasian Faculty of Occupational and Environmental Medicine, Royal Australasian College of Physicians PO Box 10601, Wellington 6143 Ph: 64 4 460 8122, email: mycpd@racp.org.nz
OPHTHALMOLOGY Continuing professional development	New Zealand Branch, Royal Australian and New Zealand College of Ophthalmologists PO Box 31186, Milford, Auckland 0741 Ph: 64 9 489 6871, email: jmcnnes@ranzco.edu.au
ORAL AND MAXILLOFACIAL SURGERY Continuing professional development	Royal Australasian College of Dental Surgeons, Oral and Maxillofacial Surgery, Christchurch Hospital Private Bag 4710, Christchurch 8140 Ph: 64 3 379 6234, email: ceo@racds.org

VOCATIONAL SCOPES
Recertification programmes

ACCREDITED PROVIDERS

ORTHOPAEDIC SURGERY
Continuing professional development

Royal Australasian College of Surgeons
PO Box 7451, Wellington 6242
Ph: 64 4 385 8247, email: college@surgeons.org

New Zealand Orthopaedic Association
PO Box 5545, Lambton Quay, Wellington 6140
Ph: 64 4 913 9819, email: admin@nzoa.org.nz

OTOLARYNGOLOGY HEAD AND NECK
SURGERY
Continuing professional development

Royal Australasian College of Surgeons
PO Box 7451, Wellington 6242
Ph: 64 4 385 8247, email: college@surgeons.org

PAEDIATRIC SURGERY
Continuing professional development

Royal Australasian College of Surgeons
PO Box 7451, Wellington 6242
Ph: 64 4 385 8247, email: college@surgeons.org

PAEDIATRICS
MyCPD

New Zealand Committee, Royal Australasian College of
Physicians
PO Box 10601, Wellington 6143
Ph: 64 4 460 8122, email: mycpd@racp.org.nz

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

PALLIATIVE MEDICINE
MyCPD

Australasian Chapter of Palliative Medicine, Royal Australasian
College of Physicians
PO Box 10601, Wellington 6143
Ph: 64 4 460 8122, email: mycpd@racp.org.nz

PATHOLOGY
Continuing medical education

Royal College of Pathologists of Australasia
Private Bag 93512, Takapuna, Auckland 0740
Ph: 64 21 418 842, email: rcpanz@rcpanz.org.nz

PLASTIC AND RECONSTRUCTIVE
SURGERY
Continuing professional development

Royal Australasian College of Surgeons
PO Box 7451, Wellington 6242
Ph: 64 4 385 8247, email: college@surgeons.org

PSYCHIATRY
Continuing professional development

Royal Australian and New Zealand College of Psychiatrists
PO Box 10669, Wellington 6143
Ph/Fax: 64 4 472 7247, email: cpd@ranzcp.co.nz

VOCATIONAL SCOPES Recertification programmes	ACCREDITED PROVIDERS
PUBLIC HEALTH MEDICINE TOPS	New Zealand College of Public Health Medicine PO Box 10233, Wellington 6143 Ph: 64 4 472 9183, email: admin@nzcphm.org.nz
MyCPD	Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians PO Box 10601, Wellington 6143 Ph: 64 4 460 8122, email: mycpd@racp.org.nz
RADIATION ONCOLOGY Continuing professional development	Royal Australian and New Zealand College of Radiologists PO Box 10424, The Terrace, Wellington 6143 Ph: 64 4 472 6470, email: nzbranch@ranzcr.org.nz
REHABILITATION MEDICINE MyCPD	New Zealand Branch, Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians PO Box 10601, Wellington 6143 Ph: 64 4 460 8122, email: mycpd@racp.org.nz
RURAL HOSPITAL MEDICINE Continuing medical education	Division of Rural Hospital Medicine NZ, Royal New Zealand College of General Practitioners PO Box 10440, Wellington 6143 Ph: 64 4 496 5963, email: alita.bigwood@rnzcgp.org.nz
SEXUAL HEALTH MEDICINE MyCPD	Australasian Chapter of Sexual Health Medicine, Royal Australasian College of Physicians PO Box 10601, Wellington 6143 Ph: 64 4 460 8122, email: mycpd@racp.org.nz
SPORT AND EXERCISE MEDICINE Maintenance of professional standards	Australasian College of Sport and Exercise Physicians, Anglesea Sports Medicine PO Box 4362, Hamilton East, Hamilton 3247 Ph: 64 7 957 6064, email: nationaloffice@acsp.org.au
URGENT CARE Recertification	Royal New Zealand College of Urgent Care, 110 Lunn Avenue, Remuera, Auckland 1172 Ph: 64 9 527 7966, email: info@rnzcuc.org.nz
UROLOGY Continuing professional development	Royal Australasian College of Surgeons PO Box 7451, Wellington 6242 Ph: 64 4 385 8247, email: college@surgeons.org
VASCULAR SURGERY Continuing professional development	Royal Australasian College of Surgeons, PO Box 7451, Wellington 6242 Ph: 64 4 385 8247, email: college@surgeons.org