



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

Peer review record

(minimum 10 hours per year)

Date	Discussion topics	What did you learn? How did you change your practice as a result?	Hours spent	Colleague's comments and sign-off

* Feel free to attach relevant documentation

MCNZ office use

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