ANZCA and FPM CPD Program

Peer review of practice agreement and CPD verification form

Participant (recipient of peer review): _____

Reviewer: _____

Where participant practices: _____

Date of review: ____/____/____

Participant

- I agree and acknowledge that I have requested the reviewer named above to observe my practice for the purposes of continuing professional development.
- I agree and acknowledge that the reviewer will observe my practice and will discuss their observations with me afterwards. In doing so, the reviewer is not supervising the procedures and is not required to, and will not, intervene, or interfere in any way in treatment or practice, unless requested to do so or in the interest of patient safety.
- I agree and acknowledge that I am responsible for my conduct.
- I release ANZCA and the reviewer from all claims or liability arising as a consequence of this review and indemnify ANZCA and the reviewer in respect of all such claims.

Signed: _____ Date: ____/____/____

Print name: _____

Reviewer

- I agree and acknowledge that I have been requested to conduct a peer review of practice on the fellow named above for the purposes of continuing professional development.
- I agree and acknowledge that I will observe the participant's practice and will discuss my observations with the participant afterwards. In doing so, I am not supervising the procedures and not required to, and will not, intervene, or interfere in any way in treatment or practice unless requested to do so or in the interest of patient safety.
- I agree and acknowledge that I am responsible for my conduct.
- I understand that this is not an assessment of the participant's practice; the aim is to have a collegial discussion about various approaches to treatment with the aim of improving patient care. My observations and discussions regarding the participant's practice will remain confidential and the participant will be provided with the only copy of the observation form at the completion of this activity.

Signed: _____ Date: ____/____/____

Print name: _____

© Copyright 2023 – Australian and New Zealand College of Anaesthetists. All rights reserved.