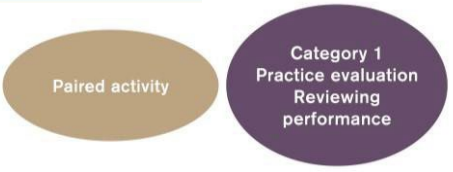
ANZCA
FPM

CONTINUING PROFESSIONAL DEVELOPMENT

ANZCA and FPM CPD Program
Peer review of non-clinical (excluding educational*) practice guideline



** See separate guidelines and forms for Peer review of educational practice*

Purpose

This guideline assists CPD participants, and their reviewers complete the *Peer review of non-clinical practice* (excluding educational practice) activities.

The Medical Board of Australia defines practice as:

> *Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.*

See Medical Board/AHPRA Medical practitioners - Who needs practising registration? August 2025.

That is, practices not directly related to clinical patient care (non-clinical practices). The Medical Council of New Zealand defines practice as including any of the following:

- *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 practitioners or designated prescribers.*
- *Assessing, diagnosing, treating, reporting or giving advice in a medical capacity, using the knowledge, skills, attitudes and competence initially attained for the MB ChB degree (or equivalent) and built upon in postgraduate and continuing medical education (CME), wherever there could be an issue of public safety.*

Notes to the MCNZ definition:

'Practice' in this context goes wider than clinical medicine to include teaching, research, medical or health management, in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.

Activity description

The peer review of non-clinical practice activity is for CPD participants to review their performance in their **non-clinical** role (or roles) with the help of a trusted colleague who is involved in similar practice(s) – the reviewer.

Peer review should be a mutually beneficial learning experience that considers the advantages and disadvantages of different approaches. The intention is that this activity is collaborative, supportive and confidential between the parties, and is undertaken for the purposes of learning and change.

Related documents

1. *Peer review of non-clinical (excluding educational) practice observation form*
2. *Peer review of non-clinical (excluding educational) practice agreement and CPD verification form*

How to complete this activity

The reviewer observes an aspect of the participant's non-clinical practice (examples below) and provides feedback across one or more domains related to that area(s) of non-clinical practice.

Non-clinical roles	Examples of work that might be observed
1. Quality and safety activity roles related to practice	For example: • Leading a safety and/or quality improvement intervention • Involvement in safety and quality work including root cause analyses or quality improvement activities
2. Governance roles	For example: • Working in management, administration, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession (e.g., governance committee/board roles).
3. Leadership and management roles	For example: • Leadership of relevant practice-related governance group • Fostering a supportive practice environment • Supporting those experiencing difficulties
4. Research and scholarship roles	For example: • Undertaking own research • Supporting the research careers and activities of others

The observation period does not need to be a single session or event and may encompass multiple observation periods. The reviewer uses the *Peer review of non-clinical (excluding educational) practice observation form* as the basis for a feedback conversation regarding approaches to your role(s).

Steps

Time period	Steps	Complete
Planning for the review	The participant chooses the focus areas of the peer review. The *Peer review of non-clinical (excluding educational) practice observation form* should be tailored to suit the role(s) being observed with respect to domains reviewed. In many circumstances, it is appropriate to address one domain or, sometimes, even only one element. As the choice is made by the CPD participant, in selecting domain(s) they could consider: • Existing review frameworks relevant to the role (e.g. published peer review or self-assessment review frameworks for governance or other non-clinical roles) • The focus of the review in their choice of reviewer (to ensure that the reviewer brings relevant expertise and experience).	

	The participant invites a trusted colleague who is involved in similar practice (the reviewer) to conduct the peer review and organises a mutually convenient date and time for this colleague to observe them. The reviewer may not be (and does not need to be) an anaesthetist or pain specialist (e.g., if the role/practice is in a multidisciplinary context), although they should be comfortable providing feedback to the participant.	
	The minimum observation time is the equivalent of four (4) hours (cumulative) and the minimum time for feedback is 30 minutes.	
	Where there is observation of the CPD participant's interaction with others, the CPD participant should address this in the following ways: • Permissions for the peer review may need to be sought depending on who the peer reviewer is (e.g. external versus usually participates in the same activity), the nature of the activity proposed to be observed, and the organisation's own requirements. This should be ascertained prior to undertaking a peer review • The peer reviewer will not intervene in the interaction with others, will maintain confidentiality about the CPD participant's performance and that feedback on the session will be shared with the CPD participant only.	
	The participant completes the *Peer review of non-clinical (excluding educational) practice agreement and CPD verification form* and provides it to the reviewer to sign. This agreement refers to the responsibilities of the participant and the reviewer and issues regarding liability.	
	The participant provides the reviewer with a copy of *Practical guidance for CPD feedback conversations*.	
The review and feedback	The reviewer uses the *Peer review of non-clinical (excluding educational) practice observation form* to document examples of the participant's practice role. An electronic version is recommended, as the cells on the form are expandable to incorporate detailed notes. This activity is not an assessment and therefore does not include a scale to make a judgement on the participant's performance. Each item should be viewed as a prompt for the reviewer to initiate a conversation with the participant about that aspect and their underlying reasoning for the method they have chosen to adopt.	
	The reviewer may volunteer examples from their own experience and engage the participant in a discussion of the advantages and disadvantages of each.	
	Both participants should keep in mind the purpose of this activity is professional development and focus areas should be aspects of practice for which feedback would be most valuable. The reviewer may wish to explore other issues that arise during the observation and is encouraged to make notes accordingly.	
	During the observation the role of the reviewer is to observe the CPD participant. During these reviews, the reviewer should not intervene.	
	The participant may provide the reviewer with additional information upon which to base their review. Examples include past feedback from others.	
Results and feedback session	Immediately after the observation has finished, the reviewer should take some time to consider their notes and how they will approach the feedback conversation with the participant. This discussion should occur on the same day as the observation period, ideally within an hour of observation completion.	
	The participant and reviewer should meet in a private space, either face-to-face or virtually, for a minimum of 30 minutes.	

	It is suggested that the reviewer uses the approach outlined in *Practical guidance for CPD feedback conversations*.	
	At the end of the feedback discussion, the reviewer should prompt the participant to reflect on their role and consider two or three aspects they might change to deliver better outcomes. Further, the reviewer may ask the participant what CPD activities they plan to undertake over the next 12 months, which coincide with any learning needs highlighted in the peer review.	
CPD verification	Following the period of observation and the feedback conversation, the reviewer should complete the remainder of the *Peer review of non-clinical (excluding educational) practice agreement and CPD verification form*, sign and return to the participant.	

Receiving feedback

CPD activities are intended to promote supportive conversations that assist you to reflect and advance your practice. Engaging in a feedback conversation may on occasions challenge you and raise uncomfortable thoughts and feelings. If this occurs, consider seeking out a trusted colleague or friend for support. Confidential wellbeing support is freely available through the college; details can be found on the website.

ANZCA and FPM CPD portfolio recording

Both the participant and the reviewer (if an ANZCA or FPM fellow) can record this activity under Category 1 Practice evaluation – reviewing performance: *Peer review of practice* activity, with the signed *Peer review of non-clinical (excluding educational) practice agreement and CPD verification form* uploaded as evidence.

Optional related activities

1. **Critical reflection:** Following the review, a participating ANZCA of FPM fellow may choose to undertake an individual *Critical reflection* activity to determine how to incorporate feedback received or reflection on the experience of providing feedback into practice improvement.

References

1. Medical Board/AHPRA *Information sheet - Medical practitioners - Who needs practising registration*? August 2025.
2. Medical Board/AHPRA *Additional information - Medical practitioners - Who needs practising registration*? August 2025.
3. Medical Council of New Zealand *Definition of the 'practice of medicine*'. 2018. *https://www.mcnz.org.nz/assets/Publications/Definitions/627fd1e45e/Definition-of-the-practice-of-medicine.pdf*
4. ANZCA FPM *Supporting Professionalism and Performance: A guide for Anaesthetists' and Pain Medicine Physicians* (2024).

Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	P Macintyre A Kattula		CPD Committee	Aug 2026	Created

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