



ANZCA and FPM CPD Program

Clinical governance CPD verification form

Participant to complete

As a participant of the ANZCA and FPM CPD Program, I have participated in the Practice evaluation – reviewing performance: Clinical governance activity.

- The nature of my clinical governance work was _____
- The clinical governance work was performed at _____
- I was invited and agreed to do this work.
- As per the *Clinical governance guideline*, I have reflected on how my scope of practice has impacted relevant governance decisions and how the effects of reviewing performance (mine or others) will lead to better patient care
- I have kept a record of this work (meeting minutes or written confirmation of involvement) for the purpose of fulfilling my CPD requirements.

Date range: ____/____/____ - ____/____/____

Total hours: _____

Signed: _____

Date: ____/____/____

Print name: _____