



ANZCA and FPM CPD Program

Peer review of educational practice agreement and CPD verification form

Participant (recipient of peer review): _____

Reviewer: _____

Date of review: ____/____/____

Duration of observation: _____

Duration of feedback provision: _____

Participant

- I agree and acknowledge that I have requested the reviewer named above complete a peer review of my educational practice for the purposes of continuing professional development.
- I agree and acknowledge that the reviewer will discuss their observations upon completion of the review process.
- 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 educational practice from the participant named above for the purposes of continuing professional development.
- I agree and acknowledge that I will discuss my observations with the participant upon completion of the review.
- I agree and acknowledge that I am responsible for my conduct.
- I understand that the aim of this review is to have a collegial discussion about various approaches to educational practice. My observations and discussions will remain confidential and the participant will be provided with the only copy of the observation form upon completion of this activity.

Signed: _____ Date: ____/____/____

Print name: _____