



Australasian College for Emergency Medicine

Peer Review Record Team Activity

Continuing Professional Development

- Please download this form to your computer and fill it out it using Adobe Acrobat Reader software, available at get.adobe.com/reader.
- Ensure you save the completed form for your records; it may need to be submitted as evidence of your CPD activities.
- Peer review must take place in an environment conducive to the confidentiality of the patients being discussed and ensure the privacy of the doctors whose work is being reviewed. Reviewers using this form must de-identify the participant.

Name of participant:

ACEM ID:

**Name of FACEM
reviewer:**

ACEM ID:

Date of review:

Date of attendance:

Total time for peer review activity:

Type of activity (tick one)

Case review

Mortality and morbidity meeting

Interdepartmental case review

Peer discussion group

Clinical simulation

Chart review

Other:

Performance review

Performance appraisal

Review of personal clinical practice with peer
(radiology interpretation, use of antibiotics etc)

360-degree feedback

Other:

Peer Review Record Team Activity

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Comments from Participant: *What did you learn? How did you change your practice as a result?*

Feedback from reviewer:

Signature of Participant:

Signature of Reviewer:

Date:

(for the purpose of evidence for CPD compliance, a signature is required)