



ANZCA and FPM CPD Program

Analysing healthcare outcomes CPD verification form

Participant: _____

Meeting date: ____ / ____ / ____ Duration (hours): _____

AHO coordinator: _____

AHO facilitator: _____

Principal published document discussed:

Have there been any practice changes arising from the discussion? Yes No

CPD verification (completed by participant)

I confirm as part of the ANZCA and FPM CPD Program *Analysing healthcare outcomes* activity that I (participant's name) _____ attended an *Analysing healthcare outcomes* meeting and was actively involved in discussions.

Signed: _____ Date: _____