



ANZCA and FPM CPD Program

Multi-source feedback – confidentiality and CPD verification form

Confidentiality

Participant name (recipient of MsF activity): _____

Where participant practices: _____

Facilitator name: _____

Facilitator role and where they work: _____

Facilitator – prior to MsF commencement

I will undertake the role of facilitator in the multi-source feedback (MsF) process for the purposes of the ANZCA and FPM CPD Program. After completing the MsF response collation form, I will destroy the original MsF forms completed by colleagues and co-workers. I will provide the participant with the only copy of the MsF response collation form and following the feedback conversation will delete this summary form from my records.

I will maintain as confidential:

1. Feedback from individual responders.
2. All information regarding the participant's MsF performance.

I confirm that I have read, understood and agree to the above conditions to maintain the strictest confidentiality of the information collected in this practice evaluation activity.

Signed: _____

Date: _____

CPD verification: Facilitator – after completion of MsF activity

I confirm that as part of the MsF process for (Participant's name) _____, a minimum of six MsF forms were included in the response collation form provided to the participant and a feedback meeting was convened to discuss the MsF results.

Signed: _____

Date: _____