



CPD handbook appendix 3

Patient experience survey Confidentiality and CPD verification form

Confidentiality

Participant: _____
Name of hospital: _____
Administrator: _____
Feedback provider: _____

Administrator – prior to commencement

I will undertake the role of administrator of the patient experience survey, paediatric patient/parent satisfaction survey or hyperbaric consultation patient experience survey for the purposes of the ANZCA and FPM CPD Program. After collating the results and completing the survey summary form, I will provide the original patient/parent survey forms and the only copy of the summary form to the feedback provider.

I will maintain as confidential:

1. Individual feedback from patients/parents.
2. All information regarding the performance of the participant on this practice evaluation activity.

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: ___/___/___

Feedback provider – prior to commencement

I will undertake the role of feedback provider in the patient experience survey, paediatric patient/parent satisfaction survey or hyperbaric consultation patient experience survey process for the purposes of the ANZCA and FPM CPD Program. After providing feedback to the participant listed above, I will destroy the original survey forms and provide the participant with the only copy of the survey summary form.

I will maintain as confidential:

1. Individual feedback from responders.
2. All information regarding the performance of the participant on this activity.

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

Feedback provider – after completion of activity

I confirm that as part of the patient experience survey process for _____
(Participant's name) a minimum of 15 surveys were included in the summary form provided to the participant and a meeting was convened to discuss the feedback obtained.

Signed: _____

Date: ___/___/___