



CPD handbook appendix 6

Multi-source feedback (MsF) Confidentiality and CPD Verification form

Confidentiality

Participant (recipient of MsF summary): _____

Name of hospital: _____

Facilitator: _____

Facilitator – prior to commencement

I will undertake the role of facilitator in the multi-source feedback process for the purposes of the ANZCA CPD Program. After completing the MsF summary form and providing feedback to the participant listed above, I will destroy the original MsF forms completed by colleagues and co-workers and provide the participant with the only copy of the MsF 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

Facilitator – after completion of activity

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

Signed: _____

Date: _____