



GP Adverse Experience Feedback Form



Contribute to the QA&CPD quality review process by completing this form only if you are dissatisfied in any way with the quality or conduct of the education activity.

Quality assurance is important to your QA&CPD Program. We appreciate feedback regarding the education activities that you have participated in that have been accredited by the RACGP QA&CPD program. Ongoing quality review relies on GPs to report adverse educational experiences.

The QA&CPD Program follows up on all feedback.

Please complete and fax this form to [your State QA&CPD Office](#).

Date of activity

Venue/delivery mode

Activity title

Activity number (if known) Education Provider name (if known).....

Please attach any program materials you may have relating to the activity

	Provide details
1 Did the advertised activity accurately reflect the activity you participated in? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2 Was there any specific product promotion within the education activity? Was there use of advertising material or images, biased or unbalanced clinical data or product placement? No <input type="checkbox"/> Yes <input type="checkbox"/>	
3 Did any aspects of the activity or its lead up breach the QA&CPD Program standards? No <input type="checkbox"/> Yes <input type="checkbox"/>	
4 If the activity was an Active Learning Module (ALM), were the following elements provided: a pre-disposing activity? Yes <input type="checkbox"/> No <input type="checkbox"/> b learning objectives? Yes <input type="checkbox"/> No <input type="checkbox"/> c reinforcing activity? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the activity two thirds interactive? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the activity theme based? Yes <input type="checkbox"/> No <input type="checkbox"/> For online or electronic ALMs was the duration of the activity the same as was advertised? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide any further information or comments:	

Do you permit the RACGP QA&CPD Program to discuss this information with the education provider? You will remain anonymous Yes No

The RACGP QA&CPD Program will only use the following information for administrative purposes. This information will not be given to any third party persons or organisations.

Name RACGP number
Phone Email
Address State Postcode

Office use only		
Date received/...../.....	GP contacted/...../.....	Recorded on IMIS...../...../.....
Provider contacted/...../.....	Outcome notified GP/...../.....	Outcome notified EAR/...../.....

PC comments: