



Royal College of  
General Practitioners



Faculty of Sport  
and Exercise  
Medicine UK



The Primary Care  
Rheumatology and  
Musculoskeletal  
Medicine Society



British Association of Sport  
& Exercise Medicine

## Form 6 – Multisource feedback form

### For GPs seeking accreditation as GPwER in Musculoskeletal Medicine with the Faculty of Sports and Exercise Medicine

This is intended to gather both quantitative and qualitative feedback from peers. This should be completed by at least 12 colleagues (both clinical and non-clinical) who are working with you regularly or have done so in the recent past. It should then be discussed with your educational supervisor and reflected on within the relevant section in Form 1.

Please describe your role e.g. Doctor, Nurse, Physiotherapist, Clerical Staff, Management etc			
How recently have you worked with this doctor?	Current colleague <input type="checkbox"/>	Within the last two years <input type="checkbox"/>	Within the last 5 years <input type="checkbox"/>
How often do you/did you have contact with the doctor?	Most days <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
In your opinion is this doctor fit to practice in this role? (If you answer no please expand on your reason in the 'Any other comments section')	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

	Strongly agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>
I am confident that this doctor respects patient confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that this doctor is honest and trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that this doctor's performance is not impaired by ill health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Qualitative section**

How does this clinician contribute to a positive working environment or patient experience?

Are there areas you feel this clinician should focus on for their future professional development? Please elaborate.

Is there anything else you would like to comment on regarding this clinician's performance, attitude, or approach in clinical settings?

