

Appendix 2: Lay Advisor Feedback Form

Event Details
Lay Person:
Date of Event:
Type of Event: <i>(incl speciality where relevant)</i>
Location:

Summary of Event
<p>Were you appropriately informed of the arrangements (dates, time, venue) in advance of the event?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, please specify why and where improvements could be made</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>How did you prepare for the event to enable you to fulfil your role fully?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Were the structure and delivery of the event in accordance with local / national guidelines? (eg. was timetable realistic/for ARCPs proper constitution of the panel)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, please specify why and where improvements could be made</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>For ARCP, were you able to contribute to discussion, engage effectively with the panel and ask questions?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Were details of the event (Assessment outcomes, Interview documentation, Minutes etc) recorded appropriately?</p>

Yes No

If No, please specify why and where improvements could be made

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Part of NHS England’s responsibility is to ensure that all parties are treated fairly and equitably through all processes and events (Equality Act, 2010). Was the event equitable in process for all those involved?

Yes No

If No, please specify why and where improvements could be made

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Were any problems encountered?/suggestions for any improvements:

Yes No

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Areas of Good Practice

Areas of good practice are those which could be used by colleagues locally and nationally to improve the quality of postgraduate medical education. Please list below any areas of good practice which you have identified.

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Areas of Development

Please list below any areas of development which you have identified that you feel need further investigation by the Yorkshire and Humber Deanery

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Lay Rep Signature: Date:

Please return the form to: england.postgraduatedeansoffice.yh@nhs.net