

Hospital logo and letterhead

Name of the doctor for whom patient feedback is being sought. It may also be helpful to include the doctor's direct telephone number, email address and GMC number

Date

Name and address of the patient who is being asked to provide feedback

It may be helpful to include a photo of the doctor here although this is not mandatory

Dear Name of Patient

Feedback on your Doctor

I recently provided care for you as a Consultant Anaesthetist when you were in hospital for surgery.

As part of our quality monitoring and improvement process we collect some information from the patients that I have treated and give you a chance to comment on how well you felt that I had looked after you as your anaesthetist. This information is processed anonymously and I won't see the results of your individual feedback although I will be given the combined feedback from a group of about 30 patients.

This information is used to help the hospital and the General Medical Council to be confident that I am practising effectively as a good and considerate doctor and also it forms part of my medical relicensing procedure which I go through on a routine basis.

I would be grateful if you could please complete the enclosed questionnaire and send it back in the reply paid envelope provided.

Yours sincerely

Name and title of doctor