**CPD Assessor review form**

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| Name of CPD Assessor: |  |
| Name and Date of Event: |  |

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| Please mark each box below with an ‘X’ and email the completed form to cpd@rcoa.ac.uk. We request that reviews are completed within two weeks and thank you for your help. |

1. **Is the content of this event relevant to the CPD needs of career-grade doctors?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** *If No, please give further details below:* |

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1. **Are the learning outcomes clearly defined and do they reflect the overall aim(s) of the event?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** *If No, please give further details below:* |

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1. **Are the teaching delivery methods appropriate to the aim(s) and learning outcomes?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** *If No, please give further details below:* |

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1. **Do the faculty members have relevant experience to deliver the programme?**

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| --- | --- | --- | --- |
|  | **Yes** |  | **No** *If No, please give further details below:* |

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1. **Are there any comments you wish to make?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** *If Yes, please give further details below:* |

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1. **Do you approve this event for CPD credits?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** *If No, please give further details below:* |

|  |  |
| --- | --- |
| YES: |  |
| NO – with reason(s) |  |