# Patient Feedback CPD Claim Form

### Purpose

Use this form to claim CDP hours spent on patient feedback practice improvement activities

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| --- | --- |
| Member name |  |
| Practice name |  |
| Date/s of activity |  |
| Hours spent on this activity |  |

### Type of feedback activity

**** Questionnaire **** Interviews

**** Focus groups **** Other

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| --- |
| Method (Describe the process undertaken) |
| Summary of reflection/ discussion |
| Action plan (using SMART terminology – specific, measurable, attainable, relevant, time-limited) |