The Royal Australian and New Zealand College of Radiologists®

MSF Checklist for *RANZCR Member*

The following table is designed for you to list your *Assessors* and the date they were given the *Multi-source Feedback Question Form*. Please ask your *Assessors* to return their feedback forms to your *Report Collator*. Following this, this form must be handed over to your *Report Collator* to track completed forms.

Medical Colleague	**Non-medical Colleague**
• Consultant (Radiation Oncologist) • Consultant (other than Radiation Oncologist) • Other Medical Practitioners (e.g. Registrar) * A minimum of 4 medical colleagues must be selected to complete the MSF	• Nurse • Radiation Therapist • Physicist • Allied Health • Administrative, Clerical or Secretarial Staff • Clinical Trials Coordinator/Data Manager • Other

No.	Assessor Name	Medical (select)	Non- medical (select)	Date Given	Date Completed
1		○	○		
2		○	○		
3		○	○		
4		○	○		
5		○	○		
6		○	○		
7		○	○		
8		○	○		
9		○	○		
10		○	○		
11		○	○		
12		○	○		
13		○	○		
14		○	○		
15		○	○		
16		○	○		

Feedback Provider: (Name of the peer/colleague identified to meet with the *RANZCR Member* to go through the MSF report and discuss the results)	