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**Module consultation feedback form**

*Please give your feedback for each different module on a separate sheet, any general feedback can be added to any sheet and need not be copied onto each one. Please email completed forms to admin@baa.org.uk by 12 noon on Friday 12th February 2021*

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| --- | --- |
| Module (please give full title) |  |
| Name (optional) |  |
| Date |  |
| Feedback regarding the content of the following sections: | |
| 1.0 Scope of this module |  |
| 2.0 Minimum requirements for the module |  |
| 3.0 Theoretical knowledge |  |
| 4.0 Learning outcomes |  |
| 5.0 The range of procedures in which competence needs to demonstrated (Part A) |  |
| 6.0 Types of cases for periodic appraisals of whole patient management (part B) |  |
| 7.0 Examination details |  |
| 8.0 Examination marking guidance |  |
| General feedback on changes made to the updated / revised modules, not necessarily specific to this module: | |
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