



FEEDBACK FORM

Name

SHA

Date

Clinical pathway group

Branch of practice

Please provide details of the key points discussed at the meeting and whether discussions were focussed at a local or national level:

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Please provide details of any concerns that may have arisen from the meeting that you believe the BMA should be aware of centrally:

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Please return this form to the Industrial Relations Officer in your area, details of which can be found on the contact list.