**APPENDIX B**

**ASPIH STANDARDS RESPONSE QUESTIONNAIRE**

Please answer the questions regarding the standards contained in this draft:

**General principle of the SBE standards**

**1** Do you agree that standards are important for the effective design and delivery of SBE?

Yes No Not sure

Comments

**The structure of the SBE standards document**

**2** Do you agree with the overall outlay and section headings in the standards document?

Yes No Not sure

Comments

**About Faculty**

**3** Do you agree with the standards and recommendations pertaining to" Faculty" section of the standards document?

Yes No Not sure

Comments

**About Activity**

**4** Do you agree with the standards and recommendations pertaining to" Activity" section of the standards document?

Yes No Not sure

Comments

**About Resources**

**5** Do you agree with the standards and recommendations pertaining to "Resources" section of the standards document?

Yes No Not sure

Comments

**Anything to be removed?**

**6** Is there anything you think we should remove from the standards document?

Yes No Not sure

Comments

**Anything we should consider adding?**

**7** Is there anything significant missing from the standards document?

Yes No Not sure

Comments

**How was the standards document written?**

**8** How easy were the standards to read and understand?

Very easy Quite easy Quite difficult Very difficult

If difficult, how can we improve them?

**About you**

Finally, we’d appreciate it if you could give some information about yourself to help us analyse the consultation responses.

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact telephone** (optional)

**Are you are responding as an individual?**

Yes No

If yes, please complete the following questions. **If not, please complete the ‘responding as an organisation’ section.**

**Which of the following categories best describes you?**

* Doctor/ Medical educator (teaching, delivering or administering)
* Nurse/ Nurse educator
* Other healthcare professional
* Technician
* Simulated patient
* Patient
* Administrator
* Other (please give details)

**Are you responding on behalf of an organisation?**

Yes No

If yes, please complete the following questions. **If not, please complete the ‘responding as an individual’.**

**Which of the following categories best describes your organisation?**

* Simulation centre
* University
* Body representing patients or the public
* Government department
* Independent healthcare provider
* Medical school (undergraduate)
* Postgraduate medical institution
* Regulatory body
* NHS or Hsc Organisation
* Other (please give details)

**Thank you for your time and response.**