**Template instructions: For medical staff participating in the MCC 360**

* Copy/paste the message below to invite colleagues or co-workers to contribute to your 360
* Edit the message as you see fit *except* for the collection notice at the bottom. It contains a standard notice on use of email addresses for this purpose
* Customize yellow highlighted areas with names
* Customize red text with your health organization name and medical affairs contact info, as below.

|  |  |
| --- | --- |
| **Health organization** (red text) | **Email contact** (red text) |
| First Nations Health Authority | [privacy@fnha.ca](mailto:privacy@fnha.ca) |
| Fraser Health | [informationprivacy@fraserhealth.ca](mailto:informationprivacy@fraserhealth.ca) |
| Interior Health | [IHPrivacy@interiorhealth.ca](mailto:IHPrivacy@interiorhealth.ca) |
| Island Health | [privacy@islandhealth.ca](mailto:privacy@islandhealth.ca) |
| Northern Health | [privacy@northernhealth.ca](mailto:privacy@northernhealth.ca) |
| Providence Health Care | [privacy@providencehealth.bc.ca](mailto:privacy@providencehealth.bc.ca) |
| Provincial Health Services Authority | [privacy@phsa.ca](mailto:privacy@phsa.ca) |
| Vancouver Coastal Health | [privacy@vch.ca](mailto:privacy@vch.ca) |

**Subject:** Request for your input to my 360 assessment

Dear colleague or co-worker name,

As part of my ongoing practice enhancement, I am undertaking a 360 assessment and as part of it, I would welcome your feedback on my practice.

* *Will you complete a brief online survey on my role as a collaborator, communicator and professional?*

The survey takes only 5-10 minutes to complete. Your objective and honest responses will give me important feedback on my practice. Responses are strictly confidential; I will see only an aggregate anonymized summary.

* *If you agree to the survey, please provide me with your preferred business email address.*

The Medical Council of Canada (MCC)—the 360 program administrator—will send you a survey link to the email address you provide. The privacy notice below confirms that your email will only be used for the survey purpose.

Thank you for considering my request.

Name

Should you provide your personal email address (rather than your business email address), please note that the collection of this information is specific to your participation in my MCC 360 assessment and is being collected on behalf of [your health authority] under the authority of the *Freedom of Information and Protection of Privacy Act* (RSBC. 1996, c. 165) sections 26(c).

* For questions on the MCC 360, please visit [MCC 360 – Homepage | Medical Council of Canada](https://mcc.ca/assessments/mcc360/).
* For questions on the collection and use of your information by the HO, please contact [insert privacy contact]
* To learn about 360 feedback for medical staff in BC, please visit: [bcmqi.ca/practice-enhancement](http://bcmqi.ca/practice-enhancement/360-feedback-for-medical-staff/360-program-stories-+-tips)