
RCGP Revalidation Toolkit: Colleague and Patient Feedback



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Revalidation requirements

Feedback from colleagues and patients can provide valuable insight into how you are perceived as a professional. Specific information about your performance can be a helpful basis for continuous professional development (CPD) or affirmation of your current skills and behaviours.

At least once within each revalidation period, normally every five years,¹ feedback covering your ‘whole scope of work’ (all the roles, including extended practice and whether paid or voluntary, that you undertake for which you require a licence to practise as a doctor) should be sought from your colleagues and patients.

For the purposes of revalidation, feedback from colleagues and patients is ordinarily collected using questionnaire-based surveys. The GMC principles² governing the use of colleague and patient questionnaires include that they should:

- cover a doctor’s full scope of work
- be consistent with the principles, values and responsibilities set out in the GMC’s *Good Medical Practice*
- be valid, reliable and piloted on a population appropriate to a doctor’s scope of work
- be administered and evaluated independently from the doctor and their appraiser to ensure an objective review of the information
- assist a doctor to identify opportunities for CPD and improvement through reflection and discussions with an appraiser.

Colleague feedback (previously called ‘Multisource Feedback’ or MSF)

Why? To provide formative information about how you are regarded by those with whom you work. It is not a ‘Pass/Fail’ assessment, but a tool to help you to reflect, consolidate and/or improve.

When? Colleague feedback should be collected and discussed with your appraiser at least once in every revalidation cycle, normally every five years. It is a good idea to start early. You may be surprised at how long it can take to: identify the colleague feedback tool that you wish to use; to get an adequate number of responses; and to receive the collated feedback ready for your reflection.

You can provide colleague feedback collected up to FIVE years before your first revalidation date (so long as it remains relevant to your current scope of work).

Thereafter, we recommend that you collect colleague feedback within the first THREE years of each revalidation cycle. This allows time for a follow-up colleague survey if any issues are identified within the initial feedback.

¹ General Medical Council. *Ready for Revalidation: supporting information for appraisal and revalidation*. Manchester: GMC, 2012, www.gmc-uk.org/Supporting_information_for_appraisal_and_revalidation.pdf_48977650.pdf.

² General Medical Council. *Ready for Revalidation: guidance on colleague and patient questionnaires*. Manchester: GMC, 2012, www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback_admin.asp.

What if my role changes? Colleague feedback should cover the full scope of your work for which you require a licence to practise as a doctor at the time of your revalidation recommendation. If your scope of work changes significantly after you have collected your colleague feedback but before your revalidation date (e.g. you move from clinical general practice to a non-clinical medical management role), we recommend that you repeat the colleague survey to reflect your new role(s).

Which questionnaire? You should check whether or not your responsible officer recommends any specific colleague feedback questionnaire.

If not, it is important that you use a validated colleague feedback questionnaire that has been developed in accordance with *Good Medical Practice* and the GMC's guidance on developing, implementing and administering colleague feedback questionnaires.³ Your colleague feedback survey should:

- be focused on your scope of work and the quality of your care for your patients
- be conducted confidentially
- contain data that have been externally inputted, collated and analysed to ensure an objective review of the information provided⁴
- contain your individual feedback compared against an appropriate peer-group and GPs nationally.

Many of the online e-portfolios, including The Clarity & RCGP Appraisal Toolkit for GPs, have colleague feedback mechanisms embedded within them and provide independent collation of the results.

Who? You should identify an appropriate balance of clinical and non-clinical colleagues who can provide feedback about your full scope of work for which you need a licence to practise as a doctor. These colleagues should work closely enough with you as to be able to provide informed opinions. Such colleagues may include doctors, nurses, your practice manager, practice secretary, receptionist, etc.

If your scope of work contains multiple different roles, you should ask individuals from as many of these roles as possible to provide feedback, accepting that some colleagues may not be able to comment directly on your clinical practice.

Working within a hierarchical organisation, such as the Defence Medical Services, does not preclude the importance of gaining colleague feedback. Military GPs should ensure that they gain feedback from service colleagues of differing ranks (both senior and junior to their own), and civilian colleagues where appropriate.

Those who receive requests to complete colleague feedback are often reluctant to do this if they do not know the individual well enough to comment. This is relevant for GPs who do not work with the same individuals consistently. For this reason it may take a longer period of time for a

³ General Medical Council. *Ready for Revalidation: guidance on colleague and patient questionnaires*. Manchester: GMC, 2012, www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback_admin.asp.

⁴ You should not input and/or collate data yourself, and we would advise that these functions are undertaken by an external provider rather than a practice manager, as they are essentially a practice employee.

professional impression of the individual to develop with colleagues (for example a locum coming back to do *ad hoc* days at a practice over several months) and means that for these doctors the period over which they collect feedback may need to be extended. This requires discussion with the provider of the colleague feedback tool and factoring into planning for the doctor's appraisal and revalidation.

How many? The GMC does not stipulate the number of colleagues you should collect feedback from. Instead, the GMC recommends that you check this with the provider of your chosen colleague feedback questionnaire because the number of respondents required to provide an accurate picture of your practice (determined during the piloting processes) varies between questionnaires.

Process. You will be invited to complete a self assessment at the beginning of the process. Your colleagues will then receive an email from the provider of your chosen colleague feedback tool asking them to complete the questionnaire. The questionnaire usually takes 10–20 minutes to complete. The provider will then anonymise the feedback from each colleague and collate the data within a summary report.

Reflection. The most important aspect of obtaining colleague feedback is to reflect upon the results and consolidate or implement changes as part of your CPD. Although it is not always possible, we recommend that you nominate a suitable colleague or mentor to receive your summary report, review it, and discuss the results with you before your appraisal. Because the feedback process is intended to assist your development, you should expect to receive some constructive criticism from colleagues. Some comments may even be perceived as being negative. These should be considered and reflected upon, but not instantly taken out of proportion before discussion with your mentor and appraiser. Remember that individual colleagues are entitled to their opinions, and the colleague feedback survey is not a 'Pass/Fail' assessment, but a tool intended to help you to reflect, improve and/or consolidate.

Actions.

- The results of your colleague feedback should be discussed in your annual appraisal.
- Any agreed actions should be included in that appraisal's Professional Development Plan, and reviewed at your next appraisal.
- Supporting information from that appraisal discussion(s) should be included in your revalidation portfolio.

Locums, out-of-hours and isolated GPs. Some GPs, such as peripatetic locums, out-of-hours GPs and GPs working in small or remote practices, might find it challenging to identify adequate numbers of colleagues who can provide informed feedback. In such circumstances, after discussion with your appraiser and/or responsible officer, equivalent supporting information could be provided. For example:

- a locum or out-of-hours GP could provide questionnaires to a series of practices or organisations immediately after they have worked there to enable colleague feedback to be accumulated over an extended period of time

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- a locum GP could be observed in practice by a suitably qualified and trained colleague (such as a trained appraiser or vocational trainer) over a period of at least two hours. The observer could then provide feedback on that GP's team working, communication, note keeping and clinical care. An early conversation with the employing practice and/or locum agency may help facilitate this
 - an out-of-hours GP could use organisational clinical governance reviews that include peer review of his or her performance. An early conversation with the out-of-hours organisation concerned may help facilitate this.

Problems? If you feel that your circumstances will make it difficult for you to undertake a colleague feedback survey that meets the requirements above, you should highlight this to your appraiser before your appraisal.

Patient feedback

Why? To provide formative information about how you are regarded by the patients you care for. It is not a 'Pass/Fail' assessment, but a tool to help you to reflect, consolidate and/or improve.

When? Patient feedback should be collected and discussed with your appraiser at least once in every revalidation cycle, normally every five years. It is a good idea to start early. You may be surprised at how long it can take to: identify the patient feedback tool that you wish to use; to get an adequate number of responses; and to receive the collated feedback ready for your reflection.

You can provide patient feedback collected up to FIVE years before your first revalidation date (so long as it remains relevant to your current scope of work).

Thereafter, we recommend that you collect patient feedback within the first THREE years of each revalidation cycle. This allows time for a follow-up patient survey if any issues are identified within the initial feedback.

What if my role changes? Patient feedback should cover the full scope of your work for which you require a licence to practise as a doctor at the time of your revalidation recommendation. If your scope of work changes after you have collected your patient feedback but before your revalidation date (e.g. you start undertaking regular hospital-based dermatology sessions as a GP with a Special Interest), we recommend that you conduct a further patient survey to incorporate patients from your new role.

Which questionnaire? You should check whether or not your responsible officer recommends any specific patient feedback questionnaire.

If not, it is important that you use a validated patient feedback questionnaire that has been developed in accordance with *Good Medical Practice* and the GMC's guidance on developing, implementing and administering patient feedback questionnaires.⁵ Your patient feedback survey should:

⁵ General Medical Council. *Ready for Revalidation: guidance on colleague and patient questionnaires*. Manchester: GMC, 2012, www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback_admin.asp.

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- be anonymised
 - be focused on your personal scope of work and the quality of your care for your patients. Practice-based patient surveys and postal surveys of your whole practice commissioned by your primary care organisation are not acceptable
 - include feedback from successive patients (who may have been seen in more than one place of work)
 - contain data that have been externally inputted, collated and analysed to ensure an objective review of the information provided⁶
 - contain your individual feedback compared against an appropriate peer-group and GPs nationally.

Many of the online e-portfolios, including The Clarity & RCGP Appraisal Toolkit for GPs, have patient feedback mechanisms embedded within them and provide independent collation of the results.

Who? You need to seek the views of the patients who actually consult you. Practice-wide surveys of the registered population will not be acceptable.

If your scope of work contains multiple different roles, you should ask patients from as many of these roles as possible to provide feedback.

How many? The GMC does not stipulate the number of patients you should collect feedback from. Instead, the GMC recommends that you check this with the provider of your chosen patient feedback questionnaire because the number of respondents required to provide an accurate picture of your practice (determined during the piloting processes) varies between questionnaires.

Process. Patient surveys are normally paper based and should, where possible, be distributed in an unselected manner to consecutive patients providing these are of the correct type for which the survey has been validated (e.g. some surveys are not valid for use with children).

Whilst colleague feedback surveys are generally undertaken electronically, it cannot be assumed that all patients have access to email or the internet. Hence, patient feedback sought exclusively by electronic means may prove unrepresentative. Many patient survey tool providers offer a freepost stamped addressed envelope that can be attached to the patient feedback survey and handed to patients by practice staff. The patient completes the feedback questionnaire after the consultation and then returns the questionnaire to the tool provider either directly via the stamped addressed envelope, or through the practice staff. The survey provider will anonymise and input the data, collate it and provide a summary report. This process can be used by GPs without a fixed practice base.

However, a locum GP may not be able to obtain the cooperation of reception staff to hand out surveys. In such circumstances the GP can distribute the survey directly to patients (consecutively without selecting) and ask them to hand it in to the reception desk or place it in a special return box on their way out.

⁶ You should neither hand out the patient questionnaires personally, nor input and/or collate the patient data yourself.

As with the colleague questionnaire, you will be invited to complete a self assessment at the beginning of the process.

If applicable, you may wish to consider your choice of patient feedback tool according to whether the provider has developed benchmarks specific to your peer group. Pilot studies of standardised questionnaires show that patients rate their 'usual' doctor more highly than doctors they do not consider to be so. This means that a locum rated mainly by patients who do not consider him/her to be the 'usual doctor' may appear as an outlier if compared to benchmarks based on practice-based GPs. Such an analysis can be misleading and an appraiser should have an understanding of the context in which the GP they are appraising works.

Reflection. The most important aspect of obtaining patient feedback is to reflect upon the results and consolidate or implement changes as part of your CPD. Although it is not always possible, we recommend that you nominate a suitable colleague or mentor to receive your summary report, review it, and discuss the results with you before your appraisal. Because the feedback process is intended to assist your development, you may receive some constructive criticism from patients. Some comments may even be perceived as being negative. These should be considered and reflected upon, but not instantly taken out of proportion before discussion with your mentor and appraiser. Remember that individual patients are entitled to their opinions, and the Patient Feedback Survey is not a 'Pass/Fail' assessment, but a tool intended to help you to reflect, improve and/or consolidate.

Actions.

- The results of your patient feedback should be discussed in your annual appraisal.
- Any agreed actions should be included in that appraisal's Professional Development Plan, and reviewed at your next appraisal.
- Supporting information from that appraisal discussion(s) should be included in your revalidation portfolio.

GPs in a variety of working contexts. One of the principles of revalidation is that patient feedback should be at the heart of all doctors' professional development. All GPs need to assume that they have to collect a form of patient feedback, but the GMC recognises that GPs in some scopes of work might find this challenging. The GMC recommends that such GPs think broadly about what constitutes a 'patient' within their specific scope of work. For example:

- *non-clinical GPs:* GPs who do not see patients should consider collecting 'patient' feedback from other sources (e.g. a GP educator may seek feedback from trainees or students). The GMC recommends that doctors think broadly about what constitutes a 'patient' in their practice. If a doctor does not see patients he or she may consider collecting feedback from other sources, such as people to whom the doctor provides a service
- *out-of-hours GPs:* a large volume of out-of-hours care is delivered by telephone, or in the home. This poses additional challenges for the process of patient surveys as they have been developed for use in the clinic/surgery setting. Out-of-hours GPs can also gain feedback from consecutive patients seen in an out-of-hours centre, but there is a similar problem to

locums where feedback is sometimes less positive compared with practice-based GPs who have continuity of care. Organisational clinical governance reviews that include peer review of their performance may also be used. An early conversation with the out-of-hours organisation concerned may help facilitate this

- *secure environments*: GPs working in secure environments may find eliciting their patients' views challenging. Benchmarking data against other GPs working in prisons or police custody suites might be possible, but appraisers and responsible officers should recognise the potential for negative bias within patient feedback obtained within a secure environment (e.g. negative feedback about a prison GP might actually reflect a prisoner's discontent with organisational healthcare processes beyond that GP's control or appropriate attempts by the clinician to deal with self-harming behaviours such as substance misuse)
- *Defence Medical Services*: working within a hierarchical organisation, such as the Defence Medical Services, does not preclude the importance of gaining patient feedback. Military GPs should ensure that they gain feedback from service patients of differing ranks (both senior and junior to their own), registered family members and other entitled civilian patients where appropriate.

Problems? If you feel that your circumstances will make it difficult for you to undertake a patient feedback survey that meets the requirements above, you should highlight this to your appraiser before your appraisal.

References and sources of further help

- *The RCGP Guide to the Revalidation of General Practitioners*, www.rcgp.org.uk/revalidation-and-cpd/new-revalidation-guidance-for-gps.aspx.
- The RCGP Feedback on Practice revalidation e-learning module, <http://elearning.rcgp.org.uk/revalidation>.
- General Medical Council. *Ready for Revalidation: supporting information for appraisal and revalidation*. Manchester: GMC, 2012, www.gmc-uk.org/Supporting_information__for_appraisal_and_revalidation.pdf_48977650.pdf.
- General Medical Council. *Ready for Revalidation: guidance on colleague and patient questionnaires*. Manchester: GMC, 2012, www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback_admin.asp.

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Royal College of General Practitioners

30 Euston Square, London NW1 2FB

Telephone: 020 3188 7400

Fax: 020 3188 7401

Website: www.rcgp.org.uk

RCGP Revalidation Helpdesk: revalidation@rcgp.org.uk

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