



Colleague and patient feedback – a guide for appraisees

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To support their revalidation, doctors must collect information about their practice and about how they are keeping up to date. One type of information required by the GMC for all doctors is feedback from colleagues and, where they have direct patient contact, from patients.

Multi-source colleague feedback and patient feedback are the methods by which colleague or patient views about a doctor's behaviour and performance are systematically collected. Colleague and patient feedback can be used:

- To identify strengths and areas for improvement in a doctor's practice so as to inform his/her professional development.
- As one of several pieces of information that when considered together, inform the decision as to whether a doctor should be revalidated.

The questionnaires used must be properly structured, tested and validated as per the GMC criteria. The process of feeding back the results of colleague and patient questionnaires to the doctor should be carried out in a structured manner in order to maximise the potential benefits of the exercise in improving a doctor's performance.

As organisations prepare for the introduction of revalidation in late 2012 and improve local processes of medical appraisal, many are putting in place arrangements for their doctors to gather colleague and patient feedback. Some organisations are working with external providers to administer the process and collate the findings into a report. If you have been asked to collect colleague and patient feedback, you should check with your appraiser or responsible officer whether your organisation has arrangements in place to support you in doing so.

You may choose to use the validated colleague and patient questionnaires developed by the RCP. This guide provides the steps for you to do so.

The process

Step 1 – Nominate a facilitator (the person responsible for sharing the feedback with you)

A facilitator should be used to ensure that undertaking a colleague and patient feedback exercise is a useful and formative exercise. The facilitator may be your appraiser or a nominated third party, and should have undertaken appropriate training. The facilitator is responsible for:

- checking that the 'mix' of assessors is representative of the doctor's clinical practice, and
- feeding back the results in a formative way, whether during a dedicated meeting or at appraisal.

Step 2 – Select your raters

Colleagues

We suggest you select 15 raters and verify that selection with your facilitator. Ask your facilitator to check that your list of assessors is representative of your day-to-day clinical practice.

Raters should be asked beforehand whether they would agree to provide feedback. They may not want to comment on your performance for many reasons, including that they feel they do not know you well enough.

The choice of rater should reflect your clinical practice (e.g. if you are responsible for teaching students, a student should be among your assessors). You are encouraged to ask colleagues from other specialties as well as your own, and, where relevant, from both primary and secondary care.

You should have at least two raters from each of the following groups:

- Doctors (colleagues within your specialty/practice or another specialty; primary and secondary care practitioners; junior medical staff; medical students etc)
- Nurses (specialist nurses, district nurses, practice nurses, junior nurses, nursing students etc)
- Allied healthcare professionals (physiotherapists, radiographers, clinical technicians, social workers, occupational therapists, dieticians, health visitors etc)
- Management/clerical staff (secretaries, receptionists, hospital management, practice management, department manager etc).

Ask your raters to fill out the questionnaire. Please give a covering letter with the instructions and the questionnaire (**Appendix 1**) to each rater. Ask them to complete it and hand it back to the facilitator.

Patients

You should aim to have 20 completed patient surveys, although some specialties may find this number difficult to achieve. If you do not see patients as part of your medical practice, you are not required to collect feedback from patients. However, the GMC recommends that you think broadly about what constitutes a patient in your practice. Depending on your practice, you might want to collect feedback from a number of other sources, such as families and carers, students, suppliers or customers.

If you believe that you cannot collect feedback from your patients, you should discuss this (as well as any alternative ways to engage with your patients) with your appraiser.

It is in your best interests to have as many completed questionnaires returned as possible, as the more patient responses, the more accurate the feedback.

Where a physician's practice includes children, a questionnaire validated for children should be used. An example is that recommended by the Royal College of Paediatrics and Child Health
www.rcpch.ac.uk/training-examinations-professional-development/revalidation/rcpch-approach/assessment-paediatric-con

Where practice includes patients with communication difficulties special techniques (not necessarily questionnaires) should be used to obtain feedback. For example, the British Society of Rehabilitation Medicine has developed a range of adapted techniques to gather feedback from patients with severe cognitive / communication problems which are currently undergoing validation within this patient group. Alternatively, you should approach the patient's carer to complete the patient questionnaire on the patient's behalf.

If you are collecting patient feedback, we suggest you distribute and collect the questionnaires in the following way:

1. Print off or photocopy 20 patient surveys and patient instruction letters (**Appendix 2**)
2. Ask a member of staff (eg nurse, member of reception staff, ward clerk or PALS representative) to be the distributor, and explain the process to them.
3. The questionnaires and letter should be handed to consecutive patients where possible (to avoid 'cherry picking').
4. Your patients should be asked to return the completed questionnaire to the distributor *before* they leave the premises, as this leads to higher return rates.
5. The distributor should then forward all of the completed forms to your facilitator.
6. Ideally you should not be aware of the times when patients will be asked for feedback – it is easy for you to be "on best behaviour" if you know this.

For situations when it is neither appropriate nor practical to hand out questionnaires to patients, you can choose to send the questionnaire to the patient, requesting that they complete and return it to your

facilitator. Although this generally leads to a lower response rate, it may be a more appropriate method in certain situations.

Some patients will be under more than one doctor's care, so to avoid any confusion it is important that patients receive only one questionnaire in a day.

Step 3 – Self-assessment

You should fill out identical colleague and patient questionnaires on your own performance. Any discrepancy between the self-assessment and colleagues and patients is a useful discussion point for further reflection.

Step 4 – Discussion on colleague and patient feedback

It is important that you get the chance to discuss and reflect upon the colleague and patient feedback and consider how it might contribute to your professional development plans or alter your day to day practice.

For most doctors, the most time-effective way of doing this is during the appraisal meeting. Obviously, if you have nominated somebody else to discuss the feedback with you then you will need to arrange a designated meeting to discuss your colleague and patient feedback. A separate meeting should also be prioritised if you have concerns about the feedback, or if there is a considerable delay between gathering your colleague and patient feedback and your next appraisal meeting.

You should ask your facilitator to send you your colleague and patient feedback report in advance of the discussion to give you a chance to reflect on the results.

When meeting, your facilitator should encourage reflection and help you consider how the feedback can contribute to your personal development planning. You might consider:

- What went well and why?
- What didn't go so well?
- What changes would you like to see in the future?
- How will these changes be implemented?
- What will happen to re-assess/monitor improvements?

Ideally, your facilitator will record your discussion so that it can form part of the supporting information for your revalidation portfolio. A colleague and patient discussion form is also available through the RCP website.

Further information

If you have any additional queries in regard to colleague and patient feedback, or regarding appraisal and revalidation, please contact us on revalidation@rcplondon.ac.uk

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Appendix 1 – instructions to colleague raters

Dear colleague

Thank you for taking the time to fill out this questionnaire. Please take note of the following points when carrying out your assessment:

- Make sure the name of the doctor you are assessing is written at the top.
- Rate the doctor according to what you think is expected at his or her career stage.
- The score should be on the doctor's global performance in each area the question relates to.
- Your scoring should be based on behaviour you have observed. If you feel you have not been in a position to observe this behaviour or have insufficient knowledge to assess this area, please make the 'unable to comment' (u/c) box.
- You should use the text box at the foot of the questionnaire to give examples and elaborate in support of your score.
- Your free text comments will be treated confidentially. But please be aware that the comments are fed back verbatim and that you may therefore be identified by the comments you make.
- Please send back the completed questionnaire to the name facilitator/appraiser.

Appendix 2 – instructions to patient raters

Dear Patient

To help improve the care your doctor provides, we would like you to answer the questions on the attached form about the doctor you saw today.

You do not have to fill in this form if you do not want to.

The questions are only about the doctor you have seen today. Please do not comment about other members of staff (such as nurses, receptionists or other doctors in the team), the NHS system, or waiting times.

Please make sure the name of the doctor you are assessing is written at the top of the form.

Everything you write will be kept confidential. Please answers the questions honestly and feel free to write any comments you may wish to about the doctor.

Please fill in the form after seeing the doctor and return it before you leave.

If you are filling in the form for a patient please ask them the questions and put their answers (not yours) on the form.

Thank you for taking the time to answer these questions.

