Guidance on Patient and Colleague Feedback

GP Appraisal Local Policy

NHS England and NHS Improvement

NHS England and NHS Improvement - Guidance for GPs and Appraisers on obtaining and interpreting patient and colleague feedback Updated 2019

When do I need to collect feedback?

The GMC requires all doctors to collect feedback from colleagues, and where appropriate from patients, at least once in the revalidation cycle.

Most GPs will have already collected feedback for their first Revalidation, and should now be familiar with the process –this guidance is for newly qualified GPs or those GPs new to the appraisal system in the NE and Cumbria

How do I collect patient and colleague feedback?

We recommend that you collect both sets of feedback together, and this must be done using a tool which has been developed in line with GMC criteria, and which is collated and analysed independently. The GMC has recently published patient and colleague questionnaires which are free to use, but your employing Trust, or an independent organisation, must analyse the data. NHSE does not have the resources to provide this analysis so there are a number of choices for GPs.

- We have negotiated 'bulk buy' discounts for NE/ Cumbria GPs with two commercial feedback providers –they are cheaper than published prices.
- **An update on Feedback Survey costs**
- **Edgecumbe**

  The current price for Doctor 360 with the NHS North East England discount applied is:

  - Colleague-only feedback: £35+vat
  - Patient-only feedback: £45+vat
  - Colleague & patient feedback: £59+vat

  The standard service includes online colleague feedback and access to PDF versions of the patient questionnaire and declaration form for printing. Doctors can purchase a pack of 25 sealable questionnaires in addition when ordering.

  The discount code is the same: **nucapf**

- CFEP Surveys

CFEP are still operating the discount with the code DJ8482 but there has been a price increase and the cost of the combined patient and colleague survey is now £90 + vat = £108.00 and it was previously £79 + vat = £94.80.

The usual cost of the survey is £94 + vat = £112.80.

- The Clarity/RCGP electronic portfolio includes the use of the GMC feedback questionnaires in the cost of their portfolios –these are fine to use for Revalidation.
- There are other toolkits –such as 'Fourteen Fish' or 'GP-tools' which include MSF questionnaires acceptable for Revalidation.

- GMC questionnaires can be viewed on their website http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback_resources.asp
- They can be used free of charge but need to collated by an independent person or organisation.

How do I get started with the feedback process?

Patients-if you work in a practice regularly or as a locum, you can ask the reception staff to give out forms to consecutive patients with the aim of getting a random rather than a handpicked sample of patients.

When the required number have been filled in –aim for 30, they are returned by post to the commercial organization, or e-portfolio provider, who collates and summaries the responses and usually also provides feedback against national norms.

Colleague feedback –you will need to get the email addresses of up to 15 colleagues – roughly 1/3rd GP colleagues, 1/3rd Clinical Colleagues [eg nurses, midwives, pharmacists, mental health workers, local consultants], and 1/3rd non-clinical colleagues [practice manager, receptionists etc] . These emails are entered into the provider's data base, and an email requesting feedback on a range of questions is sent to each of your selected colleagues. When the required number of responses [a minimum of 15 for CFEP and 12 for Edgecumbe] has been received, the data is analysed alongside the patient information, and a report produced.

Before undertaking colleague feedback in a practice, it is a good idea to brief members of the practice team so that they understand the purpose of the exercise. This can be particularly useful for encouraging comments which are specific and constructive.

What happens if I don't have 15 colleagues who I feel can feedback on my work?

Remember that you can include colleagues-peers and support staff. In terms of your practice you can ask GPs, practice nurses, health care assistants, physios, pharmacists, MacMillan nurses, District nurses, Health visitors, midwives etc– You can also ask people who know you in any of your role's clinical roles eg undergraduate teaching, CCG work GPwSI role or any other role including private or voluntary medical roles.

If you still have difficulty in naming the required number of colleagues you will need to explain this first of all to the organization doing the feedback, they can still analyse the responses you have obtained but generalizations and comparisons with norms have to be interpreted with more caution if the required minimum number has not been achieved – discuss this with your appraiser. Edgecumbe require fewer responses than CFEP and so Edgecumbe may be a better option if you feel you will struggle to find 15 + colleagues

Why do I have to fill in a self-assessment form as well?

GMC criteria require providers to include self-assessment in their feedback package

Research has shown that there may be important learning from looking at areas where the doctor scores themselves significantly higher or lower on specific criteria than patients and /or colleagues. Appraisers may find it helpful to examine these areas in some detail as they may reveal 'blind spots' i.e. strengths or weaknesses the doctor is not aware of which might be important pointers to development areas to include in the PDP. These areas can be highlighted for discussion with your appraiser who should also encourage you to celebrate the areas of positive feedback, especially those areas where you score yourself lower than colleagues and patients.

How long does it take to get the feedback?

At present, with relatively few doctors using the providers, the turn round time is up to four weeks from receipt of your completed feedback This may increase once revalidation gets underway, so leave plenty of time [6-8 weeks] to get it processed before your appraisal is due.

How do I interpret the feedback?

First of all, read the guidance that comes with from the feedback provider, which explains what their figures, graphs, percentages and centiles actually mean. **It is very easy to jump to the wrong conclusion if you have not done this and get upset about results that are actually perfectly OK.**

As an example- imagine only 4 of your peers felt able to comment on your clinical history taking, three mark you very good /excellent, and only one marking you good. This one slightly low [but still ok] score can drag you down into the bottom quartile of the range , because of very small numbers [25% of your peers ranked you only as good] But the reality is that overall your peers are still quite happy with your clinical history taking .

Research has shown that doctors are very readily self-critical and tend to focus predominantly on lower scores and any less than fully positive comments. Try and take an overview of the main messages from your feedback, which for the vast majority of doctors will be very positive, and then look in more detail at the areas where you come improve.

When you come to do a more detailed analysis, it may be useful to start with an overall review of the data for example:

Sample size –were the required minimum numbers of patients and colleagues achieved –if not why not?

Was the sample 'random' or did it include a lot of patients added as extras, a session at a branch surgery where you did not know the patients well etc.

How many responses are valid for each item? If numbers are very low, then percentages mean very little

Are there some questions where a number of patients have entered 'does not apply'? Why might this have happened?

What is the spread of responses? Do you have similar scores on most questions or do some score relatively high or low?

Were there any areas where you scored relatively poorly? In pilot studies 90 % of patients rated their Doctor very good or above –so if good /less than satisfactory or poor, then this means well below average.

What does 'Bench marking 'of the data mean?

Benchmarking means comparing your own results against average performance values, ("benchmarks") of a peer group.

Both Edgecumbe and CFEP have already used versions of their surveys on quite large numbers of doctors, and therefore have some '**average values'** for all the patient and colleague responses. Both providers acknowledge that these 'norms' reflect the behavior of volunteers whose performance may be 'above average' when compared to the UK doctor population as a whole. Doctors obtaining feedback in the early period as revalidation starts up, may therefore find themselves compared with very high performing doctors, rather than with 'average 'performers.

Bench marking and locums

CFEP, who have more 'trial 'data than Edgecumbe, having run the GMC pilot, have therefore also got more benchmarking data. They have two sets of questionnaires- their own, and the GMC version, both of which are acceptable for the purposes of Revalidation. We have suggested that GPs opt for the GMC version as it is the newest version, but CFEP have data which is specific to different groups of doctors, eg locums from their own questionnaire, but not yet for the GMC version. Locums who wish to compare their feedback with other locums should ask to use the CFEP questionnaires not the GMC versions at this point in time –Once enough of the GMC ones have been completed by doctors, locum norms will be available for the GMC version as well, hopefully during the next year.

- Edgecumbe give a % value for each of its questions –if the doctor's responses are marked as 10% this means only 10 % of doctors had responses to this question which scored lower than this doctor's response. If the doctor has a score of 85% for a particular question, this means that only 15% of doctors would have a higher score than this doctor on this question

- CFEP uses quartiles –the doctor's responses are graded as 'lowest quartile -25%' middle quartiles 25-75%- and top quartile –above 75%. The concept is the same as Edgecumbe but the figures look a little different. If your responses to a particular question are in the bottom quartile, this means they are the lowest 25% of scores-if your responses are in the top quartile then for that question your responses are in the highest 25%.

As stated above these figures must be interpreted with caution, especially if they are based on responses by just a few colleagues. They should simply be seen as pointers where some improvement may be needed, especially if similar areas –eg communication skills are heighted from both colleague and patient feedback responses. Both Edgecumbe and CFEP repeatedly counsel that these percentages do not relate to doctor population as a whole but to a self-selected 'early adopter 'group who are unlikely to be fully representative of the doctor population as a whole.

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There are also known 'rating biases' – certain characteristics which may influence the results from feedback surveys. These are explained in the GMC guidance as follows:

Patient factors- the following all tend to lead to higher ratings:

Perceived importance of the consultation –

Well-established doctor/patient relationship

Ethnic group –responses higher from white than ethnic group patients

Age -patients over 40

Colleague factors-higher ratings with

Greater frequency of contact between doctor and rater

Non-medical peers rate more highly than medical peers

Doctor factors –the following scoreless highly overall from patients and colleagues

Locums

Doctors whose primary medical degree is from outside the UK

Ideally your scores should be compared with people similar to yourself in terms of role / personal characteristics. This should become possible as larger data bases are accumulated by the feedback providers.

What is meant by Supporting Colleague?

Edgecumbe require doctors to identify their appraiser at the beginning of the feedback process. The appraiser receives the free text comments and only releases these to be read by the doctor at an appropriate time. CFEP encourage you to identify a 'supporting colleague who can be available to discuss the feedback if necessary, but do not require you to do this. The CFEP report, with unedited comments, is received directly by the doctor.

What happens if I want to discuss my feedback with someone before my appraisal and I don't have a 'supporting colleague'?

There are 20 GP tutors across the North East and they have all agreed to offer support to any GP in their area who would like to discuss their feedback with someone before their appraisal meeting. List of GP tutor contacts is include in **Appendix 1**. However, your feedback will have most value when interpreted in the context of other supporting information about you and it may be difficult for someone who does not have access to your appraisal documents to provide meaningful interpretation of your results.

What about the free text comments?

IN CFEP these are screened for any information that could identify the colleague or patient and then are passed directly to the doctor. In Edgecumbe, the appraiser gets the comments first and shares them with the appraisee prior to or at the appraisal meeting.

As with the numerical scores, try and take an overview of the comments first –it is likely that most are positive. If there are any comments that suggest room for improvement, try and think what might have prompted the comment, without spending fruitless hours trying to guess who might have made the comment.

It is sometimes frustrating, if you get a low score on an item or a free text comment which is not based on example, to try and work out exactly what the issue might have been, and it is often worth discussing these areas with your appraiser especially if you get more than one comment that refers to a specific area of skill or competence.

What should be the outcome when I have discussed my feedback with my appraiser?

If the feedback is all in the 75% centime or above, and there are no comments from patients or colleagues suggesting areas for improvement, then it is reasonable for both the doctor and the appraiser to acknowledge this on the Appraisal form and for the doctor to seek to maintain their high standards on an on-going basis. There may be opportunities to use your skills more effectively. For example, the feedback may identify strengths in leadership which you have not previously considered.

If you and your appraiser have identified some areas where your scores are relatively lower than those of your colleagues , or if there are specific comments indicating the need for the

doctor to review their performance in a specific area, then these issues should be included in the appraisal summary and if appropriate as an action in the PDP.

When considering areas for change it may be helpful to think about some of these points

- What might be the benefits of change? These might be benefits for you, patients or colleagues.
- Be as specific as possible about the change. For example, if you want to communicate better with staff be clear about what you mean by this. How would you know that there was a change?
- Making changes in this area can be difficult so be realistic about how many things you try to change and don't expect to make huge changes overnight. What will be the first signs of change? How can you try out different approaches?
- How will you reflect on the impact of changes?
- Consider identifying a trusted colleague who can provide you with support

For some areas it may be that you know to do more often what you currently do occasionally. For example, you might want to provide positive feedback more often. Think about occasions when you do this now. How could you do it more often?

For some changes further, training might be indicated. Actions might include attendance at a communication skills update, doing some joint or videoed consultations, specific training on shared decision-making skills, leadership skills, mentoring, coaching etc your appraiser should be able to direct you towards appropriate local resources.

For the full GMC Guidance for Appraisers on Interpreting Patient and Colleague Feedback see the GMC Publication:

http://www.gmc-uk.org/Information_for_appraisers.pdf_48212170.pdf

Appendix 1

List of GP tutors updated September 2019

Name	Email	Cluster	Area
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