



**Revalidation:
The way ahead**

Annex 3 – GMC Principles, Criteria and Key Indicators for Colleague and Patient Questionnaires in Revalidation

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

GMC Principles, Criteria and Key Indicators for Colleague and Patient Questionnaires in Revalidation

This document sets out the principles and criteria that the GMC will require all colleague and patient questionnaires to meet in order to be acceptable for use in the revalidation of doctors.

The document is intended to help those involved in commissioning, developing, implementing and administering the use of colleague and patient questionnaires. It should also provide a guide for doctors using colleague and patient questionnaires to support their revalidation.

1. Introduction

Revalidation is the process by which doctors must demonstrate to the General Medical Council (GMC), normally every five years, that they are up to date and fit to practise, and complying with the relevant professional standards.

To support their revalidation, doctors must collect information about their practice and about how they are keeping up to date. This information will feed into a process of annual appraisal in the workplace. The outputs of the appraisal process will result in a recommendation to the GMC about the doctor's suitability for revalidation.

2. Colleague and Patient Questionnaires and Revalidation

One type of information required of all doctors for the purposes of their revalidation is feedback from colleagues and, for doctors with direct patient contact, feedback from patients. This is also referred to as multi-source (MSF), or 360 degree, feedback. For the purposes of this document, the term Colleague and Patient Questionnaires is used.

The use of colleague and patient questionnaires enable colleague and patient views about a doctor's behaviour and performance to be systematically collected using standard questionnaires. Using colleague and patient questionnaires in revalidation provides the opportunity for patients, non-medical co-workers (including other health professionals, managers and administrators) and medical colleagues (including trainees and juniors) to reflect on the professional skills and behaviour of a doctor. Colleague and patient questionnaires can be used:

- To identify strengths and areas for improvement in a doctor's practice to inform their professional development.
- As one of several pieces of information that, when considered together, will inform the decision as to whether a doctor should be recommended for revalidation. It is not, however, the only information that will be relied upon for revalidation.

3. Principles

The following high level principles constitute the core requirements for the development, administration and quality assurance of colleague and patient questionnaires in revalidation.

All colleague and patient feedback methods (including the questionnaires used) must be consistent with the

principles, values and responsibilities set out in the GMC's *Good Medical Practice*. In addition, they must:

- a. Be piloted on the appropriate population.
- b. Demonstrate that they are robust, reliable, valid and generalisable.
- c. Have the capacity to identify doctors where further evaluation of practice may be required, particularly in comparison to other doctors that work in the same area of practice.
- d. Provide appropriate and useful feedback to doctors that can be integrated into local systems (such as discussions with a supervisor or mentor and through appraisal).
- e. Reflect and measure the whole practice of the doctor.
- f. Be evaluated and administered independently from the doctor or employer to ensure an objective review of the information.
- g. Demonstrate that they are feasible.

4. Criteria and Key Indicators

The following criteria have been agreed by the GMC, drawing extensively on work completed by the Academy of Medical Royal Colleges MSF Working Group. We are grateful to the Academy group for its help. The purpose of the criteria is to ensure that the quality of information about a doctor gained through feedback from colleagues and patients is robust, fair and can be relied upon in the revalidation process.

The development, implementation and use of colleague and patient questionnaire methods must meet the following criteria. The key indicators linked to the different criteria show the evidence that should be used to demonstrate that each criterion has been satisfied. Colleague and patient feedback methods and questionnaires that do not satisfy the criteria should **not** be used for the purposes of doctors' revalidation.

5. Accreditation of colleague and patient questionnaires against criteria

The GMC will only accredit colleague and patient questionnaires that satisfy the developmental criteria described in part 1 of the table below.

The planning, implementation and quality assurance sections in parts 2-4 of the table are intended to guide organisations as to the appropriate administration of colleague and patient questionnaires.

	Criteria	Key Indicators
Part 1: Development		
1	Colleague and patient questionnaires must reflect the principles of <i>Good Medical Practice</i> .	1.1 The colleague and patient questionnaires include questions that reflect the areas of practice set out in <i>Good Medical Practice</i> .
2	Colleague and patient questionnaires must be designed in a way that is consistent with the principles of good questionnaire design.	<p>2.1 There is evidence that the colleague and patient questionnaires were developed in consultation with those groups who will be involved in completing the questionnaire for revalidation. These include:</p> <ul style="list-style-type: none"> • Healthcare Professionals • Patients and Carers • Clinical Managers and Administrators • Appraisers <p>2.2 There is evidence that the language and content of the colleague and patient questionnaires reflect the principles of equality and diversity.</p> <p>2.3 The content and language used in the questions and rating scales of the colleague and patient questionnaires are:</p> <ul style="list-style-type: none"> • understandable and in Plain English, • clear and unambiguous, and • neutral in tone. <p>2.4 The scale points in the rating scales of the colleague and patient questionnaires are mutually exclusive with a clear threshold between satisfactory and unsatisfactory performance.</p> <p>2.5 The colleague and patient questionnaires include an opportunity for participants to register 'not applicable' or 'does not apply' in response to the questions.</p> <p>2.6 The colleague and patient questionnaires include a free text box for participant comments.</p> <p>2.7 The feedback includes a section on self-assessment.</p>
3	Colleague and patient questionnaires must be piloted to demonstrate that they are effective for the purposes of revalidation before implementation.	<p>3.1 The colleague and patient questionnaire has been piloted and validated for use by doctors of similar seniority, specialty and working environment.</p> <p>3.2 The colleague and patient questionnaires generate information that can facilitate constructive feedback about professional performance.</p> <p>3.3 The colleague and patient questionnaires have been tested to identify the following:</p> <ul style="list-style-type: none"> • the number of participants required to complete the questionnaire to give a statistically reliable result, • the mix of participants and how they will be selected, • the amount of time required to complete the questionnaire, and • whether additional support may be required for some participants (e.g. those with literacy problems; learning difficulties; or sensory impairment). <p>3.4 The colleague and patient questionnaires include information and instructions about:</p> <ul style="list-style-type: none"> • how to complete the questionnaire, • the purpose of the questionnaire, • what the information gained from the questionnaire will be used for, • the implications for participants of completing the questionnaire, • whether the answers to the questionnaire will be confidential or anonymous, and • respondents being able to choose not to complete the questionnaire.

	Criteria	Key Indicators
4	The development and piloting of colleague and patient questionnaires must receive Ethics Committee approval, if required.	<p>4.1 There is evidence of Ethics Committee approval, where required.</p> <ul style="list-style-type: none"> • The local Ethics Committee can provide information on whether approval is required in individual circumstances.
Part 2: Planning		
5	The use of colleague and patient questionnaires in revalidation must be supported by evidence of commitment to the process.	<p>5.1 The strategy for the implementation of revalidation includes colleague and patient questionnaires as integral components of the process.</p> <p>5.2 The Principles and Criteria have been taken into account when implementing colleague and patient questionnaires for revalidation.</p> <p>5.3 The impact of implementing and maintaining colleague and patient questionnaires to ensure that they are adequately resourced has been investigated.</p> <p>5.4 Training and information sessions on the use of colleague and patient questionnaires in revalidation for appraisers and appraisees have been planned.</p>
Part 3: Implementation		
6	All participants must understand the purposes and use of colleague and patient questionnaires.	<p>6.1 There is clear documentation on the purpose of colleague and patient questionnaires in revalidation available to all participants.</p> <p>6.2 Any documentation on the purpose of colleague and patient questionnaires in revalidation includes a reference to the GMC Principles and Criteria for colleague and patient questionnaires.</p> <p>6.3 Participants who agree to complete the colleague and patient questionnaires informed about whether the information they provide will be confidential and/or anonymous.</p>
7	Colleague and patient questionnaires must be completed frequently enough to allow a doctor to demonstrate their practice for revalidation.	<p>7.1 There is evidence that the employer has allocated sufficient resources and time for participants to provide colleague and patient feedback for revalidation.</p> <p>7.2 Every doctor is required to provide colleague and patient feedback at least once per revalidation cycle.</p> <p>7.3 There is provision for a doctor to undertake a second colleague and patient feedback exercise in a revalidation cycle if concerns or issues are identified following the first feedback exercise.</p>
8	The selection of participants for colleague and patient questionnaires must involve a process that is defined and minimises bias.	<p>8.1 The process for obtaining colleague and patient feedback includes the selection of a range of participants that are representative of the people the doctor works with.</p> <p>8.2 The selection process for patients to complete questionnaires includes a range of participants that are representative of the people the doctor sees as patients.</p>

	Criteria	Key Indicators
9	The implementation of colleague and patient questionnaires must take into account the concerns, needs and context of the patients who are asked to complete the questionnaire.	<p>9.1 The patient questionnaires are given to the patient as soon as possible after their consultation with the doctor they are being asked to provide feedback on.</p> <p>9.2 The patient participants are able to access the questionnaire in a format that is appropriate to their needs (e.g. large print etc).</p> <p>9.3 Information about how to raise serious concerns in confidence is made available to patients who complete a questionnaire.</p>
10	Doctors must be given feedback by a trained facilitator on the results of their colleague and patient questionnaires within the context of their area of practice.	<p>10.1 The process for using colleague and patient questionnaires includes a feedback session.</p> <p>10.2 A trained facilitator is used to provide feedback on the results of the colleague and patient questionnaires.</p>

Part 4: Quality Assurance

11	Data must be collected to support quality assurance processes.	<p>11.1 The administrator of colleague and patient questionnaires periodically and systematically reviews the process.</p> <p>11.2 The organisation that uses colleague and patient questionnaires periodically and systematically reviews the implementation of the process in light of its revalidation strategy.</p> <p>11.3 The results of any review of the process are evaluated to ensure that colleague and patient questionnaires are being implemented correctly.</p> <p>11.4 The process is amended continuously to improve the implementation of colleague and patient questionnaires.</p>
12	The doctor, appraiser and the Responsible Officer must not have any involvement in the collation of the results of colleague and patient questionnaires.	<p>12.1 The administration of the colleague and patient questionnaires complies with NHS Guidelines for Information Governance, any other relevant guidelines, and all legal requirements associated with handling personal information.</p> <p>12.2 The administration of the colleague and patient questionnaires includes a detailed individualised report to facilitate feedback to each doctor.</p> <p>12.3 The administrator has a secure system that maintains the quality of their process for administering colleague and patient questionnaires.</p>

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