

General
Medical
Council

Executive Board meeting - 1 October 2018

MEETING
1 October 2018 10:00

PUBLISHED
25 September 2018

Agenda item:	10
Report title:	Consultation on patient feedback requirements
Report by:	Clare Barton , Assistant Director, Registration and Revalidation clare.barton@gmc-uk.org , 0161 923 6589
Action:	To note

Executive summary

In his review *Taking revalidation forward* (TRF) Sir Keith Pearson recommended we 'develop a broader definition of feedback which harnesses technology and makes the process more 'real time' and accessible to patients.' The UMbRELLA evaluation of revalidation also recommended that we refine existing tools and processes due to perceived inadequacy.

In response we have committed externally to reviewing our requirements for patient feedback. On 23 April 2018 the Senior Management Team agreed that we should consult on potential changes to these requirements from Spring 2019.

This paper outlines the GMC's plans to prepare for a formal consultation, including communication and engagement plans.

Recommendations

The Executive Board is asked to:

- a** Note the approach to preparing for a public consultation on revising our revalidation requirements for patient feedback.
- b** Note the proposed plans for pre-consultation stakeholder engagement.

Why we are consulting on this issue

- 1** Our current requirements for patient feedback are fairly prescriptive and state that doctors must collect feedback using a standard questionnaire at least once every five years. This 'one size fits all' approach discourages the development of more innovative solutions that might better suit the patient population and give doctors more useful information about their practice. In addition, since revalidation was introduced in 2012 the culture around giving and receiving feedback has moved on. People are more used to giving feedback and there are a wider range of tools available.
- 2** Most people that Sir Keith spoke to while compiling his report agreed that patient feedback is one of the most important elements of revalidation, providing a means for each doctor to reflect on patient views on their own practice. But both doctors and patients expressed issues with current feedback mechanisms, particularly doctors working in certain specialty areas, such as anaesthetics, intensive care, psychiatry and emergency medicine.
- 3** Sir Keith recommended we 'develop a broader definition of feedback which harnesses technology and makes the process more 'real time' and accessible to patients.' The evaluation of revalidation by UMbRELLA (2018) echoed this, stating that 'existing tools and processes need to be refined due to perceived inadequacy repeatedly expressed by patients and doctors.'
- 4** In response, we committed to reviewing our requirements for patient feedback, with the aim of enabling doctors to collect more meaningful feedback for their professional development and making it easier for patients to take part. Consulting on this issue is important as the requirements apply to all licensed doctors in the UK. The process will help us to understand and balance the differing views of our stakeholders, such as the sometimes opposing views of doctors and patients about the nature and extent of patient feedback. This will ensure any revisions are realistic, practical and have broad buy-in of the profession and other stakeholder groups.

Developing proposals in collaboration

- 5** SMT agreed that we should take a collaborative approach to developing our proposals for change. As such the revised requirements on which we will consult will be developed in collaboration with an external advisory group from autumn 2018. Development will be informed by the results of ongoing engagement with key stakeholder groups.
- 6** This small advisory group will comprise of members with expertise and interest in this area, including: lay, doctor, appraiser, responsible officer and Royal Academy

representatives, from a range of healthcare sectors across the UK. The terms of reference and a list of members are at Annex A.

What we have heard so far

- 7** We have already engaged with a wide range of stakeholders across the UK on how current patient feedback mechanisms could be improved. There is general support across the board for changing our requirements and themes from these discussions have included:
 - a** The need for greater clarity about the purpose of patient feedback (for both doctors and patients)
 - b** allowing greater flexibility in methods doctors can use to collect their feedback
 - c** allowing doctors to reflect on existing sources of feedback (such as team feedback), to reduce duplication and regulatory burden
 - d** the need for the GMC to provide broad principles and guidance to support doctors in understanding how to meet the requirements, without being overly prescriptive
 - e** enabling a larger and more representative proportion of patients to participate in the process.

Pre-consultation engagement

- 8** Engagement with our key stakeholders in advance of the consultation will be key in allowing us to: test and refine draft proposals; identify any barriers to implementation; and understand how the consultation may be received externally.
- 9** A programme of pre-consultation engagement with key stakeholders in the four UK countries is underway and will be conducted in three phases:
 - a** March – August 2018: targeted pre-consultation engagement (Responsible officer reference groups, appraiser conferences, Revalidation Oversight Group).
 - b** From September 2018: wider engagement activity with key stakeholders across the four countries, including different groups of doctors.
 - c** Early 2019: socialise draft proposals with targeted stakeholders from the four countries, to inform final consultation materials.
- 10** A more detailed summary of our approach to communications and engagement is at Annex B.

- 11** This will be followed by a programme of engagement during the consultation period itself, to promote the consultation and encourage a good number of responses from a wide range of stakeholders.

Next steps

- 12** As this consultation will not involve a significant change in policy we are not proposing to seek Council's approval for the need to consult on this issue. We will bring a full consultation document for this Board's approval in February 2019.
- 13** Subject to approval, we will launch a full public consultation in April 2019.

10 – Consultation on patient feedback requirements

10 – Annex A

Advisory group: revising revalidation requirements for patient feedback – terms of reference

Purpose

We are continuing work to revise our current revalidation requirements for patient feedback, as set out in our *Guidance on supporting information for appraisal and revalidation*. It agreed that proposals for change, on which we will publically consult in 2019, should be co-developed with a small advisory group, comprised of members external to the GMC, from our key stakeholder groups.

Role of the advisory group

The role of this group is to advise on the content of our revised requirements. This does not replace full formal consultation with our stakeholders about our proposals.

It will consider evidence, such as the outputs of stakeholder engagement activity, to inform the development of the revised requirements; and draft proposals that will form the basis of our consultation materials.

The group will consider:

- the content of the GMC's revised requirements for patient feedback for inclusion in our *Guidance on supporting information for appraisal and revalidation*
- questions to pose, or areas to explore, during the formal consultation
- any additional information we should produce to support the consultation on the proposals.

Membership

The GMC will invite individuals to join the group, to obtain a variety of professional, public and employer perspectives from across the UK.

Members should be able to provide views and experiences of doctors, patients and other key interest groups in the area of patient feedback.

The Chair will be a member of GMC staff approved by the Director of Registration & Revalidation.

Members will apply their experience and knowledge of the issues under consideration.

Duties

- a** To consider evidence gathered by the GMC and others. For example, outputs of external engagement and evidence gathering activities that support the drafting of the revised patient feedback requirements.
- b** To advise the GMC on revisions to the requirements for patient feedback, on which we will consult.
- c** To consider the consultation materials – including the questions we pose about the revised requirements.
- d** To help make sure key stakeholder groups are involved in developing the proposed revised requirements and encouraged to participate in the public consultation.

Timetable

The aim is to produce draft requirements in autumn 2018, with a view to consulting on them from April 2019.

The group will meet approximately three times for around three hours each time.

Work will be progressed by e-mail in between meetings, unless members agree a different way of working.

Secretariat

Secretariat will be provided by the GMC's Policy Information and Change team in Registration & Revalidation.

This will include background research, producing materials for discussion (including drafts of potential requirements and consultation materials), planning and delivery of engagement activities. The secretariat will also record actions and minutes for each meeting.

Agendas and discussion papers for each meeting will be agreed between the Chair of the group and the Project sponsor.

Confidentiality and Freedom of Information

The GMC is a public body and information it holds is subject to the Freedom of Information Act 2000 (FOIA). Group papers and emails should be treated 'in confidence' as internal working documents. Comments and views expressed at meetings should not be disclosed, except on a non-attributable basis where necessary in obtaining advice or input from outside the group.

Fees and Expenses

Members of the group will not be remunerated unless they are existing GMC Associates.

Travel and subsistence expenses will be paid in line with the GMC policy.

Version: August 2018

Members

- Susi Caesar (GP) – Royal Academy of Medical Royal Colleges
- Maurice Conlon - Appraisal lead, NHS England
- Charlotte Cuddihy – Clinical fellow, GMC
- Peter Durning, Assistant Medical Director, Cardiff University, Chair of the Wales Revalidation and appraisal group
- Ian Mackay - Responsible officer, Independent doctors federation
- Rea Mattocks - Lay member (England)
- Helen McGill - Responsible officer, NHS Professionals
- Tony Stevens, Chief Executive, Northern Health and Social Care Trust, NI
- Jim Walker, Lay member (Scotland)
- BMA nominated doctor representative (tbc)

10 – Consultation on patient feedback requirements

10 – Annex B

Communications and engagement approach

Close working with our key stakeholders prior to launch will be key to the success of the patient feedback consultation. This will ensure they are fully aware of what our proposals are likely to look like and that they have the opportunity to feed into the consultation scope.

Key audience

- Doctors - any changes will affect all licensed doctors. Engagement should include:
 - Those with protected characteristics, such as maternity and disability.
 - No prescribed connection (NPC), locum and SAS doctors – as we hear these doctors can find collecting patient feedback more difficult.
- Doctors representative organisations: – May have concerns about any changes putting more pressure on doctors and increasing burden. It is important they understand our aims and engaging early will allow for more constructive feedback when the consultation opens.
- Doctors' employers: – buy-in needed to implement any changes. We need to understand the tools and processes already available in organisations, and the implications of changes we make to our requirements.
- Patients and the public: – We want to allow doctors to collect feedback representative of those they see and help remove barriers some patients face in giving feedback. We need to understand what these barriers are and how they might be addressed.
- UK governments: – Some government departments have expressed nervousness about what changes we will make in this area. It is important we engage at appropriate points so that they are clear on our direction of travel.

Other audiences

- Survey providers – to understand what their systems can do, how mechanisms could be developed to be more flexible and whether there are any barriers to implementing the sort of changes we might consider making.

Key messages

- We're currently exploring what changes we should make to our requirements for patient feedback for revalidation. Currently doctors need to collect feedback from patients using a structured questionnaire, at least once in a revalidation cycle (usually once in five years).
- We hear that doctors find patient feedback valuable for their learning and development but also that some doctors find it challenging to collect. We also know some patients have issues accessing current feedback mechanisms.
- We plan to consult on revised requirements next year and to help us develop these proposals we want to hear from all key audience groups.
- We want our requirements to allow doctors and their organisations to develop feedback tools that work better for them and their patients. But we are aware of the enormous pressures that doctors and the wider healthcare system are under and want to understand what changes would bring most benefit, while not increasing burden.
- Some of the changes we're exploring include whether doctors should have the freedom to decide how to collect feedback from their patients (for example using systems that work better for their practice and patients), how our requirements could align with any local feedback systems in place to avoid duplication and reduce burden, and whether doctors would find patient feedback more helpful if they reflected on it more often and what support they would need to do this.
- We want revalidation to be a positive experience for doctors and it is important that any changes we make work for doctors, responsible officers, healthcare providers and all others involved in appraisal and revalidation. We will be listening carefully to feedback we receive as we develop our consultation.

Audience analysis & risk

Governments

- May be nervous about proposed changes if they are perceived as adding extra pressure on doctors/the system and if they feel the current feedback mechanism works.
- May think this work contradicts with our aims in TRF to reduce regulatory burdens.

- **Action** - Meetings with key representatives to understand and address concerns. Work with colleagues in Belfast, Cardiff and Edinburgh to ensure engagement.
- Northern Ireland - local temperature testing before anything formal is issued to DoH (NI), ROs and other stakeholders about the consultation. DO colleagues to test waters during pre-consultation engagement.
- Scotland - representatives at ROG commented that anything we do should be in line with national developments in this area. Early engagement with devolved administration is essential.
- Wales - government holds a single contract on behalf of Health Boards with Equiniti for every doctor in Wales. Has recently been extended for two years, pending outcome of our review. WRDB expressed a wish to contribute to our engagement/consultation on an all-Wales basis.

Doctors

- Doctors won't support anything that requires extra effort or time, unless there are very clear benefits.
- Anything related to revalidation can spark a negative reaction amongst the profession and meaningful engagement may be affected.
- There are currently heightened fears around making mistakes. Doctors may perceive this as the GMC trying to keep a more watchful eye over doctors, making them feel more vulnerable.
- Engagement may be dominated by questions about Dr Bawa-Garba's case.
- Some doctors may welcome proposed changes around increased flexibility and choice, especially locums.
- **Action** - Continue to review the best way to engage with the profession by liaising with the BMA about how they can help us secure constructive engagement.
- **Action** - Ensure messaging is clear. Stress the aim of this work is to support doctors in getting more meaningful feedback to help with their development. Also that we are directly responding to feedback from doctors about the changes they would like to see.
- **Action** - Face-to-face meetings with doctors across sectors is key to understand how this work will be received. To mitigate against sessions being dominated by other issues, outline at the start that we will answer any questions about those issues at the end of the session.

Employers of doctors

- May feel concerned that there isn't resource or time to commit to bringing about changes to the process.
- May be concerned that changes we are considering do not align with systems/processes already in place.
- May be concerned that any increased flexibility could put pressure on responsible officers and suitable persons, to decide whether methods are appropriate.
- May feel positive if the review supports use of a wider range of methods for gathering feedback, especially if they have these in place already.
- **Action** - Meetings with key representatives across sectors (NHS and independent) to understand and address their concerns.
- **Action** - discuss and agree any transitional arrangements needed if the proposals are agreed and how long these would need to be in place.

Patients and the public

- Need to be mindful of risks around survey/feedback fatigue.
- If we introduce more flexibility, there may be concern about the robustness of the process. There may also be concern that greater choice for doctors means a reduction in the patient voice.
- We may in raise false expectations around availability of different feedback tools (such accessible options) and what doctors/organisations will be able to offer.
- **Action** - meet patient organisations/patient groups to understand and address any concerns they have.
- **Action** - Explain that the requirements are high level and apply to all licenced doctors and so changes may not be able to address all their issues with feedback. Explore whether there is other guidance we can give doctors to support them in reaching diverse groups of patients.

Planned pre-consultation engagement activity

- Online survey - targeted groups of doctors (locum an short term, NPC)
- Responsible officer conferences and network events
- Appraiser conferences

- Revalidation Oversight Group sub group meetings
- One-to-one discussions with responsible officers through ELAs
- Engagement with range of doctor groups through the RLS and devolved offices at their regular meetings (including SAS doctors)
- GMC-wide patient event
- One-to-one meetings with patient organisations (seldom heard groups)
- Revalidation delivery boards
- Exploring running an event with the BMA for 'jobbing' doctors or attending one of their doctor committees.