

<b>Agenda item:</b>	<b>5</b>
<b>Report title:</b>	<b>Consultation on patient feedback requirements</b>
<b>Report by:</b>	<b>Clare Barton</b> , Assistant Director, Registration and Revalidation clare.barton@gmc-uk.org, 0161 923 6589
<b>Action:</b>	<b>To approve</b>

## Executive summary

In 2017 we committed to reviewing our requirements for doctors to reflect on patient feedback for their revalidation, with the aim of enabling doctors to collect more meaningful feedback for their development and making it easier for patients to take part.

We have worked in collaboration with a small advisory group of external stakeholders to develop revisions to our requirements and will run a public consultation on the changes from 30 April – 23 July 2019.

This paper and its annexes outline:

- Our approach to revising the requirements
- A summary of evidence from our pre-consultation engagement
- Proposed revisions to the requirements
- Our plans to publish a formal consultation on these changes, including plans for communication and engagement.

## Recommendations

The Executive Board is asked to:

- Note the development of revisions to our revalidation requirements for doctors to reflect on patient feedback (annex B) and the summary of evidence from our pre-consultation engagement (annex A).
- Approve plans to launch a public consultation on these revisions on 30 April 2019.

## Why we are consulting on this issue

- 1 Our [paper to the Executive Board of 1 October 2018](#) set out the issues identified with our current patient feedback requirements, the collaborative approach we proposed to develop revised requirements and our plans for consultation in 2019.

## Developing the proposals in collaboration

- 2 The revised requirements on which we will consult were developed in collaboration with a small external advisory group. This group, which met three times from October - December 2018, comprised of members with expertise and interest in this area, including: lay, doctor, appraiser, responsible officer (independent and NHS) and Royal Academy representatives, from a range of healthcare sectors across the UK.

## Pre-consultation engagement

- 3 The work of the advisory group was informed by results of a programme of stakeholder engagement that we undertook across the UK in 2018. This engagement enabled us to gather views on how we could change the current requirements to improve the feedback process. In addition we also used the meetings to: test and refine options for change; identify any barriers to implementation; and understand how a consultation might be received externally. A summary of the groups we met and results of the activity is at Annex A.

## Key changes to the guidance

- 4 The revised requirements are structured around five principles. These principles are intended to be high level so that all doctors can meet them, regardless of the type of work they do. These reflect elements that are already mentioned in our current requirements, but there is greater emphasis on certain aspects, such as; regularly reflecting on patient feedback, giving patients a way to feedback that meets their needs and explaining the purpose of giving feedback to patients.
- 5 The principles are supported by accompanying guidance that explains how doctors can apply these principles in practice (at Annex B). We heard during our engagement that while doctors welcome more flexibility in our requirements, they also want some structure to help them understand how to meet them.
- 6 The main changes to our approach include:
  - a Allowing greater local discretion for doctors, with their responsible officers, to decide how to approach patient feedback, to reflect their type of practice and patients they see.
  - b Asking doctors to reflect on feedback that is available to them at each appraisal – such as ad hoc cards and letters from patients or team feedback (as they already

do for complaints and compliments). The intention is to encourage regular reflection, without increasing burden on doctors by requiring them to collect formal feedback more often.

- c** Retaining the requirement for doctors to reflect on feedback collected through a formal exercise, at least once every revalidation cycle. This is to ensure that not all feedback is self-selected and is a minimum for doctors who, due to the nature of their work, will not be able access any other feedback.
- d** Allowing doctors to gather formal feedback using methods that work best for their patients and type of practice and not only requiring use of a questionnaire that is consistent with the values and principles in *Good medical practice*. This should make the process more accessible and allow patients to comment on aspects of their care that matter to them.
- e** Continuing to require doctors who don't see patients to reflect on feedback from 'others they provide medical services to'. But emphasising that the responsible officer has the discretion to agree whether there is anyone suitable to give this, which will not always be the case.
- f** Emphasising the role that healthcare organisations have in ensuring their doctors have access to regular patient feedback.

### **Consulting on these changes**

- 7** The questions we intend to ask in the consultation focus on aspects of the requirements that we are proposing to change and can be found at Annex C.
- 8** In addition, we are producing a shorter version of the consultation aimed at patients and the public. This will focus on areas we consider to be the most relevant to this group, such as changes made to increase the accessibility of the process for patients.
- 9** Both consultations will be published in English and Welsh and there will be an easy read version of the patient and public version. Consultations in other formats or languages will be available on request.

### **Consultation plans**

- 10** The consultation on the draft revised guidance will run for 12 weeks, from 30 April 2019. We will be engaging with doctors, patients and others across the UK during the consultation period, using meetings, events and social media, to encourage a good number of responses from a range of stakeholders. This will include using GMC field forces.

- 11** Further details about our communication and engagement plans for this consultation are at Annex D.

### **Next steps**

- 12** Subject to the Board's approval, we will launch a full public consultation on the 30 April 2019.
- 13** Following consultation we will revise the patient feedback section of the supporting information guidance taking the responses into consideration. We expect to be able to publish the revised guidance by the end of 2019, depending on the content of responses we receive to the consultation.

## 5 – Consultation on patient feedback requirements

### 5 – Annex A

## Findings from pre-consultation engagement: May – November 2018

### Our approach

- 1** To inform the review of our patient feedback requirements for revalidation, we undertook a programme of pre-consultation engagement with a wide range of stakeholders across the UK on this issue. This included responsible officers (ROs) and suitable persons, doctors, appraisers, revalidation delivery boards, the Academy of Medical Royal Colleges, the BMA, patient representatives and lay people.
- 2** The approach was to test changes we were considering making to our requirements, based on recommendations from recent reviews of revalidation<sup>1</sup> and other feedback. It also provided an opportunity for stakeholders to contribute additional views based on their experiences. The table at the end of this paper shows the range of organisations with which we engaged, through meetings and workshops.

### Questions we asked

- 3** The questions we asked stakeholders during this programme of engagement were tailored for different audiences and were refined as we developed our thinking, and included:
  - introducing greater flexibility in how doctors can collect feedback
  - allowing more local discretion on the types of feedback discussed in appraisal
  - increasing the frequency of reflection
  - taking a more principled approach in our guidance
  - reducing barriers so that a wider range of patients can take part.

<sup>1</sup> Sir Keith's report *Taking revalidation forward* (2017) and an independent evaluation of revalidation by UMBRELLA (2018).

## Themes from engagement

- 4 This engagement generated helpful feedback on how different stakeholder groups would like the patient feedback requirements to change and allowed us to identify a number of high level themes, including:
- allowing more flexibility in methods and tools doctors can use to collect patient feedback, to suit their type of practice and patient population
  - allowing doctors to reflect on existing sources of feedback (such as ad hoc or team and service level feedback), to reduce duplication and regulatory burden
  - encouraging doctors to reflect on patient feedback more often
  - providing broad principles and guidance to support doctors in understanding how to meet the requirements, without being overly prescriptive
  - providing greater clarity about the developmental purpose of patient feedback
  - enabling a larger and more representative proportion of patients to take part – allowing patients to give feedback how and when they prefer
  - mixed views on whether those who don't see patients should continue to be required to seek feedback from others who can provide this sort of feedback on their work.

## Key messages by stakeholder group

### *Doctors*

- The current 'one size fits all' approach adds little value. The questionnaire, with a focus on scores, doesn't provide information that helps them reflect, develop and improve. In some specialties, such as emergency medicine, doctors find it very challenging to collect any meaningful patient feedback in this way and would like to be able to take a different approach.
- Doctors would like more flexibility in methods they can use to collect feedback. Most agreed there should be more local discretion on the types of feedback discussed at appraisal, coupled with guidance about what is expected from the GMC and others, such as the Royal Colleges, to help ensure consistency.
- There was general support for being able to reflect on a range of sources of patient feedback at appraisal including; team and service level feedback and ad hoc cards and letters.

- There was broad support for reflecting on patients views more often, such as annually, but little for increasing the required frequency of a formal feedback exercise (in its current format). There were concerns about any increase in the administrative burden of collecting feedback and a desire for organisations to provide more support in this.

### *Patients and the public*

- They felt that more should be done to explain the purpose of feedback to patients. As patients are more likely to take part and give honest feedback if they understand that the purpose is developmental and how it encourages a change in practice that benefits patients.
- Many felt that feedback must be gathered from a larger proportion of patients to be meaningful and properly reflect a doctor's work. They felt that the current method of collecting feedback through a questionnaire doesn't allow a wide range of patients to take part. Mapping questions to *Good medical practice* was also unpopular as it does not let them to comment on things that matters to them. They were highly critical of our example questionnaire.
- They felt the process could be made more accessible by allowing flexibility in methods doctors can use to collect feedback and by giving patients greater choice in how they can respond.
- Patient organisations thought there should be better monitoring and recording of the personal data of patients who take part (eg. ethnicity) to check that the process is inclusive.

### *Responsible officers, suitable persons and appraisers*

- Most ROs agreed there should be more discretion to decide how to approach patient feedback locally, which would allow a more proportionate and context specific approach. However, they didn't think doctors should have complete freedom to decide their own approach. Appraisal leads in particular expressed concern about having to agree every individual doctor's approach, which would be unmanageable. They agreed that more local discretion would need to be coupled with support and guidance from GMC for all parties.
- There was general support for doctors being able to reflect on a range of sources of patient feedback, including a number they already collect for revalidation, such as complaints and compliments or as part of QI activity. However, some saw this as confusing and 'double counting' patient experience data.

- Many thought that other types of feedback, such as team and service level feedback and ad hoc feedback, can be helpful and should be allowed. There was support for allowing doctors to use patient feedback already being collected within organisations where they work, to reduce administrative burden on doctors.
- Some ROs and appraisers felt it important that we maintain a minimum standard that all doctors must reach. They suggested we retain the requirement to complete a formal feedback exercise at least once every revalidation cycle as a 'backstop', for those who cannot access anything more due to the nature of their work.

## Summary table of pre-consultation engagement

\*Activities involving patients and the public highlighted blue

When	Who
27 April 2018	Scottish Medical Appraiser Conference
4 and 8 May 2018	GMC responsible officer reference group
17 May 2018	<i>Taking Revalidation Forward</i> – work stream 1 sub group
22 June 2018	Wales National Appraiser Conference
26 June 2018	NHS England appraisal leads network meeting
28 June and 6 July 2018	Wales Regional Appraiser Conferences
July-August 2018	ELA themed discussion with responsible officers (69 one-to-one discussions)
September - October 2018	RLS sessions (with consultants, SAS doctors, educational supervisors)
19 September 2018	LGBT Foundation – National charity supporting needs of lesbian, gay, bisexual, trans people
25 September 2018	Bevan Healthcare – Social enterprise provides NHS GP services for homeless people or in unstable accommodation, such as refugees
26 September 2018	West Midlands RO and lead appraiser network
27 September 2018	Defence Medical Services Appraisal Conference
29 September 2018	Locum doctor study day, Manchester (locum doctors and their appraisers)
October 2018	Northern Ireland Revalidation Delivery Board
October 2018	Online survey of doctors who belong to the Independent doctors federation
3 October 2018	East of England RO and lead appraiser network
11 October 2018	East Midlands RO and lead appraiser network
24 October 2018	GMC event – Patient organisations and representatives across the UK
29 October 2018	Scotland Revalidation Delivery Board
2 November 2018	MEDSU - appraises a variety of doctors, including NPC and locums
2 November 2018	Oxford appraisers conference
6 November 2018	Beacon GP CARE – social enterprise providing treatment to people experiencing homelessness
8 November 2018	Appraiser training event, MIAD Healthcare (London)
15 November 2018	GMC suitable person network
19 November 2018	Four Nations Trainee and Revalidation oversight group

## 5 – Consultation on patient feedback requirements

### 5 – Annex D

#### Communications and engagement approach

- We are developing a comprehensive communications plan to support this 12-week consultation.
- Our overarching goal is to secure meaningful consultation responses to help us make a decision about what changes to the patient feedback requirements we should take forward.
- We want this consultation to demonstrate that we are committed to improving the revalidation process for doctors and patients and want to work with all those involved and affected to make helpful changes. We will make it clear that the aim of this work is to support doctors in getting more meaningful feedback to help with their development, not about increasing burdens. We want audiences to be clear about how their input into the consultation will make a difference.

#### Key audiences

- **Doctors** – the proposed changes we’re consulting on would affect and apply to all licensed doctors. Although the consultation is relevant to all doctors engaging in revalidation, we particularly want to hear from doctors who:
  - Work less than full time
  - Work in roles where they don’t see ‘patients’ e.g. teaching, medico-legal
  - Work in areas where it might be more challenging to collect feedback – A&E, intensive care, mental health, locum/short term posts
  - Don’t have the same organisational support e.g. locum doctors and those without a connection to a designated body or a suitable person.
- **Patients and the public** – We know some patients find the feedback process difficult. We need to understand if the proposed changes will make it easier for them to take part. We want to hear from all patients but particularly those who may find it more challenging to give feedback about their doctor and engage in the revalidation process, for example:
  - Where English is not their first language
  - Patients with physical or mental disability

- Children and young adults
- Elderly
- Transient patients (eg homeless, travellers) and lesbian, gay, bisexual, and transgender patients as we know that they can experience barriers in accessing healthcare and can be fearful about giving feedback.
- **Other key stakeholders/stakeholder organisations** including:
  - Responsible officers, suitable persons and appraisers (who are key to the revalidation process)
  - Doctor representative organisations who may have concerns about any changes putting more pressure on doctors and increasing burden
  - UK governments - Some government departments have expressed nervousness about what changes we will make in this area. We will share the consultation document with these and other VIPs in advance of consultation launch
  - Employers who we need buy-in from to help implement any future changes.
- We've engaged with key stakeholders during the pre-consultation phase but it is important we receive formal consultation responses to help inform and support our future direction.

### **Communications and engagement approaches**

- We will be using a wide range of approaches to reach all of our key audiences, including:
  - Press and social media activity, utilising blogs, videos and graphics, staggered at various stages throughout the consultation period
  - Stakeholder emails, meetings and events, utilising all of our field forces (including our devolved offices) to target those on the frontline
  - Working with external organisations to promote the consultation and share our materials with their members/contacts
  - Bulletins
  - Website promotions with examples of good practice.
- Throughout the consultation period we will monitor the responses we've received to understand what further activity might be required to secure further submissions from certain stakeholder groups.

## Key messages (draft)

- We are consulting on some proposed changes to how doctors collect and reflect on feedback from patients as part of their 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 this type of supporting information can be the most valuable for their learning and development.
- But we also know that it can sometimes be challenging to collect. For example, some doctors say that the current questionnaire doesn't allow them to collect useful feedback and not all patients can give feedback in this way.
- We've been reviewing how we could change our requirements to help doctors collect more meaningful feedback that adds value, without adding additional burden. We are aware of the enormous pressure that many doctors and the wider healthcare system are under and want to understand what changes would bring most benefit.
- The changes we're seeking feedback on include:
  - Allowing more local discretion to decide how and when to seek feedback from patients
  - Removing the requirement to seek feedback using a questionnaire mapped to Good medical practice, so that doctors can use a method that allow their patients to comment on the things that matter to them
  - Reviewing feedback from patients more often - using available sources, such as feedback on the team or service, ad hoc comments, cards or letters.
- We want revalidation to be a positive and valuable 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 what people tell us.

## External environment and risks

- Some government departments expressed concerns about our plans around this work. Northern Ireland and Scotland representatives in particular have commented that any changes we make should be in line with national developments in this area.
- We may experience push back from some stakeholders during the consultation about resource/time to take any changes forward given the pressure the health service is under.
- Given the ongoing challenges with our relationship with the profession, this might impact the number, content and tone of consultation responses we receive.

- Doctors are working under extreme pressure. Although we will make it clear in our consultation that the proposed changes aim to support them, there may still be misconceptions that they will add to burden.
- Coverage about the consultation at launch may be affected by other issues around that time (such as Brexit).