General Medical Council

FAQs for appraisers - Using questionnaires for revalidation

1. What do I do if the doctor feels they can't or shouldn't collect patient feedback?

One of the principles of revalidation is that patient feedback should be at the heart of doctors' professional development. We tell doctors that they should talk to you if they feel they can't collect patient feedback. That might be because they do not see patients as part of their practice, or if there are other reasons that make it difficult or impossible to collect patient feedback.

You should discuss with the doctor the purpose of patient feedback, which is to provide insight into what the doctor does well and where they can improve the skills that go towards fostering good patient-doctor relationships. People who are not conventional patients can provide useful feedback for this purpose, such as families, students, or even customers or suppliers – anybody the doctor deals with on a regular basis outside their colleagues.

You should encourage the doctor to think very broadly about who in their day to day practice might have something to contribute that will help them demonstrate their skills and provide them with material for reflection at appraisal.

However, we recognise that in a few cases a doctor will not have any relationships like this, and will not be able to collect this information. If you and the doctor are both unable to identify anybody who can usefully provide this input, you should record this in the appraisal documentation so that the relevant Responsible Officer can be aware ahead of any revalidation recommendation.

2. What should I do if the doctor received fewer feedback responses than required?

If the doctor is using our questionnaire, they should be distributed to 45 consecutive patients and to 20 colleagues nominated by the doctor.

Research undertaken on the questionnaires recommends that a minimum of

34 completed patient questionnaires and 15 completed colleague questionnaires are needed to get an accurate view of performance.

Results are less reliable if these numbers are not achieved, but it does not invalidate the activity.

Not all doctors will be able to achieve this level of feedback. You might want to discuss how the questionnaires were distributed and returned, and whether the feedback covers the full scope of the doctor's practice. Further information is available at chapter 5 of the document Information for appraisers. This guidance is based on how our questionnaires were administered during piloting.

3. How can I make sure I interpret the feedback results in a fair and balanced way?

As with any questionnaire, there will be biases and limitations that need to be taken into account when interpreting the results.

Our questionnaires have been subject to detailed piloting and research which has enabled us to identify biases and limitations. Detailed information is available in the Information for appraisers.

If the doctor is not using our questionnaires, you should request this information from the provider of the questionnaires.

4. Where can I get more information about interpreting the feedback results?

More detailed background information on interpreting the results and feedback from the GMC questionnaires is set out in chapter 5 of the Information for appraisers. This guidance is based on how our questionnaires were administered during piloting.

If the doctor is not using our questionnaires, you should request this information from the provider of the questionnaires.

Further information about discussing colleague and patient feedback in appraisal is available in our Supporting information for revalidation.