

FAQ for doctors and employers - Using questionnaires for revalidation

1. Which questionnaires should I use?

The GMC questionnaires are generic and can be used by any doctor, in any specialty. However, you do not have to use our questionnaire.

You can use other questionnaires, or develop your own. You must make sure that whatever questionnaire you use, it meets with our [guidance on the development of questionnaires for use in revalidation](#). In summary, any questionnaires used for revalidation should:

- reflect the values and principles in the GMC's core guidance *Good Medical Practice*
- be designed in a way that is consistent with the principles of good questionnaire design
- have been piloted to demonstrate that they are effective for the purpose of revalidation.

2. Can I only use questionnaires approved by the GMC?

We don't approve any questionnaires for use in revalidation. Doctors, employers and Responsible Officers should use the questionnaires they decide are most suitable for their needs.

However, you should take steps to make sure the questionnaires you use comply with our [guidance on developing and administering questionnaires](#) for the purposes of revalidation.

3. I don't see or treat patients. How can I collect feedback and meet the requirements?

One of the principles of revalidation is that patient feedback should be at the heart of doctors' professional development. You should assume that you do have to collect patient feedback, and consider how you can do this. We recommend that you think creatively about who can give you this sort of feedback. For instance, you might want to collect feedback from people who are not conventional patients but have a similar role, like families and carers, students, or even suppliers or customers.

We have developed a set of [case studies](#) that give real examples of how doctors and organisations have overcome challenges in collecting patient feedback. Many of the principles illustrated can be applied to a range of roles and situations.

However, we recognise that, in some settings, a doctor will not have any relationships like this, and will not be able to collect this information. If you are not sure what to do about patient feedback, you should talk to your appraiser.

There may be practice settings where it is not appropriate to collect feedback from patients. If you believe this is the case in your practice you should discuss and agree this with your appraiser, as well as discussing alternative approaches to engaging with patients.

Whatever type of practice a doctor has, there may be some circumstances where it may not be appropriate to collect feedback from some individual patients. In these situations, you should consider whether it is appropriate to collect feedback from a member of the patient's family or a carer instead.

4. How often do I have to collect colleague and patient feedback for revalidation?

Every doctor must collect and reflect on colleague and patient feedback, and discuss it at their appraisal, at least once every five years.

5. What happens if I am out of practice for a period of time and cannot collect feedback?

Many doctors will take career breaks and periods of leave during their careers. Similarly, some doctors will return to work after a significant period of absence.

In these situations, you might want to discuss with your appraiser or employer an appropriate timeframe for you to collect feedback from your colleagues and patients, once you have settled back into work.

If you are out of practice for a significant period of time, your Responsible Officer can ask the GMC to postpone your revalidation date to give you more time to collect colleague and patient feedback, and other supporting information.

6. Will negative feedback affect my revalidation?

The purpose of colleague and patient feedback is to provide you with information about your practice through the eyes of those you work with and treat. It is intended to encourage professional development in your practice as a doctor. Both negative and positive feedback are equally valuable in this process, provided you use them to reflect on how your practice could improve.

Colleague and patient feedback should not be used as a judgmental tool in isolation. Any conclusions about a doctor's practice should take into account all of the supporting information they bring to appraisal and the wider practice context.

You should use the feedback to reflect on your practice, and in particular to:

- highlight areas of good performance
- identify areas that may require further development, and
- inform choices for continuing professional development.

However, where any serious concerns are raised they should be dealt with in the usual way through investigation and action where appropriate.

For more information on discussing colleague and patient questionnaires in appraisal, please consult our guidance on [supporting information for appraisal and revalidation](#).

7. What checks have been put in place to make sure questionnaires are fair? I'm worried that colleagues or patients might give unfair feedback about me and this could affect the perception of my performance.

We have provided guidance about the key principles and considerations that you should take into account when [developing, implementing and administering questionnaires](#). Our questionnaires have been subject to detailed research, which has enabled us to identify particular biases and limitations. Detailed information is available in the [Information for Appraisers](#).

If you are not using our questionnaires, you should request similar information from your questionnaire provider.

If you suspect colleagues are deliberately giving you unfair feedback you should inform your appraiser or employer. *Good Medical Practice* requires all doctors to have [respect for their colleagues](#).

Questions about GMC questionnaires

8. Where can I find the GMC questionnaires?

[Our questionnaires](#) are on our website and are free to download. They should be administered by an internal survey process or an organisation which is independent of the doctor, appraiser and Responsible Officer.

9. How much do the GMC questionnaires cost?

[Our questionnaires](#) are free to download. But you will need to have them independently administered, preferably through a survey provider or other process external to the doctor. There may be a fee for this service.

10. How do I use the GMC questionnaires?

You should always follow the instructions and guidance that accompanies any questionnaire you use. We have produced [instructions for administering GMC colleague and patient questionnaires](#).

11. Can I seek feedback from a carer or proxy?

If the patient is a child or lacks mental capacity, a carer, relative or friend (or 'proxy') can complete feedback on the patient's behalf.

However, a proxy should not be used as a default for patients or colleagues who require questionnaires in an alternative format. You must take into account the needs of patients and colleagues, and make reasonable modifications so that anyone can access questionnaires in a format that meets their needs, in line with the Equality Act 2010. Examples of alternative formats include Easy Read and large print.

12. How many of my colleagues and patients should be asked to complete the questionnaires?

If you are using the GMC patient questionnaire, we recommend it is given to 45 consecutive patients during the survey period. When using the questionnaire for colleagues, you should select 20 colleagues to give it to – ideally 10 medical and 10 non-medical. But the number of people you ask to complete the questionnaire might depend on your individual practice circumstances.

Ideally, to get a reliable view of your performance you should aim for at least 34 patient and 15 colleague responses. If the response rate is low, you might need to ask more people to complete the questionnaire.

There is detailed information on the selection of colleagues and the distribution of questionnaires to patients in our [instructions for administering GMC colleague and patient questionnaires](#).

13. How many responses do I need to get back in order to have completed the feedback exercise?

You should agree the number of responses you need to collect with your employer or questionnaire provider. But the more responses you receive the better, as this will give you with a more reliable view of your practice and performance.

Research on our questionnaires shows that collecting a minimum of 34 completed patient questionnaires, and 15 completed colleague questionnaires provides a reliable result. If you don't achieve this, your feedback results will be less representative of your practice, but will still provide you with valid information on which to reflect. Reflecting on the feedback and what you have learned from it should be the focus of the discussion at your appraisal.

14. Can I administer questionnaires myself?

Questionnaires should be administered independently of you, your appraiser and your Responsible Officer. This is to promote objectivity and maintain confidentiality of those responding.

There may be some circumstances where you need to hand out the questionnaires yourself because of the nature of your practice. If you do this you may wish to consider a deposit box for the completed questionnaires. It is important that you do not have access to individual completed responses. Further information is available in our [instructions for administering GMC colleague and patient questionnaires](#).

15. Which organisations do you recommend to administer colleague and patient questionnaires?

We don't recommend survey organisations for the administration of colleague and patient questionnaires. There are many organisations that provide these services and it is up to an individual doctor or employing organisation to determine which is the most suitable for their particular circumstances, bearing in mind our [guidance on developing and administering questionnaires](#).