General Medical Council

Guidance on developing and implementing formal patient feedback tools for revalidation

For revalidation doctors must reflect on feedback from their patients, (or if they don't have patients, others they provide medical services to) gathered in a systematic way, at least once every revalidation cycle. All revalidation requirements for doctors are in our *Supporting information guidance for appraisal and revalidation*.

This guidance is for those developing and implementing (or commissioning) tools to gather formal patient feedback for doctors' revalidation. This could be an independent provider or organisation where doctors work.

Organisations which employ, contract or oversee doctors' practice must ensure *doctors are supported to collect the required supporting information by being given access to relevant data and systems and sufficient time to participate in annual appraisal effectively*[*]. This includes systems that allow doctors to reflect on feedback from patients (or others they provide medical services to).

The purpose of the criteria below is to make sure patient feedback used for doctors' revalidation is robust, fair and helps doctors reflect on their practice.

How to approach seeking formal patient feedback

The approach used to collect feedback should suit the context and needs of the patients (or others) taking part. A questionnaire may be an option, but other examples include: structured interviews, focus groups, formal comments cards or a remote feedback tool like an app.

Criteria for developing feedback tools

The tool used to seek feedback from patients:

- generates information that helps doctors reflect on their practice and identify opportunities for professional development
- asks participants to answer questions that provide doctors with information that helps them identify what they do well and areas for improvement. Questions could

[*] GMC: *Effective clinical governance for the medical profession*

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

be based on relevant values and principles in *Good medical practice* (as appropriate)

- allows doctors to reflect on comments, not only scores or ratings
- is designed in line with principles such as:
  - uses plain English that's neutral in tone
  - questions asked are short, unambiguous and easy to understand. Leading phrases such as 'How good' are avoided. Only one aspect or variable is asked about in each question.
  - allows participants to answer 'does not apply' in response to questions
  - any ratings or scores used are mutually exclusive, with a clear threshold between satisfactory and unsatisfactory. A scale with the same number of positive and negative response options is important to avoid bias.
- is piloted or tested in a similar working environment, to show that it generates helpful feedback
- includes information for participants, before they take part, about:
  - how to take part
  - how the feedback will be used
  - that responses will be anonymous (or confidential)
  - that they can choose not to take part
  - how to raise any serious concerns, in confidence.

It's good practice to:

- involve those who will be giving feedback, such as patients and carers, in developing a feedback tool, to make sure it's appropriate for their use. For example, that language used is clear and easily understood.

Criteria for implementing and administering feedback tools

The feedback process:

- minimises bias in the selection of those asked to take part. With measures to ensure under-represented groups are included (such as black and minority ethnic or disabled patients)

- is independently administered, for example by an independent provider or an organisation where a doctor works. The doctor, appraiser and responsible officer do not collect or collate responses, to reassure participants that the process is anonymous and objective

- provides each doctor with a summary of their feedback results, based on anonymised responses from all who gave feedback, to allow the doctor to reflect and act on the feedback in a timely manner. Individual respondents are not identifiable

- includes a reflective discussion about the results between each doctor and a peer (this could be the appraiser), who supports the doctor in interpreting the feedback within the context of their area of practice

- is administered using a secure system that maintains the quality of the process and ensures legal requirements associated with handling personal data are met

- is supported by adequate resource and training for appraisers and appraisees on the process

- is periodically reviewed by the organisation to make sure it remains fit for purpose, including consideration of feedback from patients/carers on the tools used.

It's good practice to:

- seek feedback from patients on a regular or continuous basis, in a way that allows doctors to reflect on the results in a timely manner

- tell patients about any changes made in light of patient feedback, to help them understand the value of giving feedback and encourage them to take part. This could be done at individual, team or service level.

Making the process accessible

- Patients should be offered ways to give feedback that meet their needs.

- Feedback tools must comply with requirements in equality legislation, including making reasonable adjustments for disabled people.*

* There are legal duties under the *Equality Act 2010* (and associated requirements in Northern Ireland) to make reasonable adjustments for disabled people, to ensure they are not disadvantaged compared with non-disabled people. Organisations must think in advance about what groups of disabled people might reasonably need.

- Consider how to obtain feedback from groups with differing needs, or those less likely to respond, such as those with learning disabilities, with a sensory loss, older patients, trans patients, those with language or literacy difficulties. For example, by:

    a providing feedback tools in other languages (where possible)

    b seeking feedback as soon as possible after an interaction, which may help patients who experience difficulties with their short-term memory

    c providing options for those who find it difficult to give feedback in writing, such as one-to-one support, via telephone or face-to-face

    d arranging to translate documents into other formats for disabled patients, for example, easy read or large print. National or local charities can advise on how to make feedback processes accessible for specific groups

    e if a patient can't give feedback themselves, seeking it from their relative, carer or advocate (with the patient's consent if they can give it). This should not be in place of making adjustments so the patient can take part.

    f making sure any online tools used are compatible with assistive technologies, such as screen reading software, and that there are other options for those who can't access them

    g not relying on all patients being able to see or understand posters, flyers or feedback surveys left in clinics/waiting rooms.

- Collecting information about patients' diversity when they give feedback (such as age, gender, ethnicity) can help you identify issues for specific groups and check your feedback tools are reaching a range of patients. You can't require patients to give this and should only collect it if you plan to analyse and use it effectively. Patients may have concerns about giving this information. You can reassure them by explaining how it will be used and kept confidential. There are organisations that can help you decide which diversity categories to use, such as the Office for National Statistics. There may be experts in your organisation who can advise you on categories relevant to your local context.