

Guidance on colleague feedback questionnaires

Doctors must reflect on feedback from their colleagues at least once every revalidation cycle. All revalidation requirements for doctors are in our [Supporting information guidance for appraisal and revalidation](#).

This guidance is aimed at those who are developing, implementing (or commissioning) questionnaires to gather colleague 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 their colleagues.

The purpose of the criteria below is to make sure information gained through colleague feedback is robust, fair and helps doctors to reflect on their practice.

Criteria for developing colleague feedback questionnaires

Questionnaires used to seek colleague feedback:

- generate information that helps doctors reflect on their practice and to identify strengths and opportunities for improvement
- include questions that reflect the values and principles in *Good medical practice*
- are designed in line with principles of good questionnaire design, such as:
 - use plain English that's neutral in tone
 - questions asked are short, unambiguous and easy to follow. Leading phrases are avoided. Only one aspect or variable is asked per question.
 - include space for free text comments, not only scores or ratings

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

- give participants the option to answer 'does not apply' or 'N/A' in response to questions
- include ratings or scores that are mutually exclusive, with a clear threshold between satisfactory and unsatisfactory. A scale with the same number of positive and negative responses is important to avoid bias.
- are developed in consultation with groups who will be completing them
- are piloted for use by doctors of similar seniority, specialty and working environment, to show they are reliable and valid and generate helpful feedback. The process should identify:
 - number of participants required to complete the questionnaire to give a statistically reliable result
 - mix of participants and how they will be selected
 - time required to complete the questionnaire
 - whether additional support may be required for some participants
- reflect and measure the doctor's whole practice
- include information for participants before they take part about:
 - how to complete the questionnaire
 - what feedback gained from the questionnaire will be used for
 - that responses will be anonymous or confidential
 - that they can choose not to take part
 - how to raise any serious concerns, in confidence.

Criteria for implementing and administering colleague feedback questionnaires

- The system of administration includes the requirements identified through piloting (as above).
- Colleagues are selected in a defined way that minimises bias and ensures selection of a range of participants, representative of those the doctor works with.
- Data collection is managed independently of the doctor, by a survey provider or an organisation where the doctor works. The doctor, appraiser and responsible officer are not involved in the collection or collation of responses.

- Organisations, as the data controller, are responsible for ensuring that any data collected is compliant with the UK General Data Protection Regulations (GDPR) and in line with the Information Commissioner Office's guidance*.
- The doctor completes a self-assessment as part of the process.
- Each doctor is given a summary of their feedback results, based on anonymised answers from everyone who took part, including:
 - frequency and distribution of responses to each question
 - free text comments
 - comparisons between the doctor's self-assessment and colleague feedback
 - information about the sample of colleagues who took part, where possible without identifying participants.
- Each doctor has a reflective discussion about their results with a peer (such as their appraiser) who supports them in interpreting the results within the context of their area of practice. This includes how their self-assessment compared to feedback from their colleagues.
- Feedback is administered using a secure system that maintains the quality of the process and ensures legal requirements associated with handling personal data are met.
- Equality monitoring can support organisations in assessing the impact of their policies and practices on people who share protected characteristics[†] and help them meet their legal requirements under the Equality Act 2010. However, equality monitoring must be relevant and proportionate. Before collecting diversity information, you should consider what the purpose is, how you intend to analyse and use it, the risk of identification if the sample size is small, and how relevant each protected characteristic is for the purposes of monitoring.
- Use of colleague questionnaires is supported by adequate resource and training on the process for appraisers and appraisees.
- Organisations review the process periodically to make sure it remains fit for purpose.

* [Guide to the UK GDPR](#)

[†] There are 9 protected characteristics under the Equality Act 2010 – these are race, sex, sexual orientation, age, disability, religion or belief, gender reassignment, marriage or civil partnership, and pregnancy and maternity.

