

A large graphic at the top of the page consists of several overlapping, stylized arrow shapes pointing to the right. The primary color is a vibrant yellow, with white outlines and negative space creating a sense of movement and direction.

Guidance on colleague and patient questionnaires

Working with doctors Working for patients

General
Medical
Council

Revalidation is the process by which doctors must demonstrate to the General Medical Council (GMC), normally every five years, that they are up to date and fit to practise.

To support their revalidation, doctors must collect information about their practice and about how they are keeping up to date. This information will feed into a process of annual appraisal in the workplace. The doctor's Responsible Officer will rely on the outcome of that appraisal process, combined with information drawn from clinical governance systems, to make a periodic revalidation recommendation to the GMC.

Colleague and patient questionnaires

One type of information required of all doctors for the purposes of their revalidation is feedback from colleagues and, where they have direct patient contact, from patients. This is also referred to as multi-source feedback (MSF) or 360 degree feedback. For the purposes of this document, the term colleague and patient questionnaires is used.

All doctors will be expected to seek such feedback from colleagues and patients at least once in every revalidation cycle. Seeking feedback in this way enables colleague and patient views about a doctor's behaviour and performance to be gathered in a more systematic way. It provides the opportunity for patients, non-medical coworkers (including other health professionals, managers and administrators) and medical colleagues (including trainees and juniors) to reflect on the professional skills and behaviour of a doctor.

The feedback can be used:

- as a learning and development tool to identify strengths and areas for improvement in a doctor's practice to inform their professional development
- as one of several pieces of information that, when considered together, will inform the decision as to whether a doctor should be recommended for revalidation.

Principles

All colleague and patient questionnaires must:

- a. be consistent with the principles, values and responsibilities set out in the GMC's core guidance, *Good Medical Practice*
- b. be piloted on the appropriate population, and demonstrate that they are reliable and valid

- c. reflect and measure the whole practice of the doctor
- d. be evaluated and administered independently from the doctor and appraiser to ensure an objective review of the information
- e. provide appropriate and useful information to the doctor that can be used in discussions with a supervisor or mentor, or through appraisal
- f. help the doctor reflect on his or her practice and identify opportunities for professional development and improvement.

Self-assessment checklists

The GMC has developed checklists that questionnaire developers, administrators and employers, including Responsible Officers, can use to make sure that they are complying with the principles and criteria.

There are separate checklists for:

The development of questionnaires – this checklist is intended to support those who are developing questionnaires, as well as providing information about best practice for those looking to commission questionnaires, such as Responsible Officers.

The administration of questionnaires – this checklist is for organisations who administer questionnaires. In most cases this will be an independent questionnaire company, but in some cases this might be an employing organisation.

The implementation of questionnaires – this checklist is for employers and Responsible Officers implementing processes for gathering colleague and patient feedback in their workplace.

Criteria and key indicators

Each checklist contains a set of criteria and key indicators. These have been agreed by the GMC, drawing extensively on work by the Academy of Medical Royal Colleges MSF Working Group.

The purpose of the criteria is to make sure that the information gained through feedback from colleagues and patients is robust, fair and helps a doctor to reflect on his or her practice and identify opportunities for professional development.

The GMC expects that questionnaires used in revalidation should meet the development, administration and implementation criteria.

The key indicators linked to the criteria show the evidence that would demonstrate that each criterion has been satisfied.

Criteria for developers of colleague and patient questionnaires

This checklist is intended to support those who are developing questionnaires, as well as providing information about best practice for those looking to commission questionnaires, such as Responsible Officers.

Criteria for developing questionnaires

1. Colleague and patient questionnaires must reflect the values and principles in the GMC's core guidance, *Good Medical Practice*.

The colleague and patient questionnaires include questions that reflect the values and principles set out in *Good Medical Practice*.

2. Colleague and patient questionnaires must be designed in a way that is consistent with the principles of good questionnaire design.

There is evidence that the colleague and patient questionnaires were developed in consultation with those groups who will be involved in completing the questionnaires. These include:

- healthcare professionals
- patients and carers
- clinical managers and administrators
- appraisers.

There is evidence that the language and content of the colleague and patient questionnaires reflect the principles of equality and diversity.

The content and language used in the questions and rating scales of the colleague and patient questionnaires are:

- understandable and in plain English
- clear and unambiguous
- neutral in tone.

The scale points in the rating scales of the colleague and patient questionnaires are mutually exclusive with a clear threshold between satisfactory and unsatisfactory performance.

The colleague and patient questionnaires include an opportunity for participants to register 'not applicable' or 'does not apply' in response to the questions.

The colleague and patient questionnaires include a free text box for participant comments.

The process requires the doctor to complete a self-assessment.

3. Colleague and patient questionnaires must be piloted to demonstrate that they are effective for the purposes of revalidation before implementation.

The colleague and patient questionnaires have been piloted and validated for use by doctors of similar seniority, specialty and working environment.

The colleague and patient questionnaires generate information that can facilitate constructive feedback about professional performance.

The colleague and patient questionnaires have been tested to identify the following:

- the number of participants required to complete the questionnaire to give a statistically reliable result
- the mix of participants and how they will be selected
- the amount of time required to complete the questionnaire
- whether additional support may be required for some participants (eg those with literacy problems, learning difficulties or sensory impairment).

The colleague and patient questionnaires include information and instructions about:

- how to complete the questionnaire
- the purpose of the questionnaire
- what the information gained from the questionnaire will be used for
- the implications for participants of completing the questionnaire
- whether the answers to the questionnaire will be confidential or anonymous
- respondents being able to choose not to complete the questionnaire.

Criteria for employers and Responsible Officers implementing colleague and patient questionnaires

This checklist is intended to support employers and Responsible Officers in implementing colleague and patient questionnaire systems in their workplace.

Criteria for employers and Responsible Officers implementing questionnaires

1. The questionnaire complies with the GMC's principles and criteria for questionnaire development

You have read and understood the GMC's criteria for the development of colleague and patient questionnaires and taken them into account when selecting questionnaires for your organisation.

2. The method of administration of questionnaires complies with the GMC's criteria.

You have read and understood the GMC's criteria for the administration of colleague and patient questionnaires and taken them into account when selecting the questionnaire administrator or method you will use to administer the questionnaire.

3. The use of colleague and patient questionnaires in revalidation is supported by evidence of commitment to the process.

The strategy for the implementation of revalidation includes colleague and patient questionnaires as integral components of the appraisal and revalidation process.

The GMC principles and criteria in this guidance have been taken into account when implementing colleague and patient questionnaires for appraisal and revalidation.

The impact of implementing and maintaining colleague and patient questionnaires to ensure that they are adequately resourced has been investigated.

Training and information sessions on the use of colleague and patient questionnaires in revalidation for appraisers and appraisees have been planned.

4. Colleague and patient questionnaires must be completed frequently enough to allow a doctor to demonstrate their practice for revalidation.

There is evidence that the employer has allocated sufficient resources and time for participants to complete colleague and patient questionnaires for revalidation.

Every doctor is required to seek feedback by way of colleague and patient questionnaires at least once per revalidation cycle.

There is provision for a doctor to undertake a second colleague and patient questionnaire exercise in a revalidation cycle if concerns or issues are identified following the first.

<p>5. Information for patients to raise concerns</p>	<p>Information about how to raise serious concerns in confidence is made available to patients who complete a patient questionnaire.</p>
<p>6. Doctors must be given feedback on the results of the process within the context of their area of practice.</p>	<p>The colleague and patient questionnaire process includes feedback either through appraisal or a separate feedback session.</p> <p>Feedback on the results of the colleague and patient questionnaires should be provided by an individual trained in providing feedback (e.g. the appraiser).</p>
<p>7. Organisations should ensure they review and evaluate the process.</p>	<p>The organisation that uses colleague and patient questionnaires periodically and systematically reviews and evaluates the process in light of its revalidation strategy.</p> <p>The process is amended continuously to improve the effectiveness of the process.</p>

Criteria for administration of colleague and patient questionnaires

This checklist is intended to support the administration of the questionnaires. In most cases this will be by an independent questionnaire provider, but in some cases this might be an employing organisation.

Criteria for administration of questionnaires

1. Information and instructions

The colleague and patient questionnaires include information and instructions about:

- the purpose of the questionnaire
- how to complete the questionnaire
- what the information gained from the questionnaire will be used for
- the implications for participants of completing the questionnaire
- whether the answers to the questionnaire will be confidential or anonymous
- respondents being able to choose not to complete the questionnaire.

Any administration system takes into account the requirements identified through piloting, such as:

- the number of participants required to complete the questionnaire to give a statistically reliable result
- the mix of participants and how they will be selected
- the amount of time required to complete the questionnaire
- whether additional support may be required for some participants (such as those with literacy problems, learning difficulties or sensory impairment).

2. All participants must understand the purpose and use of colleague and patient questionnaires.

There is clear documentation on the purpose of colleague and patient questionnaires in revalidation available to all participants.

Any documentation on the purpose of colleague and patient questionnaires in revalidation includes a reference to the GMC principles and criteria.

Participants who agree to complete the colleague and patient questionnaires are informed about whether the information they provide will be confidential and/or anonymous.

3. The selection of participants must involve a process that is defined and minimises bias.

The selection process ensures the selection of a range of participants that are representative of the people the doctor works with.

The selection process for patients to complete a questionnaire includes a range of participants that are representative of the people the doctor sees as patients.

4. The exercise must take into account the concerns, needs and context of the patients who are asked to complete the questionnaire.

The patient questionnaires are given to the patient as soon as possible after their consultation with the doctor they are being asked to provide feedback on.

The patient participants are able to access the questionnaire in a format that is appropriate to their needs (such as large print).

Information about how to raise serious concerns in confidence is made available to patients who complete a patient questionnaire.

5. Doctors must be given feedback on the results of the process within the context of their area of practice.

The colleague and patient questionnaire process includes a feedback session.

Feedback on the results of the colleague and patient questionnaires should be provided by an individual trained in providing feedback (such as the appraiser).

6. Organisations should ensure they review and evaluate the process.

The administrator of colleague and patient questionnaires periodically and systematically reviews and evaluates the process.

The process is amended continuously to improve the effectiveness of the process.

7. The doctor, appraiser and the Responsible Officer must not have any involvement in the collation of the results.

The administration of the colleague and patient questionnaires complies with NHS Guidelines for Information Governance, any other relevant guidelines, and all legal requirements associated with handling personal information.

The administration of the colleague and patient questionnaires includes a detailed individualised report to facilitate feedback to each doctor.

The administrator has a secure system that maintains the quality of their process.



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This information can be made available in alternative formats or languages. To request an alternative format, please call us on **0161 923 6602** or email us at publications@gmc-uk.org.

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