



# Patient feedback consultation

Changes to our guidance  
for how doctors use patient  
feedback



## Changes to our guidance for how doctors use patient feedback – have your say

### **This consultation runs 30 April to 23 July 2019**

This consultation asks you questions about changes we are considering making to our guidance for how doctors use feedback from their patients.

It's important that patients have the opportunity to give doctors feedback on the care they receive. We hear that doctors value feedback from their patients. By changing our guidance, we want to make it easier for patients to share their views with their doctors. The feedback should also better support doctors' learning and development.

### **How do I take part?**

The questions in this consultation document are aimed at patients, carers, relatives and members of the public, who have views on how we could make it easier for patients to give their doctors feedback.

We have a separate consultation document for anyone who has an understanding of our current revalidation guidance for doctors. You can find both consultation documents and read more about the review of our patient feedback requirements on our website at [gmc-uk.org/feedbackyourway](http://gmc-uk.org/feedbackyourway).

Your views are important to us. Please answer as many questions as you can. There are eight questions in this consultation but you don't have to answer them all. You can complete the questions without reading our revised guidance.

You can either:

- respond to this consultation online through our website by visiting [gmc-uk.org/feedbackyourway](http://gmc-uk.org/feedbackyourway)
- answer the questions using the text boxes in this document and
  - send it to us by email at [patientfeedback@gmc-uk.org](mailto:patientfeedback@gmc-uk.org) or

- print and post it to us at:  
Patient Feedback Consultation  
General Medical Council  
Regent's Place  
350 Euston Road  
London  
NW1 3JN
- ask us for a printed copy of this document, which you can complete and send back to us by post or email (using the contact details above).

Let us know if you require the consultation documents in Welsh, easy read, or another format or language. For this or any other query you can call us on 0161 923 6602 or email us at [patientfeedback@gmc-uk.org](mailto:patientfeedback@gmc-uk.org).

### **Your personal information**

We will process your data in line with the General Data Protection Regulation. Our privacy and cookies policies\* explain how your data will be used, how cookies will be set and how you can control or delete them. At the end of the consultation, we will publish reports that explain our findings and conclusions. We won't include personally identifiable information in the reports, but might include some quotes from consultation responses.

### **Freedom of information**

We sometimes have to disclose responses to consultations under the Freedom of Information Act 2000, which allows public access to information we hold. However, we apply the General Data Protection Regulation principle, that we will never disclose your personal identifiable information, including your name, contact details or protected characteristics.

**Tick this box if you would like us to treat your response as confidential**

\* [gmc-uk.org/privacy\\_policy](http://gmc-uk.org/privacy_policy)

## Equality and diversity

As we develop our guidance we carry out an equality analysis, to identify the steps we must take to comply with the aims of the public sector equality duty under the Equality Act 2010 (and associated legislation in Northern Ireland). Responses to this consultation will help us understand how any changes to our guidance could impact on doctors, patients and members of the public who share protected characteristics\*.

## Our role

The General Medical Council (GMC) works to protect patient safety and support medical education and practice across the UK. We do this by working with doctors, employers, educators and patients to achieve high standards of care. We:

- decide which doctors are qualified and trained to be able to work in the UK
- oversee UK medical education and training
- set standards doctors need to follow throughout their careers
- where necessary, take action to stop a doctor from putting patients' safety, or the public's confidence in doctors, at risk.

## How doctors use patient feedback

Doctors must regularly show us that they're giving good care to patients and keeping up to date – through a process called 'revalidation'. This is how they maintain their licence to work in the UK. You can find out more about this at [gmc-uk.org/goodcare](http://gmc-uk.org/goodcare).

For revalidation, doctors must collect examples of their work to understand what they're doing well and how they can improve. An important part of this is checking what their patients think about the care they give by reviewing their feedback.

Our current guidance says that doctors must review feedback from a sample of their patients collected using a structured questionnaire, at least once every five years.

Feedback is usually collected during a clinic or surgery. Often another member of staff, such as a receptionist, will give patients a feedback form to fill in, but some doctors have to do this themselves. Some patients are sent a survey to complete online, while others are given a paper form to complete. Patients should be offered a way to respond that meets their needs, such as a questionnaire in a different format.

\* Nine protected characteristics under the Equality Act 2010: race, disability, age, sex, gender reassignment, sexual orientation, religion and belief, pregnancy and maternity and marriage and civil partnership.

## Why we're asking about changes to our guidance

Two recent independent reviews of revalidation found that while doctors find patient feedback useful in helping them to learn, there are some problems with the way feedback is collected. Using a structured questionnaire doesn't allow a wide range of patients to take part and many patients worry that comments they make may have a negative impact on their care. It was felt that not enough patients can take part and that doctors should look at feedback from patients more than once every five years.

## What we want to achieve

We want to make it easier for patients and their family or carers to give their doctors feedback. We want doctors to be able to collect more helpful feedback that allows them to learn and understand what they do well and how they can improve.

## What we've done so far

We've spoken to doctors, their responsible officers\* and appraisers, patient organisations and lay people from across the UK about our patient feedback requirements and how they would like them to change in future.

We drafted the revised guidance in this consultation with an advisory group of doctors, their employers (NHS and private practice) and members of the public, from across the UK.

## What happens next?

We will analyse responses to this consultation and take them into account when deciding what changes to make to our guidance for doctors. We aim to publish an updated version of our guidance in early 2020.

\* Senior doctors who work with us to make sure doctors regularly review their work for their revalidation.

# Questions

## Making patient feedback more accessible and representative

We heard that some patients find it hard to give feedback or can't take part at all. For example, some patients find a questionnaire difficult to complete.

We also heard that there is no single best way to collect feedback from patients, as everyone has their own preferences and needs. This is why in our revised guidance we do not tell doctors exactly how they must collect feedback.

Instead we encourage doctors to make sure the feedback process they use is accessible to a wide range of patients, by including the following in the guidance:

- patients should be able to give feedback in a way and at a time that meets their needs
- doctors must inform patients of the purpose of the feedback and what it will be used for
- doctors should think about what method would work best for their patients when deciding how to collect feedback
- doctors no longer have to use a questionnaire based on standards in *Good medical practice*<sup>\*</sup>, and can use tools that work best for their patients
- doctors are asked to consider how they can get feedback from a range of patients, including those with learning or communication difficulties
- doctors must consider feedback that patients give unprompted (such as through comments, cards or letters) as well as feedback patients are asked to give (such as through a survey).

<sup>\*</sup> Our core guidance that all registered doctors must follow, that describes what it means to be a good doctor in the UK.

**Question 1.**

Do you think these changes would allow more patients to give doctors their feedback?  
(please tick)

Yes       No       Not sure

If no, why not?

## Guidance for doctors on questions to ask patients

Many patients we spoke to told us that the example patient questionnaire we publish is not user friendly and does not allow patients to comment on the things that matter to them. They felt there are too many tick boxes and not enough space for comments.

In response, our revised guidance does not require doctors to use a questionnaire that asks questions based on standards in *Good medical practice*\*. Instead we advise doctors that they could base questions on some standards in *Good medical practice*, as appropriate for their patients and the type of work they do. Examples include

\* Our core guidance that all registered doctors must follow, that describes what it means to be a good doctor in the UK.

- knowledge, skills and performance – how well did you feel the doctor assessed your condition?
- communication, partnership and teamwork – how well did you feel the doctor listened to you?

We also say that doctors need to seek feedback in a way that allows patients to give comments, not only ratings or scores.

**Question 2.**

Do you think this approach would allow patients to comment on the things about their care that matter to them? (please tick)

Yes       No       Not Sure

Comments

## Using existing sources of patient feedback every year

At the moment doctors have to review feedback from their patients, and what it tells them about their work, once every five years. We think it is more meaningful for doctors to review feedback from patients more often than this.

In our revised guidance we say that doctors must reflect on sources of patient feedback that are available to them each year. We go on to say that depending on the work they do this could include unplanned feedback (such as comments, cards and letters they receive), or feedback on their team or service they provide.

Doctors are busy and we don't want them to have to spend more time collecting feedback when they could be caring for their patients. The changes are designed to allow doctors to use feedback that they can already access, for example, through their employer.

**Question 3.**

Is it reasonable to require doctors to reflect annually on existing sources of patient feedback? (please tick)

Yes       No       Not sure

If no, please explain why

## Using both unprompted feedback and feedback that patients are asked to give

We think it's important that doctors review both feedback that patients choose to give without being asked, as well as feedback that patients are asked to give.

In our revised guidance we ask doctors to:

- reflect on sources of patient feedback that are available to them each year. This could include comments, cards and letters, or feedback on their team or service
- reflect on feedback from patients that has been collected using a formal feedback exercise at least once every revalidation period (usually once in five years)
- include both feedback that patients are asked to give and any unprompted feedback that they receive.

**Question 4.**

4a. Should doctors be required to reflect on both unprompted feedback and feedback that patients are asked to give? (please tick)

Yes       No       Not sure

Comments

4b. Do you think this would allow more patients the opportunity to give doctors feedback in a way that meets their needs? (please tick)

Yes       No       Not sure

If no, why not?

## The high-level principles

We have structured our revised guidance for doctors around five key principles. These are the important areas that doctors need to consider when deciding how to use patient

feedback for their revalidation. They are high-level so that all doctors working in many different settings and specialties can meet them.

Most of these principles cover aspects that are already mentioned in our guidance. But there is greater emphasis on: regularly reflecting on patient feedback, allowing patients to give feedback in a way that meets their needs, and explaining the purpose of the feedback to patients.

## Principles

- 1** You must regularly reflect on feedback from your patients (or where appropriate their family or carers<sup>\*</sup>) and discuss your reflections at each appraisal, to help you to:
  - a** understand your patients' experience of the care they receive and what they think about how you work
  - b** demonstrate you are taking account of your patients' views in developing your practice
  - c** identify areas of strength to build on or maintain and any changes you can make to improve your practice
  - d** review whether any changes you made in response to earlier feedback have had a positive impact.
- 2** Patient feedback must:
  - a** be from across your whole scope of practice
  - b** be sufficient to allow you to effectively reflect on your practice.
- 3** Patients should be able to give feedback in a way and at a time that meets their needs.
- 4** Patients must be informed of the purpose of the feedback and what it will be used for.
- 5** You should reflect and, if appropriate, act on the feedback in a timely manner.

<sup>\*</sup>Or if you don't have any patients, others you provide medical services to.

**Question 5.**

Do you agree that these are the right high-level principles to include in our guidance for doctors? (please tick)

Yes       No       Not sure

If not, what would you change and why?

**Any other comments**

**Question 6.**

Do you have any other comments about how doctors use feedback from patients for their revalidation?

## Resources for patients

Patients tell us that some people need more help than others to give feedback. We also hear that patients are more likely to give feedback if they understand what it will be used for.

### **Question 7.**

What do you think healthcare providers\* could do to encourage and support patients to give doctors their feedback?

## Equality and diversity considerations

We'd like your views on the potential impact of the suggested changes to our guidance on people who share protected characteristics under the Equality Act 2010 (protected characteristics are; race, disability, age, sex, gender reassignment, sexual orientation, religion and belief, pregnancy and maternity and marriage and civil partnership).

Our revised guidance encourages doctors to offer patients a way to give feedback that meets their needs and to consider how to reduce barriers some can face in taking part. The principles require doctors to make sure patients understand the purpose of giving their feedback and how it will be used. This should help lessen concerns some have that giving feedback could have negative consequences for their care. These are examples of how we have considered issues that may impact on those who share protected characteristics.

We also want you to provide diversity information, to help us understand if any groups who share protected characteristics have specific issues with the proposed changes to our guidance. We can then consider what steps we might need to take to reflect the issues raised.

\* Organisations where doctors work.

**Question 8.**

What impact, if any, might the revised requirements have on **patients or doctors** who share protected characteristics?

## About you

We'd like to ask for some information about you. This information will help us understand how well we're reaching different audiences and make sure we understand the impact of our proposals on a wide range of groups.

<b>First name:</b>
<b>Last name:</b>
<b>Job title (if responding on behalf of an organisation):</b>
<b>Organisation name (if responding on behalf of an organisation):</b>
<b>Email address:</b>

**Q. Are you responding as an individual or on behalf of an organisation?**

- Individual (go to 'Responding as an individual')
- Organisation (go to 'Responding on behalf of an organisation')

**Responding as an individual**

**Q. Which of these categories best describes you? Please select one.**

- Patient
- Member of the public
- Doctor (if you select this, please also answer the separate questions below)
- Other healthcare profession
- Lay MPTS Associate
- Carer, relative or advocate
- Medical student
- Lay GMC Associate
- Other (please say below):

**Questions if you selected 'Doctor'**

**Q. Which of these categories best describes you? Please select one.**

- Doctor in training
- Consultant
- Responsible officer/suitable person/ Medical Director
- Locum (GP)
- Trainer or medical educationalist
- GMC Associate
- Retired
- Non-clinical practice (please say below):
- GP
- Staff and Associate Grade
- Locum (secondary care)
- Other leadership or management role
- MPTS Associate
- Other clinical practice (please say below):

**Q. Are you currently practising medicine in the UK?**

- Yes  No

**Q. Do you have a designated body (responsible officer) or a suitable person?**

- Yes  No

**Q. Do you work less than full time?**

- Yes  No

**Questions for all individuals**

In this section we ask for information about your background. We use this to help make sure we are consulting as widely as possible. We will also use this information when we analyse responses, to make sure we understand the impact of our proposals on diverse groups\*. Although we will use this information in the analysis of the consultation response it will not be linked to your response in the reporting process. We will not use this data for any other purpose.

**Q. What is your age?**

- 0–18  19–24  
 25–34  35–44  
 45–54  55–64  
 65+  Prefer not to say

**Q. What best describes your gender?**

- Female  Male  
 Prefer to self-describe (please say below):

\* [gmc-uk.org/equality-diversity](http://gmc-uk.org/equality-diversity)

Prefer not to say

**Q. Is your gender identity the same as the sex you were assigned at birth?**

Yes  No

Prefer not to say

**Q. Do you have a disability?**

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day to day activities.

Yes  No  Prefer not to say

**Q. What is your ethnic group? (tick one)**

White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish traveller

Any other white background (state below):

Mixed or multiple ethnic groups

White and black Caribbean

White and black African

White and Asian

- Any other mixed or multiple ethnic background (state below):

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (state below):

Black, African, Caribbean or black British

- Caribbean
- African
- Any other black, African or Caribbean background (state below):

Other ethnic group

- Arab
- Any other ethnic group (state below):

- Prefer not to say

**Q. What is your religion?**

- No religion  Buddhist

- Christian – Baptist
- Christian – Brethren
- Christian – Catholic
- Christian – Church of England
- Christian – Church of Ireland
- Christian – Church of Scotland
- Christian – Free Presbyterian
- Christian – Methodist
- Christian – Other
- Christian – Presbyterian
- Christian – Protestant
- Christian – Pentecostal
- Hindu
- Jewish
- Muslim
- Sikh
- Other (please say below):

- Prefer not to say

**Q. Which of the following options best describes your sexual orientation?**

- Bi
- Heterosexual or straight
- Gay man
- Gay woman/lesbian
- Prefer to use another term (please say below):

- Prefer not to say

**Q. What is your country of residence?**

- England
- Northern Ireland
- Scotland
- Wales
- Other - European Economic Area (please say below):
- Other - rest of the world (please say below):

## Responding on behalf of an organisation

**Q. Which of these categories best describes your organisation?**

**Please select one.**

- |  |   |
|--|---|
| <input type="checkbox"/> Patient organisation            | <input type="checkbox"/> Doctor organisation            |
| <input type="checkbox"/> Independent healthcare provider | <input type="checkbox"/> Medical school (undergraduate) |
| <input type="checkbox"/> NHS or HSC organisation         | <input type="checkbox"/> Postgraduate body              |
| <input type="checkbox"/> Regulatory body                 | <input type="checkbox"/> Public body                    |
| <input type="checkbox"/> UK government department        | <input type="checkbox"/> Other (please say below):      |

**Q. In which country does your organisation operate? Please select one.**

- |   |   |
|---|---|
| <input type="checkbox"/> England  | <input type="checkbox"/> Northern Ireland |
| <input type="checkbox"/> Scotland   | <input type="checkbox"/> Wales            |
| <input type="checkbox"/> UK wide  |   |
| <input type="checkbox"/> Other (European Economic Area) (please say below): |   |

- Other (rest of the world) (please say where):

**Thank you for your response.**

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Textphone: **please dial the prefix 18001** then  
**0161 923 6602** to use the Text Relay service

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