

Feedback from patients or those you provide medical services to

Principles for reflecting on patient feedback and how to apply them

Doctors have a professional duty, set out in *Good medical practice* to: 'listen to patients, take account of their views, and respond honestly to their questions.' (Standard 31)

The purpose of reflecting on feedback from your patients is to help you to understand their experience of your practice. Patients have a unique perspective and their feedback can help you to identify areas of strength or opportunities for improvement. It can help you develop greater insight and self-awareness and challenge assumptions.

Principle 1. You must regularly reflect on feedback from your patients (or where appropriate their family or carers)* and discuss your reflections at each appraisal, to help you to:

- a** understand your patients' experience of the care they receive and your work as a doctor
- b** demonstrate you are taking account of your patient's 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 have made in response to earlier feedback have had a positive impact.

- 1** At each appraisal you must discuss how you have received and reflected on feedback from patients during the previous year (this does not mean you have to complete a formal feedback collection exercise every year).

* Or if you don't have any patients, others you provide medical services to (see paragraph 14).

- 2** Annually you must reflect on any sources of patient feedback that are available to you. Depending on your practice this could include: spontaneous or unplanned feedback (such as comments, cards and letters), feedback on your team or the service you provide.
- 3** At least once in each revalidation cycle you must reflect on feedback from patients that has been collected using a formal feedback exercise.
- 4** Your overall approach must be agreed by your responsible officer, suitable person, or the GMC if you don't have a connection.
- 5** When deciding how to do this you should consider what mechanism or tool would work best for your patients in the context in which you work and give you meaningful information about your practice. For many doctors a structured questionnaire will be suitable. However another approach may be appropriate, depending on the context of your work or whether your organisation supports a different form of feedback, for example on a continuous basis. The organisation where you work, or your designated body, may be able to support you by providing a mechanism that you can use.
- 6** Good practice in collecting formal patient feedback would:
 - a** minimise bias in the selection of patients asked to take part
 - b** allow you to reflect on free text comments, not only ratings or scores
 - c** be independently administered – don't collect and collate responses yourself, to reassure your patients that the process is anonymous and your appraiser that the process is objective
 - d** give you a summary of your results in an anonymised format
 - e** include an informal reflective discussion about the results with a peer. They can support you in interpreting the feedback and making objective conclusions.
- 7** Patient feedback should help you to identify what you do well and where you could make improvements. Questions that patients are asked to respond to could be based on relevant domains in *Good medical practice* (as appropriate for your patients and the mechanism used), such as:
 - Knowledge, skills and performance – how well they felt you assessed their condition
 - Communication, partnership and teamwork – how well they felt that you listened to them.

- 8 The Academy of Medical Royal Colleges, colleges, faculties and specialty specific organisations may be able to provide advice on how to best seek feedback within different specialties.

Principle 2. Patient feedback must:

- a be from across your whole scope of practice (where you see patients)
- b be sufficient to allow you to effectively reflect on your practice.

- 9 Focus should be on the quality of the feedback, how meaningful it is and what it tells you about your practice. A mechanism or tool you use might recommend that you achieve a certain number of responses to get a reliable picture of your practice. However, if it is not possible to achieve these numbers in your circumstances, the feedback can still offer you valuable information to reflect on, especially free text comments. If your circumstances make it difficult to obtain the recommended number of responses discuss this with your appraiser and responsible officer.
- 10 You need to reflect on feedback from your whole scope of practice across each revalidation cycle. Your approach should be proportionate to the nature of your work and the number of patients you see, and not unduly burdensome (for example, you may not need to obtain patient feedback using a formal exercise for each role you hold). Where you hold a number of different roles think about what patient feedback might be available for each role and discuss this with your appraiser and responsible officer to agree what is appropriate.
- 11 You should consider how you can gain feedback from a broad range of your patients, considering accessibility for different groups, such as those with learning difficulties or whose first language is not English.
- 12 Your approach over the revalidation cycle should include reflection on both solicited feedback (that patients are asked to give) and any unsolicited feedback (sporadic, unplanned and continuous) that you receive.
- 13 We encourage organisations to support you by giving you access to any existing relevant patient feedback, or by providing or advising on mechanisms to use to collect and process patient feedback. If you are unsure how to collect patient feedback, check for local appraisal guidance and discuss with your appraiser and responsible officer. Where organisations have systems in place to collect feedback on their services it may be beneficial to incorporate feedback on individual doctors' practice. This should reduce administrative burden for doctors and help ensure patients do not receive many different requests for their feedback.
- 14 **If you do not have patients** you must reflect on any sources of feedback that are available to you on an annual basis (as in paragraph 2). However, instead of patients consider any feedback from those you provide medical services to, such as students,

clients or customers. Where no such feedback is available discuss and agree this with your appraiser and, where appropriate, your responsible officer. If you are unable to collect feedback using a formal feedback exercise at least once in each revalidation cycle (as in paragraph 3 – 8) you must also discuss and agree this with your appraiser and responsible officer.

Principle 3. Patients should be able to give feedback in a way and at a time that meets their needs.

- 15** Patients should be offered different ways to give feedback to meet their needs, to ensure that the process is accessible.* For example, you might need to offer some patients support to give their feedback, or a questionnaire in an appropriate format, such as in another language or in easy read.
- 16** If your patients cannot give feedback themselves, you should seek feedback from those who can give you meaningful feedback from the patient's perspective. For example, patients' relatives, carers or advocates.
- 17** Best practice would involve patients in the development of the feedback tool or mechanism, to ensure that it is suitable for their use.

Principle 4. Patients must be informed of the purpose of the feedback and what it will be used for.

- 18** Patients should be told how they can give feedback, what the feedback will be used for, whether the feedback will be confidential or anonymous and that they are not obliged to give feedback.
- 19** It is good practice to tell patients about any changes that have been made in light of feedback received from patients. This will help them understand the value of giving their feedback and encourage them to take part. This could be done at an individual, team or service level.
- 20** One way to check you are getting views from a diverse range of patients is to ask those who take part to provide personal information, such as age, gender, ethnic group and sexual orientation. You cannot require patients to share this and must tell them what you are using this information for. When deciding which categories to use the UK census can be a good starting point and there are other organisations that can help you with this.

* There is a legal duty in 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.

Principle 5. You should reflect and, if appropriate, act on the feedback in a timely manner.

- 21** Reflecting on feedback close to the time when it's given by the patient means that results are more likely to remain relevant to your practice and allow you to identify actions to help your professional development. It may also allow you to identify opportunities to improve the quality of care in organisations where you work.
- 22** At appraisal your focus should be on how the feedback informed your practice, whether the changes you made have helped your professional development and if there are any further steps you should take to develop your practice further.
- 23** Record areas for development identified in your personal development plan for the following year, including any steps you plan to take having taken the feedback into account.
- 24** Discuss with your appraiser how you will consider feedback from patients during the following year.

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