To consider

Academy Foundation Doctor Patient Feedback Tool Pilot

Issue

1 A pilot was conducted by the Academy of medical Royal Colleges to develop a tool for patient feedback to foundation doctors. It concluded that the proposed tool did not provide a basis for a robust, feasible or cost effective system of patient feedback for foundation doctors.

Recommendation

2 The Strategy and Policy Board is asked to:

   a Consider our proposed response to the Academy of medical Royal Colleges and Health Education England: that we recognise the pilot did not find the right methodology for patient feedback, and that it would be helpful if the Academy published the results to inform any future development of patient feedback tools.

   b Suggest any additions or amendments it would like included in the response.
Academy Foundation Doctor Patient Feedback Tool Pilot

Issue

3 Recommendation 22 of Professor John Collins’ report *Foundation for Excellence: An evaluation of the Foundation Programme*, published in October 2010, said:

“Feedback from patients who have been in contact with the Foundation doctor should be part of assessment by 2013 and the GMC should be invited to oversee research to identify best practice in this regard”.

4 This recommendation was taken forward by the Academy of medical Royal Colleges, funded by Medical Education England, now Health Education England (HEE).

5 In 2011 we approved the revisions to the Foundation Programme curriculum to address the *Foundation for Excellence* recommendations and welcomed the Academy’s proposal to develop and pilot a patient feedback tool for foundation doctors.

6 We were clear that a tool must meet the criteria of adding value to the training and development of foundation doctors, be methodologically robust and be feasible to deliver. We agreed that the Foundation Programme curriculum should include a clear statement of the intention to develop a patient feedback tool for inclusion in the next edition of the curriculum.

7 We were invited to join a Patient Feedback in Assessment Working Group of the Academy Foundation Programme Committee. Professor Malcolm Lewis, then Chair of our Continued Practice, Revalidation and Registration Board, joined the Group to contribute his knowledge of patient (and peer) feedback as part of revalidation. Susan Redward – Policy Manager, also joined the group.

8 The role of the Working Group was to define the purpose of patient feedback in assessment of foundation doctors; to develop and pilot a patient feedback tool; and to recommend whether the tool should be included in the assessment arrangements for foundation doctors in the Foundation Programme curriculum.

9 Early meetings of the Working Group discussed the aim of patient feedback for foundation doctors. There was general consensus that it should provide the new doctor with insight into the development of their skills for working with patients. There was agreement that it should link to the Supervised Learning Event component of assessment, that is, involving feedback from the supervisor but would inform decisions about progression.

10 The Working Group agreed that in developing this work it should ask patients what they think they could contribute to the assessment of foundation doctors.
The Working Group was mindful of developing a tool that used *Good Medical Practice* as its basis and was consistent with our guidance on patient questionnaires for revalidation.

In April 2012 the Academy appointed the Picker Institute Europe (Picker) to conduct this work. Picker undertook scoping to find out from patients and foundation doctors what they expect and value from patient feedback and to work through logistical issues for getting patient feedback. A pilot of two methods for collection of patient feedback ran in 2013.

**Outcome of pilot**

Annex A sets out the Academy’s report of the pilot to HEE. It found that:

- Administrators found it difficult to get foundation doctors and educational supervisors to participate in the pilot.
- Foundation doctors found it challenging to distribute all, or any, of the questionnaires and in secondary care it was challenging to organise the collection of feedback forms.
- Education supervisors and foundation doctors in secondary care found it difficult to arrange for the feedback to be discussed. The environment in primary care was more conducive to collecting and using feedback.
- The level of patient response was low in all four countries but it was unclear if this was due to lack of questionnaire distribution or patient being unwilling to participate.
- The perceived value of patient feedback varied across foundation doctors and educational supervisors. Educational supervisors in primary care felt the process was either unnecessary or confirmed what they already knew about the doctor. Foundation doctors had mixed views, with some finding it provided insight to behaviours and others who felt it was not suitable as it was biased because doctors were too closely involved in the process or the feedback was too positive or not discriminative enough.

The cost of delivering a centrally run patient feedback system for 14,000 foundation doctors across the UK is estimated to be £500,000 per annum.

Although this tool was found not to add value to the value of foundation doctors, and not feasible to deliver using the methodology studied at the current time, in future with increased community or primary care placements and technological advances it may become easier to collect patient feedback.
Feedback to the Academy and HEE

15 We have been asked to provide feedback to the Academy and HEE, which should indicate what, if any, further development of patient feedback to foundation doctors should occur.

16 We intend to respond that while we would like patient feedback to be part of the Supervised Learning Events for foundation doctors (because feedback from patients and peers is an important element in reflective practice), any tool must be methodologically robust, feasible to deliver, and provide additional information to support learning and improvement in practice. We recognise that this pilot did not find the right methodology for patient feedback and we accept the Academy’s conclusion that the pilot does not provide the basis for implementing patient feedback for this group of doctors. We should add that it would be helpful if the Academy published the results to inform any future development of patient feedback tools. We could also support the Academy’s view that, if possible, alternative approaches to obtaining patient feedback for Foundation doctors could be explored within the Better Training Better Care programme.

17 It would be helpful to get the Board’s view on our proposed response.
Supporting information

How this issue relates to the corporate strategy and business plan

Strategic aim 2: Help raise standards in medical education and practice.

If you have any questions about this paper please contact:
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Academy of Medical Royal Colleges recommendations on the foundation doctor patient feedback pilot tool
ACADEMY RECOMMENDATIONS ON THE FOUNDATION DOCTOR
PATIENT FEEDBACK TOOL PILOT

1. PURPOSE
This report sets out the Academy of Medical Royal Colleges (The Academy) recommendations in regard to developing patient feedback for use in the professional development of Foundation doctors.

2. BACKGROUND
Recommendation 22 of Professor John Collins Report Foundation for Excellence An Evaluation of the Foundation Programme published in October 2010 said “Feedback from patients who have been in contact with the Foundation doctor should be part of assessment by 2013 and the GMC should be invited to oversee research to identify best practice in this regard”.

In October 2011, the GMC approved a proposal from the Academy for a feasibility study into developing a patient feedback tool to help in the professional development of Foundation doctors. The work was funded by Medical Education England (now Health Education England).

From the outset the project was clear that any process or tool(s) would have to:
- add value to the training of Foundation doctors
- be a methodologically robust feedback tool/mechanism and
- be feasible to deliver

These three points have been, in effect, the evaluation criteria for the Academy.

In April 2012 the Academy appointed the Picker Institute Europe (Picker) to conduct this work and the work has been carried out in several stages. The two reports produced by Picker are attached.

3. METHODOLOGY
The Academy established the ‘Patient Feedback in Assessment Working Group’ to take forward this work. The work group comprised of representatives from the Colleges, Trainees, Patients, Foundation School Directors, GMC, HEE and UKFPO.

In July 2012 a scoping project was carried out in order to gather input from key stakeholders to ensure their needs and opinions were incorporated into any tool that was subsequently developed and piloted. The project sought to provide insight on attitudes towards giving and receiving feedback; ease of identification of individual Foundation doctors and levels of interaction they have with patients; skills and
competences that should be measured in any future tool and logistical feasibility to implement a proposed method of data collection.

**Questionnaire design:** This stage was to agree on a questionnaire to serve as the patient feedback tool for Foundation doctors. Two questionnaires were designed by the Academy Group. After a round of cognitive tests it was identified that one questionnaire was much better received, and so, the other was abandoned. After a second round of cognitive tests, a report was written to the Academy outlining processes and findings of the questionnaire development.

**Pilot test:** Once the questionnaire was agreed, a formal pilot study was commenced across the four countries in the UK; England, Scotland, Wales and Northern Ireland. The pilot recruited a total of 176 Foundation doctors in both primary and secondary care, their Educational Supervisors and 9 Foundation School administrative staff.

Packs of 30 questionnaires were sent to each of the participating doctors either directly or via their administrative offices. Doctors were asked to hand out the questionnaires to their patients. The data collection methodology was split:

- **Method 1 (England and Scotland)** Picker Institute Europe managed the questionnaire preparation (personalising and printing), distribution to Foundation doctors, data collection, and preparation of a summary feedback form for Educational Supervisors.
- **Method 2 (NI and Wales)** utilised internal management, whereby school administrators were responsible for liaising with Foundation doctors to personalise, print and distribute questionnaires. Administrators were also responsible for distributing completed questionnaires to Educational Supervisors who analysed and summarised the feedback data themselves.

**Online follow up questionnaires:** After completing the pilot all participants were asked to complete an online follow up questionnaire asking them to comment on the process and the tool (questionnaire) that was developed. It was sent to all participating doctors, Administrators and Supervisors.

**Further work:** Following the pilot and online follow up questionnaire Picker were asked to send follow up mini-survey’s to Foundation doctors, Educational Supervisors in secondary care only and Administrators. This was to ascertain reasons for not distributing all the questionnaires or not receiving patient feedback; to ask whether there was added value over and above that obtained from personal observation, TAB and patient support groups and to give some estimate of the time and cost of the process at local level.

Picker were also asked to calculate costs to run such a programme on a national basis for 14,000 Foundation doctors, on a yearly basis.

4. **FINDINGS (Picker reports)**

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Process
Foundation doctors and Educational Supervisors stated that this process was more suitable in primary care settings than secondary care settings as the consultation time with the patient was longer and more intimate in primary care. Therefore, patients were more familiar with the Foundation doctor. This was supported by the fact that on average, Foundation doctors in primary care received a higher number of responses than those in secondary care.

Foundation doctors in secondary care found it more challenging to distribute all, or indeed any, of the questionnaires. This was ascribed to limited opportunities to distribute the questionnaires including low numbers of eligible patients and/or limited meaningful interaction with patients. Furthermore, those in secondary care using Method 2 found it challenging to organise the collection of feedback forms. Educational Supervisors and Foundation doctors in secondary care also noted the difficulties of arranging joint feedback meetings, as they were often at different locations. Those in primary care stated that this was easier to arrange as they worked in close proximity.

Administrators found it challenging to get Foundation doctors to return personalised questionnaires in order to collate the information for supervisors.

Educational Supervisors using Method 2 (i.e. information not provided by Picker) were unsure of how to use the summary report template and how to convey results to their trainees.

Response
The level of patient response was low across all four countries. It is unclear whether this was due to lack of questionnaire distribution or patients being unwilling to participate. Those using Method 1 had slightly higher levels of responses.

Patients responding about doctors in Northern Ireland and Wales (Method 2) were significantly more positive about the doctor than those in Method 1. The study could not determine whether this should be attributed to the individual differences between the populations or as a result of the different method used.

Value
Perceived value of the patient feedback varied across Foundation doctors and Educational Supervisors. Educational Supervisors in primary care felt the process was either unnecessary or merely confirmed what they already knew, as they worked closely with Foundation doctors. Some Foundation doctors felt it boosted confidence and provided insight into behaviours they should either improve or maintain. Others felt the feedback process was not suitable because:

- it was perceived as biased owing to the doctors being too closely involved in the process; or
- The feedback was too positive (or not discriminative enough) to necessitate or elicit change in behaviour.

Although the instrument questions answered what they set out to answer, overly positive patient feedback makes effective discrimination difficult. Picker felt that it
should be highlighted to doctors and Educational Supervisors how valuable this type of feedback is, regardless of how positive it may be.

Administrators using both methods found it challenging to get Foundation doctors and Educational Supervisors to participate in the pilot. Further, they reported that it was difficult for them to systematically monitor how the pilot was progressing as Foundation doctors and Educational Supervisors were not always cooperative or responsive. This was attributed to workload and lack of engagement from the relevant pilot participants, possibly due to it being voluntary.

Additional Work
With respect to the further work Picker were asked to do, the overall response was very limited (see second report). The information received added little further in terms of understanding of the reasons for lack of distribution or value of the process.

Costs
Scotland provided a comprehensive response on local cost and estimated that the exercise had cost them approximately £240.00 for the whole pilot. Of course in Scotland the work was undertaken centrally by Picker.

Picker estimated the cost of delivering a centrally run system for 14,000 Foundation doctors at approximately £30.00 per doctor, including all materials used e.g. printing, envelopes and questionnaires cost would be approximately £500,000 per annum.

Picker conclusions
Picker concluded that:
- Overall, the patient feedback process worked well within the primary care setting. Improvements should be made to the process in secondary care.
- Number of patient responses was low across all countries.
- Primary care had the highest responses.
- Both methods worked in their countries but introduced many challenges. Some amendments to the process were suggested for each method.
- Patients in Northern Ireland and Wales (Method 2) responded more positively to the questions in the survey.
- The questionnaire was found to be fit for purpose although it led to ceiling effects.
- Foundation doctors provided a low response due to a lack of time.
- Educational Supervisors did not see where the tool added value.
- Administrators thought it was a good process, however they had little time to complete and ample effort was required.

5. ACADEMY CONCLUSIONS
The Academy fully recognises that patient feedback is valuable and important for all clinicians. However, the Academy Group concluded that this pilot identified significant barriers to collecting patient feedback in the way proposed, for the following reasons;
• Feasibility
• Time pressures
• Work patterns
• Logistical difficulties
• Cost implications
• IT development

In terms of the original criteria set out to the GMC and MEE the Academy concluded that the pilot showed that the proposed process;

• Did not add value to the training of Foundation doctors
• Could be a methodologically robust feedback tool/mechanism, albeit at a potentially high cost
• Was not feasible to deliver using the methodology studied at the current time

However it was felt that although the pilot may not have produced the results desired, the exercise had been a valuable one which demonstrated that this particular way to gauge patient feedback on Foundation doctors does not work with this methodology at the current time. The study should be published to show outcomes and to highlight the challenges if others decide to embark on similar projects.

Whilst it may be outside the scope of this project the Academy Group felt that alternative approaches to obtaining patient feedback for Foundation doctors could be explored within HEE work on Better Training Better Care. Increased community placements in Foundation in the future may offer a further opportunity to revisit the issue and obtain patient feedback more easily, as has been the case in primary care.

Equally in the future, technological advances may make patient feedback more feasible in secondary care.

6. RECOMMENDATION
On the basis of this study the Academy cannot recommend to the GMC and HEE that the pilot has provided the basis for a robust, feasible or cost effective system of patient feedback for Foundation doctors.

AoMRC
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