RST **Briefing**

NHS
Revalidation Support Team

Colleague and patient feedback

Practical issues

This briefing explains:

- how colleague and patient feedback is used in the appraisal and revalidation process
- the guidance that should be followed

Introduction

Feedback from colleagues and patients is an important part of the supporting information that doctors are required to produce in the appraisal process; this feedback is required once in each five-year revalidation cycle.

The GMC has described six types of supporting information that doctors should produce for appraisal. Each category of information is important and brings a different perspective.

Colleague and patient feedback provides information on a doctor's practice and how others perceive the quality of the doctor's professional work. Feedback does not, alone, constitute definitive evidence of fitness to practise but, when considered with the other types of supporting information, helps a doctor to demonstrate compliance with the GMC's *Good Medical Practice Framework for appraisal and revalidation*.

Guidance

Detailed guidance is available on the GMC website, including information on developing, implementing and administering questionnaires and other background information.

The six types of supporting information described by the GMC

1. Continuing professional development (CPD)
2. Quality improvement information
3. Significant events
4. Feedback from colleagues
5. Feedback from patients
6. Review of complaints and compliments

The GMC has also developed colleague and patient questionnaires. These are not mandatory, but provide examples of questionnaire design. The GMC questionnaires are supplemented by instructions for their use and a set of FAQs.

The GMC's guidance on *Supporting information for appraisal and revalidation* explains how these recommendations apply to doctors who do not have direct contact with patients.

Issues

This type of supporting information is new for many doctors. Some concerns have been expressed about compliance with the guidance and the correct process to be followed.

Over time, it is expected that the quality of supporting information that doctors bring to the appraisal will improve; this is likely to be the case for colleague and patient feedback. If a doctor is unclear about the process or use of feedback tools they should seek advice from their designated body.

It should be remembered that feedback is just one component of the supporting information the doctor brings to their appraisal. The appraiser will concentrate primarily on the doctor's reflections on the feedback and how the doctor intends to modify practice, rather than the way in which the feedback has been collected.

However, it is crucial that good, robust questionnaires are administered through a properly managed process and that the results are interpreted independently. It is also important that the feedback is representative of the doctor's work. A number of questionnaires should be completed, reflecting the full range of a doctor's practice to ensure the validity of the results.

As with any other types of supporting information, the feedback should relate to the doctor's scope of work at the time of the appraisal. It may not always be possible for a doctor to obtain detailed feedback from patients and colleagues in each and every aspect of their scope of work. The doctor should discuss such circumstances with the appraiser, who will consider whether the feedback adequately covers the doctor's scope of work.

Conclusion

Colleague and patient feedback should be produced in accordance with GMC guidance. However, as with any guidance, some flexibility may be needed for doctors in particular circumstances, and as systems mature.

The GMC has made it clear that, in the first revalidation cycle, doctors may:

"*use evidence of patient and colleague feedback obtained up to five years before a revalidation recommendation is made, as long as it's relevant to their current scope of practice*"

and

"*use feedback that doesn't fully meet our criteria as long as it's focused on the doctor, their practice and the quality of care delivered to patients. The feedback must also have been gathered in a way that 'promotes objectivity'*."

The doctor and appraiser should consider whether the feedback reflects the doctor's current scope of work, whether it has triggered personal learning by the doctor, and whether it reflects the intent of the GMC guidance, rather than whether it complies precisely with the guidance.

A doctor's revalidation recommendation is unlikely to be challenged if reasonable efforts have taken place to collect feedback in accordance with the GMC guidance and if all other categories of supporting information are satisfactory.