

# Principles and Criteria for the Use of Multi-Source Feedback, including Patient Feedback, in Revalidation

## 1. Introduction

Revalidation is the process by which doctors will have to demonstrate to the GMC that they are up to date, fit to practise and complying with the relevant professional standards.

The information doctors will need to provide for revalidation will be largely drawn from their actual practice. One type of information required of all doctors for revalidation will be Multi-Source Feedback from colleagues and Patient Feedback from patients (for those doctors with patient contact). This information will be considered at a doctor's annual appraisal. The outputs of appraisal and other collated information will lead to a revalidation recommendation about the doctor to the GMC from the Responsible Officer in their healthcare organisation. This single recommendation will cover both relicensing and, for doctors on the GP register or the specialist register, recertification. The revalidation cycle is likely to be every five years.

## 2. MSF and Revalidation

This document sets out the Principles and Criteria for the use of Multi-Source Feedback (MSF) and Patient Feedback (PF) in Revalidation.

MSF and PF are the methods by which colleague or patient views about a doctor's behaviour and performance are systematically collected. Using MSF and PF in revalidation provides the opportunity for patients, non-medical co-workers (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. MSF and PF can be used:

- To identify strengths and areas for improvement in a doctor's practice so as to inform his/her professional development.
- As one of several pieces of evidence, that when considered together, inform the decision as to whether a doctor should be revalidated.

## 3. Principles, Criteria and Key Indicators for the use of MSF and PF in Revalidation

The Principles, Criteria and Key Indicators set out in this document are intended to help those involved in commissioning, developing, implementing and participating in MSF and PF systems. They have been produced to help determine the extent to which a MSF or PF questionnaire is suitable for use in Revalidation. Each Principle, Criterion and Key Indicator is important on its own but should also be considered in the context of the others in order to produce a robust process.

### **3.1. Principles**

The following principles are high level statements outlining the fundamental requirements about using MSF and PF in revalidation.

1. MSF and PF must only be used to evaluate those aspects of practice for which it is an appropriate method.
2. MSF and PF must be included as one element of a wider evaluation of a doctor's practice. It is not a stand alone tool to assess performance.
3. Any MSF and PF questionnaire must be developed, implemented and quality assured to the highest standards of established good practice.
4. MSF and PF must be based on the principles, values and responsibilities set out in the GMC's document, *Good Medical Practice*.

### **3.2. Criteria and Key Indicators**

MSF and PF must meet the following criteria to be acceptable to the General Medical Council for Revalidation. Adherence to these criteria will reassure the General Medical Council that the quality of the evidence about a doctor from MSF and PF can be relied on to help inform decisions on his or her performance and fitness to practise.

It is expected that all MSF or PF are able to provide evidence to show that they satisfy the criteria before they can be approved for use in Revalidation. The Key Indicators outline the evidence that should be provided to demonstrate that a criterion has been satisfied.

	<b>Criteria</b>	<b>Key Indicators</b>
<b>Part 1: Planning</b>		
<b>1</b>	The use of MSF and PF in Revalidation must be supported by evidence of an organisational commitment to the process.	1.1. Does the organisational strategy for the implementation of revalidation include MSF and PF as an integral component of the process? 1.2. Has the organisation taken into account these Principles and Criteria when implementing MSF or PF for revalidation? 1.3. Has the organisation investigated the impact of implementing and maintaining MSF or PF to ensure that it is adequately resourced? 1.4. Has the organisation planned training and information sessions on the use of MSF and PF in revalidation for appraisers and appraisees?
<b>Part 2: Development</b>		
<b>2</b>	MSF and PF questionnaires should reflect the principles of <i>Good Medical Practice</i> .	2.1. Does the MSF or PF include questions that reflect the areas of practice set out in <i>Good Medical Practice</i> ?
<b>3</b>	MSF and PF questionnaires should be designed in a way that is consistent with the principles of good questionnaire design.	3.1 Is there evidence that the questionnaires were developed in consultation with those groups who will be involved in completing the questionnaire for revalidation? These include: <ul style="list-style-type: none"> <li>• Healthcare Professionals</li> </ul>

		<ul style="list-style-type: none"> <li>• Patients and Carers</li> <li>• Clinical Managers and Administrators</li> <li>• Appraisers</li> </ul> <p>3.2. Is there evidence that the language and content of the MSF or PF reflect the principles of equality and diversity?</p> <p>3.3. Is the content and language used in the questions and rating scales of the MSF or PF:</p> <ul style="list-style-type: none"> <li>• Understandable and in Plain English?</li> <li>• Clear and unambiguous?</li> <li>• Neutral in tone?</li> </ul> <p>3.4. Are the scale points in the rating scales of the MSF or PF mutually exclusive with a clear threshold between satisfactory and unsatisfactory performance?</p> <p>3.5. Does the MSF or PF include an opportunity for participants to register 'not applicable' or 'does not apply' in response to the questions?</p> <p>3.6. Does the MSF or PF include a free text box for participant comments?</p>
4	MSF and PF questionnaires should be piloted and able to demonstrate that they are effective for the purposes of revalidation before implementation.	<p>4.1. Has the MSF or PF been piloted and validated for use by doctors of similar seniority, specialty and working environment?</p> <p>4.2. Do they generate information that can facilitate constructive feedback about professional performance?</p> <p>4.3. Has the MSF or PF been tested to identify the following minimum properties of the questionnaire:</p> <ul style="list-style-type: none"> <li>• the number of participants required to complete the questionnaire to give a statistically reliable result? (e.g. the number of participants required for a G score of &gt;0.7)</li> <li>• the mix of participants and how they will be selected?</li> <li>• the amount of time required to complete the questionnaire?</li> <li>• whether additional support may be required for some participants (e.g. those with literacy problems; learning difficulties; or sensory impairment)?</li> </ul> <p>4.4. Does the MSF or PF include information and instructions that outlines:</p> <ul style="list-style-type: none"> <li>• how to complete the questionnaire</li> <li>• the purpose of the questionnaire</li> <li>• what the information gained from the questionnaire will be used for</li> <li>• the implications for participants of completing the questionnaire</li> <li>• whether the answers to the questionnaire will be confidential or anonymous</li> </ul>

<b>Part 3: Implementation</b>		
<b>5</b>	Organisations must ensure that all participants understand the purpose and use of MSF and PF.	<p>5.1. Does the organisation have clear documentation on the purpose of MSF and PF in revalidation available to all participants?</p> <p>5.2. Does any documentation on the purpose of MSF and PF in revalidation include a reference to the GMC/AoMRC principles and criteria for MSF and PF?</p> <p>5.3. Are participants who agree to complete the MSF or PF assured confidentiality or anonymity?</p>
<b>6</b>	MSF and PF must be completed frequently enough to allow a doctor to demonstrate their practice for revalidation	<p>6.1 Is there evidence that the employer has allocated sufficient resources and time for participants to complete MSF or PF for revalidation?</p> <p>6.2 Is every doctor required to complete MSF and PF at least once per revalidation cycle?</p> <p>6.3 Is there provision for a doctor to undertake a second MSF or PF in a revalidation cycle if concerns or issues are identified following the first MSF or PF?</p>
<b>7</b>	The selection of participants for MSF and PF should involve a process that is defined and minimises bias.	<p>7.1. Does the selection process for MSF include a range of participants that are representative of the people the doctor works with?</p> <p>7.2. Is it clear that the selection of participants for PF does not take into account whether there has been a good clinical outcome with the patient?</p> <p>7.3. Does the range of participants for PF represent an independently selected random sample of the doctor's clinical practice?</p>
<b>8</b>	The implementation of PF should take into account the concerns, needs and context of the patients participating in the questionnaire.	<p>8.1. Are the PF questionnaires given to the patient as soon as possible after their consultation with the doctor whose communication and interpersonal skills they are being asked to assess?</p> <p>8.2 Are the PF participants able to access the questionnaire in a format that is appropriate to their needs (e.g. large print; electronically etc)?</p> <p>8.3. Does the information included in the PF inform provide advice to patients about PALS and how to raise serious concerns in confidence?</p>
<b>9</b>	Doctors should be given feedback by a trained facilitator on the results of their MSF and PF.	<p>9.1. Does the MSF or PF process include a feedback session?</p> <p>9.2. Is a trained facilitator used by the organisation to provide feedback on the results of the MSF or PF?</p> <p>9.3. Does the feedback include a section on self-assessment?</p>
<b>Part 4: Quality Assurance</b>		
<b>10</b>	Data should be collected to support quality assurance processes.	<p>10.1. Does the administrator of MSF or PF periodically and systematically review the process?</p> <p>10.2. Does the organisation that uses MSF or PF periodically and systematically review the implementation of the process in light of its revalidation strategy?</p> <p>10.3. Are the results of any review of the process</p>

		<p>evaluated to ensure that MSF or PF is being implemented correctly?</p> <p>10.4. Is the process amended to continuously improve the effectiveness of MSF or PF?</p>
<b>11</b>	<p>Independent administrators should be used for administering MSF and PF questionnaires.</p>	<p>11.1 Does the administrator of the MSF or PF comply with NHS Guidelines for Information Governance and all legal requirements associated with handling personal information?</p> <p>11.2 Does the administrator of the MSF or PF include a detailed individualised report to facilitate feedback to each doctor?</p> <p>11.3 Does the administrator have a system to confirm and maintain the quality of their MSF or PF process?</p>

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## Further Reading

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