



Patient and colleague feedback:
guidance for doctors in
anaesthesia, intensive care and
pain medicine



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Revalidation guidance series November 2018

Published November 2018 by the Royal College of Anaesthetists.

Design and layout by the Royal College of Anaesthetists.

This publication will be reviewed in 2020.

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All enquiries in regard to this document should be addressed to the:

Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1699 revalidation@rcoa.ac.uk www.rcoa.ac.uk/revalidation



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Introduction

Dear Colleagues

Feedback from colleagues and patients is an essential part of revalidation. Our patients are the reason we go to work and our colleagues form the teams through which we deliver care. Asking them about ourselves is logical, straightforward and informative.

Feedback from patients is generally positive, reflecting the high standards maintained by anaesthetists and the value that patients place on our contribution to their care. Engagement with our patients indicates respect for them and affirms our professionalism.

By asking our colleagues to give us feedback we give them an opportunity to help us improve ourselves and the care that we offer. Free text feedback is typically the most useful component of colleague feedback and typically offers material for reflection, discussion and where necessary for action.

As experienced and confident clinicians we have a personal view of the world in which we believe we are doing the right thing, the right way most or all of the time. Feedback can confirm that or identify areas where we have room for personal development and improvement. It is a fine line to distinguish between 'being robust' and being a bully, between being thorough and being picky or between 'clinical freedom' and disinclination to respect protocols, local standards and best practice. Our colleagues can help us confirm that we are getting things right and guide us when we aren't.

Luckily our world view is a testable hypothesis and feedback from patients and colleagues is an excellent tool to support professionalism and the practice of first-class medicine. I commend it to you.

The feedback tools provided by the College are the outcome of careful collaboration, consultation and evaluation. I hope you find these resources useful. Explore them, use them and give us feedback on how you get on with them. Feedback on feedback is a recursive concept but a useful process!

Professor J Robert Sneyd FRCA
RCoA Revalidation Committee

Chris Kennedy
CPD and Revalidation Co-ordinator

1. Definition and key principles of patient and colleague feedback

Feedback from patients and colleagues can provide doctors with information about their practice through the eyes of those they treat and work with. The reflection upon this feedback helps doctors identify areas of strength and changes which they can make to improve the care or services they provide¹.

Licensed doctors are required to seek feedback from patients and colleagues using structured questionnaires at least once in every revalidation cycle (usually every five years). The questionnaires used for collecting both patient and colleague feedback should be consistent with the principles, values and responsibilities established in Good Medical Practice, should have been validated and should be independently administered.

The patients asked to provide feedback should be chosen from across your whole scope of practice and should include a representative sample although, wherever possible, you should not personally select the patients. If feedback cannot be directly obtained from patients it should be collected from others who can provide comment from their perspective.

In a similar way, feedback from colleagues should represent your whole scope of practice and should include people from a range of different roles. At your appraisal meeting you might be asked to explain why you have selected the colleagues who provided their feedback.

For collecting both types of feedback the process should be independently administered wherever possible. This is particularly important for patient feedback where doctors should not directly hand out questionnaires to patients or personally collect the responses. Any alternative approaches must be agreed with the doctor's responsible officer.

You must reflect on what both types of feedback mean for your current and future

¹ Guidance on supporting information for appraisal and revalidation. General Medical Council, 2018.

practice with the results from both being discussed at appraisal and included in your supporting information portfolio.

We recommend that feedback from patients and colleagues should be collected in the second or third years of your revalidation cycle to allow time for the exercise to be repeated, if necessary, before a revalidation recommendation about you needs to be made.

2. Questionnaires for collecting patient and colleague feedback

The College has developed and piloted a questionnaire tailored specifically for the interaction between patients and their anaesthetist in the surgical setting. The questionnaire seeks information from patients using the same domains as the standard GMC patient questionnaire although the questions are framed in a slightly different manner in the context of the patient's engagement with the anaesthetist. It has been approved for use by the GMC and is available on the [College website](#)

We recommend that a photograph of the doctor (both in 'scrubs' and regular clothing), either attached to the questionnaire itself or in an accompanying letter, may be helpful to patients to ensure they give feedback on the correct individual. An example is referenced in Section 8.

For collecting colleague feedback, the GMC has produced an [example questionnaire](#) which provides the template on which many other appropriate feedback tools are based. There is no requirement to use this or any specific questionnaire for collecting patient or colleague feedback although any version must comply with GMC's [Guidance on colleague and patient questionnaires](#)².

If you are unable to use a standard questionnaire you must agree an alternative approach with your responsible officer before starting to collect your feedback.

² Guidance on colleague and patient questionnaires. General Medical Council, 2011.

3. How much feedback is required?

The GMC does not mandate a specific or minimum number of patient and colleague feedback responses to be collected. However, the feedback that is collected should provide the doctor with information about all aspects of his or her practice.

Some data about the quantity of responses is available from pilots of patient feedback questionnaires which have been completed. The GMC patient feedback questionnaire, for example, has been designed to be administered as a post-consultation or exit survey, and recommends a minimum of 34 completed responses based on their pilot, whilst a pilot conducted by the Royal College of Physicians recommends 20 completed questionnaires.

The College previously conducted an extensive pilot study across four hospitals during which data was collected from 694 patients who gave feedback on 49 doctors. A report on the pilot is available on the College website and our recommendation is that most anaesthetists should be able to get feedback from between 15 and 30 patients.

Ultimately it is for the responsible officer to be satisfied that sufficient supporting information has been provided to assure a recommendation about the doctor and that reflection has been provided on what their patient and colleague feedback means for their current and future practice.

4. The logistics of collecting patient feedback

Timing of patient feedback

The College recommends that questionnaires should be given to the patient as soon as possible after the consultation with the doctor that they are being asked to provide feedback on, and our pilot study found that the optimum time for gaining feedback is after the pre-operative consultation with the anaesthetist. The immediate post-operative period is not a good time because of the residual influence of anaesthetic drugs.

Patients attending out-patient clinics (e.g. pain, pre-assessment) can be asked for feedback following their consultation and questionnaires may be emailed or posted to patients although return rates may be reduced, especially as the interval post-consultation increases.

We recognise that some hospitals have developed local methods of collection. For example in Northern Ireland a generic patient feedback form is administered by a centralised management centre. This is usually given to in-patients at the time of discharge and filled in by relatives, carers or parents for day cases.

Obstetric patients

Patients having Caesarean Section can provide feedback after the pre-operative consultation. If the procedure is carried out under regional block without sedation then they could provide feedback in the immediate post-operative period. Feedback could be sought from mothers after epidural analgesia in labour the following day on the follow-up ward round, or by the midwife coordinator.

Making patient feedback accessible

The need for special consideration to be given to seldom-heard groups such as frail older people, patients with speech, language, learning, literacy or numeracy difficulties, or the homeless is detailed in guidance produced by the Academy of Medical Royal

Colleges³. The guidance describes how such groups may be underrepresented in the patient feedback process and it details a range of tools and other resources which can be used to access the seldom-heard groups.

Administration and collation of patient feedback

A third party such as an administrator should carry out the distribution and collection of patient feedback questionnaires and the collation of responses, with one mechanism for this being the use of a sealed deposit box. Trusts and employers should provide the necessary support and resources to facilitate this⁴. The administration of patient feedback is easier if a pan-departmental approach is adopted.

5. Challenges in collecting patient feedback

The GMC recognises that some doctors find it difficult to collect patient feedback because of the nature of their work or the demographic nature of their patients, and advises that if you don't treat patients directly you should think more broadly about who can give feedback from the perspective of those you work for as a doctor. For example, clients, appraisees, customers, and recipients of reports you provide (who could be other doctors) or medical student⁵.

For doctors working in intensive care medicine, it may be necessary to get feedback from a 'proxy' including patient relatives or there may be opportunities to make use of departmental feedback in lieu (for example, a validated family/carer satisfaction survey). Further information is available in [guidance](#) which has been produced by the Faculty of Intensive Care Medicine (FICM)⁶.

The [GMC website](#) includes a number of case-studies focusing on collecting feedback from patients and alternatives. This also references the use of a 'proxy' to respond

3 Improving patient feedback for appraisal and revalidation of doctors. *Academy of Medical Royal Colleges*, 2018.

4 Guidance on colleague and patient questionnaires. *GMC*, 2011.

5 Guidance on supporting information for appraisal and revalidation. *GMC*, 2018.

6 Guidance on revalidation in intensive care medicine. *Faculty of Intensive Care Medicine*, 2014.

on behalf of a patient if they are unable to do so, whilst emphasising the need for professional judgment about the most appropriate time to make an approach.

6. Colleague feedback

Feedback from colleagues should be sought from across the range of your clinical and professional practice. The choice of colleagues should be made impartially in discussion with your appraiser or by making reference to local guidance, and might include representatives from the following professional groups (as appropriate):

- Academic and research staff
- Consultant anaesthetists
- Critical care staff – medical and non-medical (e.g. pharmacists, physiotherapists)
- Managerial or administrative staff
- Midwives
- Nurses working in theatre and recovery
- Operating department practitioners and anaesthetic nurses
- Pain or pre-assessment clinic staff – medical and non-medical
- Surgeons
- Trainee anaesthetists.

This list is not exhaustive, and individual doctors may seek feedback from other colleagues with whom they work.

The GMC recognises that some organisations might already have mandatory feedback mechanisms in place such as 360 degree feedback processes and, in exceptional circumstances, your responsible officer may agree to you using feedback from these processes instead of through a standard questionnaire⁷.

⁷ Guidance on supporting information for appraisal and revalidation. GMC, 2018.

7. Acting on the results of patient and colleague feedback

Patient and colleague feedback is intended to be formative. It should therefore be given to doctors prior to their appraisal to allow them to reflect and to plan or take appropriate actions, which should then be reviewed at appraisal.

The results from patient and colleague feedback should be given to individual doctors by trained facilitators. In many cases this will be the doctor's appraiser. Appraisers should primarily be interested in the actions that have been planned or taken as a result of the feedback, not merely that feedback has been collected.

8. Further information and feedback

To assist doctors with collecting patient feedback, the College website includes an [example letter](#) which has been sent to patients with a reply-paid envelope to get responses. Also included on the website is a [leaflet](#) which has been produced by a collaboration including the Medical Royal Colleges and Faculties to give an overview of revalidation and to explain why patient feedback is sought.

We would welcome your enquiries and also your thoughts and comments on this document. Please send any feedback to revalidation@rcoa.ac.uk.

9. Resources and further information

College and Faculties

- [RCoA patient feedback questionnaire](#)
- [Collecting patient feedback examples – a report on the RCoA pilot](#)
- [FICM Guidance on Revalidation in Intensive Care Medicine](#)
- [RCoA example letter and leaflet for use in collecting patient feedback](#)

General Medical Council

- [Guidance on supporting information for appraisal and revalidation, 2018](#)
- [Example questionnaire for collecting colleague feedback](#)
- [Guidance on colleague and patient questionnaires](#)

Academy of Medical Royal Colleges

- [Mythbusters: appraisal and revalidation, 2018](#)
- [Improving patient feedback for appraisal and revalidation of doctors, 2018](#)

Royal College of Anaesthetists

Churchill House, 35 Red Lion Square, London WC1R 4SG

020 7092 1699 | revalidation@rcoa.ac.uk | www.rcoa.ac.uk/revalidation

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Information correct as at November 2018