



REPORT COMMISSIONED BY THE ROYAL COLLEGE OF GENERAL
PRACTITIONERS

Comparison of Multisource Feedback Instruments Designed for GPs in UK

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February, 2009

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Executive Summary

The assessment of 6 measurement instruments, provided by the Royal College of General Practitioners (RCGP) was undertaken to guide the selection of instrument(s) that reflect both the competencies required for Good Medical Practice (GMP) and robust psychometric quality. To that end, the instruments were reviewed against the list of expectations described by the GMP structure and for evidence of validity and reliability.

The six instruments examined were:

- Colleague Feedback Evaluation Tool (CFET)
- GP-SPRAT
- What is a good GP?
- Edgumbe 360⁰
- Academy of Medical Royal Colleges MSF (360⁰ Clinical)
- General Medical Council (GMC) Colleague Questionnaire

The instruments that reflected important GMP contents (good clinical care; maintaining good practice; teaching and training, appraising and assessing, relationships with patients, working with colleagues, probity and health) were GP-SPRAT, 360⁰ Clinical and GMC Colleague Questionnaire.

The most psychometrically robust instruments were the CFET and GMC. These instruments had undergone reliability and validity analysis, factor analysis and generalizability analysis.

Based on the results of this review it appears that the GMC provides the best match with GMP competencies and provides the best evidence of reliability and validity to date.

Comparison of Multisource Feedback Instruments Designed for GP's in UK

1. Purpose of Study:

To critically assess multi source feedback instruments proposed to assess Good Medical Practice for General Practitioners.

2. Methods:

Data collection: RCGP provided information about five tools for assessment, namely

- Colleague Feedback Evaluation Tool (CFET)
- GP-SPRAT
- What is a good GP?
- Edgumbe 360⁰
- Academy of Medical Royal Colleges MSF (360⁰ Clinical)
- General Medical Council (GMC) Colleague Questionnaire

The data provided for the assessment are listed in the reference list and consist of publications, abstracts, internal reports and copies of the instruments.

Data analysis: Several analyses were undertaken for each instrument to the extent that data permitted. A number of documents were excluded from the psychometric analysis, because they did not pertain to a GP assessment of the instrument; although, instruments may have been extensively evaluated in other populations of physicians.

Analyses included:

- (1) mapping of items to the GMP. This allowed an assessment of the instrument against the GMP criterion.
- (2) an assessment of the technical properties, psychometrics, and feasibility of the instruments
 - a. Technical: aim of instrument, scale design, implementation, instructions for raters, manual or directions, commercial or free (Is the instrument published in public accessible printed literature or website, or does it need to be purchased?), published benchmarks
 - b. Evidence for validity and reliability: content validity, construct validity, and reliability
 - c. an assessment of feasibility

3. Results

The instruments vary in the number of items which affects not only mapping potential to GMP but also the psychometric properties. CFET has 18 items, GP-SPRAT has 30 items, What is a Good GP has 33, Edgumbe 360⁰ has 46 items, 360⁰ Clinical has 10 items and GMC Colleague Questionnaire has 17 items.

3.1 Mapping to Good Medical Practice for General Practitioners.

The mapping of items, presented in appendices 1-5, shows that all instruments map onto good clinical care; maintaining good practice; and relationships with patients. Three of the instruments, GP-SPRAT, 360° Clinical and GMC map onto teaching and training/appraising and assessing. All but Edgumbe 360° map onto working with colleagues. Similarly, Edgumbe 360° does not map onto probity or health. Three of the instruments map onto all of the critical areas, GP-SPRAT, 360° Clinical and GMC Colleague Questionnaire.

There is variability in how well each instrument maps onto the competencies as shown in table 1.

3.2 Psychometric Assessment

An examination of the instruments and their psychometric properties was carried out. These data are depicted in Appendices 6 – 10.

It is to be noted that GP-SPRAT was developed initially for pediatrics and extensively assessed in that context; it has not been assessed in a group of general practitioners to date. Edgumbe 360° has been assessed for general practitioners but is being revised at present; the results of psychometric testing for the new instrument are not available at present.

Of the remaining instruments, two instruments have current and extensive psychometric data. They are CFET and GMC.

CFET shows good evidence for reliability as indicated by the Cronbach's alpha of 0.93 and a G-study shows that 15 colleagues will provide a 0.77 generalizability co-efficient. A factor analysis has been conducted showing that it has four dimensions: effective communication, clinical competency, time management and trust. The feedback provided to the participating physicians was given in writing which included a guide for performance reflection and facilitator to help examine the results.

The GMC showed similar psychometric properties. The coefficient alpha was found to be .95 and the G-study provided a Generalisability co-efficient for GPs of .65 for seven responses and .76 for 12 assessors. The factor analysis revealed three components which accounted for 61.0% of the total variance. Literature provided for this analysis indicated that feedback was provided to participating physicians but no details were provided about this in the literature available to us

4. Conclusions

- The analysis was carried out with documents provided by the Royal College of General Practitioners.
- The mapping analysis revealed that GP-SPRAT, 360° Clinical and GMC colleague questionnaire mapped onto all of the GMP criteria. However, the GP-SPRAT instrument has not been tested in GPs.

- Two instruments have had extensive psychometric testing with GPs, CFET and GMC. GMC has been tested on a sample of 389 physicians while CFET has been tested on 212 physicians.
- Self surveys are available for CFET, Edgecumbe 360° and GP-SPRAT which would complement the data for the colleague surveys and could be helpful in guiding physician development.

5. Recommendations

1. Consideration should be given to whether a final decision related to instrument selection be delayed until results of the GP-SPRAT and Edgecumbe 360° are available. Information about the performance of these instruments is expected within the year.
2. The instrument that is most robust at present is the GMC which maps unto all aspects of Good Medical practice. Further it has been extensively tested with 389 GPs. Its psychometric properties provide evidence for reliability and validity.

Table 1: Mapping of Items on Instruments to Good Medical Practice Core Concepts

	CFET	GP-SPRAT	What is a good GP?	Edgcombe 360⁰	360⁰ Clinical	GMC Colleague Questionnaire
Duties						
Good clinical care	Clinical ability, awareness of limitations, records, punctuality and reliability, use of resources, ability to say 'no'	Gathering data, assessing risks, responding to psychosocial aspects, decision making, management plans, complex medical problems, awareness of limitations	Diagnostically astute, decision making, limitations, prescribing, dying patients, accessibility, responsibility, listening, Record keeping, legibility, organization, handle uncertainty	Assess patient history, examines patients, technical skills, clinical safe manner, prescribing, accurate records,	Patient management (complex clinical problems), clinical assessment, verbal communication, reliability, patient management	Diagnosis, treatment, prescribing, clinical decision making, recognizing and working within limitations
Maintaining good practice	Clinical knowledge up to date	Applying up to date evidence based medicine, using computers to apply evidence based medicine, keeping records, colleague communication, accessibility, time management, resource use, health of community, maintain professional development	Commitment to personal learning, knowledge up-to-date	Seeks feedback from colleagues, keeps up to date professionally, evaluates care provided	Professional development, keeping up-to-date	Clinical knowledge, keeping knowledge and skills up to date, commitment to care and well being of patients, medical record keeping, Reviewing and reflecting on own performance
Teaching and training, appraising		Willingness and effectiveness in teaching and			Contributes to the education of students and junior	Teaching (students, trainee, others)

	CFET	GP-SPRAT	What is a good GP?	Edgecumbe 360 ⁰	360 ⁰ Clinical	GMC Colleague Questionnaire
and assessing		training colleagues			colleagues	
Relationships with patients	Respect for confidentiality, compassion/empathy, communication, appearance and behavior	Patient dignity, right to privacy and confidentiality, communication, support to family and caregivers,	Polite, confidentiality, patient at ease, listening, professional appearance, English,	Compassion and tolerance towards patients, emergency situations, listens to patients, treats patients with respect, understands patient needs, information giving	Verbal communication, spoken English, empathy and respect, polite, respectful, compassionate	Communicate with patients and relatives; I am confident that this doctor respects patient
Working with colleagues	Team orientation, management/leadership, respect for colleagues	Team, giving feedback, teaching and training colleagues, leadership skills, management skills, work cooperatively in a team, referral, patient care coordination, continuity of care,	Working in a team, referral, responsibility for patient follow-up		Respectful of colleagues, communication with colleagues, available for advice and help, team player, takes leadership role when needed, delegates appropriately	Supervising colleagues, Working effectively with colleagues
Probity	Trustworthiness and honesty	Practice ethically and with integrity	Honest and trustworthy		Do you have concerns about the probity or health (physical or mental)	I am confident that this doctor is honest and trustworthy
Health	Respect to own health, ability to manage stress	Stress management	Maintain work-life balance, good health, calmness, sense of humor		Do you have concerns about the probity or health (physical or mental)	I am confident that this doctor's performance is not impaired by ill health

Appendix 1: Good Medical Practice and CFET

GOOD MEDICAL PRACTICE - General Medical Council	CFET
2(a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient	
2 (b) providing or arranging advice, investigations or treatment where necessary	<u>Clinical ability</u> (poor - examination technique deficient; does not recognize serious illness quickly) (excellent - careful examination and investigation; can detect serious illness quickly)
2 (c) referring a patient to another practitioner, when this is in the patient's best interests.	
3(a) recognise and work within the limits of your competence	<u>Awareness of limitations</u> (poor - arrogant and egotistical, takes on responsibility beyond competence, takes unwise risks) (excellent - aware of competence limits, takes risks wisely, seeks help from others when needed)
3(b) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs	
3(c) provide effective treatments based on the best available evidence	
3(d) take steps to alleviate pain and distress whether or not a cure may be possible	
3(f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment	<u>Communication with colleagues</u> (poor - fails to record all consultations, records illegible, fails to talk to colleagues) (excellent - clear and concise records, intelligible and detailed treatment plan; seeks to meet and talk to colleagues)
3(h) be readily accessible when you are on duty	<u>Punctuality and reliability</u> (poor - fails to start on time, unpredictable, clinic/surgery often run late, leaves early) (excellent - starts on time, reliable, sensitivity to running surgeries/clinics to schedule)
3 (i) consult and take advice from colleagues, when appropriate	
3(j) make good use of the resources available to you.	<u>Use of resources</u> (poor - withholds necessary treatments or profligate without sensitivity to budgetary constraints, unwilling to compare their behavior with others)

	(excellent - uses resources wisely and prudently, prepared to justify their actions, actively seeks peer review comparisons)
4. Supporting self-care You should encourage patients and the public to take an interest in their health and to take action to improve and maintain it. This may include advising patients on the effects of their life choices on their health and well-being and the possible outcomes of their treatments.	
7. The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgment about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.	<u>Ability to say "no"</u> (poor - always says "yes" without respect to self or others, fails to set limits) (excellent - aware of need to shape appropriate demand by patients and colleagues)
11. In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.	
12. You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.	<u>Clinical knowledge</u> (poor - does not keep knowledge up to date; misinformed) (excellent - evidence aware; regularly updates knowledge)
14 (a) maintain a folder of information and evidence, drawn from your medical practice 14 (b) reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation	
14 (f) help to resolve uncertainties about the effects of treatments	
21 (a) be polite, considerate and honest	
21 (b) treat patients with dignity	
21 (d) respect patients' privacy and right to confidentiality 37. Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in	<u>Respect for confidentiality with patients and colleagues</u> (poor - gossips, handles confidential data carelessly) (excellent - sensitive to confidentiality issues, respects confidences entrusted by colleagues unless a risk to others)

Confidentiality: Protecting and providing information.	
22 (a) listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences	
22(b) share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including	<u>Compassion/empathy</u> (poor - fails to recognize or explore patients' fears and/or concerns) (excellent - actively seeks patients' fear and concerns, recognizes and responds to them)
22 (c) respond to patients' questions and keep them informed about the progress of their care	<u>Communication with patients</u> (poor - doesn't listen well, poor explanations, fails to keep patient informed) (excellent - listens well, good explanations, keeps patients informed)
29 You must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in Confidentiality: Protecting and providing information.	
32 You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them. 57 You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.	<u>Appearance and behaviour</u> (poor - personal hygiene or appearance deficient, behaviour in or out of work likely to bring professional reputation into disrepute) (excellent - well presented, behaviour in keeping with professional status in and out of work)
41 Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues	<u>Team orientation</u> (poor - delegates excessively or not enough, selfish and uncompromising, demeans colleagues) (excellent - delegates appropriately, seeks to reach compromise, encourages colleagues)
41(b) communicate effectively with colleagues within and outside the team	
42 If you are responsible for leading a team, you must follow the guidance in Management for doctors. 45 If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in Management for doctors.	<u>Management/leadership skills</u> (poor - fails to take any responsibility or overtly dominates, fails to manage or supervise others e.g. Junior doctors) (excellent - takes responsibility within skills and limitations, takes fair share of management roles, supervises and manages others)
46 You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views* to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.	<u>Respect for colleagues</u> (poor - selfish, arrogant and insensitive to colleagues' needs or work pressures) (excellent - sensitive to others' needs, actively seeks to offer colleagues help if needed)
54. Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for	

<p>your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.</p> <p>55. Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.</p>	
<p>56 Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.</p>	<p><u>Trustworthiness/honesty/probity</u> (poor - dishonest, fraudulent or fails to speak honestly, lies and deceives)</p> <p>(excellent - honest and trusted, displays probity and declares conflicting interests)</p>
<p>77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.</p>	<p><u>Respect to their own health</u> (poor - ignores own physical or psychological health, fails to achieve work-life balance, fails to seek help for illnesses, self diagnoses and medicates - abuses drink or drugs)</p> <p>(excellent - actively seeks to maintain healthy mind and body, good work-life balance, seeks medical help promptly when needed - sober)</p>
<p>79 If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgment or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.</p>	<p><u>Ability to manage stress</u> (poor - overtly displays emotions (e.g. anger, tears, sulks), vulnerable to depression, takes problems out on themselves or others)</p> <p>(excellent - displays emotions appropriately, aware of vulnerabilities and seeks help when needed)</p>

Appendix 2 Good Medical Practice and GP-SPRAT

GOOD MEDICAL PRACTICE - General Medical Council	GP-SPRAT
2(a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient	2. Gather relevant data to make a sound clinical judgment 14. Assess risks and benefits when treating patients 7. Respond to psychosocial aspects of illness
2 (b) providing or arranging advice, investigations or treatment where necessary	1. Make appropriate decisions 3. Formulate appropriate management plans 4. Manage complex medical problems
2 (c) referring a patient to another practitioner, when this is in the patient's best interests.	
3(a) recognise and work within the limits of your competence	13. Demonstrate awareness of own limitations
3(b) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs	
3(c) provide effective treatments based on the best available evidence	16. Apply up-to-date/evidence based medicine 15. Use computers appropriately in practice, in seeking to apply evidence based medicine
3(d) take steps to alleviate pain and distress whether or not a cure may be possible	
3(f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment	11. Keep good medical records 26 Communicate effectively with colleagues
3(h) be readily accessible when you are on duty	6. Manage time effectively/priorities 25 Be accessible to colleagues
3 (i) consult and take advice from colleagues, when appropriate	
3(j) make good use of the resources available to you.	5. Appropriately use resources
4. Supporting self-care You should encourage patients and the public to take an interest in their health and to take action to improve and maintain it. This may include advising patients on the effects of their life choices on their	12. Contribute to the health of the local community, beyond the individual patient

health and well-being and the possible outcomes of their treatments.	
7. The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgment about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.	
11. In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.	
12. You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.	17 Maintain professional development
14 (a) maintain a folder of information and evidence, drawn from your medical practice 14 (b) reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation	
14 (f) help to resolve uncertainties about the effects of treatments	
21 (a) be polite, considerate and honest	
21 (b) treat patients with dignity	24 Practice with respect for patient's dignity and their right to privacy & confidentiality
21 (d) respect patients' privacy and right to confidentiality 37. Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in Confidentiality: Protecting and providing information.	
22 (a) listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences	

22(b) share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including	21. Communicate with patients
22 (c) respond to patients' questions and keep them informed about the progress of their care	
29 You must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in Confidentiality: Protecting and providing information.	22. Provide support to family/carers
32 You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them. 57 You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.	
41 Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues	27. Work cooperatively in a team
41(b) communicate effectively with colleagues within and outside the team	20. Give feedback that is private, honest and supportive
42 If you are responsible for leading a team, you must follow the guidance in Management for doctors. 45 If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in Management for doctors.	19. Be willing and effective in teaching /training colleagues 28. Demonstrate leadership skills 29. Demonstrate management skills
46 You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views* to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.	27. Work cooperatively in a team
54. Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still	8. Refer appropriately to secondary care 9. Coordinate patient care

<p>be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.</p> <p>55. Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.</p>	<p>10. Provide continuity of care</p>
<p>56 Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.</p>	<p>Practice ethically and with integrity</p>
<p>77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.</p>	
<p>79 If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgment or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.</p>	<p>18. Deal appropriately with stress</p>

Appendix 3: Good Medical Practice and What is a good GP?

GOOD MEDICAL PRACTICE - General Medical Council	WHAT IS A GOOD GP? MSF
2(a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient	
2 (b) providing or arranging advice, investigations or treatment where necessary	b. diagnostically astute
2 (c) referring a patient to another practitioner, when this is in the patient's best interests.	c. able to make appropriate decisions
3(a) recognise and work within the limits of your competence	d. Willing to learn from mistakes and recognizes his/her limitations
3(b) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs	d. a safe prescriber, particularly with danger drugs
3(c) provide effective treatments based on the best available evidence	
3(d) take steps to alleviate pain and distress whether or not a cure may be possible	f. willing to care effectively for a dying patients e. g., terminal care.
3(f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment	c. able to record his/her consultations consistently and accurately d. able to write legibly
3(h) be readily accessible when you are on duty	f. easily accessible and able to be contacted when a. willing to take responsibility for getting his/her share of work done
3 (i) consult and take advice from colleagues, when appropriate	a. approachable b. Willing to listen to patient, colleagues and staff
3(j) make good use of the resources available to you.	i. well organized
4. Supporting self-care You should encourage patients and the public to take an interest in their health and to take action to improve and maintain it. This may include advising patients on the effects of their life choices on their health and well-being and the possible outcomes of their treatments.	
7. The investigations or treatment you provide or arrange must be based on the assessment you and	

<p>the patient make of their needs and priorities, and on your clinical judgment about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.</p>	
<p>11. In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.</p>	
<p>12. You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.</p>	<p>c. Commitment to continue his/her personal learning</p> <p>a. Up-to-date with their clinical knowledge</p>
<p>14 (a) maintain a folder of information and evidence, drawn from your medical practice</p> <p>14 (b) reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation</p>	
<p>14 (f) help to resolve uncertainties about the effects of treatments</p>	<p>g. Able to handle uncertainties of general practice</p>
<p>21 (a) be polite, considerate and honest</p>	<p>b. Polite to patient and staff</p>
<p>21 (b) treat patients with dignity</p>	
<p>21 (d) respect patients' privacy and right to confidentiality</p> <p>37. Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in Confidentiality: Protecting and providing information.</p>	<p>b. Able to demonstrate respect for confidentiality</p>
<p>22 (a) listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences</p>	
<p>22(b) share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including</p>	<p>a. Able to put patient at ease</p>

<p>22 (c) respond to patients' questions and keep them informed about the progress of their care</p>	<p>b. Willing to listen to patient, colleagues and staff</p>
<p>29 You must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in Confidentiality: Protecting and providing information.</p>	
<p>32 You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.</p> <p>57 You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.</p>	<p>f. Professional appearance</p>
<p>41 Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues</p>	<p>d. Willing to compromise where appropriate</p> <p>c. Enthusiastic about job</p>
<p>41(b) communicate effectively with colleagues within and outside the team</p>	<p>h. able to speak good English</p>
<p>42 If you are responsible for leading a team, you must follow the guidance in Management for doctors.</p> <p>45 If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in Management for doctors.</p>	
<p>46 You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views* to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.</p>	<p>e. Sensitive to cultural issues</p>
<p>54. Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on</p>	<p>e. An appropriate user of the referral system</p> <p>b. willing to take responsibility for follow-up of patients where necessary</p>

<p>enough information about the patient and the treatment they need.</p> <p>55. Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.</p>	
<p>56 Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.</p>	<p>a. Honest and trustworthy</p>
<p>77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.</p>	<p>c. able to maintain a healthy work-life balance</p> <p>d. able to maintain good health while doing the work of a GP</p>
<p>79 If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgment or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.</p>	<p>e. Calm under pressure</p> <p>g. able to demonstrate a sense of humor where appropriate</p>

Appendix 4: Good Medical Practice and EDGECUMBE 360⁰

GOOD MEDICAL PRACTICE - General Medical Council	EDGECUMBE 360 ⁰
2(a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient	3. Assess patients' history 4. Examines patients
2 (b) providing or arranging advice, investigations or treatment where necessary	1. demonstrate technical skills in my own field 2. Act in a clinically safe manner
2 (c) referring a patient to another practitioner, when this is in the patient's best interests.	
3(a) recognise and work within the limits of your competence	
3(b) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs	5. Prescribes drugs
3(c) provide effective treatments based on the best available evidence	
3(d) take steps to alleviate pain and distress whether or not a cure may be possible	
3(f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment	7. Keep accurate patient records
3(h) be readily accessible when you are on duty	
3 (i) consult and take advice from colleagues, when appropriate	11. Seeks feedback from colleagues
3(j) make good use of the resources available to you.	
4. Supporting self-care You should encourage patients and the public to take an interest in their health and to take action to improve and maintain it. This may include advising patients on the effects of their life choices on their health and well-being and the possible outcomes of their treatments.	
7. The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgment about the likely effectiveness	16. Show compassion and tolerance towards patients

of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.	
11. In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.	6. Act in emergency situations
12. You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.	10. Keeps up to date professionally
14 (a) maintain a folder of information and evidence, drawn from your medical practice 14 (b) reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation	12. Evaluate the care I provide
14 (f) help to resolve uncertainties about the effects of treatments	
21 (a) be polite, considerate and honest	
21 (b) treat patients with dignity	
21 (d) respect patients' privacy and right to confidentiality 37. Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in Confidentiality: Protecting and providing information.	
22 (a) listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences	18. Listen to patients 15. Treat patients with courtesy and respect
22(b) share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including	17. Understand patients needs
22 (c) respond to patients' questions and keep them informed about the progress of their care	

<p>29 You must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in Confidentiality: Protecting and providing information.</p>	<p>19. Give information to patients and patients' relative</p>
<p>32 You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.</p> <p>57 You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.</p>	
<p>41 Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues</p>	
<p>41(b) communicate effectively with colleagues within and outside the team</p>	
<p>42 If you are responsible for leading a team, you must follow the guidance in Management for doctors.</p> <p>45 If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in Management for doctors.</p>	
<p>46 You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views* to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.</p>	
<p>54. Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.</p>	

<p>55. Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.</p>	
<p>56 Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.</p>	
<p>77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.</p>	
<p>79 If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgment or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.</p>	

Appendix 5: Good Medical Practice and 360° CLINICAL

GOOD MEDICAL PRACTICE - General Medical Council	360° CLINICAL
2(a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient	
2 (b) providing or arranging advice, investigations or treatment where necessary	<u>Patient management</u> management of complex clinical problems <u>Clinical assessment</u> Diagnostic skill: performance of practical/technical procedures
2 (c) referring a patient to another practitioner, when this is in the patient's best interests.	
3(a) recognise and work within the limits of your competence	
3(b) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs	
3(c) provide effective treatments based on the best available evidence	
3(d) take steps to alleviate pain and distress whether or not a cure may be possible	
3(f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment	<u>Verbal Communication</u> Spoken English; communication with colleagues, patients, families and carers
3(h) be readily accessible when you are on duty	<u>Reliability</u> Conscientious and reliable; available for advice and help when needed; time management
3 (i) consult and take advice from colleagues, when appropriate	
3(j) make good use of the resources available to you.	2. <u>Patient management</u> Appropriate use of resources
4. Supporting self-care You should encourage patients and the public to take an interest in their health and to take action to improve and maintain it. This may include advising patients on the effects of their life choices on their health and well-being and the possible outcomes of their treatments.	
7. The investigations or treatment you provide or arrange must be based on the assessment you and	

<p>the patient make of their needs and priorities, and on your clinical judgment about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.</p>	
<p>11. In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.</p>	
<p>12. You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.</p>	<p><u>Professional development</u> Commitment to improving quality of service; keeps up-to-date with knowledge and skills</p>
<p>14 (a) maintain a folder of information and evidence, drawn from your medical practice</p> <p>14 (b) reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation</p>	
<p>14 (f) help to resolve uncertainties about the effects of treatments</p>	
<p>21 (a) be polite, considerate and honest</p>	
<p>21 (b) treat patients with dignity</p>	
<p>21 (d) respect patients' privacy and right to confidentiality</p> <p>37. Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in Confidentiality: Protecting and providing information.</p>	
<p>22 (a) listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences</p>	
<p>22(b) share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including</p>	<p>Empathy and respect Is polite, considerate and respectful to patient and colleagues of all levels; compassionate and empathy towards patients and their relatives</p>

<p>22 (c) respond to patients' questions and keep them informed about the progress of their care</p>	
<p>29 You must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in Confidentiality: Protecting and providing information.</p>	
<p>32 You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.</p> <p>57 You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.</p>	
<p>41 Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues</p>	<p><u>Team Player</u> Values the skills and contribution of multi-disciplinary team members</p>
<p>41(b) communicate effectively with colleagues within and outside the team</p>	
<p>42 If you are responsible for leading a team, you must follow the guidance in Management for doctors.</p> <p>45 If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in Management for doctors.</p>	<p><u>Teaching and Training</u> Contributes to the education and supervision of students and junior colleagues</p> <p><u>Leadership</u> Takes the leadership role when circumstances require; delegates appropriately</p>
<p>46 You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views* to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.</p>	
<p>54. Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on</p>	

<p>enough information about the patient and the treatment they need.</p> <p>55. Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.</p>	
<p>56 Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.</p>	<p><u>Do you have any concerns about the Probity or Health (physical and mental) of this doctor?</u></p>
<p>77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.</p>	
<p>79 If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgment or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.</p>	

Appendix 6: Good Medical Practice and General medical Council (GMC) Colleague Questionnaire

GOOD MEDICAL PRACTICE - General Medical Council	General medical Council (GMC) Colleague Questionnaire
2(a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient	
2 (b) providing or arranging advice, investigations or treatment where necessary	Diagnosis Treatment
2 (c) referring a patient to another practitioner, when this is in the patient's best interests.	
3(a) recognize and work within the limits of your competence	Recognizing and working within limitations
3(b) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs	Prescribing
3(c) provide effective treatments based on the best available evidence	Clinical decision making
3(d) take steps to alleviate pain and distress whether or not a cure may be possible	
3(f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment	Medical record keeping
3(h) be readily accessible when you are on duty	

GOOD MEDICAL PRACTICE - General Medical Council	General medical Council (GMC) Colleague Questionnaire
3 (i) consult and take advice from colleagues, when appropriate	
3(j) make good use of the resources available to you.	
4. Supporting self-care You should encourage patients and the public to take an interest in their health and to take action to improve and maintain it. This may include advising patients on the effects of their life choices on their health and well-being and the possible outcomes of their treatments.	
7. The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgment about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.	
11. In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.	
12. You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.	Clinical knowledge Keeping Knowledge and skills up to date Commitment to care and well being of patients

GOOD MEDICAL PRACTICE - General Medical Council	General medical Council (GMC) Colleague Questionnaire
<p>14 (a) maintain a folder of information and evidence, drawn from your medical practice</p> <p>14 (b) reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation</p>	<p>Reviewing and reflecting on own performance</p>
<p>14 (f) help to resolve uncertainties about the effects of treatments</p>	
<p>21 (a) be polite, considerate and honest</p>	
<p>21 (b) treat patients with dignity</p>	<p>I am confident that this doctor respects patient</p>
<p>21 (d) respect patients' privacy and right to confidentiality</p> <p>37. Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in Confidentiality: Protecting and providing information.</p>	
<p>22 (a) listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences</p>	
<p>22(b) share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including</p>	<p>Communicate with patients and relatives</p>

GOOD MEDICAL PRACTICE - General Medical Council	General medical Council (GMC) Colleague Questionnaire
22 (c) respond to patients' questions and keep them informed about the progress of their care	
29 You must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in Confidentiality: Protecting and providing information.	
32 You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them. 57 You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.	
41 Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues	Working effectively with colleagues
41(b) communicate effectively with colleagues within and outside the team	
42 If you are responsible for leading a team, you must follow the guidance in Management for doctors. 45 If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in Management for doctors.	Supervising colleagues. Teaching (students, trainee, others)
46 You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views* to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.	

GOOD MEDICAL PRACTICE - General Medical Council	General medical Council (GMC) Colleague Questionnaire
<p>54. Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.</p> <p>55. Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.</p>	
<p>56 Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.</p>	<p>I am confident that this doctor is honest and trustworthy</p>
<p>77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.</p>	
<p>79 If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgment or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.</p>	<p>I am confident that this doctor's performance is not impaired by ill health</p>

Appendix 7: Psychometric Assessment of CFET

		CFET
a) <u>Measuring aim or construct</u>	Is there a conceptual basis for the instruments' development and measurement constructs?	Instrument is based on existing literature including Good Medical Practice Guidelines. ⁶
b) <u>Scale design</u>	What do the scales measure?	5 point rating scale ^{4a, 4b} ranging from 1=poor to 5=excellent and in addition has an 'Unable to comment' option and two open ended spaces for final comments.
	How do the scales measure the construct	Likert scale
	Can summary scores be calculated from the scale?	Yes, feedback provides doctors with their own mean scores that are benchmarked against other participant scores ¹
c) <u>Implementation details</u>	When do raters and assessors receive copies of the MSF?	Physician provides names and e-mail addresses for 15 colleagues who can answer on line or with paper/pencil. ³ - encouraged to choose colleagues with the help of appraiser ³
d) <u>Instructions for raters</u>	Are instructions verbal, written, or placed in a covering letter?	Instructions provided in writing ³ and on-line
e) <u>Manual</u>	Is a manual available?	Manual not available but guidelines sent out with questionnaires.
f) <u>Commercial or free</u>	Is the instrument published in public accessible printed literature or website.	Commercial
g) <u>Published benchmarks</u>	Is descriptive aggregate data published?	The overall mean for 18 items is 4.16/5 (316 colleague questionnaires for 13 GPs and 21 consultants)
Validity	Content validity What approaches have been used to develop items	Delphi technique made up of experts in the field used to develop items.
	Factor analysis analysis (to determine items are aligned with domains)	Four dimensions (factors): 1. effective communication, 2. clinical competency 3. time management 4. trust. ⁶
<u>Reliability</u>	Coefficient alpha	Cronbach's alpha 0.93 ⁶
	Inter-item correlation	0.426 ⁶
	Inter-rater reliability	Not reported
	G-study or D-study	G-study used nested design 15 colleagues provided a 0.77 generalisability coefficient 9 raters provided a 0.66 coefficient 19 raters provided a 0.81 coefficient. ^{5,7}
<u>Feasibility</u>	Response rates reported	<u>Study 1</u> , 11- 15 ratings per doctor

		based on n=179 ⁵ <u>Study 2</u> . 14 GPs provided 175 colleagues questionnaires, for 19 hospital consultants 263 colleagues questionnaires were returned
	Length of time to respond to the instrument	Only self instrument response time reported (15 minutes). Four weeks for data collection and analysis.
<u>Characteristics of respondents</u>	Used with more than one type of respondent (i.e., peers, co-workers)?	The instrument is distributed to 15 colleagues (5 doctors, - 3 GPs and 2 from outside the practice; 5 healthcare professionals – nurses health visitors midwives etc.; 5 managerial or administrative staff)
<u>Characteristics of sample population</u>	On which other populations have the instruments been used?	Hospital Consultants and consultants in following specialty: pediatric, SpRs and SHOs, VTS trainees and doctors participating in Foundation programmes.
<u>Use of the data</u>	Has the data been used to provide feedback to the sample under study?	Yes
	The aim of the feedback?	Not reported
	How was feedback provided?	Information on interpreting feedback provided in writing. The feedback is provided by report that includes a guide for performance reflection. The results of the feedback is examined with a nominated facilitator appraiser ¹
	What was the result of the feedback?	Not reported

Appendix 8: Psychometric Assessment of GP-SPRAT

		GP-SPRAT
a) <u>Measuring aim or construct</u>	Is there a conceptual basis for the instruments' development and measurement constructs?	Is directly mapped to General Medical Council 'Good Medical practice' framework
b) <u>Scale design</u>	What do the scales measure?	6 point rating scale, ranging from poor (worst doctor) to very good (best doctor) in addition to u/c (unable to comment) - 24 to 26 items. Allows for open ended responses after each section.
	How do the scales measure the construct	Likert scale
	Can summary scores be calculated from the scale?	Yes. Feedback provides self rating compared to the mean for all his/her assessors for each item and a total score for the questionnaire
c) <u>Implementation details</u>	When do raters and assessors receive copies of the MSF?	Specialist trainees asked to nominate 10 assessors.
d) <u>Instructions for raters</u>	Are instructions verbal, written, or placed in a covering letter?	Instructions provided by package or information and forms as well as by web site (eSPRAT)
e) <u>Manual</u>	Is a manual available?	Manuel not available but guidelines available in package.
f) <u>Commercial or free</u>	Is the instrument published in public accessible printed literature or website.	Not reported
g) <u>Published benchmarks</u>	Is descriptive aggregate data published?	N/A Not reported for GPs
<u>Validity</u>	Content validity What approaches have been used to develop items	N/A Not reported for GPs
	Factor analysis analysis (to determine items are aligned with domains)	N/A Not reported for GPs
<u>Reliability</u>	Coefficient alpha	N/A Not reported for GPs
		GP-SPRAT
	Inter-item correlation	N/A Not carried out for GPs
	Inter-rater reliability	N/A Not carried out for GPs
	G-study or D-study	N/A Not carried out for GPs
<u>Feasibility</u>	Response rates reported	N/A Not carried out for GPs
	Length of time to respond to the instrument	N/A Not reported for GPs
<u>Characteristics of respondents</u>	Used with more than one type of respondent (i.e., peers, co-workers)?	N/A Not reported for GPs
<u>Characteristics of sample population</u>	On which other populations have the instruments been used?	Specialists
<u>Use of the data</u>	Has the data been used to provide feedback to the sample under study?	GPs/Family physicians have not been measured.
	The aim of the feedback?	Not reported for GPs but

		specialists able to compare themselves with other physicians, identify areas of strength and weakness, inform action plan
	How was feedback provided?	Appraiser is trained to provide/discuss feedback with physician. Report sent to program director for distribution to trainee via the educational supervisor and provided face to face discussion. Problems of poor training for education supervisors is reported.
	What was the result of the feedback?	29% of senior house officers changed their practice following feedback.

Appendix 9 Psychometric Assessment of What is a Good GP?

		What Is a Good GP
a) <u>Measuring aim or construct</u>	Is there a conceptual basis for the instruments' development and measurement constructs?	Measuring Aims: <ul style="list-style-type: none"> • to provide a GP with information for self improvement and to offer appropriate support where deemed necessary • to encourage opportunities for thinking collaboratively as well as individually
b) <u>Scale design</u>	What do the scales measure?	Scale measures AGREEMENT with statements ranging from 1= strongly disagree to 6 strongly agree and "Don't know". Allows for open ended responses after each section.
	How do the scales measure the construct	Likert scale
	Can summary scores be calculated from the scale?	Yes
c) <u>Implementation details</u>	When do raters and assessors receive copies of the MSF?	In development and early testing.
d) <u>Instructions for raters</u>	Are instructions verbal, written, or placed in a covering letter?	No information
e) <u>Manual</u>	Is a manual available?	Not reported
f) <u>Commercial or free</u>	Is the instrument published in public accessible printed literature or website.	Not reported
g) <u>Published benchmarks</u>	Is descriptive aggregate data published?	Not reported
<u>Validity</u>	Content validity What approaches have been used to develop items	Extensive consultation of interviews and item refinement involving GPs and other members of health care team to develop items
	Factor analysis analysis (to determine items are aligned with domains)	Not carried out
<u>Reliability</u>	Coefficient alpha	Not reported
	Inter-item correlation	Not reported
	Inter-rater reliability	Not reported
	G-study or D-study	Not reported
<u>Feasibility</u>	Response rates reported	Being undertaken with 8 appraisers and their appraisers using interviews
	Length of time to respond to the instrument	Not reported
<u>Characteristics of respondents</u>	Used with more than one type of respondent (i.e., peers, co-workers)?	Not reported
<u>Characteristics of sample population</u>	On which other populations have the instruments been used?	GPs
<u>Use of the data</u>	Has the data been used to provide	Yes

	feedback to the sample under study?	
	The aim of the feedback?	Not reported
	How was feedback provided?	Feedback can only be provided by individuals who have been trained using a CD ROM
	What was the result of the feedback?	Not reported

Appendix 10: Psychometric Assessment of Edgumbe 360⁰

		Edgumbe Doctor 360⁰
a) <u>Measuring aim or construct</u>	Is there a conceptual basis for the instruments' development and measurement constructs?	Instrument conforms to Good Medical Practice for General Practitioners. Plans are to change items to conform to 2008 criteria ¹ .
b) <u>Scale design</u>	What do the scales measure?	Scales measure EFFECTIVENESS 6 = extremely effective to 1 = extremely ineffective ² Includes DK= don't know. Allows for open ended responses after each section.
	How do the scales measure the construct	Likert scale
	Can summary scores be calculated from the scale?	Summary scores can be calculated ³ (Feedback provides mean scores)
c) <u>Implementation details</u>	When do raters and assessors receive copies of the MSF?	<u>The online process:</u> Physician registers with the system; enters his/her details then nominates colleagues; colleagues complete the online questionnaire; feedback report is generated. ⁴ <u>The paper process:</u> Physician hands-out and collects questionnaire. ⁵
d) <u>Instructions for raters</u>	Are instructions verbal, written, or placed in a covering letter?	Verbal presentation ³ and written instructions ^{4,5} available.
e) <u>Manual</u>	Is a manual available?	Not reported but process written instructions are provided
f) <u>Commercial or free</u>	Is the instrument published in public accessible printed literature or website.	Commercial ⁶
g) <u>Published benchmarks</u>	Is descriptive aggregate data published?	Measurement tool has been changed and no benchmarks are available for the 2008 version. ¹
Validity	Content validity What approaches have been used to develop items	Expert advice has been sought in the development of items and scales. ¹ Focus groups of doctors and other professional helped refine the questionnaire
	Factor analysis analysis (to determine items are aligned with domains)	Not carried out
<u>Reliability</u>	Coefficient alpha	Cronbach's alpha of .95 reported for original version of instrument. ³
	Inter-item correlation	No information
	Inter-rater reliability	Spearman Brown coefficient of 0.90
	G-study or D-study	Not reported
<u>Feasibility</u>	Response rates reported	2008 data being analyzed from 266 physicians, 243 senior

		colleagues, 1228 peers and 1224 support colleagues. ⁷
	Length of time to respond to the instrument	On-line response to original tool 10-15 minutes (reported by 25%), 16-30 minutes (59%), 31-45 minutes (15%). ⁸
<u>Characteristics of respondents</u>	Used with more than one type of respondent (i.e., peers, co-workers)?	Respondent groups made up of 1 Senior colleague, 6 Peers, 6 Support colleagues (reception and admin) staff. ^{4,5}
<u>Characteristics of sample population</u>	On which other populations have the instruments been used?	Physicians in hospitals. ⁸
<u>Use of the data</u>	Has the data been used to provide feedback to the sample under study?	The original tool provided feedback to GP physicians between 1998 and 2006. 2894 colleagues have provided feedback to 279 physicians working in general practice and in hospitals. ⁸
	The aim of the feedback?	Feedback provides development of people and team skills among clinicians, enhance their appraisal experience, build self awareness, reveals relative strength and development needs
	How was feedback provided?	The original tool provided a computer generated PDF generated within 1-2 days and a copy sent to appraiser. ⁴ Results are presented from least threatening to most possibly threatening. Confidentiality is ensured. Feedback meeting held with a facilitator who explained output and aided discussion of results for the original assessment tool. ⁹
	What was the result of the feedback?	No description of feedback but feedback method was reported to have been appreciated by great majority of participants. ^{8, 10}

Appendix 11: Psychometric Assessment of 360^o Clinical

		360^o Clinical
a) <u>Measuring aim or construct</u>	Is there a conceptual basis for the instruments' development and measurement constructs?	The aim was to provide nationally accepted questionnaires that would provide information to support appraisal and ultimately, revalidation. Designed for all specialties including GPs
b) <u>Scale design</u>	What do the scales measure?	Four point rating scale ranging from 1=Unacceptable to 4=outstanding. In addition measure includes U/C unable to comment and an open-ended response box
	How do the scales measure the construct	Likert scale
	Can summary scores be calculated from the scale?	Aggregate scores are used
c) <u>Implementation details</u>	When do raters and assessors receive copies of the MSF?	The instrument is electronically administered
d) <u>Instructions for raters</u>	Are instructions verbal, written, or placed in a covering letter?	Definition of scale points are included on the questionnaire and instruction that "If you have answered any of the statements above with an 'unacceptable' or 'outstanding' rating you <u>must</u> give specific examples".
e) <u>Manual</u>	Is a manual available?	Not reported
f) <u>Commercial or free</u>	Is the instrument published in public accessible printed literature or website.	Not reported
g) <u>Published benchmarks</u>	Is descriptive aggregate data published?	Mean score for GPs was 3.49 out of 4
<u>Validity</u>	Content validity What approaches have been used to develop items	Consultation with over 100 consultants from many specialties were involved in designing the colleague items. Tested with 112 GPs
	Factor analysis analysis (to determine items are aligned with domains)	Factor analysis shows that all items load onto one factor
<u>Reliability</u>	Coefficient alpha	Not reported
	Inter-item correlation	Not reported
	Inter-rater reliability	Not reported
	G-study or D-study	The colleague MSF reliability using Generalisability coefficient for GPs was found to be .58 with 15 raters
<u>Feasibility</u>	Response rates reported	Not reported for GPS
	Length of time to respond to the instrument	Not reported
<u>Characteristics of respondents</u>	Used with more than one type of respondent (i.e., peers, co-workers)?	15 assessors of which two were doctors, two nurses, two allied health professionals and two clerical/managerial and the rest to be made up of staff that most closely reflected the doctors' day-to-day clinical practice. GPs had an over-representation of clerical/managerial staff (35.2%) and very

		few assessors were junior medical staff or Allied Health Professionals
<u>Characteristics of sample population</u>	On which other populations have the instruments been used?	Emergency medicine, Medicine, Anaesthetics, Obstetrics and gynaecology, Ophthalmology, Paediatrics, Radiology, Pathology, Psychiatry, Surgery
<u>Use of the data</u>	Has the data been used to provide feedback to the sample under study?	Yes
	The aim of the feedback?	
	How was feedback provided?	Doctor undergoing the MSF was asked to nominate an appraiser who was responsible for checking the 'mix' of assessors and feeding back the results at a designated meeting at the end of the process. Final report detailed individual scores for each domain and also how many assessors scored each item rather than just feeding back the aggregate scores.
	What was the result of the feedback?	Not reported

Appendix 12 Psychometric Assessment of General Medical Council (GMC) Colleague Questionnaire

a) <u>Measuring aim or construct</u>	Is there a conceptual basis for the instruments' development and measurement constructs?	The instrument has been developed using the principles and criteria which were described in the document provided by Dr. Pringle ¹ . These principles and criteria are based on Good Medical Practice for General Practitioners.
b) <u>Scale design</u>	What do the scales measure?	Two five point rating scales. One scale ranges from 1=Poor to 5=Very Good. The second scale ranges from 1=strongly disagree to 5=strongly agree. In addition a "don't know" option is available and an open-ended response space is provided. ²
	How do the scales measure the construct	Likert scale
	Can summary scores be calculated from the scale?	A summary score made up of the standardized sum across all the items is used for statistical analysis. ³
c) <u>Implementation details</u>	When do raters and assessors receive copies of the MSF?	Each doctor's nominated colleagues were e-mailed and invited to complete a questionnaire on-line within 2 weeks. ³
d) <u>Instructions for raters</u>	Are instructions verbal, written, or placed in a covering letter?	Colleagues were provided with an information sheet and a security PIN number to access the questionnaire. ³
e) <u>Manual</u>	Is a manual available?	Not reported
f) <u>Commercial or free</u>	Is the instrument published in public accessible printed literature or website.	Not reported
g) <u>Published benchmarks</u>	Is descriptive aggregate data published?	Yes ^{3,4}
Validity	Content validity What approaches have been used to develop items	Face validity was established through a series of focus groups run by a marketing agency. A preliminary assessment of the properties of the questionnaire was undertaken by the University of Leeds ³
	Factor analysis analysis (to determine items are aligned with domains)	Factor analysis identified three components in the 17 colleague item questionnaire. ³
<u>Reliability</u>	Coefficient alpha	Reliability of the colleague questionnaire was 0.992
	Inter-item correlation	0.418 (range 0.189–0.725). ³
	Inter-rater reliability	Not reported
	G-study or D-study	Seven (7) colleague ratings resulted in G=0.65 (0.25) and 12 colleague ratings resulted in G=0.76 (0.19). ³

<u>Feasibility</u>	Response rates reported	Responses were obtained from 4269 colleagues relating to 309 doctors with a mean of 14 responses per doctor. ³
	Length of time to respond to the instrument	Not reported
<u>Characteristics of respondents</u>	Used with more than one type of respondent (i.e., peers, co-workers)?	Doctor colleagues made up 49.7% of respondents (2107/4236) Registered nurses made up 17.8% (n=754) of the respondents. The remaining colleagues (n=1377, 32.5%) included a wide range of professional health care personnel (i.e., allied healthcare professional, healthcare assistant, practice manager, administrator, pharmacist or one of around 300 free text descriptors submitted by participants. ³
<u>Characteristics of sample population</u>	On which other populations have the instruments been used?	None reported
<u>Use of the data</u>	Has the data been used to provide feedback to the sample under study?	Not reported
	The aim of the feedback?	Not reported
	How was feedback provided?	Not reported
	What was the result of the feedback?	Not reported

Information Provided for Review

CFET

1. 360i Example report (360i = Integrated report for colleague, patient and self instruments)
2. 360i Process and Timescale
3. Guidelines for 360i for GPs
- 4a Colleague CFET (Measurement tool)
- 4b Other (nurses, secretaries etc.) CFET (Measurement Tool)
5. Study 1 Evaluation of General Practitioner (GP) performance through a colleague questionnaire. (report not published on most recent analysis)
6. Study 2 Narayanan, A. and Greco, M. 2007. What distinguishes general practitioners from consultants, according to colleagues? *Journal of Healthcare Management and Marketing*. Vol.1 No.1: 80-87
7. e-mail comments from Michael Greco

GP SPRAT

List of material:

1. Jim Crossley, John McDonnell, Charlie Cooper, Pauline McAvoy, Julian Archer & Helena Davies. Can a district hospital assess its doctors for re-licensure? *Medical Education* 2008; 42: 359-363
2. Helena Davies and Julian Archer, Multi source feedback using Sheffield Peer Review Assessment Tool (SPRAT) – development and practical aspects. *The Clinical Teacher* 2005; 2(2):1-5
3. Archer Julian Charles. The Educational Impact of the Sheffield Peer Review Assessment Instrument (SPRAT) Dissertation submitted in part requirement for the MEd Degree of the University of Sheffield, April 2008
4. Archer Julian Charles. Multisource Feedback to Assess Doctors. Performance in the Workplace University of Sheffield Thesis submitted for the degree of PhD, Academic Unit of Child Health February 2007.
5. Workplace Assessment Projects: A report from the steering group. July 2006

Abstracts Multi-Source feedback in Medical education. Royal Institute of British Architects, London, 13th December 2006.

- a) Davies H, Archer J, Chana N, Rughani A. MSF in general practice: feasibility and reliability of GP-SPRAT
Multi-source feedback in medical education.
- b) Archer Julian, Clarke Jayne & Stark Patsy. The Educational Impact of SPRAT (Sheffield Peer Review Assessment Tool).
- c) Archer Julian, McGraw Mary, Bevilacqua Racheal & Davies Helena. Evidence for and challenges to validity when implementing Multi-source (MSF) feedback nationally
- d) Archer Julian, Clarke Jayne & Stark Patsy. The educational impact of SPRAT (Scheffield Peer Review Assessment Tool)
- e) Davies Helena, Crossley Davies, Archer Julian, Southgate Lesley, Grant Janet & Dewar Sandra. Bespoke MSF for histopathologists. Multisource feedback as part of assessment during specialist training for histopathologists (e-PATH-SPRAT)
- f) Davies Helena, Archer Julian, Chana Nav & Rughani Amar. MSF in General practice: Feasibility and reliability of GP-SPRAT

WHAT IS A GOOD GP?

Lough Murray, Shepherd Annabel, NSH Education for Scotland. Multi-Source Feedback for GP Appraisal in Scotland

So far the instrument has been developed by asking several knowledgeable groups “What is a good GP?”. Opinions about the instrument have been sought from health professionals. They were asked about the relevancy of the items. Eighty percent agreement was the acceptable standard for scoring 3 or 4 for each statement.

INSIGHT 360⁰

1. Griffin E, Sanders C, Craven D, and King J. A computerized 360⁰ feedback tool for personal and organizational development in general practice. Health Informatics Journal. 2000; 8, 71-80.
2. McDermott A, and Hasler J. 360⁰ feedback: how do perceptions of doctors' attributes compare? Clinical Governance Bulletin. 2004 November
3. Covering letter from measurement creator (Edgecumbe Group)
4. Dr. Insight 360⁰ measurement tool (2008 version)
5. Briefing Session (a presentation provided as a brief to physicians and their colleagues)
6. Process Instructions – Completing Self Report And Nominating Colleagues
7. Guidelines
8. Edgecumbe Doctor 360 Flyer
9. Report for Dr. A N Other (2008 data)
10. McDermott A, and Hasler J. 360⁰ feedback: how do perceptions of doctors' attributes compare? Clinical Governance Bulletin. 2004 November
11. Griffin E, Sanders C, Craven D, and King J. A computerized 360⁰ feedback tool for personal and organizational development in general practice. Health Informatics Journal 2000; 8, 71-80.
12. Edgecumbe 360⁰ overall feedback from participating physicians (including some examples of free text comments)

360⁰ CLINICAL (ACADEMY OF MRC)

Academy of Medical Royal Colleges. Project to develop multi-source feedback questionnaires for revalidation. Final Report, Sept 2007

GENERAL MEDICAL COUNCIL (GMC) COLLEAGUE QUESTIONNAIRE

1. No Author, Principles and Criteria for the Use of Multi-Source and patient Feedback System in Revalidation (Draft), no publication information.
2. Colleague Questionnaire for Dr. Anonymous Example
3. Campbell JL, Richards SH, Dickens A, Greco M, Narayanan A, Brearley S. Assessing the professional performance of UK doctors: an evaluation of the utility of the General Medical Council patient and colleague questionnaire. Quality and Safety in Health Care 2008; 17:187-193
4. Web Table C. Item-Total statistics
5. Royal College of General Practitioners. Revalidation for General Practitioners. Consultation Document. 2008; p1-24