APPRAISAL, REVALIDATION & PORTFOLIO | MODULE 07

Patient and colleague feedback: collect fairly and use thoughtfully

Plan meaningful feedback across different roles, patient groups and working arrangements, with alternatives agreed where necessary.

✓ 12 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Feedback is most useful when the collection is fair, the sample fits the work and the doctor reflects on the message. Agree practical difficulties early rather than collecting only convenient or favourable responses.

Three next actions

- Check which formal feedback is due in the current cycle.
- Confirm the approved method and administration arrangements.
- Plan time to reflect, discuss and respond to the findings.

Learning objectives

- Plan patient and colleague feedback for a varied scope.
- Identify selection bias and accessibility barriers.
- Translate feedback into proportionate development actions.

Plan the formal exercises within the cycle

The GMC requires formal solicited patient feedback at least once per revalidation cycle and colleague feedback at least once per cycle. Relevant informal feedback also supports annual reflection. Confirm the timing and method with your appraisal team. A survey collected too late to discuss or act on may leave avoidable difficulties near the recommendation date.

Create a calendar entry for agreeing the method, collecting feedback, receiving the report and discussing it. These are separate tasks. If your next role will make collection more difficult, ask whether the current setting provides a better opportunity. Do not assume that a satisfactory survey from an earlier cycle automatically fulfils the current cycle's requirement.

Make patient feedback suitable for the people you serve

The method should fit the patients, services and setting. Consider language, disability, communication needs and whether a patient can appropriately be asked at that time. Where patients cannot provide feedback even with adjustments, meaningful feedback from representatives may be appropriate. The current GMC guidance explains alternatives and the need to agree difficulties with the responsible officer or suitable person.

For example, a service caring for people with communication difficulties should not simply exclude them to improve response rates. Discuss an accessible approach and how the report will distinguish patient and representative perspectives. The educational planner here asks about the method and coverage; it does not collect real patient responses or generate an official feedback report.

Protect the collection process from bias

Use the approved local or independent administration route. Avoid selecting only patients likely to praise you or personally collating sensitive responses. Explain the purpose and voluntary nature of the exercise through the agreed process. Follow the tool's instructions and discuss small samples or other difficulties rather than inventing a universal minimum response number.

A useful planning question is whether a colleague could describe how participants were approached without relying on your preference for particular respondents. Consecutive or otherwise appropriately selected participants can reduce cherry-picking. Practical constraints may still affect the sample; record them. A limited report can support learning, but it should not be described as representative without considering who was missing.

Seek colleagues who know different parts of your work

Colleague feedback should draw impartially from the whole scope and include a range of roles, including people who are not doctors. Validated, independently administered questionnaires are preferred where possible, with alternatives agreed by the responsible officer or suitable person. A collection made only from close friends or one professional group may miss important aspects of practice.

Map roles rather than naming individuals in the website tool: nursing colleagues, administrative staff, supervisors, peers, learners or managers as relevant. Think about who sees your reliability, teamwork and response to difficulty, as well as your technical work. Feedback from challenging working relationships can be informative, but it should be collected through a fair process that protects respondents.

Read the report with context and curiosity

Begin with the overall pattern, then examine particular comments in context. Compare self-assessment with external perspectives. A single negative comment may be important without defining your whole practice; a favourable average does not erase a recurring concern. Ask what the evidence can support and what further discussion or observation would help.

Avoid trying to identify an anonymous respondent or arguing against every uncomfortable point. For an original example, feedback may describe a doctor as available but difficult to approach when busy. The next step might be to explore how interruptions are handled and test clearer signposting. The purpose is to improve the interaction, not to prove that the respondent misunderstood the workload.

Respond proportionately and review the effect

Identify strengths to maintain and one or more changes worth testing. Translate a broad theme into observable behaviour and a review point. Discuss concerns with the appraiser and use the appropriate support route if feedback raises a serious issue. A development plan should be proportionate; it need not become a punitive list of every unfavourable sentence.

Record what you changed, what support was needed and how you will learn whether it helped. If you believe the process was unfair or the report contains a factual error, raise that through the administrator or appraisal lead while still considering any useful learning. Process concerns and reflective engagement can be addressed together without pretending either is irrelevant.

Common mistake

Avoid this	Treating favourable scores as proof of competence, or dismissing all feedback because the sample or wording is imperfect.

Pause and reflect

Whose perspective is missing from the feedback you currently receive?

Takeaways

- Plan fair and accessible collection.
- Interpret patterns in context.
- Test a proportionate response.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. How should formal patient and colleague feedback be timed?

A. Plan it within the cycle with time to reflect, discuss and act.

B. Treat a report from any earlier cycle as automatically sufficient.

C. Collect it only after the revalidation submission date.

D. Arrange identical annual exercises as a universal GMC rule.

2. Many patients cannot complete a standard questionnaire. What is appropriate?

A. Declare all patient feedback unnecessary without agreement.

B. Discuss accessible methods and suitable representative feedback with the appraisal team.

C. Exclude those patients without examining alternatives.

D. Ask the doctor to answer on their behalf.

3. A doctor proposes asking only patients who have sent thank-you cards. What is the main issue?

A. The exercise is necessarily invalid because the patients know the doctor.

B. The only issue is whether the cards are stored as PDFs.

C. Positive feedback can never contribute to appraisal.

D. The selection is likely to bias the formal feedback exercise.

4. Which colleague group best supports feedback planning?

A. Only colleagues expected to give favourable ratings.

B. An impartial range of people who see different aspects of the doctor’s work.

C. Only senior medical colleagues with the same grade.

D. Only people who work at the largest clinical site.

5. A mostly favourable report contains repeated comments about approachability. What is useful?

A. Treat it as a definitive finding of professional misconduct.

B. Try to identify the anonymous respondents before reflecting.

C. Explore the theme in context and identify an observable change to test.

D. Dismiss it because the overall average is favourable.

6. The doctor believes a feedback report contains a factual error. What is reasonable?

A. Edit the provider’s report privately before submission.

B. Reject every part of the report and stop the exercise.

C. Raise the error through the proper route while considering any useful learning.

D. Accept every statement as fact to appear reflective.

Answers and explanations

1. A — Plan it within the cycle with time to reflect, discuss and act.

Formal feedback has cycle-based requirements. Planning needs to include administration and reflection, not merely sending invitations.

Review the named teaching section, then explain the next step in your own words.

2. B — Discuss accessible methods and suitable representative feedback with the appraisal team.

The method should fit the patient group and context. Accessibility and appropriate alternatives need consideration rather than silent exclusion.

Review the named teaching section, then explain the next step in your own words.

3. D — The selection is likely to bias the formal feedback exercise.

Favourable prior comments should not determine selection for a formal exercise. Use the agreed administration and sampling method.

Review the named teaching section, then explain the next step in your own words.

4. B — An impartial range of people who see different aspects of the doctor’s work.

Whole-scope feedback should include varied roles and perspectives. Seniority, friendship or one setting alone may leave important work invisible.

Review the named teaching section, then explain the next step in your own words.

5. C — Explore the theme in context and identify an observable change to test.

A recurring theme deserves consideration without either dismissing it or making an unsupported regulatory conclusion.

Review the named teaching section, then explain the next step in your own words.

6. C — Raise the error through the proper route while considering any useful learning.

Process concerns and learning can be addressed together. Preserve the official record and seek a transparent correction where needed.

Review the named teaching section, then explain the next step in your own words.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: patient and service-user feedback
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/patient-feedback---or-feedback-from-those-you-provide-medical-services-to

GMC: colleague feedback
UK · https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/colleague-feedback

HEIW: appraisal and revalidation in Wales
Wales · https://revalidation.heiw.wales/doctor-resources/overview-of-appraisal-and-revalidation/

Medical Appraisal Scotland: SAS doctor resources
Scotland · https://www.appraisal.nes.scot.nhs.uk/resources/sas-doctors/

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