

ROYAL COLLEGE OF GENERAL PRACTITIONERS

THIRD REVIEW OF COLLEAGUE AND PATIENT SURVEY INSTRUMENTS

The RCGP commissioned Professor Jocelyn Lockyer and her team in Calgary, Canada, to review the current available tools for conducting Colleague and Patient Surveys in general practice in the UK. They were asked to consider:

- The breadth of coverage by each tool (mapped to the GMC Framework)
- The validation undertaken for each tool

They were not asked to assess the companies themselves, value for money or the method used for analysis and feedback.

On the basis of Professor Lockyer's reports, in September 2010 the RCGP suggested that general practitioners should consider using one of an identified range of tools in their preparations for revalidation.

Colleague Surveys

The following Colleague Surveys were regarded as 'fit for purpose' for revalidation:

- Sheffield Peer Review Assessment Tool Version 2 (GP-SPRAT)
- Colleague Feedback Evaluation Tool Version 2 (CFET)
- General Medical Council Colleague Questionnaire

Patient Surveys

The following Patient Surveys were regarded as 'fit for purpose' for revalidation:

- General Medical Council Patient Questionnaire
- Improving Practice Questionnaire (IPQ)
- EDGE CUMBE 360° Version 2
- Doctors' Interpersonal Skills Questionnaire (DISQ)

The RCGP has subsequently received three re-submissions - two colleague survey instruments and one patient survey instrument. This report, undertaken internally, assesses these three additional submissions.

COLLEAGUE FEEDBACK INSTRUMENTS

2Q MSF and Edgecumbe 360 had been considered by Professor Lockyer and colleagues but the RCGP considered, on the basis of the findings, that further evidence of validation would be required before it could recommend these tools. Both providers have subsequently submitted further evidence on validity and reliability.

The coverage of the GMC framework, as recorded by Lockyer and colleagues, was as follows:

Table 1: The coverage of 2Q MSF and Edgecumbe 360 against Duties of a Doctor

Duties of a Doctor	2Q MSF	Edgecumbe 360
Good clinical Care	X	X
Maintaining Good Practice	X	X
Teaching and training, appraising and assessing		X
Relationships with patients	X	X
Working with colleagues	X	X
Probity		X
Health		X

Table 2: The coverage of 2Q MSF and Edgecumbe 360 against the GMC's attributes

GMC Attributes	2Q MSF	Edgecumbe 360
Domain 1: Knowledge, skills and performance		
• Maintain your professional performance	X	
• Apply knowledge and experience to practice	X	X
• Keep clear, accurate and legible records	X	X
Domain 2: Safety and quality		
• Put into effect systems to protect patients and improve care		X
• Respond to risks to safety		X
• Protect patients and colleagues from any risk posed by your health		
Domain 3: Communication, partnership and teamwork		
• Communicate effectively	X	X
• Work constructively with colleagues and delegate effectively	X	X
• Establish and maintain partnerships	X	X
Domain 4: Maintain trust		
• Show respect for patients	X	X
• Treat patients and colleagues fairly and without discrimination	X	X
• Act with honesty and integrity		

a. 2Q MSF

This is a colleague survey with two overall questions – one on professional behaviour and one on clinical performance – with suggested attributes for the responder to consider. These attributes are those scored in tables 1 and 2. It can be used with as few as 11 colleagues (6 clinical and 5 non-clinical).

In their review of the 2Q MSF for the RCGP, Lockyer and colleagues concluded that “the 2Q MSF may be useful once further validation has taken place”. In their new submission, the TIPP team demonstrate:

- 2Q MSF has been used through 1200 iterations
- It has been positively reviewed as part of the RCGP commissioned Curriculum Evaluation by Warwick and Birmingham Universities
- A qualitative study and qualitative survey of users shows a good comparison to another leading colleague survey tool

2Q achieved a reliability of 0.9 (Cronbach’s Alpha) when rated by seven clinical colleagues. In addition, 2Q demonstrated high inter-rater agreement similar to other internationally recognised MSF tools when used by 7 clinical (G= 0.72) OR 7 non clinical colleagues (G=0.68). The capacity to mix clinical and non-clinical colleagues may be of benefit to small practices needing to recruit seven colleague opinions.

b. Edgumbe 360

This questionnaire has 30 questions gathered under the domains and attributes in the GMC’s Framework. The team has provided the RCGP with:

- Descriptive statistics on each question in 6453 colleague responses (711 GPs)
- A factor analysis of the component questions which shows good mapping onto the GMC’s four domains
- A reliability analysis with a Cronbach’s alpha of 0.939

With this additional information, the RCGP can now recommend this instrument for use in revalidation.

PATIENT FEEDBACK INSTRUMENTS

CSQ was the only re-submission for a patient survey. The following tables are the coverage as reported by Lockyer and colleagues.

Table 3: The coverage of CSQ against Duties of a Doctor

Duties of a Doctor	CSQ
Good clinical Care	
• Adequately assessing the patient's condition etc	X
• Providing and arranging advice, investigations or treatment	
• Respect right to second opinion	
• Be accessible when on duty	X
• Supporting self care	
Relationships with patients	
• Relationships based on openness, trust etc	X
Doctor-patient relationship	
• Polite, considerate and honest	
• Treat patients with dignity	
• Treat patients as individuals	X
• Respect patient's privacy and confidentiality	X
• Support self care	
• Encourage patients to use their knowledge of their condition	
Communicate effectively	
• Listen to patients etc	X
• Share information with patients etc	X
• Respond to patient's questions	
• Ensure patients know how information is shared in the team	
Open and honest if things go wrong	
Consent for examinations, investigations, procedures etc	
Probity	

Table 4: The coverage of CSQ against the domains and attributes in the GMC's Framework

GMC Attributes	CSQ
Domain 1: Knowledge, skills and performance	
• Maintain your professional performance	
• Apply knowledge and experience to practice	X
• Keep clear, accurate and legible records	
Domain 2: Safety and quality	
• Put into effect systems to protect patients and improve care	
• Respond to risks to safety	
• Protect patients and colleagues from any risk posed by your health	
Domain 3: Communication, partnership and teamwork	
• Communicate effectively	X
• Work constructively with colleagues and delegate effectively	
• Establish and maintain partnerships	X

GMC Attributes	CSQ
Domain 4: Maintain trust	
• Show respect for patients	X
• Treat patients and colleagues fairly and without discrimination	
• Act with honesty and integrity	

a. CSQ

The Consultation Satisfaction Questionnaire (CSQ) has 18 questions that cover four dimensions: general satisfaction, relationship, professional care and perceived time for the consultation. In their last review, Lockyer and colleagues concluded that CSQ “may be useful once further validation has been undertaken”.

The team has conducted further validation work which they submitted in a report to the RCGP and published in the British Journal of General Practice (BJGP, 2011; 61: 615-616 and online). Their summary is:

“The G coefficient was above 0.7 for all four CSQ scales, and for three of the scales was above 0.8, providing good evidence of reliability, and well within the range of 0.7-0.8 advised by Lockyer and Fidler (2009). The D –study showed that completion of CSQ by 19 patients would be sufficient to achieve good reliability for the questionnaire as a whole, and that completion by 23 patients would achieve reliability of 0.7 or above for all four scales. These results all are comparable with G- and D-study results of the approved patient survey instruments.

The additional study also provides further reassuring evidence of construct validity. GPs with low scores also attracted more negative patient comments. This is likely to be helpful to GPs who use CSQ as they will be able to relate their scores to these comments. A GP who scores 2 or more standard deviations below the mean will know that the score is associated with negative comments from patients.”

In the light of this further evidence, the RCGP considers that the CSQ is appropriate for obtaining patient feedback for the purposes of revalidation.

CONCLUSIONS

Following this further review, the RCGP has reached the following conclusion.

Colleague Surveys

The following Colleague Surveys are regarded as ‘fit for purpose’ for revalidation:

- [Sheffield Peer Review Assessment Tool Version 2 \(GP-SPRAT\)](#)
- [Colleague Feedback Evaluation Tool Version 2 \(CFET\)](#)
- [General Medical Council Colleague Questionnaire](#)
- [EDGECUMBE 360^o Colleague Feedback](#)
- [2Q MSF](#)

Patient Surveys

The following Patient Surveys are regarded as 'fit for purpose' for revalidation:

- [General Medical Council Patient Questionnaire](#)
- [Improving Practice Questionnaire \(IPQ\)](#)
- [EDGE CUMBE 360^o Version 2](#)
- [Doctors' Interpersonal Skills Questionnaire \(DISQ\)](#)
- [Consultation Satisfaction Questionnaire \(CSQ\)](#)

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