General Medical Council

Patient feedback consultation

Changing how doctors collect and reflect on patient feedback for revalidation

Have your say

#feedbackyourway

Working with doctors Working for patients

General
Medical
Council

Changing how doctors collect and reflect on patient feedback for revalidation - a public consultation

About this consultation

We're consulting on some changes to our guidance for how we require doctors to collect and reflect on patient feedback for their revalidation.

This consultation runs 30 April to 23 July 2019

We've worked with a small advisory group of doctors and patients to develop proposals to update our requirements for doctors on how they collect and reflect on patient feedback. This has been completed in light of recent reviews and evaluations of revalidation.

We're now consulting on some proposed changes and we would welcome your views.

It's important that patients have the opportunity to give doctors feedback on the care they receive. We know that doctors value feedback from their patients and find it one of the most helpful types of supporting information to reflect on at their appraisal. This consultation does not ask whether doctors should be required to reflect on patient feedback as part of their revalidation. Instead it asks questions about *how* they should reflect on patient feedback.

How do I take part?

We've developed this consultation document for those who have an understanding of the requirements of revalidation. **We recommend you read our revised guidance before you complete it.**

We've developed a separate version of the consultation document aimed at patients, carers and members of the public. You can find the consultation documents, guidance and read more about the review of our patient feedback requirements, by visiting gmc-uk.org/feedbackyourway

- You can answer the questions online by visiting our consultation website gmc-uk.org/feedbackyourway

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

- Alternatively, answer the questions using the text boxes in this document and either:

    - email your completed response to us at patientfeedback@gmc-uk.org

    - print and post it to us at:
      Patient Feedback Consultation
      Registration and Revalidation
      General Medical Council
      Regent's Place
      350 Euston Road
      London
      NW1 3JN

Let us know if you require the consultation documents in Welsh, easy read, or another format or language. For this or any other query you can call us on **0161 923 6602** or email us at **patientfeedback@gmc-uk.org**.

Your personal information

We will process your data in line with the General Data Protection Regulation. Our privacy and cookies policies* explain how your data will be used, how cookies will be set and how to control or delete them.

At the end of the consultation process, we'll publish reports that explain our findings and conclusions. We won't include any personally identifiable information in these reports, but may include illustrative quotes from consultation responses.

Freedom of information

Your response to this consultation may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information we hold. This doesn't necessarily mean your response will be made available to the public as there are exemptions relating to information given in confidence and information to which the General Data Protection Regulation applies.

Tick this box if you would like us to treat your response as confidential ☐

* gmc-uk.org/privacy_policy

Equality and diversity

We carry out an equality analysis as we develop our guidance, to identify steps we must take to comply with the aims of the public sector equality duty under the Equality Act 2010. Responses to this consultation will help us understand how any changes to our guidance could impact on doctors, patients and members of the public who share protected characteristics[*].

What happens next?

We will analyse all responses to this consultation and take them into account when finalising the changes to our requirements.

Subject to the outcome of this consultation, we aim to publish the revised requirements early in 2020.

If you have any views on the implementation of revisions to our patient feedback requirements, include this as part of your consultation response, under question 11.

Revalidation and patient feedback - background

All licensed doctors must revalidate to maintain their licence to practise and show they are up to date and fit to practise medicine in the UK.

The requirements for revalidation are published in our *Supporting information for appraisal and revalidation* guidance, which details the six types of information that doctors must collect and reflect on at their annual appraisal in order to revalidate. One of the requirements is to reflect on feedback from patients at least once every five years, collected using a structured questionnaire. You can read our revalidation guidance on our website at gmc-uk.org/revalidation.

Doctors in UK training revalidate by engaging in their training programme and so these requirements should not apply to them. However, if they undertake practice that requires a licence outside of their training programme they should discuss this with their responsible officer.

[*] The nine protected characteristics under the Equality Act 2010 are race, disability, age, sex, gender reassignment, sexual orientation, religion and belief, pregnancy and maternity and marriage and civil partnership.

What led to this consultation?

An independent review of revalidation called *Taking Revalidation Forward* (by Sir Keith Pearson, 2017) found that patient feedback can be the most useful type of supporting information for doctors to reflect on at appraisal. However, he also found that mechanisms for collecting feedback are inflexible, the patient sample too small and not representative, and patients often feel unable to give honest views for fear of a negative impact on their care.

An independent evaluation of revalidation carried out by UMbRELLA* in 2018 echoed many of these findings and stated that 'existing tools and processes need to be refined due to perceived inadequacy repeatedly expressed by patients and doctors.'

In response we committed to making changes to our requirements.

What we've done so far

In 2018 we sought the views of our stakeholders on our patient feedback requirements and how they would like to see them change in future. This included meetings and workshops with a range of doctors, responsible officers, suitable persons, appraisers, patient organisations and lay people from across the UK.

We also reviewed a number of recent research papers and feedback we'd received on our requirements since they were introduced in 2012.

The proposed changes to our guidance in this consultation were drafted in collaboration with an advisory group, made up of employers, doctors, responsible officers (NHS and independent) and lay people (members listed in Annex A). The findings from our engagement with stakeholders informed the work of this group.

What are we aiming to achieve?

By revising our guidance we're aiming to increase the value of patient feedback for doctors' learning and professional development and introduce more flexibility in how doctors can collect it. We want doctors to be able to use helpful patient feedback that they can already access, for example through their employer, to reduce duplication and burden.

We also want to make it easier for patients to give their feedback, and reduce barriers that some can face in doing this.

* UK Medical Revalidation collaboration involves; Belfast Health and Social Care trust, Camera with Plymouth University, Health Improvement Scotland, Manchester Business School, NHS Education for Scotland, UCL and Wales Deanery.

What we want your views on?

There are 14 questions in this consultation, as well as some questions about you.

We're particularly interested in hearing views of doctors, responsible officers, suitable persons, appraisers and organisations where doctors work. We also want to hear from patients and their carers, patient representative groups and organisations.

Here is a list of areas that we're interested in hearing your views on. Your views are important and while you don't have to answer all questions, please complete as many as you can.

- The key principles that doctors need to consider when reflecting on patient feedback for revalidation (question 1)
- How to apply the principles, including:
  - annual reflection on existing sources of patient feedback (question 2)
  - retaining a periodic formal feedback exercise (question 3)
  - guidance on questions to ask patients (question 4)
  - using solicited and unsolicited feedback (question 5)
  - support from organisations where doctors work (question 6)
  - the approach for doctors who don't see patients (question 7)
  - making patient feedback more accessible and representative (question 8)
  - involving patients in developing feedback tools (question 9)
  - any other comments on the revised guidance (question 10)
- implementation and transitional arrangements (question 11)
- equality and diversity considerations (questions 12 and 13)
- further comments on the proposed changes to the patient feedback requirements (question 14).

Questions on the revised requirements

Stakeholders we spoke to during our pre-consultation engagement were supportive of introducing an approach that is more flexible and based on guiding principles. On this basis we have structured our proposed revised requirements around five key principles. They are intended to be high-level so all doctors can meet them, regardless of the work they do.

Most principles reflect elements that are mentioned in our current requirements for patient feedback. But there is greater emphasis on: regularly reflecting on patient feedback, allowing patients to give feedback in a way that meets their needs and explaining the purpose of the feedback to patients.

To help doctors understand how to apply these principles we've developed guidance that explains how to apply them in practice.

Read the revised guidance 'Principles for reflecting on patient feedback and how to apply them' on our website before responding to the questions.

The principles

1 You must regularly reflect on feedback from your patients (or where appropriate their family or carers*) and discuss your reflections at each appraisal, to help you to:

 a understand your patients' experience of the care they receive and what they think about how you work

 b demonstrate you are taking account of your patients' views in developing your practice

 c identify areas of strength to build on or maintain and any changes you can make to improve your practice

 d review whether any changes you made in response to earlier feedback have had a positive impact.

2 Patient feedback must:

 a be from across your whole scope of practice

 b be sufficient to allow you to effectively reflect on your practice.

3 Patients should be able to give feedback in a way and at a time that meets their needs.

4 Patients must be informed of the purpose of the feedback and what it will be used for.

5 You should reflect and, if appropriate, act on the feedback in a timely manner.

* Or if you don't have any patients, others you provide medical services to.

Question 1.
Do you agree that these are the right key principles to include? (please tick)

☐ Yes ☐ No ☐ Not sure

If no, what would you change and why?

How to apply the principles

In our revised guidance we explain how each principle can be applied by doctors in practice. We heard during pre-consultation engagement that, while doctors would welcome more flexibility in our requirements, they would also value some structure to help them understand how to meet them.

In this guidance we indicate through use of terms 'must' and 'should' how much flexibility there is. Where we use 'you must' this means doctors are required do something. 'You should' is used to acknowledge the need for flexibility in how doctors can meet a requirement, or where we accept it will not apply in all circumstances.

The following questions focus on sections of this revised guidance where we're proposing changes to our current patient feedback requirements. All paragraph references refer to the revised guidance.

Annual reflection on existing sources of feedback (paragraph 2)

Research shows a more continuous approach to reflection on feedback can allow doctors to more easily identify trends and pick up any issues to address in a timely way.

We think it's important that doctors consider how patient feedback informs their professional development more than once in five years. At paragraph 2 of the revised guidance we say:

'Annually you must reflect on sources of patient feedback that are available to you. Depending on your practice this could include: spontaneous or unplanned feedback (such as comments, cards and letters), feedback on your team or the service you provide.'

We understand that the profession is under pressure and don't want to increase the administrative burden of feedback collection. Our intention here is to encourage more regular reflection on patient feedback by asking doctors to reflect on feedback they can already access, for example through their employer. We are not proposing to require doctors to complete a formal feedback exercise (such as a questionnaire) more often than they do now.

Question 2.
Is it reasonable to require doctors to reflect annually on existing sources of patient feedback? (please tick)

☐ Yes ☐ No ☐ Not sure

If no, please explain why not

Retaining a periodic formal feedback exercise (paragraphs 3 – 8)

Stakeholders told us that it is important we continue to require doctors to obtain some feedback from patients using a formal exercise, at least once each revalidation cycle. This should ensure some feedback is objective (not self-selected) and a wider range of patients can take part, including those who might not give feedback unless asked.

At paragraph 3 we say:

'At least once in each revalidation cycle you must reflect on feedback from patients that has been collected using a formal feedback exercise.'

We would no longer require doctors to use a structured questionnaire, because we recognise this isn't always the most appropriate tool for their patients or type of practice.

At paragraph 6 we list aspects that a formal feedback exercise needs to meet to be considered 'good practice'. We recognise that some of these will not always be possible, depending on the level of support doctors have from their employer or organisation.

Question 3.

3a. Does our definition of a formal feedback exercise and the aspects listed as 'good practice' provide enough structure for doctors to understand how to meet our requirements? (please tick)

☐ Yes ☐ No ☐ Not Sure

Comments

3b. Does this allow enough flexibility for doctors to use methods that work best for them and their patients? (please tick)

☐ Yes ☐ No ☐ Not Sure

Comments

Guidance on questions to ask patients (paragraph 7)

Patients and their representatives told us that our example patient questionnaire is not user friendly. It does not easily allow for patients to comment on things about their care that matter to them. They felt it contains too many tick boxes and not enough space for comments.

We recognise it is no longer a model of good practice and propose taking it out of circulation. Maintaining a questionnaire, designed to help implement revalidation, encourages a 'one size fits all' approach and arguably discourages development of tools that work better for a context or patient population. There are now many organisations that specialise in offering questionnaires and other types of feedback tools.

In the revised guidance we no longer require doctors to use questionnaires consistent with principles, values and responsibilities in *Good medical practice*. Instead, at paragraph 7, we give doctors some broad advice about questions to ask patients:

'Questions that patients are asked to respond to could be based on relevant domains in Good medical practice *(as appropriate for your patients and the mechanism used), such as:*

- *Knowledge, skills and performance – how well they felt you assessed their condition*
- *Communication, partnership and teamwork – how well they felt that you listened to them'*

We also say that doctors need to seek feedback in a way that allows patients to give comments, not only ratings or scores.

Question 4.
Does the proposed advice on questions to ask patients when seeking their feedback support a more flexible approach, while offering doctors some guidance? (please tick)

☐ Yes ☐ No ☐ Not Sure

Comments

Reflecting on solicited and unsolicited feedback (paragraph 12)

We think it is important that doctors reflect on both feedback that patients choose to give unprompted (unsolicited) such as letters, cards or comments, as well as feedback that patients are asked to give (solicited), such as through a formal feedback exercise.

Unprompted feedback tends to be either very positive or negative and so including both types of feedback should offer doctors a more balanced picture of how patients view doctors' work.

At paragraph 12 we say: *'Over the revalidation cycle your approach should include reflection on solicited feedback (that patients are formally asked to give) and any unsolicited feedback (sporadic, unplanned and continuous) that you receive.'*

Question 5.

5a. Should doctors be required to reflect on both feedback that patients choose to give spontaneously (unsolicited) and feedback that patients are asked to give (solicited)? (please tick)

☐ Yes ☐ No ☐ Not sure

Comments

5b. Is the language used to explain these two types of feedback clear enough? (please tick)

☐ Yes ☐ No ☐ Not sure

If no, how could it be improved?

Support from organisations that doctors work for (paragraph 13)

A culture that supports the use of patient feedback has been found to be essential for its effective use*. We think organisations where doctors work have an important role in supporting them to meet our patient feedback requirements.

At paragraph 13 we stress the role organisations should take in making sure their doctors can access regular patient feedback. This should support doctors in reflecting on feedback more often, without increasing the burden of feedback collection.

Separately, we publish a handbook for organisations that employ, contract or oversee doctors' work, to support them in making sure they have effective clinical governance. This covers the support they should give doctors, including encouraging learning from patient feedback and making sure any concerns about performance are addressed quickly and effectively, such as those raised through patient feedback. You can read more about this at gmc-uk.org/clinicalgovernance.

However, we do recognise that not all doctors will have the same level of organisational support, depending on the nature of their work.

Question 6.
Do you think these changes would encourage organisations to support their doctors in reflecting on patient feedback? (please tick)

☐ Yes ☐ No ☐ Not sure

Comments

*Evaluating the regulatory impact of medical revalidation, UMbRELLA, February 2018.

Doctors who don't see patients (paragraph 14)

In regard to doctors who do not see patients, stakeholders gave us mixed responses on whether they should be required to reflect on feedback from others who can give feedback on their work.

Some felt it can be valuable for doctors in non-clinical roles to consider how they are perceived by those they provide medical services to, such as clients or customers.

At paragraph 14 of our proposals, we've retained the requirement for doctors who don't have patients to reflect on feedback from those who they provide medical services to. But we emphasise that the responsible officer has the discretion to agree with the doctor whether they can obtain this kind of feedback. In the revised guidance we say:

If you do not have patients *you must reflect on any sources of feedback that are available to you on an annual basis (as in paragraph 2). However, instead of patients consider any feedback from those you provide medical services to, such as students, clients or customers. Where no such feedback is available, discuss this with your appraiser and, where appropriate, your responsible officer. If you are unable to collect feedback using a formal feedback exercise once each revalidation cycle (as in paragraph 3 – 8) you must discuss and agree this with your appraiser and responsible officer.*

Question 7.
Do you support the approach for doctors who do not have any patients? (please tick)

☐ Yes ☐ No ☐ Not sure

If no, why not?

Making patient feedback more accessible and representative

We heard that some patients can experience barriers, or be prevented from giving feedback, as they can't respond to a questionnaire. We also heard that there is no single best way to collect feedback, as everyone has their own preferences and needs.

In our proposals we emphasise the need for the process to be accessible to a range of patients, by including the following:

- Patients should be able to give feedback in a way and at a time that meets their needs (Principle 3).
- Patients must be informed of the purpose of the feedback and what it will be used for (Principle 4). We know patients are more likely to give feedback if they understand how it will be used and that this can reduce fear of negative consequences.
- We advise doctors to consider what feedback mechanism or tool would work best for their patients. So if, for example, their patients cannot complete a written questionnaire we would expect them to offer an alternative (paragraph 5).
- We no longer require doctors to use questionnaires structured around *Good medical practice,* giving them freedom to use other methods and allowing patients to comment on what matters to them (paragraph 5).
- Doctors are asked to consider how they can get feedback from a range of patients, considering accessibility, such as those with learning or communication difficulties (paragraph 11).
- Doctors are asked to reflect on both feedback patients give spontaneously (unsolicited) and feedback they are asked to give (solicited). This should allow doctors to reflect on more representative feedback and give patients more ways to take part (paragraph 12).

Question 8.

8a. Do you think that the changes above would encourage and support doctors to collect more representative feedback from patients? (please tick)

☐ Yes ☐ No ☐ Not sure

Comments

8b. Would they allow more patients to engage with the process and give their feedback? (please tick)

☐ Yes ☐ No ☐ Not sure

Comments

Involving patients in developing feedback tools (paragraph 17)

Patients we spoke to felt that feedback questionnaires often contain questions and terms they don't understand. Involving patients in the development and design of feedback tools has been shown to help make sure that they are effective for their intended use. For example, the language used can be understood by those being asked to respond.

In our proposals we've included that it is 'best practice' to involve patients in the development of feedback tools or mechanisms. We want to encourage those who provide feedback tools to take this approach, recognising that doctors may not always be able to influence this, for example, where their organisation requires them to use a certain tool.

Question 9. 9a. Do you agree that we should include in the guidance that involving patients in the development of feedback tools is 'best practice'? (please tick) ☐ Yes ☐ No ☐ Not Sure
9b. What barriers might there be in involving patients and how could they be overcome?

General comments on the revised guidance

Question 10.
Would the revised guidance help doctors understand how to apply the high-level principles? (please tick)

☐ Yes ☐ No ☐ Not sure

If no, how could it be improved?

Implementation and transitional arrangements

We recognise that there will need to be a transitional period after we introduce any changes to our patient feedback requirements, to allow local processes to adjust. We understand it may take time to update systems for recording information, such as appraisal documentation.

We would expect doctors to begin exploring what patient feedback they have available to them at their next appraisal and what they may be able to reflect on at future appraisals. If they do not have access to any other sources of patient feedback (apart from the five-yearly feedback exercise) they should discuss this with their appraiser and responsible officer or suitable person.

As these revised requirements allow greater flexibility, we think there should be enough discretion for responsible officers, or suitable persons, to decide how to approach this locally.

Question 11.

11a. Do you think these transitional arrangements would be sufficient? (please tick)

☐ Yes ☐ No ☐ Not Sure

If no, what would be required and why?

11b. If we make these changes to our requirements how might any systems you use to collect patient feedback need to be changed?

How we considered equality and diversity

We carry out an equality analysis as we develop changes to our guidance to identify steps we must take to comply with the aims of the public sector equality duty under the Equality Act 2010 (and associated legislation in Northern Ireland).

Patients

The proposed revisions to our guidance encourage doctors to offer patients a way to give feedback that meets their needs and to consider how to reduce barriers some patients face in taking part. The principles require doctors to ensure that patients understand the purpose of their feedback and how it will be used. This should help alleviate concerns that giving feedback could have negative consequences for their care. These are examples of how we've considered issues that may impact on those who share protected characteristics[*].

We are also asking respondents to provide diversity information, to help us understand if any groups who share protected characteristics have specific issues with our guidance. We can then consider what steps we might need to take to reflect any issues raised.

Question 12.
What impact, if any, might the revised requirements have on **patients** who share protected characteristics?

[*] The nine protected characteristics under the Equality Act 2010 are race, disability, age, sex, gender reassignment, sexual orientation, religion or belief, pregnancy and maternity and marriage and civil partnership.

Doctors

Some groups of doctors may find it more difficult than others to obtain patient feedback. For example locum doctors, those working less than full time, or on a career break, sick leave or parental leave. Revisions to the guidance provide greater discretion for doctors and their responsible officers to decide how to approach patient feedback locally. This should allow a proportionate approach, which better reflects a doctor's type of practice and the context in which they work.

Question 13.
What impact, if any, might the revised requirements have on **doctors** who share protected characteristics?

Further comments on the revised requirements

In this section, we'd like your views on the guidance overall, including:

- how easy the proposed changes to the requirements are to understand
- if anything is missing
- sections of the guidance we haven't already asked a question about
- any other feedback you want to give.

Question 14.
Do you have any further feedback on our proposed changes to the patient feedback requirements?

About you

We'd like to ask for some information about you. This information will help us understand how well we're reaching different audiences and make sure we understand the impact of our proposals on diverse groups.

First name:
Last name:
Job title (if responding on behalf of an organisation):
Organisation name (if responding on behalf of an organisation):
Email address:

Q. Are you responding as an individual or on behalf of an organisation?

☐ Individual (continue to 'Responding as an individual')

☐ Organisation (go to 'Responding on behalf of an organisation')

Responding as an individual

Q. Which of these categories best describes you? Please select one.

☐ Doctor (if you select this, answer separate questions below)

☐ Patient

☐ Carer, relative or advocate

☐ Medical student

☐ Lay MPTS Associate

☐ Member of the public

☐ Other healthcare professional

☐ Lay GMC Associate

☐ Other (state below):

Questions if you selected 'Doctor'

Q. Which of these categories best describes you? Select one.

☐ Doctor in training ☐ GP

☐ Responsible officer/suitable person/ Medical Director

☐ Consultant ☐ Staff and Associate Grade

☐ Locum (GP) ☐ Locum (secondary care)

☐ Trainer or medical educationalist ☐ Other leadership or management role

☐ GMC Associate ☐ MPTS Associate

☐ Retired ☐ Other clinical practice (state below):

☐ Non-clinical practice (state below):

Q. Are you currently practising medicine in the UK?

☐ Yes ☐ No

Q. Do you have a designated body (responsible officer) or a suitable person?

☐ Yes ☐ No

Q. Do you work less than full time?

☐ Yes ☐ No

Questions for all individuals

In this section we ask for information about your background. We use this to help make sure we are consulting as widely as possible. We'll also use this when analysing the consultation responses to make sure we understand the impact of our proposals on diverse groups.* Although we'll use this information in the analysis of the consultation response it will not be linked to your response in the reporting process. We will not use this data for any other purpose.

* gmc-uk.org/about/how-we-work/equality-diversity

Q. What is your age?

☐ 0-18 ☐ 19-24

☐ 25-34 ☐ 35-44

☐ 45-54 ☐ 55-64

☐ 65+ ☐ Prefer not to say

Q. What best describes your gender?

☐ Female ☐ Male

☐ Prefer to self-describe (state below):

☐ Prefer not to say

Q. Is your gender identity the same as the sex you were assigned at birth?

☐ Yes ☐ No

☐ Prefer not to say

Q. Do you have a disability?

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day to day activities.

☐ Yes ☐ No

☐ Prefer not to say

Q. What is your ethnic group? Select one.

White

☐ British, English, Northern Irish, Scottish or Welsh

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other white background (state below):

Mixed or multiple ethnic groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other mixed or multiple ethnic background (state below):

Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background (state below):

Black or Black British

☐ Caribbean

☐ African

☐ Any other black, African or Caribbean background (state below):

Other ethnic group

☐ Arab

☐ Any other ethnic group (state below):

☐ Prefer not to say

Q. What is your religion

☐ No religion
☐ Buddhist
☐ Christian – Baptist
☐ Christian – Brethren
☐ Christian – Catholic
☐ Christian – Church of England
☐ Christian – Church of Ireland
☐ Christian – Church of Scotland
☐ Christian – Free Presbyterian
☐ Christian – Methodist
☐ Christian – Other
☐ Christian – Presbyterian
☐ Christian – Protestant
☐ Christian – Pentecostal
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Other (state below):

☐ Prefer not to say

Q. Which of the following options best describes your sexual orientation?

☐ Bi
☐ Heterosexual or straight
☐ Gay man
☐ Gay woman/lesbian
☐ Prefer to use another term (state below):

☐ Prefer not to say

Q. What is your country of residence?

☐ England
☐ Northern Ireland
☐ Scotland
☐ Wales
☐ Other - European Economic Area (please say below):
☐ Other - rest of the world (state below):

Responding on behalf of an organisation

Q. Which of these categories best describes your organisation? Please select one

☐ Patient organisation
☐ Doctor organisation
☐ Independent healthcare provider
☐ Medical school (undergraduate)
☐ NHS / HSC organisation
☐ Postgraduate body
☐ Regulatory body
☐ Public body
☐ UK government department
☐ Other (state below):

Q. In which country does your organisation operate? Please select one.

☐ England
☐ Northern Ireland
☐ Scotland
☐ Wales
☐ UK wide
☐ Other (European Economic Area) (state below):

☐ Other (rest of the world) (state below):

Thank you for responding to our consultation.

Annex A - Advisory group members

- Dr Susi Caesar, GP and Royal College of GPs Medical Director for Revalidation, Chair of the Academy of Medical Royal Colleges Revalidation and Professional Development Committee
- Maurice Conlon, Clinical Advisor, Professional Standards Team, NHS England
- Mark Corcoran – GP, GP Appraiser and BMA nominated representative
- Charlotte Cuddihy – Clinical fellow, GMC
- Peter Durning – Assistant Medical Director, Cardiff University, Chair of the Wales Revalidation and appraisal group, Wales
- Ian Mackay – Responsible officer, Independent Doctors Federation
- Rea Mattocks – Lay member (England)
- Helen McGill – Medical Director and Responsible officer, NHS Professionals
- Dr Tony Stevens – Chief Executive, Northern Health and Social Care Trust, Northern Ireland
- Jim Walker – Lay member (Scotland)

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