RCR
The Royal College of Radiologists

Preparing for revalidation

Multisource feedback:

recommended specialty-specific questions, generic questions related to performance and guidance for use

Tools for improving professional practice in clinical radiology

This tool is designed by The Royal College of Radiologists (RCR) to help clinical radiologists to collect the supporting information required for revalidation.

The RCR would also recommend using these methods to help improve professional practice, irrespective of when the first round of revalidation is implemented.

A series of further tools and pro formas is currently in development and will be added in the future.

As the revalidation process develops and changes with implementation, the RCR will review its tools and would expect the portfolio to evolve. Any feedback to assist with this process would be most welcome.

Relevant background RCR guidance related to professional performance

1. *Standards for Self-Assessment of Performance* – includes a range of methods for monitoring personal professional performance
2. *Standards for Radiology Discrepancy Meetings* – including recommendations for attendance rates and documentation of cases discussed
3. *Cancer Multidisciplinary Team Meetings – Standards for Clinical Radiologists* – includes recommendations for attendance and dealing with discrepancies
4. *Standards for patient confidentiality and PACS* – guidance on professional standards for confidentiality related to radiologists' routine work, teaching and research
5. *Standards for the communication of critical, urgent and unexpected significant radiological findings* – includes professional guidance on compliance with NPSA safer practice notice 16 and recording of action taken
6. AuditLive – a selection of recommended audits http://www.rcr.ac.uk/CRAuditLive

List of radiology-specific tools published

- *Peer review: guidance on the use of double reporting*
- *Personal reflection on discrepancies and adverse events*
- *Self-review of practice for clinical radiologists undertaking interventional procedures*
- *Self-review of practice for diagnostic radiologists*
- *Recording attendance at radiology discrepancy meetings*
- *Case-based discussion for diagnostic radiologists*

List of generic tools published

- *Reflection on complaints: a tool for clinical oncologists and clinical radiologists*
- *Reflection on compliments: a tool for clinical oncologists and clinical radiologists*
- *Reflection on serious untoward incidents (SUIs): a tool for clinical oncologists and clinical radiologists*
- *Revalidation audit tool*
- *Revalidation continuing professional development (CPD) summary tool*
- *Reflection on 'near miss' incidents: a tool for clinical oncologists and clinical radiologists*
- *Attendance at mandatory training: a tool for clinical oncologists and clinical radiologists*
- *Supporting information for health for use in appraisal and revalidation*
- *Supporting information for probity for use in appraisal and revalidation*

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Introduction

The aim of this document is to provide a tool for clinical radiologists and clinical radiology departments to use when preparing for revalidation. It contains generic and specialty-specific multisource feedback (MSF) questions and guidance on how they should be used.

MSF is the method by which colleague and/or patient views about a doctor's behaviour and performance are systematically collated. It can provide reassurance with regard to things that are done well and help to set priorities for areas that could be improved.

The General Medical Council (GMC) has stated that 'one type of information required of all doctors for the purposes of their revalidation is feedback from colleagues and, for doctors with direct patient contact, feedback from patients'.[1] The GMC has developed draft principles and criteria entitled *GMC Principles, Criteria and Key Indicators for Colleague and Patient Questionnaires in Revalidation*,[1] drawing extensively on work carried out by the Academy of Medical Royal Colleges when producing their report: *Multi-Source Feedback, Patient Surveys and Revalidation. Report and Recommendations.*[2]

The GMC highlights the following key principles in its document, stating that MSF systems must:

- Be piloted on the appropriate population
- Demonstrate that they are robust, reliable, valid and generalisable
- Have the capacity to identify doctors where further evaluation of practice may be required, particularly in comparison to other doctors that work in the same area of practice
- Provide appropriate and useful feedback to doctors that can be integrated into local systems
- Reflect and measure the whole practice of the doctor
- Be evaluated and administered independently from the doctor or employer to ensure an objective review of the information
- Be feasible.

Development of radiology MSF questions and ratings

The Royal College of Radiologists (RCR) first produced a MSF document in 2004. This was entitled *360° Appraisal – Good Practice for Radiologists*[4] and was a toolkit which clinical radiologists could use to inform the process of annual appraisal and it was envisaged for eventual use in revalidation. However, this was produced before much was known about the final processes for revalidation.

In 2008, the RCR decided to pilot its intended approach to revalidation for its Fellows and members, with one element of the pilot being MSF – including both generic and specialty-specific questions. In order to produce a MSF tool, the RCR used its earlier *360° Appraisal* document but amended it to reflect the many changes that had taken place since 2004 in the development of revalidation. This included amending the ratings scale to allow the document to be more summative in nature and producing a more concise version of the questions to be asked. For completeness, generic questions were also included.

An external company was used to administer the MSF process for pilot participants. This was conducted electronically using the questions and ratings provided by the RCR. On completing the pilot, participants were asked to fill out a questionnaire evaluating the process. The results of the pilot and the questionnaires showed that:

- Pilot participants rated MSF as the most useful part of the revalidation portfolio of evidence and the pilot
- It was important to include specialty-specific questions as well as generic questions. This was because it showed other people's perception of an individual's performance specifically in their role as a radiologist as well as their professional attributes in general
- The MSF must be completed by an appropriate range of assessors including peers (radiologists and other clinicians), trainees, patients, managerial staff, administrative staff, non-medical staff and so on
- A minimum number of responses should be defined.

Patient and lay representatives were fully involved in the development and assessment of all aspects of the pilot. However, patient feedback was not sought in the RCR's MSF pilot as the degree of patient contact is very variable for radiologists. A previous MSF pilot study carried out by the Federation of The Royal Colleges of Physicians under the umbrella of the Academy of Medical Royal Colleges, which included some radiologists, indicated that patient assessment tools were less accurate for radiologists than for other specialists.[5]

Recommended specialty-specific and generic MSF questions

Appendix 1 contains the recommended specialty-specific questions and rating scales for MSF for clinical radiologists.

Appendix 2 contains generic questions which were used in the RCR pilot.

In producing this MSF tool we have adhered, where appropriate, to the principles and criteria outlined in the GMC document[1] such as:

- As part of our revalidation pilot, we tested the MSF on healthcare professionals, administrators, managers and so on
- There is a clear threshold between satisfactory and unsatisfactory performance in the rating scales
- We would expect any clinical radiologist undertaking the MSF to also complete a self-assessment. This was the case in our pilot.

The RCR's specialty-specific MSF questions correspond to the sections: 'Good clinical care' and 'Maintaining good medical practice' in the GMC's publication *Good Medical Practice.*[3] These may be used as a 'stand-alone' tool where the employing trust already has a generic MSF tool in use, or the specialty-specific and generic questions can be used together where there is no local MSF process.

The introduction of a patient survey for radiologists will require much further work and will depend on the GMC's view on the requirement for such a tool in radiology.

Guidance for use

The RCR would recommend that the MSF questions are used in the following way.

Number and mix of assessors

Assessors are defined as the people who are asked by the doctor to complete the MSF questionnaires to give feedback on their performance.

At least ten responses from assessors are required to make the feedback worthwhile and useful. It is also important to ensure that sufficient responses have been received for each question to make it valid; that is, if many assessors have selected 'unable to comment' for a particular question, this may mean that it is not useful as a reflection on that area of the individual's performance.

Radiologists should choose a range of assessors which is relevant to their areas of work and tailored to whether the MSF covers only generic questions or specialty-specific skills.

Assessors should consist of a combination of the following to reflect the composition of the team in which the radiologist works:

- Other clinical radiologists
- Other medical practitioners relevant to the individual's practice; for example, clinicians such as surgeons, oncologists, GPs and so on
- Non-medical professional colleagues
- Trainees
- Administrative staff
- Managerial staff
- Patients.

Questions related to specialty-specific skills should be directed only at those with the knowledge to make a judgement; generic questions are suitable for all assessors.

It may be appropriate for radiologists with a large teaching commitment to include additional questions specifically targeted at trainees.

The radiologist must keep a record of those they nominated as assessors. The template in Appendix 3 has been created as a means of documenting this.

Frequency

MSF should be carried out at least once during the five-year revalidation cycle and with sufficient time to carry out a second MSF assessment within the same revalidation cycle if concerns or issues were identified following the first MSF assessment. We recommend carrying out the first MSF during the first three years of the revalidation cycle.

Self-assessment

The MSF must also include a self-assessment section.

Free text option

The MSF form must include an option to enter free text. The RCR suggests that if the 'I have concerns' rating is selected for any question, specific comments entered in the free text box explaining the reason(s) why would be helpful.

Feedback

A copy of the MSF summary of responses must go to both the radiologist and their appraiser.

According to best practice, doctors should be given feedback by someone who is trained in giving MSF feedback on the results of their MSF within the context of their area of practice, either during, or separate from, their appraisal interview.

If the results of the MSF are compared with the results of others, it is important that this should be with doctors in the same specialty/sub-specialty or area of practice, working under similar conditions.

The RCR recommends that radiologists reflect on the results of their MSF and make any relevant changes to their practice as a result. The template in Appendix 3 will help radiologists to document this.

Patient feedback

This is still under discussion for radiologists, but does not exclude radiologists from taking part in patient surveys if appropriate to their practice.

Data protection issues

All data must be stored securely and confidentially. It must be clear to all involved whether information will be confidential and/or anonymous.

Usage and future development

With appropriate acknowledgement, the RCR would encourage trusts, MSF companies, and clinical radiology departments to use these questions as required.

As revalidation processes develop and change with implementation, the RCR will review the questions and/or rating scales as more information becomes available. The RCR would therefore expect this document and the MSF tool to evolve in time. The RCR would welcome any feedback to assist with this process.

Approved by the Board of the Faculty of Clinical Radiology: 19 February 2010

References

1. General Medical Council. *Annex 3 – GMC Principles, Criteria and Key Indicators for Colleague and Patient Questionnaires in Revalidation.* London: General Medical Council, 2010.

2. Academy of Medical Royal Colleges. *Multi-Source Feedback, Patient Surveys and Revalidation. Report and Recommendations.* London: Academy of Medical Royal Colleges, 2009.

3. General Medical Council. *Good Medical Practice.* London: General Medical Council, 2006.

4. The Royal College of Radiologists. *360° Appraisal – Good Practice for Radiologists.* London: The Royal College of Radiologists, 2004.

5. Academy of Medical Royal Colleges. *Project to develop Multi-source feedback questionnaires for revalidation. Final report.* London: Academy of Medical Royal Colleges, 2007.

Appendix 1. Specialty-specific questions

For medical peers

(A) Diagnostic work

	1 – I have concerns about this doctor's performance*	2 – Adequate	3 – Good	4 – Excellent	Unable to comment
Quality of imaging reports					
Quality of imaging advice/knowledge					
Ability to analyse complex imaging problems (including clinical aspects)					
Works within limits of imaging expertise					
Keeps up to date with developments in imaging					
Overview of diagnostic imaging skills					

(B) Interventional work (if applicable)

	1 – I have concerns about this doctor's performance*	2 – Adequate	3 – Good	4 – Excellent	Unable to comment
Quality of interventional work					
Incidence of complications (given case mix)					
Works within limits of interventional skills					
Keeps up to date with developments in interventional techniques					
Overview of interventional skills					

(C) Any other comments

Please add any other comments below:

***The selection of this option may generate further in-depth appraisal/assessment if a trained facilitator** judges that it is a valid observation. Specific comments would be helpful.**

(****The facilitator must have had appropriate formal training in giving MSF feedback.)**

Appendix 2. Generic questions

For all

	1 – I have concerns about this doctor's performance*	2 – Adequate	3 – Good	4 – Excellent	Unable to comment
Communication skills					
Treats patients with respect					
Treats other staff with respect					
Teamworking					
Time management					
Punctuality					
Contactability					
Respects gender, age, racial and disability issues					
Observes confidentiality of patients and staff					
Covers work commitments					

Delegates appropriately					
Gives adequate notice of absences (holidays, courses etc)					
Management skills (if appropriate)					
Overview of interventional skills (if applicable)					

Health

	Yes	No	Don't know/unsure
Does the health of the doctor ever give rise to concern for patients or colleagues?			

Probity

	Yes	No	Don't know/unsure
Do you have any concerns about the ethical, moral or financial integrity of the doctor?			

Any other comments

Please add any other comments below:

***The selection of this option may generate further in depth appraisal/assessment if a trained facilitator** judges that it is a valid observation. Specific comments would be helpful.**

(****The facilitator must have had appropriate formal training in giving MSF feedback).**

Appendix 3. Record of completed multisource feedback (MSF) and reflection on outcomes

Date MSF started:
Record of assessors asked to complete MSF: Please list the name, grade and team of each of your colleagues asked to be an assessor for your MSF. A minimum of ten responses from assessors is recommended. Please add more rows below if more than ten assessors are chosen. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
Date MSF feedback received:
Main outcomes of MSF:
Reflection on outcomes:
Action points arising from outcomes of MSF; eg, changes to practice:

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