

# ACADEMY OF MEDICAL ROYAL COLLEGES

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<b>Project Title</b>	<b>MSF for Public Health specialists and Pharmaceutical Medicine</b>
<b>Lead College or Faculty</b>	<b>Faculty of Public Health (FPH)</b>
<b>Project Contact</b>	<b>Suz McCool, Revalidation and Workforce Officer</b>
<b>Date Project Approved</b>	<b>January 2010</b>
<b>Date Project Finished</b>	<b>September 2012</b>
<b>Aims and Objectives</b>	<p><i>What were the aims and objectives of the project?</i></p> <ol style="list-style-type: none"> <li>1. Map Good Medical Practice and two speciality standards practice competence and standards frameworks into a multisource feedback instrument for each of the Faculties involved in the pilot.</li> <li>2. Identify a partner to carry out the administration of the instrument and to produce the feedback reports.</li> <li>3. Identify a research partner to independently evaluate the instrument so that the GMC can validate the instrument for use in revalidation.</li> <li>4. Pilot the multisource feedback model with a cross section of public health and pharmaceutical medicine specialists working in diverse settings – clinical and non-clinical, NHS, academia, HPA, local authority, commercial companies and others.</li> <li>5. Evaluate and modify the multi-source feedback model accordingly.</li> <li>6. Scope technological considerations.</li> </ol>
<b>Methods and Methodology</b>	<p><i>Outline the conceptual framework, design and methods that were used in the project [as set out in application]</i></p> <p>Re 1: We based the instruments on the Team Assessment of Behaviours (TAB) a validated instrument which is already in use for assessing trainee performance in a number of deaneries in the UK. FPM piloted a single instrument and FPH piloted two (one of which was nearly identical to the FPM instrument).</p> <p>Re 4: The draft instrument was to be administered to a sample of 50 doctors working in two specialties: public health medicine and pharmaceutical medicine making 100 in total. This was later changed to 100 doctors per faculty.</p>

	<p>Each doctor was supplied with a copy of the instrument, asked to complete a self-assessment and to distribute the instrument to 15 assessors (by supplying their email address to the MSF company) of their choice, together with an assessor questionnaire to help evaluate the instrument.</p> <p>It was specified that at least three assessors must be peers in the same specialty, three must be subordinates, and three must be superiors, at least one of whom should be a line manager and one of whom should be in the same specialty.</p> <p>Assessors were asked to complete both the instrument and the instrument evaluation questionnaire for each doctor being assessed. They were asked to assess the content validity of the new instrument commenting on its completeness, both in terms of whether it covers all of the areas they would wish to comment on and whether some areas are redundant; on its comprehensibility, on the time taken to complete it, and on overall ease of completion.</p> <p>Given that the domains are drawn from the GMC's Good Medical Practice framework it was initially thought that face validity would not prove an issue but it is a necessary step in any validation.</p> <p>It should also be noted that FOM were included in the pilot insofar as we shared work and development with them but any costs incurred as a result of their inclusion were funded directly by FOM. It was felt that, as the three faculties were working jointly on the full revalidation pilot, we would benefit from joint working in this area too.</p>
<p><b>Main Findings</b></p>	<p><i>What were the main findings/outcomes of the project? What conclusions were drawn following the project?</i></p> <p><b>Outcomes:</b>  Details of final situation relating to MSF reports:</p> <ul style="list-style-type: none"> <li>• FPH: <ul style="list-style-type: none"> <li>○ 121 completed</li> <li>○ 48 withdrawn</li> </ul> </li> <li>• FPM: <ul style="list-style-type: none"> <li>○ 70 completed</li> <li>○ 18 withdrawn</li> <li>○ 2 did not complete within the timeframe</li> </ul> </li> </ul> <p><b>Method of feedback:</b>  Those appraisees within the tri-Faculty full revalidation pilots were given feedback at their appraisal meeting. Further details regarding the feedback to those who are participating in the MSF only are outlined below:</p> <ul style="list-style-type: none"> <li>• FPH: Participants were offered two choices for receiving feedback: telephone feedback from one of the full revalidation pilot appraisers or have the report sent on to participants' line manager/appraiser.</li> <li>• FPM arranged for the MSF report to be sent directly to participants having first been vetted for any adverse comments. All participants were given the option to discuss the feedback from the MSF with either one of two Faculty Fellows.</li> </ul>

We received both qualitative and quantitative feedback on the MSF instrument. In the main these indicate that the tool will not meet the GMC's requirements for validation.

**Evaluation:**

The qualitative feedback (given as part of the Tri-Faculty Revalidation Pilot evaluation report is:

Appraisees commented:

- Finding fifteen relevant people to provide feedback is time-consuming and a more realistic number of colleagues would be useful. However, it should be noted that this was and is the current recommended number of assessors according to GMC guidance.
- A more robust process is required and the MSF tool should be considered more as a development tool to develop practice
- There was conflicting feedback about the MSF with some stating it was most useful in reviewing an appraisee's performance and other stating it was least useful. It should be noted that there was varying degrees of participants experience with MSF tools and some were expecting a tool of a different, more developmental, nature

Responsible Officers noted some issues with the system tested:

- There was concern that one negative comment can have a disproportionate effect on the appraiser's view of the appraisee – although this was balanced by a view that a good appraiser would be able to explore the negative comment and put it in context.
- There was doubt as to whether the multi-source feedback tool can be both formative and summative.

An independent academic researcher provided a reliability analysis. The main findings were that the tools can be used as a rudimentary method to pick up concerns. However, the FPH instrument would require over 20-45 (depending on which of the two were used) raters to be reliable and the FPM instrument would require 56 raters.

The overall view of the independent academic researcher is that the tool is not well designed for the purpose - being generic in content, composed of compound questions, and having a response scale based only on expressions of concern. For the narrower purpose of simply flagging concerns then the tool design is reasonable.

The psychometric evaluation of reliability shows that the tool is not functioning reliably in this sample of assessments. The sample is fairly small, but the independent academic researcher suspects that it would not function well in a larger sample either.

As such, the instruments are not fit for the purpose of use within our revalidation systems.

There is a lot of learning we can take from the MSF pilot and the GMC's recent patient/colleagues questionnaires and validation checklists will prove very useful in addition to the qualitative and quantitative evaluations.

It is worth noting that none of the main MSF instruments used by members

	<p>within the NHS have yet been validated to GMC requirements.</p>
<p><b>Communication</b></p>	<p><i>How were the results and findings of the project communicated? Who was the audience for these communications?</i></p> <p>To date, the findings of the evaluations outlined above have been shared with the main Faculty revalidations leads and Boards.</p> <p>The qualitative and quantitative evaluations are included in the covering email of this report.</p>
<p><b>Applicability of the Project to other Specialties</b></p>	<p><i>Explain how the findings and conclusions from the project might be applicable or transferable to other specialties?</i></p> <p>We believe the learning that the GMC's checklist should be applied from the outset of any MSF development is fundamental and should be highlighted to Academy members.</p> <p>It is worth noting that none of the main MSF instruments used by members within the NHS have been validated to GMC requirements.</p>
<p><b>Further Work</b></p>	<p><i>Has any further work been identified following completion of the project?</i></p> <p>A tri-Faculty Revalidation Pilot 'wrap' meeting took place at the end of May. It was agreed to maintain a network of support within the Tri-Faculty given that we are all designated bodies.</p> <p>FPH does not intend to continue to develop the pilot MSF instrument. Instead, we intend to use the GMC's colleague feedback questionnaire as a basis for our revalidation service.</p> <p>FPM intends to use the instrument as a basis to develop an MSF instrument that is suitable for Pharmaceutical physicians. This work will take some time to develop and in the meantime, the pilot instrument will be used in a modified form.</p>
<p><b>Additional Information</b></p>	<p><i>Eg - any issues that arose throughout the project in terms of the project design, methodology, process, risks or budget?</i></p> <p>There were some delays to the original project timelines. This was due to the benefit of aligning and dovetailing the MSF pilot with the Tri-Faculty revalidation pilot, the receipt of funding, having to wait longer over the summer period of 2010 for academics to review the questions and the delay in general to the timelines for revalidation.</p> <p>There were some instances of the FPH instrument failing to display correctly – the additional comments boxes were not displaying correctly. This was highlighted to the company administering the instrument as was rectified as a matter of priority.</p>