



## **PROPOSAL FOR THE ENGLISH REVALIDATION IMPLEMENTATION BOARD**

Action Research Pilots for Patient Involvement in the Appraisal and Revalidation of Doctors

### **Background**

Patients are a key resource in the improvement to medical practice through appraisals. Although the scope and frequency of patient feedback in the revalidation model is limited, it does establish the principle of patient feedback in the process, and all parties are committed to enhancing the degree of patient involvement in the Appraisal and Revalidation of Doctors. Many doctors already collect feedback from patients for their Appraisals and we expect, in time, that all doctors will utilise this resource to help them improve their own practice. This proposal is aimed at developing more innovative ways of incorporating patient feedback into the Appraisal process, and to developing a process that incorporates an outcomes framework.

### **Objective**

To develop a proposal for the use of Action Research in the development of patient participation in the process of Appraisal and Revalidation of Doctors, and to develop a process to identify outcomes in terms of improved clinical practice, care and communications

### **Why Action Research**

Action research is orientated towards taking action rather than just collecting, analysing and forgetting. Action research looks at the wider significance and impact of the research process. It ensures that the outcomes of research evolve from reflexivity of the researchers into partnership and participation with primary stakeholders, who are involved in the design and assessment of inquiry and change. This research is intended to create new approaches that guide action and create new landscapes for collaboration, involvement and service improvement.

### **Method**

Using an Action Research design, groups of patients receiving care in GP practices, and hospital department providing services for people with chronic health problems, will be invited to comment on their experiences of medical consultations over a one-year period, and to make recommendations for any improvements in practice. Participants will be recruited through open invitation at each study site, and selection made by ensuring maximum diversity within the volunteer group.



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Participants will be invited to complete qualitative survey forms on the day that they meet the doctor, and one week after each consultation (to give time for further reflection).

Comment will be obtained either online or by returning a written questionnaire handed out to the patient by practice or clinic staff, immediately after the consultation. Patients' comments will be fed back to the doctors to provide material for their Appraisal, and the opportunity to reflect on patient's comments. Issues of anonymity/confidentiality will be dealt with on the basis of the patients willingness - or not - to give consent for their name to be known to the doctor.

This initial process will be followed by facilitated one-hour review meetings, held every six months in each of the study sites attended by the patient group, the doctors that provided care and, if possible, the Appraiser. At these meeting the doctors will be invited to respond to, and reflect upon, the patients' comments and identify areas for change - and also the process of change. (Will doctors require a fee for participation?) Proposed areas for change will be recorded at each meeting and an identified medical staff member invited to feed back to each meeting on the outcome of each of the patients' proposal.

The organisation of each pilot could be led by Local Healthwatch, with the support of HAPIA and Healthwatch England. This approach is designed to reduce bias and to connect the pilots with the statutory public involvement bodies for the area. This will enable them to further develop revalidation and appraisal work with doctors, if the pilots are successful.

With the consent, each participant review meetings will tape-recorded and transcribed in full.

### **Key Themes from the Action Research Perspective**

- Patient's role as evaluators of healthcare.
- Obtaining feedback from patients about the quality of healthcare to develop more patient-centred approaches to healthcare delivery.
- Patients views on care and treatment as an outcome measure and a critical element of appraisal.
- Critical difference between patients view gathered inside and outside medical space.
- Use of qualitative methods focussed on personal experiences and opinions.



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- Getting the patients voice not the researchers voice.
  - Careful recording of patients views and aligning with appraisal and development of the doctor's practice and the practice of the clinic.

### **Data analysis**

To be developed, but the following are central to the project:

- a) Possible categories for categorisation of data:
  - Clinical Factors
  - Doctor-Patient Interaction
  - Quality of relationship
  - Compassion and empathy
  - Communication
  - Satisfaction
  - General comments
- b) Analysing patient's views and themes emerging from data using content analysis.
- c) Tools to measure patient satisfaction and quality of care in general practice

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