

## **Guidance for foundation doctors on providing written feedback for colleagues**

Obtaining and acting on feedback is a key element of professional practice for all doctors. Feedback provides information for doctors on their performance, allowing them to understand from the point of view of others what is going well and what could be improved. The aim of written feedback is to record some of the information in a format that is available to the doctor and those supervising their training. However, the medium of text, particularly if provided anonymously, can make feedback difficult to process and has the potential to be misinterpreted in a way that may undermine its validity. As a foundation doctor, it is likely you will be asked to provide feedback about colleagues during your training. By following the principles in this guide, we hope you are able to maximise the utility of your written feedback and avoid some of the pitfalls which can make it difficult for others to utilise your words in their professional development.

### **General principles**

1. Treat your feedback as part of a conversation. You are offering your opinion to another professional about their practice. They are welcome to disagree, to ask questions about your views, and to seek the advice of others in how they interpret your words. This is not a marker of insight; it is part of how professionals process complex information.
2. Consider writing your feedback addressed to the individual. For example, 'I observed you speaking to a family about their unwell relative...'
3. For feedback to be influential it must come from a credible source. You should maintain your own conduct in such a way that you are viewed as trustworthy and honest by your colleagues.

### **Do's**

1. Tailor the feedback you offer to the individual and be clear about the level of practice that is expected of them in their current role.
2. Where possible, give specific examples of practice you have observed to support your opinions. For example, 'I observed you speaking to a family about their unwell relative, you were calm and gave them time to share their views. This shows good communication skills and a caring manner.'
3. Highlight what is going well.
4. Highlight what could be even better and give examples of how this might be achieved.
5. Ensure your feedback is actionable and enables the recipient to know where to go next with addressing areas for improvement.

### **Don'ts**

1. Avoid sharing feedback that is poorly informed or based on hearsay from others.
2. Do not provide dishonest or false feedback.
3. Do not make assumptions in your approach to feedback. Don't assume:

- You know why someone is having difficulties
- You know how your feedback will make someone feel
- You know what someone's motivations are

### **Anonymous feedback**

Some forms of feedback, such as the Team Assessment of Behaviour (TAB), are designed to allow a wider range of respondents to share opinions about an individual. This principle is an important part of ensuring safety. Such feedback is usually acquired anonymously but you should be aware that in following the principles of giving detailed and specific feedback, which is illustrated by examples, you may make yourself identifiable. This is a balance, and it is a legitimate choice if you wish to make yourself identifiable in anonymous feedback formats.

Anonymity is likely to further diminish the ability to facilitate feedback as part of a conversation. This makes it all the more important that care is taken when constructing anonymous feedback to focus on how development might be addressed, and to avoid comments on personal attributes which could be seen as offensive when there is no ability to clarify meaning after the comment is made.

Disruptive or unfair feedback can undermine our sense of self-worth and be challenging to process on a personal and professional level. While responses in the TAB will always remain anonymous to the doctor receiving the feedback, respondents should be mindful that there are mechanisms through which they can be identified to the Foundation Programme team and instances of unprofessional or bullying comments by the responder will be investigated.

If you feel the need to share a specific concern and are not sure how you might do this in a constructive and productive way, you might find it helpful to discuss this with a peer, senior colleague, or member of your Training Programme.

There are rare occasions when you may have a significant concern about a colleague's professional practice and you should not feel the need to avoid such feedback. However there are additional mechanisms through which significant concerns can be raised anonymously, including through your employer and regulatory bodies, and you should use these processes.

### **More information can be found here**

- GMC guidance on colleague feedback for appraisal and revalidation: <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/revalidation-resources/guidance-on-colleague-questionnaires>
- GMC guidance on reporting concerns as a doctor: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/raising-and-acting-on-concerns/part-1-raising-a-concern>

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