

Form 5a – Patient feedback analysis & declaration

For GPs seeking accreditation as GPwER in Musculoskeletal Medicine with the Faculty of Sports and Exercise Medicine

The following points should be adhered to for all:

- The survey must focus on your extended role, and not your general practice
- The survey must be conducted confidentially, and information must be anonymised
- Questionnaires (Form 5b) must be handed out (or emailed out) by another member of the team (eg reception staff) and not by the candidate
- There needs to be feedback from successive patients
- The candidate should not collect the completed questionnaires. This should be done by other members of the team
- There needs to be a minimum of 25 completed questionnaires
- The candidate should not deal with the data handling of the questionnaire. Another member of the team must input, collate, and analyse data to ensure an objective review of the information provided. Please use Appendix 1 for the results of the survey
- Candidates should reflect on the scores and comments (data analysis), linking them to their day-to-day work and reflect on what the candidate does well and where things could be improved. The feedback and reflections should be discussed with the clinical supervisor and then the candidate should complete the self-reflection section of the portfolio of evidence document (section 10) – it is this analysis and reflection that assessors will mark candidates on, and not the scores and comments in appendix 1
- The candidate, and the team member responsible for the process must sign the declaration (appendix 2) and email this completed form to the GPwER accreditation office

Appendix 1 – Data analysis of patient survey

Scoring

Based on the scores below submit the average score for each question:

Strongly agree 5 Agree 4 Neutral 3 Disagree 2 Strongly disagree 1

Decimal points:

Round up if the average score is .5 or more ie 3.5 can be rounded up to 4

Round down if the average score is .4 or lower eg 4.4 is rounded down to 4

Statement	Average score
I was happy with how quickly I was seen on the day of my appointment	Click or tap here to enter text.
The doctor treated me with respect and dignity	Click or tap here to enter text.
I was listened to	Click or tap here to enter text.
I understood what was being discussed	Click or tap here to enter text.
I was given the opportunity to ask questions	Click or tap here to enter text.
I was satisfied with the explanation given to me about my condition	Click or tap here to enter text.
I was offered additional information about my condition (patient information leaflet, and/or directed to patient support groups)	Click or tap here to enter text.
I was fully involved in decisions about the management of my skin condition	Click or tap here to enter text.
Overall, I was impressed	Click or tap here to enter text.
I would recommend the doctor to family and friends	Click or tap here to enter text.
Summary of comments:	
Click or tap here to enter text.	

Appendix 2 – Declaration

Date survey started Click or tap to enter a date.
Number of questionnaires dispensed Click or tap here to enter text.
Number of responses received Click or tap here to enter text.
Date of analysis Click or tap to enter a date.
I confirm that the information for this survey has been disseminated, collected and analysed by an independent third party. Name of candidate (Print): Click or tap here to enter text. Signature: Date: Click or tap to enter a date.
I confirm that I have disseminated, collected, inputted, and analysed the information for this survey. Name of individual managing the survey (Print): Click or tap here to enter text. Job title: Click or tap here to enter text. Signature: Date: Click or tap to enter a date.