

Guidance for using the Multi-Source Feedback

Key points

Summary of the method

- Uses the trainee's self-assessment and the collated ratings from the trainee's co-workers from different grades, disciplines and environments.
- Evaluates the trainee's clinical care and professionalism in a team-working environment, mapped to the standards of [Good Medical Practice](#).
- Alerts the Assigned Educational Supervisor (AES) to a trainee in difficulty and provides developmental feedback to the trainee.

Number and timing of assessments

- One MSF in each year of surgical training. Further assessments may be required if there are areas of concern at any time during training.
- Should be undertaken in the third month of the first 4-month placement, in the fifth month of the first 6-month placement or in the fifth month of a 1-year placement in a training year.

Who should be a rater?

- Trainee must provide a self-rating.
- The current AES in the placement must be one of the raters.
- A range of senior healthcare team workers (including administrators) who work with the trainee.
- Patients and support staff should not be included.
- Raters need to be familiar with the guidance notes and assessment form.

How many raters are needed?

- There is no limit to the number of raters chosen, there is a minimum of 11, plus the trainee's self-assessment.

Time needed for completion of the form

- Approximately 5-10 minutes.

The MSF

Multi-Source Feedback (MSF) is one of a number of workplace-based assessments (WBAs). It can also be known as 360° or peer assessment. It allows the trainee's performance to be evaluated by all members of their team and is a powerful method of obtaining evidence about professional behaviour and team working. The GMC has identified peer assessment as suitable for both postgraduate training and revalidation.

The MSF comprises a self-assessment by the trainee and the collated ratings from a range of the trainee's co-workers. It provides the AES and the trainee with information on many aspects of patient care and professionalism in the clinical setting. Trainees are assessed doing what is normally expected of them in their usual working environment. Unlike the other WBAs, the MSF is designed to alert the AES to a trainee in difficulty as well as providing structured feedback on performance. The MSF competencies map to those defined by [Good Medical Practice](#) and to the core objectives of the curriculum.

The MSF questionnaire is confidential. Individual assessments are anonymised and are not disclosed to the trainee. Under paragraphs 24 & 25 of the Data Protection Act 2018, Schedule 2 Part 4, as well as the Third Party Information provisions of Part 3 paragraph 16, responses within the MSF are exempt from disclosure to trainees. Where a trainee requests an individual rater's evaluation (or de-anonymisation of all responses) the ISCP will seek raters' consent. Disclosive information will not be released without the affirmative consent of the rater.

Feedback to the trainee is delivered by the trainee's AES and comprises the raters' collated ratings compared with the trainee's self-assessment plus raters' written comments which are listed verbatim.

The number and timing of assessments

Trainees should complete the MSF once a year. The trainee's AES may request further assessments if there are areas of concern at any time during training. To allow time for the returns to be collated and discussed with the AES before the end of the placement, and for a further MSF to be performed before the end of the training year, if required, the usual timing to begin the MSF is as follows:

- in the 3rd month of the first four-month placement
- in the 5th month of the first six-month placement
- in the 5th month of a one-year placement

Who should be a rater?

The list of raters should be agreed in advance between the trainee and AES.

There is no limit to the number of raters but trainees need to nominate a minimum of 11 raters (in addition to the self-assessment) to ensure good reliability. One of the raters must be the trainee's AES or equivalent. The other raters should be senior members of the healthcare team (e.g. other consultants, StRs, nursing sisters and other healthcare professionals or administrators) from a broad range of environments (e.g. ward, theatre, outpatients), who have the expertise to be able to make an objective judgement about the trainee's performance. Raters do not include support staff or patients.

The electronic MSF system helps to guide the trainee's choice by regulating the number and type of raters who can be nominated. The table below shows the range and minimum numbers required.

Type of rater	No maximum (minimum 11)
Assigned Educational Supervisor	For current placement
Consultant	At least one
Senior nurse	At least one
Other doctor	At least one
Health care professional / administrator	At least one

How should it work?

The trainee must drive the process by completing a self-assessment and nominating a range of suitable co-workers as raters, ensuring that enough raters have agreed and have submitted assessments in good time.

Raters are required to complete an electronic assessment form containing 16 competencies and a global rating on a 3-point scale, rating the trainee's professional behaviour against the standards of Good Medical Practice. Raters do not need specific training because the tool uses qualified healthcare workers who are familiar with the relevant competencies and can therefore make a judgement about their quality. However, raters must have the ability to couch their feedback in a constructive manner.

A personalised summary of feedback is produced which compares the trainee's self-ratings with the collated ratings of co-workers and the raters' anonymised written comments. The results are received by the AES who should then meet with the trainee to feedback the result and to discuss the impact on the trainee's personal development plan. To complete the process, the AES makes a report, which is included in the trainee's portfolio.

Completing the MSF form

Raters receive individual confirmation by e-mail confirming that the trainee has nominated them. The email will contain an access code that will allow them to login to the ISCP at www.iscp.ac.uk. Once logged in via the access code, raters can complete the MSF form. The assessment should only take about 5-10 minutes to complete.

These notes may be helpful when rating the trainee:

- Raters should read the guidance notes before completing the form and should confirm this on the form by ticking the appropriate box.
- Raters should take the time to consider each competency carefully and fill in the questionnaire as accurately as possible.
- Each competency should only be marked if it has been observed first-hand, otherwise it should be marked 'N' for *Not assessed*.
- Whenever possible the assessment should be judged against the standard set by other doctors at the same training level.

- Constructive written comments help the trainee build on strengths and address areas for development. Raters should write comments to illustrate their ratings and should explain any ratings that are marked as either *Development required* or *Outstanding*. Negative feedback should be given sensitively and worded in relation to problems so that the trainee can learn as much as possible from them.
- Raters should highlight any concerns about probity and health as it is crucial that evidence of poor performance is identified so that remediation plans can be in place as soon as possible. These observations serve to maximise patient safety.
- In order to overcome unintentional bias, it is important that raters ensure that they are as objective as possible, not tending towards leniency or severity. A trainee who seems very competent overall may not be competent in all areas. It is valuable for a trainee to know in what areas they have excelled and which particular areas need to be developed. Similarly, raters should be careful not to confuse a likeable personality or compliant behaviour in team-working as competence to do a job.
- Raters will receive an acknowledgement by e-mail confirming that their evaluation has been submitted. Each assessment is anonymised and ratings are collated with at least ten other raters and fed back to the trainee via the trainee's AES. As part of the quality assurance process raters may be asked to verify their assessment at a later date.

Monitoring the MSF, presenting the feedback and sign off

Although the MSF is trainee-driven, the trainee's AES is responsible for monitoring and guiding the trainee, presenting feedback and signing off the MSF. The trainee's Training Programme Director (TPD) is also able to monitor progress and view assessments.

Automated MSF feedback will only be generated when 12 or more evaluations from the required range of raters have been received. However, the trainee's AES will be able to view individual evaluations as they are submitted. The AES should make a particular point of viewing evaluations that include health and probity concerns and discuss appropriate action with the trainee and trainee's TPD as appropriate.

The amount of time required for the feedback meeting between trainee and AES depends upon the results of the collated ratings and the trainee's self-perception (insight). It is recommended that the first 10-15 minutes of the meeting is set aside for the trainee to see the results and be left alone to reflect on it. It would then be necessary for the trainee and AES to discuss it together, identifying the trainee's strengths and development needs and agreeing any actions that would help to develop the trainee.

After the meeting, the AES should sign the MSF by making a report in the comments box and selecting an outcome from the following options:

- i) Satisfactory progress.
- ii) Development of the trainee is required through targeted training
- iii) Unsatisfactory progress.

Any development needs should be included in the Learning Agreement. Unsatisfactory progress should be referred to the TPD.

After sign off, trainees receive the MSF report and are able to make comments. The completed MSF is stored in the trainee's electronic portfolio.

Tips for trainees

Self-assessment

The self-assessment contains the same competencies as the peer assessment. It is an important part of your reflective practice and can show that you have insight into your strengths and development needs. You can also use the MSF to identify actions that will help you fulfil your learning needs. Reflect on the areas that you feel are going well, those that you hope to improve and ways in which you think you could perform better.

If you rate your performance as *Development required* or *Outstanding*, qualify your rating in the written notes section.

Nominating raters

Invite more than the minimum number of raters if possible to ensure that the minimum requirement is met.

Give your colleagues plenty of notice that you are nominating them and inform them of the deadline for completion so that they can plan their time. Be sensitive to pressure periods.

In the first instance, you may wish to invite your colleagues in person because they must undertake the activity voluntarily and take time out of their normal routine in order to evaluate your performance and provide you with honest feedback for your development.

Your colleagues might find it helpful if you also give them a printed copy of the guidance notes and assessment form to refer to before they record their ratings on the electronic form.

Once your colleagues have agreed to evaluate you, you can nominate them through the ISCP website. It is your responsibility to submit your self-assessment and ensure your raters submit their evaluations in good time.

You must give your AES timely advance notice if you think you will be unable to recruit or receive responses from the required number of raters.

Feedback

You might wish to set up the feedback meeting with your AES.
