



ACP *360*

**Multi-Source Assessment
for Psychiatrists**

Annual Report

2008

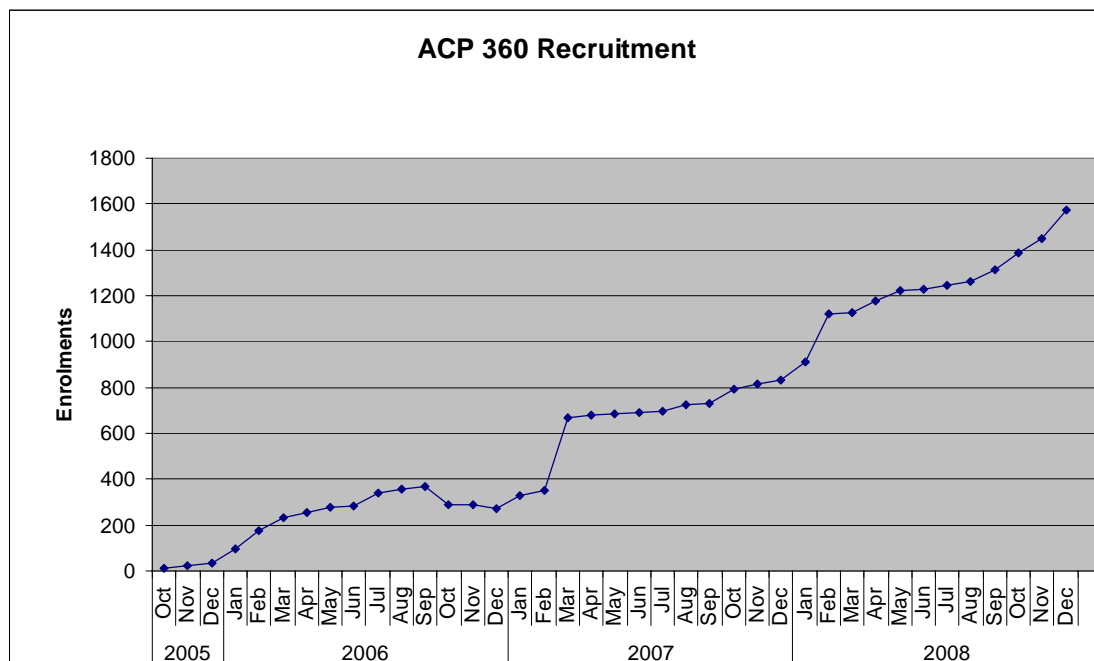
ACP 360

ACP 360 – Annual Report 2008

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The White Paper, published in February 2007, entitled “Trust, Assurance and Safety – the regulation of health professionals in the 21st Century”, proposes that multi-source feedback (MSF) should be one of the information sources that underpins revalidation. Participation in MSF will form a component of both relicensing and recertification requirements for all doctors on the specialist register.

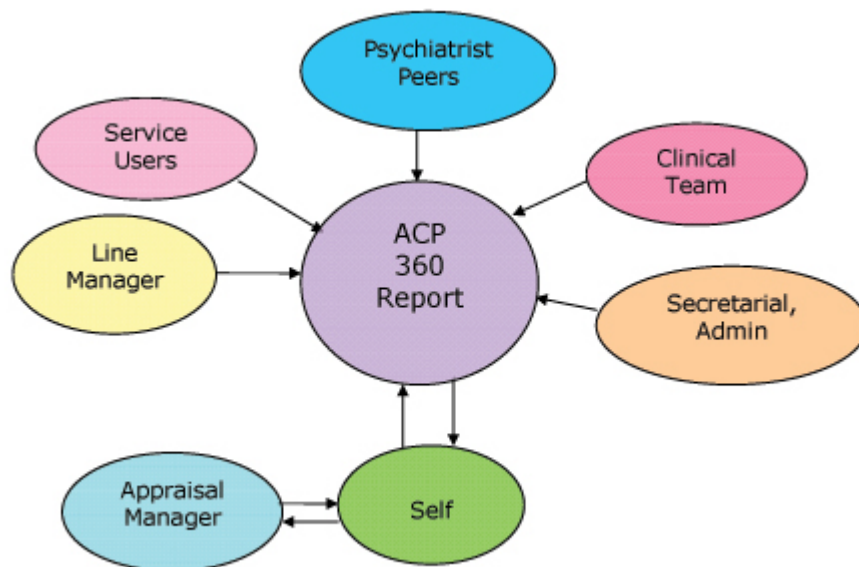
The College is leading the way by having already introduced a 360-degree assessment service for psychiatrists. The questionnaires were developed by the University of Glamorgan, Gwent Healthcare NHS Trust and the Centre for Health Leadership, Wales. They were then extensively tested and piloted by the Royal College of Psychiatrists’ Centre for Quality Improvement (CCQI). In the three years since the ACP 360 service was launched just under 1600 psychiatrists have enrolled.



Cumulative enrolments of psychiatrists on ACP 360

WHY MULTI-SOURCE FEEDBACK?

Multi-source feedback is a model of assessment which aims to present more rounded feedback to an individual about their work performance than the traditional “top-down” approach where feedback is gathered only from an individual’s line manager:



MSF has been used extensively in industry for several decades and is becoming more common in the health sector both in the UK and abroad. The benefits of MSF in health settings are that, firstly, it takes into account the views of a range of people affected by the person’s behaviour in the workplace. This includes work colleagues who are peers, subordinates and managers, workers from other disciplines and, crucially, patients. Secondly, MSF gathers information on aspects of a psychiatrist’s practice that other tools cannot measure. In the case of ACP 360, these ‘difficult to measure’ domains map onto two of the GMC core domains of good medical practice: relationships with colleagues and relating to patients.

It should be stressed that MSF is just one component of a rounded appraisal. It contributes important information about performance in these domains that allows the participant the opportunity to reflect upon and develop these aspects of their practice.

PSYCHOMETRIC PROPERTIES OF ACP 360

ACP 360 compares favourably with MSF systems used by other medical specialties ¹.

Analysis of the returns from the first 347 participants in ACP 360 (which involved 4422 colleague raters and 6657 patient raters) showed that the questionnaires have high internal consistency and that the nine domains are meaningful. These domains are:

- Communication
- Availability
- Emotional Intelligence
- Decision Making
- Relationships with Patients
- Relationships with Relatives Partner and Carers
- Relationships with Psychiatrist Peers
- Relationships with Junior Doctors ²
- Relationships with Team and External Agencies

Ratings from 13 colleagues and 25 patients are needed to ensure the findings are reliable. This means that ACP 360 is suitable for use by psychiatrists who work in large multi-professional teams and who have large caseloads.

Another important finding was that although the ratings made by colleagues and by service users correlate with one another, neither correlate with the self-rating. This suggests that ACP 360 can flag up issues of which a psychiatrist is unaware. Consistent with this, a substantial number of participants in an evaluation of ACP 360 reported that their results had caused them to change the way in which they interact with their patients and colleagues.

Other findings from this evaluation include:

- 75% found the results of the assessments (the report) useful
- 85% found the report easy to understand
- 90% agreed that the instructions were easy to follow
- 90% would use the report at their next appraisal

HOW ACP 360 WORKS

The psychiatrist completes a self-assessment online and nominates 25 colleagues to complete an online questionnaire about them. The psychiatrist also asks 40 service users to complete a paper questionnaire, which they then post to the Royal College of Psychiatrists' Centre for Quality Improvement.

The psychiatrist receives a full report that presents the results in an accessible format and in the context of national benchmarks. Areas of strength and of potential improvement are highlighted. It is anticipated that psychiatrists will reflect on and discuss their results at their next appraisal.

Many participating psychiatrists and medical directors told us that they would like colleague raters to be able to make free-text comments about strengths and areas for development. This option is available to psychiatrists and Trusts who have nominated an individual (such as the Medical Director or person in the Trust responsible for appraisals) to receive the free text comments and ensure they are fed back to psychiatrists in a structured setting and supportive way. We strongly advise Trusts to ensure that those providing feedback have received training, and that there are processes in place to deal with any concerns that arise.

DELIVERY OF MULTI-SOURCE FEEDBACK

The results of MSF are enhanced if the participating psychiatrist has access to advice and the process is part of a supportive system of appraisal. Dr Helen Matthews, Medical Director of Hampshire Partnership Trust, is ACP 360's Clinical Advisor and has considerable experience in delivering appraisals and developing and implementing appraisal processes. Dr Matthews is available to give confidential advice to participants, and has also developed an online help facility for both appraisers and appraisees together with online guidance on selecting assessor colleagues.

The ACP 360 team works closely with the College Education and Training Centre which offers a range of high quality personal development courses specifically geared to improving performance on the domains covered by the assessment questionnaires. As more psychiatrists and Trusts sign up to ACP 360 we hope to extend this partnership so that participants can be confident that support is offered for those who wish to improve on areas of their practice flagged for development in their report. We are also looking into the possibility of providing training for appraisers on request.

HOW ACP 360 HAS CHANGED OVER 3 YEARS

We have worked hard to streamline the process of ACP 360 to make it easier for psychiatrists to participate. We have also developed the format of the report over the three years since the launch.

To reduce the time burden on psychiatrists, the CCQI has absorbed much of the administrative work. All questionnaires are now returned direct to the College, and we have reduced the paper-work by moving self and colleague questionnaires online. Communication with colleague assessors is also now managed by the CCQI.

In addition, we are constantly adding new resources to the ACP 360 website, www.rcpsych.ac.uk/acp360, to enable participants to manage their assessment with the least fuss and achieve a rich level of feedback that can be used to develop one's practice.

Ongoing data analysis has enabled us to remove certain items that are highly inter-correlated thus making the self and colleague questionnaires less time consuming to complete.

OTHER SPECIALTIES AND GRADES

ACP 360 was designed and tested for use by consultant psychiatrists who work with people of working age with mental illness. We can now offer a version for psychiatrists who work with children and adolescents and one for those working with people with a learning disability. Once we have enough completed reports, we will be able to provide benchmarking scores for these sub specialties. We now offer ACP 360 to all career psychiatrists. Results from a study of trainees show that it can be successfully used by trainees in the later stages of their training.

FUTURE

The enthusiastic take-up of ACP 360 by psychiatrists shows that psychiatrists perceive the value of obtaining structured feedback from colleagues and patients as part of their professional development regardless of whether it becomes a requirement for revalidation.

We will also fulfil any requirement from the GMC for MSF to support revalidation. Our hope and intention is that ACP 360 will be the one-stop-shop for MSF for psychiatrists.

We will also aim to develop further sub specialty versions of ACP 360 in the future.

¹ Lelliott, P., Williams, R., Mears, A., Andiappan, M., Owen, H., Reading, P., Coyle, N. & Hunter, S. (2008) Questionnaires for 360-degree assessment of consultant psychiatrists: development and psychometric properties. *British Journal of Psychiatry* 193, 156-160.

² Following the removal of inter-correlating items from our colleague questionnaire, this is no longer treated as a separate category