

RESEARCH

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Factors associated with variability in the assessment of UK doctors' professionalism: analysis of survey results



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Abstract

Study question Are there patient, colleague, and doctor related sources of systematic bias arising in the assessment of doctors' professionalism?

Summary answer The assessment of doctors' professionalism could be subject to bias arising from the characteristics of patient or colleague assessors in the feedback sample, and of the doctor being assessed.

What is known and what this paper adds Multisource feedback from colleagues and patients is proposed as a central component of revalidation for doctors in the United Kingdom. We found that such feedback might be subject to systematic bias relating to the characteristics of the doctor and of the assessors providing feedback. Caution is recommended when considering patient and colleague feedback regarding doctors' professionalism, in the absence of a gold standard measure.

Participants and setting

1065 non-training grade doctors (43% participation rate) from 11 clinical settings in England and Wales, and 17 031 of their colleagues and 30 333 of their patients.

Design

Linear regression modelling of cross sectional questionnaire survey data.

Primary outcome(s)

Two measures of a doctor's professional performance, based on feedback obtained using patient and colleague questionnaires

from the United Kingdom's General Medical Council (GMC). Potential predictor variables were drawn from the characteristics of the doctor, and the characteristics of their patient and colleague samples.

Main results and the role of chance

In regression models adjusting for characteristics of the index doctor as well as characteristics of the patient sample, less favourable patient feedback scores were independently predicted by: doctors having obtained their primary medical degree from any non-European country, practising as a psychiatrist, lower proportions of white patients providing feedback, lower proportions of patients rating the reason for their consultation as being very important, and lower proportions of patients reporting that they were seeing their usual doctor (table 1). Lower scores after colleague feedback were independently predicted by doctors having obtained their primary medical degree from countries outside the UK and South Asia; currently employed in a locum capacity; working as a general practitioner or psychiatrist; being employed in a staff grade, associate specialist, or other equivalent role; and with a lower proportion of colleagues reporting that they had daily or weekly professional contact with the doctor. In fully adjusted models, the doctor's age, sex, and ethnic group were not independent predictors of patient or colleague feedback. Neither the age or sex profiles of patient or colleague samples were independent predictors of doctors' feedback scores, and nor was the ethnic mix of colleague samples.

Bias, confounding, and other reasons for caution

The study was based on a volunteer sample of doctors. Although the participation rate was good (43%), we might not have captured the full range of performance with respect to professionalism. To protect the anonymity of doctor participants, we incorporated data relating to some doctors into larger groups before analysis.

Generalisability to other populations

We undertook a large study of more than 1000 doctors from various clinical settings in the UK. Generalisability of the findings to non-UK settings and to all UK doctors is not established by this study.

Study funding/potential competing interests

The study was funded by the UK GMC as an unrestricted research award. JC is an adviser to the GMC and has received only direct costs associated with presentation of this work. MG is a director of CFEP-UK and provided survey administration in respect of this research; MT was an employee of CFEP-UK at the time the research was undertaken.

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Table

Table 1 | INDEPENDENT PREDICTORS OF LESS FAVOURABLE FEEDBACK REGARDING DOCTORS' PROFESSIONALISM

Doctor characteristics	Assessor characteristics
Less favourable patient feedback	
Non-European medical graduate	Lower proportion of white patients providing feedback
Psychiatrists	Lower proportion of patients regarding consultation as very important
	Lower proportion of patients seeing their usual doctor
Less favourable colleague feedback	
Not a UK or South Asian medical graduate	Lower proportion of colleagues with daily or weekly professional contact
Locum doctors	
General practitioner or psychiatrist	
Employed in a staff grade, associate specialist, or other equivalent role	