

Standards for general practices

5th edition

Patient feedback guide

Standards for general practices, 5th edition: Patient feedback guide

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The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002

Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au

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Royal Australian College of General Practitioners

RACGP

Standards for general practices

5th edition

Patient feedback guide



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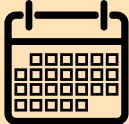

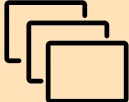



Purpose of this document

This document has been developed to provide guidance on:

- what you need to do to fulfil Criterion QI1.2, 'Patient feedback', of the Quality Improvement module of the Royal Australian College of General Practitioners' (RACGP's) *Standards for general practices* (5th edition) (the Standards) and the options available to you
- how to develop your own patient feedback methods, using the tools (questions and templates) that have been developed by the RACGP
- when and how to gain the RACGP's approval for patient feedback methods you wish to use
- how to successfully develop and use a variety of patient feedback methods
- how to use patient feedback to improve the healthcare and other services provided by your practice.



Table 1. Snapshot of collecting patient feedback

	<p>Criterion QI1.2 of the Standards states that you need to collect and respond to feedback</p> <p>This document will help your practice when meeting the patient feedback requirements</p> <p>Refer to Why collect patient feedback (page 3) for more information</p>
	<p>You need to collect feedback from a representative sample</p> <p>Refer to Why collect patient feedback (page 3) from for more information</p>
	<p>Patients' confidentiality is critical, as is security and integrity of the data you collect</p> <p>Refer to How to collect patient feedback (page 8) for more information</p>
	<p>You can collect patient feedback on an ongoing basis throughout your three-year accreditation cycle, or once every three years</p> <p>Refer to When to collect patient feedback (page 8) for more information</p>
	<p>You must tell:</p> <ul style="list-style-type: none"> • staff members about the outcomes of the feedback and what it means for your practice • patients about the outcomes of the feedback you collect • patients about any changes you have made or are going to make as a result of the feedback <p>Refer to Section 6 (page 27) for more information</p>
	<p>Your combined feedback over the three-year accreditation cycle must address six themes</p> <p>Refer to What to collect feedback about (page 5) for more information</p>
	<p>You must have the required number of patients for each feedback method you choose</p> <p>Refer to Number of questionnaires (page 16), Number of focus groups (page 24) and Number of interviews (page 26) for more information</p>
	<p>RACGP approval of the method your practice uses to collect patient feedback will be required in some instances</p> <p>Refer to How to gain approval for your feedback method (page 14) for RACGP approval for more information</p>
	<p>If you conduct a focus group or interviews, you must use an external facilitator or interviewer with appropriate skills, and who does not and will not provide clinical care to your patients</p> <p>Refer to The facilitator (page 44) and The interviewer (page 48) for more information</p>

Section 1: Introduction to collecting patient feedback

Why collect patient feedback?

To satisfy Criterion QI1.2 of the Standards

Criterion QI1.2 of the Quality Improvement module of the Standards contains three mandatory Indicators:

- ▶ A. Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's Patient feedback guide (the Guide).
- ▶ B. Our practice analyses, considers and responds to feedback.
- ▶ C. Our practice informs patients, carers and other relevant parties about how we have responded to patient feedback and used feedback to improve quality.

In order to fulfil the requirements of Criterion QI1.2, you have to:

- collect feedback
- analyse and use the feedback to improve your practice
- tell patients and other stakeholders how you have used the feedback to improve your practice.

You also have to be able to demonstrate this when undergoing accreditation.

To improve patient outcomes

Patient feedback can be used to:

- improve the quality of healthcare provided by your practice
- improve other aspects of your practice (eg administrative and reception services)
- provide constructive feedback to your staff
- demonstrate that you value your patients' views and needs.

Collecting and responding to feedback means your patients are more likely to have positive experiences at your practice, which in turn leads to positive outcomes for patients because they are more likely to:

- follow the advice and treatment provided by their general practitioner (GP)
- return to the practice and experience continuity of care.



To benefit the practice

Collecting and responding to patient feedback will benefit the practice in that:

- patients are more likely to remain loyal to the practice and recommend it to others
- the risk of medico-legal action will be reduced
- employees will be more satisfied and therefore more likely to stay at the practice.

Who to ask for feedback

You generally need to collect feedback from a representative sample of your entire patient population in order to draw the most accurate conclusions about your patients' experiences and needs.

This means you must collect feedback from patients of different ages, cultural and linguistic backgrounds, gender, visiting frequency, and education levels.

In situations where a patient may be unable to provide feedback themselves, parents, guardians and/or carers may provide feedback on the patient's behalf.

Selecting sub-sets of patients

There may be occasions where it is desirable to focus on a particular sub-set of your patients in order to collect feedback specifically about their needs. For example, you may want to collect feedback from Aboriginal and Torres Strait Islander patients, or patients who have a chronic condition, or patients who are new to your practice.

Even when focusing on a sub-set of patients, you should aim to collect feedback from a representative sample of that sub-set. For example, if you are collecting feedback from patients who have a chronic condition, consider whether you also need to have a gender balance and a mix of ages and backgrounds.

Achieving a representative sample

Patients must be randomly selected in order to achieve a representative sample. This means:

- patients cannot nominate themselves (eg do not leave blank questionnaires at reception or ask patients to self-nominate for focus groups or interviews)
- staff members cannot select patients
- patients must be selected from each day on which you are normally open and from throughout each of those days (eg Monday 8.00 am to Saturday 1.00 pm).

Methods for ensuring you achieve a representative sample

The two primary methods for ensuring a representative sample are 'random selection' and 'multiple versions'.

Examples of random selection include:

- select every tenth patient every day for two weeks to participate in patient feedback activities and if, say, the twentieth patient declines to participate, the next patient asked will be the thirtieth
- ask every fifth patient who telephones the practice.

Examples of multiple versions include:

- make paper and electronic versions of a questionnaire available
- have translations available in languages common within your patient population

- offer to conduct face-to-face questionnaires with patients who have low literacy skills, do not speak or read English, or for whom face-to-face interaction is culturally appropriate
- have a Braille translation available for patients with a vision impairment.

Avoid sampling bias

Sampling bias occurs when information is collected in such a way that some members of the intended population are less (or more) likely to be included than others.

For example, emailing a questionnaire may unintentionally exclude patients who do not have an email address, do not have a smart phone or computer, are not computer literate, or are not fluent in English. Consequently, your results will likely be skewed because only some people will be able to have completed the survey.

To avoid sampling bias, you may consider using:

- methods and tools that are accessible to as many patients as possible (eg provide questionnaires in multiple languages)
- different formats and tools for collecting feedback (eg focus groups or interviews, develop paper-based and electronic versions of questionnaires).

You should also be aware that if you are sampling a specific section of your patient population, certain groups may be more heavily researched than other groups. You should avoid over-burdening specific patient groups by unnecessarily seeking additional feedback.

Ensure accessibility

Consider how you will ensure you collect feedback from patients who:

- are living with disability (eg Can patients with a vision impairment complete the questionnaire? Can patients who are disabled access the venue you have chosen for a focus group?)
- do not speak English or have low literacy levels
- have carers or guardians who attend your practice with them or are otherwise involved in their healthcare.

What to collect feedback about

You must collect:

- feedback based on six themes (as outlined below) that address different aspects of patients' experiences at your practice
- the demographics of the patients.

Themes

Feedback needs to address six themes:

- Access and availability
- Provision of information
- Privacy and confidentiality
- Continuity of care
- Communication and interpersonal skills of clinical staff
- Communication and interpersonal skills of administrative staff

Practices need to include a minimum of three topics under each patient feedback theme.

Access and availability

This includes:

- physical access to the premises, as well as rooms inside the practice (eg toilets, consulting rooms, other areas)
- waiting times to get an appointment
- waiting times within the practice
- ways for making appointments
- receiving advice from clinical staff members over the phone
- length of your standard consultations
- costs of your services and associated billing processes
- normal opening hours
- arrangements for care outside of normal opening hours
- arrangements for home visits
- whether patients have attended an emergency department for a condition that could have been treated within your general practice.

Provision of information

This includes:

- information given by clinical staff members during a consultation
- proposed investigations
- referrals
- tests
- treatment
- medicines
- health promotion and illness prevention strategies
- your practice's information sheet, newsletter and website.

Privacy and confidentiality

This includes:

- physical privacy – the extent to which your practice encourages privacy and confidentiality (eg when undressing for an examination)
- information privacy (eg patients' confidence that their health information is not shared with non-clinical staff members)
- obtaining patient consent for a third party (eg a medical student) to be present during a consultation.

Continuity of care

This includes:

- whether patients have a preferred or usual GP
- how long they have been a patient of your practice

- whether patients see more than one GP at your practice, or at other practices
- how your GPs and nurses work together to provide care
- how your practice coordinates patients' care with other health providers (eg allied health professionals, hospitals, and tertiary referrals).

Communication and interpersonal skills of clinical staff

This includes:

- how confident patients are in their clinician's diagnosis and treatment
- how clinical staff members
 - listen
 - explain
 - discuss
 - involve the patient in decisions about their healthcare
 - demonstrate care, concern and sympathy
 - demonstrate that they remember a patient
 - demonstrate knowledge about that patient's medical and personal history.

Communication and interpersonal skills of clinical and administrative staff

This includes how clinical and administrative staff members:

- communicate with patients
- make patients feel welcome
- consider the patient's needs when
 - they make an appointment
 - they arrive at the practice
 - there are delays to their appointment time or other events within the practice (eg in receiving results from tests, phone calls from a GP).

Patient demographics

Every time you collect patient feedback – regardless of the method, timing, or tool used – you must collect each participant's:

- age
- gender
- ethnicity
- Aboriginal and/or Torres Strait Islander status
- language(s) spoken at home or country of birth
- level of education
- Health Care Card status
- frequency of visits to the practice.

You can then use this information to:

- ensure you have a suitable representation of your entire patient population, or of a specific sub-set (refer to [Who to ask for feedback](#) [page 4] for more information)
- differentiate between the experiences and needs of different patient groups (eg older male patients may judge an aspect of the practice differently than young female patients, and vice-versa), which allows you to review feedback in context and make appropriate changes
- identify trends in patients' perceptions of the services provided by your practice.

When to collect patient feedback

In order to satisfy the requirements of [Criterion QI1.2](#) (page 3), you must collect patient feedback using one of two options:

- On an ongoing basis over the three-year accreditation period. This allows you to collect feedback in smaller quantities and use a variety of methods and tools. For example, you might conduct small questionnaires covering different themes every three months, run a focus group every 12 months, or send short text messages to patients once a month.
- On a large scale once every three years. This allows you to collect a complete set of data in a single undertaking, which will usually take the form of a large questionnaire that covers all six of the feedback themes. This method must be carefully scheduled to ensure you have adequate time to collect, analyse and use sufficient feedback.

How to collect patient feedback

Planning collection of patient feedback

Develop a plan that can include the following information:

- **Clear goals**

Document what you want to achieve by collecting patient feedback. Refer to [Criterion QI1.2](#) (page 3) in the Standards for more information. Read [Themes](#) (page 5) to identify the kind of feedback you need to collect.

- **Stakeholders**

List anyone who will have an interest in and be affected by your plans (eg the GPs and other staff members in your practice, practice owners), as well as the kind of information they will want and any concerns they might have.

- **Who to ask for feedback**

Identify the groups of patients or other users you want to reach (eg people with chronic conditions, Aboriginal and Torres Strait Islander patients, carers).

Decide how you will invite those people to participate, what actions you will take in the event you do not get enough patients, and how you will acknowledge their participation (where appropriate).

- **Resources**

Identify and budget for the costs associated with collecting patient feedback, including the possibility of incentives and compensation.

Identify staff members or others who have the necessary time and skills to undertake and manage the patient feedback process, ensuring your budget includes the costs associated with the process (eg a temporary worker to replace a permanent staff member who will undertake the task).

- **Feedback methods you plan to use**

Talk with others in your practice and, if possible, with others who have collected patient feedback (eg people in other practices). Consider the availability and skills of staff members, the practice's patient population, the methods that will deliver the most thorough and accurate results, and which will suit your practice's patient population. Refer to [Section 2: Methods for collecting feedback](#) (page 11) to help decide which methods you might want to use.

- **How you will protect patient confidentiality and data integrity**

Establish and document the ways in which you will protect patient confidentiality and the integrity of the data.

- **How you will act on the feedback collected**

Document the ways in which you will collate, analyse and use feedback.

Document how you will communicate the feedback outcomes to patients, stakeholders and others relevant parties.

- **How you will measure the impact of changes**

Establish 'before and after' measures in order to evaluate the impact of any changes your practice makes as a result of the feedback.

Ensure data integrity and patient confidentiality

Every time you collect patient feedback, you must:

- meet the legislative requirements of the *Privacy Act 1988* and the Australian Privacy Principles (APPs) when dealing with personal information. Other relevant legislation may also apply and practices are encouraged to check their own state's legislative requirements (ie *Health Records Act* or equivalent) relating to health records and information privacy in order to ensure compliance
- maintain patient confidentiality (eg do not ask patients to provide their names or other information that would identify them, do not record any identifying information when you collect the feedback)
- securely store all feedback (eg in locked filing cabinets or password-protected computer files) and only provide access to people involved in the feedback process
- not allow clinical staff members to store, analyse or report on the care they have provided to patients (where you are collecting feedback about individual clinical staff members)
- not allow a clinical staff member to facilitate forums, interview a patient, or conduct questionnaires over the phone or face-to-face if that staff member does or could provide that patient with clinical care
- abide by your state's legislation regarding the retention and destruction of data and records
- decide when and how you are going to destroy data securely and permanently (eg just 'deleting' data from a computer does not in fact erase it from the computer's hard drive; paper questionnaires cannot be placed intact into rubbish or paper recycling).

Where a practice is seeking feedback from a specific section of its patient population, the identity of a patient may be known at the time the practice asks that patient to participate in a feedback activity. However, practices must ensure patient identities are kept confidential when the process is being undertaken.

Ethical considerations

All methods of collecting feedback can raise some ethical considerations, including:

- prior informed consent
- confidentiality
- incentives and compensation.

Prior informed consent

Patient feedback activities should be conducted only if the patient has been informed of all aspects of the activity, including reason, duration, topics to be discussed, how confidentiality will be maintained, who will be present and possible compensation, and the patient has given their consent.

Confidentiality

The rights to confidentiality and anonymity must be offered and explained, along with the practice's legal requirements relating to circumstances where information cannot be kept confidential (eg in instances of domestic violence or child abuse).

Incentives and compensation

You may wish to encourage patients to participate with an incentive or compensation for their time and contributions. If you decide to use an incentive or compensation, it must be:

- identical for all patients
- explained prior to starting the feedback activity
- delivered transparently.

Many people will willingly participate without a formal incentive; however, if you feel an incentive is necessary, particularly to encourage people who might not otherwise participate and to ensure you achieve the type or mix of patients you want, consider providing refreshments or small items of acknowledgement (eg movie vouchers).

Incentives and compensation should be commensurate with the effort required by the patients, and all patients should be offered equal compensation.

If you choose to not compensate patients, you must make this clear before they participate in order to ensure there are no unmet expectations.

Protecting patient identities

Practices can protect patient identities by storing any qualitative data in a place where clinicians are unable to access the feedback. In the event patients may be able to be identified from the results, feedback should only be reported to clinicians at a high level (eg do not use direct patient quotes that may make it possible to identify the person in question).

Patients should be made aware of any third-party involvement, such as facilitators or survey companies, as early as possible. If practices plan to engage these third parties, it is suggested they ask patients to give in-principle consent when they first provide their details to the practice or, at a minimum, prior to any of their information being passed onto third parties.

Benchmarking

Practices that wish to use benchmarking as a means of measuring their improvement activities may do so via the use of a commercially available patient feedback tool. Refer to [Appendix 1: Commercially available questionnaires](#) (page 31) for more information on such patient feedback tools.

Section 2: Methods for collecting feedback

Introduction

Given the Standards do not specify the methods you must use to collect patient feedback, it is strongly encouraged that you consider which methods best suit your practice and your patients.

The practice can choose one or more methods for collecting patient feedback. It is essential that you have addressed each of the six themes when you have completed collecting your feedback.

For example, you could use one method to collect feedback relating to the first four themes, and two other methods to collect feedback relating to the two remaining themes.

The primary methods of collecting feedback are:

- questionnaires
- focus groups
- interviews.

Questionnaires

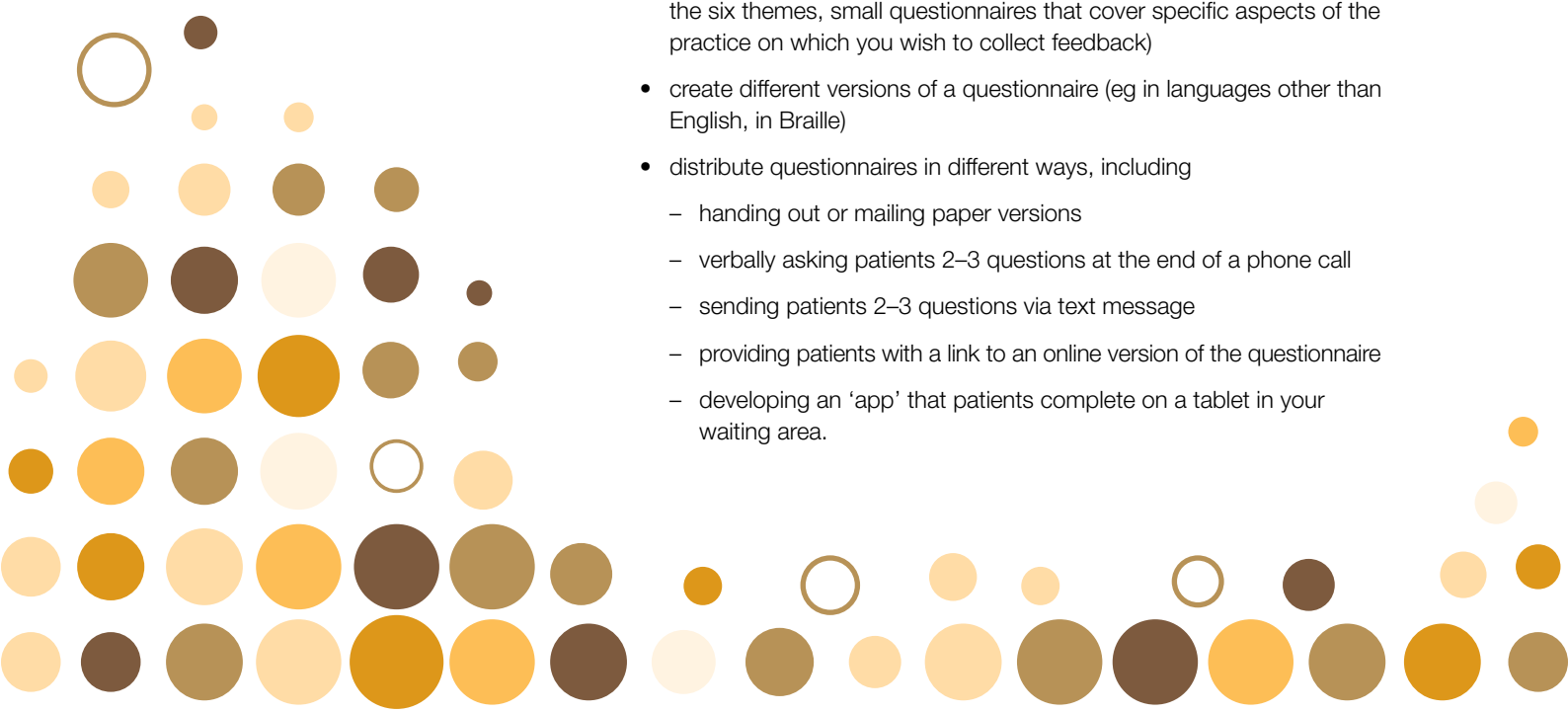
Questionnaires are the most common method of collecting feedback because they:

- are relatively easy and inexpensive to conduct
- can easily address all six themes or individual themes
- provide quantitative data that is relatively easy to report and collate
- can provide qualitative data that provides more detailed feedback.

Different versions and tools for questionnaires

Questionnaires can be developed and distributed in many different ways. For example, you can:

- use different types of questionnaires (eg a large questionnaire that covers all six themes, small questionnaires that cover one or more of the six themes, small questionnaires that cover specific aspects of the practice on which you wish to collect feedback)
- create different versions of a questionnaire (eg in languages other than English, in Braille)
- distribute questionnaires in different ways, including
 - handing out or mailing paper versions
 - verbally asking patients 2–3 questions at the end of a phone call
 - sending patients 2–3 questions via text message
 - providing patients with a link to an online version of the questionnaire
 - developing an 'app' that patients complete on a tablet in your waiting area.



Different questionnaires available

Refer to [Section 3: Conducting questionnaires](#) (page 16) for information relating to how to conduct questionnaires, including where you can obtain ready-made questionnaires.

Other methods

This document also explains how to collect feedback using:

- focus groups (refer to [Section 4: Conducting focus groups](#) [page 23] for more information)
- interviews (refer to [Section 5: Conducting interviews](#) [page 25] for more information).

Summary of each method

Table 2 contains an overview of some of the available patient feedback methods, which may help identify methods that will suit your practice and patients.

If you choose to develop your own questionnaire, or carry out interviews or focus groups you need to submit your tool to the RACGP before collecting your patient's feedback.

Table 2. Patient feedback methods

Method	Work/time required (indicative)	Advantages	Disadvantages	RACGP approval required?
Commercially available questionnaire	Minimal	<ul style="list-style-type: none"> Providers collate and analyse results You can conduct one large questionnaire every three years Pre-approved by the RACGP 	<ul style="list-style-type: none"> Cost for the purchase of the questionnaire and associated services 	No
RACGP questionnaire with no changes	Minimal	<ul style="list-style-type: none"> Less expensive than commercially available questionnaires You can conduct one large questionnaire every three years You can use this guide to support the process 	<ul style="list-style-type: none"> You need to collate and analyse the results yourself 	No
Your own questionnaire (even if it is based on RACGP questions)	Moderate to significant	<ul style="list-style-type: none"> You can use/modify some or all of the questions from the RACGP questionnaire, and/or develop your own Can be practice-specific You can conduct one large questionnaire every three years The RACGP can provide support and guidance throughout the process 	<ul style="list-style-type: none"> The RACGP will charge an administrative fee* Requires more time than the use of readily available questionnaires Requires significant MS Office skills You need to collate and analyse the results yourself Requires RACGP approval required (approximately 1–3 months from application, depending on how many questions you develop yourself) 	Yes
Interviews	Significant	<ul style="list-style-type: none"> Can be practice-specific You can explore more sensitive issues privately Patients can express their views in their own words 	<ul style="list-style-type: none"> The RACGP will charge an administrative fee* Requires significant time Requires significant expertise in social research methods Requires RACGP approval (approximately 1–3 months from application) 	Yes
Focus groups	Significant	<ul style="list-style-type: none"> Can be practice-specific Group settings can provide significant feedback in a single session Patients can discuss their experiences with other patients 	<ul style="list-style-type: none"> The RACGP will charge an administrative fee* Requires significant time Requires significant expertise in social research methods Requires RACGP approval (approximately 1–3 months from application) 	Yes
Other methods	If you want to use any other methods of collecting feedback, contact the RACGP to discuss the advantages and disadvantages and what you will need to do in order to gain RACGP approval			

* The RACGP's administrative fee is \$150

How to gain approval for your feedback method

A series of steps must be undertaken prior to receiving RACGP approval for a feedback method:

1. Develop the patient feedback method
2. Download the [application form for approval](http://www.racgp.org.au/download/Documents/Standards/Resources/Application-form-for-approval-of-practice-specific-patient-feedback-toolsv2.pdf) (www.racgp.org.au/download/Documents/Standards/Resources/Application-form-for-approval-of-practice-specific-patient-feedback-toolsv2.pdf)
3. Complete the application form

Please complete all relevant sections of the form so the application can be processed promptly.

4. Email your completed application form, any materials you want approved, and other relevant documents specified on the form to standards@racgp.org.au
5. If you receive RACGP approval, you can proceed with collecting your patient feedback. If the RACGP requests changes, you must make the changes and submit a revised application form for approval

RACGP approval for patient feedback methods is undertaken to assist practices in:

- meeting all the requirements of the Guide
- ensuring the feedback method will adequately cover all six of the necessary themes
- providing surveyors with written evidence that the RACGP has approved the method and manner of patient feedback.

Deciding on methods, tools and distribution

When deciding on methods, tools and distribution, you must consider:

- the time and skills you can devote to developing, distributing, collecting and analysing feedback
- whether you want to gather feedback relating to all six themes at once, or you would prefer to collect feedback on different themes over time (your collective feedback must cover all six themes)
- whether you have patients who are unlikely to complete a particular version of a questionnaire (eg older patients may not want to complete an online questionnaire; busy professionals may not want to complete a questionnaire immediately after their appointment)
- accessibility for patients with specific needs (eg vision-impaired patients)
- whether you want feedback relating to very sensitive issues in an in-depth and confidential manner
- whether it is more culturally appropriate for some patients to provide feedback face-to-face or over the phone.

Practices are free to develop specific feedback tools with their patients where it suits the practice and patient group. Practices must consider that the requirements of the Guide are still met when designing specific patient feedback tools.

Meeting the requirements of the Guide

Regardless of the methods, versions and tools you choose, you must meet the requirements set out in the Guide.

In particular, refer to [Section 1: Introduction to collecting patient feedback \(page 3\)](#), which discusses:

- the six themes on which you need to collect feedback
- achieving a representative sample
- patient confidentiality and data integrity
- planning.

Accreditation process

During accreditation you will need to demonstrate that you have:

- collected feedback according to the requirements set out in the Guide (including that you used approved methods)
- analysed the feedback
- used the feedback to improve your practice
- told patients and other stakeholders how you have used the feedback to improve your practice.

Section 3: Conducting questionnaires

Introduction

The purpose of a questionnaire is to obtain responses from a sample of a group of people in order to generalise findings to the population as a whole.

Advantages of questionnaires

Using questionnaires allows you to:

- collect feedback from a large number of patients
- collect feedback from different sub-sets of your patients in order to determine whether certain people have particular issues with your practice
- ask specific questions
- study patterns or trends, or determine whether improvements have had an impact, by conducting the same questionnaire over time
- deliver online and paper versions of the questions you wish to ask.

Table 3. Advantages and disadvantages of online versions and paper versions of questionnaires

Version	Advantages	Disadvantages
Online	Easier, quicker and cheaper to send and collate	May exclude people who are not familiar with computers or who are concerned about privacy issues (unless you also offer them a paper version)
Paper	Easier for people who are not familiar with computers or who are concerned about privacy issues	Recording responses is more time-consuming Errors can be made while transferring responses to a database or spreadsheet Require more storage space

Disadvantages of questionnaires

Patients with low levels of literacy or for whom English is a second language may have difficulty understanding and completing a questionnaire.

Number of questionnaires

A total of 377 questionnaires is the ideal number in order to achieve statistically valid results on patient feedback data. This number of questionnaires is derived using from the Raosoft database [web survey software](http://www.raosoft.com/samplesize.html) (www.raosoft.com/samplesize.html) and considers variables such as margin of error, confidence level, sample population size and response distribution factors.

Where the number of 377 cannot be achieved, the following questionnaire volumes will provide adequate patient feedback data and satisfy accreditation purposes.

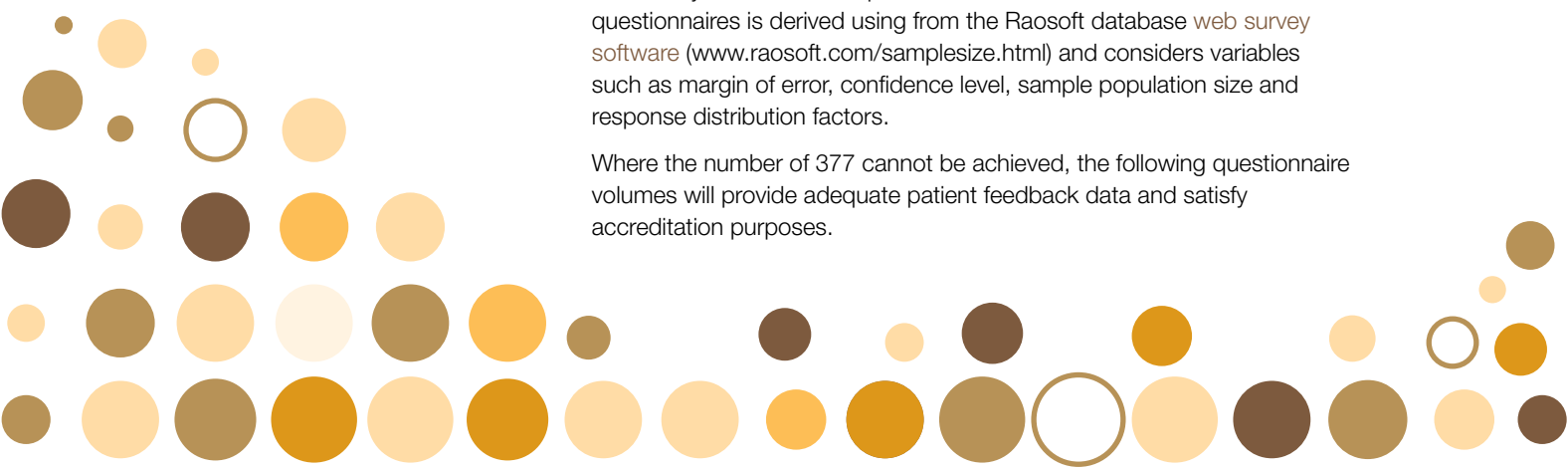


Table 4. Options for collecting feedback

Subject on which to collect feedback	Requirement	Example
Your practice	At least 30 completed questionnaires per full-time equivalent (FTE) GP* in your practice	If you have three full-time GPs, plus four GPs who each work 0.5 FTE, you have five FTE GPs and therefore must collect at least 150 completed questionnaires
Individual GPs or other clinical staff members	At least 50 completed questionnaires from patients who regularly see that staff member, regardless of their FTE status	If you have one full-time GP and one part-time GP, you must collect at least 50 completed questionnaires about each of them

* When calculating questionnaire volumes, please consider that an 'FTE GP' includes GPs, general practice registrars and trainee doctors.

You can calculate the volume of questionnaires to be obtained for part-time GPs using Table 5 as a guide.

Table 5. Calculating FTE

FTE	Volume of questionnaires
0.1	3
0.5	15
1.0	30

If collecting ongoing patient feedback (ie smaller numbers of questions over time), you need to ensure the total for your questions and responses equates to 30 questionnaires covering all six themes per each FTE GP in your practice.

Tools

Table 6 shows the tools you can use to distribute a questionnaire, how you could conduct a questionnaire using each tool, and the advantages and disadvantages of each tool.

Table 6. Patient feedback tool options

Tool	How/example	Advantages	Disadvantages
Online questionnaire on the practice website that requires a login and password	Send a link and login details for the questionnaire to every tenth patient for two weeks via text message, Twitter, email, or Australia Post	Works for questionnaires of any size Helpful when you want to target a specific group of patients Patients can complete the questionnaire at a time convenient to them	Excludes patients who do not use these tools, are uncomfortable using computers, or have concerns about privacy Patients may forget to complete the questionnaire

Table 6. Patient feedback tool options

Tool	How/example	Advantages	Disadvantages
Paper version sent via Australia Post	Send a paper version of the questionnaire to every tenth patient	Works for large questionnaires Patients can complete the questionnaire in their own time You can include a link that allows patients to complete paper or electronic version of the questionnaire	You must rely on patients to complete the paper version and mail it back to the practice, or bring it with them for their next visit, either of which may not happen in a timely manner Patients may forget to complete the questionnaire
Paper version in the practice	Invite every tenth patient to complete the questionnaire	Works for questionnaires of any size (if patients have time) Patients can take the questionnaire away with them to complete in their own time	You need to provide a private space in which others cannot see patients completing the questionnaire Patients who take the questionnaire away with them may not complete or return it
Electronic version in the practice (eg on tablets)	Invite every tenth patient to complete the questionnaire	Works for questionnaires of any size (if patients have time) The availability of electronic and paper questionnaires allows patients to choose the version with which they are most comfortable	You need to provide a private space in which others cannot see patients completing the questionnaire Some patients may not feel comfortable with the technology
Text messages	Text every fifth patient	Helpful when you only want to ask 1–2 questions	Can exclude patients who do not have mobile phones Patients may resent being contacted this way
Incoming and outgoing phone calls	Ask every tenth patient or carer if they will answer three questions at the end of the phone call	Works for smaller, less formal questionnaires	Staff member has to record answers in real time and may need to ignore waiting patients, other calls and other duties Patients may not want to have to answer questions when they are unwell and calling to make an appointment
Professional tele-marketing service (please note: practices should consider how they obtain the patient's prior consent to avoid privacy concerns)	You provide phone numbers and other relevant details, including name and date of last consultation, of every tenth patient	A trained telephone surveyor asks the questions and records the answers, and can explore issues in greater depth as they arise in the conversation	Some patients may have concerns with their details being provided to an external organisation

Questionnaires you can use

There are three main options for types of questionnaire:

- The RACGP's questionnaire (without any changes to the wording of questions)
- A commercially available questionnaire
- Your own questionnaire (which includes using the RACGP's, and changing, adding or deleting any questions or answers, or translating into another language)

Table 7. The RACGP's questionnaire

Advantages	Questions and statements developed by social research specialists Efficient and cost-effective Minimal effort required by practice staff members You can use this guide to support the process
Disadvantages	You must collate and analyse responses yourself
RACGP approval	Not required
Minimum requirement	Thirty questionnaires per FTE GP in your practice
Availability	Provided by the RACGP Refer to Appendix 2: The RACGP's questionnaire (page 32) for more information

Table 8. A commercially available questionnaire

Advantages	Questions and statements are developed by social research specialists Providers will collate and analyse patients' responses and provide your practice with a report of the results, allowing you to take action on the findings Efficient and cost-effective, with minimal effort required by practice staff members
Disadvantages	Providers charge a fee
RACGP approval	Not required
Minimum requirement	Thirty questionnaires per FTE GP in your practice
Availability	The RACGP website contains a list of RACGP-approved commercially available questionnaires, at www.racgp.org.au/your-practice/standards/resources/patient-feedback/validated-questionnaire Refer to Appendix 1: Commercially available questionnaires (page 31) for more information

Note: the RACGP does not gain any financial benefit from these companies, nor does it rank them

Table 9. Developing your own questionnaire

Advantages	You can base your own questionnaire on the RACGP's questions, selecting and modifying them according to your needs You can include all of the questions you wish and maintain control over all aspects of the questionnaire (subject to RACGP approval) The RACGP will provide guidance throughout the process
Disadvantages	The RACGP charges an administrative fee There will be a time delay for the approval process to be undertaken You must analyse the data yourself
RACGP approval	Required (allow 1–3 months)
Minimum requirement	Thirty questionnaires per FTE GP in your practice

Technology to develop your own questionnaire

Many websites offer advice for using technology to develop questionnaires to collect consumer feedback), including:

- [WordStream Blog](http://www.wordstream.com/blog/ws/2014/11/10/best-online-survey-tools) (www.wordstream.com/blog/ws/2014/11/10/best-online-survey-tools)
- [Client Heartbeat](http://blog.clientheartbeat.com/customer-feedback-software) (http://blog.clientheartbeat.com/customer-feedback-software)
- [InMoment](http://www.inmoment.com) (www.inmoment.com)

Note: the RACGP does not endorse or recommend any of these sites or options. Please carefully consider your options, as well as the available skills and time of your practice staff members before deciding to develop online questionnaires.

Creating, changing, or translating a questionnaire

You must receive RACGP approval before using a changed, new, or translated questionnaire. Refer to [How to gain approval for your feedback method](#) (page 14) for RACGP approval for more information.

Creating your own questions or questionnaire

Developing or changing a questionnaire requires particular expertise and knowledge in order to ensure the questionnaire is easy for patients to complete and produces accurate and meaningful results. Any aspect of the questionnaire (eg length, question type, content, order of questions, wording, answer options) can deter patients from answering accurately or completely.

Writing all of the questions in a questionnaire from scratch is a time-consuming exercise, particularly when ensuring you adequately cover relevant themes and word the questions to make them easy to understand.

For this reason, the RACGP strongly recommends that you:

- use the available questionnaires, which have been developed by social research specialists
- change a questionnaire (ie add or alter existing questions) only if absolutely necessary.

Refer to [Appendix 3: Writing or changing questions for a questionnaire](#) (page 39) for more information about developing questions.

Creating different versions of the RACGP's questionnaire

The RACGP's questionnaire is available as a Word document or a PDF document in order to provide flexibility. For example, you can create:

- an online version for your practice website
- an app on a mobile device
- a paper-based version
- text message questions
- a list of questions your administrative staff members can ask patients over the phone.

It is also easy to select or change questions when they are in a Word document. You must gain RACGP approval before you add, change, or alter the RACGP questionnaire in any way.

Translating questionnaires

If you have any part of an approved questionnaire translated into another language, evidence that the translation has been undertaken correctly (ie by a qualified translator and that it has been independently reverse-translated) must be provided to the surveyor during accreditation.

Conducting the questionnaire

Provide staff members with clear instructions

Explain to staff members why you are collecting feedback (Refer to *Why collect patient feedback?* [page 3]), and how many questionnaires you need to collect.

It is also important to provide staff members with clear instructions as to exactly what they need to do in order to facilitate collecting the patient feedback.

Practices are required to prepare clear written instructions for staff members, outlining the process to be undertaken, the number of questionnaires to be obtained, and the manner in which the completed questionnaires are to be collected and stored once returned to the practice.

For example:

- invite every tenth patient to participate in feedback collection using the pre-printed invitation (refer to *Appendix 4: Inviting and instructing patients to participate in a questionnaire* [page 41] for more information)
- provide patients with the questionnaire and the instructions after their appointment (refer to *Appendix 4: Inviting and instructing patients to participate in answering a questionnaire* [page 41] for more information)
- ensure completed questionnaires are placed in a secure area and removed only when there are no patients in the administration area
- securely store completed questionnaires
- maintain an accurate count of how many completed questionnaires have been returned to the practice.

Practices are required to pre-test their questionnaires with a small sample of their patient population in order to ensure the questions are understood and any issues can be clarified before commencing the process.

Selecting patients

Refer to *Who to ask for feedback* (page 4) from for more information.

Inviting participation

When you invite a patient to participate in providing feedback, it is important to explain:

- they have been selected at random
- they do not have to participate if they do not wish, and choosing to not participate will not affect their treatment
- all responses are anonymous and will remain confidential.

You can use the sample invitation in [Appendix 4: Inviting and instructing patients to participate in answering a questionnaire](#) (page 41) if appropriate.

If patients decide to complete the questionnaire in your practice:

- provide them with a private and comfortable location
- ensure a practice staff member is available at short notice in case the patient needs assistance.

If patients are completing a paper version of the questionnaire in the practice, provide them with:

- a clipboard and two working pens
- an envelope into which they can place their completed questionnaire.

If a patient expresses any problems, complaints or concerns, listen carefully and respond accordingly.

Collecting, counting, and storing questionnaires

Follow the below steps as you receive each questionnaire:

1. Check to make sure the questionnaire it is complete. If incomplete, you will need to randomly select another patient and provide them a questionnaire for completion.
2. For a paper version
 - a. write a unique number at the top of the questionnaire to indicate how many you have collected
 - b. staple all pages of the questionnaire together (if they are not already secure)
 - c. store with other questionnaires in a secure area (eg a locked filing cabinet). You might want to group completed questionnaires according to day, week or another category, using separate files, or large bags or with bulldog clips.
3. For an electronic version
 - a. give the questionnaire with a unique file name that indicates how many you have collected (eg 'Patient feedback questionnaire September 2017, #34')
 - b. save the questionnaire into a dedicated folder with an appropriate name (eg Patient feedback questionnaire September 2017).
4. Keep track of how many you have collected, so you know when you have collected the required number, as shown in table 10.

Table 10. Calculating number of questionnaires required

To collect feedback about	Requirement	Example
Your practice	At least 30 completed questionnaires per FTE GP* in your practice	If you have three full-time GPs and four who each work 0.5%, you have five FTE GPs and therefore must collect at least 150 completed questionnaires
Individual GPs or other clinical staff	At least 50 completed questionnaires from patients who regularly see that staff member, regardless of their FTE	If you have one full-time GP and one part-time GP, you must collect at least 50 completed questionnaires about each of them

* When calculating questionnaire volumes, please consider that an FTE GP includes GPs, medical registrars and training doctors.

Section 4: Conducting focus groups

Introduction

A focus group is a planned group discussion in which a facilitator asks a small number of selected patients to discuss a particular topic relating to their experiences of care at your practice.

There are three characteristics of a focus group that distinguish it from other group discussions:

- A specific topic for discussion
- A facilitator manages the discussion (refer to [The facilitator](#) [page 44] for more information)
- Patients are chosen and discussion is managed, creating a comfortable environment in which people are more likely to feel free to talk openly and express their opinions

When you have completed collecting your feedback, it is essential that you have addressed all six of the patient feedback themes. Refer to [What to collect feedback](#) (page 5) about for more information.

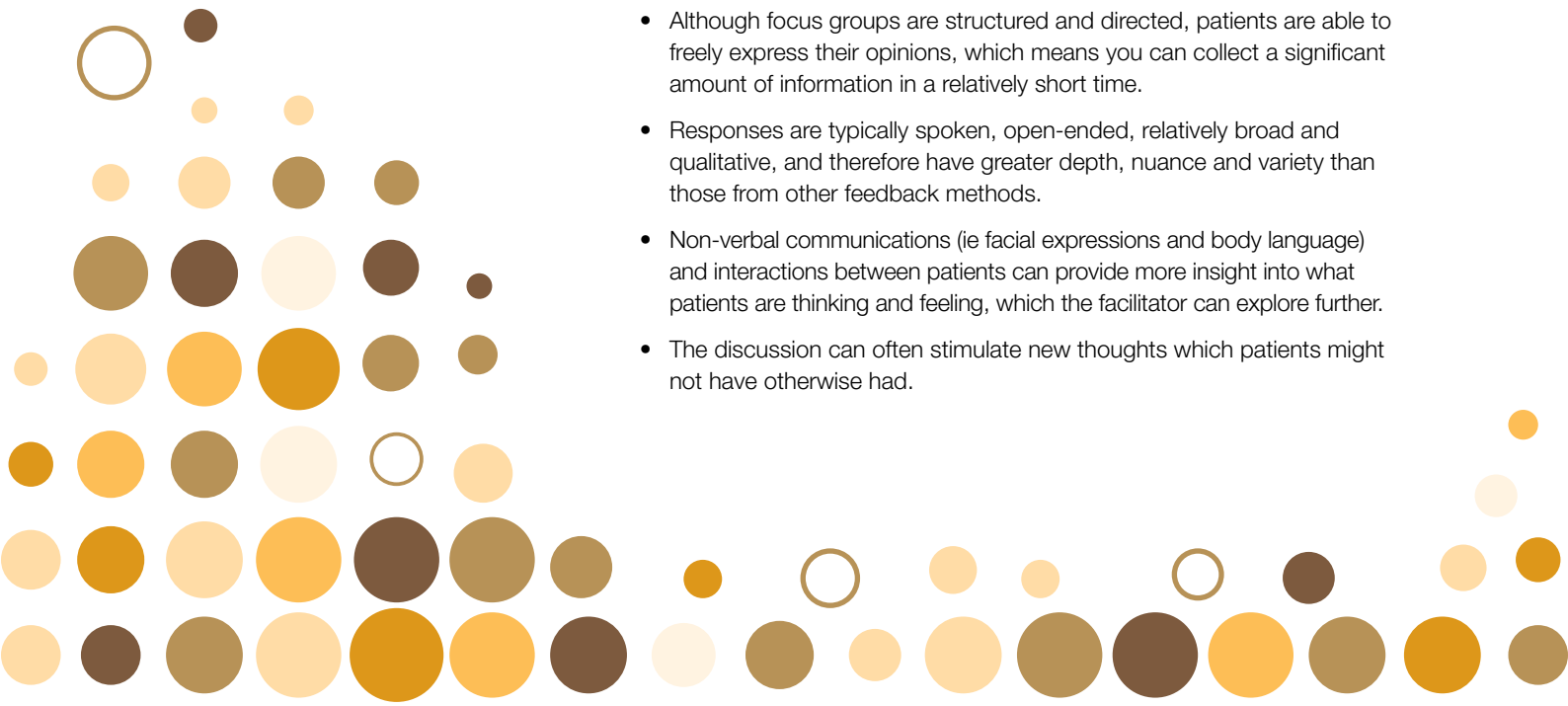
Focus groups are particularly useful when you:

- require greater understanding of how patients experience a particular aspect of your practice
- want to understand how particular types of patients experience care from your practice in the event they may not be adequately represented in a random selection of patients (eg patients with young families, a specific illness, etc)
- want to collect feedback from patients who are unlikely to accept an invitation to participate in a written questionnaire (eg people with low levels of literacy or for whom English is a second language)
- find it is more culturally appropriate to collect patients' feedback in a face-to-face setting
- are considering introducing a new program or service (which might be the result of previously collected feedback)
- want to ask questions that can't easily be addressed on a written questionnaire
- want to supplement the knowledge you can gain from written questionnaires.

Advantages of focus groups

Focus groups provide a number of benefits to practices when collecting patient feedback:

- Although focus groups are structured and directed, patients are able to freely express their opinions, which means you can collect a significant amount of information in a relatively short time.
- Responses are typically spoken, open-ended, relatively broad and qualitative, and therefore have greater depth, nuance and variety than those from other feedback methods.
- Non-verbal communications (ie facial expressions and body language) and interactions between patients can provide more insight into what patients are thinking and feeling, which the facilitator can explore further.
- The discussion can often stimulate new thoughts which patients might not have otherwise had.



Disadvantages of focus groups

Focus groups typically take more time per participant than questionnaires because the group has to be recruited and group activities, by nature, take time.

It can be difficult and/or time-consuming to:

- find patients who will agree to participate
- achieve an appropriate mix of patients
- find a skilled facilitator – you may be required to remunerate a facilitator with appropriate skills (refer to [The facilitator](#) [page 44] for more information)
- develop appropriate questions
- organise and conduct the session
- protect patients' confidentiality
- determine whether patients are agreeing with others because they are reluctant to express a different opinion
- accurately collect, record, collate and analyse data, particularly if you have more than one focus group discussing the same issue.

Number of focus groups

The number of focus groups you need to conduct depends on the number of GPs in your practice.

Table 11. Calculating FTE for focus groups

Number of FTE GPs in your practice	Minimum number of focus groups
≤4	2
5–10	3
>10	5

If you want to collect and analyse feedback about individual GPs or other clinical staff members, you must conduct a minimum of one focus group for each staff member (regardless of their FTE status). These focus groups must consist of patients who regularly see that GP or clinical staff member.

It is suggested you limit focus groups to between five and 10 participants in order to optimise participation and avoid receiving either too little or too much feedback.

Requirements of a focus group

A number of factors can contribute to a quality focus group, including:

- a skilled facilitator who does not and could not provide clinical care to any of the participants
- adequate time, knowledge and resources to recruit a willing group of participants
- a suitable location.

Further information

Refer to [Appendix 5: Conducting focus groups](#) (page 43) for more information.

Section 5: Conducting interviews

Introduction

Individual interviews are planned one-on-one discussions between an interviewer and a patient, in which the patient is asked pre-determined questions about their experiences of your practice.

When you have completed collecting your feedback, it is essential that you have addressed all six of the patient feedback themes. Refer to [What to collect feedback about](#) (page 5) for more information.

Types of interviews

Broadly speaking, there are three types of interviews:

- Structured
- Semi-structured
- Unstructured

Refer to 'Types of interviews' in [Appendix 6: Conducting interviews](#) (page 47) for more detailed information.

Advantages of interviews

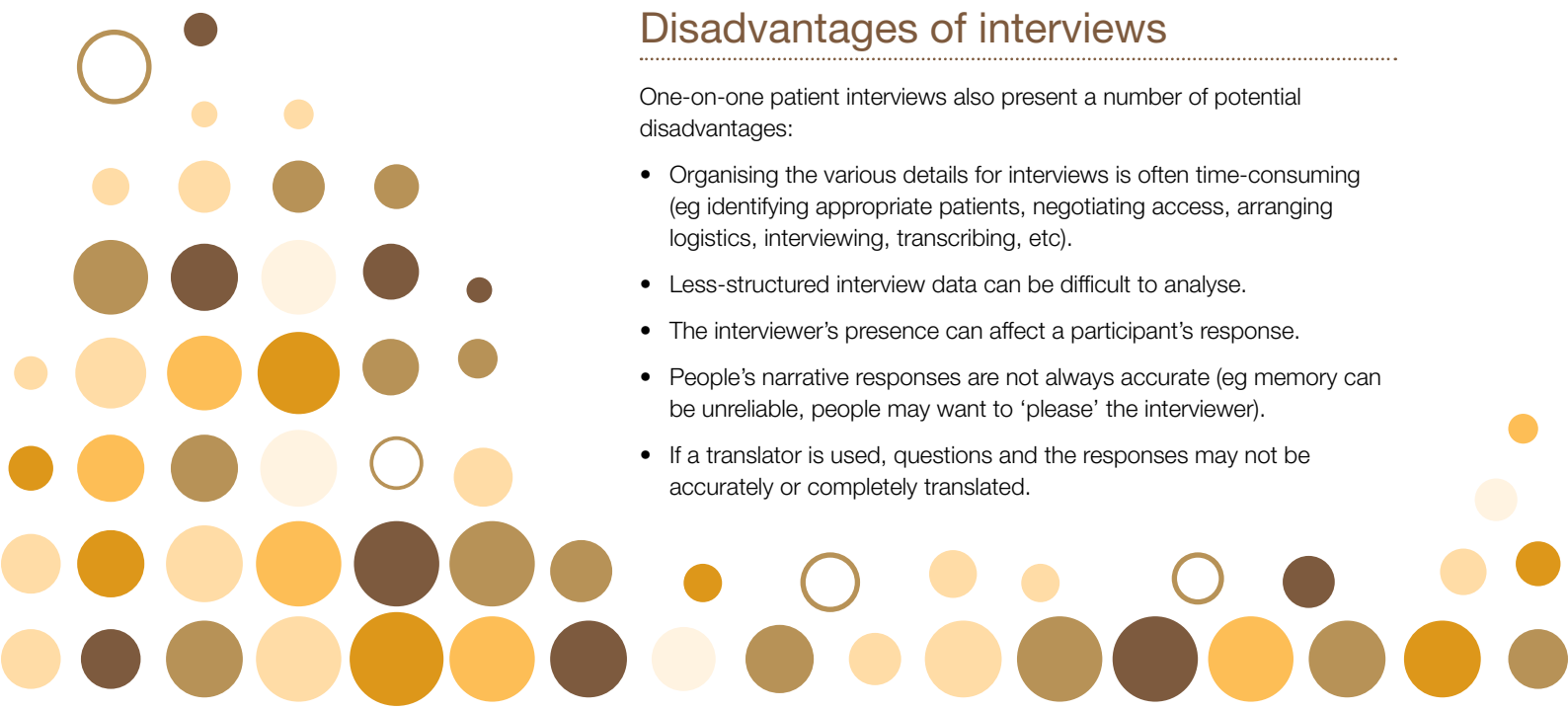
One-on-one patient interviews provide a number of benefits:

- You can ask about personal or sensitive issues that are not necessarily covered in questionnaires and which patients are unlikely to openly discuss in a group setting.
- People who might be unwilling to participate in questionnaires or focus groups might be more likely participate in one-on-one interviews.
- Patients can articulate their experience in their own words and therefore provide extremely useful insights and perspectives into their thought processes and rationale.

Disadvantages of interviews

One-on-one patient interviews also present a number of potential disadvantages:

- Organising the various details for interviews is often time-consuming (eg identifying appropriate patients, negotiating access, arranging logistics, interviewing, transcribing, etc).
- Less-structured interview data can be difficult to analyse.
- The interviewer's presence can affect a participant's response.
- People's narrative responses are not always accurate (eg memory can be unreliable, people may want to 'please' the interviewer).
- If a translator is used, questions and the responses may not be accurately or completely translated.



Number of interviews

You must conduct at least five interviews per FTE GP in your practice.

For example, if you have seven full-time GPs and three who work 0.5 FTE:

Table 12. Calculating FTE for interviews		
GPs	FTE GPs	5 x interviews per FTE GP
7 FTE	7.0	35.0
3 at 0.5 FTE	1.5	7.5
Minimum number of interviews		42.5 (round up to 43)

Requirements of a good interview

A number of factors can contribute to a quality interview, including:

- the use of a skilled interviewer who does not and could not provide clinical care to any of the participants
- adequate, knowledge and resources to recruit a suitable selection of participants
- a suitable location.

Further information

Refer to Appendix 6: Conducting interviews (page 47).

Section 6: Using patient feedback

Introduction

Having collected your patient feedback, you can now use it to identify, plan and implement improvements to your practice.

Keep in mind that, for accreditation purposes, you will also need to be able to demonstrate how you have used the feedback to improve your practice.

When to analyse and report on feedback

If you have conducted feedback once in your three-year accreditation cycle (ie with one large questionnaire), you will analyse and report on the feedback once.

If conducting ongoing feedback, you need to decide how often you will analyse and report on that feedback. You might want to analyse and report after every instance of feedback collection or at set intervals. This allows you to determine whether your changes are producing the desired results, and is beneficial in that the details of the feedback method are fresh in the minds of the people who administered the process.

Who should analyse and report?

Anyone who satisfies requirements of patient confidentiality and integrity of data can analyse and report on feedback. However, if you have collected information about individual clinical staff members, those individuals must not collate, analyse or report on patient feedback related to themselves.

Analysing feedback

Questionnaires

If you have used a commercially available questionnaire, the provider will collate and analyse the results for you.

If you have used the RACGP's questionnaire, it is recommended that you use the RACGP's [patient feedback spreadsheet](http://www.racgp.org.au/your-practice/standards/resources/patient-feedback/practice-specific) (www.racgp.org.au/your-practice/standards/resources/patient-feedback/practice-specific) to help analyse the results.

If you have developed your own questionnaire (or modified the RACGP's questionnaire), you can still use the RACGP's patient feedback spreadsheet by replacing the questions with your own.

Refer to Appendix 7: Using the RACGP's patient feedback spreadsheet (page 54) to enter and report questionnaire results for more information.

Focus groups and interviews

It is important to create a transcript if you record the focus group or interviews. If someone took notes during the process (eg the facilitator or the interviewer), ask them to ensure the notes are clear and legible in order for you to be able to review them following the focus group or interview.

Collate all information once it has been recorded. This can be done by someone within or external to your practice, or by two people who each undertake the collation independently and later collaborate to prepare a summary and/or report.



Once all information from the focus groups and interviews is properly collected:

- review the transcript or notes
- record the number of times that patients indicated a particular issue was important
- identify patterns, themes and issues (including any new ones that arose)
- identify the importance of each issue, based on the importance that patients gave it and the number of times it was mentioned.

Acknowledging feedback that is not useful

Feedback on which you cannot act (eg your opening hours are too limited and you are not able to change them) cannot simply be ignored, as your patients may feel their opinions and suggestions are not being taken seriously.

In order to ensure feedback is handled appropriately, you must:

- identify it as an issue
- consider providing alternatives, or reviewing it again in the future
- explain to your patients the reasons you are unable to address that particular issue.

Identifying major issues and frequent issues

After you have collated your data, categorise them into major issues or frequent issues.

Major issues are generally those that affect the quality of healthcare delivered by the practice, while frequent issues are those that many patients raised, or to which they gave a low rating.

For example:

- a few patients indicating they did not understand instructions their GP gave them regarding when to take their medication would likely be considered a major issue
- many patients indicating they spend too much time in the waiting room would likely be considered a frequent issue.

However, some issues will qualify for both categories. For example, if many patients indicate they did not understand instructions regarding their medication.

Prepare a practice report

Write a practice report that includes:

- a summary of demographic data (eg number of patients, age groups, gender, languages spoken at home, Aboriginal and Torres Strait Islander status, frequency of visits, etc)
- results in an easily understood format (entering data into a spreadsheet means you can then use it to generate graphs, pie charts, etc)
- responses to any open-ended questions
- a summary of what works well in the practice (just as important as identifying areas for improvement)
- a summary of areas where improvement is necessary.

Refer to [Appendix 8: Sample letter to share findings with patients](#) (page 56) for a sample report.

Share results with patients

The practice should consider sharing the results with its patients via communication items such as emails, fliers, newsletters and posters in waiting rooms.

It is also important to thank patients who participated in focus groups or interviews.

Refer to [Appendix 9: Sample letter to inform patients about changes](#) (page 57) for more information.

Use your analysis to make improvements

Involve the whole team

Arrange a meeting of the practice team in order to:

- discuss the results of the analysis
- identify issues to be addressed
- discuss how to address these issues.

If you have collected feedback about individual GPs or clinical staff members, discuss the results with the individuals privately.

Develop an action plan

A clear action plan will help your practice implement appropriate changes based on feedback and satisfies the second Indicator of Criterion QI1.2 of the Standards.

To develop an effective plan, include all of the following:

- What action you are going to take
 - Identify and prioritise changes your practice is going to make
 - Identify how you can do more of what your patients indicated they like about the practice (ie ensure you do not solely focus on the negative issues)
 - Identify feedback which you are not going to be able to address, and outline the reasons why
- Determine how, who and when
 - Identify the person who is primarily responsible for each change
 - Identify tasks that need to be completed for each change, as well as who is going to undertake each sub-task
 - Plan when each change will be made (you might want to immediately make some smaller changes that were an issue for many patients, or attend to major issues first)
 - Set dates on which to review progress
- Develop detailed, achievable actions
 - ‘We will extend our opening hours’ is not specific and does not include an implementation date; instead use ‘By March 2019, we will have extended our opening hours by one hour each weekday, and two hours on Saturdays’
 - ‘By the end of this year, we will make sure patients understand what they are meant to do with their medication’ is not specific and there is no way of measuring whether it is being done; instead use ‘By the end of this year, every GP in the practice will give patients written instructions about their medication and place a copy in the patient’s file’

- Measuring what action you have taken
 - Decide how you are going to know when you have achieved your objectives
 - Decide how you are going to determine the impact of the change (eg a short, specific questionnaire)
- Telling patients about the action you have taken
 - Decide how you are going to notify your patients of changes in the practice

Make the changes

Implement the changes in accordance with the practice's action plan.

You may want to adopt commonly used methods for implementing changes (eg the Plan, do, study, act [PDSA] cycle), along with other project management tools and techniques. The tools and techniques you choose will depend on the size, duration and complexity of each planned change.

As you implement each change, record:

- what has been done
- when it was completed or implemented
- any variations to the action plan, including reasons for the variation.

Tell patients about the changes

It is important to make patients aware of the changes you have made and that they were the result of feedback you collected so they feel that their time and contributions were valued and worthwhile.

For example, you could:

- send patients a letter to explain the changes you have made following the collection of their feedback (refer to [Appendix 9: Sample letter to inform patients about changes](#) [page 57] for more information)
- display a poster in your waiting room that includes simple messages taken from the feedback and what you have done (and will do) in response
- include information in your website, newsletter or other promotional material explaining what feedback methods you used, a summary of the findings, and what you have done (and will do) in response.

Telling patients about changes made in the practice based on feedback collected directly from them helps to demonstrate that you believe they are part of your quality improvement process. It also satisfies the third Indicator in [Criterion QI1.2](#) (page 3) of the Standards.

Compare results over time

Making necessary changes according to patient feedback means patients may no longer be concerned about some issues in the practice. In order to help check patients' concerns are being addressed, and to measure the impact of changes you have made, you can compare the most recent results with previous results. This means you may need to store previous feedback results for several years.

Appendix 1: Commercially available questionnaires

Those who want to use one of the commercially available questionnaires can select from the following list:

- CFEP Surveys' Patient Accreditation Improvement Survey (PAIS), www.cfepsurveys.com.au. Call 07 3855 2093 for more information
- Insync's Patient Satisfaction Instrument (PSI), www.insync.com.au. Call 1800 143 733 for more information
- Press Ganey Associates' Medical Practice Patient Experience Survey, www.pressganey.com.au. Call 07 5560 7400 for more information

Note: the RACGP does not gain any financial benefit from these companies.



Appendix 2: The RACGP's questionnaire

Using the RACGP's questionnaire

1. Download the RACGP's [questionnaire](http://www.racgp.org.au/your-practice/standards/resources/patient-feedback/practice-specific) (www.racgp.org.au/your-practice/standards/resources/patient-feedback/practice-specific)
2. Enter your practice's information in the header
3. Choose which questions you wish to ask under each theme (you must ask a minimum of three questions under each theme)
 - a. If you do not make any changes to the wording of the questions and ask at least three questions under each theme, you do not need to seek approval for using the RACGP's questionnaire
4. Save

Access and availability

Q1. Making an appointment and waiting to see a clinician at your last visit		Poor	Fair	Good	Very good	Excellent	Not applicable	Don't know
Please rate each statement		1	2	3	4	5	6	7
A	Seeing the clinician of your choice							
B	Getting an appointment for a time that suited you							
C	The time you had to wait to get this appointment (before getting to the clinic)							
D	The time you had to wait after you arrived at the clinic							
E	The amount of time spent travelling to the clinic							
F	Ease of parking							
G	Getting reminders for your appointment							
H	The comfort of the waiting room							

Do you have any comments you would like to make about making an appointment and waiting to see a clinician?

Communication and interpersonal skills of administrative staff

Q2. Your experience with reception staff at your last visit								
Please rate each statement		Poor	Fair	Good	Very good	Excellent	Not applicable	Don't know
		1	2	3	4	5	6	7
A	Were welcoming upon your arrival							
B	Were professional in dealing with you							
C	Considered your needs when making an appointment							
D	Let you know about any delays while you were waiting							
E	Were courteous and polite							
F	Had good reading material							
G	Catered for children							
Do you have any comments you would like to make about your experience with reception staff at your last visit?								

Communication and interpersonal skills of clinical staff

Q3. Your experience of the interpersonal skills of the clinician at your last visit								
Please rate each statement		Poor	Fair	Good	Very good	Excellent	Not applicable	Don't know
		1	2	3	4	5	6	7
A	Were welcoming upon your arrival							
B	Were professional in dealing with you							
C	Considered your needs when making an appointment							
D	Let you know about any delays while you were waiting							
E	Were courteous and polite							
F	Had good reading material							
G	Catered for children							
H	Let you talk about alternative therapies you were using							
Do you have any comments you would like to make about your experience with reception staff at your last visit?								

Q4. Your experience of the way clinicians communicated with you at your last visit

Please rate each statement		Poor	Fair	Good	Very good	Excellent	Not applicable	Don't know
		1	2	3	4	5	6	7
A	The clinician had enough time to listen to what you had to say							
B	Helped you understand your medical condition							
C	Explained the purpose of tests and treatment							
D	Involved you in decisions							
E	Helped you understand what to do when you went home							
F	Accepted your decision to seek alternative treatment							
G	Adequately discussed your personal issues							
H	Guided you on how to take medicines correctly							
I	Allowed you to have the final choice about tests							
J	Allowed you to have final choice about treatments							
K	Really listened to what you had to say							

Do you have any comments you would like to make about the way clinicians communicated with you at your last visit?

Provision of information

Q5. Your experience of the information given to you by clinicians at your last visit								
Please rate each statement		Poor	Fair	Good	Very good	Excellent	Not applicable	Don't know
		1	2	3	4	5	6	7
A	The amount of useful information given about your condition							
B	The amount of useful information given about your treatment							
C	Information about how to take your medicines							
D	Information about side effects of any treatment							
E	Information about how to stay healthy							
F	Information about how to prevent future health problems							
G	Gave you useful written information							
H	Told you where to find reliable information on the internet							
Do you have any comments you would like to make about the information given to you by clinicians at your last visit?								

Privacy and confidentiality

Q6. Your experience of privacy at your last visit								
Please rate each statement		Poor	Fair	Good	Very good	Excellent	Not applicable	Don't know
		1	2	3	4	5	6	7
A	Privacy in the waiting area							
B	Privacy when you were examined							
C	Being able to discuss personal issues that were sensitive							
D	Your understanding of how medical records are kept private in the clinic							
E	The way in which information was given to other clinicians							
F	The way the electronic records were explained to you							
G	Asked your permission before another clinician came to the appointment							
Do you have any comments you would like to make about your experiences of privacy at your last visit?								

Continuity of care

Q7. Your experience of the way your clinician worked with other healthcare professionals at your last visit

Please rate each statement		Poor	Fair	Good	Very good	Excellent	Not applicable	Don't know
		1	2	3	4	5	6	7
A	Knew your medical history at the clinic							
B	The clinician was aware of advice you had received from other health professionals							
C	Gave you options for specialists or other health providers you need to see							
D	Coordinated different healthcare professionals							
E	Allowed you to have the final choice about which other professionals to see							
F	Gave the right amount of information to other healthcare professionals							

Do you have any comments you would like to make about the way your clinician worked with other healthcare professionals at your last visit?

Experience over last year

Q8. Thinking about your experience with the general practice over the past year

Please rate each statement		Poor	Fair	Good	Very good	Excellent	Not applicable	Don't know
		1	2	3	4	5	6	7
A	Suitability of clinic opening hours							
B	Being able to see a doctor at the clinic when you needed urgent care							
C	Being able to see the doctor of your choice							
D	Information about where to get medical care when the clinic is closed							
E	The amount you paid for each visit to the doctor							

Do you have any comments you would like to make about the way your clinician worked with other healthcare professionals at your last visit?

Q9. Thinking about your experience with the general practice over the past year

Please write your ideas below:

Patient demographics

Q10. Are you?		Q11. Are you of Aboriginal or Torres Strait Islander origin?	
Male ¹	Female ²	Yes ¹	No ²
Q12. Have you been to another general practice in the last year?		Q13. Which languages do you speak at home? Tick all spoken	
Yes ¹	No ²	English ¹	Vietnamese ⁵
Q14. What is your age?		Arabic ²	Hindi ⁶
15–24 years ¹	65 years or over ⁴	Cantonese ³	Greek ⁷
25–44 years ²	Don't wish to say ⁵	Mandarin ⁴	Other ⁸
45–64 years ³		Q16. Do you have any of these concession cards?	
Q15. How long have you been coming to this practice?		Health Care Card ¹	Pensioner Concession Card ²
Less than 1 year ¹	3 years or more ³	Any Veterans' Affairs treatment entitlement card ³	Not covered by any concession card ⁴
1–2 years ²	Not sure ⁴		
Q17. How many times have you visited this practice over the past 12 months?		Q18. What is the highest level of education you have reached?	
Only this visit ¹	6–10 ³	Some high school ¹	Completed a trade or technical qualification ⁴
2–5 ²	11 or more ⁴	Completed high school ²	Completed a degree or diploma ⁵
Q19. Was this visit for yourself or someone you are caring for?		Currently studying for a degree or diploma ³	Postgraduate degree ⁶
Self ¹	Someone else ²		
Q21. Have you ever received treatment at this practice for <specialty>? (Optional)		Q20. Are you aware that this practice specialises in <specialty>? (Optional)	
Specialty	Yes ¹ No ² Not sure ³	Specialty	Yes ¹ No ² Not sure ³

Note: The superscript numbers next to the responses can be used to assist with entering your data into the RACGP's patient feedback spreadsheet.

Q22. Thinking about your experience of <specialty> at this practice (Optional)								
Please rate each statement		Poor	Fair	Good	Very good	Excellent	Not applicable	Don't know
		1	2	3	4	5	6	7
A	Helped you understand your <specialty> condition							
B	Explained the purpose of tests and treatment							
C	Involved you in decisions							
D	Allowed you to have the final choice about tests							
E	Allowed you to have the final choice about treatments							
F	Understood how the <specialty> condition affected your life							
Do you have any comments you would like to make about your experience of <specialty> at this practice?								

Thank you for taking the time to complete this questionnaire.

Please put your completed questionnaire in the secure box at reception.

Appendix 3: Writing new or changing existing questions for a questionnaire

Changing an existing questionnaire

Changes to any questionnaire, whether it is the RACGP's or your own, must be submitted to the RACGP for approval.

Tips for writing questions

Address the themes

Make sure your questions address one or more of the themes on which you need to collect patient feedback (refer to [What to collect feedback about](#) [page 5] for more information).

Ask questions that allow patients to select from a range of responses (ie 'poor', 'fair', 'good', 'very good', 'excellent'), rather than limited responses (ie 'yes/no', 'agree/disagree', 'satisfied/dissatisfied'). However, the exception to this is where answers can only be 'yes' or 'no' (eg Have you been to another general practice in the last year?).

Avoid sampling bias

Do not use any questions that could result in sampling bias (ie when some members of the intended population are less likely to be included than others). For example, avoid questions with phrases such as, 'When you email the practice ...' as this will exclude patients who do not use email.

Use everyday words and phrases

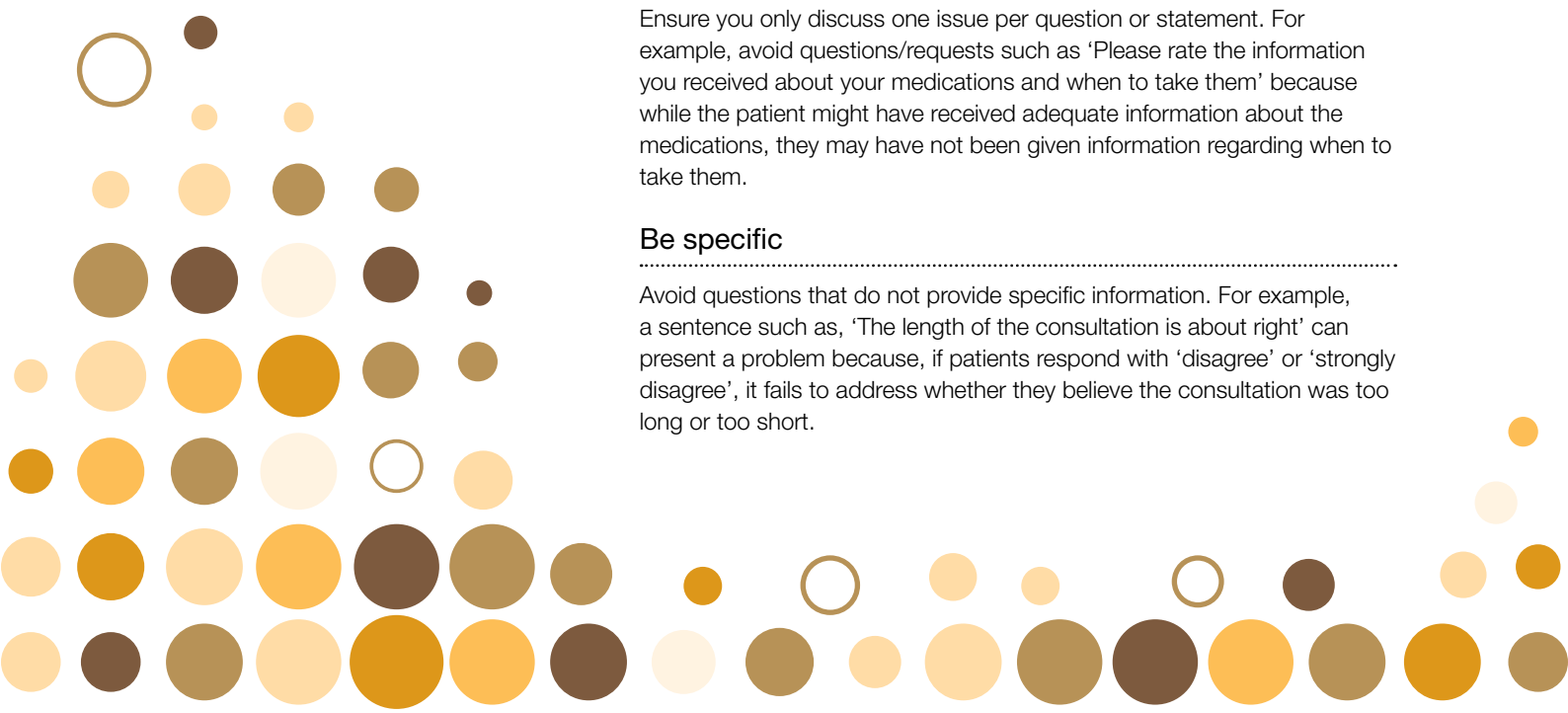
It is important to use simple, easy-to-understand words, phrases and concepts. For example, avoid complex sentences such as, 'Please rate the consequences of not having your treatment un-checked in subsequent instances'. This type of wording could make it difficult for people with low levels of literacy or for whom English is a second language to complete the questionnaire.

Keep to one issue per question or statement

Ensure you only discuss one issue per question or statement. For example, avoid questions/requests such as 'Please rate the information you received about your medications and when to take them' because while the patient might have received adequate information about the medications, they may have not been given information regarding when to take them.

Be specific

Avoid questions that do not provide specific information. For example, a sentence such as, 'The length of the consultation is about right' can present a problem because, if patients respond with 'disagree' or 'strongly disagree', it fails to address whether they believe the consultation was too long or too short.



Ask specific questions or use specific statements to be rated. For example, a statement such as, 'The clinician clearly explained the possible side effects of the medication' is effective because it highlights precisely where a problem might be and what needs to be done to eliminate it.

Avoid questions that rate general levels of satisfaction. For example, a question such as, 'How would you rate the care you received?' is unlikely to elicit an answer that tells you what needs to be done to improve the care. Specific questions or requests such as, 'Please rate the quality of the information you received about how to take your medications' are more likely to provide the information needed to effectively improve care within the practice. This is why it is also a good idea to include open-ended questions in order for patients to be able to include additional and more specific information. Receiving more precise information about what went wrong (eg '23% of patients were not given a clear explanation of their test results') tells you exactly what needs to be done to improve patient care.

Include the period of time to consider

Specify the period of time to which you want patients to refer (eg their most recent visit, the previous three months).

How to use the RACGP's questionnaire to develop your own

Download the RACGP's questionnaire from the *Toolkit for developing practice-specific questionnaires* (www.racgp.org.au/download/Documents/Standards/Resources/patient-feedback-toolkit.pdf).

Aim to keep the questionnaire to a maximum of four A4 pages. This will take less than 10 minutes to complete and more patients will likely be willing to participate.

1. Enter your practice's information in the header
2. Choose which of the questions you wish to ask under each theme (you must ask a minimum of three questions under each theme)
3. Make any changes, such as adding questions or changing the wording of existing questions (ensure you still ask the demographic questions)
 - a. If you want to use the RACGP's questionnaire spreadsheet, you cannot change the rating scale of the questions because they have been used in the spreadsheet to analyse responses
 - b. You may need to renumber questions
4. Save your altered version of the RACGP's questionnaire

Apply for approval

Submit your questionnaire to the RACGP for approval. Refer to *How to gain approval for your feedback method* (page 14) for RACGP approval for more information.

Appendix 4: Inviting and instructing patients to participate in a questionnaire

Invitation to participate in a questionnaire

This appendix contains two sample documents:

- Invitation to participate in a questionnaire, which you can provide to randomly selected patients as they come into the practice, giving them time to read it and decide whether they want to participate.
- Instructions for questionnaire participant, which you can provide to patients who have agreed to participate.

You can change these documents as required.

Print or email the below letter on your practice letterhead (amended as necessary) and give it to randomly selected patients to invite them to complete a questionnaire following their consultation.

Would you like to help us improve our practice?

We are asking our patients to complete a questionnaire about their experiences with our practice so we can improve our patient care.

We would like to give you the questionnaire following your appointment today for you to complete before you leave the practice. It will take you less than 10 minutes.

Please note:

- you do not have to participate and your care will not be affected if you choose not to participate.
- the questionnaire is confidential and anonymous
- your care at the practice will not be affected by the answers you provide
- there are no right or wrong answers – it is your opinion that is important to us.

If you have any questions, please ask the receptionist, your doctor, or other clinicians you see at the practice today.

Please give this patient information sheet to a reception staff member when your consultation is over, and tell us whether you would or like to participate.

We look forward to continuing to provide you with quality healthcare.

Yours faithfully,

The GPs and staff members at [insert name of practice]



Instructions for questionnaire participant

Print or email the below letter on your practice's letterhead (amended as necessary) and give it to patients who have agreed to complete a questionnaire following their consultation.

Patient experience questionnaire

Thank you for agreeing to complete our questionnaire.

The questionnaire is voluntary, confidential and anonymous. Your answers cannot be linked to you in any way. Your care will not be affected by completing the questionnaire or if you change your mind and decide not to complete it.

Please answer every question by placing a tick in the box that most closely matches your answer. If a question does not apply to you, please select 'N/A' (not applicable), and if you do not know the answer to a question, please select 'don't know'.

There are no right or wrong answers – it is your opinion that is important to us.

If you have any questions, please ask the receptionist.

Place the completed questionnaire in an envelope and put it in the box at reception.

We appreciate your time and help, and look forward to continuing to provide you with quality healthcare.

Yours faithfully,

The GPs and staff members at [insert name of practice]

Appendix 5: Conducting focus groups

Selecting patients to participate

Unlike other methods of collecting feedback (such as questionnaires), focus groups are more effective if you select the patients to participate. Generally speaking, you will select patients who share a common characteristic or specific experience of your practice, or who can provide meaningful insights into how to improve your practice.

For example, you may form a focus group that consists of:

- particular type of patients (eg female patients, patients from a specific cultural background, new patients, patients with a specific condition, etc)
- patients who have experienced a particular aspect of your practice (eg a skin cancer screening service, disability access, care after being discharged from hospital, etc).

Focus groups tend to be formed in these ways because people are often more likely to discuss their experiences openly and honestly if they believe they have something in common with the other people in the group.

However, you will ideally select a representative sample of the group. For example, if you are forming a group comprised of:

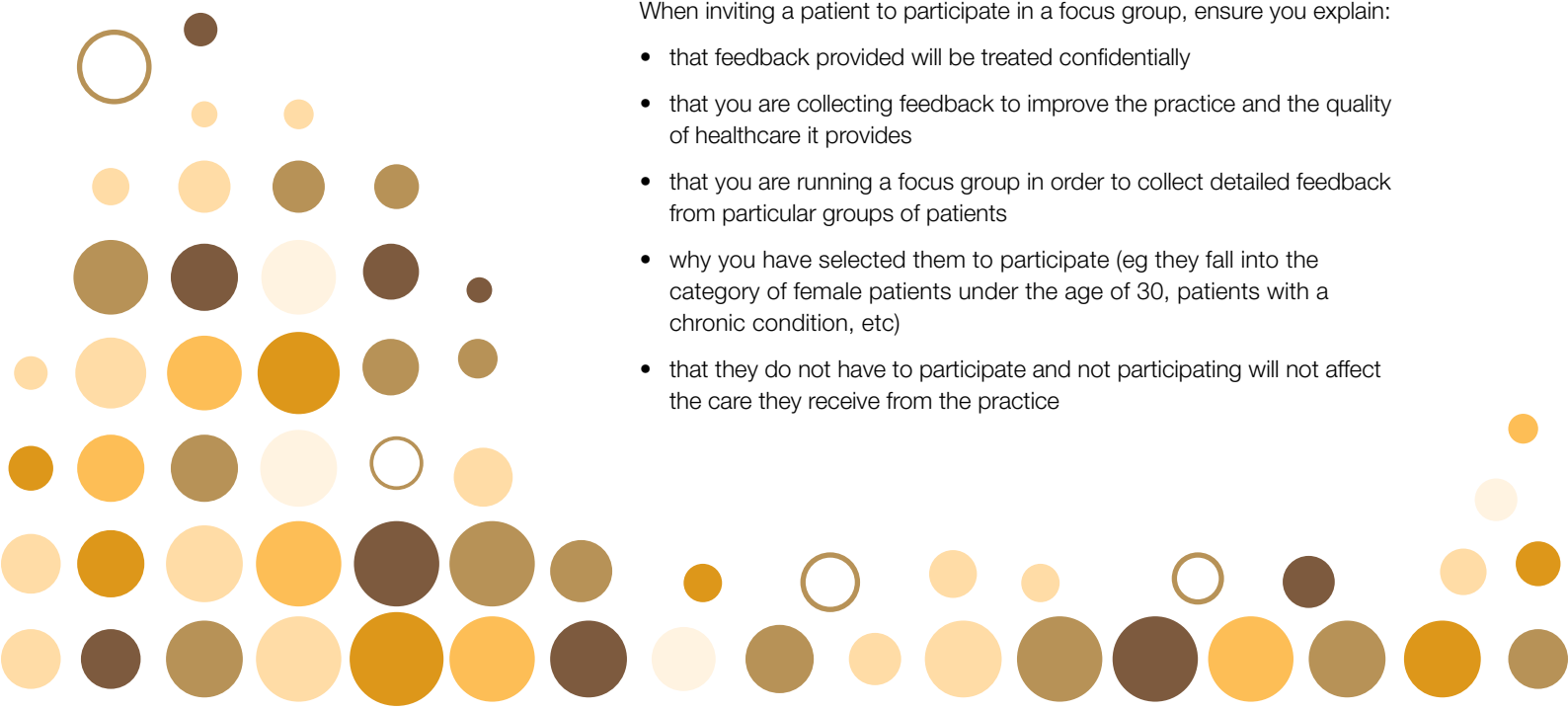
- new patients, it is important to consider whether you require a range of ages and backgrounds, and a gender balance
- female patients under the age of 30, it is important to consider whether you require a range of ages (eg from 18–30) and a range of backgrounds.

Inviting participation

It is ideal to invite patients to participate in a focus group in person; however, in the event you are unable to invite them in person, it is best to contact patients via phone or email.

When inviting a patient to participate in a focus group, ensure you explain:

- that feedback provided will be treated confidentially
- that you are collecting feedback to improve the practice and the quality of healthcare it provides
- that you are running a focus group in order to collect detailed feedback from particular groups of patients
- why you have selected them to participate (eg they fall into the category of female patients under the age of 30, patients with a chronic condition, etc)
- that they do not have to participate and not participating will not affect the care they receive from the practice



- the logistics of participation (especially date, time, duration and venue)
- that there will be a note-taker present or the discussion will be recorded
- any incentives you are offering.

When inviting a patient to participate verbally, practices should ensure the patient's details are not able to be identified by anyone else in the practice.

The facilitator

Selecting the facilitator

The facilitator is critical to the success of a focus group, and engaging a trained and experienced facilitator where possible is therefore vital. A skilful facilitator will create a non-judgemental environment in which patients feel comfortable and confident to openly and honestly discuss their experiences of your practice.

The facilitator must not be someone who does or could provide clinical care to the patients participating in the focus group.

In addition, the facilitator should be:

- completely independent of the practice
- skilled and experienced in leading (but not dominating) discussions, managing domineering personalities within a group, drawing out the opinions of quieter patients, letting the discussion 'meander' when appropriate, bringing the discussion back to the topic at hand, and making patients feel comfortable
- at least somewhat knowledgeable about the topic to be discussed
- someone who will work with the practice in order to provide the desired outcomes.

If you cannot use an external facilitator, ensure you select someone who:

- you believe could not reasonably be felt to inhibit the patients' ability to provide honest feedback
- does not provide care to any of the patients in the focus group.

The facilitator's role

The facilitator of the focus group should:

- pose questions
- encourage discussion
- keep the group focused on the topic(s)
- ensure each member of the group has the opportunity to comment
- manage any domineering participants
- allow patients to honestly and openly discuss their experiences of the practice.

Recording feedback

Use one of the following methods in order to ensure feedback is captured accurately and completely:

- Note-taking – select a competent note-taker to write down what is said during the focus group.
- Audio recording – record the discussion, ensuring you obtain consent from every participant, to be transcribed later. This is more time-consuming than taking notes during the focus group, but will provide a more complete and accurate record.

Planning the focus group

Determine discussion topics and prepare questions

Decide on the topic(s) you want discussed within the focus group and prepare a list of questions you want answered. If you are using an experienced facilitator, draw on their expertise to help you develop the questions.

When determining discussion topics and preparing questions, it is important to consider the:

- first question to ‘set the tone’ for the duration of the group’s session
- order in which the questions will be asked
- wording of each question
- other issues each question might raise and whether you want to address them
- need to have a mix of specific and general questions
- possibility of asking some questions twice, using different wording.

Provide the facilitator with the final list of questions well in advance of the session.

If using a note-taker, also provide them with the questions so they can be prepared with a notebook or personal computer prior to the focus group coming together.

Arrange logistics

A number of details must be addressed prior to running a series of focus groups, including:

- the number groups you wish to run
- minimum and maximum participant numbers for each group (discuss with facilitator)
- date, start time and end time
- venue
- refreshments
- any other necessary considerations, such as furniture, heating, cooling, parking, bathroom facilities, disabled access and security (particularly if held outside of business hours).

Conducting the focus group

Focus groups generally follow an agenda similar to the steps listed below, with the facilitator responsible for ensuring groups adhere to that agenda:

1. Thank patients for coming and participating in the focus group.
2. Explain the broader purpose of the group and the goals of that particular meeting.
3. Explain the flow of the meeting, including how it will proceed, how patients can contribute, and the importance of everyone contributing openly and honestly.
4. Clearly explain the meeting's ground rules, especially the importance of all participants
 - a. being given time and encouragement to contribute
 - b. showing respect for one another, including the facilitator and note-taker.
5. Explain the way in which the discussion will be recorded (by the note-taker or recorded, as has been previously agreed).
6. Ask the opening question.
7. Lead the discussion, making sure that you
 - a. encourage all participants to contribute (eg ask particular patients for their opinion if they have not contributed to a topic)
 - b. monitor how much time has been spent on each question, allowing the meeting to finish on time
 - c. allow a discussion to move away from the specific topic if it is producing useful information and there is sufficient time (otherwise, keep patients on track)
 - d. summarise what you think you have heard and ask the group if it agrees
 - e. ask if anyone else has any comments on that particular question
 - f. ask a follow-up question
 - g. look around the room and make brief eye contact with each member of the group, especially with those who have not yet spoken.
8. When all of the questions have been asked, enquire as to whether anyone has any other comments, which allows you to collect other opinions that have not yet been voiced.
9. Thank the group and close the discussion. Explain what will happen with the information collected and how the participants will be informed regarding what the practice will do with the results.
10. Thank each person as they leave and distribute the incentive to each participant (if applicable).

Appendix 6: Conducting interviews

Types of interviews

Broadly speaking, there are three types of interviews:

- Structured
- Semi-structured
- Unstructured

Structured interviews

Structured interviews are usually used to collect quantitative feedback.

The interviewer asks the patient pre-determined questions that have a range of answers that the participant selects from, much like a written questionnaire.

All participating patients are asked the same questions in the same order.

Semi-structured interviews

Semi-structured interviews are based on themes, each of which has some pre-determined questions the interviewer can adapt depending on the participant's answers. In this type of interview, the interviewer might leave out some questions, ask the questions in a different order, or word some questions slightly differently. Semi-structured interviews use a combination of open questions and closed questions.

Unstructured interviews

Unstructured interviews (also known as 'informal' or 'conversational' interviews) do not use any standard questions and are based entirely on topic areas and themes. The interview is conducted like a conversation between two or more people, allowing the interviewer to ask follow-up questions or move to new lines of discussion as they see fit.

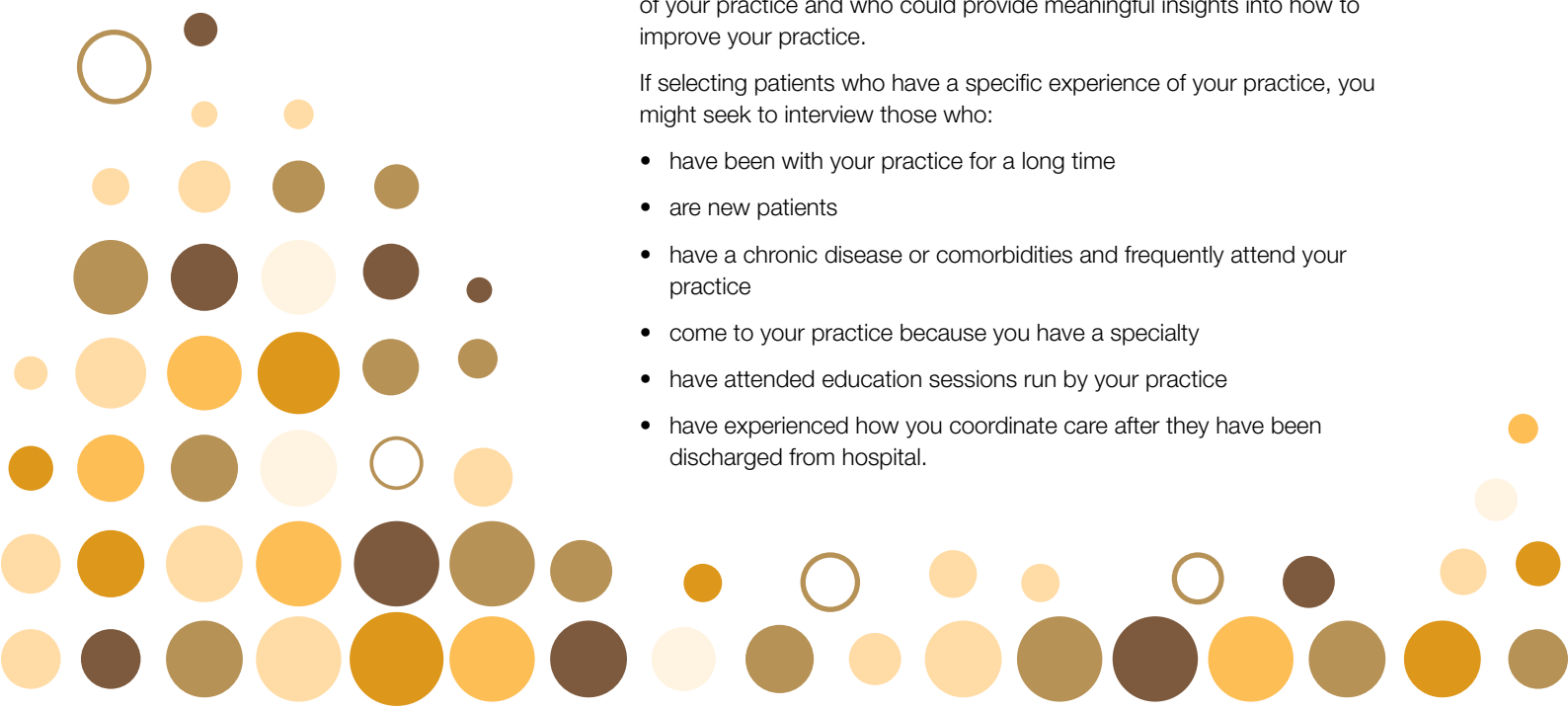
Closed questions are mostly avoided and the participant can be asked to identify the information they feel is most important to the discussion.

Selecting participants

You can handpick patients who you believe are representative of your wider patient group, or seek out patients who have a specific experience of your practice and who could provide meaningful insights into how to improve your practice.

If selecting patients who have a specific experience of your practice, you might seek to interview those who:

- have been with your practice for a long time
- are new patients
- have a chronic disease or comorbidities and frequently attend your practice
- come to your practice because you have a specialty
- have attended education sessions run by your practice
- have experienced how you coordinate care after they have been discharged from hospital.



You can conduct interviews with randomly selected patients (eg every tenth patient who attends the practice over the course of a week), or with those selected from within a sub-group of the practice (eg every fifth female patient under the age of 30).

Inviting participation

When asking a patient to participate in an interview, ensure you explain:

- that you are collecting feedback to improve the practice and the quality of healthcare
- that you are interviewing patients in order to collect detailed feedback
- why you have selected them to participate (eg they have been randomly selected, or fall into the category of female patients under the age 30, patients with a chronic condition, etc)
- that they do not have to participate and not participating will not affect the care they receive from the practice
- the logistics of participation (available dates, times, duration and venue)
- that there will be a note-taker present or the discussion will be recorded
- any incentives you are offering.

The interviewer

It is the role of the interviewer to:

- create a non-judgemental and relaxed environment in which the patient feels comfortable and confident to openly and honestly discuss their experiences of your practice
- develop a conversation with the patient, based on pre-determined questions
- encourage patients to elaborate on important points.

Selecting the interviewer

The interviewer must be:

- independent of the practice
- someone who does not (or could not) provide clinical care to the patient.

If it is not possible to engage an external interviewer, you must document what efforts you made in attempting to involve such a person.

The interviewer's role

A skilled interviewer will:

- make each patient feel comfortable about participating, and speaking openly and honestly
- use active listening skills
- use clear verbal communication skills
- show empathy
- read and respond to non-verbal communication (such as facial expressions and body language).

Some interviewers have completed training in interviewing for research purposes.

Skills required by the interviewer

Active listening

In order to demonstrate that you are actively listening to the patient during your interview, you should:

- face the patient and adopt an open, friendly posture
- maintain natural eye contact, without staring
- lean towards the patient slightly when speaking and listening in order to show interest
- relax and smile frequently (when appropriate)
- nod your head to acknowledge information
- allow the patient to provide information, without interrupting
- use short silences to enable patients to gather their thoughts without feeling pressured
- paraphrase information provided by the patient in your own words in order to ensure you have clearly understood it.

It can also be useful to encourage the patient to elaborate on key information by using a technique called 'mirroring'. For example, if a patient says, 'I was worried about that', you could respond inquisitively with 'Worried? Can you tell me more about that?' Identify key words or phrases that have unclear implications or emotional content and ask the patient for further information.

Verbal communication

All verbal communication with patients must be clear and audible. Try to adopt the patient's tone, pitch and pace so they feel more comfortable.

Watch and listen to identify patients who might be experiencing difficulty hearing.

Avoid using technical language or jargon unless it is adequately explained. Use language that is appropriate for the patient.

Non-verbal communication

When conducting an interview, it is important to take note of non-verbal communication.

Interviewers should:

- be aware of the effect of your non-verbal communication, particularly if there are cultural and individual considerations
- be aware of any personal habits or tensions that may affect your non-verbal communication (eg fidgeting, nervous coughs)
- adopt a relaxed body posture and avoid over-using facial expressions and hand gestures that might distract the patient, or make them think they have given an incorrect or inappropriate answer
- use body language to indicate that you genuinely value what the patient has to say and that you are listening to them
- maintain appropriate levels of eye contact.

Empathy

In the event a patient reveals significant or extremely positive or negative information during an interview, it is appropriate to demonstrate empathy so the patient feels respected and understood.

In order to show empathy, you must understand its core message. You need to listen actively and repeat back in summary what you have heard, matching the patient's tone.

Recording feedback

Use one of the following methods in order to ensure feedback is captured accurately and completely:

- Note-taking – select a competent note-taker to write down what is said during the interview. It could be interviewer who takes notes.
- Audio recording – record the discussion, ensuring you obtain consent from the patient, to be transcribed later. This is more time-consuming than taking notes, but will provide a more complete and accurate record.

Planning the interviews

Determine discussion topics and prepare questions

When planning your interviews, you must decide:

- their objective(s)
- topic(s) to be discussed (you may also include topics not to be discussed)
- what kind of interview will best suit your objectives and topic (ie structured, semi-structured or unstructured)
- the questions to be asked
- ethical considerations and how you will address them
- any incentives and compensation you are going to offer participants.

Arrange logistics

A number of details must be addressed prior to running a series of interviews, including:

- the number of interviews you need to run (refer to [Number of interviews](#) [page 26] for more information)
- how you want to record the interviews
- dates, start times and end times, with appropriate breaks for the interviewer (allow time for patients who may take time to 'warm up' or who have more feedback than others)
- venue (refer to [Select an appropriate environment](#) [page 51] for more information)
- refreshments
- any other necessary considerations, such as furniture, heating, cooling, parking, bathroom facilities, disabled access, and security (particularly if held outside of business hours).

Select an appropriate environment

Provide a clean, comfortable and private environment where patients feel they can discuss issues freely and honestly. For example, a room with:

- two armchairs angled slightly towards each other, rather than a desk with chairs either side
- natural light
- temperature control
- a solid door that can be closed.

Types of questions

Open questions

Open questions provide patients with significant scope and encouragement to provide information in their own way and at their own pace.

Open questions usually begin with 'how' or 'what' (eg 'What was it like when you went into the consulting room?') and cannot be answered with 'yes' or 'no'.

Open questions are particularly useful for starting a new topic, encouraging elaboration, changing to a new topic, and gathering information on a sensitive or personal topic.

Closed questions

Closed questions are used when specific information or clarification is required. They elicit concrete information, which is usually brief, and can often be answered with a 'yes' or 'no', or other one-word responses.

Closed questions restrict the amount and nature of information a patient can provide in response. For example, 'Would you prefer that the doctor gives you written information?' would likely be answered with a 'yes' or 'no'.

When to use open questions and closed questions

Discussions often begin with open questions, move into closed questions, and change topics with an open question followed by closed questions.

You should always finish an interview with an open question (eg 'Is there anything else you would like to add?' or 'Do you have any questions?').

Elaborating questions and clarifying questions

Elaborating questions encourage the patient to tell you more about their experience (eg 'What happened after that?').

Clarifying questions get the patient to be more specific and provide deeper information (eg 'You said you were worried about that. What sort of things worried you?').

Tips for developing questions

The following information will help you develop appropriate questions for interviews.

Develop questions that:

- are clear, specific, unambiguous and directly related to the theme
- address a single issue or topic at a time
- are worded in clear language, without jargon or technical language
- you expect patients will be able to answer based on their experience at your practice
- are neutral, rather than leading. For example, instead of 'Would you say the administration staff members are occasionally rude?', ask 'How polite are the administration staff members?'

Avoid questions that assume information, or carry subtle or explicit value judgements. For example, asking 'When did you begin secondary school?' assumes the patient attended secondary school.

Never ask questions that may be considered rude, offensive or insensitive, the parameters of which may vary depending on the patient's culture, individual background and the context of the question.

Begin an interview with an interesting and non-threatening question that all patients will probably be able to answer confidently. Build rapport before asking potentially embarrassing, personal or sensitive questions.

Group related questions together. For example, ask all of the questions about the administration staff as a single set, then questions about the clinical staff, questions about medication, and so on.

Pre-test your questions on a small group of patients in order to identify potential issues. Be prepared to redraft the questions a few times before you are confident they are appropriate.

Conducting interviews

Tips for conducting an interview

Time management

Confirm all dates and times with participating patients two days prior to the interview.

Be aware of the length of each interview, including the individual sections of the interview. For example, a 25-minute interview might be divided into:

- three minutes of welcome and explanation
- 10 minutes to discuss the first issue
- five minutes to discuss the second issue
- five minutes to discuss additional issues raised by the participant (or for extra time the participant takes discussing the first two issues)
- two minutes to conclude the interview.

Be prepared

Ensure you have water available for yourself and the participating patient. It would also be prudent to provide some other light refreshments if you are expecting a long interview.

Bring all relevant interview materials with you. This typically includes a notebook, writing tools, and any required recording equipment (audio or video). Ensure that your recording option (note-taking or recording) is suitable for the context in which you will be doing the interview.

Ensure you are familiar with the questions and the planned timing of the interview.

Be sensitive to the participant's state of mind

Do not immediately launch into the questions at the beginning of an interview, but rather wait until the patient seems comfortable.

If you are going to ask a sensitive or personal question, build up to it gradually. Let the patient know that the next question is sensitive or personal and they do not have to answer it if they do not wish to do so.

If the patient gives what might be an evasive, confused, inconsistent, or intentionally misleading or distracting response, probe gently for clarification.

Allow patients the space and time to express themselves in the manner in which they feel most comfortable. This will allow them to provide deeper and more honest responses.

It is very useful for you, as the interviewer, to be comfortable with pauses and silence, as patients will often provide a more detailed or thoughtful response during these moments. You can create a pause easily by continuing to write notes after the patient has answered a question.

Opening the interview

Begin with informal introductions and some casual conversation, then explain how the interview will be conducted and give the patient an opportunity to change their mind about participating.

Asking pertinent questions

As you ask questions during the interview, pay close attention to the answers and the emerging themes and concerns and, where appropriate, ask for further detail.

You should also be aware of inconsistencies and diversionary answers. Patients should always be given the time to form their own answers during discussions.

It is also important to remain aware of the remaining time throughout the interview.

Closing the interview

After all of the questions have been asked, you should ask the patient their feelings on the interview and whether they have anything further to add. It is particularly useful to summarise the key points of the discussion while the patient is still sitting with you.

Thank the patient for their time at the conclusion of the interview.

After each interview

Immediately following the interview, expand or complete any notes you made while the conversation is still fresh in your mind.

Appendix 7: Using the RACGP's patient feedback spreadsheet

The RACGP's patient feedback spreadsheet is a free Microsoft Excel file that is available on the [RACGP patient feedback](http://www.racgp.org.au/your-practice/standards/resources/patient-feedback/practice-specific) (www.racgp.org.au/your-practice/standards/resources/patient-feedback/practice-specific) webpage. The RACGP developed this tool to help you record and analyse data you collected from questionnaires.

About the RACGP's patient feedback spreadsheet

The spreadsheet consists of two worksheets.

The 'Data entry' worksheet contains rows for eight questions, each of which has five statements (as per the RACGP patient feedback questionnaire), several rows that relate to the patient demographics you must collect, and columns for up to 500 questionnaires.

The 'Results' worksheet contains collated results based on the data entered into the first worksheet. The information is automatically inserted and calculated after you enter the data.

Preparing the spreadsheet

1. Open the spreadsheet and save it to your hard drive or network, ensuring you:
 - a. use a file name that indicates the questionnaire from which you are going to record (eg Patient feedback questionnaire September 2017)
 - b. password-protect the document
 - c. save it in a folder that is only accessible to authorised staff members
2. Copy and paste the questions and statements from your questionnaire into the Data entry and Results worksheets
3. If your questionnaire has more than five statements for any question:
 - a. insert additional rows in each worksheet
 - b. copy the formula from the row above into the 'rating' column (this will ensure all responses are included in the 'Results' worksheet)



Entering data into the spreadsheet

1. Enter the responses for each completed questionnaire into the data entry spreadsheet. You can do this by:
 - a. entering the numbers corresponding to each response provided in the relevant cell
 - b. selecting the response in the drop-down menu in the relevant cell
2. If you have more than 500 questionnaires, insert extra columns and continue entering your data
3. Record answers to open-ended questions by:
 - a. entering the exact wording provided by the patient
 - b. removing any identifying information
 - c. highlighting any responses of particular importance or which appears in multiple responses so you can easily find and use them when preparing the patient feedback report

Data from patient feedback is confidential and must be stored securely (eg in a locked filing cabinet or a password-protected computer file) and only accessible to people who are working with the data.

Appendix 8: Sample letter to share findings with patients

You can use the following sample letter to inform patients about the findings of the practice's patient feedback. Modify the content as necessary so it accurately reflects the feedback you received.

Dear [patient name],

Thank you for participating in the [questionnaire/focus group/interview] we recently conducted in order to collect feedback from our patients.

We have now completed our analysis of the feedback and would like to share some of the significant findings with you.

Overall, we found that: [choose from, or modify, the following statements]

- [eg] most of our patients are happy with the level of healthcare they receive at our practice
- [eg] most of our patients are happy with the service they receive from our administration staff
- [eg] there are several ways we can improve the level of healthcare we provide
- [eg] there are several ways we can improve the service that our reception staff members provide
- [example of a more specific statement] most of our patients with disability are pleased with the recent upgrade that improved our disability access.

[If you conducted a questionnaire] We are very pleased to report that most patients rated the following aspects of our practice as 'very good' or 'excellent': [insert up to five statements from the questionnaire that received high ratings]

- [eg] The clinician at my last visit treated me with respect.
- [eg] I was able to get an appointment at a time that suited me.

[If you conducted a focus group or interviews] We are very pleased to report that most patients referred to the following aspects of our practice in positive terms: [insert up to five aspects that most patients talked about]

- [eg] The practice's clinicians treat our patients with respect.
- [eg] The practice's patients can generally make an appointment at a time that suits them.

The feedback also indicated areas that we can improve, including: [insert up to three aspects of the practice that patients indicated needed to improve]

- [eg] our opening hours
- [eg] the way in which clinicians pass on information about medications to patients.

As a result of the feedback collected from our patients, we are planning to make some changes to improve the services and care we provide. We will give you more information about these changes when we have finished our planning so you can see how your feedback is helping us improve.

Thank you again for your valuable contribution. Please call us on [insert phone number] if you have any questions regarding the feedback.

We look forward to continuing to provide you with quality healthcare.

Yours faithfully,

The GPs and staff members at [insert name of practice].

Appendix 9: Sample letter to inform patients about changes

You can use the following sample letter to inform patients about the changes you are going to make as a result of feedback you received. Modify the content as necessary so it accurately reflects the changes you are going to make.

Dear [patient name],

Thank you for participating in the [questionnaire/focus group/interview] we recently conducted in order to collect feedback from our patients.

We would like to tell you about some of the changes we are going to make as a direct result of the feedback we received from you and other patients.

The following changes will be made at the practice:

[Modify the following statements as required; use simple language so all readers can understand the change and, where possible, include the date by which the change will be made]

- [eg] As of January 2018, the practice will be open for an extra hour every weekday, closing at 6.30 pm rather than at 5.30 pm.
- [eg] Your clinician will now provide you with written instructions for any medication they prescribe or recommend.
- [eg] In January 2018, we will be adding disabled toilet facilities.
- [eg] In October 2018, we will be upgrading our phone system so you will be able to request a call-back if you are on hold.

Thank you again for your time and valuable contribution. Please call us on [insert phone number] if you have any questions about the feedback or the changes we are making.

We look forward to continuing to provide you with quality healthcare.

Yours faithfully,

The GPs and staff members at [insert name of practice].



Glossary

This glossary contains the definition for terms used in this document.

Term	Definition
Accreditation	A formal process to assess a practice's delivery of healthcare against the RACGP's <i>Standards for general practices</i> (5th edition)
Action plan	A document that lists the steps to be taken in order to achieve a specific goal
Analysis	A detailed examination of the elements or structure of something, typically as a basis for discussion or interpretation
Carer	Person who provides care and support to a family member or friend who is frail, or has disability, mental illness, chronic condition or terminal illness
Clinical care	Observation or treatment of patients
Clinician	Member of the practice team whose health qualifications qualify them to perform clinical functions
Complaint	Any verbal or written expression of dissatisfaction or concern with an aspect of the general practice
Confidentiality	The act of keeping information secure and/or private, so that it is only ever disclosed to an authorised person
Continuity of care	When a patient experiences a series of discrete healthcare events and/or services that are coherent, connected and consistent with their medical needs and personal circumstances
Criterion	Individual elements of the RACGP's <i>Standards for general practices</i> (5th edition)
Cultural background	Details of a patient's ethnic or cultural heritage that the practice has collected and recorded
Culturally appropriate	What is appropriate for a person's culture and beliefs, and does not discriminate against either
Disability	Term for any or all of the following components: <ul style="list-style-type: none"> • Impairments resulting in problems in body function or structure • Activity limitations resulting in difficulties in executing activities • Participation restrictions resulting in problems in involvement in life situations
Email	Messages distributed by electronic means from one computer user to one or more recipients via a network
Empathy	Ability to understand and share the feelings of another
Ethical considerations	Considerations made by an organisation to ensure all of its decisions and actions conform to normal and professional principles of conduct
Feedback	Information related to reactions to a product, a person's performance of a task, etc which is used as a basis for improvement
General practice	Provision of patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities

Term	Definition
General practitioner (GP)	A registered medical practitioner who: <ul style="list-style-type: none"> • is qualified and competent to provide general practice anywhere in Australia • has the skills and experience to provide patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities • maintains professional competence in general practice
Module	Categorised section of the RACGP's <i>Standards for general practices</i> (5th edition)
Patient	A person who is seeking or receiving healthcare and in relevant circumstances, can also refer to a carer (eg if you need to explain treatment to a patient who has intellectual disability, you may also need to explain the treatment to the patient's carer)
PDF	Computer-generated 'portable document format'
Privacy	Claim of individuals, as well as the societal value representing that claim, to control the use and disclosure of information related to them
Qualified	Holding educational or other qualifications required to perform a specific activity (eg administer first aid) or hold a specific role (eg GP, registered nurse)
Quality improvement	One or more activities undertaken by a practice to monitor, evaluate or improve the quality of healthcare it delivers
Questionnaire	Set of printed or written questions with a choice of answers, devised for the purposes of a survey or statistical study
Risk	An event or set of events that, if they occurred, would adversely affect the achievement of objectives
Security and integrity	Administrative, technical and physical safeguards within an information system that protect it and its information against unauthorised disclosure, and limit access to authorised users in accordance with an established policy
Stakeholder	Person or entity with an interest in patient feedback
Tablet	Electronic device upon which information can be exchanged
Text message	Message sent using the short messaging service (SMS) on a mobile phone or compatible device
The Standards	The RACGP's <i>Standards for general practices</i> (5th edition)
Themes	Categorised aspects of patient experiences with a general practice
Transcript	Written or printed version of material presented
Word document	Document created using the Microsoft Office Word application





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