



# NZRDA

New Zealand Resident Doctors' Association

## MSF Advisory Report

10 November 2017

Dear Colleagues

I attended a follow-up MCNZ meeting about multisource feedback (MSF) on the 26 October; the meeting was called to discuss the work that had been completed since the last meeting on the 26 June. The NZRDA was represented at the meeting by me, Dr Sam Holford and Melissa Dobbyn. The key points of the meeting are as follows:

1. In the preceding months there had been a number of meetings of a subgroup to develop a draft tool to be used for multisource feedback. The subgroup included both me and Dr Sam Holford. The tool developed by this group was based on the GMC Colleague Questionnaire developed in the UK by the Royal College of General Practitioners. This was a change to the decision made in the last meeting, but was cleared with the wider group.
2. The input of the RDA into the development of the questionnaire was to ensure the following: 1) that the feedback was not overbearing for participants; 2) that all the questions were relevant to PGY1/PGY2 doctors; 3) that the feedback collected would identify specific areas of weakness; and 4) that the questions were easily understandable.
3. The subgroup decided that they would recommend that the format of the questionnaire be simple words or sentences for each area of interest (e.g. Clinical decision making, medical record keeping) with hover over text for further explanation (e.g. "Keeps legible, accurate, useful and concise notes, timeliness of documentation").
4. Feedback was gathered from the prevocational educational supervisors, and a variety of opinions were shared. General consensus was that there would need to be significant communication with prevocational supervisors, with support being provided for management with any issues identified by the MSF.
5. The draft questionnaire was reviewed with the wider group. Several changes were made to the wording and question inclusion/exclusion. At the end there was agreement that the remaining questions were concise, specific and relevant to PGY1s and PGY2s
6. There was further discussion about the implementation of MSF. It was agreed that MSF should be done once during the first two PGY years. The recommended time for this to be completed was between Q4 PGY1 and Q2 PGY2, to ensure that interns have settled in but so that there is some time to enact change to the feedback received. The group recommended a minimum of 12 participants, with >50% being non-medical staff. The feedback collected would be shared just between the interns and their prevocational educational supervisors.

7. The decision was made that the initial rollout would be voluntary, but would be targeted through certain prevocational supervisors and at certain DHBs – both large and small. The aim is for the rollout to commence in 2018 for PGY2s.
8. The feedback questionnaire will collect demographic information from those completing the questionnaire, with the intention of collecting audit/research data from the initial stages of the implementation of MSF. Another small group will be set up to look into analysis of this data.

In conclusion, the MSF tool is likely to be rolled out to interns starting from next year using a voluntary, targeted pilot. The NZRDA supports the implementation but is working to ensure that the additional requirements will not be overly burdensome for interns, and that the feedback generated will be of use to the interns and their supervisors. We will continue to be a part of this process, working to ensure it is a positive experience for interns through its implementation.

Yours sincerely

Dr. David Bellamy