



**Scottish Community Orientated Medicine Programme
(ScotCOM)**

Doctors in Your Community

**Participation & Engagement
Feedback Report**

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1. Introduction

In March 2024 NHS Fife and the University of St Andrews announced the development of a new medical degree programme which would allow students to complete their clinical training and primary medical qualification here in Fife. This followed the Scottish Parliament removing a historic prohibition that had prevented the University of St Andrews from awarding its own medical qualifications.

The new Scottish Community Orientated Medicine programme, or ScotCOM as it is better known, is intended to provide a unique approach to medical education and prepare doctors-in-training for the challenges associated with providing modern healthcare.

This new five-year programme will see medical students train to provide specialist care in a range of settings, with a focus on community-based clinical teaching to help provide students with a comprehensive understanding of primary care services, whilst ensuring exposure and understanding of hospital-based care.

Ahead of the start of the ScotCOM programme, NHS Fife and the University of St Andrews wanted to hear from a range of local people across Fife (particularly from protected characteristic groups), with the purpose of using their feedback to help shape and inform the new course.

This report provides a summary of the feedback which was captured during the 12-week consultation period.

2. Engagement Purpose

The purpose of the engagement was to give the people and communities of Fife the opportunity to be involved in the development of the degree and use their input to help to shape the knowledge, skills and training of the medical workforce of the future.

A consultation was designed to capture the experiences and views from members of the public of health care in Fife. This information will be used in conjunction with information from other sources, to help shape and inform the Learning Outcomes of the ScotCOM curriculum; providing a blueprint of the knowledge and skills practitioners require to meet the real needs of people and communities in Fife.

3. Engagement Timeline

The Engagement Timeline shown below outlines the planning, delivery and reporting process that has been undertaken.





4. Stakeholder Engagement

4.1 Designing the Consultation

The consultation was designed by the Project Team and the Participation and Engagement Team and was structured to capture the priorities of local people when they receive care and treatment, and identify what attributes they value the most in the medical staff they see.

4.2 Engagement Methods

Engagement took the form of a survey (Appendix 1) which was made available to members of the public and to a list of stakeholders (Appendix 2) both online and in paper form. Face to Face Engagement Sessions were also held with stakeholders (Appendix 2). The survey was translated into the following languages as requested by Stakeholder groups:

Polish, Traditional Chinese, Ukrainian, Filipino, Dari, Pashto, Arabic.

An 'Easy Read' version of the survey was also available but was not requested.

4.3 Engagement Reach

Survey Respondents

A total of **187** responses were received for the consultation. The highest response came from members of the public (**142** Responses). The breakdown of responses is shown below:



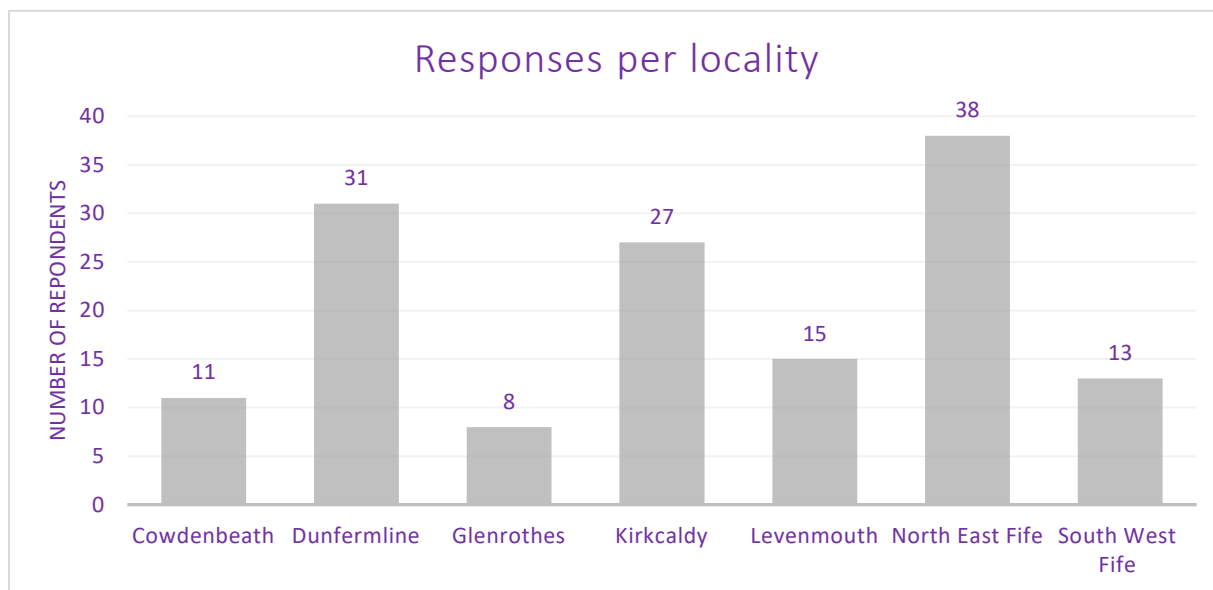
A link to the survey was shared with the organisations listed in Appendix 2 and the Participation and Engagement Officer met with key staff members across all sectors to raise awareness of the consultation. Support was offered to enable them to share the consultation within their networks with the aim of capturing the views of people they were supporting, particularly those who may find it more difficult to participate.



The online survey was promoted via leaflets and posters (via the QR Code) in hostels across Fife to capture the voices of people living in homeless units and it was shared with staff and volunteers during some engagement sessions for further distribution.

Localities

Responses were received from all 7 localities across Fife's communities. The responses per locality are shown below:



Equality, Diversity and Inclusion

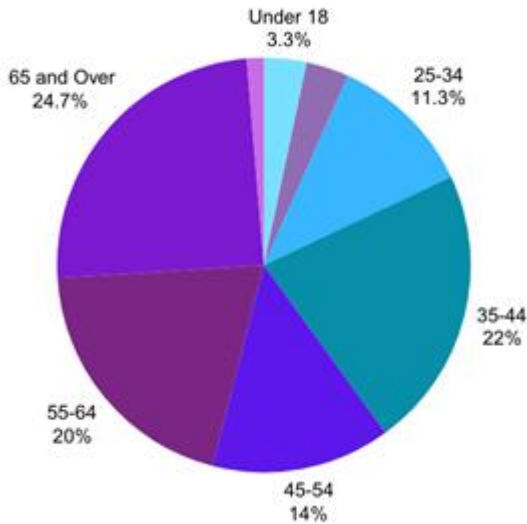
Key points from the equalities data are summarised below with further data shown in Appendix 3.

149 people (80%) completed the equality and diversity section of the consultation.



Age

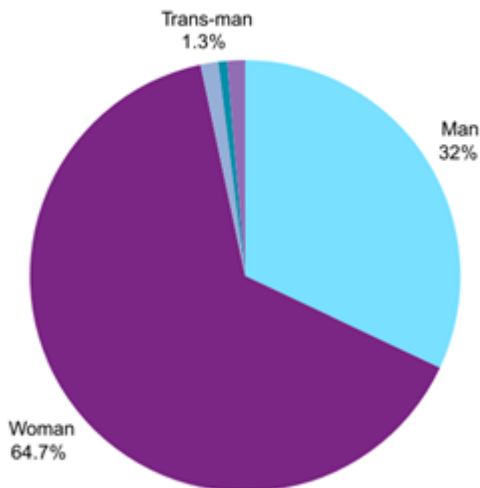
There were responses across all age groups with the highest number of responses (37) from people aged 65 and over and the lowest from the Under 18 and 18-24 categories (5 each).



Under 18	5
18-24	5
25-34	17
35-44	33
45-54	21
55-64	30
65 and over	37
Prefer not to say	2

Gender

Most of the respondents (65%) identified as women compared to men (32%) with 2 people identifying as trans-men and 1 person identifying as non-binary.



Man	48
Woman	97
Trans-man	2
Trans-woman	0
Non-Binary	1
Prefer not to say	2



Sexual Orientation

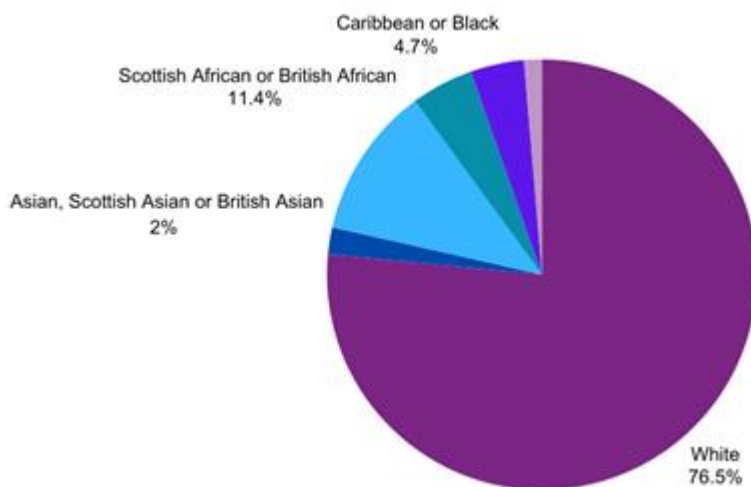
Most of the respondents (80%) described their sexual orientation as straight/heterosexual compared to those who identified as bi-sexual (4%), asexual (3%), queer (2%), gay man (1%) and lesbian, pansexual both less than 1%.



Asexual	5
Bi-Sexual	6
Fluid	0
Gay man	2
Lesbian	1
Pansexual	1
Queer	3
Straight/ Heterosexual	120
Identity not listed	0
Prefer not to say	12

Ethnicity

Most of the respondents identified as White (76%) with 70% identifying as Scottish/British and 6% selecting White Other which included people who identified as Irish, European, Portuguese and Ukrainian. Others identified as African, Scottish African or British African (11%), Caribbean or Black (5%) Other Ethnic Group (4%), Asian, Scottish Asian or British Asian (2%).

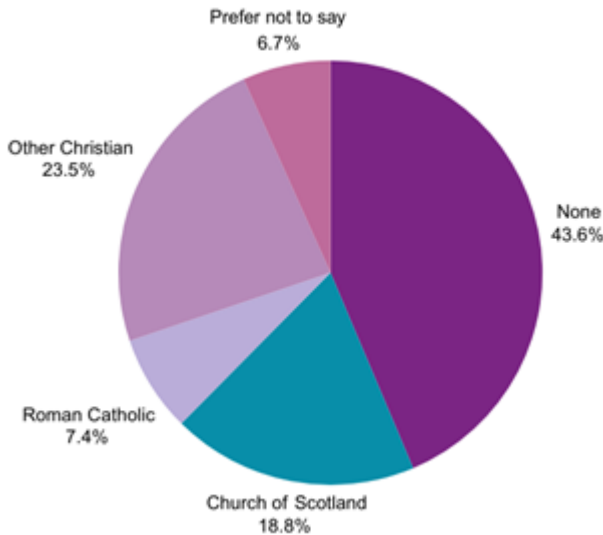


White	114
Mixed or Multiple ethnic groups	0
Asian, Scottish Asian or British Asian	3
African, Scottish African or British African	17
Caribbean or Black	7
Other ethnic groups	6
Prefer not to say	2



Religion and Belief

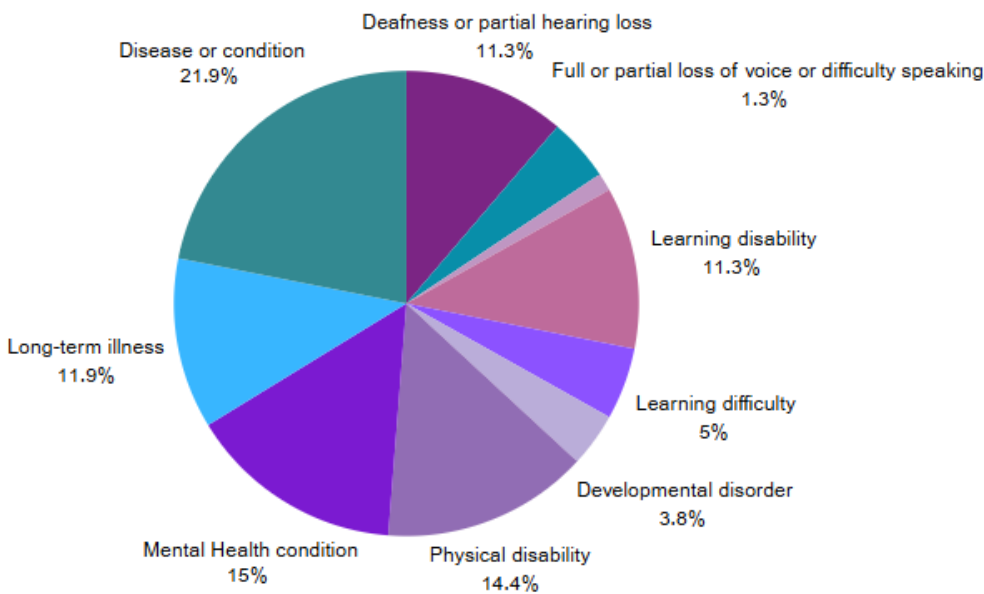
Most of the respondents (44%) identified as having no religion while others identified with Other Christian (23%), Church of Scotland (19%) and Roman Catholic (7%).



None	65
Church of Scotland	28
Roman Catholic	11
Other Christian	35
Muslim	0
Hindu	0
Buddhist	0
Sikh	0
Jewish	0
Pagan	0
Prefer not to say	10

Disability

More than half of respondents (56%) described themselves as having a health condition or a disability with 17% describing themselves as having a learning disability or learning difficulty, 16% having a mental health condition and 15% having a physical disability.

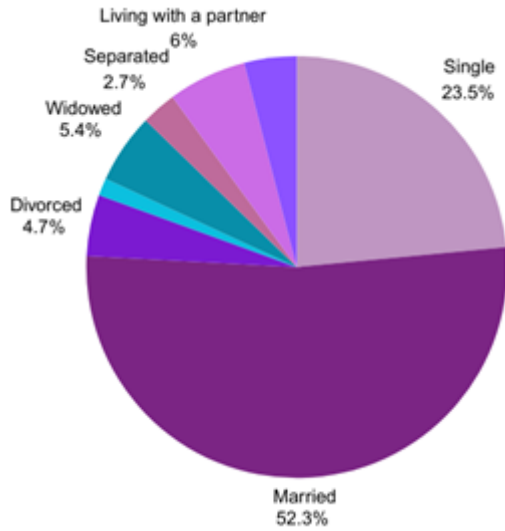


Deafness or partial hearing loss	18
Blindness or partial sight loss	7
Full or partial loss of voice or difficulty speaking	2
Learning disability	18
Learning difficulty	8
Developmental disorder	6
Physical disability	23
Mental health condition	24
Long-term illness	19
Disease or condition	35



Marriage and Civil Partnership

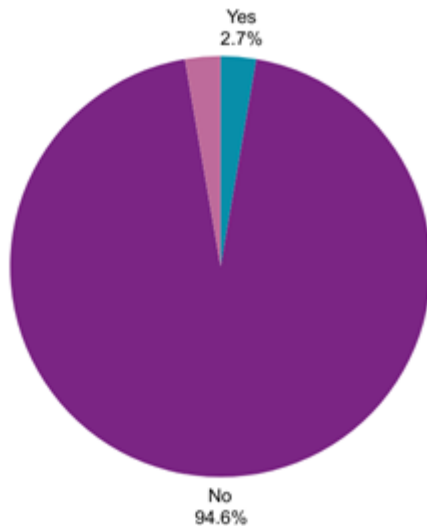
Most of the respondents (52%) identified as married with 23% stating they were single.



Single	35
Married	78
Divorced	7
Civil Partnership	2
Widowed	8
Separated	4
Living with a partner	9
Prefer not to say	6

Pregnancy and New Parents

2 respondents were breastfeeding, 2 were pregnant and 3 had recently given birth.



Yes	4
No	139
Prefer not to say	4



5. Themes from Feedback

Key themes from the feedback are summarised in this section of the report with further analysis of each attribute given in Appendix 4.

A total of **187** people took part in the consultation, and they were asked if they would like to share their thoughts and experiences on seeing a doctor in relation to 12 separate attributes. The questions were optional, and people were able to select the attributes they considered important to them. The attributes are shown below with information on how many people responded to each one.



The number of responses per attribute shows that as the consultation progresses the number of people opting to share their views on individual attributes drops and it may be that the length of the consultation contributes to this but also, some attributes are linked and people may not have wished to repeat themselves.

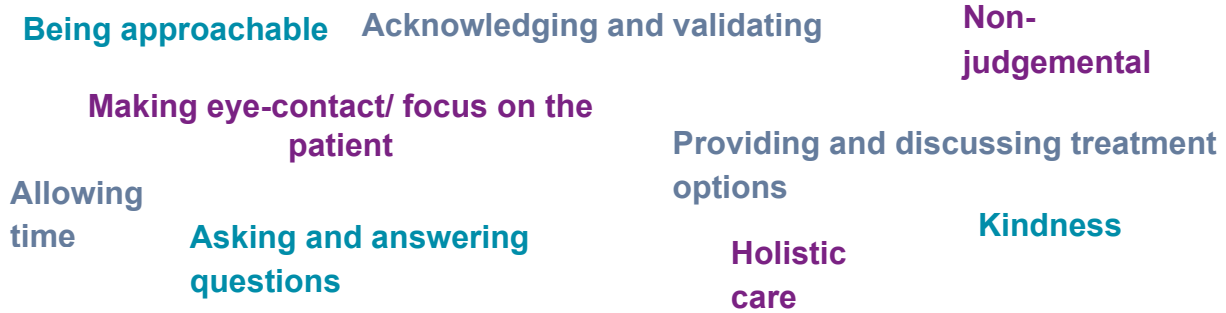
The top 2 attributes that people chose to respond to and share their experiences were **Compassion and Empathy** and **Listening and Understanding** with 82% and 75% respectively. The attribute that received the lowest number of responses was **Honesty and Integrity** with 36% of people choosing to share their views on this.



5.1 Compassion and Empathy

154 people (82%) shared their thoughts on compassion and empathy.

We asked people for their thoughts on the **behaviours** or **actions** they considered demonstrated compassion and empathy, and the key themes are shown below:



Of those who responded, we asked them to share with us a time when they had either experienced or not experienced compassion and empathy from a doctor. People were able to share both types of experiences.

131 people (85%) indicated that there had been a time when they had experienced compassion and empathy from a doctor and **92 people (60%)** responded that there had been a time when they did not experience compassion and empathy from a doctor.

The key themes where people had experienced compassion and empathy from a doctor included:

- Being listened to**
- Feeling understood**
- The doctor is interested and cares**
- Given reassurance**
- Being given time**

“They reassured me that my concern was valid and didn’t make me feel embarrassed about my delay in seeking help.”

“I was given space to help work out my feelings”



The key themes where people did not experience compassion and empathy from a doctor included:

“Being rushed out of clinic because it was a late-night appointment”

“...very aggressively told me that I 'could not possibly be experiencing all the symptoms I was describing”.

“GP slouched in his chair, sighed, didn't make eye contact and was very dismissive”

The doctor being dismissive of concerns

Not feeling believed

Feeling rushed

Lack of sensitivity

Feeling judged and not respected

5.2 Listening and Understanding

141 people (75%) shared their thoughts on listening and understanding.

We asked people for their thoughts on the **behaviours** or **actions** they considered demonstrated listening and understanding, the key themes are shown below:

Respecting patient's views and choices

Reflecting what's been said

Aware of patient history

Aware of individual communication needs

Making eye-contact/ focus on the patient

Asking and answering questions

Appropriate responses

Explaining treatment options

Using plain, easily understood language

Of those who responded, we asked them to share with us a time when they had either experienced or not experienced listening and understanding from a doctor. People were able to share both types of experiences.

116 people (82%) indicated that there had been a time when they had experienced listening and understanding from a doctor and **72 people (51%)** responded that there had been a time when they did not experience listening and understanding from a doctor.



The key themes where people experienced listening and understanding from a doctor included:

- Provided with information and options
- Being given time
- Doctor asking and answering
- Doctor reflecting back to ensure

“My doctor always faces me, and we go through each point or symptom at a time then my Dr summarises the conversation and we come up with a course of action and she always finishes with how does that sound to you”

The key themes where people did not experience listening and understanding from a doctor included:

“Having not attended a GP for over several years I opted to visit one on the recommendation of another health professional and I was left feeling I should not have attended. I felt the GP wished, like me, that I had not attended”

- Not given options for treatment
- Doctors being dismissive of symptoms
- Feeling rushed

5.3 Good Verbal Communication Skills

125 people (67%) shared their thoughts on good verbal communication skills.

We asked people for their thoughts on the **behaviours** or **actions** they considered demonstrated good verbal skills, the key themes are shown below:

Active Listening

Honesty

Reflecting what’s been said

Check understanding

Allow time for communication

Making eye-contact

Asking and answering questions

Provide reassurance

Explaining treatment options

Speak clearly and calmly

Using plain, easily understood language



Of those who responded, we asked them to share with us a time when they had either experienced or not experienced good verbal communication from a doctor. People were able to share both types of experiences.

104 people (83%) indicated that there had been a time when they had experienced good verbal communication from a doctor and **70 people (56%)** responded that there had been a time when they did not experience good verbal communication from a doctor.

The key themes where people experienced good verbal communication from a doctor included:

Using reflection to ensure understanding

Being spoken to in clear, easily understood language

Asking and answering questions

“When I had a second appointment to discuss recurrent anxiety my GP was aware of my history and communicated that to me. He then asked me what I thought might help next. That allowed a discussion of possible ways forward and was very reassuring as well as helpful”.

The key themes where people did not experience good verbal communication from a doctor included:

“My elderly parents find it very difficult to hear and understand what the doctor is saying”.

“People with a learning disability are not treated like adults at times and can be made to feel like they're children who don't have a good understanding of things. Doctors need to try to communicate better”.

Feeling rushed during the appointment

Not respected or feeling patronised

Decisions about medication or treatment not well explained

Not taking individual communication needs into account

Not checking the patient has understood



5.4 Humour

101 people (54%) shared their thoughts on humour. The key themes identified when asked which **behaviours** or **actions** demonstrate a sense of humour were:

Engage in light-hearted conversation

Sharing a joke and a smile

Must be appropriate

Several responses highlighted that a sense of humour must be used appropriately by doctors as inappropriate humour can be harmful. It was acknowledged that determining when the use of humour is appropriate can be challenging and down to individual preferences and circumstances.

Of those who responded, **68 people (68%)** had experienced a sense of humour from a doctor.

The key themes included:

Sharing a joke

Light conversation

Smiling

“Whilst attending a doctor appointment to discuss a skin concern in a very private area, after discussing my concern they concluded that I’d best “adopt the undignified position” so she could best “take a look at it”. Put me right at ease, made me laugh and helped stop my embarrassment”

5.5 Involves patients in decisions about their care

126 people (67%) shared their thoughts on involving patients in decisions about their care. The key themes identified when asked what key **behaviours** or **actions** demonstrate involving patients in decisions about their care were:

Provide information to support self-management

Clarify patient’s understanding

Ask for patient’s views

Offer support for lifestyle choices

Evidence based practice

Provide information about risks and benefits

Holistic care

Ensure information is accessible for the patient

Be honest and realistic



Of those who responded, we asked them to share with us a time when they had either experienced or not experienced a doctor involving them in decisions about their treatment plan. People were able to share both types of experiences.

94 people (75%) indicated that they had experienced a doctor involving them in decisions about their treatment plan and **42 people (33%)** responded that there had been a time when a doctor did not involve them in decisions about their treatment plan.

The key themes where people experienced a doctor involving them in their treatment plan included:

Being given options for treatment

“They gave me a few options on how to treat my IBD. I never felt forced into anything and was provided all the information to make my own choices”.

Risks and benefits explained

Information provided in an accessible format

“My doctor was telling me about things that could help me, and he made sure that I was clear about where I could get this information and that it was going to be accessible for me”.

Feeling involved throughout the process

The key themes where people experienced a time where a doctor did not involve them in decisions about their treatment plan included:

“Was left without any entitlement to any degree of control over what was to happen to me”.

Lack of information provided

No clear treatment plan or follow up

“When I was diagnosed with functional neurological disorder, I was just given a website to look up and no further information on my future treatment”.

No control or choice given to the patient



5.6 Respect and Dignity

109 people (58%) shared their thoughts on respect and dignity. When asked what key behaviours or actions demonstrate respect and dignity the key themes identified were:

No judgement or discrimination

Ask permission to carry out examinations

Be polite

Not patronising

Provide privacy for examinations

Respect personal space

Address patient and not just carer/advocate

Show empathy

Tailor communication to the individual's needs

Of those who responded, we asked them to share with us a time when they had either experienced or not experienced being treated with respect and dignity by a doctor. People were able to share both types of experiences.

90 people (83%) indicated that there had been a time when they were treated with respect and dignity by a doctor and **43 people (39%)** responded that there had been a time when they were not treated with respect and dignity by a doctor.

The key themes where people were treated with respect and dignity by a doctor included:

Ensuring privacy for examinations

Seeking consent to carry out physical examinations

Using language that can be understood

Not being judgemental

Understanding patient's feelings when issues are sensitive

“Explaining what was going to happen and why first. Ushering me to bed and drawing curtain. Saying “Take your time. Let me know when you're ready.” Providing something for me to cover myself with. Gentle handling during examination. Saying, “Just say if this is uncomfortable.” Distracting with friendly small talk. Same in reverse once procedure over. Soooooo important to give respectful time”.

“Asked for my consent to have medical students present”.



The key themes where people were not treated with respect and dignity by a doctor included:

“When I asked my doctor about sex, he was very uncomfortable believing disabled people are not sexually active”.

“Spoken over, dismissive about symptoms without directly speaking, did not allow time for full cover up of body after chest examination”.

Not seeking consent when carrying out physical examinations

Dismissive of symptoms

Rude or condescending attitude

Not respecting privacy during intimate examinations

5.7 Medical Competence

101 people (54%) shared their thoughts on medical competence. When asked what **behaviours** and **actions** demonstrate medical competence the key themes identified were:

Willing to seek advice if they are unsure Up to date with new and best practice

Good understanding of medical conditions and willingness to learn about them

Asking appropriate questions to support diagnosis Confident in diagnosing

Able to minimise distress and discomfort Use plain, easily understood language

Evidence based practice

Of those who responded, we asked them to share with us a time when they had either experienced or not experienced medical competence from a doctor. People were able to share both types of experiences.

84 people (84%) indicated that they had experienced medical competence from a doctor and **53 people (53%)** responded that there had been a time when they did not experience medical competence from a doctor.



The key themes where a doctor demonstrated medical competence include:

Using questioning and examinations to help diagnose

Researching symptoms and conditions

Seeking advice from other professionals

“Referencing a research trial they had been involved with and current reading and evidence related to a treatment plan or medication”.

The key themes where a doctor did not demonstrate medical competence include:

Making assumptions without examination and listening to patient

“When not communicating with me at all but prescribing me drugs for a condition no one spoke to me about”.

Being dismissive of symptoms

Not checking contra indicated medication

5.8 Straight Talking

90 people (48%) shared their thoughts on straight talking. The key behaviours and actions identified when asked what demonstrates straight talking were:

Honesty

Non-judgemental

Make eye contact

Give clear information and explanations

Using plain, easily understood

Be compassionate

Answer all questions



Of those who responded, **72 people (80%)** had experienced a time when a doctor spoke to them in a direct way and shared a range of experiences:

Straight talking – positive example

Being obese my doctor has made it clear what I need to do to help myself, but it was done in a very kind and supportive manner

“When I wanted sex advice. The doctor felt uncomfortable talking about this with me, they did not know of any disabled organisations who might help me”

Straight talking – negative example

5.9 Privacy and Confidentiality

82 people (44%) shared their thoughts on privacy and confidentiality. When asked what **behaviours** and **actions** demonstrate privacy and confidentiality the following themes were identified:

Ensure consulting room door is closed

Keep notes securely

Ask patient’s permission to share details

Only share information when necessary

No identifiable information shared publicly

Of those who responded, we asked them to share with us a time when they had either experienced or not experienced privacy and confidentiality from a doctor.

56 people (68%) indicated that they had experienced privacy and confidentiality from a doctor and **12 people (15%)** responded that there had been a time when they did not experience privacy and confidentiality from a doctor. People were able to share both types of experiences.



The key themes where a doctor respected privacy and confidentiality include:

Having consultations behind closed doors

Not sharing information without consent

Speaking in a private room with door closed, does not mention things in waiting room or corridor

Key themes where a doctor didn't respect privacy and confidentiality include:

I experienced overhearing a doctor joking about my symptoms to others on leaving the room. The nurse attending to me was both embarrassed and angry.

Discussing personal information in public spaces

Sharing information with others without consent

5.10 Good People Skills

86 people (46%) shared their thoughts on good people skills. The key **behaviours** and **actions** identified by people which they believe demonstrate good people skills are shown below:

Make eye contact/focus on patient **Ask appropriate questions**
Show empathy **Introduce yourself** **Believe the patient**
Actively listen **Friendly, relaxed and approachable** **Non judgemental**
Involve patient in decisions **Ask permission to carry out examinations**
Offer reassurance

Of those who responded, we asked them to share with us a time when they had either experienced or not experienced good people skills from a doctor. People were able to share both types of experiences.

81 people (94%) indicated that they had experienced good people skills from a doctor and **40 people (46%)** responded that there had been a time when they did not experience good people skills from a doctor.



The key themes where a doctor demonstrated good people skills:

Welcoming patients and using their name

Friendly and smiling

Knowing the person and/or their medical history

Treating people as humans and not just patients

“The doctor was welcoming, used my name and paid attention to what I was saying”

“My GP who was chatty, smiley and knew exactly which I was there. In spite of the circumstances, we had a laugh and I left feeling considerably better after for it”.

Key themes where a doctor did not demonstrate good people skills:

“Looked at the computer, no introduction to other people in room, rude but speaking over”.

“Just listened to my symptoms while looking at computer screen, no small talk, printed out a prescription and said just take these twice a day”.

Only dealing with concerns and no attempt to welcome patient or make small talk

Does not look at the patient or make eye contact



5.11 Honesty and Integrity

68 people (36%) shared their thoughts on honesty and integrity. The key **behaviours** and **actions** that people felt demonstrate honesty and integrity were identified as:

- Admit if a mistake has been made
- Use plain, easily understood language
- Be professional
- Give patient realistic expectations
- Check for understanding with patient
- Evidence based practice
- Be honest about waiting list times
- Apologises for mistakes
- Admit if you are unsure and seek advice
- Give the patient facts
- Rectify mistakes quickly

Of those who responded, we asked them to share with us a time when they had either experienced or not experienced a doctor demonstrating honesty and integrity. People were able to share both types of experiences.

57 people (83%) indicated that they had experienced a doctor demonstrating honesty and integrity and **18 people (26%)** responded that there had been a time when they did not experience honesty and integrity.

The key themes where a doctor demonstrated honesty and integrity:

Admitting when they are wrong or have missed something

Providing clear information about what's going to happen

“My GP has openly admitted that she doesn't always get things a hundred percent right”

Key themes where a doctor didn't demonstrate honesty and integrity:

My doctor made a wrong diagnosis and has never apologised.

Not involving patients in decisions

Not admitting mistakes or apologising for them



5.12 Informed Choices

78 people (42%) shared their thoughts on informed choices.

We asked people for their thoughts on the **behaviours** or **actions** they considered demonstrated a doctor enabling patients to make informed choices and the key themes are shown below:

- Provide information in accessible format
- Clarify how much information patient wants
- Provide options with information regarding side effects and risks
- Evidence based practice
- Provide information to support self-management
- Check for understanding
- Involve patient in discussions
- Respect patient's choices

Of those who responded, **60 people (76%)** indicated that they had experienced a time when they felt able to make an informed choice about their health and wellbeing.

Key themes where a doctor enabled a patient to make an informed choice:

Providing information about treatment options and potential side effects

Providing information that promote self-management

“My doctor tells me what things I can do for myself and he gives me the information in a way that I can understand

5.13 We asked if there were any other attributes that people thought were important.

152 people (81%) responded but more than half answered that there were no other attributes they felt were important. From the responses received, the following were highlighted as important:

Patience

Multi-disciplinary team working

Holistic approach

Understanding the community they work in

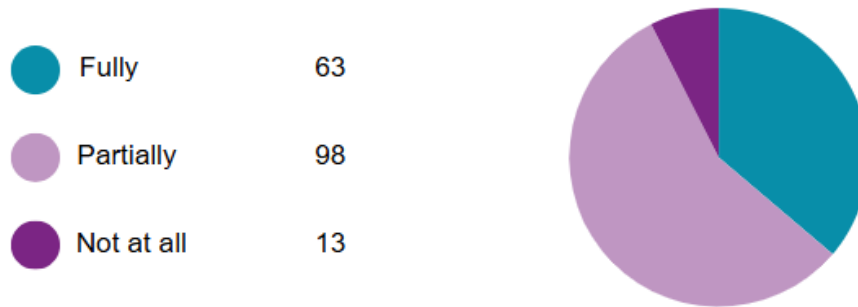
Professionalism

Non-verbal communication skills

Equality and diversity awareness



5.14 We asked how the current experience of being seen by a doctor matched with the attributes people identified as valuable and the responses are outlined below:

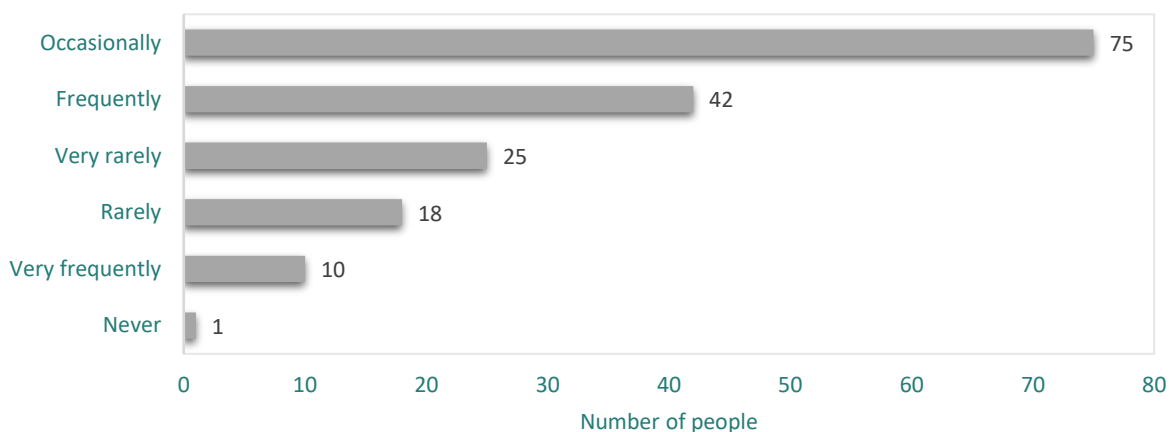


5.15 We asked why people answered this way and the key themes were:

Fully	<ul style="list-style-type: none"> • Clear communication • Feeling listened to and valued • Professionalism • Treated with kindness and care
Partially	<ul style="list-style-type: none"> • Different standards of care from different doctors • Lack of consistency and continuity of care
Not at all	<ul style="list-style-type: none"> • General poor care including not being listened to and lack of continuity of care

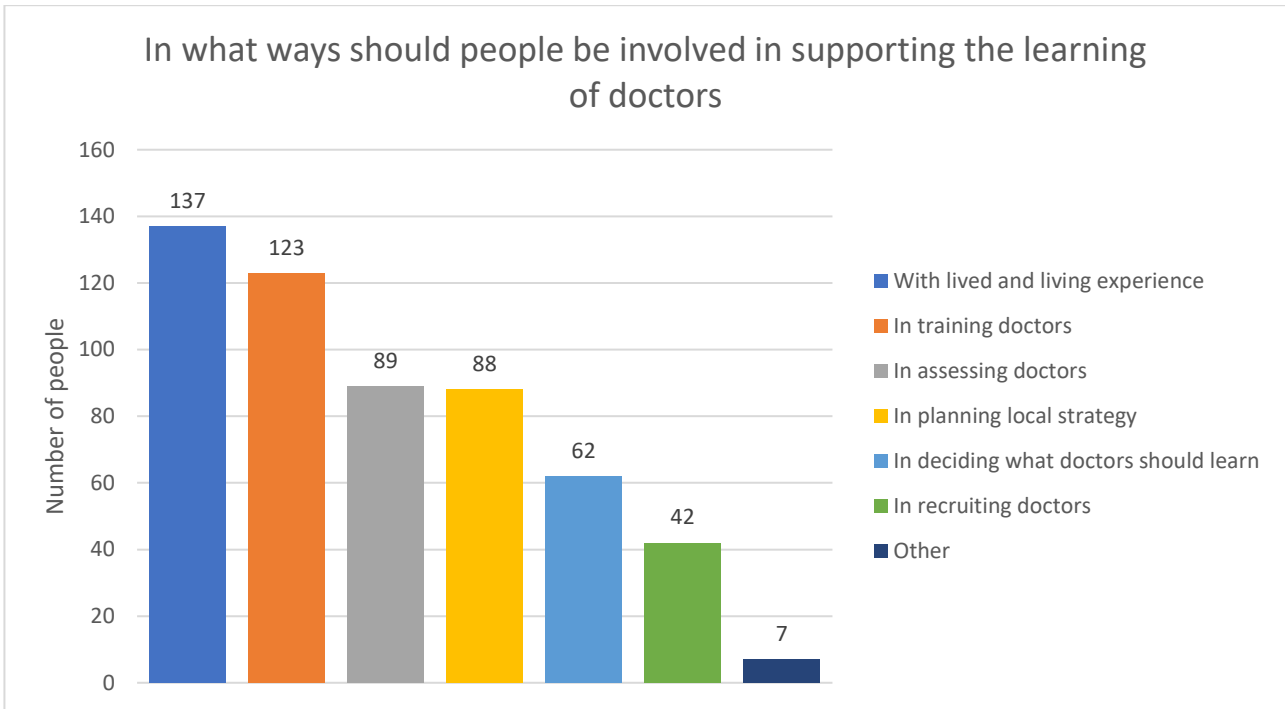
5.16 We asked people how frequently they had contact with a doctor (including contact for themselves, a relative or someone they cared for).

How frequent is contact with a doctor





5.17 We asked in what ways should local people and communities be involved in supporting the learning of the next generation of doctors in Fife. The responses are outlined below:



The responses indicate that people want to be involved in supporting the learning of the next generation of doctors and that having people with lived or lived experience supporting learning was the most popular option with people being involved in training doctors the second most popular.

Other comments included:

“Visit a nursery or school and experience for a day the reality of how children interact and behave”

“Real life experiences are a must for trainee drs”

5.18 We asked if there was anything else people would like to share that is important in training doctors:

The key themes are listed below, and additional comments are listed in Appendix 5.

- Doctors need to have training in seeing people from protected characteristic groups
- Experience of real-life situations is important
- People skills are key when dealing with patients
- There needs to be good support for doctors to help them do their job well



5.19 Protected Characteristic Groups:

In designing and building a stakeholder list for this consultation, there was an emphasis on capturing the voices of those who came from protected characteristic groups. An analysis of responses suggests that people from those groups value the same attributes to those already reported with some additional key themes outlined below:

<i>Ethnic minority groups</i>	<ul style="list-style-type: none"> • Awareness of language barriers • Ensuring that language and information provided is accessible to the patient.
<i>Hearing or Sight Loss</i>	<ul style="list-style-type: none"> • Look directly at the patient • Speak slowly and clearly • Provide translators if required
<i>Learning Disability/ Learning Difficulty</i>	<ul style="list-style-type: none"> • Providing information in Easy Read format • Tailor communication to individual needs • Use accessible language • Check if patient wants support from a carer or family member • Treat the patient as an adult even if their parent is present
<i>LGBT Community</i>	<ul style="list-style-type: none"> • Respectful of gender identity • Ask how people like to be addressed • Do not make assumptions

6. Conclusion

The purpose of the engagement was to give the people and communities of Fife the opportunity to be involved in the development of the degree and use their input to help to shape the knowledge, skills and training of the medical workforce of the future.

Engagement took place in the form of a survey and face to face engagement sessions where the views and experiences of people living in Fife were captured in relation to the attributes they value in the medical professionals they see. 187 people responded to the survey and there was representation from diverse communities across Fife, including people who consider themselves to have a disability, ethnic minority groups and members of the LGBT community.

The questions were designed to focus on the attributes people value in doctors and to give them opportunity to share both positive and negative experiences. During the designing the consultation process, it was recognised that the consultation was lengthy and that could be a barrier for responding but many of the questions were optional and it was important to capture wide ranging views and experiences around the attributes people value in a doctor to inform the learning outcomes of the new medical degree.

The feedback provided key themes which highlight that when people visit their doctor they want to feel that the doctor is present and focused on them and that they are welcomed into the consultation room in a friendly manner. Having time to ask and answer questions during the consultation ensures that patients feel they have been



listened to and that their opinions are valued. In relation to communication it is important that doctors use plain English and reflect back what has been said, also that they provide information in accessible formats ensuring that this information has been understood by the patient.

These are some of the key themes across the different attributes and are a basis for positive therapeutic relationships based upon good interpersonal skills and human qualities which will help patients to build trust and a belief that the doctors cares about them and their health.

6.1 Next Steps

NHS Fife and the University of St Andrews Project Team will now use this feedback to support areas of the curriculum for the new medical degree that will focus on the needs of the Fife population.

The data gathered in this report will also be shared amongst staff who facilitate teaching sessions with students and staff within NHS Fife to practice the communication skills and attributes that Fife people have highlighted as important to them.



Appendix 1 – Consultation

Training the Doctors of Tomorrow

NHS Fife and the University of St Andrews are launching a new medical degree to train the next generation of doctors and attract as many as possible to work in Fife's hospitals and its communities.

The new course is called Scottish Community Orientated Medicine (ScotCOM) and to ensure it will provide a comprehensive and well-rounded education for trainee medical staff, we are reaching out to people in Fife to help us shape this new degree course.

ScotCOM is intended to train doctors to provide specialist care in all medical settings. That includes our main hospitals, local community hospitals, GP practices, care homes and in some instances, patients own homes.

This consultation is an opportunity for you to share with us what attributes you value in a doctor and your experiences to help us train the doctors of tomorrow. The feedback received will be used to shape the course materials, ensuring the next generation of doctors have the opportunity to learn from the communities that they will train and likely work in.

Fife Health & Social Care Partnership is delivering this consultation on behalf of NHS Fife and The University of St Andrews. All information will be anonymised, and individuals will not be identified. You can read more about data protection and how we use your information on our website: <https://www.fifehealthandsocialcare.org/about-us/privacy-notice/>

By completing this form, you understand and consent to your data being processed in this way. If you do not wish your data to be processed, then please exit the form now.

If you would like this form in a different format, or help to complete it, please contact

Email: HSCP.ParticipationEngagement@fife.gov.uk

Address: Participation & Engagement Team, 6th Floor, Fife House, North Street, Glenrothes KY7 5LT

The closing date for responses is 22nd November 2024.

We are going to ask you a range of questions that will focus on:

Section 1 - Doctors attributes

Section 2 - How you can help train the doctors of tomorrow

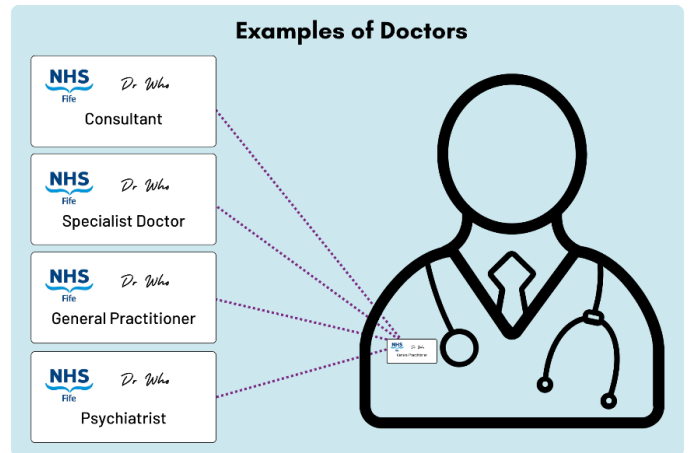


Section One

Doctors Attributes

There are many doctors who work across all medical settings in Fife.

Doctors need a lot of different skills and qualities to take care of their patients well. The University of St Andrews and NHS Fife have endorsed a list of key attributes that they believe are essential for medical students to become good doctors. These attributes are shown below.



We want to know how valuable these attributes are when visiting a doctor and invite you to share with us what attributes you value in a doctor as a patient and tell us if there are any other qualities you think doctors should have.

The following questions will give you the opportunity to share your thoughts with us on each of these attributes. You can answer as many, or as few questions as you like. If you choose not to share your thoughts, you can leave the answer box blank and move on to the next question.

<p>Compassion and Empathy</p> <p><i>Patients feel that the doctor is kind and tries to make them feel cared for.</i></p>
<p>1. Would you like to share your thoughts on compassion and empathy with us?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 7)</p>
<p>2. What behaviours or actions do you consider as compassionate and empathetic in a doctor/patient interaction?</p>
<p>3. Have you experienced compassion and empathy from a doctor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 5)</p>
<p>4. Please share with us an experience that stands out for you.</p>
<p>5. Has there been a time that you did not experience compassion and empathy from a doctor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 7)</p>
<p>6. Please share with us an experience that stands out for you.</p>
<p>Listening and understanding</p> <p><i>Patients feel that the doctor takes the time to listen to them and understand what it is they need.</i></p>
<p>7. Would you like to share your thoughts on listening and understanding with us?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 13)</p>



8. What behaviours or actions demonstrate listening and understanding in a doctor/patient interaction?

9. Have you experienced being listened to and understood by a doctor?

Yes No (Go to question 11)

10. Please share with us an experience that stands out for you.

11. Has there been a time where a doctor didn't listen to or understand you?

Yes No (Go to question 13)

12. Please share with us an experience that stands out for you.

Good verbal communication skills

*Patients feel comfortable talking to their doctor about their health concerns **and** are able to understand information given to them by their doctor.*

13. Would you like to share your thoughts on good verbal communication skills with us?

Yes No (Go to question 19)

14. What behaviours or actions demonstrate good verbal communication skills in a doctor/patient interaction?

15. Have you experienced good verbal communication from a doctor?

Yes No (Go to question 17)

16. Please share with us an experience that stands out for you.

17. Has there been a time where you experienced poor verbal communication from a doctor?

Yes No (Go to question 19)

18. Please share with us an experience that stands out for you

Humour

Patients feel that the doctor has a sense of humour which helps build relationships.

19. Would you like to share your thoughts on sense of humour with us?

Yes No (Go to question 23)



20. What behaviours or actions do you consider demonstrate an appropriate sense of humour in a doctor?

21. Have you experienced a sense of humour from a doctor?

Yes No

22. Please share with us an experience that stands out for you

Involves patients in decisions about their care

Patients feel that the doctor values their views in relation to decisions about their care.

23. Would you like to share your thoughts on involving patients in decisions about their care with us?

Yes No (Go to question 29)

24. What actions can doctors take to involve patients in decisions about their care?

25. Have you experienced a doctor involving you in decisions about your treatment plan?

Yes No (Go to question 26)

26. Please share with us an experience that stands out for you.

27. Has there been a time where a doctor did not involve you in decisions about your treatment plan?

Yes No (Go to question 29)

28. Please share with us an experience that stands out for you.

Respect and dignity

Patients feel that the doctor treats people from all backgrounds and cultures fairly and does not judge or make assumptions

29. Would you like to share your thoughts on respect and dignity with us?

Yes No (Go to question 35)

30. What behaviours or actions demonstrate respect and dignity in a doctor/patient interaction?

31. Have you experienced being treated with respect and dignity by a doctor?

Yes No (Go to question 33)



32. Please share with us an experience that stands out for you.

33. Has there been a time where you were not treated with dignity and respect by a doctor?

Yes No (Go to question 35)

34. Please share with us an experience that stands out for you.

Medical competence

Patients feel confident the doctor has the medical knowledge and skills needed diagnose and treat them.

35. Would you like to share your thoughts on medical competence with us?

Yes No (Go to question 41)

36. What key behaviours stand out to you when a doctor demonstrates medical competence?

37. Have you experienced doctors demonstrating medical competence?

Yes No (Go to question 39)

38. Please share with us an experience that stands out for you.

39. Has there been a time where a doctor did not demonstrate medical competence?

Yes No (Go to question 41)

40. Please share with us an experience that stands out for you.

Straight talking

Patients feel that the doctor is direct and does not avoid difficult conversations

41. Would you like to share your thoughts on straight talking with us?

Yes No (Go to question 45)

42. What behaviours or actions do you consider demonstrate straight talking in a doctor?

43. Have you experienced a time when your doctor spoke to you in a direct way?

Yes No

44. Please share with us an experience that stands out for you



Privacy and confidentiality

Patients feel that they can trust the doctor to keep their medical history and personal information private.

45. Would you like to share your thoughts on privacy and confidentiality with us?

Yes No (Go to question 51)

46. What behaviours or actions demonstrate respect for privacy and confidentiality from a doctor?

47. Have you experienced a doctor respecting your privacy and confidentiality?

Yes No (Go to question 49)

48. Please share with us an experience that stands out for you.

49. Has there been a time where your privacy and confidentiality were not respected by a doctor?

Yes No (Go to question 51)

50. Please share with us an experience that stands out for you.

Good people skills

Patients feel that the doctor is friendly, puts them at ease and makes them feel comfortable.

51. Would you like to share your thoughts on good people skills with us?

Yes No (Go to question 57)

52. What key behaviours stand out to you when a doctor demonstrates good people skills?

53. Have you experienced good people skills from a doctor?

Yes No (Go to question 55)

54. Please share with us an experience that stands out for you.

55. Has there been a time where you did not experience good people skills from a doctor?

Yes No (Go to question 57)

56. Please share with us an experience that stands out for you.



Honesty and integrity

Patients feel that the doctor is clear about their diagnosis and prognosis, and will be honest about any mistakes, oversights or errors.

57. Would you like to share your thoughts on honesty and integrity with us?

Yes No (Go to question 63)

58. What behaviours or actions demonstrate honesty and integrity in a doctor?

59. Have you experienced a doctor demonstrating honesty and integrity?

Yes No (Go to question 61)

60. Please share with us an experience that stands out for you.

61. Has there been a time where a doctor did not demonstrate honesty and integrity?

Yes No (Go to question 63)

62. Please share with us an experience that stands out for you.

Informed choices

Patients feel that the doctor provides the knowledge and support they need to make informed choices about their health and wellbeing

63. Would you like to share your thoughts on informed choices with us?

Yes No (Go to question 67)

64. What behaviours or actions do you consider demonstrate doctors providing the knowledge and support needed for patients to make informed choices about their health and wellbeing?

65. Have you experienced a time when you felt able to make an informed choice about your health and wellbeing?

Yes No

66. Please share with us an experience that stands out for you

67. Are there any other attributes that you think are important, that are not listed in the previous question? Please share them with us here.



68. How does your current experience of being seen by a doctor match with the attributes you have identified as valuable to you?

- Fully Partially Not at all

69. Please share with us why you answered this way?

70. How frequently would you say that you have contact with a doctor? Please include contact regarding yourself, when supporting a relative or someone you provide care for?

- Very frequently Frequently Occasionally Very rarely Never

Section Two

Training the doctors of tomorrow

71. In what ways should local people and communities be involved in supporting the learning of the next generation of doctors in Fife?

Please select all the ideas you think are important from the list below

Involve people

- in deciding what doctors should learn**

this means that people would help to develop parts of the curriculum medical students are studying. This may include making videos and creating scenarios

- in recruiting doctors**

this means that people could be involved in developing and supporting with the selection process for doctors

- in training doctors**

this would mean that people would be involved in the training of doctors by sharing their experiences as a patient and taking part in simulated real-life situations

- in assessing doctors**

this would mean that people could be involved in simulated real-life situations where they would be invited to feedback on the medical student's performance

- in planning local strategy**

this mean that people would be invited to share their views and experiences to help shape local strategies for recruiting and training doctors

- with Lived and Living Experience to help doctors learn about conditions**

this would mean that people who have specific health conditions or medical needs would help doctors to learn about these by sharing experiences



Other

72. Finally, is there anything else you would like to share with us that is important to you in training doctors?

Yes (Go to question 73)

No (Go to question 74)

73. Please can you explain your answer?

About You

74. Which area in Fife are you from?

Cowdenbeath (includes Lochgelly, Kelty and Cardenden)

City of Dunfermline

Glenrothes (includes Thornton, Kinglassie and Leslie)

Kirkcaldy (includes Burntisland and Kinghorn)

Levenmouth (includes West Wemyss, Buckhaven, Methil, Methilhill, Kennoway and Leven)

North East Fife (includes Auchtermuchty, Cupar, Taybridgehead, St Andrews, Crail and Anstruther)

South West Fife (includes Inverkeithing, Dalgety Bay, Rosyth, Kincardine, Oakley and Saline)

75. Which of the following best describes you?

A member of the public (Go to Equalities, Diversity and Inclusion section)

A person who works or volunteers to provide Health and Social Care (Go to Diversity and Inclusion section)

An unpaid carer

Unpaid carers provide care and support to family members, friends and neighbours. The people they care for may be affected by disability, physical or mental ill-health, frailty or substance misuse.

Supporting Unpaid Carers in Fife

Unpaid carers provide care and support to family members, friends and neighbours. The people they care for may be affected by disability, physical or mental ill-health, frailty or substance misuse.

Since the Carers (Scotland) Act 2016 was introduced, we have made significant improvements in the scale and scope of the support we offer to unpaid carers. We know there is more we can, and we will do.

We want to ensure that carers have access to high quality information at a time and place that best meets their needs and enables them to make positive choices regarding their caring role. There are also a range of supports available that you may be entitled to as an unpaid carer:

- carers income maximisation service
- grants available to support Carers experiencing financial crisis
- Adult Carer Support Plans (ACSP)
- micro-breaks available to Carers with an ACSP



- short breaks services for Carers and the development of a 'Fife Unpaid Carers Forum' offering unpaid Carers a safe and welcoming space to share your experiences, seek advice and advocate for your rights.

76. Are you aware of what support is available to unpaid Carers or who to ask for help?

- Yes No (Go to question 79)

77. Do you currently access support?

- Yes No (Go to question 79)

78. What support do you currently access? (Go to question 80)

79. Can you share some of the reasons why you don't access support?

80. What would be the best way of getting information about support for unpaid Carers to you?

81. Would you like to join Fife Health and Social Care unpaid Carers email network, so that we can invite you to take part in any future engagement opportunities, to ensure that we are capturing your 'Carer' voice within our feedback?

- Yes No

82. Please provide your contact details here:

83. As per our privacy statement, we also work with a range of organisations who are commissioned by Fife Health and Social Care Partnership to provide care and support, in particular Fife Carers Centre. Would you be happy for us to share your contact details with Fife Carers Centre, who support adult Carers in their caring role, who will be able to offer you relevant, straightforward information as well as practical help?

- Yes No I am already supported by Fife Carers Centre

About You (cont.)

84. Would you like to be sent a copy of the final feedback report?

- Yes No

85. Would you like to be added to Fife Health and Social Care Participation and Engagement email network?

- Yes No

86. Please enter your contact details here if you answered yes to any of the questions above:



Equalities, Diversity, and Inclusion

Under the Equalities Act 2010 (Scotland) we continue to work to protect people from discrimination because of: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

We strive to ensure that people who identify with these protected characteristics can participate in any events that are of interest to them.

We will use the information in this section to understand who is responding to our consultation and engagement exercises. The information will help us to ensure we have representation from the broadest set of people within Fife and we are reaching every part of our community.

The information will be used for monitoring and reporting purposes relating to this consultation and for no other reason.

87. Would you like to continue to provide us with feedback to help us better understand who we are engaging with?

- Yes No

88. What is your age?

- Under 18 18-24 25-34 35-44 45-54 55-64 65 and older
- Prefer not to say

89. How would you describe your gender?

- Man Woman Trans man Trans woman Non-binary
- Identity not listed Prefer not to say

90. If you would like to specify your identify, please use the following text box

91. How would you describe your sexual orientation?

- Asexual Bi-sexual Fluid Gay man Lesbian
- Pansexual Queer Straight / Heterosexual Identity not listed Prefer not to say

92. If you would like to specify your sexual orientation, please use the following text box

93. Which of the following best describes your ethnic group or background

- White:
- Scottish English Welsh Northern Irish Other British Irish
- Polish Gypsy / Traveller Roma Showman/ Showwoman



Other _____

Any mixed or multiple ethnic groups

Please write in: _____

Asian, Scottish Asian or British Asian:

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Other

African, Scottish African or British African

Please write in (for example, Nigerian, Somali): _____

Caribbean or Black:

Please write in (for example, Scottish Caribbean, Black Scottish): _____

Other ethnic group:

Arab, Scottish Arab or British Arab

Other, please write in: _____

94. What is your religion or belief?

None Church of Scotland Roman Catholic Other Christian Muslim Hindu

Buddhist Sikh Jewish Pagan Prefer not to say

95. Would you describe yourself as having a health condition and / or a disability?

Yes No Prefer not to say

96. Do you have any of the following, which have lasted, or are expected to last, at least 12 months? (Tick all that apply)

Deafness or partial hearing loss

Blindness or partial sight loss

Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

Learning disability (a condition that you have had since childhood that affects the way you learn, understand information, and communicate)

Learning difficulty (a specific learning condition that affects the way you learn and process information)

Developmental disorder (a condition that you have had since childhood that affects motor, cognitive, social, and emotional skills, and speech and language)



- Physical disability *(a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting, or carrying)*
- Mental health condition *(a condition that affects your emotional, physical, and mental wellbeing)*
- Long-term illness
- Disease or condition *(a condition, not listed above, that you may have for life, which may be managed with treatment or medication)*

97. What is your relationship status?

- Single Married Divorced Civil Partnership Widowed Separated
- Living with a partner Prefer not to say

98. Are you currently breastfeeding, pregnant, or recently given birth?

- Yes No Prefer not to say

99. Please specify if you are:

- Pregnant Breastfeeding Recently given birth Prefer not to say

Thank you for taking the time to complete this Consultation. As we continue to develop the ScotCOM course, NHS Fife will be looking for people to volunteer to support the ongoing development of the course. If you would like to know more about this opportunity please contact us at the following email address:

fife.simulationqmh@nhs.scot or visit: www.nhsfife.org/simulatedpatients



Appendix 2 – Stakeholder List

Figure 1 shows all stakeholders that the consultation was shared with.

A veteran's best friend	Abbotsford Care homes	Abbotsford Care homes
Africans in Fife	Alzheimer Scotland	Andys Mans Club
Breathe Easy Fife	Carers – Participation and Engagement Network	Carers Income Maximisation Project
Carers Providers Forum	Change Mental Health	Chronic Pain – HRPM Lived Experience Group
Circles Network (Advocacy)	Community in Cupar, Old Prish Centre	Connect into Young Scot – Carers package
Contextual Admissions/Access Team (Fairer Access)	Continuing Care Service (NE Fife)	ESOL Tutors
Express Group Fife (12 groups running across Fife)	Fibromyalgia and Chronic Pain Support Group Fife	Fife Bipolar Group
Fife Boomerang	Fife Carers Centre and support groups	Fife Carers Leven Project
Fife Centre for Equalities	Fife Council Peoples Panel	Fife Forum
Fife Migrants Forum/Fife International Centre	Fife Pride	Fife Rape and Sexual Assault Centre
Fife Violence Against Women Partnership (FVAWP)	Fife Young Carers	Fife's LGBTQ+ Community Centre – The Hive KDY
Friendship Cabin Glenrothes	Headteachers / Woodlands Nurture Centre	Home Start
Kindred Fife	Kinghorn Abuse Survivors Project	LE MH
Limited mobility / isolated via Home Care Team/Occupational Therapy	Link Living	Macmillan Fife Welfare Benefits Partnership
New Scots (FVA)	NHS Fife- Participation and Engagement Directory	Older People Social Work St Andrews
PAMIS - families with PMLD severe/complex disabilities	Penumbra	Pilgrim Care (St Andrew's)
Pilgrim Care (St Andrew's)	Rev Gerry Dillon (Glenrothes) Ethnic Minority social groups within his church	SAMS Café
See Scape	Self-Directed Support Options (Fife)	STAND in Fife
Sunday Sessions - Community & Environment of Church	Support in Mind	Talk Matters
Tartan Talkers	Transgender Fife	Trust in Fife (Oasis Project)
U3A	Veterans First Point	Victim Support
Women's Wellbeing Club (St Andrew's)	YMCA	



Figure 2 shows all the face-to-face sessions that took place

Organisation	Number of Sessions
People First	3
Seescape	1
Community in Cupar LGBT Hub	1
Express Group Methil	1



Appendix 3 – Thematic Analysis for each attribute

Compassion and Empathy

Make eye contact
 Allow time
 Discuss treatment options
 Non-judgemental

Ask and answer questions
 Be approachable and kind
 Holistic care
 Acknowledge/validate concerns

Examples of what compassion and empathy look like:

“The Dr in question sensed there was something else I wished to discuss and listened to my concerns and actually suggested referring me on to an ortho team for x-rays/surgery that very appointment. They reassured me that my concern was valid and didn’t make me feel embarrassed about my delay in seeking help”.

“Before asking me any questions, he told me that he believed what I had been telling previous doctors who had been very dismissive”.

“I’m 57. My GP understood that I have always been active and fit and was therefore highly empathic when I came to him with hip pain. Much better than the ‘expected for your age’ message that is often apparent”.

“I have bipolar disorder and my GP is always compassionate towards me. When I was severely depressed, he sat quietly, giving me the time to talk and when he did speak, he was gentle in his approach, and I felt that he was empathetic”.

“My GP has single handedly kept me alive while I’ve been let down by my mental health team numerous times. She never rushes me; she listens to me and remembers what I’ve said at previous appointments. She’s the reason I’m still here”.

Examples of care that is not compassionate and empathetic:

“As I entered the consultation room the doctor was slouched in the chair. I shared what my issue was, he showed no compassion to the issues I was having. I had jotted a few key points on a piece of paper that I did not want to forget. He asked what was in my hand when I replied he removed the piece of paper glanced at it for 10 seconds and returned it. There was no advice on how to improve my symptoms. I felt he did not care”.

“I went to discuss a female issue, and the female doctor started examining me without me with explaining what she was about to do or what tools she was about to use etc! So that was a shock”.

“I called the GP when I started bleeding while pregnant. It was difficult to speak because I was very upset. The GP asked me what I was crying for”.

“Looking into the computer for the duration of my appointment does not help.



Listening and Understanding

Focus on patient
 Asking and answering questions
 Reflecting back what is said
 Aware of individual communication needs

Explain treatment options
 Aware of patient history
 Appropriate responses
 Accessible language

Examples of what listening and understanding look like

<p>Having a gp that listened to all of my health concerns at a time when I was unsure of why I was experiencing these. Diagnosed menopausal symptoms and commenced medication which helped greatly.</p>
<p>I had a bad depression, heading towards a nervous breakdown. The G.P. listened and made sure I saw him again and had the appropriate surgery care.</p>
<p>When I presented a second time with feelings of anxiety, having already done a self-help course via psychological services, my GP understood that I wanted to avoid long term medication. He offered a short-term medication to see if I could regain my positive attitude and energy. This offer alone helped. The medication worked. I can deal with my situation now, mostly without medication. The time I was offered, and the level of understanding helped greatly.</p>

Examples of not being listened to or understood

<p>I realise Polio is an old illness but nevertheless there are still many survivors of this condition, and young Doctors can learn from us. Post Polio Syndrome is a very real condition prevalent all over the world, but I am told it is not even included in the curriculum any longer. Please please tell students never to dismiss anyone who has had a condition they have never heard of. At any given time, these old illnesses like Polio Measles or Diphtheria etc could reappear.</p>
<p>If it is a busy day in a doctor's surgery, I felt they wanted to get you out of the room as quickly as possible, making me feel uncomfortable and wasting their time. They were abrupt and stressed.</p>
<p>I did not feel well but thought that feeling would go away and made excuses for why I wasn't feeling right. I then developed more alarming symptoms, so I phoned my GP. I spoke to him on the phone, and he organised a few tests for me which didn't show anything. I continued to feel unwell and became increasingly ill but was dealt with over the phone and told I'd just have to wait until a consultation from the hospital was sent out - he had referred me. He was kind, but there was no urgency, even though I was really unwell. He did see me and organised for bloods to be taken and when those results came back, I was rushed to hospital. Only at that point did I feel believed. I think the problem was the over the phone consultation, so the seriousness was missed.</p>



Good Verbal communication skills

Use plain language
 Explain treatment options
 Reflecting what's said
 Ask/answer questions

Check for understanding
 Allow time for communication
 Provide reassurance
 Speak clearly and calmly

Examples of good verbal communication:

Respectfully using terminology to explain in a way I was likely to understand without being patronising.
Being listened to, summarising treatments and giving timescales.
Clear information spoken in a professional way, calm voice, allowed concerns and questions to be asked. My GP uses simple terms and examples and always asks me if I have any questions
Doctors should communicate with people in ways that work for them individually. Also, if a doctor shares information after an appointment, then this should be in a way that it easy to understand. I had to go to the doctor by myself because my mum wasn't able to come but the doctor recorded a voice note on my phone for my mum to listen to and that meant that she really understood what had happened in the appointment which was helpful.

Examples where verbal communication was not experienced:

I had to make another appointment because I could not understand what he was saying. I have a hearing defect, and I said that at the beginning of the appointment. Made no difference. Even when I said over and over, please repeat what you said he huffed and left the room.
Not being asked my views on changes to my medication and only finding out when I collected it from the pharmacy.
People with a learning disability are not treated like adults at times and can be made to feel like they're children who don't have a good understanding of things. Doctors need to try to communicate better.
A doctor who spoke like a medical textbook with no acknowledgement that this was a difficult time, no asking if I understood, no listening to how tricky life was for the ill person.



Sense of Humour

Light hearted conversation
Must be appropriate

Sharing a joke and smile

Examples of Sense of Humour

I was jokingly told that what I had stated was incompatible with life to lighten the situation.
When given the diagnosis of type 2 diabetes I explained that I was the 4th generation in my family to have it. He said ' I guess there was nothing you could have done, you were screwed.
When the Doc turned round and told me I had a significant amount of blood clots in my left lung. My reply was "nautical", his reply was that was the good news your right is full. Retired submariner roared my head off with tears coming down my face. Wry, dry, black humour at its best.
Getting steroid injections, doctor telling me that this won't hurt him
Sitting down on entry to GP's room, he saw my arthritic fingers and said, "You've got osteoarthritis in your hands." I said, "I didn't come about my hands; I came about my knee." He said "Well, if it's in your hands, it'll be in your knee as well." I said, "This isn't going well, doctor!" We then had a laugh about the fact we'd not met before and so we were able to relax in each other's company. I immediately felt I could really open up and ask questions, making the appointment a very productive one.



Involve patients in decisions about their care

Give treatment options
 Accessible information
 Honest and realistic
 Ask for patient views

Information on risks/benefits
 Offer support to make changes
 Clarify understanding
 Self-management information

Examples of involving patients in decisions

An infection in my leg - GP unsure what the cause was, worked through a number of tests / treatments and discussed together the options, potential causes and how we might address / rule them out. Felt like we were a team working together to address the challenge.
Menopausal issue so various treatments regarding HRT and alternative therapies were discussed as well as hospital referral for same.
My current doctors are fantastic. We regularly adjust my medication based on collaborative discussions.
It's important to get advice to help you look after yourself and my doctor does this in a kind way. My doctor told me what things I could do, and I was able to understand what he meant and do the things he said. I feel better being able to do things for myself and look after my health.
When my doctor clearly explained the different treatment options available for my condition. They discussed the pros and cons of each and asked for my input and ensured I was comfortable with the final decision

Examples where patients were not involved in decisions

Recent diagnosis. Simply had medication prescribed with no communication as to condition, how I was feeling etc.
I had a doctor that twice wrongly prescribed a prescription that worked against a cancer drug - on the 2nd time, it didn't appear that the doctor was thinking about my situation as they wrongly prescribed for the 2nd time - he prescribed before I had a chance to speak to him.
I've never felt involved in my treatment options on the NHS. Even when I specifically asked to be involved, I was told that I didn't get a say and that they know best.
When prescribing me mitzapane and repeat prescription and not allow for CPN or other support. I ended up having an overdose.



Respect and Dignity

Show empathy
Ask permission to examine
Respect personal space
Tailor communication needs

Not judgemental or Discriminatory
Privacy for examinations
Address patient directly
Do not patronise

Examples of treating patients with respect and dignity

I told my GP about the role of my Christian faith, and he wasn't dismissive. He has mentioned it since as a means of emotional support. I felt respected.
Understanding expressed in a potentially embarrassing situation. New doctors must appreciate that patients (often elderly) may be embarrassed and have difficulty talking about their condition.
Seeking advice about vasectomy as a 30-year-old. I'd been diagnosed with a blood disorder. It wasn't serious but was congenital. One of my children inherited it; the other didn't. I decided I didn't want more children. In what could have been an embarrassing situation for me, with a female doctor, the discussion was focused and helpful. Accordingly, my vasectomy was scheduled.
While having mastitis I went to the doctor and before checking she asked if I wanted someone else with me

Examples where patient was not treated with respect and dignity

Ignored when I asked to lie flat as I was going to rein because of pain. Three staff talking, completely ignored me. Physio came in and was dismissive until she interested with me and realised that I needed help. NEVER walk past a patient asking for help.
I was once being admitted for stomach surgery and the admitting Dr (who was newly qualified) came to take blood in a waiting area. He had no treatment trolley and put the cannula and equipment on the floor. I was absolutely horrified and told him what I thought. I hope he never made that mistake again.
A previous GP told me in a very loud voice that she thought I was wasting her time. She told me that she threw her hands up in despair when she saw my name on the appointment list. I complained about this whole situation, but I got nowhere as there was no independent method of investigating complaints. It was given to the GP to answer, and she said that she stood by her approach. It was extremely hurtful and demeaning. She has since left.
Sitting in silence not asking questions and staring at me with cptsd as if I was in a cage in a zoo



Medical Competence

Confident in diagnosing
Good understanding of medical conditions

Evidence based practice
Ask appropriate questions

Willing to seek advice
Up to date with new and best practice

Minimise distress & discomfort
Use plain English

Examples of medical competence

My GP has always given me confidence in his competence by being confident (but not arrogant) in consultations. He checks things such as drug interactions which gives me confidence in his competence. I have many other examples, but this stands out.
It is reassuring when the doctor, after examination and discussion is able to identify the problem and offer either an immediate solution or a prompt referral.
My illness was rare. The consultant admitted to me that she had heard of what was wrong but had never treated anyone with it so she had read the recent research and consulted colleagues in different hospitals. This was absolute medical competence for me.
Ongoing bladder weakness, urgency. Dip test done then and there. Lower abdomen examined externally. Referral for local ultrasound "to be on the safe side". Thorough explanation of how bladder can change in function postmenopausally.

Examples where medical competence was not demonstrated

He made an assumption instead of checking the facts. It was 7 years before I received the correct treatment for a neurological condition. This only came to light when I asked to see my records.
My wife had deteriorating vision and headaches, the GP ignored this, did no relevant exam and did not follow up
As a teenager with bone pain, my GP was unable to provide anything to show he was competent at reaching a diagnosis.
This is not very serious but once I told my doctor I had knee pain and that my knees made noises. Her response was 'Listen to mine!'
My mum was diagnosed with vascular dementia. The doctor told us it might never get any worse she may just stay as she is. We were not given any further information beyond that. Information I have read since then suggests mum's condition will progress and she will deteriorate.



Straight Talking

Honesty
Use plain English
Compassionate care
Non judgemental

Making eye contact
Clear information and explanations
Answer all questions

Examples of Straight Talking

Can be done directly well as above or badly when Dr states terrifying information bluntly by saying you will have to have this or that but not in a patient and kind manner, does not provide coping plan until test etc are completed.

Told me there was nothing wrong with me, asked if I was depressed!! Yes, I was depressed being made to feel there was nothing wrong with me then finding out I had a hereditary disease, no apologies given there? GP Practices should be community based, services should be given not taken away e.g. wart clinic/minor ailments/surgery clinic/family planning clinic - all been removed!

When I was given a diagnosis of type 2 diabetes he came straight to the point and gave me the facts and answered all my questions succinctly.

I was told I had breast cancer - the doctor said if you ever had have cancer then this was the one to get - they were more direct than the nurses, I am not sure if a bit more support would have been helpful, but I did take note that I was in a good situation compared to others with later diagnosed cancers.

A new doctor asked why I was taking a medication for so long when I didn't need to, told me that effects it can have when used for extensive periods of time, and why I should slowly stop using that medication. It was great because it was not something I was aware was bad.



Privacy and Confidentiality

Consulting room door closed
Only share necessary information
Keep notes securely

Ask permission to share details
No identifiable information shared publicly

Examples of Privacy and Confidentiality

Asking a colleague to come back later as they have a patient
Both at my GP surgery and at the eye clinic, I have observed patient files being checked carefully and handed over in a consistent and efficient way.
CPN asking to share information and treating me as a partner in my mental health care
My surgery is collaborative. I do not have an issue with my doctors discussing patient issues with one another to help the patient.

Examples where privacy and confidentiality were not respected

My daughter's medical records were transferred to another surgery by mistake
Asked to sign consent form in a busy waiting room, discussed information that was personal in corridor



Good people skills

Focus on patient/eye contact
Offer reassurance
Non judgemental
Ask appropriate questions

Friendly
Believe the patient
Ask permission to examine
Be approachable

Examples of good people skills

The GP faced me and not the computer when listening.
Apologising if I am taken in to see the Dr late.
The consultant listened to me and on subsequent appointments asked me relevant questions related to my life. For example, I run, and this had been difficult as I became unwell. On a follow-up appointment, I was asked how my running was going.
My Dr always waits for me, ushers me into the room asks how I am or how a family member is smiles always says take care if things don't improve be sure to make another appointment
Being asked about other possible related issues and using answers to offer new treatment after showing much interest, also showing how they dealt with the same issue. Explained clearly what actions they were recommending for me and why.

Examples where good people skills were not experienced

Being asked about other possible related issues and using answers to offer new treatment after showing much interest, also showing how they dealt with the same issue. Explained clearly what actions they were recommending for me and why.
As above, bluntly informed of fertility issues and a doctor referring to my daughter's father several times as "not the father" because we used a sperm donor and conceived via a fertility clinic.
Not understanding the distress, a parent goes through when their child is unwell. Talking to the parent as if they are an idiot, or someone who has a medical degree. Neither are good.
Again, being yelled at (with a raised voice and everything), over the phone - being accused of lying and manipulation (over a birth control pill, of all things. Such drug seeking behaviour to want control over my reproduction and hormones).



Honesty and Integrity

Admit and rectify mistakes
 Apologise for mistakes
 Give the patient facts
 Realistic expectations

Check for understanding
 Evidence based practice
 Admit when unsure
 Use plain English

Examples of honesty and integrity

My gp has openly admitted that she doesn't always get things a hundred percent right
Being given 15 minutes to discuss several related issues and explaining his reasons for his prescriptions
Varicose vein check. Doctor went for another doctor for their opinion on a DVT risk and on their advice then did further checks and bloods on the spot.
Clear honest outline of why I may have symptoms

Examples where honesty and integrity was not experienced

Not telling solutions mum was left with prescription by first doctor who was talking quickly and hurrying out door when not getting prescription did nothing as mum was dying and she didn't tell me to call anytime or telling me procedures just hurried out door.
I have had lots of tests but still don't know what is wrong with me as I've been getting different answers from different doctors. This has been really confusing for me. Doctors all saying something different is not helpful.
Again, I am sure this does happen but in relation to others I have supported it is apparent people 'feel' lied to or dismissed and again this might be in part due to the remoteness of services and the shift in care which appears to have reduced the importance of the patient-clinician relationship.



Informed choices

Accessible information
 Information about risks/benefits
 Evidence based practice
 Respect patient's choices

Check for understanding
 Clarify how much information is wanted
 Involve patient in discussions
 Provide self-management information

Examples where patients were able to make informed choices

<p>Choosing to go private for a consultation to find out what was wrong having received information from my GP on potential waiting lists after COVID.</p>
<p>When explained in detail to me the clinical reasons for symptoms and how to ameliorate them.</p>
<p>Treatments were always discussed face to face with me as well as being given written information to take away.</p>
<p>Recently I was diagnosed with Enteropathic Arthritis. I was given Sulfasalazine but I had a bad reaction to it. I explained this to the Rheumatology team and was told what the next line of drug to treat it was. I said that I was not keen on taking drugs that could have awful side effects and would rather try to put up with the pain as at the moment it is not too bad. The Rheumatology team agreed to this and have supported me all the way. I am very grateful that the team recognised that I have the ability to make these decisions for myself, I feel very listened to.</p>
<p>Being asked about my choice to reduce medication by giving me information about pros and cons.</p>
<p>When I was diagnosed with Osteoarthritis. I was given the choice of using a hand splint, having an operation, or physiotherapy.</p>
<p>When I spoke with GP about being sterilised when I was 40. They recommended having a coil fitted however after discussing my concerns they were happy to refer me to be sterilised. The GP recognised my reasons for choosing sterilisation rather than the coil and respected my choice.</p>



Appendix 4 – Other comments people shared

We asked if people had anything else they wanted to share

<p>Communication</p>	<p>They need to learn communication skills as all too often very posh young doctors have no idea how the real world operates and what people with little money or resources have to contend with. Patients also need to learn that it is okay to question medical professionals and not to fear comeback. Many fear complaining in case they are struck off a GP list especially in a time of shortage.</p> <p>It is not a position of power and in general, we are all better educated than before and have a vested interest in that. Yes, the internet can be very unhelpful but if we are discerning in what we access we can have open and honest discussions about what we are going through.</p>
<p>People Skills</p>	<p>Remember there is a person with a family and responsibilities in front of you, it is important to be polite, calm and give them full attention as they are not a number item on a checklist to be completed</p> <p>Drs should be able to show empathy and not look down on their patients. Some patients are perhaps not those we are able to show sympathy to, but a patient is a patient and the dr is not privy to their private life or past or what they have gone through.</p>
<p>Support for doctors</p>	<p>Doctors have a big job on their hands. They must be trained to work as a team, use their support staff and not take on too much.</p> <p>That our newly trained doctors have access to support for themselves. It would be good if a network of support, sharing, training and help can grow out of this course for doctors so that even when qualified they always have peers and links to the University that can help them grow, thrive and offer counselling and guidance if needed.</p> <p>It would be lovely if the importance of rest and downtime could be added to the curriculum for doctors in training</p> <p>I am sure that student doctors are encouraged to have a focus on personal development, but it is very important to have good self-care skills and find time to take care of their own mental well-being.</p>
<p>Practical and community experiences</p>	<p>I think all doctors regardless of their career path should spend a day working in each area of their chosen path- GP practice (reception/nurse/healthcare support worker/pharmacist) to give a more balanced view and understanding of the struggles that go on.</p> <p>I think it is important to make time for work experience to be participative as well as shadowing to enhance trainees' understanding the real issues in communicating with patients in real, not simulated situations. This would assist in developing communication skills and empathy.</p>



	<p>Feedback from patients' real-life experiences would help to educate practitioners about what is required in their job.</p> <p>I think that assessment of doctors to practice should not just be about academia but whether they have the competencies to engage with people in a caring, compassionate manner and are a good fit with others. Some doctors lack good bedside manners and there is no place for this ignorance or complacency. Some senior consultants lack this and this is not a good example for others coming into the profession of healthcare.</p> <p>I think that the actual training in the medical field should be left to the medical field. The interactions with patients is where the public can assist.</p> <p>A sense of humour in "local knowledge" would be quite appropriate and a little bit of "granny medicine!"</p>
<p>Equality and Diversity awareness</p>	<p>Making sure that doctors have experience and training in marginalised groups - LGBT, race, disability, and the differences and experience this may affect. Lots of learning from those who live through conditions. Learning from a textbook is one thing, but actually hearing how something affects patients, and how to best help is massive. I've always been able to tell if someone has specific training or personal experience, and this makes a great difference!</p> <p>Training of doctors should include being non-judgemental to all patients. For instance, if someone is obese, that should not always be used as a cause of an illness</p> <p>Studying the health issues affecting BAME ethnic minority groups</p>
<p>Other comments</p>	<p>What they need to be taught about is how to create the conditions for the human dimensions to occur (and take this from someone who knows):</p> <ul style="list-style-type: none"> - being innovative, not only having an open mind to innovation, but proactively seeking it out. - not doubling down on entrenched systems, structures and practices of primary care that work for no-one (and by no-one, I mean service users AND workers), but seeking inspiration from the many hopeful models that exist out there (see King's Fund for plenty of relational care examples) and trying them for size; - not blaming customers for 'over-using services' but understanding that inadequate systems result in unhelpful behaviours (understand the psychology of relational care & practice) and seeking to help people feel SAFE; - we are all service users. It is not an us and them; - not being stuck in the same old argument about needing more doctors for anything to change and shoring up a failing system, but instead believing that there are other very much more hopeful possibilities and seeking them out; - not designing from the lens of the practitioner/service, but designing and delivering from the perspective of human beings (and understanding the difference);



- if you have trouble envisioning what a very different way of working can look like - or keep coming up with the same negative answers after trying something new (eg, we can't deliver relational care and practice without more doctors/staff) - commission external support to help you with your thinking. It CAN be done;

- nothing happens without the medics being on board. PLEASE take the lead on this stuff and be prepared for things to look very different to what they look like now.

What is attractive about working in a failing system? Nothing. Young doctors need to be equipped for hard reflection and human-orientated action, even when it feels uncomfortable, disruptive and uncertain. For the sake of us all (doctors and service users alike), PLEASE teach them this.