



**UKPHR  
Review of 360° Feedback Tools  
Autumn 2020**

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## **UKPHR**

# **Review of 360° Feedback Tools for revalidation Summer/Autumn 2020**

This part of the UKPHR review was undertaken by independent evaluators Tim Sims and Jonathan Bowyer who bring considerable experience as evaluators; as coaches and facilitators of senior health professionals making sense of their 360° or multi-stakeholder feedback; and as developers of 360° feedback instruments for use by health professionals (but not for revalidation purposes).

### **1. What we did:**

1. In collaboration with Zaira Ejaz of UKPHR we collected sample reports, studied websites and talked to providers to bring together as many examples of reports – and in some cases questionnaires - as had either been approved by UKPHR or used by Revalidating Specialists.
2. We sent survey questionnaires to all 120+ users and were fortunate enough to get 33 responses, which is more than we had any right to expect during the first pandemic for 100 years. We also managed to speak to a small sample of the respondents.
3. We identified from the responses not only which 360° feedback instruments they used but also the three main criteria they appear to be using in judging the value of the instruments they used. Ease of use is, for instance, predictably but importantly a consideration for anyone asking colleagues to be respondents. It's potentially a lot of work; a burden. And '360-fatigue' is a potential issue for any organisation, or manager.
4. We then used the main three broad criteria to study the instruments we were able to access and have compiled some observations on each one that refers to those criteria. Our intention is to provide UKPHR with an insight – not least from Registrants – into the dimensions and variations of the 360° feedback tools already approved by virtue of meeting UKPHR's fundamental criteria. Our observations might also be used by those who have a choice about using an instrument either as an individual or a team or organisation.
5. We then completed this brief report.

## 2. What we found

There were 35 responses, from 107 requests. Six 360° feedback tools were used by two or more respondents:

### 1. NHS Healthcare Leadership Model 360

Used by 6 respondents – four of whom recommended it to other Public Health professionals.

### 2. Equiniti 360 clinical

Used by 6 respondents, one of whom recommended it to other Public Health professionals. This was rated lowest by respondents for ease of use and relevance.

### 3. SOAR Appraisal MSF<sup>1</sup> tool (NES Colleague MSF)

Used by 6 respondents two of whom recommended it to other Public Health professionals.

### 4. ADPH Future Directors of Public Health programme survey

Used by 4 respondents all of whom recommended it to other Public Health professionals.

### 5. Talent Innovations ‘Inspiring Leader’

Used by 3 respondents, two of whom recommended it.

### 6. Resource Management Services Ltd (RMS Doctor 360)

Used by 2 respondents neither of whom was sure they would recommend it.

Of the 360° feedback tools that only one respondent used, the only one that received a definite recommendation was **Compass 360**

Just under 80% of respondents acquired help (eg from a facilitator, coach or line manager) in making sense of the feedback they received. Of those people, over 80% rated the value of this help between 7 and 10 points out of 10.

The main headlines from the survey comments about improving the process were:

1. The importance of a tool for revalidation which addresses the activities of Public Health professionals – with a particular concern for access to non-clinical 360° feedback tools
2. The importance of getting skilled help to make sense of the 360° feedback
3. A concern for ease of use experienced by those who provided feedback; there was an awareness of how long completing a 360 could take for colleagues
4. An interest in simplifying the choice of 360° feedback tool by having fewer to choose from or a stronger steer as to which are most fit for purpose. We think the variety of

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<sup>1</sup> MSF = Multi-Stakeholder Feedback

roles of Public Health professionals seeking revalidation makes the value of a strong steer doubtful.

We hope these review headlines, summarising the views of peers, do potentially provide professionals undertaking revalidation with some useful data to inform any choices they have of 360° feedback tools.

### 3. What we learnt

On reviewing the 360° Feedback, or Multi-Stakeholder Feedback instruments, what stands out is the breadth and variety.

#### Comprehensiveness

On the one hand we have a **General Medical Council** instrument which is simply a printable black and white A4 sheet of questions to distribute. On the other we have the more colourful **NHS Healthcare Leadership Model 360** where the 32-page report includes a summary chart for the 9 areas of the model, 9 results graphs, a performance versus importance graph (to highlight risk), hidden strengths and blind spots, impact ratings and free text comments. The appendices include some action planning tools and a full explanation of the model. The website provides detailed guidance on the model and how best to use the 360° feedback tool and how respondents will be contacted.

#### Labour intensity for respondents

There seems to be a wide spread of demand on the time of those who complete these questionnaires. On the one hand the **SOAR Appraisal MSF tool (NES Colleague MSF)** from NHS Scotland suggests theirs takes no more than 10 minutes. At the other end of the spectrum there is the **NHS Healthcare Leadership Model 360** which wants a respondent to score performance but also importance and impact of each of the 33 indicators. Free text questions always require (or at least encourage) respondents to think some more – which takes time but adds value.

#### Model focused questions

On the one hand **Psychologica** is based on a proprietary model that brings together capacities, capabilities and personal qualities accessed by questions about the user's visible mental and emotional competences and actions across 16 skill dimensions. On the other hand, there is the PHE-approved **RMS Doctor 360** for doctors that has 55 questions based on no stated rationale.

#### Public Health focused

The **General Medical Council** questionnaire contains 19 questions, six of which refer to patients, treatment or prescribing. Those are six questions most respondents would be unable to answer about a Public Health colleague. On the other hand, **Strengthscope** refers to what appear to be generic strengths of a professional and with no obvious focus on

holding a line management role. At least one instrument appears to be formally approved by PHE, and some are tailored; for example, in the case of **Equiniti**, by including eight questions specifically aimed at making it easier for respondents to answer questions about a Public Health colleague. Some providers allow for users (individual or organisational) to design bespoke question sets although it is not clear if any UKPHR users have done this.

A number of survey respondents requested that UKPHR recommend one or a small number of tools that were fit for purpose. One person had spent a lot of time looking for the right tool. Another felt that UKPHR guidance encouraged using a clinical question set and said that was problematic for non-clinicians. Several survey respondents recommended or asked for a question set that was designed specifically for those in Public Health roles.

### **Leadership focus**

Many describe themselves as leadership 360° feedback tools and focus entirely on that, whereas neither **General Medical Council 360** nor **Strengthscope** are leadership focused.

### **Anonymity**

Almost all are questionnaire based with numerical scoring and designed to enable anonymous collection and collation of feedback. This does, in our experience, lead to many people, on receiving their report, focusing on consistent outliers – i.e. those who give consistently high or low scores - and trying to guess who they are. There is however an exception: **Developmental Feedback for Leadership and Management Narrative 360 Degree**, which is based on a minimum of 3 X 30-60-minute conversations, with peers, colleagues and line manager(s) addressing eight questions. The **ADPH 360** that a number of respondents rated highly but seems no longer to be accessible was also, we believe, a narrative 360 and highly rated by all four of its users who responded. Feedback that is still multi-stakeholder but not anonymous might mean the less courageous may temper their feedback. However, that feedback can be used to start what can be an ongoing conversation between the user and the people who have offered particularly useful feedback.

### **Choice**

Those revalidating can be frequently reliant on an organisational choice of revalidation 360° feedback tool, such as those working for NHS Wales. Most recently NHS Wales changed from Equiniti 360 to Orbit 360 as its required revalidation 360 process (at least for doctors). Those users therefore have little choice, particularly where the organisation covers the cost of using the particular 360° feedback instrument and system. Conversely, there are those (including for example, a Public Health professional working in South East Asia who was a respondent to our survey) who wish to maintain their UK registration but have the freedom to pick and choose (and often have to cover the costs too). Some users accessed their 360° feedback tool as part of a specific development programme; this category of tools is therefore not freely available; only through being a participant of a specific leadership programme.

## Reporting

There were no specific recommendations from the survey about improving the reports specifically. Our view is that most of them are clear, with a mixture of visual and text presentation. Some are more complicated than others and therefore require more time to draw out the salient points. Most reports included action planning templates and guidance notes. Some tools do not provide a report at all.

## 4. Recommendations

Only 6% of the survey respondents said they would not recommend the tool they used to other PH professionals.

45% said they would definitely recommend the tool they used and 48% said they would maybe recommend the tool they used.

From the comments received, our review of each tool and our experience in designing, running and supporting users of 360° feedback, we would make the following recommendations:

1. It would assist informed choice and Registrants asking people to be respondents if providers make clear the **estimated time required to complete the feedback forms**
2. Users need clarity at the outset about the **minimum number of responses required** to trigger the creation of a report
3. Our evidence strongly suggests that engaging with a coach, mentor, facilitator or line-manager to **help interpret and process the feedback, and plan for action or change** appears to be highly valued part of a revalidation process. Feedback, and our own experience strongly suggests that this should be expected as best practice
4. Users and respondents need and value **clear, simple and relatively brief introductions** to the 360 instruments from providers
5. Given the range of different question sets, UKPHR might consider **developing a number of question sets** designed specifically for those in Public Health roles. Different 360-degree feedback service providers could then administer them

## 5. Review of individual tools

Each tool was reviewed using the same initial questions as used in the survey of users.

Effective 360° feedback processes, when used for professional development, depend on sufficient attention being given for key components:

1. An appropriate and relevant question set
2. Selection and briefing of respondents
3. Effective presentation of the data collected
4. Support for interpretation of the data, reflection and action planning

Our review of the tools took these factors into account.

The 360° feedback tools reviewed fall into three categories:

- Models-based tools which use proprietary behavioural, psychological or leadership models to provide a structure for the feedback.
- DiY tools which provide standard question sets and varying levels of administrative support; from simple hints and tips only, to full management of the process including report generation.
- Fully bespoke tools where question sets, scoring scales and report formats can be adjusted to meet the needs of the users

The notes below provide a summary review of each tool. They are based on quite variable access to information, sample reports and user interfaces. It was often not possible to see evidence or examples of the experience of the respondents, the survey interface or instructions.

<b>Provider/Title</b>  <b>Civil Service 360 provided by YSC consulting</b>	<b>Report available: YES</b>	
	<b>Survey format available: NO</b>	
	<b>Number of survey responses: 1</b>	
<p><b>Ease of use</b></p> <p>The tool requires rating 26 tick-box questions covering 4 main leadership areas, based on the Civil Service “Leadership Statement” (values).</p> <p>A number of questions are multi-faceted (eg 3.2 visible and approachable) which can be harder to answer (eg high visibility but low approachability)</p> <p>There are opportunities for comment, with three leadership free-text questions on strengths, development areas and role modelling.</p> <p>The tool was scored 10/10 for ease of use by one survey respondent.</p> <p>There is no obvious guidance about selecting respondents apart from groupings such as peers and direct reports.</p>	<p><b>Relevance of questions to public health roles</b></p> <p>The tool is purely leadership focussed, with no reference to health. There is no flexibility on questions to be answered.</p>	<p><b>Quality of presentation</b></p> <p>The 20-page report includes a few pointers on getting the most from the report and thinking about what is next. (Includes a template for planning at the end.)</p> <p>There are summary pages for highest and lowest scoring questions and biggest variation between self and others. There are also detailed pages for all questions.</p> <p>There are simple, unfussy graphics which make it easy for the reader to pick out key themes.</p> <p>The report includes a note of who was invited to respond and how many in each category actually did.</p>
<p><b>Other comments</b></p> <p>The tool is designed for a Line manager to receive a copy automatically. It provides pointers on how to read and use the data, with advice on attending to subsequent development</p>		



<b>Provider/Title</b>  <b>COMPASS 360 tool</b>	<b>Report available: YES</b>	
	<b>Survey format available: YES</b>	
	<b>Number of survey responses: 1</b>	
<b>Ease of use</b> <p>The tool focuses on three competency areas and rating 15 associated behaviours. There are opportunities for comment, with three leadership free text areas on what to stop, start and continue</p> <p>There is a demo on the website, explaining how the system works. Subjects are able to monitor progress and resend invitations themselves.</p> <p>The tool scored 10/10 for ease of use by one survey respondent.</p> <p>There is no obvious guidance about selecting respondents apart from groupings such as peers and direct reports</p>	<b>Relevance of questions to public health roles</b> <p>The tool has a leadership and management focus. References to health are infrequent. The tool offers flexibility and customising of questions, drawing on a “bank” of competencies.</p> <p>Users can build their own question set using their own questions or choosing from a library.</p> <p>The tool also allows for a customised rating scale.</p> <p>It is not clear how much guidance or support is available for this.</p>	<b>Quality of presentation</b> <p>The initial page of guidance contains 8 sections with an average of 12 words per heading. Summary overview page uses specialised terms like “Scatterchart” and “Gap Analysis”. Understanding of the charts requires careful reading.</p> <p>The summary includes the highest and lowest rated behaviours, and the greatest difference between self and others.</p> <p>There is a detailed summary page for each section, with bars showing average scores and range of scores. There is then a graph for each individual competence/behaviour.</p> <p>There are options for self, manager, peer and direct-report respondent groups. There is a list of raters but the report does not show who responded.</p>
<b>Other comments</b> <p>There are hints and tips on getting the most from the report, with advice on attending to subsequent development. (Some are addressed to the manager/coach and could be seen as unnecessarily prescriptive).</p> <p>There are two useful next steps planning templates.</p>		

<b>Provider/Title</b>  <b>Equiniti 360 clinical (360clinical.com)</b>		<b>Report available: YES</b>
		<b>Survey format available: YES</b>
		<b>Number of survey responses: 6</b>
<b>Ease of use</b> Focuses on 8 questions or domains that can be completed for PH doctors. The responder is given a descriptor of what behaviours are included in that question or domain. There are four possible colleague responses to each question beyond “I am unable to comment” which range between concerns, below expectations, good, outstanding. They are looking for 15 nominated responders (to ensure 12 completed responses) on which to report and say it takes less than five minutes for a responder to complete.	<b>Relevance of questions to public health roles</b> The normal medical doctor question set of 20 questions plus patient feedback is replaced by the eight generic questions designed to make it appropriate for Public Health doctors. There appears to be limited opportunities for free text replies.	<b>Quality of presentation</b> The report is addressed specifically to the facilitator – who will, of course, need to see it before the doctor who is revalidating. The medical doctor report (we didn’t have access to a report completed for a PH doctor) briefs the facilitator with clarity, and provides guidance on how best to question and guide the revalidating doctor through their feedback, including a list of reasons for responses that may be more negative than expected. The graphic reports are simple, clear and unfussy. There is an offer a comparison with national average scores to contextualise the responses
<b>Other comments</b> We saw an example medical doctor report, rather than one for a Public Health doctor, so we are assuming that there is a national average for public health responses.  The tool was developed in partnership with The Royal College of Physicians, and Guy’s and St Thomas’s NHS Foundation Trust. It was originally known as Equiniti 360 and has now been taken over by Premier IT and branded as 360clinical.		

<b>Provider/Title</b>  <b>NHS Healthcare Leadership Model 360 feedback model</b>		<b>Report available: YES</b>
		<b>Survey format available: YES</b>
		<b>Number of survey responses: 6</b>
<b>Ease of use</b> This tool is based on assessment against 9 dimensions of leadership with a focus on perceptions of personal qualities. Respondents give scores against 33 indicators.  The guidance on using the tool is very clear.  Respondents are asked to give scores for performance, importance and impact for each of the behaviours.  One can assume that the complexity of the report will mean a high level of complexity within the questionnaire.	<b>Relevance of questions to public health roles</b> The feedback is based on the Healthcare Leadership model. (Two of the 33 scored indicators refer to patient care.)  The feedback is primarily about leadership behaviour and the impact it has. The scoring also relates behaviour to the importance in the role (as perceived by the respondents).  There is free text on what the subject does well, not so well, how to improve and other advice.	<b>Quality of presentation</b> The guidance is to be found in a comprehensive guidance website.  A comprehensive, 32-page report is provided. It includes a summary chart for all 9 areas of the model, 9 section average graphs, importance of the behaviour graphs, a performance vs importance graph (to highlight risk), hidden strengths and blind spots, impact ratings, free text comments.  The appendices include some action planning tools and a full explanation of the model.
<b>Other comments</b> The website offers a wide range of guidance. The tool requires trained facilitator support to make sense of the results and there is a list of facilitators available (including their profiles, experience, details of their location and availability).		

<b>Provider/Title</b>  <b>Resource Management Services Ltd (RMS Doctor 360)</b>	<b>Report available: YES</b>	
	<b>Survey format available: YES</b>	
	<b>Number of survey responses: 4</b>	
<p><b>Ease of use</b></p> <p>This is a doctor's 360 that has been adapted to Public Health purposes by PHE and has been rated highly for ease of use by a Consultant and not by another respondent.</p> <p>There are 11 sections and opportunities for respondents to add free text comments after each plus opportunities for comment on impact of personal health on performance, work-life balance and "any other" comments.</p> <p>There is no rationale for the scope and type of questions or a model on which it is built.</p>	<p><b>Relevance of questions to public health roles</b></p> <p>This is a doctor's 360 customised for PHE and UKPHR. Consequently, it has specific public health questions, but some (at least 4) refer to patients.</p> <p>There is some leadership/line management focus (eg appraisal). Mostly the 55 questions focus on generic professional skills such as team membership and managing workload. But there are sections focused exclusively on Public Health.</p> <p>The Public Health sections in the example Public Health report included one headed "Epidemiological" and another headed "Maintaining Good Public Health or Microbiological"</p>	<p><b>Quality of presentation</b></p> <p>The use of graphics is minimal; most of the data is presented as text. The guidance is on the website.</p> <p>There is very little guidance on how to read/use the report in the report. The website recommends the use of a facilitator/coach.</p> <p>The feedback indicates strengths and areas for development plus the top 5 and bottom 5 performance areas.</p> <p>There is a comparison graph for the average score against the norm for the doctor's speciality group. For each question, average scores for each respondent group are presented in a graph, along with figures for the range and all comments.</p>
<p><b>Other comments</b></p> <p>This has been developed in partnership with a major Acute Trust and with the involvement of a Chartered Psychologist. PHE appears to have commissioned a version for its senior staff to use. We can find no indication that RMS contacts or chases people named as respondents; it may be that this is seen as the role of the organisation and thereby reduces costs. RMS does offer training for facilitator/coaches. One user said it was unclear that no report would be issued until a minimum of 15 respondents had replied.</p> <p>The tool seems to be aimed squarely at the demands of revalidation whilst also encouraging organisation-wide adoption at a relatively low cost.</p>		

<b>Provider/Title</b>  <b>SOAR Appraisal MSF tool (NES Colleague MSF) NHS Scotland</b> Also referred to as NES Colleague MSF (Scotland)		<b>Report available: NO</b>
		<b>Survey format available: YES</b>
		<b>Number of survey responses: 6</b>
<b>Ease of use</b> <p>The acronym SOAR refers to Scottish Online Appraisal Resource, an administration tool, designed to support the appraisal process for doctors working in Scotland. It asks 20 questions under eight sections.</p> <p>This is a self-managed process. The screenshots reviewed suggest it is easy to use.</p> <p>There is a comprehensive leaflet for colleagues completing the questionnaire which assures them that the process should take no more than 10 minutes.</p> <p>Of the 5 survey respondents, 2 scored 10/10, and 3 scored 9/10 for ease of use.</p>	<b>Relevance of questions to public health roles</b> <p>The purpose of this revalidation tool is to focus on the essential attributes that all doctors should demonstrate when working with colleagues, no matter their specialty or setting.</p> <p>Although the tool is for doctors, it does not refer to patients. Of the 20 questions, only one (in the teams section) directly mentions leadership.</p> <p>There is no flexibility to choose different questions, but each section invites a free text response on an example of what the doctor in question does well and on a development need.</p>	<b>Quality of presentation</b> <p>There was no sample report available.</p> <p>There is a specific page of practical guidance on using the 360 for revalidation. There are also screen shots of the questions from the form.</p> <p>The survey scores for the quality of presentation for this tool ranged between 5 and 10. We are not clear that a report is automatically generated.</p>
<b>Other comments</b> <p>This is a specific tool used in Scotland and integrated into the Appraisal process for doctors. A minimum 8 respondents are required and there is an encouragement to use a coach, facilitator, manager or colleague to assist in making sense of the data.</p> <p>There is a helpful leaflet for respondents addressing things like anonymity.</p>		

<b>Provider/Title</b>  <b>Talent Innovations “inspiring leader”</b>		<b>Report available: YES</b>
		<b>Survey format available: NO</b>
		<b>Number of survey responses: 3</b>
<b>Ease of use</b> There is a high level of detail to take in, and multiple perspectives to explore.  The focus is on 18 competences arranged under five categories: intellect, leadership, action, connection, inspiration.  This tool was scored 8/10 for ease of use by two users in the survey.	<b>Relevance of questions to public health roles</b> This is by definition a leadership 360 and therefore suitable for public health professionals who have a strong leadership function. Because it is not specifically a revalidation 360 there is no Public Health version.  Three of the 18 competencies are specifically related to leadership; the others are more generic and address behaviour as a professional. There are free text opportunities around each competence and specifically for particular strengths, ways of increasing effectiveness and competences to work on that would be career-enhancing.  This tool was scored 8/10 for relevance of	<b>Quality of presentation</b> The sample report reviewed, had 27 pages, including pages on which to make notes and record reflections.  Two helpful models are included in the report: The “Johari window” and the provider’s “Inspiring leadership”. These are used to structure much of the report (eg hidden strengths and blind spots)  The report is quite long; some graphs are quite complex and not intuitive to understand. There is a strong blend of text and graphics to convey the detail. The complexity of the report heightens the value of having a coach or colleague to assist in making sense of the data.  There is space and prompts for reflection, with the user’s responses highlighted.  The report shows highlights and hidden strengths; results by competency area; strengths and development areas; detailed scores from different groups of respondents; lowlights and blind spots. It also includes an assessment of management style.  The tool was scored an 8/10 and 9/10 for quality of presentation by two respondents in the survey.

	the questions by two users in the survey	
<b>Other comments</b> Importantly this tool includes benchmarking against 16000 data sets – although it is not clear which sectors the benchmark users are from.  PHE endorse the use of this 360 in connection with its Strengthened Appraisal and Revalidation Database (SARD).  Two of the three survey respondents would definitely recommend this tool.		

<b>Provider/Title</b>  <b>Psychologica</b>	<b>Report available: YES</b>	
	<b>Survey format available: NO</b>	
	<b>Number of survey responses: 0</b>	
<b>Ease of use</b> <p>There are two version of this tool: One for skills and one that goes onto personal style and the “climate” the user helps create at work.</p> <p>Both are based on creating a picture of your personal qualities through respondents’ assessment of your visible mental and emotional competences, and the actions they see you take.</p> <p>Respondents assess 16 skill dimensions, plus personal qualities and style.</p> <p>There are opportunities for comment, with three free text areas about leadership; what to stop, start and continue.</p> <p>The providers estimate respondents will take 20 minutes to complete the feedback.</p>	<b>Relevance of questions to public health roles</b> <p>The focus is on leadership, with no reference to health.</p> <p>The survey is based on a personal development model which brings together 3 capacities, 3 capabilities and 3 personal qualities.</p> <p>The tool provides the opportunity for people without a lot of line management in their role to get feedback on the ways they operate professionally and their style of interacting with others.</p>	<b>Quality of presentation</b> <p>The 37-page sample report reviewed contained a lot of text, some basic charts and two pages of explanation of the model.</p> <p>The model is challenging to grasp in that the user and anyone supporting the user needs to recognise the relationship between the different areas of questioning and how they contribute to the full picture. For instance, recognise the difference between terms like capabilities and capacities.</p> <p>The report summarises top 10 strengths, top 10 development needs, hidden strengths and blind spots, and presents a measure of assertiveness and flexibility. The scores include both averages and ranges of scores.</p>
<b>Other comments</b> <p>Examining the two sample reports and the website did not reveal guidance on how to select respondents or how best to use a coach, line manager or other to work through and makes sense of the results</p>		



<b>Provider/Title</b>  <b>Development Feedback for Leadership &amp; Management Narrative</b>	<b>Report available: YES</b>	
	<b>Survey format available: YES</b>	
	<b>Number of survey responses: 0</b>	
<p><b>Ease of use</b></p> <p>This is a sophisticated approach to 360-degree feedback which is likely to take the subject between 4 and 12 hours of work. It relies on a high level of trust and the ability of respondents to articulate their ideas about leadership.</p> <p>The process is based on 30-60 minute conversations with chosen peers, staff members and manager(s) which focus on past, present and future relationships with the user. Each conversation addresses 8 questions. Users write a brief written reflection on each conversation and complete a longer “pulling it together” reflection.</p> <p>There is no apparent guidance about selecting respondents apart from groupings like peers and direct reports.</p>	<p><b>Relevance of questions to public health roles</b></p> <p>There is a strong leadership and management focus. Structured questions are indicated, but do not exclude other questions or explorations. Given the time limits and questions there is not a lot of flexibility about the questions. The intention is to have valuable dialogues that provide feedback that is offered in relationship not anonymously.</p> <p>The questions rely on both the subject and respondents having a good understanding of leadership and management concepts and practice. If neither party thinks about a particular aspect or behaviour, feedback won’t be gathered on that topic.</p> <p>There is a risk that the subject might have to go back to an earlier respondent to ask about something which is only raised at the end of the process.</p>	<p><b>Quality of presentation</b></p> <p>There are two documents. The first explains the rationale and purpose of this feedback process. The second contains one page of guidance for the peers, staff members and manager, and structured sheets on which to make notes and record reflections on the feedback.</p> <p>The quality of the report lies exclusively with the subject. The templates will help with this.</p>
<p><b>Other comments</b></p> <p>This describes itself as an innovative process, based on avoiding a formulaic and over-simplified way of looking at your leadership. There is a bibliography.</p>		

In a small team, with strong, open, mature relationships, this would be a great structure to gather and reflect on leadership behaviour and competence. As the guidance says, just the process of inviting people to the conversations will generate some feedback and build the relationships. On the one hand it appears to be a time-expensive approach, best suitable for senior people. However, another apparently narrative approach tool (called ADPH but not available from ADPH and, we believe, restricted to those on a specific Birmingham University Aspiring Leaders leadership programme), was uniformly highly rated by all four users who responded. We have been unable to get sight of the tool.

<b>Provider/Title</b>  <b>General Medical Council</b>		<b>Report available: NO</b>
		<b>Survey format available: YES</b>
		<b>Number of survey responses: 0</b>
<b>Ease of use</b> <p>The GMC provides a structure, sample questions and hints and tips but does not appear to run a 360-degree feedback collection and reporting service.</p> <p>There are a number of documents to assist with the design of the process and question sets but nothing obvious to support the presentation of the feedback to the doctor.</p>	<b>Relevance of questions to public health roles</b> <p>The sample question set for colleagues includes 20 questions (including one general free text question) plus a further six questions about the respondent. The sample questions are generic clinical questions.</p> <p>The sample question set for patients includes 13 generic questions plus several more about the respondent and the context of their visit.</p> <p>The self-assessment question set combines elements of both of the other two.</p> <p>The sample question sets have very little about leadership.</p>	<b>Quality of presentation</b> <p>There appears to be no support for the collation and presentation of the feedback.</p>
<b>Other comments</b> <p>There is a question about the minimum number of respondents.</p>		

<b>Provider/Title</b>  <b>Strengthscope</b>	<b>Report available: YES</b>	
	<b>Survey format available: NO</b>	
	<b>Number of survey responses: 0</b>	
<p><b>Ease of use</b></p> <p>The website for this tool explains a process which focuses on the service provided and the report, without making visible the questions and how they are framed.</p> <p>The tool uses a simple model: the focus is on identifying your strengths, any risks to a specific strength if you “over-reach” and how you can develop your strengths to increase their impact. The report identifies 24 strengths that matter.</p>	<p><b>Relevance of questions to public health roles</b></p> <p>This is a generic 360° feedback tool and does not include questions relating to healthcare.</p> <p>The strengths fall under four categories or clusters: emotional, relational, execution, thinking. They are generic strengths of strong professionals, and do not appear to depend on holding a line management responsibility or being an identified leader.</p> <p>There are three versions of the tool: A self-assessment version; a general strengths version designed with engagement in mind, and a leadership version.</p>	<p><b>Quality of presentation</b></p> <p>The quality of the reports is very high – engaging, clear graphics.</p> <p>The report shows “your significant 7” strengths, with text to describe what they look like when you are performing those strengths at your best but does not explain how they were arrived at.</p> <p>This is followed by an effective at-a-glance over-all picture before breaking down the seven strengths into development and risk elements.</p> <p>The leadership version (37 pages) also includes detail about leadership habits and “energy drainers”. The report contains lots of advice about to strengthen further and how to avoid “overdrive risks”.</p>
<p><b>Other comments</b></p> <p>There appears to be no guidance in the accessible materials about, for instance, using a coach or facilitator to help you make sense of the feedback. This may be because, with an emphasis on strengths to develop rather than weaknesses then the assumption is there is less “bad news” feedback to digest, and therefore less need for support.</p> <p>This is first a profiling tool and then a 360° feedback tool.</p>		

<b>Provider/Title</b>  <b>Orbit 360</b>		<b>Report available: NO</b>
		<b>Survey format available: NO</b>
		<b>Number of survey responses: 0</b>
<b>Ease of use</b> Orbit360 is specific to doctors in Wales. It replaces Equiniti as the free-to-use system in Wales. It has been developed and is trademarked by the Revalidation Support Unit that is part of Health Education and Improvement Wales. There is a flow-chart that lays out the process and all the steps for getting 360° feedback, which, it says, flows directly into the Medical Appraisal Revalidation System. It is a new tool – and an early development. The flow-chart is itself linked to a set of Frequently Asked Questions some of which refer to how to choose colleagues; the system has been designed to require at least 15 colleague-responses.	<b>Relevance of questions to public health roles</b> Orbit360 was introduced in January of 2020 and so it seems that the people running it have had to pause plans to enable them to work on COVID issues. They say it “ <i>will have the ability to introduce speciality specific questions in later developments</i> ” but it seems their current “generic” version is exclusively medically focused, and patient-care focused and therefore there may be a substantial proportion of questions that colleagues would be unable to answer for a Public Health doctor. In the meantime, the previous Equiniti system will be accessible, with its specific Public Health set of eight questions.	<b>Quality of presentation</b> We have been unable to access a sample report by November 2020.
<b>Other comments</b>		

We are also aware of the following tools, but do not have sufficient data to comment in detail:

**ADPH Future Directors of Public Health programme survey.**

4 survey responses.

It seems this tool may no longer be in use, or only available to participants in a programme run by Birmingham University using a 360° feedback tool from Leeds University which is a narrative tool.

**Leadership 360 operated by North East Leadership Academy.**

1 survey response.

This seems to be very close to the NHS model leadership 360 tool as described above.

**HSC 360 feedback for doctors used in Northern Ireland.**

1 survey response.

This is the same as the GMC tool described above

**Virtual Staff College Future Directors Programme.**

1 survey response.

This tool is possibly only available to Future Directors programme run by Nottingham University. We have failed to get a response from them.

**Pilat 360.**

0 survey responses

This tool is provided by an American IT company. We did not receive a response to our enquiries.

**DFID.**

0 survey responses

We have not been able to find any information about this tool.

**Pulse.**

0 survey responses

This tool was specific to one NHS Trust. It appears to be no longer available.