GMC DRAFT COLLEAGUE QUESTIONNAIRE

Thank you for agreeing to fill in this questionnaire about the doctor named above.

Please do not write your name on this questionnaire.

Please answer all the questions. If you feel you cannot answer any question, please tick 'Don't know'.

	Please rate your colleague in each of the following areas by ticking <u>one</u> box in each line.	Poor	Less than satisfactory	Satisfactory	Good	Very good	Don't know
1	Clinical knowledge	☐	☐	☐	☐	☐	☐
2	Diagnosis	☐	☐	☐	☐	☐	☐
3	Clinical decision making	☐	☐	☐	☐	☐	☐
4	Treatment (including practical procedures)	☐	☐	☐	☐	☐	☐
5	Prescribing	☐	☐	☐	☐	☐	☐
6	Medical record keeping	☐	☐	☐	☐	☐	☐
7	Recognising and working within limitations	☐	☐	☐	☐	☐	☐
8	Keeping knowledge and skills up to date	☐	☐	☐	☐	☐	☐
9	Reviewing and reflecting on own performance	☐	☐	☐	☐	☐	☐
10	Teaching (students, trainees, others)	☐	☐	☐	☐	☐	☐
11	Supervising colleagues	☐	☐	☐	☐	☐	☐
12	Commitment to care and wellbeing of patients	☐	☐	☐	☐	☐	☐
13	Communication with patients and relatives	☐	☐	☐	☐	☐	☐
14	Working effectively with colleagues	☐	☐	☐	☐	☐	☐
15	Effective time management	☐	☐	☐	☐	☐	☐

	Please decide how far you agree with the following statements by ticking <u>one</u> box in each line.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know
16	I am confident that this doctor respects patient confidentiality	☐	☐	☐	☐	☐	☐
17	I am confident that this doctor is honest and trustworthy	☐	☐	☐	☐	☐	☐
18	I am confident that this doctor's performance is not impaired by ill health	☐	☐	☐	☐	☐	☐

19	I am confident that this doctor is fit to practise medicine	Yes ☐	No ☐	Don't know ☐		

20	Please add any other comments you want to make about this doctor. Please note: No one will be identified when this information is given back to the doctor.

The next questions will give us some basic information about who took part in the survey. **We will not use your answers to identify you.**

21 Are you: ☐ Female ☐ Male

22 What is your age?

☐ 16 to 19 ☐ 20 to 29 ☐ 30 to 39 ☐ 40 to 49 ☐ 50 to 59 ☐ 60 or over

23 Your professional role (please tick only **one** box):

☐ Doctor If you are a doctor, are you in a training grade? ☐ Yes ☐ No

☐ Registered Nurse ☐ Pharmacist

☐ Allied Healthcare Professional ☐ Non-clinical Manager

☐ Health Visitor/Midwife ☐ Administrator/Receptionist/Secretary

☐ Health Care Assistant ☐ Other *(please specify):*

24 How recently were you familiar with this doctor's clinical practice?

☐ Current colleague ☐ Within the last two years

☐ Between two and five years ago ☐ Between five and ten years ago ☐ More than ten years ago

25 During this period of your familiarity with this doctor's clinical practice, how often did you have contact with the doctor?

☐ Most days ☐ Weekly ☐ Monthly ☐ Less often

26 What is your ethnic group? Please choose **one** section from A to E, and then tick the appropriate box to indicate your cultural background. (We will use this information for this study only).

A White

☐ British
☐ Irish
☐ Any other White background *- please write in*

_____

B Mixed

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed background *- please write in*

_____

C Asian or Asian British

☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background *- please write in*

_____

D Black or Black British

☐ Caribbean
☐ African
☐ Any other Black background *- please write in*

_____

E Chinese or other ethnic group

☐ Chinese
☐ Any other *please write in*

_____

Thank you for your time and help