General Medical Council

Colleague questionnaire

for Dr _____

Licensed doctors are expected to seek feedback from colleagues and patients and review and act upon that feedback where appropriate.

The purpose of this exercise is to provide doctors with information about their work through the eyes of those they work with and treat, and is intended to help inform their further development.

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 mark the box like this ☑ with a ball point pen. If you change your mind just cross out your old response and make your new choice.

Please write today's date here: ☐☐/☐☐/☐☐☐☐

Please rate your colleague in each of the following areas by ticking one 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 one box in each line.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know
16	This doctor respects patient confidentiality	☐	☐	☐	☐	☐	☐
17	This doctor is honest and trustworthy	☐	☐	☐	☐	☐	☐
18	This doctor's performance is not impaired by ill health	☐	☐	☐	☐	☐	☐

19 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.

21 Are you: ☐ Female ☐ Male

22 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

☐ Health Visitor/Midwife

☐ Pharmacist

☐ Administrator/Receptionist/Secretary

☐ Allied Healthcare Professional

☐ Health Care Assistant

☐ Non-clinical Manager

☐ Other (please specify): _____

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

☐ Current colleague

☐ Within the last two years

☐ Between two and five years ago

☐ Between six 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.

A White	**B Mixed**	**C Asian or Asian British**	**D Black or Black British**	**E Chinese or other ethnic group**
☐ British	☐ White and Black Caribbean	☐ Indian	☐ Caribbean	☐ Chinese
☐ Irish	☐ White and Black African	☐ Pakistani	☐ African	☐ Any other
☐ Any other white background	☐ White and Asian	☐ Bangladeshi	☐ Any other Black background	
	☐ Any other Mixed background	☐ Any other Asian background		
Please write in	Please write in	Please write in	Please write in	Please write in