## Colleague Questionnaire

for Dr:					
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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 rate your colleague in each of the following areas by ticking one box in each line.

The source of the control of the following areas by the ting one box in call tine.							
		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 $\underline{one}$ 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 n	ext questions will give us some basic	information	about who to	ok part in the surve	y.			
21	Are you:	Female		Male				
22	Age: 16 to 19 20 to	29	]30 to 39	40 to 49	50 to	59 <u>60</u> 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	Current colleague Within the last two years Between two and five years ago  Between six and ten years ago  More than ten years ago							
23	with the doctor?	With this doci	or s clinical pr	actice, flow often die	i you nave c	Ontact		
	Most days	Weekly		Monthly		Less oft	en	
26	What is your ethnic group? Please choose <u>one</u> section from A to E, and then tick the appropriate box to indicate your cultural background.							
	White  British  White and Black Caribbean  Irish  White and Black African  Any other white  White and Asian  Any other Mixed background  Descentish in	k Indi k Pak n Ban d Any bac	istani gladeshi other Asian kground	Caribbean African Any other backgrour	Black nd	Chinese Any other	ther ethnic group	
Plea	ise write in Please write in	Please w	111.6 111	Please write in		Please write in		