General Medical Council

Colleague feedback questionnaire

for Dr _____

Licensed doctors are expected to seek feedback from colleagues 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 is intended to help inform their further development.

Please do not write your name on this questionnaire. No one will be identified when this information is given back to the doctor.

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 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	☐	☐	☐	☐	☐	☐

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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.

The next questions will give us some information about who took part in the survey.

21 What is your role? (tick one)	☐ Doctor — If you are a doctor, are in in a training grade? ☐ Yes ☐ No ☐ Registered Nurse ☐ Health Visitor/Midwife ☐ Pharmacist ☐ Health Care Assistant ☐ Administrator/Receptionist/Secretary ☐ Allied Healthcare Professional ☐ Non-clinical Manager ☐ Other (please specify):
29 How recently have you been familiar with this doctor's practice?	☐ Current colleague ☐ Within the last 2 years ☐ 2 - 5 years ago ☐ 6 - 10 years ago ☐ 10+ years ago
23 How often do you have contact with the doctor?	☐ Most days ☐ Weekly ☐ Monthly ☐ Less often