

**ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS
ENTRY STANDARDS FOR GENERAL PRACTICE FIELD TEST 1994**

Confidential Practice Doctors Questionnaire

Please complete this questionnaire and return it as soon as possible in the attached stamped envelope. The information is important feedback for assessing the field test. Please use a separate sheet for each individual. For **all** doctors in the practice (not only GPs) please supply the following details.

Doctor #....

1. What is the average number of hours per week that you work at this practice ? _____ hours per week
2. Which year did you graduate ? 19 __
3. What was your place of graduation ? _____
4. Which medical post graduate qualifications do you have ? *(please tick)*
 - None
 - FRACGP
 - CSCT (Training program)
 - Dip O.& G.
 - FRACP
 - FRACS
 - other *(please specify)* _____
5. How long have you been in general practice ? *(please tick one box)*
 - less than 2 years
 - 2 to 5 years
 - 6 to 9 years
 - 10 to 20 years
 - more than 20 years
6. Do you have specialist recognition ?
 - Yes
 - No
 - (if yes please specify)* _____
7. Do you have any special medical interests ? *(e.g acupuncture, hypnotherapy etc.)*
 - Yes
 - No
 - (if yes go to 7a)*
- 7a. Please list special medical interests, and estimate clinical time engaged per week in interest.

	Special medical interest	Average clinical time engaged in interest
a)	_____	_____ hours per week
b)	_____	_____ hours per week

Thank you for your participation