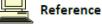
## SUPPORTING THE GP WORKFORCE - ReGROUP QUESTIONNAIRE

This questionnaire is part of a research study examining the issue of the GP workforce. Please help by completing the questionnaire. Please answer the questions below by ticking one box for each question and printing text where required in block capitals. We will keep your answers completely confidential.

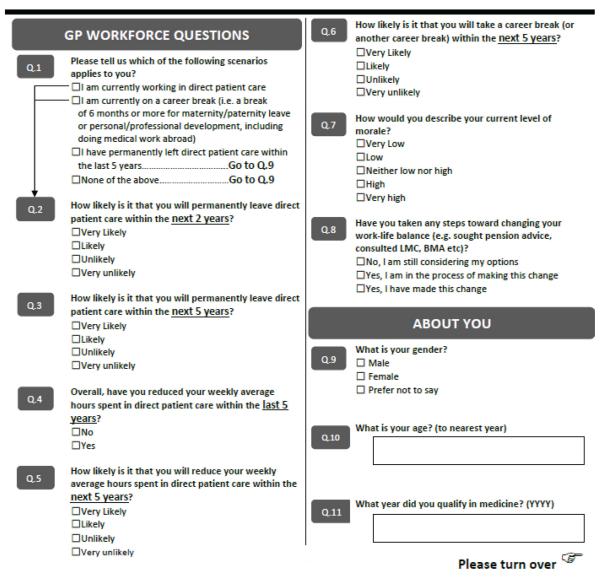
If you would prefer to complete the survey online, please go to ex.ac.uk/GP\_Workforce





1234567890

<u>'Direct patient care'</u> includes time spent in all routine general practice activities (in the UK), including consultations, telephone, clinical and practice administration, prescribing and referral.



Q.12	What year did you qualify as a GP? (YYYY)								Are you personally involve	-	out of	
									hours direct patient care?			
Q.13	From what region did you obtain your primary medical qualification? □UK/Ireland □Europe (non-UK/Ireland)								CAN WE TALK	TO YOU?		
Q.14	☐South Asia ☐Other ₩hat is your ethnic group? ☐White ☐Mixed/multiple ethnic groups ☐Asian/Asian British							Q.20	Would you be willing to take part in a confidential interview (45mins) to discuss issues around work-life balance? (You would be reimbursed for time) Yes No			
	□ Black/African/Caribbean/Black British □ Other ethnic group ▲ Please write in:								We plan on developing policies and strategies to help support the experienced GP workforce. Would you agree to be approached by this research team for other research studies that address this agenda? Yes No			
Q.15 In your current/most recent direct patient care role, what is/was your position? GP Partner Salaried GP Locum GP									If you would be willing to be interviewed and/or be contacted for other research studies addressing the workforce agenda, please provide:			
□Other ► Please write in:									Preferred method of contact    Your email address:		о С	
Q.16 In your current/most recent direct patient role, how many sessions do/did you work in a typical week? (Please consider a session as a block of approximately four hours of clinical time)									Your telephone number:			
sessions									Q.23 What is your preferred time of day to be contacted?			
Q.17 When do you work these sessions in a typical week? Please tick the appropriate boxes:									☐ Morning □ Lunchtime	On:		
	MON	TUE	WED	THU	FRI	SAT	SUN		Afternoon Evening	Weekends		
Morning												
Afternoon									PRIZE DR	RAW		
Evening									Please tick the box below	if you would like to	be	
Q.18	Q.24 entered into a prize draw to receive one of five Kindles											
THANK YOU FOR YOUR TIME												

Please return this questionnaire in the reply paid envelope provided (no stamp is needed)