

Appendix 3: GP characteristics questionnaire from BEACH 2000–01 recording year



Please fill in boxes or circle answers where appropriate

Doctor Identification Number

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1. Sex: Male / Female
2. Age
3. How many years have you spent in general practice?
4. Number of general practice sessions you usually work per week?
5. How many **full-time** (>5 sessions per week) general practitioners work with you at this practice? (Practice= shared medical records)
6. How many **part-time** (<6 sessions per week) general practitioners work with you at this practice? (Practice = shared medical records)
7. Do you conduct more than **50%** of consultations in a language other than English? Yes / No
8. What is the postcode of your major practice address?
9. Country of graduation: Aust NZ Asia UK Other:(specify)
10. General Practice training status Presently training Completed training Not Applicable
(CSCT or RACGP training programme)?
11. Do you hold FRACGP? Yes / No
12. Are you a member of any of the following organisations? AMA RACGP RDAA
13. How do you routinely instruct pharmacists on the substitution of generic drugs? No substitute allowed Substitute allowed
14. To what extent are computers used at your major practice address? (Circle as many as apply)
Not at all Billing Prescribing Medical Records Internet / Email Other Admin
15. Is this practice accredited? Yes / No
16. What are the normal after-hours arrangements for your practice?
Practice does its own Co-operative with oth. practices Deputising service Referral to other service (eg A&E) Other None
17. Do you have your own *on-site* NATA accredited pathology lab? Yes / No
18. Which external pathology provider does your practice normally use? Name of provider.....
Provider's Postcode

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