GMC Patient Questionnaire

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Unknown

April 20, 2013

Turned in Questionnaires: 14

Date: 10.03.2013

1 About your consultation

1.1 Are you filling in this questionnaire for: (Please check one box)

Yourself	92.9%	
Your spouse or partner	0.0%	
Your child	0.0%	
Another relative or friend	0.0%	

1.2 Which of the following best describes the reason you saw the doctor today?

(Please check all the boxes that apply)

To ask for advice	14.3%	
Because of an ongoing problem	28.6%	
For treatment (including prescriptions)	35.7%	
Because of a one-off problem	7.1%	
For a routine problem	0.0%	
Other	14.3%	

1.3 How important to your health and wellbeing was your reason for visiting the doctor today?

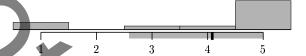
(Please check one box)

Not very important - Very important

16.7% 0.0% 8.3% 8.3% 66.7%

Answers: 12 Mean: 4.1

Standard-Deviation: 1.5



2 About the doctor

2.1 How good was your doctor today at each of the following? (Please check one box in each line)

2.1.1 a) Being polite

Very good	85.7%	
Good	7.1%	
Satisfactory	7.1%	
Poor	0.0%	
Very poor	0.0%	
Doesn't apply	0.0%	

2.1.2 b) Making you feel at ease

Very good	57.1%	
$\mathbf{G}\mathrm{ood}$	14.3%	
Satisfactory	7.1%	
Poor	0.0%	
Very poor	0.0%	
Doesn't apply	0.0%	

2.1.3 c) Listening to you

Very good	78.6%	
Good	7.1%	
Satisfactory	7.1%	
Poor	0.0%	
Very poor	0.0%	
Doesn't apply	0.0%	

2.1.4 d) Assessing your medical condition

Very good	71.4%	
Good	14.3%	
Satisfactory	7.1%	
Poor	0.0%	
Very poor	0.0%	
Doesn't apply	0.0%	

2.1.5 e) Explaining your conditi	ion and tr	$\operatorname{eatment}$
Very good	64.3%	
Good	14.3%	
Satisfactory	7.1%	
Poor	0.0%	
Very poor	0.0%	
Doesn't apply	7.1%	
2.1.6 f) Involving you in decisio	ns about ;	your treatment
Very good	64.3%	
Good	7.1%	
Satisfactory	7.1%	
Poor	0.0 %	
Very poor	0.0%	
Doesn't apply	0.0%	
2.1.7 g) Providing or arranging	treatment	t for you
Very good	71.4%	
Good	7.1%	
Satisfactory	7.1%	
Poor	0.0%	
Very poor	0.0%	
Doesn't apply	7.1%	
2.2 Please decide how stro statements: (Please check		u agree or disagree with the following x in each line)
2.2.1 a) This doctor will keep in	$_{ m nformation}$	about me confidential
Strongly agree	57.1%	
Agree	28.6%	
Neutral	0.0%	
Disagree	0.0%	
Strongly disagree	0.0%	
Doesn't apply	0.0%	

2.2.2 b) This doctor is honest a	and trustworthy
Strongly agree	
Agree Neutral	$28.6\% \ 0.0\%$
Disagree	0.0%
Strongly disagree	0.0 %
Doesn't apply	0.0%
2.3 I am confident about those box)	nis doctor's ability to provide care: (Please check
Yes	
No	0.0 %
2.4 I would be completely l	cappy to see this doctor again: (Please check one
Yes	78.6 %
No	0.0 %
2.5 Was this visit with your	r usual doctor? (Please check one box)
Yes	14.3 %
No	71.4 %
3 Any other comments	
3.1 Please add any other co	omments you want to make about this doctor.
Please note: No patients will b	omments you want to make about this doctor. be identified when this information is given to the doctor.
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V. Good

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This is my second time land seeing him and lan very setsfied with the

4 Demographics

4.1 Are you?

 $\mathrm{Male} \quad 64.3\,\%$

Female 14.3%

4.2	Your	age?
1.4	1 Oui	age.

Under 15	0.0%	
15 to 20	7.1%	
21 to 40	21.4%	
40 to 60	14.3%	
60 or over	35.7%	

4.3 What is your ethnic group? Tick the appropriate box to indicate your cultural background.

British	28.6%
White and Black Carribbean	0.0%
Indian	14.3%
Carribbean	7.1%
Chinese	0.0%
Irish	14.3%
White and Black African	0.0%
Pakistani	0.0%
African	21.4%
Any other ethnic group	0.0%
Any other white background	0.0%
White and Asian	0.0%
Bangladeshi	7.1%
Any other Black background	0.0%
Any other Mixed	0.0%
background	0.0 70
Any other Asian background	0.0%

Direct GMC Benchmark Comparison

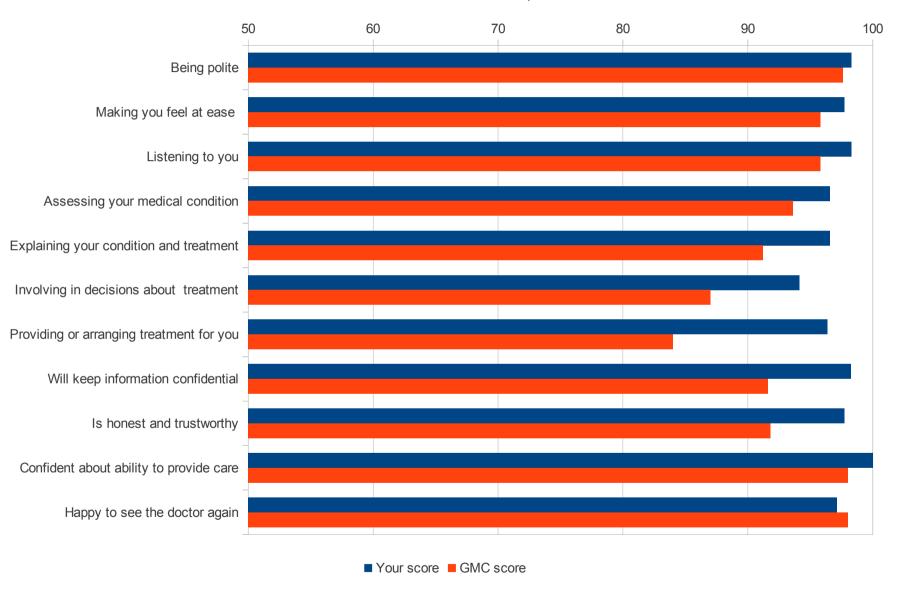


Figure 1: Patient ratings on the GMC Patient Questionnaire (PQ) – based on responses obtained from 30,333 patients in respect of 922 doctors (in recent pilot work: 2008-2010)^{13;14}

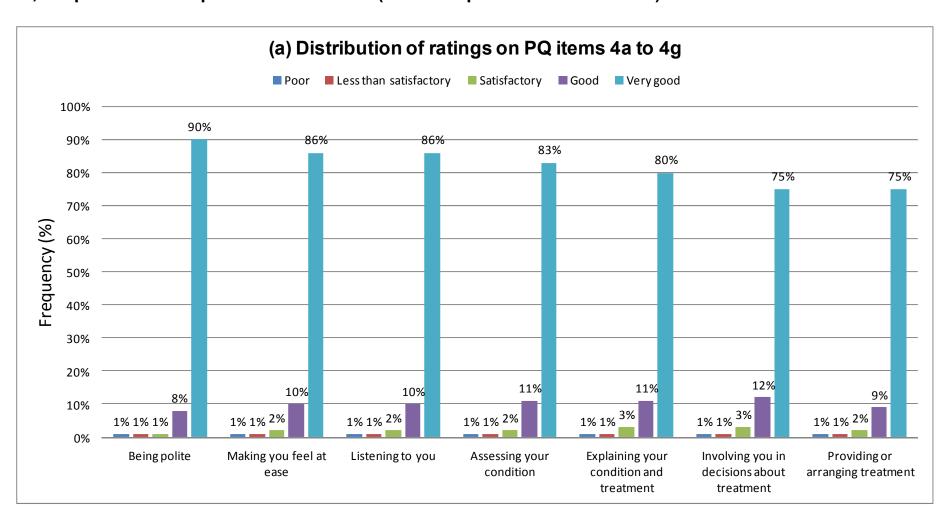


Figure 1 (continued)

