

**INTER - DEPARTMENTAL PEER REVIEW
CONSULTANTS QUESTIONNAIRE**

Name.....

Type of contract.....

Employing trusts (please name)

1)

2)

3)

4)

Number of sessions worked per week in each:

1)

2)

3)

4)

Number of notional half days per week (average):

clinics

ward rounds

teaching

administration.....

research

other

Name the hospitals at which you work

1)

2)

3)

4)

5)

Do you undertake clinics in GP surgeries (Yes / No)

if yes how many

How many domiciliary visits do you do each year?

none

1-10

11-20.....

21-30.....

31-40.....

41-50.....

Are you involved in Trust Management ? (Yes / No)

If 'yes' what post do you hold ?

- 1)
- 2)
- 3)

Please list the Regional Committees that you sit on :

- 1)
- 2)
- 3)

Please list the National Committees that you sit on :

- 1)
- 2)
- 3)

Do you plan to develop your career in the area of any of the following areas ?
Please elaborate briefly:

Specialisation (Yes / No)

.....
.....
.....
.....

Management (Yes / No)

.....
.....
.....
.....

Education (Yes / No)

.....
.....
.....
.....

National activities (Yes / No)

.....
.....
.....
.....

Other (Yes / No)

.....
.....
.....
.....

**INTER - DEPARTMENTAL PEER REVIEW
HOSPITAL QUESTIONNAIRE
(Please complete one questionnaire pages 4 - 9 for each hospital)**

HOSPITAL

Hospital

Town..... County.....

Population

Population / WTE

Trust

Outlying clinics

Is the main hospital a cancer centre / unit

STAFF

Number of Consultants
Total no of sessions per week
Total number of clinics per week
Number of patients seen per clinic :
 new..... old new / old

Number of Associate Specialists/ Staff Grade
Total no of sessions per week
Total number of clinics per week
Number of patients seen per clinic :
 new..... old new / old

Number of Clinical Assistants/Hospital Practitioners.....
Total no of sessions per week
Total number of clinics per week
Number of patients seen per clinic :
 new..... old new / old

Number of Specialist Registrars/Research Registrars.....
Total no of sessions per week
Total number of clinics per week
Number of patients seen per clinic :
 new..... old new / old

Number of SHO's
Total No of Sessions per week
Total No of Clinics per week

OUTPATIENTS DEPARTMENT

Dedicated department (Yes / No)

Dedicated area (Yes / No)

Within general medical outpatients (Yes / No)

Current waiting time (in weeks) urgent
non-urgent
surgery

Number of patients seen (per annum) new.....
old.....

DNAs per annum

Number of GP referrals per annum

New / old patient ratio.....

No of surgical procedures per annum

SPECIALIST CLINICS

Paediatric (Yes / No)
in Dermatology Clinic (Yes / No)
in Paediatric Clinic (Yes / No)

Surgical (Yes / No)

Pigmented lesion clinic (Yes / No)

Combined with Plastic Surgery (Yes / No)

Combined with Radiotherapy (Yes / No)

Vulval (Yes / No)

Combined with Other (Yes / No) please explain.....
.....

FACILITIES

- Patch Testing (Yes / No)
- Photo patch -testing (Yes / No)
- UVB (Yes / No)
- TL01 (Yes / No)
- PUVA (Yes / No)
- Photography Digital/ SLR/ Polaroid/ Department.....
- No of Journals Taken
- Library (Yes / No)
- Histopathology meeting (Yes / No)
- Microscope in Department? (Yes / No)

NURSE SPECIALIST

	Grade (A-I)	No Sessions per week / wte
1
2
3
4
5
6

- Day care unit (Yes / No)
- Cryotherapy sessions (Yes / No)
- Surgery Session (Yes / No)
- Leg ulcer clinic (Yes / No)
- Individual Counselling (Yes / No)
- Group Counselling (Yes / No)
- Cytotoxic follow up (Yes / No)
- Eczema follow up (Yes / No)
- No Nurse led treatments per annum

SECRETARIAL

Secretaries	Hours per week
1
2
3
4
Total

No of wte secretaries/wte consultant

Dedicated office (Yes / No)

PC (Yes / No)

Dedicated software (Yes / No)

Diagnostic index (Yes / No)

Email (Yes / No)

Consultant Office (Individual / Shared / None)

INPATIENTS FACILITIES

Number of beds: Female Male

No of beds/100,000 population

Dedicated ward (Yes / No)

Dedicated area (Yes / No)

Number of ward rounds per week

Junior doctor cover (please give details)

Number of inpatient referrals per week

TEACHING / AUDIT

Audit meetings:

hospital (Yes / No)

departmental (Yes / No)

regional (Yes / No)

Teaching GP registrars (Yes / No)

Health Promotion (Yes / No)

GP Workshops / Teaching Clinics (Yes / No)

MANAGEMENT

Is there a separate directorate within medicine (Yes / No)

Is there a separate dermatology budget (Yes / No)