

**Royal College of Physicians Medical Registrar Survey - FORM A – Instructions and respondent's background information**
**Instructions**

- If you go on-call for your specialty and not the general intake, this survey does not apply to you, even if you are dually training with GIM.
- **Form A** describes the period of work that you are reporting. **Form B** describes *up to eight consecutive tasks* carried out during that period.
- Please print copies of the survey forms on A4 paper with the printer set to print "**Actual size**" rather than "**Fit**".
- Please do not make photocopies of either form as this may lead to problems when the forms are scanned for data acquisition.
- Please use a black, or very dark pen for all entries.
- For text entries, please write letters and numbers clearly in CAPITALS, in the centre of each box, taking care not to cross the lines.
- For "tick box" entries, please mark with a cross - ☒, rather than a tick - ☑
- If you make a mistake and there is an alternative response, black out the box with the error - ■ - and cross your new answer - ☒
- Please return the completed forms by post (not email) to **DCC, Unit 9, Wharfside, Rosemont Road, Wembley, Middlesex HA0 4PE**

Q1. Please give the total number of beds in your hospital

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and the number of beds within your Department of Medicine

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**Or - Please give the postcode of your hospital**

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Q2. When you are providing on-call cover for the wards, **do you take part in the medical intake as well?**
**Yes** ☐
**No** ☐

Q3. When you are working on-call, are there other resident on-call middle grade ("Registrar") staff available in any of the following specialties?

☐ **Cardiology**
☐ **Respiratory Medicine**
☐ **Gastroenterology**
☐ **Renal Medicine**
☐ **Geriatric Medicine**
☐ **Neurology**

Q4. Please indicate the type of shift that you are reporting on

☐ **Weekday day**
☐ **Weekday evening**
☐ **Weekday night**
☐ **Weekend day**
☐ **Weekend evening**
☐ **Weekend night**

Q5. We would like you to report as much of your shift as possible. **Please let us know at what time you started and finished reporting**, to the nearest 15 minutes using a 24 hour clock, even if you are not able to report the entire shift. **Please then calculate the length of time reported**
**Started time**

H	H	:	M	M
<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>

**End Time**

H	H	:	M	M
<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>

**Length of time reported**

H	H	:	M	M
<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>

Q6. During the period that you reported **did you feel that your workload was**
☐ **Light**
☐ **Reasonable**
☐ **Heavy**
☐ **Unacceptable / Patient Safety Risk**