Medical Workforce Survey – July 2023

Thank you for taking the time to complete this survey which has been sent to senior doctors within the APPM membership. As explained in the email, we would be grateful if you would include names so we can make sure we are not double-counting doctors. The specific names of doctors will **NOT** be shared.

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| **1.** | **What area/geography do you cover?** |
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| **2.** | **How many Consultants in PPM are there in your team?**  |
| WTE: |
| **3.** | **For each Consultant in PPM, please indicate their name beside their mode of training: GRID trained; CSAC approved; experience based; trained overseas; other (please expand)** *(this will give us an idea of bottle neck and future numbers)*  |
|  | **Name** | **Mode of Training** |
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| **4.** | **How many Consultants with an interest in PPM are there in your team/area?** |
|  | WTE: |
| **5.** | **For each Consultant with an interest in PPM, please indicate their name beside their mode of training: GRID trained; CSAC approved; experience based; trained overseas; other (please expand)** *(this will give us an idea of bottle neck and future numbers)*  |
|  | **Name** | **Mode of Training** |
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| **6.** | **In order to widen the scope of this survey, please would you let us know of any other Consultants in PPM or with an interest in PPM in your region that you are aware of. An email address would be helpful.**  |
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| **7.** | **Any other comments you wish to make** |
|  |  |
|  | **Your name:** |  |