

MEDICAL ACTIVITIES PERFORMED BEYOND
STANDARD CONSULTATIONS BY SWISS GENERAL PRACTITIONERS
(GENERAL / INTERNAL MEDICINE, FAMILY MEDICINE, PEDIATRICS)

Besides their usual in-office activities (patient consultations, documentation linked to consultations), many general practitioners perform additional medical activities. We would like to quantify your role in these activities in order to increase our understanding and emphasize the role of General Practitioners in our communities.

Do you perform one or more of the following activities ?	NO	YES	If yes, please provide the mean number of hours per month spent on the activity (monthly average over a year), and if you get paid for the activity or not, without specifying the amount.
1. Pre-graduate education (medical students, trainees)			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Post-graduate education (residents)			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. School doctor			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Physician in a nursing home			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Advisor for home-care delivery (<i>Spitex</i> e.g.)			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Physician in a mobile program (palliative care, geriatrics, geriatric psychiatry)			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Physician for center for disabled adults			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Physician for a private company			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Physician expert for:			
A) Professional driving			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
B) Firefighter			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
C) Aviation			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
D) Insurance			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
E) Other : _____			How many hours per month? _____ Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>



	NO	YES	If yes, please provide the mean average of hours per month spent on the activity (monthly average over a year), and if you get paid for the activity or not, without specifying the amount.
10. Physician for the Health and Migration Network (RESAMI)			How many hours per month? Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Prescribing methadone (consultation time)			How many hours per month? Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Community-based prevention (health promoting organizations, e.g.)			How many hours per month? Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Sport medicine			How many hours per month? Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Physician for events (concerts, sport events, e.g.)			How many hours per month? Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Political activities (professional societies included)			How many hours per month? Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Other : 			How many hours per month? Do you perceive monetary incentives? Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you participate in a managed care network (Delta network, e.g.) ? Yes ☐ No ☐

If yes, which one(s) ?

In which country was the majority of your medical education ?

Switzerland ☐
France ☐
Other (please specify) ☐

How many physicians are there in your office, in addition to yourself ?

What percent of full time do you work each week (all medical activities included)? %

On average, how many hours per week do you work as a general practitioner (not considering all the above mentioned additional activities, but including administrative tasks) ? hours / week

In what type of area is your office located (e.g.) ?

Urban (Lausanne) ☐ Peri-urban (Ecublens) ☐ Rural (Savigny) ☐ ?

Are you : female ☐ or male ☐ ?

In what year were you been born ?

In what year did you get your medical diploma ?

Thank you very much !

Comments :