**The New Zealand Podiatry profession – a workforce in decline?**

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**Additional File 1 – Workforce survey questions**

1. If you have answered “I am” to c, d or e, please provide the approximate number of weeks practised and the average number of hours per week practised in the last APC year:

**Podiatry**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  weeks  for  \_\_\_\_\_\_\_\_\_\_\_\_ average  hours per week

**Podiatric Surgery**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  weeks  for  \_\_\_\_\_\_\_\_\_\_\_\_ average  hours per week

**Podiatric Radiographic Imagery**: \_\_\_\_\_\_\_\_\_\_\_  weeks  for  \_\_\_\_\_\_\_\_\_\_\_\_ average  hours per week

1. **Are you currently** a

0 Full time employee

* Part time employee
* Self- employed

0 Business owner/ director

0 Lecturer

* Other

1. **Main workplace setting**

0  Private practice

0  DHB - hospital

0 Private hospital/ rest home

0 University

0 Other

**Second main workplace setting**

0  Private practice

0  DHB - hospital

0 Private hospital/ rest home

0 University

0  Other

1. **Work type/s in main employment setting & average hours per week for each type**

0 General podiatry    hours

0 Diabetes podiatry   hours

* Sports medicine       hours
* Surgery                 hours
* Teaching                   hours

0 Technical representative  hours

0 Management           hours

* Other hours

1. **Name of main workplace**
2. **Closest DHB (geographic area) to main place of employment**
3. **In what other countries have you been registered to practice podiatry**
4. **Postgraduate qualifications:**

0 post grad certificate

0 post grad diploma

0 doctorate

0 currently enrolled in post grad studies

0 Masters

0 Bachelors Honours

0 Nil

1. **I am a member of Podiatry NZ:** (Yes / No) Please cross one out
2. **If no for above question, do you currently have professional indemnity insurance?** (Yes / No)
3. **Are you a member of any other podiatry related professional group?**

0 NZ Society for Study of Diabetes (Podiatrists Special Interest Group)

0 NZ Wound Care Society

0 Australasian Podiatry Council

0 The Society of Chiropodists & Podiatrists

0 PMPCPD Network

0 British Chiropody & Podiatry Assoc

0 Nil

0 Other:

1. **Peer support & supervision:** Please indicate in which option/s you are currently participating:

0 Formal supervision (clinical/cultural)

0 Formal clinical peer reviews

0 Podiatry student placements (last 12 months)

0 Regular podiatry based meetings (branch/regional/national)

0 Nil

0 Other:

1. **Do you intend to continue to practice podiatry in New Zealand** for

0 Less than 5 years

0 Over 5 years but less than 10 years

0 Over 10 years

0 Unsure

1. **Origin / Ethnicity**

Place of origin:

Ethnicity: *Please tick all relevant box/es*

0 NZ European

* Māori

0 Pasifika

0 Chinese

0 Korean

0 Indian

0 Other European

0 South East Asian

* Other