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| Primary Care Ethnicity Data Audit ToolkitEthnicity data systems compliance audit checklist | December 2021 |

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| **Date:** |       |
| **Completed by:** |       |

|  | **Compliance question** | **Response** |
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| Is your practice policy for **collecting** ethnicity data compliant with the current Ethnicity Data Protocols for the health sector? | Does your practice collect ethnicity data from all enrolled patients (for example for all age groups and funding sources)? | [ ] Yes | [ ] No |
| Are less than 2 percent of your practice management system (PMS) records for enrolled patients coded as having missing or ‘not stated’ ethnicity response fields? (This will require you to run a query in your PMS.) | [ ] Yes | [ ] No |
| Does your practice registration/enrolment form contain the standard ethnicity question, ethnicity response list in order) and ability to collect multiple other ethnicities\* as outlined in the current Ethnicity Data Protocols? | [ ] Yes | [ ] No |
| Does your practice allow all respondents to self-identify their ethnicity, regardless of how ethnicity is collected (for example, face to face, on a paper form, electronically, by telephone)? (Note: This excludes situations where ethnicity must be collected from next of kin.) | [ ] Yes | [ ] No |
| When collecting ethnicity data for children (including for the pre-enrolment of newborns), does your practice provide the parent or caregiver with the standard ethnicity question\*\* to complete for the child until the child is of an age to complete it themselves? | [ ] Yes | [ ] No |
| When a patient is unable to complete the ethnicity question through incapacity, does your practice provide his or her next of kin with the standard ethnicity question to complete, or, if no next of kin is available, does the practice wait until the respondent is able to self-identify their ethnicity? | [ ] Yes | [ ] No |
| In cases where ethnicity data is collected by asking the patient verbally (for example, over the phone), does your practice require staff to:1. state to the patient/consumer that they would like to collect ethnicity2. explain that the patient may choose more than one ethnicity3. read out to the patient/consumer all the categories, in the order they appear in the standard ethnicity question outlined in the current ethnicity data protocols, and4. record all the patient’s responses? | [ ] Yes | [ ] No |
| Is your practice policy for **recording** ethnicity data compliant with the current Ethnicity Data Protocols for the health sector? | Does your practice only use the standard codes, as outlined in the current Ethnicity Data Protocols for recording ethnicity? | [ ] Yes | [ ] No |
| Does your practice store ethnicity data in the PMS at level 4 of the standard classification system?(see Resources for links to level 4 classifications) | [ ] Yes | [ ] No |
| For ethnicities that are written on the form by respondents, does your practice match the response with the level 4 ethnicity codes and then record the response in the PMS at level 4? | [ ] Yes | [ ] No |
| Is your practice able to record and store up to six ethnicities for an individual? | [ ] Yes | [ ] No |
| Where a patient supplies more responses than can be recorded in your PMS, does your practice use* the method determined by Stats NZ (Appendix A of the Ethnicity Data Protocols) to reduce the number of ethnicities where six may be recorded

or* where systems are not able to record six ethnicities do you prioritise responses according to the standard list provided in the current Ethnicity Data Protocols and record these at level 4? (See section 5.5.2 of the Ethnicity Data Protocols)
 | [ ] Yes | [ ] No |
| Is your practice policy for the **output** of ethnicity data compliant with the current Ethnicity Data Protocols for the health sector? | Where your practice outputs data to the primary health care organisation, are you able to deliver up to six ethnicities per patient? | [ ] Yes | [ ] No |
| In the analysis and reporting of ethnicity data, does your practice use one of the recommended methods (total response, prioritised or sole/combination) for the output of multiple ethnicities?\*\*\* | [ ] Yes | [ ] No |
| In the analysis and reporting of ethnicity data, does your practice describe the method it uses for the output of multiple ethnicities (eg, total, prioritised or sole/combination)?\*\*\* | [ ] Yes | [ ] No |

\* The standard ethnicity question for the health and disability sector is the Stats NZ ethnicity question used in the most recent census. See [HISO 10001:2017 Ethnicity Data Protocols](https://www.health.govt.nz/system/files/documents/publications/hiso_10001-2017_ethnicity_data_protocols_may-21.pdf), 3.2: Standard ethnicity question (Ministry of Health 2017) for the standard question, categories, formatting and layout requirements.

\*\* See [HISO 10001:2017 Ethnicity Data Protocols](https://www.health.govt.nz/system/files/documents/publications/hiso_10001-2017_ethnicity_data_protocols_may-21.pdf), 3.3.4 c) Proxy response in the Ethnicity Data Protocols for information on collecting ethnicity details for children/newborns.

\*\*\* Total response, prioritised and sole/combination are different methods for outputting multiple ethnicities.

* Total response counts each person once in each ethnic group they identify with.
* Prioritisation assigns a person who identifies with more than one ethnic group to a single mutually exclusive category based on an established priority order.
* Sole/combination assigns individuals to either a sole ethnicity group (if they only identify with one ethnicity) or a combination category (for example, European/Māori) if they identify with more than one ethnic.

## Compliance score

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| **Category** | **Score** | **Action** |
| Collection |      /7 | If score is less than 7, action is required |
| Recording |      /5 | If score is less than 5, action is required |
| Output |      /3 | If score is less than 3, action is required |
| **Total** | **/15** | **If score is less than 15, action is required** |