

Primary Care Ethnicity Data Audit Toolkit

Staff survey form: How are we doing?

December 2021

Please take a few minutes to fill out this survey on collecting and recording ethnicity data in our practice. This survey is part of a wider audit process we are undertaking that aims to improve the quality of our practice processes for ethnicity data collection, recording and outputting.

For the following questions, please tick the one box that is the closest to your response.

Training

1. Have you received any training on how to collect or record ethnicity data in primary care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, in the last 12 months	Yes, but not in the last 12 months	No	N/A
2. How often are you involved in collecting ethnicity data from patients or recording ethnicity data in the practice management system (PMS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Frequently (on most days I am working)	Occasionally (once a week)	Infrequently (once a month or less)	N/A
3. Do you consider that you understand why ethnicity data is collected in primary care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Not sure	N/A
4. Are you comfortable collecting ethnicity data from patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Not sure	N/A

What do you do?

<p>5. How often do you check patient ethnicity details for patients enrolled in your practice?</p>	<input type="checkbox"/> On initial patient enrolment/registration and regularly (at least three-yearly) thereafter	<input type="checkbox"/> On initial patient enrolment/registration and irregularly thereafter, or at intervals greater than three years apart	<input type="checkbox"/> On initial patient enrolment/registration only or not sure	<input type="checkbox"/> N/A
<p>6. Are there times when you guess a patient's ethnicity rather than asking the patient to self-identify?</p>	<input type="checkbox"/> Yes See below	<input type="checkbox"/> No Go to question 7	<input type="checkbox"/> N/A Go to question 7	
<p>Why do you decide/guess a patient's ethnicity?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
<p>7. Do you have a list of codes or search function available to help you record a patient's ethnicity?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure	<input type="checkbox"/> N/A
<p>8. Do you ever make up a new code to record an ethnicity?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure	<input type="checkbox"/> N/A
<p>9. Which code would you record in your PMS where a patient provided each of the following responses to the ethnicity question? (Feel free to refer to any resources that you would normally use when coding ethnicity.)</p>				
Written-in response of 'New Zealander' code				
Written-in response of 'Fijian-Indian' code				
Written-in response of 'Cook Islander' code				
Blank (where patient not immediately contactable) code				
Declined to provide ethnicity code				

10. Are you able to record up to **six** ethnicities for a patient in your PMS?

Yes

If **YES**, where a patient provides more than six ethnicities, how do you decide which six are recorded in the PMS? Please explain.

No

If **NO**, where a patient provides more ethnicities than you can record, how do you decide which ethnicities are recorded in the PMS? Please explain.

What do you think?

11, Have you experienced any difficulties with collecting ethnicity data from patients/consumers or recording ethnicity data in the PMS? If yes, please explain.

12, Is there anything that would make it easier for you to collect or record ethnicity data from patients/consumers? If yes, please explain.

Additional feedback

Please share any additional comments.

Personal information

Given name:		Family name:	
Practice name:			
Position:			
Date:			

Thank you for taking the time to fill out this survey. We rely on your feedback to help improve our systems. Your input is greatly appreciated.