

---

# Staff Survey Form: How are we doing?

Please take a few minutes to fill out this survey on the collection and recording of 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.

Thank you for your participation.

## Training

Please tick the one box that is the closest to your response.

1. Have you received any training on how to collect or record ethnicity data in primary care?

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)?

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 have an adequate understanding of why ethnicity data are collected in primary care?

Yes

No

Not sure

N/A

4. Are you comfortable collecting ethnicity data from patients?

Yes

No

Not sure

N/A

## What do you do?

5. For enrolled practice patients, how often do you check patient ethnicity details?

On initial patient  
enrolment/registration  
and regularly (at least  
three-yearly) thereafter

On initial patient  
enrolment/registration and  
irregularly thereafter, or  
less than three-yearly

On initial patient  
enrolment/registration  
only

N/A

6. Are there times when you guess a patient's ethnicity rather than asking the patient to self-identify?

Yes  
See below

No  
Go to Question 7

N/A  
Go to Question 7

Why do you guess a patient's ethnicity?

7. Do you have a list of codes available to assist you to record a patient's ethnicity?

Yes

No

Not sure

N/A

8. Do you ever make up a new code to record an ethnicity?

Yes

No

Not sure

N/A

9. Which code would you record in the practice management system 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 in your practice.)

Written-in response of 'New Zealander' code

---

Written-in response of 'Fijian-Indian' code

---

Written-in response of 'South African' code

---

Blank (where patient not immediately contactable) code

---

Declined to provide ethnicity code

---

10. Where a patient provides more than three ethnicities, how do you decide which three are recorded in the practice management system? Please explain.

**What do you think?**

11. Have you experienced any difficulties with collecting ethnicity data from patients 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 practice patients? If yes, please explain.

**Additional feedback**

Please share any additional comments.

**Personal information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Position: \_\_\_\_\_

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