



## Divisions of General Practice

Information Management Maturity Framework  
(IMMF)

Toolkit – Inventory of GP survey  
tools



# Information Management Maturity Framework (IMMF)

## Toolkit – Inventory of GP survey tools

### Purpose

The purpose of the “Inventory of GP survey tools” tool is to assist Divisions to address the action task below.

Action Tasks	Capacity Gap	IMMF Element
Surveys for GP awareness and satisfaction with IM process and systems are mandated for all of the Division’s programs and services.	Reactive to Defined	User Perceptions

This task should have been identified from the Information Management Maturity Framework (IMMF) gap analysis and toolkit specification.

This tool provides advice and examples of sound practices for Chief Executive Officers (CEOs) who wish to improve the utility, efficiency and effectiveness of the Division’s client surveys of General Practitioners (GPs). The scope of this tool includes all surveys used by Divisions to seek information from GPs across all of the Division’s programs and services. Awareness and satisfaction with information management (IM) processes and systems are just one element of the wider responsibility that Divisions have to gather information from general practices.

Using this tool will assist Division CEOs to gain an appreciation of the form and content of superior GP surveys used amongst Divisions, and also provides advice for improving the Division’s GP surveys.

### Explanatory Notes

Divisions routinely survey their GP clients about the nature of the services provided to practices and there are a large number of surveys conducted across all Divisions. This tool provides a review of survey content and methods. Some example surveys have been drawn from a large inventory to illustrate important survey characteristics. However, we do not attempt to present the complete inventory of GP surveys used in Divisions.

The surveys described in this tool focus on aspects of the information that Divisions need from member GPs, including estimating GP Practices’ awareness and satisfaction with a Division’s IM-related programs. These requirements are fundamental to the Division’s responsibilities to report information to the Primary Health Care Research Information Service (PHCRIS), Department of Health and Ageing (DoHA) and State Health Departments. Conducting GP surveys and reporting GP data is also a pre-requisite for accreditation.

By assisting Divisions to conduct surveys of GP awareness and satisfaction about the Division’s IM initiatives, this tool can provide pointers to aspects of a Division’s IM services, policies and standards that would benefit from some form of intervention, at least in the minds of the survey respondents.

The authors of this tool wish to thank the Divisions and other organisations consulted during the development of this tool, listed after the references.

### Instructional Design

This tool consists of three Parts:

Part 1 – Principles underpinning the survey method

Part 2 – Review of survey content and methods

Part 3 – Sample surveys



**Part 1**

This Part presents a brief discussion of survey fundamentals. It should be useful as a general guide for CEOs and their staff to assist them to create and use survey instruments that generate GP administrative and practice operational information adequate for the Division’s business purposes.

**Part 2**

Part 2 is a review of the most commonly used survey content and the methods used by Divisions to collect GP data using surveys. This should provide CEOs with the ability to compare their own GP survey materials with a wider range of material used by other Divisions.

**Part 3**

Part 3 provides an example of the form of two annotated surveys for GPs. One directed towards a GP and the other directed towards a Practice Manager.

**Summary of outcomes and resources**

Workstreams	Outcomes	Resources
New processes or procedures to be adopted	CEOs can use the feedback from another Division’s experience to improve the collection, reporting and analysis of GP data.	This tool will be self administered for the development of new processes or procedures, the implementation of new technology and the adjustments in culture for staff feedback.
Technology to be developed or acquired	CEOs select and implement highly effective and efficient survey tools for collecting GP data, including estimating awareness and satisfaction with the Division’s IM services.	
Culture to be influenced	Divisional staff maintain an awareness of their client GP’s perceptions and satisfaction and use the survey feedback as important feedback.	



## Part 1: Principles Underpinning the Survey Method

Achieving a sound and consistent approach to creating and using surveys relies on a foundation of four core principles:

1. **The method is the servant, not the master.** Survey design is important and so too is survey implementation.
  - 1.1. Aim for a balance amongst efficiency, data quality and significance.
  - 1.2. Decide whether to identify respondents or not; profiling anonymous respondents.
  - 1.3. Choose the most appropriate approach to the survey.
  - 1.4. The first rule of surveying is that the longer the survey, the fewer the respondents; present the issues in priority order and consider splitting surveys greater than six pages into smaller components.

GP and practice surveys need to be scaled and delivered in many Divisions to accommodate differing numbers of respondents. For a small sample, the survey could take the form of a short paper survey mailed or faxed to recipients (perhaps six or fewer pages). A more developed approach could take the form of a focus group with an independent and experienced facilitator.

In larger Divisions, an email survey or the use of an online survey tool such as *SurveyMonkey*<sup>1</sup> may be a better choice as either a supplement to the paper-based survey or as a replacement.

Sensitive issues are best surveyed through anonymous paper-based responses.

If recipients are routinely surveyed, it is poor practice to ask them to repeatedly re-enter administrative information that remains unchanged over time. Worse still, is to ask a recipient to re-enter the same information in more than one place in the same response. A preferred approach, for example with practice administrative details, is to ask a respondent to highlight only the differences from responses to the previous survey.

2. **Understanding respondent psychology** is also important.

- 2.1. Attitudinal questions have no correct answer and opinions are difficult to validate.
- 2.2. Attitudes are thought to have:
  - cognitive;
  - evaluative; and
  - behavioural components.
- 2.3. Avoid influencing the result by asking leading questions.
- 2.4. Avoid asking the respondents to comment on themselves or their staff.

From a CEO's perspective, it is important to remember that an individual issue may not be a priority for the GPs or practice staff, and care must be taken not to crystallise the problem by raising its profile in a survey, particularly, when the potential solution may be painful.

Many survey respondents seek to avoid confrontation and are sparing with bad news, while others seek any opportunity to repeatedly and forcefully express their views.

CEOs should ensure that respondents to surveys are informed about what the outcomes of the survey were and what action(s), if any, will result from their investment of time and thought into making a response. GPs and their practice managers who are repeatedly surveyed and who perceive that the exercise is not likely to lead to meaningful change may be less willing to respond thoughtfully to future surveys.

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<sup>1</sup> See website details in the References



**3. It is easy to ask the wrong question** and also easy to ask the right question the wrong way.

- 3.1. Stand in the shoes of the intended respondent.
- 3.2. Consider the question wording, style, type and sequence.
- 3.3. Minimise the survey length and clarify the layout.
- 3.4. Put the most important questions at the start of the survey – to maximise the value of part-responses.

Survey respondents often face the daunting task of offering an opinion based on their interpretation of the meaning and weight of comparative adjectives, or other expressions of degree, such as “significant” or “urgent”. Survey designers should aim for language comprehension levels about those of high school students, minimising the used of jargon and emotive words. Instead of describing training as “good” or “poor”, the term “adequate for me to do my job effectively” helps to avoid different perceptions about what the other relative terms might mean.

A corollary is that the responses should provide information that is actionable from a CEO’s perspective. It is not sufficient, for example, to ask whether respondents are satisfied or dissatisfied about a service and the degree of either. It is better to also find out what aspects drive respondents views of service quality<sup>2</sup>.

Pre-testing survey formats, questions or statements is a proven means of ensuring that the survey will be consistently well-understood.

Low response rates are highly correlated with opaque, irrelevant or ambiguous questions and with surveys that have even the slightest appearance of being too time consuming to read and complete.

Likewise, response rates will be low if the survey recipients feel that no action will follow, regardless of their responses, suggesting that some surveys will benefit from pre-marketing.

#### **4. Build in some reality checks.**

Superior surveys build in some checks to expose donkey voting and false responses. The most frequently used technique is to randomise questions and statements and to phrase some in the negative and others in the positive. This forces respondents to read them carefully and to work out that responding in the positive to a positive statement would mean that they need to respond to the same issue presented in the negative through a negative answer.

Responses that are all “very positive” or “very negative” may reflect a poor survey design and / or a worthless response, particularly if two or more statements or questions are contradictory if answered the same way.

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<sup>2</sup> See Parasuraman, Zeithaml and Berry in the References.



## Part 2: Review of Survey Content and Methods

### 2.1 Survey Content

The surveys reviewed for this tool performed two important functions. They were often both a means of communicating the business of the Division to their GPs and practices, and also a means of collecting data from them.

In many instances, the purpose of collecting some of the information was to assist the Divisions to shape future offerings so that they better meet changing GP practice needs. Surveys (with the exception of the anonymous surveys) inevitably began by collecting administrative information from the respondents and for updating the contact information held by the Division. These were typically undertaken on an annual basis.

There were three main types of annual surveys. These included the following:

1. Surveys directed primarily to practice managers seeking information about the structure and operations of the practice and their views about the Division's programs and initiatives in which the practice participated, together with the perceived service quality.
2. Surveys of GPs seeking information about their awareness and perceptions of the services provided by the Division, with a predominantly clinical focus, and also, providing GPs with an opportunity to request new or different services.
3. Surveys relating to the practices' patient demographics and performance of programs undertaken by the Division. Both of these were in the form of written or electronic (manually entered) information, and also in the form of data extracted from practice clinical systems and forwarded to the Division, usually by email or by printed, mailed reports.

The review noted two forms of practice-focused surveys: the brief annual survey, and an omnibus instrument used over longer timeframes (once every three or four years).

1. **Brief annual surveys of the practice** – e.g. the Practice Managers' Survey in the NE Valley Division of General Practice – an anonymous 2-page survey seeking the following information:
  - people in the practice (numbers of GPs, nurses and others).
  - satisfaction with service provision (Likert scale<sup>3</sup> – communication and practice support – 11 questions);
  - Practice Managers' Network questions - canvassing meeting attendance and participations, as well as future topic suggestions);
  - awareness and satisfaction with the business of the Division (what the Division provides and how well it does so – 16 Likert statements); and
  - issues affecting the practice operation (13 Likert statements about how the practice works and serves its patients).
2. **Comprehensive Survey (4-yearly)** – e.g. Spice Consulting Group Survey for the North West Melbourne Division of General Practice.

The 2004 survey was extremely comprehensive. It spanned 10 pages with a one-page covering letter. The survey is predominantly multiple-choice questions with a smaller number of Likert scale statements and some open questions seeking comments. The survey was pre-empted by a personal letter from the Division's Chair and it was also promoted in the "Friday Facts".

The single page covering letter had many positive components which included:

- high level authority endorsement;
- a rationale and explanation of its importance;
- an estimate (perhaps excessively optimistic) of the time required to complete the survey – 15 minutes;
- a reply-paid envelope and a deadline for responses;
- an offer of assistance and a contact number; and
- confidentiality undertaking.

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<sup>3</sup> Refer to discussion of Likert Scale on page 8



A similar survey in 2000 yielded a 44% response rate – exceptional for an instrument of this size.

**Brief surveys of practices' and other organisations' perceptions or participation in a specific program** (reflected in patient numbers or related service events– e.g. The Practice Managers' Survey NE Valley Division) an anonymous 2-page survey seeks the following information:

1. Participation in a program.
2. Perceptions of the relevance and value of a program.

Awareness and participation in collaborative programs – e.g. North East Valley Partner Organisations Survey - two pages is not anonymous and requests:

1. Organisation and contact details.
2. Perceptions of the organisation's partnership with the Division (12 Likert statements – about the nature of the partnership and how it is understood to work).
3. Satisfaction with the Division's role (six Likert statements – scored zero to 10).
4. Comments.

In a research paper, Simpson et al.<sup>4</sup> surveyed GPs in relation to their use of and satisfaction with a psychiatric consultation service offered by a local hospital (to which the surveyed GPs had referred patients). The paper presented both patient referral statistics (pre-and post the program) and Likert scale perceptions statistics sought from the GPs themselves. Perhaps more typical of a research orientation than a business performance assessment, the survey was preceded by a pilot study.

The Southern Highlands Division of General Practice stated in their 2008 Strategic Plan that their GP survey revealed that practice priorities were information technology (IT) support and practice nurse training, highlighting the important role surveys often play in shaping business planning.

Other surveys or survey components noted by this review included:

- feedback on the Divisional Strategic Plan;
- awareness and assessment of the services of the Division;
- performance of the Board and the staff; and
- awareness and perception of the educational programs, professional development and resources available from the Division.

## 2.2 Methods of Survey Delivery and Data Content

Most of the surveys reviewed were paper-based and mailed to GPs and their practices. However, from their Future Directions and Service Consultation Meeting (2007), the Adelaide North Division of General Practice Minutes reveal a growing preference amongst their constituent GPs for emailed surveys and also a growing expectation that surveys would be offered by the Division to member GPs and their staff through the Division's website. The motives for this were said to be a reduced time for completing the survey and by implication, eliminating the need for postage and handling delays and costs. The GPs also reiterated their key survey requirements – that the surveys be short and to the point.

One of the more recent and most promising survey approaches has been developed for the Australian General Practice Network (AGPN) Annual GP Census by the Tasmanian Division of General Practice. The instrument is web - based. It is capable of pre-populating data from the Divisions' Customer Relationship Management (CRM) systems thereby increasing the importance of maintaining accurate practice contact details in the Division. The documentation suggests that the tool is highly efficient and allows the previous year's data to be retained and compared as well as supporting automated notifications and alerts. The survey is designed to run for two weeks, allowing GPs and their staff to complete the survey electronically through the web, after which printed versions are distributed to non-respondents with telephone follow-ups throughout the following month. The project is designed to have the survey data collection completed in six weeks and the results support workforce planning, advocacy, disaster and emergency planning, CRM data validation (by the clients) and service quality feedback for the Division.

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<sup>4</sup> See Reference Section



## 2.3 Survey Method Theory

### Measuring awareness and satisfaction

Awareness and satisfaction are quite different psychological constructs, demanding different approaches to estimation.

- Awareness – estimated indirectly through indicator topics or self-disclosure.
- Satisfaction – estimated by comparing perceptions with expectations.

Awareness and satisfaction can be estimated by surveys using instruments that are variations on the Likert scale.

### Brief discussion of the Likert scale

The Likert scale is probably the most widely-used tool in psychometric surveys. It is characterised by making a statement (not by posing a question) and asking respondents to nominate the extent to which they agree or disagree with the statement by choosing one of the following options, or something similar:

1. Strongly disagree
2. Disagree
3. Neither agree or disagree – or no opinion
4. Agree
5. Strongly agree

Some scales are extended to include a zero which can mean “I do not know – or that this statement is not relevant for me”. As it is for the other scores, it is important to define terms at the start of the survey and to be consistent in their use. In other cases, survey designers use a four point scale, dropping out the option for “fence-sitting” (in the above example, #3).

This scale is described as “balanced” since there are equal numbers of negative and positive responses offered. Depending on the nature of the subject of the survey, some designers use an unbalanced scale. For example, a negatively balanced scale on the left and a positively-balanced scale on the right:

- |   |    |                               |
|---|----|-------------------------------|
| 1. Very strongly disagree                     | or | 1. Strongly disagree          |
| 2. Strongly disagree                          |    | 2. Disagree                   |
| 3. Disagree                                   |    | 3. Neither agree nor disagree |
| 4. Neither agree nor disagree – or no opinion |    | 4. Agree                      |
| 5. Agree                                      |    | 5. Strongly agree             |
| 6. Strongly agree                             |    | 6. Very strongly agree        |

### Working out which issues matter most to a respondent

Some researchers make the assumption that “strongly” shows which issues matter the most to respondents. Another possibly superior approach is to pair statements with a measure of significance. For example:

*S1A The training I received at the XXX Development Program was adequate for me to improve practice efficiency.*

1 – Strongly disagree; 2 – Disagree; 3 – Agree; 4 - Strongly Agree

*S1B Training is the most important issue for me.*

1 – Strongly disagree; 2 – Disagree; 3 – Agree; 4 - Strongly Agree

The analysis of responses could be described, for example as *X%* of respondents disagreed that training was adequate for them to do their jobs, but *y%* also disagreed that training was the most important issue, suggesting perhaps, that training was not particularly good but that it was not the most limiting factor for them doing their jobs effectively.



### **Measuring satisfaction with a service or other intangible subject – another case of paired Likert statements**

Although there is some debate about what constitutes customer satisfaction with a service, the dominant model attempts to measure the difference between the expectations customers or clients had before the service event occurred from their perceptions of the quality of the service event itself.

When a respondent feels that their expectations have been met or exceeded, by definition, they rate the quality of service as satisfactory to high. Conversely, when their expectations have not been met, regardless of whether those expectations were reasonable or not, they will judge the quality of the service as marginally unsatisfactory to extremely poor.

A useful approach then is to estimate their expectations first and their perceptions second, and compare the difference. For example:

*S2A When a new GP joins a practice, they should be thoroughly trained to help them do their best work*

1 – Strongly disagree; 2 – Disagree; 3 – Agree; 4 - Strongly Agree

*S2B I feel that the training I was given when I joined the practice was thorough.*

1 – Strongly disagree; 2 – Disagree; 3 – Agree; 4 - Strongly Agree

If someone judged their experience of training as a “4”, and said they expected a “3”, subtracting the expectation from the perception = +1 suggesting that they were satisfied by their training experience.

Similarly, more positive scores suggest in this case lower expectations, genuinely superior service and / or more easily delighted clients. Conversely, the more negative result suggests room for improvement in the service, better informed expectations or both.

In a larger sample, one might expect a range of calculated difference scores on a particular issue. The meaning of results clustering around highly positive or highly negative calculated difference is clear.

Many experienced users of paired Likert style surveys prefer a wider scale such as 1-10, to allow respondents more room to express finer shades of perception and expectation. It is important to define what each band means. For example, it is helpful to illustrate shades of meaning amongst terms like “slightly disagree”, “somewhat agree” or “neither disagree nor agree”. The meaning of these terms often becomes a subject of debate, but generally they can be thought of as shades of negative and positive response.

There is an alternative view amongst some survey designers that the wider 1-10 Likert scale is problematic because it obliges the recipient to read and understand twice as many definitions of what might constitute a particular score. The 1-10 scale may also disguise the fact that the response is still only subjective, by assuming the wider range of choice leads to more precise answers.

It is recommended for GP practice surveys that one of the simpler scales be chosen:

- 1 – 4: forces a positive or negative response and prevents fence sitting (“I don’t know” and “Not relevant for me” responses).
- 1 – 6: allows for balanced and unbalanced response choices (fewer or more negative than positive options) and fence sitting.
- 0: can be added to denote “Not relevant for me” or “I choose not to respond to this question”, or “I don’t know”.



## Looking at the responses

### Response rate

Survey response rates fluctuate enormously and depend on many factors both within and outside the control of those conducting the survey. A response rate of 2% of visitors could be considered a good result in an unprompted internet survey. A response rate of less than 90% in a face-to-face verbal survey might be considered to be poor.

Preparation for email-driven, web-based or written surveys is a key factor in boosting response rates. This might entail telephoning the target recipients and securing their co-operation in advance. Timing the survey to minimise its intrusion on respondents and keeping the survey as short as possible also contribute to better response rates.

Fielding, et al.<sup>5</sup> noted that higher response rates are usually associated with:

- the GP having an interest in the individual program, particularly a research interest;
- the use of incentives (see the comment in the following paragraph);
- the use of brightly coloured paper;
- a covering letter signed by a highly-respected colleague; and
- the age of the GP – younger GPs are frequently more interested in research, being comparatively new graduates and they may have a stronger affinity with their university's research programs.

Goldstein, Martin and Cialdini<sup>6</sup> describe several ways to increase the response rate. These are:

- **Creating a gentle social obligation**

Telephone the intended survey recipient and ask if he/she will assist you by completing and returning the survey thereby, helping you to help serve them better. People who say “yes” more often than not do as they promised. Note that the way the message is put is important. It is better to say “will you help?” which promotes a “yes”, than to simply say “please help us ...,” which does not require any particular commitment.

- **Catching the readers' eye**

If the survey is in a paper format posted to the GP or practice Manager, put a yellow post-it note on it, or better, one with a hand-written short personal message. The authors reported research findings where this technique lifted the response rate from 36% to 75%.

- **Using incentives effectively**

Consider the use of a small incentive. There are two approaches described. One where the survey is accompanied by a small gift, or other reward in advance. This is reported to work well in conjunction with the prior telephone call approach. And a second approach, where a surprise reward is given when the survey is returned fully completed. This latter technique can be effective in raising the response rate for the next survey. Clearly, there are ethical and economic considerations that must be taken into account. However, these techniques should prompt the reader to consider what it was and how they responded when they last received this kind of recognition as a client, customer or patron. Fielding et al's survey report noted an improved response rate if giving the survey respondents a \$20 book voucher, but they limited the reward to those who responded promptly – excluding those who required telephone and written follow-up.

- **Using team spirit to advantage**

An example is provided in Attachment 1. Human nature encourages people to do as they perceive their peers might expect them to do. Nobody wants to let the team down. For example, if the survey covering letter carries a message like “last year 95% of the GP / practice managers responded to the survey and as a consequence the Division was able to secure funding for (insert massively successful initiative)”, few people will want to see the next similar initiative fail because they could not be bothered to respond to the survey.

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<sup>5</sup> See Reference Section

<sup>6</sup> See Reference Section



## **Bias**

Perceptual surveys all face a common problem of the potential for bias through poor selection of the sample of respondents. This can occur through a common phenomenon where only people with an axe to grind bother to respond. Put another way, it's easier to collect complaints than it is to collect compliments. Bias is often easy to detect when respondents score all the statements at one extreme or the other or fence-sit in the middle. When a survey is anonymous, such a biased result makes the response dubious at best and more likely it is worthless. If many responses are biased in the same negative direction, the issue should be regarded as serious.

Care must be taken in designing the statements in the survey instrument to avoid building bias into the design. Common ways to avoid this are to pose some questions in the negative and to avoid a sequence of statements likely to maintain its own persuasive momentum.

## **Measuring central tendency and variation – the unavoidable topic - statistics**

Using the Likert scale imposes the need for survey analysts to be careful with their choice of statistics for assessing central tendency and variation. Likert scale data dictate the use of non-parametric statistics. "Mean" or "average" may not be valid for comparing different samples. Instead, central tendency can be expressed as the median or middle score (the score where half of the responses fall above and half below), or the mode (the score being chosen most often). Similarly, in expressing the variation amongst the scores, the standard deviation cannot be used. Variation is meaningfully expressed as the range of scores.

While data are often presented as counts within each category (i.e. number of respondents who chose scores in each of the bands 1 - 4 for example), they are often represented visually and reduced to percentages on bar graphs or pie charts. Avoid the temptation to compare the percentages in a category of one sample with those in the same category of another sample, particularly if the numbers of respondents are different. Five responses out of ten choosing "4" for example, do not carry the same weight of evidence as 5,000 out of 10,000.

## **Missing data**

Missing data tell their own story too. If respondents consistently omit a response to surveys, or a particular question in a survey, it suggests that the whole survey or a specific question was either ambiguous, irrelevant or perceived as a sensitive matter or an invasion of privacy. Offering respondents a "not relevant" or a "don't know" option helps to answer the issue of missing data and differentiates an accidental omission from a considered deletion.

When a survey is part of a longitudinal study (several surveys over a time period), the pattern of data provided by an individual can permit an estimate of the missing data. For example, a missing data item could be guessed from the mode or median of previous scores.



## Part 3: Sample Surveys

### 3.1 The main issues that GP surveys must address

GP surveys should:

- generate sufficient data to meet business requirements including the National Performance Indicators (NPIs) under new three-year core funding agreements;
- cover national health priorities, including:
  - greater integration of health services;
  - better access to primary health care, particularly for indigenous Australians;
  - improved population health through increased focus on disease prevention and the management of chronic diseases; and
  - continual learning based on evidence; and
- aim to overcome the main problem in achieving adequate response rates (typically 50% or less) and minimise the amount of effort and time taken to achieve adequate responses.

### 3.2 General survey structure

The following description of a general survey structure is common to all the IMMF survey tools and in its entirety is most appropriately used when the survey recipient numbers are larger, for example more than 50 people or organisations.

#### 1. Covering letter (email or phone call)

The covering letter serves to introduce the survey and to state whom it is sent to and its purpose. It is good practice to indicate how much time the survey is likely to take to complete (realistically measured by the designer). The letter should also inform the recipient the date by when the survey must be completed and returned. This date should allow sufficient time for follow-ups of tardy responses and for processing the responses.

It is a good practice to state how the survey responses will be used and if the response is to be anonymous. Alternatively, providing an undertaking that responses will be kept confidential, that data will be de-identified, that only statistical information will be retained or that paper responses will be destroyed promptly, is recommended.

The covering letter is also a sales document. It needs to catch the reader's eye, persuade the recipient to read the survey, complete it and return it promptly.

#### 2. Title and respondent's administration details or a notice ensuring anonymity

Allow the respondent to amend details and request that they need only to enter the changes, not re-enter all the information. Allow the recipient to nominate an alternative respondent if that is appropriate.

If the survey response is to be anonymous, it is important to state how this will be achieved. Particularly sensitive matters may be surveyed through a third party acceptable to GPs and their staff. The third party should summarise and de-identify data.

#### 3. Instructions for respondents.

Provide a short description of how the survey recipients are expected to respond to the questions. The scoring of Likert scale statements must be defined and it is useful to provide an example question with a response, typically a crossed or ticked box next to the preferred score (for email or web surveys) and often by circling the preferred score (for paper-based surveys).

#### 4. Likert scale statements

Limit the number of statements to the minimum number required to establish a respondent's view on the survey topic(s). Surveys should concentrate on the core business issue(s) and the expected contributing factors. However, care must be taken to avoid leading the respondent or preventing them from offering alternative contributing factors.



### **5. Open questions seeking a brief written narrative or qualitative response**

Open questions allow respondents to offer alternative perspectives on the survey issues and this can be valuable when the number of responses is too small to draw conclusions from the scores on the quantitative Likert scale statements. When the number of responses is large, qualitative responses to open questions can be classified and counts presented as the percentage of responses who offered a particular perspective.

The answers to open questions are difficult to process systematically and time-consuming where large numbers of responses are received. They may, however, confirm or deny the validity of preceding quantitative scored statements.

### **6. A request for any other comments**

Allowing respondents an opportunity to raise a matter not canvassed in the survey helps to emphasise the value that is placed on their opinions and also has the potential to widen the focus of the survey to collect unanticipated information.

### **7. A conclusion, thanking the respondent**

This section is intended to make it clear to recipients that the time and effort they have given to make a response is valued and that they are welcome to contact the survey manager or a nominated person with any questions or comments.

### **8. Return address details including a contact person's details**

It is a good practice to provide the return address and the deadline for responses in the covering letter and on the survey itself, preferably at the end of the survey. The aim is to give the respondents sufficient cues to encourage them to complete the response and return it as soon as possible.

In addition, respondents who need assistance should be given the contact details of a person they can call or email to ask questions, seek clarification or provide other feedback. It is incumbent on the survey manager to ensure that there is always someone available throughout the time before the survey deadline to answer questions and receive feedback. Return phone calls or email responses should be made on the same business day or the morning of next business day at the latest.

## **3.3 Sample Surveys**

This tool has two attachments that characterise many Divisions' GP survey instruments:

- an annual GP Survey, and
- an annual practice manager survey.

The authors of this IMMF tool wish to recognise and thank the Blue Mountains Division of General Practice for their valuable contribution in providing their annual surveys for use as examples of good design.

The Blue Mountains Division surveys are presented as examples because:

1. Their content and structure are sound and reflect common practice amongst Divisions.
2. The questions and Likert statements illustrate a comprehensive way of seeking information that allows both open-ended comments and also measures degrees of satisfaction and awareness with the key business of the Division.
3. They are brief and well-designed to promote high response rates (The Blue Mountains Division reported that the 2008 surveys yielded an excellent 60% response rate.)
4. The surveys are well-suited to Divisions of a modest size and they can be undertaken efficiently.

Readers will note that even fundamentally sound designs may be able to be improved and we have taken the liberty of annotating these surveys in the interests of seeking an even higher response rate, greater compliance and in adding value to data collected.



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**The following Divisions and organisations were consulted in the development of this tool:**

General Practice, VIC

North Eastern Valley Division of General Practice, VIC

North Western Division of General Practice, VIC

Whitehorse Division of General Practice, VIC

Central Sydney Division of General Practice, NSW

Illawarra Division of General Practice, NSW

Macarthur Division of General Practice, NSW

Blue Mountains Division of General Practice, NSW

General Practice Queensland

Toowoomba Division of General Practice, QLD

GP Networks Division of General Practice, QLD

Brisbane South Division of General Practice, QLD

GP Partners Division of General Practice, QLD

General Practice, TAS

General Practice South Australia

Southern Division of General Practice, SA

Northern Division of General Practice, SA

Hills Division of General Practice, SA

**End of Document**

Dear Doctor,

INSERT DATE

*Timing is important – good to allow adequate response time and find a lower patient load time, but there is a risk that spanning a long break (Christmas / New Year) might result in the survey falling off the Doctors' radar.*

This is the **Blue Mountains Division of General Practice Annual Survey**. This survey gives you the opportunity to provide direct input into the Division's future activities and directions, and allows you to comment on current services provided. The information you provide will help to develop the Division's Annual Business Plan, which will guide the activities of the Division for the 2008-2009 year.

*Suggested Inclusion:*

*The survey should take less than 20 minutes to complete. All responses will be included in a draw for an attractive prize to be drawn at ~ an event that is happening just after the closing date at which the Division would like to see an impressive attendance. .... Important in the interests of maintaining a good response rate that the completion time is realistic and that it takes less than 30 minutes for an unsupported survey. This survey produced a 60% response rate.*

*We will keep your answers confidential and we will collate all responses to produce grouped statistics for our Division.*

We would like to receive all **completed surveys by Friday 15 February 2008** in order for us to collate the information and use it for the Division's planning day on Wednesday 5<sup>th</sup> March 2008,

We have enclosed an addressed reply paid envelope for you to use to return the documents to the Division, or you can fax a response if you prefer – to (02) 4758 9722.

*Email or a web-based survey (e.g. Survey Monkey) might also be an option for large Divisions with a high proportion of GPs with Internet-access, allowing more efficient collation of responses directly into a spreadsheet.*

Thank you for your time in completing this survey.

Or.....

*"In previous surveys, this Division's GPs have maintained one of the best response rates. I appreciate you assisting us by giving some of your valuable time to complete this survey and I have attached (a small whatever) by way of saying thank you".*

This sentence has two important aspects that can improve response rate: a) a message that encourages the GP to not let his or her Division down by not responding, and b) the concept of reciprocity, namely that we have voluntarily and unexpectedly done something as an act of goodwill IN ADVANCE and many people will naturally want to reciprocate. Waiters who give two chocolates with the bill inevitably receive bigger tips.

INSERT NAME

CEO

Complete the questions by ticking the most appropriate box   
or by circling the relevant number on the scale, eg. 1 ② 3 4 5.

**SECTION 1: Demographics**

1. Age:     25 - 34     35 - 44     45 - 54     55 - 64     65 - 74     75 +
2. Gender:  Male     Female
3. Country of Graduation from Medical School:                     Australia \_\_\_\_\_  Other  
Year of Graduation: \_\_\_\_\_
4. Country of birth:     Australia  Other \_\_\_\_\_
5. Do you speak any languages apart from English?     No \_\_\_\_\_  Yes

**SECTION 2: GP Workforce**

6. How many hours per week do you normally work:  
*Clinical (include hours in the practice, at RACFs, and case conferencing)* \_\_\_\_\_  
*Non-clinical (e.g. paperwork)* \_\_\_\_\_
7. How many hours per week are you on-call after hours? \_\_\_\_\_
8. How many years have you been practising in the Blue Mountains?  
 <5    6-10     11-15     16-20     > 21
9. How many more years do you intend to practise in the Blue Mountains?  
 <5    6-10     11-15     16-20     > 21
10. Has your workload/patient load changed in the last five year?     No  Yes  
If so, how?

**SECTION 3: Computers and Technology**

11. Do you use a computer at your surgery?     YES     NO

If NO, Go to Question 13

**12. The following are some activities for which some GPs use clinical software. Please indicate (by ticking the box) each activity you do on your computer at the surgery.**

- |   |  |
|---|--|
| <input type="checkbox"/> Prescribing                                | <input type="checkbox"/> Other clinical support tools (e.g. calculators) |
| <input type="checkbox"/> Patient clinical records (progress notes)  | <input type="checkbox"/> Other _____                                     |
| <input type="checkbox"/> Patient referral letters                   |  |
| <input type="checkbox"/> Patient education                          | <b>Patient recall systems for:</b>                                       |
| <input type="checkbox"/> Health Assessments                         | <input type="checkbox"/> Giving of medication                            |
| <input type="checkbox"/> Patient health summary (clinical problems) | <input type="checkbox"/> Pap smears                                      |
| <input type="checkbox"/> Care Plan                                  | <input type="checkbox"/> Health Assessments                              |
| <input type="checkbox"/> Care Plan & Team Care Arrangement          | <input type="checkbox"/> Immunisation                                    |
| <input type="checkbox"/> ATSI Care Plan                             | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> ATSI Health Assessment                     | <input type="checkbox"/> Asthma  |
| <input type="checkbox"/> 45 year old Health Check                   | <input type="checkbox"/> Mental Health Review                            |
| <input type="checkbox"/> Patient searches                           | <input type="checkbox"/> Other _____                                     |

An alternative to consider if the list is long is to ask the respondent to cross out the ones they don't use, or rarely use, or ask them to number the most important five uses, for example.

**13. Do you have an Internet connection at your surgery?**

- YES → If YES, is your connection by  Dialup or  Broadband
- NO → If NO, Go to question 15

**14. The following are some activities for which GPs use their Internet connection. Please indicate (by ticking the box) each activity you do at your surgery.**

- |  |   |
|--|---|
| <input type="checkbox"/> ACIR data transfer via ACIR secure website                | <input type="checkbox"/> Education/Training                 |
| <input type="checkbox"/> ACIR data transfer via Medicare Australia Online Claiming | <input type="checkbox"/> Information for Patients           |
| <input type="checkbox"/> Downloading pathology results                             | <input type="checkbox"/> Electronic Referral                |
| <input type="checkbox"/> Downloading radiology results                             | <input type="checkbox"/> Electronic Discharge Summaries     |
| <input type="checkbox"/> Searching web sites/discussion groups                     | <input type="checkbox"/> Medicare Australia Online Claiming |
|  | <input type="checkbox"/> Other _____                        |

**15. Do you have and use an email address at your surgery?**  YES  NO  
If NO, Go to Section 4

**16. Please indicate which of the following activities you use email for:**

- |  |   |
|--|---|
| <b>Communication with:</b>                   |   |
| <input type="checkbox"/> Specialists         | <input type="checkbox"/> Patients                               |
| <input type="checkbox"/> Hospitals           | <input type="checkbox"/> The Division                           |
| <input type="checkbox"/> Antenatal clinics   | <input type="checkbox"/> Residential Aged Care Facilities       |
| <input type="checkbox"/> Area Health Service | <input type="checkbox"/> Other Health Services (please specify) |

**SECTION 4: Feedback / Communication With Other Organisations**

The Division is strengthening its networks with local service providers, and can lobby for change in many areas. The following information will give us a clearer picture of the kinds of difficulties GPs are experiencing with accessing other services, and some ways these could be addressed.

**17. Please indicate your level of satisfaction with *the majority of your interactions with the following facilities***

	Very Unsatisfied		Neutral		Very Satisfied		N/A
<b><u>Blue Mountains Hospital</u></b>							
Accident & Emergency	1	2	3	4	5		<input type="checkbox"/>
Admission and Discharge Planning	1	2	3	4	5		<input type="checkbox"/>
Discharge Summaries	1	2	3	4	5		<input type="checkbox"/>
<b>Comments</b>	_____						

<b><u>Springwood Hospital</u></b>							
Admission and Discharge Planning	1	2	3	4	5		<input type="checkbox"/>
Discharge Summaries	1	2	3	4	5		<input type="checkbox"/>
<b>Comments</b>	_____						

	Very Unsatisfied	Neutral	Very Satisfied	N/A		
<b><u>Nepean Hospital</u></b>						
Accident and Emergency	1	2	3	4	5	<input type="checkbox"/>
Admission and Discharge Planning	1	2	3	4	5	<input type="checkbox"/>
Discharge Summaries	1	2	3	4	5	<input type="checkbox"/>
<b>Comments</b> _____						

<b><u>Residential Aged Care Facilities</u></b>						
Access	1	2	3	4	5	<input type="checkbox"/>
Feedback on your referred patients	1	2	3	4	5	<input type="checkbox"/>
<b>Comments</b> _____						

<b><u>Mental Health Service</u></b>						
Access (1800 number)	1	2	3	4	5	<input type="checkbox"/>
Access (by fax for non-urgent referrals)	1	2	3	4	5	<input type="checkbox"/>
Feedback on your referred patients	1	2	3	4	5	<input type="checkbox"/>
Access to expert opinion	1	2	3	4	5	<input type="checkbox"/>
<b>Comments</b> _____						

<b><u>Community Health</u></b>						
Access	1	2	3	4	5	<input type="checkbox"/>
Feedback on your referred patients	1	2	3	4	5	<input type="checkbox"/>
<b>Comments</b> _____						

<b><u>Drug and Alcohol Team</u></b>						
Access	1	2	3	4	5	<input type="checkbox"/>
Feedback on your referred patients	1	2	3	4	5	<input type="checkbox"/>
<b>Comments</b> _____						

<b><u>Diabetes Services</u></b>						
Diabetes Educator Access	1	2	3	4	5	<input type="checkbox"/>
Feedback on your referred patients	1	2	3	4	5	<input type="checkbox"/>
Endocrinology Access	1	2	3	4	5	<input type="checkbox"/>
Feedback on your referred patients	1	2	3	4	5	<input type="checkbox"/>
<b>Comments</b> _____						

**Case Conferences**

Many survey designers aim for short sentences and provide a little more white space. Ragged right edge justification of text eases reading effort, but the trade off leads to surveys with more pages; perhaps reducing the response rate. Large blocks of text should be avoided and serif fonts are easier to scan than bolded block fonts. Ultimately this is a matter of taste.

Is this paragraph easier to read than Question 21 ?

18. Do you participate in case conferencing?     YES     NO → If NO, Go to question 21

19. Have you used any of the Medicare item numbers for case conferences?   
YES  NO
20. How useful do you find case conferencing?  NOT AT ALL  SOMEWHAT  
 VERY USEFUL
21. Part of the role of the Sydney West Area Health Services Chronic and Complex Liaison Nurse (situated in the Division) is to help you set up case conferences. Do you have any suggestions for how the Liaison Nurse could better help you in this or any other area?

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Slightly greater line spacing for write-in responses helps. This is 1.5 times.

**SECTION 5: Division Projects**

**Quality Use of Medicines: Home Medicines Review (HMR) Project**

22. Have you had contact with the HMR facilitator from the Division this year?   
YES  NO
23. Approximately, how many HMRs have you referred in the last 12 months? \_\_\_\_\_
24. How can the HMR facilitator help you to increase your number of referrals? \_\_\_\_\_

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**Quality Use of Medicines: National Prescribing Service (NPS) Project**

25. Have you had contact with the NPS facilitator from the Division this year?  YES  NO
26. The NPS program offers the following types of educational activities. Which do you prefer? (tick all that apply)  Practice visits (one to one education)  
 Small group case study meetings at your surgery  
 Case study meetings at the Division office.
27. Do you have any comments about the NPS project? \_\_\_\_\_

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**Immunisation**

28. Have you had contact with the Immunisation facilitator from the Division this year?  YES  NO

29. Approximately, how often have you opportunistically discussed immunisation with new parents or parents-to-be?

- Never       1-2 times/week       1-2 times/ month       1-2 times/year       Often

30. Do you know the childhood immunisation rate of your practice?  YES  NO

31. Are you the primary immunisation provider in your practice?  YES (myself and/or other GPs)       NO (Practice Nurse does this)

**Aged Care Project**

32. Have you had contact with the Division's Aged Care Project Co-ordinator this year?  YES  NO

33. Do you have patients at an Aged Care Facility?       YES  NO

34. Do you have any comments about our Aged Care Project? \_\_\_\_\_

**Mental Health Project**

35. Have you had contact with the Division's Mental Health Project Co-ordinator this year?  YES  NO

36. Do you refer patients with a Mental Health issue to an Allied Health practitioner?

- YES → If YES, do you refer patients using the Medicare claim system?       YES  NO

NO → If NO, Go to Section 6

37. Please rate how useful the Division's Directory of Medicare Registered Counsellors has been to you:       not useful       somewhat useful       very useful

38. Do you refer patients using the Division's Access to Allied Health program?  YES  NO

Do you have any comments about our Mental Health project? \_\_\_\_\_

Too little white space for comments tells respondents that the issue is not very important

Too much white space frightens respondents and they will most likely not enter anything.

**SECTION 6: Education**

39. The Division runs a program of monthly educational forums and special events throughout the year. How well does this program meet your educational needs?

- Never attend       Does not meet my educational needs       Somewhat useful       Very useful for professional development

Comments \_\_\_\_\_

**40. Based on the previous annual survey results, the Education Committee has planned the education program for 2008 which includes sessions on ‘Role of Research in General Practice’, ‘Antenatal Update’, ‘Travel Medicine/Immunisation’, ‘Men’s Health’, ‘Asthma’, ‘Emergency Medicine and CPR’, ‘Paediatrics’, ‘Ophthalmology’, ‘Contraception’, ‘Dermatology’, ‘Drugs and Alcohol’.**

*Lists are best done with bullet points. Alphabetical order makes it easier for respondents to find their special interests.*

**41. For FUTURE planning, what topics would you like the Division to provide education on?**

**(Please tick 6 topics that would interest you most). *Number your top 6 – gives priority information***

- |   |  |
|---|--|
| <input type="checkbox"/> Aboriginal health            | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Aged Care                    | <input type="checkbox"/> Toxicology        |
| <input type="checkbox"/> Alternative medicine         | <input type="checkbox"/> Travel medicine   |
| <input type="checkbox"/> Anaesthetics                 | <input type="checkbox"/> Women’s health    |
| <input type="checkbox"/> Antenatal care               | <input type="checkbox"/> Other.....        |
| <input type="checkbox"/> Asthma                       |  |
| <input type="checkbox"/> Audiology                    |  |
| <input type="checkbox"/> Breast cancer                |  |
| <input type="checkbox"/> Child abuse                  |  |
| <input type="checkbox"/> CVD                          |  |
| <input type="checkbox"/> Domestic violence            |  |
| <input type="checkbox"/> Dermatology                  |  |
| <input type="checkbox"/> Drug/alcohol                 |  |
| <input type="checkbox"/> Emergency medicine           |  |
| <input type="checkbox"/> ENT                          |  |
| <input type="checkbox"/> Excision skin lesions        |  |
| <input type="checkbox"/> Gastroenterology             |  |
| <input type="checkbox"/> Injury management            |  |
| <input type="checkbox"/> Men’s’ health                |  |
| <input type="checkbox"/> Neurology                    |  |
| <input type="checkbox"/> Nutrition/dietetics          |  |
| <input type="checkbox"/> Oncology                     |  |
| <input type="checkbox"/> Orthopaedics/joint injection |  |
| <input type="checkbox"/> Paediatrics                  |  |
| <input type="checkbox"/> Palliative care              |  |
| <input type="checkbox"/> Pharmacology                 |  |
| <input type="checkbox"/> Sexual health                |  |

42. Do you have any comments about our education program? \_\_\_\_\_  
\_\_\_\_\_

**SECTION 7: Communication with the Division**

42. The Division produces the monthly “GP Newsletter” which is delivered to all practices. Do you receive your copy every month?  YES  NO  NOT SURE

43. How much of the Division’s monthly GP Newsletter do you usually read?

I never read it  I read all of it  I skim the headlines and read relevant items

Or.... On Average I read about \_\_\_\_\_ % of the GP Newsletter

44. Please rate how useful the newsletter content is to you.

Not useful  somewhat useful  very useful

Or... On Average I feel that the usefulness of the content is about 1 2 3 4 5 please circle one (low to high)

45. Is there anything you would prefer to see included in the newsletter? \_\_\_\_\_  
\_\_\_\_\_

46. Are you aware that the Division has a library of resources (books, journals, and DVDs) available for you to borrow from ?  YES  NO

If YES, have you borrowed any resources from the Division library this year?  YES  NO

Awareness and usage are better rated on a Likert scale

(I rate my awareness of the Division's library resources.....

0 1 2 3 4 5 Please circle a number (low to high)

(I rate my usage of the Division's library resources.....

0 1 2 3 4 5 Please circle a number (low to high)

Since the response is anonymous, it might be useful to ask if usage is low, why that is so.

**47. Have you had any reason to contact the division office this year?**  YES  NO

If YES, were your needs, questions or concerns addressed to your satisfaction?  YES  NO

If NO, how could we better meet your needs? \_\_\_\_\_

\_\_\_\_\_

**A Likert scale is useful here too.**

*(I rate my satisfaction with my communications with the Division as*

1 2 3 4 5 ... Please circle a number (low to high) or ....No  
Communications

**48. Are there any issues you think the Division should be addressing?** \_\_\_\_\_

\_\_\_\_\_

**49. Do you have any other comments about the Division or its activities?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Thanks very much for your feedback!***



IMMF Inventory of GP Survey Tools Sample Survey 2

«Organisation\_Name»  
«Street\_Address\_Line\_2»  
«town» «State» «Post\_Code»

Dear Practice Manager

RE: 2008 Practice Census

Enclosed is a brief survey about your practice. The information you provide will be used toward planning the Division's Annual Plan for 2008-2009. We value this information and your feedback about the Division and its support for practice staff.

Please complete and return the survey by INSERT DATE. We have enclosed an addressed reply paid envelope for you to use to return this survey to the Division.

If you have any queries regarding the survey, please feel free to contact me on INSERT BUSINESS PHONE NUMBER or INSERT MOBILE PHONE NUMBER.

Many thanks in advance for your support.

Yours sincerely,

Name  
Chief Executive Officer  
21 December 2007



Does your Practice Nurse/s do the following? (please tick)

- |   |  |
|---|--|
| <input type="checkbox"/> Childhood Immunisation | <input type="checkbox"/> ECGs                          |
| <input type="checkbox"/> Diabetes Clinic        | <input type="checkbox"/> Assisting with procedures     |
| <input type="checkbox"/> Wound Management       | <input type="checkbox"/> Health Assessment (EPC Items) |
| <input type="checkbox"/> Pap Test               |  |
| <input type="checkbox"/> Other _____            |  |

If NO, are you considering recruiting a practice nurse? ....  YES  NO  Unsure

3. Do you take GP registrars?.....  YES (how many?\_\_\_\_)  NO

If NO, are you considering taking GP registrars? .....  YES  NO  Unsure

4. Is your practice accredited? .....  YES  NO

If YES;

When are you due for re-accreditation? \_\_\_\_\_

Does your practice meet the 3<sup>rd</sup> Edition Standards in these areas of IM/IT?

- Disaster Recovery Plan documented and tested
- Backup Policy
- Antivirus Software
- Firewall
- Security Policies & Procedure Manual
- Unsure \_\_\_\_\_

5. Does your practice claim Practice Incentive Payments (PIPs)?.....  YES  NO

6. Does your practice claim Service Incentive Payments (SIPs)? .....  YES  NO

7. Is your practice registered with the GP Immunisation Incentives Scheme?  YES  NO

8. Approximately what percent of the practice's patients is bulk-billed? \_\_\_\_\_ %

9. How many active patients are currently on your practice's files/database?

SWPEs (if you know/ from PIP statement) \_\_\_\_\_ OR Patients \_\_\_\_\_

10. Are computers used at your practice? .....  YES  NO

If NO, go to question 13.

If YES, which clinical software is being used?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Medical Director 2 | <input type="checkbox"/> Genie       |
| <input type="checkbox"/> Medical Director 3 | <input type="checkbox"/> Medtech 32  |
| <input type="checkbox"/> Best Practice      | <input type="checkbox"/> Monet       |
|   | <input type="checkbox"/> Other _____ |

11. Which of the following tasks do you use clinical and/or application software for?

- Billing
- Appointments
- Word Processing / letters
- GPs use clinical software
- ACIR recording and reports
- Medicare Online
- Medicare EasyClaim
- Pathology downloads
- Imaging downloads
- Email
- Recall/Reminder system (please tick where used)
  - Diabetes
  - Pap Test
  - Coronary Heart Disease
  - Other \_\_\_\_\_
- Internet use
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

12. Who provides IM/IT support for your practice? .....  INTERNAL  EXTERNAL

Name of external provider: \_\_\_\_\_

13. Do you use HeSA PKI (Health eSignature Authority Public Key Infrastructure) certificates? .....  YES  NO  UNSURE

14. The Division strives to maintain high quality practice support and uses a database as a tool to provide this. Below is a list from our database showing practice staff and their roles. Please assist us by checking/amending/adding information as necessary.

Name	Position Title/Role	Corrections Required
«PS1»	«PS1_Role»	
«PS2»	«PS2_Role»	
«PS3»	«PS3_Role»	
«PS4»	«PS4_Role»	
«PS5»	«PS5_Role»	
«PS6»	«PS6_Role»	
«PS7»	«PS_7_Role»	
«PS8»	«PS8_Role»	
«PS9»	«PS9_Role»	
«PS10»	«PS10_Role»	
«PS11»	«PS11_Role»	
«PS12»	«PS12_Role»	
«PS13»	«PS13_Role»	
«PS14»	«PS14_Role»	
«PS15»	«PS15_Role»	
«PS16»	«PS16_Role»	
«PS17»	«PS17_Role»	
«PS18»	«PS18_Role»	

15. The Division often needs to communicate/distribute information to GPs/Practice Staff/Practice Nurses in your practice. When your practice receives information from the Division, how is it distributed?

- Copies are created for each relevant recipient
- A copy is displayed on staff notice board
- Email notification/advice is sent to staff
- The provided copies (e.g. the monthly GP newsletter) are distributed to each recipient
- Other: \_\_\_\_\_

Do you have any comments or suggestions about how the distribution of information from the Division can be improved? \_\_\_\_\_

\_\_\_\_\_

---

16. The Division produces a monthly “GP Newsletter” which is delivered to all practices (one for each GP, one for each Registrar and one for the Practice Staff to share).

Do practice staff have access to the Division’s monthly GP newsletter for information, resources and dates for the diaries? .....  YES     NO     UNSURE

17. Would your practice also like to receive the newsletter via email?     YES     NO

If YES, please provide email address: \_\_\_\_\_

18. Have you had any reason to contact the Division office this year?     YES  NO

If YES, were your needs, questions or concerns addressed to your satisfaction?

YES     NO

If NO how could the Division better meet your needs?

\_\_\_\_\_  
\_\_\_\_\_

19. What else could the Division be doing to assist your practice?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thanks very much for your help.

Your responses will help the Division with its planning, and help us help you!  
Any questions? Contact our <name of CEO or contact person> on ph 4758 9711