

Bowel cancer screening in primary care

This survey contains questions about your current quality care practices and those directed to improving bowel cancer screening participation and some general questions about you and your medical practice. The survey is part of a one-year pilot study to design interventions to improve bowel cancer screening participation in general practice.

Even if you do not currently recommend bowel cancer screening, we are interested in your response and seek your answers based on your current practice. The survey is designed to accommodate a broad range of primary care physicians and practice settings.

The survey will take you only about 5 minutes to complete. Please complete all questions (mostly multiple choice) when accessing the survey link as you won't be able to return to partially completed surveys. Partially completed surveys are not eligible for the prize draw.

In this survey, cancer screening is defined as the routine, periodic use of a testing procedure intended to detect cancer or pre-cancerous lesions at an earlier stage than is possible through clinical detection or incidental discovery. Cancer screening is used in patients who display no signs or symptoms of possible cancer (i.e. pain, bleeding, palpable masses etc).

Thank you in advance for completing this survey.

ABOUT YOUR PRACTICE

What is the postcode of your major practice address?

Please describe the geographical setting of your major practice address:

- Urban: inner suburbs
- Urban: outer suburbs
- Inner regional
- Outer regional
- Remote
- Very remote
- Prefer not to say

Which practice ownership model best describes your major practice?

- GP-owned [group or individual]
- Corporate practice
- Community-controlled
- The option I want isn't available [if Yes, then NEXT]

Please describe the practice ownership model that best describes your major practice

Approximately what proportion of your patients are bulk-billed

- None of my patients
 About a quarter
 About a half
 About three-quarters
 All of my patients
 I don't know

How many (part-time or full-time) GPs work with you at your major practice address?

- Sole provider
 2 to 3 GPs
 4 to 9 GPs
 10 or more GPs

Approximately how many Full-Time Equivalent (FTE) primary care/practice nurses work with you at your major practice address?

(One FTE is equivalent to one nurse working full-time (approx. 40 hours/week). For example: You have three nurses and they work 50 hours, 20 hours, and 10 hours per week - totaling 100 hours. Assuming a full-time nurse works 40 hours per week, your full time equivalent calculation is 100 hours divided by 40 hours, or 2.5 FTE.)

- No nursing staff
 1.0 FTE, or less, nursing staff
 More than 1.0 to 3.0 FTE nursing staff
 More than 3.0 to 6.0 FTE nursing staff
 More than 6.0 to 9.0 FTE nursing staff
 9.0, or more, FTE nursing staff

On average, approximately how long are your standard appointments in your major practice?

- < 10 mins
 10-12 mins
 13-15 mins
 16-20 mins
 21-30 mins
 My practice is open access (walk-in)
 I don't know
 Other [If Yes, then NEXT]

Please indicate on average, the length (in minutes) of your standard appointments.

What is the average number of general practice clinical sessions you work each week (in total across practices)?

- 1-2 sessions per week
 3-4 sessions per week
 5-6 sessions per week
 7-8 sessions per week
 9-10 sessions per week
 >10 sessions per week
 the option I want isn't available [If Yes, then NEXT]
 (One (1) session is equivalent to ~4hrs, e.g. a morning session)

Please indicate the average number of general practice clinical sessions you work each week (in total across all practices)

ABOUT YOUR PRACTICE DEMOGRAPHIC**Approximately what proportion of your patients are:**

	None of my patients	About a quarter	About a half	About three-quarters	All of my patients	I don't know
Aged 50 years or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aboriginal and/or Torres Strait Islander clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-english speaking backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New migrants/refugees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low socio-economic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ABOUT YOUR QUALITY IMPROVEMENT PRACTICES

Please indicate if you agree/disagree with the following statements about quality improvement practices.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Prevention and early detection of disease is a major role and task for general practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have enough resources in our practice to implement quality improvement programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An influential person in our practice strongly promotes continuous quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you attended any quality care/prevention education activities (e.g. workshops, webinars, online training) in the past two years?

- Yes
 No
 I can't remember

Please indicate the type of education activity attended.
(Tick all that apply)

- Lifestyle risk factors for chronic disease which may include smoking, poor nutrition, alcohol misuse, physical inactivity and/or unhealthy weight.
 Diabetes and/or diabetes risk assessment tool
 Cervical cancer screening updates
 Bowel cancer screening updates
 Breast cancer screening updates
 Mental health including depression
 Cardiovascular health and/or absolute cardiovascular disease risk calculator
 Health risk assessments
 Injury prevention
 I can't remember the topic

ABOUT YOUR QUALITY IMPROVEMENT PRACTICES (cont.)

Please indicate how often you apply the following quality improvement activities to improve outcomes in your patient population.

	Always	Very often	Sometimes	Rarely	Never	I don't know
Measure practice performance data to drive improvements in the quality of care provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss practice performance data to drive improvements in the quality of care provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use data extraction tools to extract data from your clinical software systems to support your quality improvement activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undertake training in quality improvement to support your practice performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer training to practice staff to support quality improvement activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Request support from our local Primary Health Network (Practice Support Team) for quality improvement activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ABOUT YOUR CANCER SCREENING PRACTICES

In your practice, how often do you recommend the following cancer screening procedures for your asymptomatic, average-risk patients?

	Always	Very often	Sometimes	Rarely	Never	I don't know
Cervical screening test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate specific antigen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faecal occult blood test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is the recommended starting age for FOBT bowel cancer screening of asymptomatic, average-risk patients in Australia?

(Please type age in years)

What is the recommended frequency (in years) of FOBT bowel cancer screening of asymptomatic, average-risk patients in Australia?

What is the recommended stopping age for FOBT bowel cancer screening of asymptomatic, average-risk patients in Australia?

(Please type age in years)

Have you personally ever been screened for bowel cancer? (tick all that apply)

- Yes, with FOBT
 Yes, with colonoscopy
 Yes, with CT colonography
 No, I have not been screened
 Prefer not to say

ABOUT YOUR BOWEL CANCER SCREENING PRACTICES

Please indicate whether you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Ensuring eligible patients participate in bowel cancer screening is a top priority in our practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patient's GP has no active role in The National Bowel Cancer Screening program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel cancer screening is best organised through the National Bowel Cancer Screening Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel cancer screening would be best organised by GPs (similar to cervical cancer screening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My patients view my advice as very important and influences their decision about bowel cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, how would you rate the National Bowel Cancer Screening Program (NBCSP) in supporting preventive care for your patients?

Unsatisfactory	Meets expectations	Significantly improves care
(Place a mark on the scale above)		

Please list some of the reasons for your approval rating of the National Bowel Cancer Screening Program (NBCSP).

Do you provide education to patients about bowel cancer screening? (tick all that apply)
(Please tick all that apply)

- Posters and/or brochures are left in the consultation or waiting room
- Brochures are actively handed out to eligible patients
- Doctors discuss screening with eligible patients
- Nursing staff discuss screening with eligible patients
- We don't provide education to patients about bowel cancer screening

ABOUT YOUR QUALITY IMPROVEMENT PRACTICES FOR BOWEL CANCER SCREENING

Please indicate if you agree or disagree with the following statements about quality improvement activities targeting bowel cancer screening for your patient population.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
We have recall and reminder systems in place to ensure eligible patients are identified and reminded to undertake bowel cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have a dedicated staff member who ensures eligible patients are identified and reminded to undertake bowel cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We would like to do more to ensure eligible patients are identified and reminded to undertake bowel cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We involve all our staff (GPs, nurses, administrative team) to use recall/reminder systems and follow-up of patients participating in bowel cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We don't have the time and/or resources to ensure eligible patients are identified and reminded to undertake bowel cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We use our practice data to understand our current bowel cancer screening participation rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have a systemised approach that prompts us to remind patients when they are due for a bowel cancer screening test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate whether you agree or disagree with the following statement:

My practice would put more resources to improving bowel cancer screening participation rates if a Practice Incentives Program (PIP) payment for bowel cancer screening review on under screened eligible men and women (no FOBT in previous 4 years) was available.

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

ABOUT YOU**To help us broadly understand who is completing this survey**

What is your age? (in years)

What is your gender?

- Male
 Female
 Other
 Prefer not to say

What job role do you have in this practice?

- General practitioner [If Yes, then COUNTRY GRADUATE
 Practice/primary care nurse
 Practice manager
 Administrative support staff
 The option I want isn't available [If Yes, then NEXT]

Please describe what job role you have in this practice

In which country did you graduate (for your primary medical degree)?

- Australia
 New Zealand
 East Asia (e.g. China, Taiwan, Japan)
 South Asia (e.g. India, Pakistan, Bangladesh)
 Southeast Asia (e.g. Malaysia, Singapore, Vietnam)
 UK/Ireland
 The option I want isn't available [If Yes, then NEXT]

Please list the country in which you graduated (for your primary medical degree)

How many years have you spent in general practice in Australia?

End survey

Is there anything else you would like to tell us about bowel cancer screening in your practice or in general?

Thank you for completing this survey.

To register your responses please press SUBMIT.

And before you SUBMIT, please tick the box if you'd like to (tick all that apply):

(You'll need to provide an email address to be notified of any of the above or if you win the survey draw)

- be notified of the outcomes of the survey
 - be notified of other opportunities to be involved in this study
 - be in the draw to receive one (of five) \$100 voucher for fully completing the survey (partially completed surveys are not eligible for the draw).
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Please provide a current email address for us to contact you.

(This information will not be passed onto third parties)