Text

Description automatically generated

Quality Programmes Practice Profile

|  |  |
| --- | --- |
| Practice Name |  |
| Address |  |
| PHO |  |
| Quality programme being assessed, for example, The Equity Module. |  |
| Assessor |  |
| Practice Management System (PMS) |  |
| Practice website link |  |
| Ownership model |  |
| VLCA funding | Yes /No |
| Practice population | Enrolled Total:  List main ethnic groups by %:  Other significant groups (e.g., youth, elderly, refugees, children)  Mana Whenua (Tribal or sub-tribal groupings you understand as holding traditional rights in the area/s that your practice covers) |

|  |
| --- |
| **Profile /Summary of the practice:** (any information which may be useful in the context of this assessment) for example, special character, current situation, recent history and/or plans. |

Practice team members (include regular & long-term locums)

|  |  |  |
| --- | --- | --- |
| Designation | Number | FTE |
| GPs |  |  |
| Practice nurses |  |  |
| Nurse Practitioner |  |  |
| Practice Manager/ Administrator |  |  |
| Receptionists/Administrators |  |  |
| Health Care Assistant |  |  |
| Others- please list: |  |  |

|  |  |  |
| --- | --- | --- |
| Role | Name(s) | Ethnicity(ies) (optional) |
| Equity Champion(s) |  |  |
| Quality Lead (if applicable) |  |  |
| Practice Owners/Partners/Directors |  |  |
| GPs |  |  |
| Practice nurses |  |  |
| Nurse Practitioners |  |  |
| Practice Manager |  |  |
| Receptionists/administrators |  |  |
| Others: e.g., Health Coach, Health Care Assistant |  |  |