Workflow Optimisation Staff Questionnaire

GP practice name:	

Please read the following questions and circle your answers

How long have you worked at your current GP practice?		
<1yr	1-5yr	6-10yr

Do you currently do workflow optimisation at work?	
Yes	No

How confident are you at workflow optimisation?	
Very confident	Confident

Have you had workflow optimisation training before?	
Yes	No

How willing are you use workflow optimisation?	
Very willing	Willing

What other tools would you like to see provided to help you do workflow optimisation?

Thank you for completing this questionnaire.

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