

Patient Demographics Policy

1. Policy Title

Patient Demographics Policy

2. Purpose

This policy describes how [Practice Name] captures, records, uses, and safeguards patient demographic information to provide accurate, safe, and confidential care. It implements the expanded demographics requirements of criterion CG3 – Facilitating complete patient health records of the RACGP Standards for general practices (6th edition), and complements the Privacy and Confidentiality policy.

3. Scope

This policy applies to all staff involved in registering, updating, or using patient demographic information, and to all systems in which it is recorded.

4. Definitions

- **Demographic information:** Information about a patient's background that informs their care, including date of birth, address, contact details, Aboriginal and/or Torres Strait Islander status, country of birth, preferred language, interpreter need, and disability status.
- **Preferred name:** The name a person uses and wishes to be known by, which may differ from their legal name.
- **Sensitive information:** A category of personal information under the Privacy Act that includes racial or ethnic origin and health information.

5. Principles

- Demographic information is captured accurately, completely, and confidentially.
- Information is captured for clear clinical or administrative purposes and protected appropriately.
- Patients can update their information at any time.
- Staff are trained to collect demographic information respectfully and consistently.

6. What We Capture and Why

Each item is captured because it directly informs safe, equitable care:

- Date of birth, legal name, and preferred name — for correct identification, billing, prescribing, and respectful communication.
- Address and contact details — for correspondence, recalls, reminders, and home visits.
- Aboriginal and/or Torres Strait Islander status — to support appropriate screening, health checks (e.g., MBS 715), and Closing the Gap initiatives.
- Country of birth, languages spoken, and interpreter need — to arrange interpreter services and provide culturally appropriate care.
- Disability and accessibility needs — to make reasonable adjustments for appointments and the physical environment.
- Emergency contact and next of kin — for use in an emergency.
- Medicare/DVA number and concession status — for billing and entitlements.

7. How We Capture It

- Demographic information is collected at registration and reviewed opportunistically, particularly at key transitions such as a first visit, chronic disease registration, or a change of address.
- Staff use the structured fields provided in the clinical information system, with coded values where available (e.g., SNOMED CT-AU).
- Where a field is optional, patients may decline to answer.
- Information is recorded accurately and confirmed with the patient to avoid errors that could affect care (e.g., wrong date of birth, outdated contact details).

8. Recording and Display

- Preferred name is displayed so reception and clinical staff address the patient correctly.
- Legal name is recorded where required for Medicare, billing, and prescribing, and used only where legally necessary.
- Interpreter need and accessibility requirements are flagged prominently so they are actioned before each appointment.
- Demographic information is stored as part of the patient's electronic health record under the access controls described in the Privacy and IT Security policies.

9. Confidentiality and Privacy

- Demographic information is personal and (where relevant) sensitive information under the Privacy Act and is protected accordingly.
- Information is shared only with the patient's consent or as authorised or required by law.
- Accidental or unauthorised disclosure is treated as a privacy incident (see Privacy and Confidentiality policy).

10. Data Quality and Improvement

- Completeness of key demographic fields (Aboriginal and/or Torres Strait Islander status, country of birth, language, interpreter need) is monitored as part of data quality and continuous quality improvement.
- Gaps identified through audit are addressed through targeted recall or opportunistic review.

11. Roles and Responsibilities

Practice Manager:

- Maintains the demographic fields, forms, training, and this policy.

Reception staff:

- Capture and update demographic information accurately and consistently.
- Use the patient's preferred name in all interactions.
- Flag interpreter and accessibility needs for clinical staff.

Clinicians:

- Use demographic information to deliver safe, equitable care.
- Confirm information opportunistically and update the record.

12. Monitoring, Audit, and Review

- Annual audit of completeness of key demographic fields.
- Review of any patient feedback or incidents related to demographic information.
- Annual review of this policy and staff training.

13. Documentation and Record Keeping

The practice maintains:

- Demographic fields in each patient's record, captured using structured, coded values where available.
- Staff training records for accurate and respectful data collection.
- Records of patient feedback and incidents related to demographics.

14. References

- The Royal Australian College of General Practitioners. Standards for general practices (6th edition). East Melbourne, Vic: RACGP; published 26 August 2026. Available at: <https://www.racgp.org.au/running-a-practice/practice-standards/standards-6th-edition>
 - Privacy Act 1988 (Cth) and the Australian Privacy Principles. Available at: <https://www.oaic.gov.au>
 - Australian Institute of Health and Welfare. Patient demographics data standards. Available at: <https://www.aihw.gov.au>
 - Department of Health and Aged Care. Closing the Gap initiatives. Available at: <https://www.health.gov.au>
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Version Control

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