

Appendix 1. Interview schedule questions

Note: The appendix is unedited and published as supplied by the author.

Participant ID Code: _____
Today's Date
Name of medical/health practice
Location of medical/health practice
Interviewee's position/title
Interviewee's areas of interest
Interview schedule (Zoom/phone/in person)

Q1. What is your opinion of the National Bowel Cancer Screening Program?

What is your general opinion of the National Bowel Cancer Screening Program?

Q2. How frequently do you/your service undertake follow-ups for positive iFOBTs?

Does this rate fluctuate? If so, what may be the cause of fluctuations? (e.g. time of year, health messaging)

How many patients a year?

Do you see all patients that receive a positive result?

Did this change with COVID?

Q3. What is the typical process you/your clinic follow when they receive a positive iFOBT?

Is the patient contacted? If yes, when? (e.g. immediately, weekly call schedule, bulk patient calls)

If they are not contacted what is the process or reasoning for this?

How is the patient usually contacted? (e.g. phone, email, letter)

Who usually contacts the patients? (e.g. doctor, receptionist, practice manager)

Are they advised or asked to make an appointment with the practice or referred to a specialist?

Are there factors (e.g. patient's comorbidities, state of health, cultural background, gender, age) that influence the follow up of a positive result?

Does the process differ if you are the nominated PHP/GP or not (i.e., patient presentation)?

Q4. Do you use a specific software system to assist the follow-up process and/or link to the National Cancer Screening Register (NCSR)?

If yes, which software and does it work well?

Are there ways to improve this interface or better software of which you are familiar?

Q5. From your experience, does your system of follow up of patients work well?

What works well from your perspective?

Do you manage to see all patients with a positive result? If not, what prevents this?

Are there ways in which your current approach to follow-up could be supported or assisted? What would those be?

Q6. Do you refer to any national/state colonoscopy referral recommendations and pathways?

If so, what is your opinion of these recommendations/pathways?

Do these guide your own processes?

Could these recommendations/pathways be improved? If so, how?

Q7. Are there ways to improve early intervention and diagnostic pathways across the state?

Q8. Is there anything else you would like to add that we haven't already touched on?

Thank you