Professional Competence

Clinical or Practice Audit for Professional Competence

Contents

Overview

Definition of practice audit

Audit is a quality improvement process that follows the systematic review and evaluation of activities against research-based standards, with a view to improving patient care. An audit is a continuous process aiming to improve patient's care and practice excellence. The audit's findings are generally used locally in the clinical/practice settings.

Requirement

All Registered Medical Practitioners must be actively engaged in audit and at a minimum, participate in one audit exercise annually that relates directly to their practice. It is recommended that practitioners spend a minimum of one hour per month in audit activity. The audit requirements for PCS are as follows:

1. Partake in clinical audit activities that relate directly to your practice annually.
2. Complete each of the following steps of an audit:
    - Choose an audit topic
    - Agree/review standards
    - Collect data
    - Compare data with standards
    - Implement changes
    - Re-audit – "close the loop" and continue the cycle as appropriate

Recording your audit for Professional Competence

To meet your Professional Competence scheme requirement, a summary of the audit must be entered in the **Audit or Quality Improvement** recording form in your ePortfolio for Professional Competence.

Evidence of Participation
The Audit or Quality Improvement form in your ePortfolio for Professional Competence is designed to allow all audits to be recorded in a consistent way that is compatible with the Annual Verification Process.

We do not recommend additional supporting documents for your project because supporting documents regarding an Audit may contain sensitive data and lead to an inadvertent breach of General Data Protection Regulations.

Audit stages

Audits generally follow five stages:

1. **Standards** - reviewing existing standards or guidelines
2. **Data collection** – collecting the specific required data as defined by the audit's objectives
3. **Comparison** – comparing data/findings with the recognised standard/guideline
4. **Implementation** – implementing changes according to findings
5. **Re-audit** – revisiting the audit and examining the implemented change or changes in terms of their effectiveness, also referred to as "closing the loop"
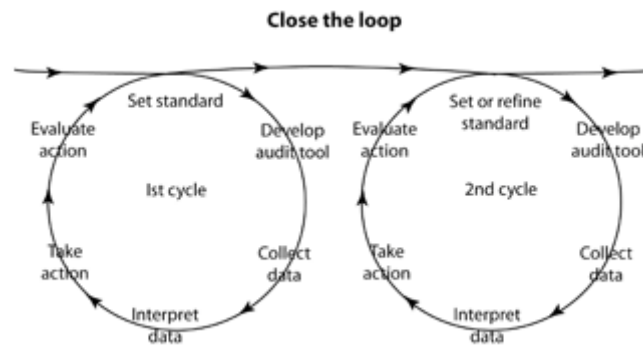
The cycle

This process is known as the audit cycle:
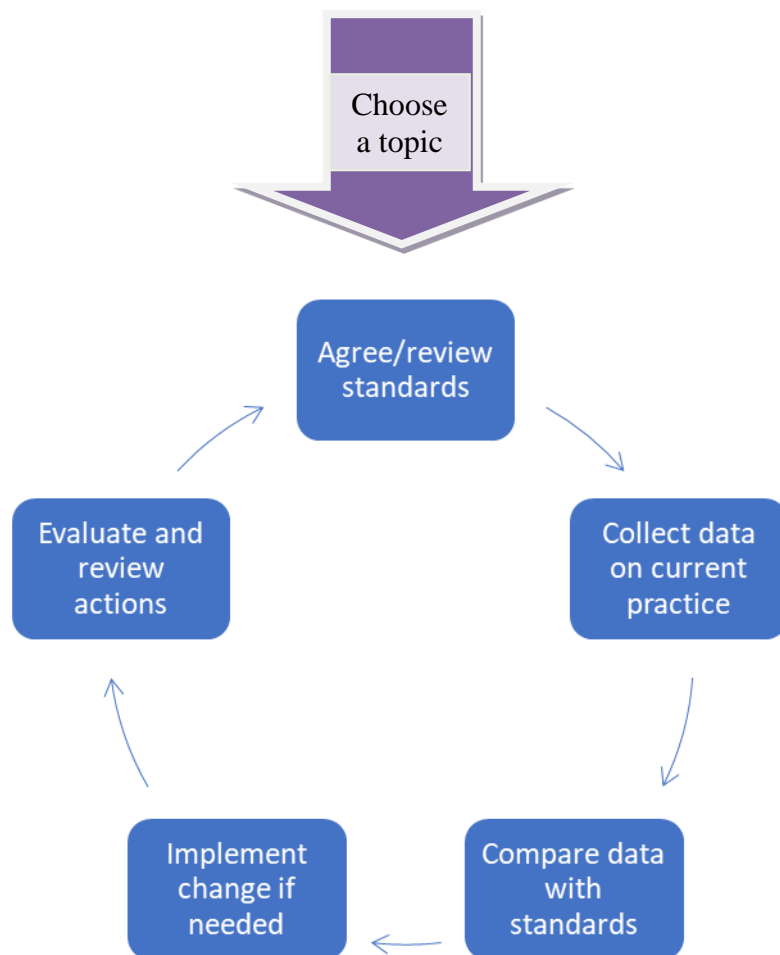
Re-audit

Re-audit forms an essential part of the audit. After change has been implemented, the practice audit cycle is completed by repeating the audit process (re-audit) to examine whether the implemented changes were effective or not.

Close the loop

Potential benefits

- Identify and promote good practice
- Improve professional practice and quality standards
- Supports learning and development of staff and organisations
- Identify and eliminate poor or deficient practice
- Identify and eliminate waste
- Promote working with multidisciplinary teams
- Allocate resources (financial, human) to provide better patient care
- Develop opportunities to present findings with relevant faculty and facilitate shared learning

Types of audit

- Activity against appropriate standards/guidelines/ best national/international practice
- Appropriateness of referrals, investigations, procedures
- Turnaround times for tests procedures appointments within your practice
- Individual practice review looking at clinical processes within your practice
- Practice activity against appropriate KPIs
- Patient satisfaction with current services or care delivery
- Compliance with health and safety guidelines
- Quality Improvement project within your practice or between practices/ institutions
- Other practice-relevant audit project

Ideas for audits - general

Quality improvement audit
Participation in a national audit or study
Audit of the processes of care delivery

- Audit of appropriateness of investigations
- Measurement of compliance with health & safety guidelines
- Audit of patients' experiences with the service
- Peer-review audit of reports in collaboration with one or more other department(s)
- Audit of complications of therapy
- Audit of patient outcomes
- Administration issues (GP referrals, forms to be completed, letters of reply to patients, relatives, complaints from patients, relatives etc)
- Setting standards – guidance development
- Systems analysis investigation of incidents that result in death or serious harm

Self-Assessment

- Individual compliance with Health & Safety guidelines
- Individual practice review
- Evaluation of individual risk incidents/complaints
- Measurement of individual compliance with guidelines/protocols
- Skills analysis
- Patient satisfaction
- Personal communication skills, e.g. clinical advice, referrals, reports, patient records, request forms etc.

Ideas for audit topics per Training Body

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Faculty of Occupational Medicine
- Sickness absence & rehabilitation
- Back pain consultations
- Mental health consultations
- Response to management referrals
- Simulator training, e.g. ACLS

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Faculty of Paediatrics
- Evidence based guidelines for the management of children presenting with acute breathing difficulty
- Practice audit on babies admitted to Paediatrics unit at the hospital within seven days of birth
- Simulator training, e.g., APLS

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Faculty of Pathology
- Activity against appropriate CPA/ISO15189 standards
- Appropriateness of laboratory testing practices and referrals
- Aspects of clinical biochemistry service against best national international practice
- Appropriate clinical interpretative EQA schemes
- Clinical activity against appropriate KPIs

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Faculty of Public Health Medicine
- Measurement of impact of educational activities
- Outbreak management both locally and nationally
- Lifestyle changes initiatives
- Disease and injury prevention

- Health inequalities tracking

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Institute of Obstetricians & Gynaecologists
- Personal Clinical practice, clinical outcome measures
- Departmental Guideline development and audit RCOG maternity dashboard
- National Guideline development and audit
- Confidential enquiry, prenatal morbidity and mortality

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Irish Committee on Higher Medical Training (ICHMT)
- a disease:
  - Diabetes
  - Hypertension
  - Low back pain
  - Epilepsy
- a specific therapy:
  - Warfarin
  - Antibiotics
  - Anti-Epilepsy medication
- an activity
  - Screening for hypertension
  - Recording BMI
  - Teaching
- a procedure
  - Selection criteria
  - Post procedural complications
- an intervention
  - Weight loss
  - Smoking cessation
  - Exercise

Specific examples of Audits

Background

The D-Dimer test was introduced to aid the exclusion of venous thrombosis. Since then, there is a perception that the test has been used inappropriately. In the financial year 2002–2003, the expenditure on D-Dimer kits and controls was £13 950 (approximately £4.75 per test). A 'snapshot' audit in were being requested (and performed) inappropriately. This audit a requested and performed inappropriately and to identify any possibl

Method

Laboratory staff working within the coagulation section of the h requests. They will judge the appropriateness of each request accorc in 2000 [not reproduced here]. These indications are Trust-specific, percentage of inappropriate results will be judged as the baseline teaching the junior medical staff about these indications/guidelin guidelines. We will then re-audit the appropriateness of D-Dimer rec

Standards

100% of D-Dimer requests should be within the guidelines.
100% of inappropriate requests must be refused.

Results

- 212 D-Dimer tests were requested in an approximately six-weel
- 184 of 212 (87%) D-Dimer tests were actually performed. The were therefore refused.
- 131 of 184 (71%) test requests were within the guidelines as ju forms.

Evidence-based Guidelines for the Management of Children Presenting with Acute Breathing Difficulty

These recommendations have been derived from an original guideline document produced by the Paediatric Accident & Emergency Research Group **NB:** The original guideline is **NOT** the work of the Royal College of Paediatrics and Child Health. This document represents the College's appraisal of the authors' completed guidelines. The College's appraisal should not be considered valid beyond September 2004, and new evidence at any time could invalidate these recommendations. The full guideline may be obtained at the following website: www.pier.shef.ac.uk

KEY POINTS
- The guideline covers a broad scope including guidance on initial management of bronchiolitis, acute asthma, croup and pneumonia.
- A formal (Delphi) consensus process was used in areas lacking strong evidence.
- It is not a substitute for clinical acumen: eg those using it must be able to distinguish wheeze and stridor.
- A parent representative was involved. The guideline includes an information sheet for parents.

SUMMARY OF 'AGREE' FINDINGS
The methods used to identify the evidence
The Cochrane Library, Medline, Embase, CINAHL, and Best Evidence were searched. Further articles were obtained from colleagues and by hand searching the bibliography of articles. A hand search for the last 5 years of the most relevant journals was performed. Journals not listed on Medline were only searched if thought to be relevant to the subject area. The Internet was searched for existing guidelines and links to other evidence based sites.
Which professionals were involved
The guideline development process included consultants in general paediatrics, paediatric accident and emergency, ENT, respiratory paediatrics, anaesthetics and public health, paediatric specialist registrars, a research nurse, a nurse from the paediatric accident and emergency department, a general practitioner, and a health economist.
Involvement of parents &/or children
A patient representative was included in the guideline development process.
Consensus method
The Delphi consensus method was used.

OTHER PUBLICATIONS ON RELATED TOPICS
- **British Thoracic Society.** Guidelines for the management of community aquired pneumonia in childhood
- A guideline on asthma is being published by SIGN and the British Thoracic Society http://www.brit-thoracic.org.uk/pdf/paediatriccap.pdf
- Keeley D. Asthma in children. Clinical Evidence. 2002;7:244-261 www.clinicalevidence.org
- There are many Cochrane Systematic Reviews available on the Cochrane Library relating to respiratory disorders in children. A list may be found at http://www.cochranechildhealth.org/frame_review.htm

LEVELS OF EVIDENCE/DERIVATION OF GRADES OF RECOMMENDATIONS
The levels of evidence used throughout are those derived from SIGN guideline 50 (see below). **Please note that those** lege.
ry low risk of bias, and directly

Objective: To assess and improve the management of postpartum haemorrhage in maternity units in Malawi.

Methods: A criterion based audit was conducted in 8 hospitals in three districts in Malawi. A retrospective review c case notes was conducted and the results compared with standards for postpartum haemorrhage, established base evidence the World Health Organisation manuals. Results of the audit were presented, recommendations made an implemented. A re-audit (45 case notes) was conducted 3 months later.

Results: There was a significant improvement in three standards: typing and cross-match carried out (p = 0.034), p hematocrit or haemoglobin established (p = 0.029), and fluid intake/output chart maintained (p <0.001). There wa towards an improvement in the close monitoring of vital signs (32.5% vs 53.3%) and a trend towards a decrease in fatality rate (10.0% vs 6.7%). There was no significant change in two standards in which 100% attainment was achi during the first audit: intravenous access achieved and intravenous fluids administered (100.0% vs 97.8%), and oxy drugs administered (100.0% vs 95.6%).

Additional considerations

Informed consent

According to the Medical Council[1] "Clinical audit..... (is) essential to the provision of good care and must be supported by access to high quality reliable data. When patient information is to be used as part of clinical audit ...you should anonymise the information as far as possible. Where anonymisation is not possible or appropriate, you should make patients aware that their identifiable information may be disclosed for such purposes. They should have the opportunity to object to disclosure of their information and any such objection must be respected" (p.30 point 30.2)

Data protection and confidentiality

When auditing clinical activities, auditors must ensure that the confidential identity of patients/staff information is kept and remains secure and the data protection and confidentiality guidelines are maintained. Due consideration must be given to practices such as:

- Data encryption
- Passwords
- Transferring data from one location to another, either hard copies or soft and usage of laptops and USBs is done with due diligence and according to data protection guidelines
- Creating safe backup
- Separating patient identity from data and clinical activities

Recording your Audit or Quality Improvement project in your ePortfolio

Project dates must fall within the Professional Competence year

In order for your project to be counted against the Medical Council requirements for the relevant year, it is necessary to ensure that the start and end dates of your audit fall between 1 May and 30 April of that year. Audits with dates that span more than one Professional Competence year cannot be counted.

> **Tip!**
> *Use the Calendar option that pops up in the date field to select the correct dates*

Record a high-level description of your audit

The Audit or Quality Improvement form only requires you to add a brief, clear description of each of the project aspects listed below. The end result should be similar to an abstract rather than a full recounting of the project.

Briefly outline the audit or quality improvement project you undertook during this Professional Competence year. You must complete every item in this form..

Title ★

Type of Audit or Quality Improvement Project ★

⚠ This field is required

Aim(s) of the audit ★

Background ★

Standards ★

What standards, guidelines or personally defined criteria is your project benchmarked against

Methodology ★

State your population sample, inclusion criteria, selection process and timeline for data collection.State any relevant methodologies or analysis that was applied.

Results ★

Provide data including number of cases which met or deviated from the standard, guideline or criteria. State key findings.

Conclusions ★

Recommendations & Action Plan ★

What changes should be implemented based on these findings.

Re-audit ★

Re-audit is an essential step to close the loop of the audit cycle. How will this be addressed?

Domains of Good Professional Practice

You must assign at least one of the Eight Domains of Good Professional Practice to your project. You can assign up to three Domains

You must assign at least 1 Domain of Good Professional Practice. You can assign up to 3 Domains

Domains of Good Professional Practice ★

Domain 2

Domain 3

Evidence documents are not required for your Audit/Quality Improvement Project

Frequently asked questions

I am in a non-clinical post, how can I engage in a Clinical (Practice) Audit?
The Forum of Irish Postgraduate Medical Training Bodies has published a guide entitled *Professional Competence Schemes for Doctors in Non-Clinical Practice: Internal CPD Credits and Audit*, for doctors in non-clinical practice.

This document provides guidance on how retired doctors, doctors engaged solely in academic or research or doctors in posts with professional or voluntary medical organisations can fulfil the Clinical (Practice) Audit requirement.

I am retired, how can I engage in a Clinical (Practice) Audit?
All doctors registered with the Medical Council thus retaining the right to practice medicine have a legal obligation to maintain competence. However, it is acknowledged that for doctors in non-clinical practice fulfilling the internal CPD and audit requirement can be more challenging.

For Professional Competence, the audit should reflect the scope of your practice and should be a review of an aspect of your practice, e.g., if you are primarily engaged in teaching, a review of the students could be undertaken.

I did not undertake a Clinical (Practice) Audit this year. Can I do two next year?
The Medical Council requires year on year compliance with Professional Competence. Only one Clinical (Practice) Audit is required per year. It is recommended that you spend at least 1 hour per month (12 hours per year) on this type of activity.

I can't identify a suitable audit topic

If you are having difficulty in identifying a suitable topic, we will be happy to help you.

To get the best advice for you, we need you to provide a clear definition of your practice, including the following:

- **Area of Practice:** e.g, the type of environment where you practice - medical specialty/academic area /other
- **Nature of Practice** (e.g., Hospital Environment with Peer Support/Non-hospital Environment with Peer Support/No peer support / Other
- **Description of Practice:** A brief outline of the activities you engage in as a hospital doctor/sole practitioner/medical advisor etc.

Submit your definition of practice to us at professionalcompetence@rcpi.ie so that we can seek appropriate advice for you.

Resources

Guidance from the RCPI Training Bodies
Viewing the following guides may also suggest some audit topics that are appropriate for you.

Faculty of Occupational Medicine:

- [Clinical (Practice) Audit on the Management of Lower Back Pain](#)
- [Clinical (Practice) Audit on Ethics in Occupational Health](#)
- [Patient Experience Survey example](#)

Audit tools for Occupational Medicine*

- [Clinical (Practice) Audit on the Management of Lower Back Pain](#)
- [Clinical (Practice) Audit on Ethics in Occupational Health](#)
- [Patient Experience Survey example](#)

    *These audit tools may provide useful suggestions for other specialties

Faculty of Public Health Medicine
[Clinical Audit / Quality Improvements Guidance](#)

These Faculty documents can be downloaded from www.rcpi.ie through our Professional Competence section

Other guidance
HSE Quality and Patient Safety – About Clinical Audit:
http://hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Audit/

Medical Council
- [Medical Council Guidance for Clinical Audit](#) Videos on this topic can be found on the Medical Council website www.medicalcouncil.ie in the News and Publications section.
- www.medicalcouncil.ie/Existing registrants / Professional Competence: [Guidelines on the implications of GDPR on Clinical / Practice Audit](#)
- www.medicalcouncil.ie/Existing Registrants: [Professional Conduct and Ethics](#)

Courses Available

The RCPI Postgraduate Medical Education Centre provides a wide range of educational activities including a online courses such as "**Performing Audit**", "**Fundamentals of Quality Improvement**" and "**GDPR in a Clinical Setting**" which may be of interest to you.

For more information on courses available visit the Courses & Events section of our website, www.rcpi.ie or contact the Postgraduate Medical Education Centre at +353 1 963 9700 or courses@rcpi.ie

Do you need help?

If you need advice on Professional Competence or what to record in your ePortfolio, please contact the RCPI Professional Competence Department, which is open Monday to Friday 09:00 – 17:00 GMT at + 353 1 863 9739 or professionalcompetence@rcpi.ie.

To access your ePortfolio simply go to the RCPI website (www.rcpi.ie) and click on Login (top of the screen above Search). Enter your username and the password you use for RCPI Online Services. You will then see a link to open your ePortfolio on the top right-hand side of your screen.

If you have forgotten your password, you can use our Forgot Password service.

If you need help logging in to RCPI Online Services or the ePortfolio, you can contact the RCPI Helpdesk, which is open Monday to Friday 08:00 – 18:00 GMT on +353 1 863 9721 or helpdesk@rcpi.ie.

Revisions:
Revision 1 May 2015 – to reflect improvements to the RCPI ePortfolio for Professional Competence Clinical Audit Form

Revision 20 August 2021 – to reflect change to a new ePortfolio system and to include updated resources