**RACP Audit Template (see attached notes)**

*This template is a guide only – other tools may better suit your purpose. Boxes will expand as needed*

|  |  |
| --- | --- |
| **Name**  | Click here to enter text. |
| **Audit Title** | Click here to enter text. |
| **Start Date** | Click here to enter text. | **Finish Date** | Click here to enter text. | **Total hours** | Click here to enter text. |

**Step 1: Identify the audit you want to complete**

|  |
| --- |
| 1. The area of practice that I have selected to audit is:
 |
| Click here to enter text. |
| 1. The question I would like the audit to answer is:
 |
| Click here to enter text. |

**Step 2: Develop or select standards**

1. The performance measures, quality indicators, professional standards or checklist I will compare my performance against are:

|  |
| --- |
| Click here to enter text. |

1. The potential ‘cultural competence and/or health equity’ elements that impact this audit have been considered or will be measured in the following way:

|  |
| --- |
| Click here to enter text. |

 **Step 3: Collect data**

I will collect this data using the following methods:

|  |
| --- |
| Click here to enter text. |

**Step 4: Analyse the results**

The results suggest (also add feedback from peers/colleagues if sought):

|  |
| --- |
| Click here to enter text. |

**Step 5: Implement change and plan for re-audit**

5.1 The change I will make/learning I will complete is:

|  |
| --- |
| Click here to enter text. |

5.2 I will re-audit to measure improvement at the following time:

|  |
| --- |
| Click here to enter text. |

**Step 6: Record your time in** [**MyCPD**](https://www.racp.edu.au/mycpd/)

**Notes to the RACP Audit Template**

**Purpose of an audit**

In general terms, audits are a way for you to assess an aspect of your practice against established standards. They are QI exercises designed to tell you what you are doing well, where you can improve, and how you can make those improvements. Re-auditing completes the cycle and allows you to measure the impact of any changes made to your practice. The Medical Council of New Zealand defines audit as:

*‘… a systematic, critical analysis of the quality of a doctor’s own practice, the results of which are used to improve clinical care and/or health outcomes, or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines.’[[1]](#footnote-1)*



*The audit cycle*

Many physicians may currently be involved in audits as part of ongoing activity in large public hospitals and many will be doing small self-audits. Many will also complete regular, informal and undocumented audits. Prof Richard Doherty, former Dean of the RACP, observes:

*“Physicians tend to go looking for information in the literature and focus, or shape, their learning in CPD to address the issues that are challenging them at the time. And you go away, you log the hour or so that you spent reading that article, and then you do some reflection, and you change your practice. And, in fact, probably what you’ve done is a mental audit of your own practice anyway as part of that reflection. The challenge for us in the College is to make tools available to people to make those mental audits real and to give them validity. Because, of course, when we do those sorts of mental exercises we can run the risk of being incomplete and selective.” (*[*Pomegranate Health, Episode 39*](https://www.racp.edu.au/pomegranate/view/episode-39-rebooting-cpd-part1)*)*

**Audits are MyCPD Category 3 activities that attract 3 credits per hour.**

*Please note there is no requirement to use this template – use a format that best suits your purpose.*

**Step 1: Identify the audit you want to complete**

It is important from a CPD point of view that you identify a topic for audit that relates to an area of your practice (or of the practice/unit in which you work) that may be improved.

The topic does not need to be complex. Focus instead on asking a question for which you can gather data and get a clear answer. It might relate to:

* Structure (e.g. staffing levels, equipment availability)
* Processes (e.g. appropriateness of investigations, clinical procedures, patient handover/referral)
* Outcomes (e.g. patient outcomes and satisfaction)

It may also help to ask yourself:

* What interests me?
* What interests my stakeholders?
* What am I less confident about?
* What could result in a big improvement in outcomes, costs or risks?
* What are the health equity issues that impact my practice?
* What standards and benchmarks guide my practice?
* What isn’t assessed by other processes?

You will find ideas for completing [clinical audits](https://elearning.racp.edu.au/mod/page/view.php?id=13999.) and [non-clinical audits](https://elearning.racp.edu.au/mod/page/view.php?id=19560) at RACP e-learning.

1. **The area of practice that I have selected to audit is:**
2. **The question I would like the audit to answer is:**

**Step 2: Develop or select standards**

Use existing audit standards if they are relevant to the topic and context. One useful place to begin is to check whether there are [Evolve recommendations](https://evolve.edu.au/about) that apply to your work. [Clinical care standards](https://www.safetyandquality.gov.au/standards/clinical-care-standards) may also provide useful places to start. Also check if there are already tools/checklists you can use/adapt. Examples are templates that exist for [auditing letters](http://globalpediatrics.org/images/SAIL.pdf), auditing your own [supervisory skills](https://www.racp.edu.au/docs/default-source/default-document-library/the-supervisor-handbook-supervisor-self-reflection-and-skills-review-tool.pdf?sfvrsn=4f450c1a_2), or adjusting more specific templates to fit your need, eg. the [worker assessment report audit](https://elearning.racp.edu.au/mod/resource/view.php?id=19580)

Alternatively, develop your own standards based on national or international guidelines, the medical literature, case studies and other evidence. It may be useful to do this with colleagues or at least to have a peer or colleague review your proposed standards before you use them to audit your practice.

Where possible - standards should be specific, measurable and achievable. For example, ‘Staff perform the 5 Moments for Hand Hygiene in 80% of patient interactions’. It is important that the audit you design is achievable, and this can be done in a number of ways. You can limit the indicators you measure against and repeat against further measures later or you can plan a more complex audit over a longer period of time (including across different CPD years).

You may also decide to audit your practice against [RACP professional standards for cultural competence.](https://www.racp.edu.au/fellows/professional-practice-framework)

1. **List the performance measures, quality indicators, professional standards or checklist you will use to compare your performance against.**

When reviewing the standards against which you audit it is important to look at the opportunity for measuring outcomes through the lens of cultural competence/health equity. Health outcomes are impacted significantly by a range of issues including race/culture. It may be important, and could provide a significant extra opportunity, to frame your audit in such a way as to identify those impacts in addition to the areas you have identified above. Cultural competence and health equity may not be an element in every audit and they can of themselves be the full focus of an audit eg. are there discrepancies in treatment based on aspects of culture / sexual orientation / socio-economic status etc.

1. **Consider whether there are potential ‘cultural competence and/or health equity’ elements that impact this audit and (where they are relevant) indicate how they will be measured:**

**Step 3: Collect data**

Collect data either prospectively or retrospectively. Retrospective data collection is usually less time consuming but should only be done if the required information has been recorded in an unbiased way.

It may help to do a small pilot to test the collection method. For example, am I getting the information I need? Is it easy to administer and not too time consuming?

For a small self-audit the Royal College of Physicians and Surgeons of Canada [guidelines](http://canjsurg.ca/wp-content/uploads/2017/07/clinical-audit-guidelines-e.pdf) recommend a minimum of 10 consecutive cases. This will depend on the nature of the audit.

Be aware that the methods you use to collect data can have implicit cultural biases. You may need to seek advice from those that can help ensure your audit does not miss important cultural impacts because you have not accounted for this in data collection.

Ethics approval may be required for some audits, so it is recommended that you check the policies in your jurisdiction. If your workplace does not have a Human Research Ethics Committee (HREC), you can approach one from another institution (see lists of HRECs in [Australia](https://www.nhmrc.gov.au/sites/default/files/documents/attachments/human-research-ethics-committees-registered.pdf) and [New Zealand](http://www.hrc.govt.nz/ethics-committee-approval-and-annual-reporting)). Even if ethics approval is not needed, the audit design should still follow ethical principles.

The form you use to collect the data will depend on the nature of the collection method. Other templates, approaches and tools can be found in the [curated collection on audit](https://elearning.racp.edu.au/mod/data/view.php?d=39&perpage=1000&search=&sort=0&order=DESC&filter=1&advanced=1&f_208=Tools).

**Step 4: Analyse the results**

After you have collected the data the next step is to analyse the data you collected and compare your performance with the performance measures or quality indicators you selected in Step 2.

As you come to conclusions there are some important questions to consider:

1. **What specific actions will I take to improve my practice?**
2. **What opportunities for learning, or further investigation do the results suggest?**
3. **Who can provide assistance in making these changes and what barriers am I likely to face in implementing change?”[[2]](#footnote-2)**

Once you have summarised your results and identified potential areas for change/learning it is valuable to seek feedback from a colleague, peer or mentor. This becomes extremely important for Physicians working in geographical or social isolation.

**Step 5: Implement Change**

Implement the change/learning you have identified and continue to record or keep available records of the impact so that at a future time you can re-audit the impact of the change you have made. This re-audit step is an important one in the process and provides evidence of any impact.

**5.1 The change I will make/learning I will complete is:**

**5.2 I will re-audit to measure improvement at the following time:**

**Step 6: Record your time in MyCPD**

The time you spend planning, gathering and analyzing data and seeking feedback on the results is all claimable as a Category 3 – Measuring Outcomes activity in [MyCPD](https://www.racp.edu.au/mycpd/). You can summarise you process on the template at the beginning of this form or use any other template/checklist that suits the nature of your audit.

1. Medical Council of New Zealand. Audit of Medical Practice. <https://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/audit-of-medical-practice/> Accessed 1/10/2019 [↑](#footnote-ref-1)
2. With acknowledgement to the Royal College of Physicians and Surgeons of Canada. Clinical Audit Tool. <http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/clinical-audit-tool-e.pdf>. Accessed 1/10/2019 [↑](#footnote-ref-2)