



Group activity

Category 1  
Practice evaluation  
Measuring outcomes

Individual activity

## ANZCA and FPM CPD Program

### Practice audit (clinical support) guideline

#### Purpose

This guideline assists CPD participants complete the *Practice audit (clinical support)* (PA-CS) activity.

#### Activity description

The objective of PA-CS is to collect data on practice, reflect on results and consider practice changes if areas for improvement are identified.

PA-CS focuses on audit in work roles that don't involve direct patient care but that are important for safe and high-quality patient care; thus, this activity is relevant to CPD participants with clinical support roles and those who practise entirely without direct patient care.

PA-CS may be part of a *quality assurance* process, where data are compared against an accepted benchmark, standard or other comparator. The process may be repeated by re-audit, in a cycle of *quality improvement*, often to evaluate the impact of practice changes.

PA-CS may involve one CPD participant or a group in single or multiple disciplines. It may focus on individual, team, departmental, group, hospital or health service outcomes.

#### Related documents

1. [Practice audit CPD verification form](#)

#### How to complete this activity

##### Steps

Time period	Steps	Complete
Develop audit plan	<u>Decide on a topic</u> that is relevant to your practice supporting patient care. This might include a 'problem description' or a statement of the rationale for the audit topic.	
	<u>Determine the aim</u> of your practice audit. For example, is the audit being conducted to identify practice improvement opportunities (a gap analysis) or as part of a broader quality improvement initiative (to establish a baseline or measure the impact of a change)?	
	<u>Investigate best practice</u> for this area – identify research evidence or an authoritative opinion.	
	<u>Determine the standard or target</u> for best practice, if available. If no standard is defined, what would you judge would be an acceptable target (or, conversely, what result would indicate the need for improvement)? The Medical Council of New Zealand calls the latter a 'generated standard'. <sup>1</sup>	
	<u>Select the indicators</u> that demonstrate performance. Consider process and outcome measures, where available.	
	<u>Identify the data</u> to be collected, including selection criteria.	
	Determine the <u>process and timeframe</u> for data collection.	

Time period	Steps	Complete
<b>Ethics approval</b>	<p>Ethics approval is not a mandatory requirement for satisfactory completion of this CPD activity.</p> <p>However, CPD participants must comply with local regulations on ethics approval within their jurisdiction and workplaces. This applies even if the CPD participant does not intend to publish the results of the audit outside their department or group.</p>	
<b>Collect data and summarise them with the chosen comparator</b>	<u>Data collection</u> as per your plan.	
	<u>Summarise results</u> , with the relevant benchmark, standard or comparator listed against the results for each domain (to facilitate comparisons in the next step).	
<b>Reflect on your results</b>	What are the <u>key findings</u> ?	
	How do these <u>compare to the benchmark</u> , standard or other comparator, where available, or else to what you a priori judged as an acceptable target (your generated standard)?	
	What are the <u>limitations</u> of these conclusions?	
	What are the <u>implications</u> of these results for your practice. What improvements could be made? What could be the next steps? (e.g., How could the audit results be used to inform development of a quality improvement project to address identified gaps in practice?)	

### Audit examples

Generic examples of what participants might audit include:

- A comparison of safety and quality datasets with best practice standards in that domain.
- An audit of the outcomes of a department, group, hospital or health service, compared with state, national or international benchmarks.
- An audit of own performance in an area of practice compared with those of peers (department or group of colleagues).
- An audit of supervision and teaching in your hospital, department or practice.

**The Royal College of Anaesthetists (RCoA)** has developed a publication titled "[Raising the Standards: RCoA quality improvement compendium](#)", which provides examples of achievable audits focused mainly on measurement against defined standards.<sup>2</sup> **ANZCA gratefully acknowledges the RCoA's willingness to make this document available for our participants.** Ready-to-use audit topics and samples relevant to clinical support roles and practice without direct patient care are in Chapter 11.

**The Royal Australasian College of Medical Administrators (RACMA)** in their "Continuing Professional Development Handbook" include guidance on auditing outcomes of own practice or that of your organisation.<sup>3</sup> They outline steps for audits and provide suggestions about audits and relevant standards and indicators. **ANZCA gratefully acknowledges the RACMA's willingness to make this document available for our participants.**

**The Medical Council of New Zealand** website includes some examples of audits relevant to clinical support or practice without direct patient care.<sup>1</sup>

In 2024, ANZCA and FPM fellows from across Australia and New Zealand will develop templates for practice audit to add to the existing [clinical audit samples](#) repository. If you would like to contribute to development of an audit template on a new topic that is relevant to clinical support roles and practice without direct patient care, please contact the [CPD team](#). We welcome your ideas.

## ANZCA and FPM CPD portfolio recording

Participants record this activity under

Category 1 Practice evaluation – Measuring outcomes: *Practice audit* with the [Practice audit CPD verification form](#) uploaded as evidence.

### Optional related activities

#### 1. Report of audit findings

This is a written report or presentation of audit results including the key findings and their implications for your practice. For example, discussion with a peer allows your colleague to enhance your reflection on your audit results by providing another perspective. This assists you close the 'audit loop' by developing recommendations for necessary change (e.g., if audited performance falls short of your comparator).

Time spent on reporting clinical audit findings is recorded by the audit presenter as Category 1 Practice evaluation – measuring outcomes: *Report of audit findings*.

If audit results are discussed with a colleague, this is recorded by them as Category 2 Knowledge and skills: *Review of ANZCA and FPM fellows*.

#### 2. Critical Reflection on the audit process

- What went well/not so well?
- What would you do differently in a future audit?

Time spent on this activity can be recorded under the *Practice evaluation – reviewing performance: Critical reflection activity*.

### References

1. Medical Council of New Zealand website. Audit of medical practice. At <https://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/audit-of-medical-practice/>.
2. Royal College of Anaesthetists (RCoA). Raising the Standards: RCoA quality improvement compendium. 2020. At <https://www.rcoa.ac.uk/safety-standards-quality/quality-improvement/raising-standards-rcoa-quality-improvement-compendium>.
3. Royal Australasian College of Medical Administrators. CPD Handbook. 2023. At <https://racma.edu.au/app/uploads/2023/03/RACMA-CPD-Handbook-2023.pdf>.
4. Academy of Medical Royal Colleges. Non Clinical Work and Revalidation: report and recommendations from the Non Clinical Work Group of the Academy of Medical Royal Colleges. 2009. At <https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2014/11/non-standard-clinical-work-revalidation.pdf>.  
*This includes the attributes of those who work in medical research, medical education, clinical leadership and medical management, and who use their specialist expertise in various clinical support roles. These could guide areas for specific audit.*
5. Backhouse, A., & Ogunlayi, F. (2020). Quality improvement into practice. *BMJ (Clinical research ed.)*, 368, m865. <https://doi.org/10.1136/bmj.m865>
6. Limb, C., Fowler, A., Gundogan, B., Koshy, K., & Agha, R. (2017). How to conduct a clinical audit and quality improvement project. *International journal of surgery. Oncology*, 2(6), e24. <https://doi.org/10.1097/IJ9.000000000000024>.

## Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	G Goulding A Kattula L Roberts J Sutherland	D Devonshire P Roessler G Mastrantoni N Kaye	CPD Committee	October 4 2023	Created

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ANZCA website: [www.anzca.edu.au](http://www.anzca.edu.au)