GP Full Audit

GUIDE & Mini Audit EXAMPLE

Measuring outcomes for CPD Hours – Type 2 Diabetes Prevention

Use this guide to help complete your audit or mini audit.
Audits (full audit or a mini audit) are a planned activity that will contribute to the general practitioner's (GP's) continuing professional development (CPD) hours in their CPD Home. The audit should be activities that systematically review an aspect of the Practice or GP's performance against respective standards or guidelines for best practice.

An audit is done to improve patient outcomes and practice policies and procedures, there are two areas for review:	
A clinical evaluation of the care that a GP/group of GP's provide patients or a review of a practice-based process or system/procedure.	As a quality improvement (QI) activity.

A mini audit or audit must consider ethical, privacy (Privacy Act 1988) and confidentiality issues around patient information, as required.

The recommended minimum time allocation per audit type by RACGP.		
Mini Audit	**Audit**	Audit types can be fixed by time or patient numbers (min 5 patients), depending on the audit subject. Audits can be in person, via telephone or video conference.
Min 6 hours	Min 10 hours	

Participants of an audit activity can be a compilation of below but must have an overall GP Lead on the activity.		
- Individual GP - A group of GPs - Combination of GP and Specialists.	- Practice Manager - Practice Nurse - Practice Reception	- Allied Health providers - Hospital

MINI AUDIT – Mini audits are made up of 4 steps (Full audits have an additional step)	
Step 1	Identification of audit needs - a) Identify the GP lead and the person to organise the group (this can be the same person) b) Identify the aim of the mini audit (SMART goal) c) Agreeance from the audit team to identify and reflect on their individual learning needs in relation to the group.
Step 2	Method / How will the mini audit be measured – a) Define the best practice guideline(s) or standard/s to be met. b) Define the criteria of the mini audit c) Identify the data that will need to be collected – i. What data will be collected, who will collect, when will it be collected, where and how. ii. How will the privacy and confidentiality be maintained? iii. How will consent be obtained, if required.
Step 3	Data Collection – Collect the required data, information regarding subject matter (patients / processes / policy / etc.) relevant to the mini audit.
Step 4	Data analysis and implementation of changes – a) Analysis of the data against the guidelines / standards of measure (step 2)

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	b) Identification of improvements/changes required to policies or procedures by the GP / group / practice to meet the guidelines / standards selected. c) Implementation of the improvements / changes identified as required for quality improvement. d) Reflection of the outcomes for the GP / group / practice using the questions provided in the mini audit / full audit PDSA (Plan Do Study Act) template (see template on page 3) e) Submit your reflections - if a group audit, reflections must be submitted to your CPD home as a group.

FULL AUDIT – Full audits are made up of 5 steps (mini audits have 4 steps)	
Step 1	Identification of audit needs - a) Identify the GP lead and the person to organise the group (this can be the same person) b) Identify the aim of the full audit (SMART goal) c) Agreeance from the audit team to identify and reflect on their individual learning needs in relation to the group.
Step 2	Method / How will the full audit be measured – a)Define the best practice guideline(s) or standard(s) to be met. b)Define the criteria of the full audit, c)Identify the data that will need to be collected – iv. What data will be collected, who will collect, when will it be collected, where and how. v. How will the privacy and confidentiality be maintained? vi. How will consent be obtained, if required.
Step 3	Data Collection – Collect the required data, information regarding subject matter (patients / processes / policy / etc.) relevant to the full audit.
Step 4	Data analysis and implementation of changes – a) Analysis of the data against the guidelines / standards of measure (step 2) b) Identification of improvements/changes required to policies or procedures by the GP / group / practice to meet the guidelines / standards selected. c) Implementation of the improvements / changes identified as required for quality improvement. d) Reflection of the outcomes for the GP / group / practice using the questions provided in the mini audit / full audit PDSA template (see template on page 3) e) Submit your reflections to CPD home - if a group audit, reflections must be submitted to your CPD home as a group.
Step 5	Continual review of progress and sustained improvement by repeating Steps 3 and 4 – a) Detailed strategies or processes on how to monitor progress, b) Description of sustainable improvement procedures c) Lead GP is to submit the full audit / audit application via their CPD home on behalf of the group / practice.

Use this template to help complete your full audit or mini audit.

Start Date:	**19 April 2024**	**Finish Date:**	**19 April 2024**
Audit Subject /Title:	**Type 2 Diabetes Prevention**		
Audit Type:	**Audit ☐ Mini Audit ☒**	**CPD Home:**	**RACGP Member # 123123**
Audit / Mini Audit Cycle			
Step 1 – Identify audit needs and / or subject matter, the aim of the audit / mini audit e.g. SMART goal, and desired learning outcomes. (min 1hr)			

Needs assessment:
Type 2 diabetes is characterized by insulin resistance and progressive loss of insulin-producing capacity in the pancreas. It has strong genetic links and lifestyle risk factors, with potential management through diet and physical activity. Approximately 1.5 million Australians are registered with the National Diabetes Services Scheme (NDSS), with type 2 diabetes accounting for 86.7% of these cases.

Recent statistics indicate an alarming rise in type 2 diabetes cases, with about 312 new registrations per day. The total diabetic population could be as high as 2 million, considering undiagnosed cases. The prevalence of type 2 diabetes has tripled since 1990, making it a significant public health issue.

Type 2 diabetes severely affects individual health, leading to complications like heart disease, kidney disease, and stroke. It is also linked with substantial mental health challenges, with nearly 50% of diabetics experiencing related issues annually. The disease places a significant strain on the healthcare system, with high hospitalization rates and healthcare costs.

Diabetes imposes an annual financial burden of approximately $17.6 billion on Australia, stemming from healthcare expenditures and productivity losses.

Certain groups, such as Aboriginal and Torres Strait Islander peoples, face higher risks and prevalence rates. Younger populations are increasingly being diagnosed, complicating long-term management and increasing lifetime risks.

Prevention focuses on lifestyle changes, with evidence suggesting significant benefits from dietary modifications and weight management. However, systemic support for these preventive measures is lacking, with inadequate integration in primary care settings.

Learning Outcomes: Identify eligible patient who are at-risk of developing diabetes for a health assessment.
- Implement a diabetes risk reduction quality improvement activity.
- Measure quality improvement activity using Primary Sense

SMART Goal: Within the next four weeks, our team will use Primary Sense and the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) to identify 5-10 patients aged 40-49 with an AUSDRISK score greater than 12% and engage them in a Health Assessment (MBS items 701, 703, 705, 707).

Discuss with other practice team members the potential opportunity to improve Diabetes risk as a practice. (Other GPs in your practice may also need CPD hours). If working with others in the team, form a QI team within your practice and schedule meetings to discuss options and strategies. **Please note GPs can do this activity independently.**
Suggested team members include:
1. General practitioner (GP),
2. Practice manager (Practice QI lead),
3. Practice nurse,
4. Receptionist,

Refer to the practice team roles and responsibility for ideas. roles and responsibility for ideas.

TIP: Specify roles and delegate responsibilities for each team member and ensure these are documented in a PDSA.

Step 2 – Method how will the audit / mini audit be measured (min 1hr)		**Hours MO** 0.5	**Hours RP** 0.5
Audit Subject / Criteria	**Guidelines / Standards to be met**	**Data to be collected. (Who, when, where, how)**	
Subject: Type 2 Diabetes Risk Reduction **Criteria:** Patients who are eligible for this clinical audit are adults who are: • Patients aged 40 to 49 years inclusive. • Patients must score ≥ 12 points (high risk) on Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) Exclusion criteria: • Patients with new diagnosed or existing diabetes are not eligible. • Not for patients admitted in hospital • Previous Health Assessment billed in the last 12 months.	The practice will follow the best practice guidelines outlined for managing type 2 diabetes risk detailed in the listed resources. Practice Incentives Program Quality Improvement Incentive Guidelines, Commonwealth of Australia, 2019 Available at https://www.health.gov.au/sites/default/files/2022-12/practice-incentives-program-quality-improvement-incentive-guidelines_0.pdf Practice Incentives Program Quality Improvement Measures, Commonwealth of Australia, 2019 https://www.health.gov.au/sites/default/files/2022-12/practice-incentives-program-quality-improvement-measures_0.pdf Royal Australian College of General Practitioners. Guidelines for preventative activities in general practice. 9th edition, 2016, East Melbourne, VIC. https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Red%20Book/Guidelines-for-preventive-activities-in-general-practice.pdf The Royal Australian College of General Practitioners. (2015). *Smoking, nutrition, alcohol, physical activity (SNAP): A population health guide to behavioural risk factors in general practice* (2nd ed.). Melbourne, VIC: The Royal Australian College of General Practitioners. Royal Australian College of General Practitioners. Standards for General Practices. 5th Edition, 2020, East Melbourne, VIC. Available at https://www.racgp.org.au/getattachment/ece472a7-9a15-4441-b8e5-be892d4ffd77/Standards-for-general-practices-5th-edition.aspx The Royal Australian College of General Practitioners. (2018). *Putting prevention into practice: Guidelines for the implementation of prevention in the general practice setting* (3rd ed.). East Melbourne, VIC: RACGP. https://www.racgp.org.au/getattachment/2ba9e40f-fe33-44bf-8967-8bf6f18a1c1a/Putting-prevention-into-practice-Guidelines-for-the-implementation-of-prevention-in-the-general-practice-setting.aspx	Guidelines / Standards used to measure the mini audit should be collected by the GP and Practice nurse and discussed during this time. Primary Sense will be used to prepare a report per participating GP "Health Assessments, eligible or due" which identifies Patients who are eligible for a health assessment. It is suggested the practice nurse or practice manager check HPOS and MyHealth record for any previously billed or billed elsewhere Heart Health Checks or Health Assessments (699, 177, 701, 703, 705, 707). Update the patients clinical file prior to recall procedures. GPs, Practice nurses and Practice managers will be required to complete a pre-audit and post-audit data review.	

	Diabetes Australia. 2023. *2023 Snapshot: Diabetes in Australia*. Diabetes Australia, 2023. https://www.diabetesaustralia.com.au/wp-content/uploads/2023-Snapshot-Diabetes-in-Australia.pdf. Royal Australian College of General Practitioners. (2020). *Management of type 2 diabetes: A handbook for general practice*. https://www.racgp.org.au/getattachment/41fee8dc-7f97-4f87-9d90-b7af337af778/Management-of-type-2-diabetes-A-handbook-for-general-practice.aspx Diabetes Australia. 2023 Snapshot: Diabetes in Australia, 2023, Diabetes Australia. https://www.diabetesaustralia.com.au/wp-content/uploads/2023-Snapshot-Diabetes-in-Australia.pdf	

Ensure ethical, privacy and confidentiality issues relating to patient information is considered and addressed.

How will you address these issues?

No identifiable data will be shared with the PHN while they are supporting the health assessment project. The patients "usual GP" and the practice clinical data manager / practice manager will only have access to the identifiable data of the patients.

Step 3 – Data collection (min 2hrs) – Data collection for the audit / mini audit around number of patient and why they were selected (as applicable) and / or collection of the required data or information (policy, procedures, patients, etc.) relevant to the audit / mini audit.	**Hours MO**	**Hours RP**
	2hrs	0.5

1. GPs or Practice Nurse to identify patients eligible for a 40 – 49 year health assessment using the Primary Sense reports "Health Assessment". It is suggested that you start with 5-10 patients initially.
2. GPs or Practice Nurse to review patients' eligibility status for a Health Assessment (MBS 701, 703, 705, 707) in HPOS.

   Recall eligible identified patients as per practice recall and reminder policy for a health assessment. Then further assess their TYPE 2 Diabetes risk using the AUSDRISK calculator. For a full audit, the patient needs to engage in a risk reduction activity and be recalled after 6 months to re-measure their risk using AUSDRISK calculator.
3. Discuss and document your approach, targets, and expected outcomes of your QI activity. If you are working with other GPs, you can all work on the same document.
4. If you need any patient resources, please order. Include resources available in languages other than English. Refer to HealthPathways

TIP:

- *Consider potential factors that may negatively impact the activity and factor these into timelines. (e.g. accreditation, staff leave, staff turnover, etc.).*
- *Referring eligible patients to a program like My Health for Life can support people at high risk of developing chronic conditions such as type 2 diabetes, to make healthy lifestyle changes and reduce modifiable risk factors.*

- *The "Health Assessment" page on the Health Pathways website offers resources for general practices and patients, including diabetes risk tools, chronic condition guidelines, Medicare assessments for Aboriginal and Torres Strait Islander populations, and RACGP resources for Type 2 diabetes. It also features an online risk calculator and self-management programs for chronic conditions.*

Step 4 – Data analysis and implementation of changes (min 2hrs) – Describe the review and analysis of the data process against the guidelines / standards of measure, identify changes and improvements and implement the changes to policy or procedure to meet the standards / guidelines.	**Hours MO**	**Hours RP**
	0.5	2hrs

1. GP to document any overall reflections of Type 2 Diabetes interventions for the cohort of patients recalled and reviewed in consultation.

2. Log your hours and supporting documentation with your CPD home.
   a. It is important to self-report the hours and supporting documentation (PDSA, meeting minutes, certificate, etc.), to your CPD home.

   b. Discuss if the policy / process / systems have been improved in a Quality Improvement team meeting, confirm changes are improvements and implement into the practice policy and procedures. If you have achieved improvements in your patient cohort Type 2 Diabetes risk reduction, consider reviewing more patients for Type 2 Diabetes risk.

TIPS:

- *Ensure you document your findings to continue to meet the PIP QI guidelines.*
- *If you have changed your practice policies and procedures, ensure these are documented in your practice policy & procedure manual.*

Group Reflection	
Where the learning needs met? **Not met –** ☐ **Partially met –** ☐ **Fully met -** ☐	**Was this audit subject relevant to your practice?** **No –** ☐ **Partially –** ☐ **Yes -** ☐
What was learnt from the audit / mini audit?	**Reflection Questions:** **Audit Objectives and Relevance:** 1. What were the primary objectives of this clinical audit, and how do they align with current healthcare priorities for Type 2 diabetes prevention? 2. How relevant do you find the findings of this audit in your daily practice? **Findings Interpretation:** 3. What are your key takeaways from the audit regarding the barriers faced by the 40-49 age group in maintaining and improving a preventative lifestyle? 4. How do the results of using the AUSDRISK tool inform clinical decisions? Has it changed your approach to screening? **Impact on Patient Outcomes:** 5. In what ways has the audit findings influenced your approach to patient education and engagement? 6. Can you describe any specific cases where insights from the audit directly impacted patient management or health outcomes? **Practice Improvement:** 7. Based on the audit, what changes would you consider implementing in your practice to enhance diabetes prevention strategies? 8. How do you plan to address the identified barriers to lifestyle changes in your patient consultations? **Challenges and Solutions:** 9. What challenges do you foresee in implementing the changes identified from the audit? 10. What potential solutions could be effective in overcoming these challenges? **Reflecting on Tools and Resources:** 11. Are there additional tools or resources that you believe could improve the effectiveness of early diabetes risk detection and management? 12. How could the practice better utilise current tools or modify existing procedures to enhance health outcomes? **Feedback and Learning:**

	13. What feedback from patients or colleagues has shaped your perspective on the audit's findings? 14. How has this audit influenced your personal learning or professional development in diabetes care? Here is an example of the kind of responses you can generate: The AUDIT / mini-audit revealed several key insights to the screening and management of type 2 diabetes: 1. **Proactive Health Checks**: Regular, proactive health checks are essential for early diabetes risk detection, deeper patient engagement and preventing diabetes. 2. **Effective Utilisation of Screening Tools**: Utilising the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) more effectively in primary care is vital for early diabetes risk detection in this age group. Timely tailored health and lifestyle interventions can prevent disease progression. **3. Barriers to Lifestyle Change**: Our audit reveals that individuals aged 40-49 struggle to adhere to lifestyle changes due to work, family, and health balance challenges. Implementing flexible strategies, such as targeted support groups and adaptable program schedules is crucial.
What changes or improvements will be implemented because of the audit /mini audit?	Following the audit, we are introducing a new procedure to enhance the documentation of modifiable risk factors. This improvement utilises the "Patients booked in with missing PIP QI measures" report from Primary Sense. The report will help us identify and flag patients who lack complete records for CVD risk factors, smoking status, and BMI. The Practice Manager will alert the Practice Nurse or GP about these patients at the time of booked consultations. They will then ensure that all relevant modifiable risk factors are assessed and recorded accurately during patient visits. This initiative is designed to improve patient care by facilitating early detection of modifiable risk factors, enhancing the precision of our medical records, and ultimately improving patient health outcomes.