

# GP Full Audit or Mini Audit

## GUIDE & Mini Audit EXAMPLE

### Measuring outcomes for CPD Hours

#### 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 GPs CPD hours in their CPD Home. The audit should be activities that systematically review an aspect of the Practice or GPs 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 GPs provide patients or a review of a practice-based process or system/procedure.

As a quality improvement 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.

<ul style="list-style-type: none"> <li>- Individual GP</li> <li>- A group of GPs</li> <li>- Combination of GP and Specialists.</li> </ul>	<ul style="list-style-type: none"> <li>- Practice Manager</li> <li>- Practice Nurse</li> <li>- Practice Reception</li> </ul>	<ul style="list-style-type: none"> <li>- Allied Health providers</li> <li>- Hospital</li> </ul>
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#### MINI AUDIT – Mini audits are made up of 4 steps (Full audits have an additional step)

<b>Step 1</b>	Identification of audit needs - <ol style="list-style-type: none"> <li>a) Identify the GP lead and the person to organise the group (this can be the same person)</li> <li>b) Identify the aim of the mini audit (SMART goal)</li> <li>c) Agreeance from the audit team to identify and reflect on their individual learning needs in relation to the group.</li> </ol>
<b>Step 2</b>	Method / How will the mini audit be measured – <ol style="list-style-type: none"> <li>a) Define the best practice guideline/s or standard/s to be met.</li> <li>b) Define the criteria of the mini audit.</li> <li>c) Identify the data that will need to be collected –               <ol style="list-style-type: none"> <li>i. What data will be collected, who will collect, when will it be collected, where and how.</li> <li>ii. How will the privacy and confidentiality be maintained?</li> <li>iii. How will consent be obtained, if required.</li> </ol> </li> </ol>
<b>Step 3</b>	Data Collection – Collect the required data, information regarding subject matter (patients / processes / policy / etc.) relevant to the mini audit.
<b>Step 4</b>	Data analysis and implementation of changes –

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	<ul style="list-style-type: none"> <li>a) Analysis of the data against the guidelines / standards of measure (step 2)</li> <li>b) Identification of improvements/changes required to policies or procedures by the GP / group / practice to meet the guidelines / standards selected.</li> <li>c) Implementation of the improvements / changes identified as required for quality improvement.</li> <li>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)</li> <li>e) Submit your reflections - if a group audit, reflections must be submitted to your CPD home as a group.</li> </ul>
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FULL AUDIT – Full audits are made up of 5 steps (mini audits have 4 steps)	
<b>Step 1</b>	Identification of audit needs - <ul style="list-style-type: none"> <li>a) Identify the GP lead and the person to organise the group (this can be the same person)</li> <li>b) Identify the aim of the full audit (SMART goal)</li> <li>c) Agreeance from the audit team to identify and reflect on their individual learning needs in relation to the group.</li> </ul>
<b>Step 2</b>	Method / How will the full audit be measured – <ul style="list-style-type: none"> <li>a) Define the best practice guideline/s or standard/s to be met.</li> <li>b) Define the criteria of the full audit,</li> <li>c) Identify the data that will need to be collected –               <ul style="list-style-type: none"> <li>iv. What data will be collected, who will collect, when will it be collected, where and how.</li> <li>v. How will the privacy and confidentiality be maintained?</li> <li>vi. How will consent be obtained, if required.</li> </ul> </li> </ul>
<b>Step 3</b>	Data Collection – Collect the required data, information regarding subject matter (patients / processes / policy / etc.) relevant to the full audit.
<b>Step 4</b>	Data analysis and implementation of changes – <ul style="list-style-type: none"> <li>a) Analysis of the data against the guidelines / standards of measure (step 2)</li> <li>b) Identification of improvements/changes required to policies or procedures by the GP / group / practice to meet the guidelines / standards selected.</li> <li>c) Implementation of the improvements / changes identified as required for quality improvement.</li> <li>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)</li> <li>e) Submit your reflections to CPD home - if a group audit, reflections must be submitted to your CPD home as a group.</li> </ul>
<b>Step 5</b>	Continual review of progress and sustained improvement by repeating Steps 3 and 4 – <ul style="list-style-type: none"> <li>a) Detailed strategies or processes on how to monitor progress,</li> <li>b) Description of sustainable improvement procedures</li> <li>c) Lead GP is to submit the full audit / audit application via their CPD home on behalf of the group / practice.</li> </ul>

## Use this example template to help complete your SCCS mini audit.

<b>Start Date:</b>		<b>Finish Date:</b>	
<b>Audit Subject /Title:</b>	<b>Self-Collection Cervical Screening Project supported by BNPHN</b>	<b>Activity Total Hours:</b>	11Hrs
<b>Audit Type:</b>	Audit <input type="checkbox"/> Mini Audit <input checked="" type="checkbox"/>	<b>CPD Home:</b>	<b>RACGP Member # 123123</b>
<b>Audit / Mini Audit Cycle</b>			
<b>Step 1 – Identify audit needs and / or subject matter (the aim, the who, the when, the how) of the mini audit (min 1hr)</b>		<b>Hours MO</b>	<b>Hours RP</b>
		<b>0.5</b>	<b>0.5</b>
<p>Primary Sense will be used to assist the practice to collect relevant data on active practice patients who have a cervix aged 25 – 74yrs. The National Cancer Screening Register (NCSR) will also be used in this audit and practices must have NCSR integrated with their clinical software to access this data easily. Brisbane North PHN (the PHN) are supporting the practice with a whole of practice approach to this mini audit.</p> <p>Primary Sense will be used to prepare a report per participating GP “Patients missing PIP QI or accreditation measures” which identifies those patients who do not have a cervical screen recorded in the clinical software (this indicates that no screening has occurred in the last 5yrs). It is suggested the practice nurse check NCSR for any cervical screening completed outside of the practice and updating the clinical software prior to contacting the patient/s. Additionally, the Primary Sense report “Patients missing PIP QI or accreditation measures with appointments booked in the next 2 weeks” will provide the practice an opportunity to update the clinical software and / or offer the patient/s opportunistic cervical screening.</p> <p><i>For the practices participating in the Self-Collection Cervical screening Project 2023, the PHN with NCSR will collate data and report to the practice at the completion of the 6 weeks project the number of patients who completed self-collection cervical screening when presented this option from the total number of Cervical Screenings completed under each provider number.</i></p> <p>The PHN (Primary Sense and QI &amp; D Team) will provide baseline de-identified data to the practice clinical data manager / practice manager for review and discussion of –</p> <ul style="list-style-type: none"> <li>- Quality Improvement Measure 9 (Proportion of regular female clients with an up-to-date cervical screening test recorded in their GP record within the previous 5 years)</li> </ul> <p>GPs, Practice nurses and Practice managers will be required to complete a pre-project and post-project survey to be submit to the PHN.</p>			
<b>Step 2 – Method how will the audit / mini audit be measured (min 1hr)</b>		<b>Hours MO</b>	<b>Hours RP</b>
		<b>0.5</b>	<b>0.5</b>
<b>Audit Subject / Criteria</b>	<b>Guidelines / Standards to be met</b>	<b>Data to be collected. (Who, when, where how)</b>	
<p>Self -Collection Cervical Screening Project</p> <p>GPs are to review each of the guidelines provided with the intent of ensuring the audit is incorporating these as the standard.</p> <p>The overall practice data for the described data points in step 1 will be provided to the GP with some narrative (measuring outcomes).</p>	<p><b>The practice will follow the best practice guidelines outlined for cervical screening and self-collection cervical screening detailed in the listed resources.</b></p> <ul style="list-style-type: none"> <li>• RACGP Red book 9<sup>th</sup> Edition- RACGP Guidelines for preventive activities in General Practice <a href="https://www.racgp.org.au/download/Documents/Guidelines/Redbook9/17048-Red-Book-9th-Edition.pdf">https://www.racgp.org.au/download/Documents/Guidelines/Redbook9/17048-Red-Book-9th-Edition.pdf</a></li> <li>• National Cervical Screening Program – Understanding the National Cervical Screening Program Management Pathway <a href="#">National Cervical Screening Program – Understanding the National Cervical Screening Program Management Pathway   Australian Government Department of Health and Aged Care</a></li> <li>• National Cervical Screening Program – Healthcare Provider toolkit (Dept of Health and Aged Care). <a href="#">National Cervical Screening Program – Healthcare provider toolkit   Australian Government Department of Health and Aged Care</a></li> </ul>	<p>Guidelines / Standards use to measure the mini audit should be collected by the GP and Practice nurse and discussed during this time.</p>	

	<ul style="list-style-type: none"> <li>Access the NCSR via compatible clinical systems (Best Practice/Medical Director).</li> </ul>	
<b>Ensure ethical, privacy and confidentiality issues relating to patient information is considered and addressed.</b>		
How will you address privacy issues?  No identifiable data will be shared with the PHN while they are supporting the SCCS project 2023. The patients "usual GP" and the practice clinical data manager / practice manager will only have access to the identifiable data of the patients.		
<b>Step 3 – Data collection (min 2hrs) – Data collection for the audit / mini audit e.g., number of patients 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.</b>	<b>Hours MO</b>	<b>Hours RP</b>
	2hrs	
<ol style="list-style-type: none"> <li>GP to review the clinical record for 10 -15 patients who have had a cervical screening test performed in the last 12mths using the practice clinical software, National Cancer Screening Register, or a combination of both.</li> <li>GP to review each patient's clinical documentation and eligibility for self-collection using the following criteria:             <ol style="list-style-type: none"> <li>Was the patient eligible for self-collection at the time of cervical screening?                 <ul style="list-style-type: none"> <li>woman or person with a cervix aged 25-74yrs,</li> <li>had any type of sexual contact,</li> <li>due or overdue for cervical screening</li> <li>asymptomatic</li> </ul> </li> <li>Was the patient offered self-collection (is this noted in the file)?</li> <li>If the patient wasn't offered self-collection, why? Was this documented? If not, consider possible reasons it was not considered.</li> </ol> </li> </ol>		
<b>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.</b>	<b>Hours MO</b>	<b>Hours RP</b>
	0.5hrs	2hrs
<ol style="list-style-type: none"> <li>GP to document any overall reflections on cervical screening self-collection for the cohort of patients (please note individual and practice process ideas for improvement)</li> <li>The de-identified results of this initial 10 – 15 patients review of cervical screening performed in the last 12mths to be discussed in a team meeting.</li> <li>Develop a plan to implement the change/s based on the overall results from the data.</li> <li>This session to focus on peer sharing of knowledge gaps impacting patient care, ways to address these, and practice system improvements that could be implemented to optimise cervical screening with self-collection.</li> </ol>		
<b>Step 3 – Data collection (min 2hrs) – Data collection for the audit / mini audit e.g., number of patients 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.</b>	<b>Hours MO</b>	<b>Hours RP</b>
	2hrs	
<ol style="list-style-type: none"> <li>GPs or Practice Nurse to identify patients due/overdue for cervical screening using Primary Sense reports "Patients missing PIP QI or accreditation measures" and "Patients missing PIP QI or accreditation measures with appointments booked in the next 2 weeks".</li> <li>GPs or Practice Nurse to review patients' eligibility status for self-collection from the list – e.g.,             <ol style="list-style-type: none"> <li>woman or person with a cervix aged 25-74yrs,</li> <li>had any type of sexual contact,</li> <li>due or overdue for cervical screening</li> <li>asymptomatic</li> </ol> </li> <li>Patients identified as requiring review or action for cervical screening are recalled as per practice recall and reminder policies and procedures.</li> <li>Patients identified as eligible for self-collection cervical screening show be flagged with the GP and / or Practice nurse prior to appointment.</li> <li>Agreed practice improvements/improvements in care (if applicable) are implemented for the identified patients and offered the option of self-collection cervical screening in consultation.</li> </ol>		

<b>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.</b>	<b>Hours MO</b>	<b>Hours RP</b>
	<b>0.5</b>	<b>2hrs</b>
<p>GP to document any overall reflections on self-collection cervical screening for the cohort of patients recalled and offered self-collection in consultation.</p> <p>GP and Practice Nurse and Practice Manager to develop a plan to implement the change/s (if any identified) based on the overall results from the data.</p> <p>Discuss the improved policy / process / systems in a Quality Improvement team meeting to confirm changes and refine further improvements to be made if identified for implementation to business as usual in practice.</p>		
<b>Group Reflection</b>		
<p><b>Where the learning needs met?</b></p> <p>Not met – <input type="checkbox"/></p> <p>Partially met – <input type="checkbox"/></p> <p>Fully met - <input type="checkbox"/></p>	<p><b>Was this audit subject relevant to your practice?</b></p> <p>No – <input type="checkbox"/></p> <p>Partially – <input type="checkbox"/></p> <p>Yes - <input type="checkbox"/></p>	
<p><b>What was learnt from the audit / mini audit?</b></p>	<p>Patients were very accepting of self-collection for cervical screening for many different reasons and appreciated the opportunity of this over GP / Nurse collection. When there were barriers to opportunistic collection, the patients would take the self-collection option.</p>	
<p><b>What changes or improvements will be implemented because of the audit /mini audit?</b></p>	<p>Implementation of offering this to all cervical screening patient bookings / overdue opportunistic patients on attendance. Practice Manager will now flag all patient appointments who are booked for other matters and missing PIP QI measure of cervical screening by running and using the Primary Sense “Patients missing PIP QI or accreditation measures with appointments booked in the next 2 weeks” reports weekly. GP’s and Practice Nurses will bring this to the attention of the patient and offer the option for self-collection while in practice.</p>	