2026 EXIT EXAMINATION PREPARATORY WORKSHOP CLINICAL AUDIT SEGMENT

25 APRIL 2025

DR DAVID CHENG,

CLINICAL AUDIT SEGMENT SUBCOMMITTEE

CLINICAL AUDIT REPORT

Four copies required

Certification by clinical supervisor

RULES

The audit topic should not have been done in the practice in the preceding 5 years.

The <u>starting date of audit cycle</u> must be within 3 years before the exam application deadline.

At least one audit criterion is outcome-based.

STARTING IN 2018

Presentation in **Clinical Audit & Research Forum**

(mandatory from 2019 onwards).

PRESENTATION IN CLINICAL AUDIT & RESEARCH FORUM

Date to be confirmed

Overall Time Duration:

- 10 mins Presentation followed by 10 mins Q&A & Feedbacks

Format:

- Powerpoint with no more than 10 slides

Details will be announced in due course.

CLINICAL AUDIT ASSESSMENT CRITERIA

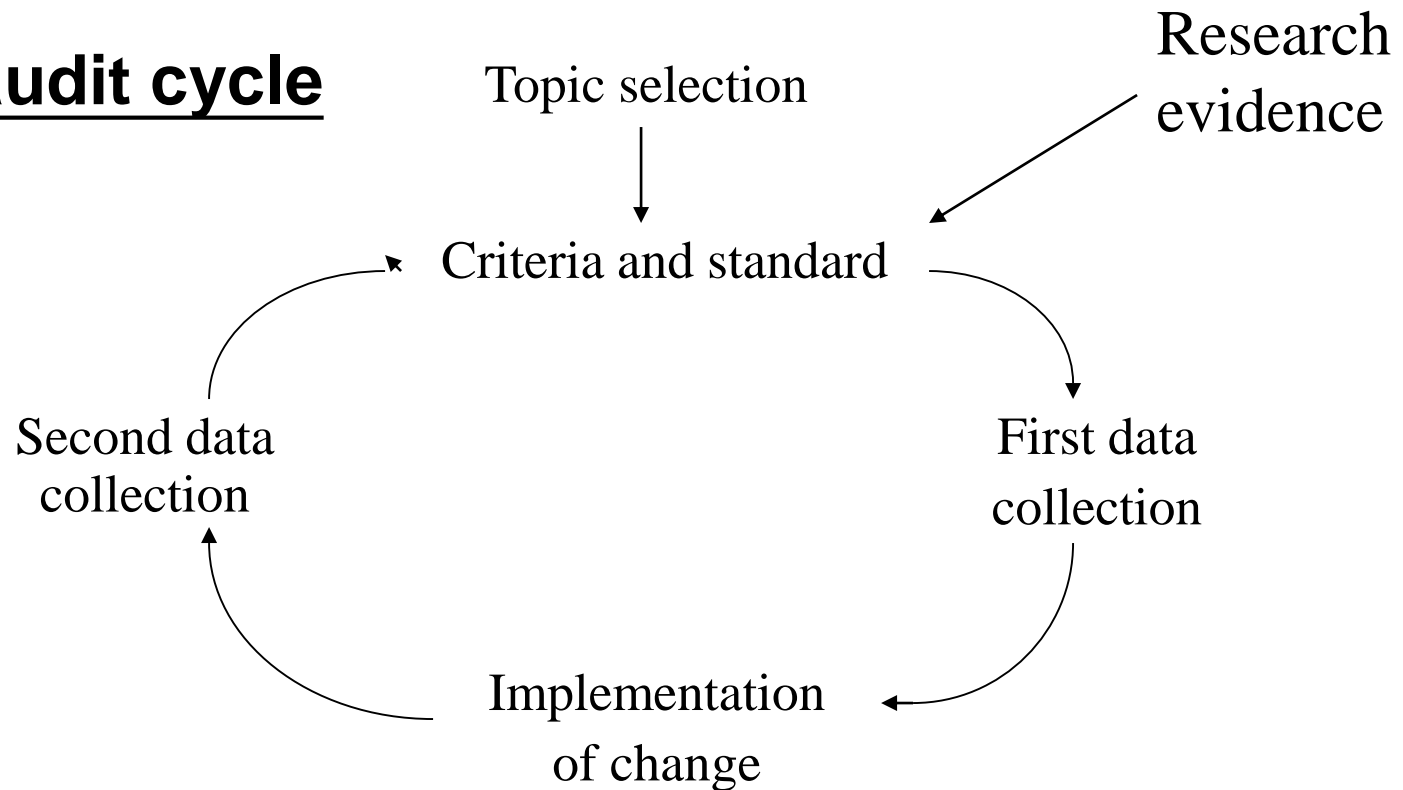**Is this a clinical audit?**

(Essential)

Clinical audit is the process of critically and systematically assessing our own professional activities with a commitment to improving personal performance and, ultimately, the quality and/or cost-effectiveness of patient care.

(Fraser, 1982)

Has the audit cycle been completed?
(Essential)

The audit cycle

Topic selection

Research evidence

Criteria and standard

First data collection

Second data collection

Implementation of change

EVALUATION OF THE BACKGROUND OF THE AUDIT PROJECT

- Choice of the audit topic

- Define the aim

- Objectives

- Background literature review

SELECTING A TOPIC

- **Common**
  - **- the condition**
  - **- problem in care**

- **Important**
  - **- impact on patients**

- **Convincing evidence is available about appropriate care**

- **Feasible**
  - **- to undertake the audit**
  - **- to improve care**

AUDIT CRITERIA (1)

- Explicit statement about what to measure

- Types
  - structure
  - process
  - outcome

AUDIT CRITERIA (2)

Audit criteria must be :

based on evidence

prioritized

measurable and explicit

appropriate to the setting

AUDIT CRITERIA (3)

Methods :

directly from literature

from summary of evidence

e.g. good systematic review/good quality guidelines

from evidence-based audit protocol if available

AVAILABLE EVIDENCE-BASED AUDIT PROTOCOL

- **Management of chronic diseases:**
  DM /HT /asthma /gout /heart failure /angina /depression

- **Management of acute illness:**
  Acute otitis media

- **Drug use: New /long term use of benzodiazepines**

- **Smoking cessation**

- **Home visits /repeat prescription /patient access to GP**

PREVIOUS FULL EXAM

Smoking Cessation

Hyperlipidaemia

Stroke

Asthma

Pneumococcal Vaccine

DM

HT

Cervical Smear Screening

SETTING OF STANDARD

- What level of performance is expected

- The percentage of events that should comply with the criterion

- Set standard for each criterion

- Should be realistic, attainable and reflect the importance of the criterion

COLLECTING DATA (1)

- Define study population

- Sources
 - records, patients, encounter
   forms

- Samples
 - adequate numbers, representative

- Collection
 - data collection forms

COLLECTING DATA (2)

- **Analysis**
  - % of cases in accordance with the criteria

- **Presentation of results**
  - clear

- **Twice - before and after change**

IMPLEMENTATION OF CHANGE (1)

- **Identify areas of deficiencies in first cycle and the underlying causes**

- **Team work approach**

- **Use of multifaceted interventions chosen to suit the particular circumstances**

IMPLEMENTATION OF CHANGE (2)

Some common strategies :

- Feedback

- Education/training

- System changes

- Reminder system

- Policies/guidelines

- Team changes

WRITING UP

- **Report in a systematic way**

- **Clear and understandable language**

- **Appropriate presentation of result**

- **Concise summary of key issues, impact**

- **Be vigilant about plagiarism and AI generated output**

- **List of references**

- **Suggested word limit : 5,000 – 8,000**

SOME COMMENTS FROM EXAMINERS (1)

" not much up-to-date journal discussions "

" the criteria are not fully supported by research evidence or accepted guideline "

" the method on how data was retrieved from the records was not clear "

" little impact on patient care "

SOME COMMENTS FROM EXAMINERS (2)

"lack of documentation of outcome criteria"

" lack of in-depth look into the flaws of the old protocol and therefore results in lack of a strong foundation and motivation to implement change "

" tables are poor, presentation generally poor "

" the report is poorly presented and very difficult and confusing to read "

" reason for standard setting not well defined "

Thank you!