CQC Guidance - Clinical Audit

Practices can demonstrate ongoing quality improvement and effective care through completed clinical audit cycles. All GPs will do a 2 cycle audit for their revalidation portfolios. As long as the audit relates to the practice and has been discussed, evaluated and change instituted within the practice, then this can be used as supporting information within the effective domain for a CQC inspection.

What is Clinical Audit?

Clinical Audit as defined by HQIP and endorsed by NICE is:

".... a quality improvement process that seeks to improve patient care and outcomes through systematic review of care and the implementation of change."

Clinical Audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. This is done by measuring the care and services provided against evidence base standards, changes are implemented to narrow the gap between existing practice and what is known to be best practice. Ideally, a clinical audit is a continuous cycle that is continuously measured with improvements made after each cycle.

Good medical practice for general practitioners states that as part of keeping up to date, and maintaining and improving your performance

'All healthcare professionals should take part in regular and systematic clinical audit, both quantitative audits of the care of groups of patients against defined criteria (with re-audit to demonstrate change)'

As part of revalidation all general practitioners should have one clinical audit or quality improvement project in one revalidation cycle. This is a baseline requirement. A practice as a whole should have a minimum of 2 clinical audits per year; this can be shared between multiple GPs.



The clinical audit cycle:

Stage 1: Preparation and Planning (including for re-audit)

The topic of the clinical audit is selected, ensuring that it is a priority agreed by those involved in the audit. The standards by which the current practice is being measured needs to be measurable against best practice which is evidence based. A clear, structured project plan needs to be in place at this stage.

Stage 2: Measuring performance

A detailed methodology and data collection process is designed and tested, including a sufficient sample size and a clear and concise data set. Data is analysed and communicated to all stakeholders. This can be within the practice or shared more widely.

Stage 3: Implementing Change

Once the results of the audit and recommendations for change have been communicated, an action plan should be produced to monitor implementation of these recommendations.

Stage 4: Sustaining improvement (including re-audit)

After an agreed period, the audit should be repeated. The same methodology should be used to ensure comparability. The re-audit should demonstrate that the changes have been implemented and that improvements have been made. Further changes may then be required, leading to additional re-audits.

What to look for in an inspection?

During an inspection, we are looking for evidence that all the 4 stages above have taken place, this can come from written records and discussions with staff. All GP practices should be conducting clinical audits; practices should aim to demonstrate an ongoing audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

There should be at least 2 cycles of a clinical audit, this may not necessarily be the case for newly opened practices.

It is worth noting that the data used in a clinical audit does not have to be bespoke data, collected explicitly for the purpose of audit. The data can be extracted from the practice's information system if it relates to current best practice or NICE guidance; the data can be a retrospective audit e.g. looking at past cases of patients with a particular illness or condition or it can be a prospective audit – where a time period and an agreed number of cases are reviewed.

Further information around Clinical Audit:

www.nice.org.uk/media/796/23/BestPracticeClinicalAudit.pdf www.rcgp.org.uk/clinical-and-research/clinical-resources/clinical-audit/audit-guidance.aspx