

BRITISH JOURNAL OF  
**HOSPITAL  
MEDICINE****MMC**  
Modernising Medical Careers**MODERNISING  
MEDICAL CAREERS****Clinical audit 1: a guide  
for foundation year doctors M18***Deepali Trivedi, Wijitha Weerakoon,  
Rachel Hooke***Understanding the metabolic  
response to sepsis M20***Kaji Sritharan, Mamoun Abu-Habsa***Supervision: what  
the foundation year doctor  
needs to know M23***Sanju George, Mohamed B Abdel-Maksoud,  
Shahid Merali***Liver function tests M26***WSA Smellie***Japes and jackanapes: on  
being a junior hospital doctor  
in the 1970s M29***Jonathan Waxman***Being a junior doctor today M30***Israa Al-Shakarchi***So you want to be ...  
an ophthalmologist M32***Sarah L Hale, Sue Lightman***IN NEXT MONTH'S  
MMC SUPPLEMENT****Frequently used investigations:  
full blood count****Ocular emergencies****So you want to be...  
an orthopaedic surgeon**

# Clinical audit 1: a guide for the foundation year doctor

## Introduction

Clinical audit is the component of clinical governance used to assess the quality of care within the NHS. All NHS organizations are required to have a comprehensive programme of quality improvement activity. Clinical audit is defined as 'the systematic and critical analysis of the quality of clinical care, including the procedures for the diagnosis, treatment and care, the associated use of resources and the resulting outcome and quality of life for the patient' (National Institute for Clinical Excellence (NICE), 2002).

*The NHS Plan* encourages mandatory participation by all doctors in clinical audit and developments to support the involvement of other staff, including nurses, midwives, therapists and other NHS staff (Department of Health, 2000). The General Medical Council advises all doctors that they must 'take part in regular and systematic medical and clinical audit' and 'respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary' (General Medical Council, 2006).

This means that foundation doctors, in common with other doctors, should take part in audit. Do not be afraid to make use of your trust's clinical audit department, where there will be expert staff who may be able to help you.

There are different types of audit, as identified by Irvine and Irvine (1997):

- Internal audit, carried out by those whose own performance is to be assessed
- Peer audit
- External audit
- Multidisciplinary audit.

## Planning an audit

Each individual involved requires a clear understanding of the purpose of audit. The aim of the audit should be to improve, enhance and change practice and, ultimately, to ensure good practice. During the planning stage of an audit, it is important to consider the mechanisms for project management. The audit methods, including the aims and objectives, criteria and target levels of performance, data requirements, data collection instruments and agreed terms, should all be documented. To enhance the benefits of audit, an organization needs a structured audit programme and a team of well-qualified audit staff (NICE, 2002).

## Stages of clinical audit

Clinical audit is divided into five stages (NICE, 2002):

- Preparing for an audit
- Selecting criteria
- Measuring performance
- Making improvements
- Sustaining improvement.

The first two of these will be considered in this part, while the last three will be considered in the second part of this article.

An audit cycle follows a systematic process of establishing best practice, measuring care against criteria, taking action to improve care, and monitoring to sustain improvement.

## Preparing for an audit

Good preparation is crucial for a successful audit project. The two main areas of preparation are project management, including topic selection, planning and resources, and communication; and project methodology, including design, data issues, implementation, stakeholder involvement, and the provision of support for local improvement (NICE, 2002).

**Miss Deepali Trivedi** is Ophthalmologist, Birmingham and Midland Eye Centre, Sandwell and West Birmingham Hospitals NHS Trust, Birmingham B18 7QH,

**Dr Wijitha Weerakoon** is Locum Consultant Microbiologist, Birmingham Heartlands Hospital, Bordesley Green East, Birmingham and **Dr Rachel**

**Hooke** is Working Time Directive (WTD) Implementation Manager, Airedale NHS Trust, Steeton, Keighley, West Yorkshire

Correspondence to: Miss D Trivedi

There are five main elements involved in preparing for an audit:

### 1. Involving users

This can be effected by liaising with the Patient Advice and Liaison Service (PALS) and using their existing patient groups and fora.

### 2. Topic selection

It is important to prioritize clinical topics based on the trust priorities that are decided by the clinical governance team. These could be related to:

- Serious quality problems like high complication rates or patient complaints
- Areas of high cost (monetary, time or emotional effort) or risk to staff or users
- Increased 'did not attend' (DNA) rates or appointment cancellations
- Areas which are likely to benefit patients, practice or professional development.

Projects may be based on implementation of National Service Frameworks, Health Improvement Plans, or NICE guidelines and appraisals, and may be topics with potential for involvement in national audit projects, those pertinent to national policy initiatives or projects associated with specialty audits conducted by Royal colleges or professional bodies.

### 3. Defining the purpose

The aim and objectives of the project should be clearly defined. The aims should be to improve, enhance and change practice and, ultimately, to ensure good practice.

The audit methodology should clearly include the aims and objectives, criteria and target level of performance, data requirements, data collection instruments and outcome measures.

### 4. Providing the necessary structure

It is crucial to have well-qualified audit staff who are responsible for a structured audit programme, including regular audit meetings and providing feedback (Dickinson, 1999). A robust team of clinicians and clinical governance staff is required in terms of project management, knowledge of clinical audit techniques and facilitation, data management, staff

training and administration. Clinical audit projects can be expensive and their cost must be justifiable. The clinical audit process can provide valuable data to assist decision making about the use of resources locally within the trust. Each NHS organization is responsible for assuring the quality of clinical audit. Staff of all grades need to be allocated time to participate fully.

### 5. Identifying and developing skills

Lack of training and audit skills can be a barrier to a successful audit. A good understanding of audit methods and analytical skills are as important as organizational skills in running a successful audit. Data management including data collection, entry, analysis and presentation may be collaborated with the statistician and local information technology (IT) team. All staff members should be encouraged to regard clinical audit and data collection as an integral part of their job. Managers should understand the aims of audit and support those involved.

### Selecting criteria

Within clinical audit, criteria are used to assess the quality of care provided by an individual, a team or an organization. Selection of valid criteria must be based on evidence, should be measurable and related to important aspects of care that lead to improvement.

Recommendations from clinical practice guidelines, systematic reviews or research evidence can be used to develop criteria and outcomes. Criteria can be classified based on:

- Structure: refers to resources required that include staff and skill mix and organizational arrangements
- Process: refers to methods used in terms of any therapeutic intervention, evaluation and documentation
- Outcome: measures response to an intervention (NICE, 2002).

Clinical practice benchmarking can be used to set and maintain target levels of performance (NICE, 2002). The quality of patient care would benefit from comparing, sharing and evaluating information about the processes involved in achieving high performance (Ellis, 2000).

### Conclusions

Clinical audit is part of clinical governance, and foundation doctors should participate. Do not be afraid to liaise with other staff to help you. Planning and preparing for audit and selecting criteria are important. **BJHM**

*Conflict of interest: Dr Hooke has worked in both management and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.*

Department of Health (2000) *The NHS Plan: a Plan for investment – a plan for reform*. Department of Health, London

Dickinson KEJ (1999) Clinical audit: failure or hidden success? *Journal of Clinical Excellence* **1**: 97–100

Ellis J (2000) Sharing the evidence: clinical practice benchmarking to improve continuously the quality of care. *J Adv Nurs* **32**: 215–25

General Medical Council (2006) *Good Medical Practice*. General Medical Council, London ([www.gmc-uk.org/guidance/good\\_medical\\_practice/maintaining\\_good\\_medical\\_practice/performance.asp](http://www.gmc-uk.org/guidance/good_medical_practice/maintaining_good_medical_practice/performance.asp) accessed 13 January 2009)

Irvine D, Irvine S (1997) *Making Sense of Audit*. Radcliffe Medical Press, Oxford

National Institute for Clinical Excellence (2002) *Principles for Best Practice in Clinical Audit*. Radcliffe Medical Press, Oxford

## KEY POINTS

- Clinical audit is part of clinical governance.
- Clinical audit is about measuring performance against agreed objectives.
- Foundation doctors should participate in clinical audit.
- You can call upon other staff to help you.