

Some hints on audit, with thanks to members of the South West deanery.  
( aimed at summative assessment candidates, but still entirely relevant)

### **Criteria and Standards**

If there were any commandments for GPRs completing the SA audit, number two would be *demonstrate that you really understand the difference between criteria and standards*. Number one would be *use the headings given in the information about SA audit*.

Audits in general practice should be about quality and improving quality. Levels of quality cannot be assessed until the item to be measured has been defined. This is the criterion. For example 'patients with controlled hypertension will have their blood pressure checked'. However this is not SMART enough (see table 1), so a better criterion would be 'patients with controlled hypertension will have their blood pressure checked at least once every six months'. In this example, introducing the time element makes the criterion more relevant.

<b>Specific</b>
<b>Measurable</b>
<b>Achievable</b>
<b>Realistic (Relevant)</b>
<b>Time limited</b>

*Table 1: Guidelines for setting criteria*

The choice of criterion should be explained, even if it's only 'because it seems a good idea' although explaining *why* it seems a good idea is itself a good idea. References are not essential but it helps to use them when possible because they often have details that are useful in explaining both criteria and standards.

Once the criterion has been agreed the target should be set and it's a good idea to use the team for both these. Setting a target means deciding what success rate is achievable now, what may be possible in the future, and what is desirable. For example, it may be desirable to achieve 100%, but this is not usually possible. Alternatively, a 10% success rate is not exactly desirable either as this implies poor quality. The target, or success rate, is the standard for the audit.

Standards should be set at a level that is challenging but not unreasonable, and the reason for choosing them should be justified. Sometimes the justification is that the partners felt it was a standard they want to achieve, with no reference to the literature. If no one has any idea about what standard to set, references may help show what other practices have achieved.

The standard could be set quite high if the practice has a programme running, but lower if the practice has decided that the topic is worth working on, and wants to get better at it.

### Collecting and Analysing Data

Effective medical audit is a cycle, or rather a spiral because each time round the cycle the standards are increased (fig 1) unless the initial standards are set too high to achieve.

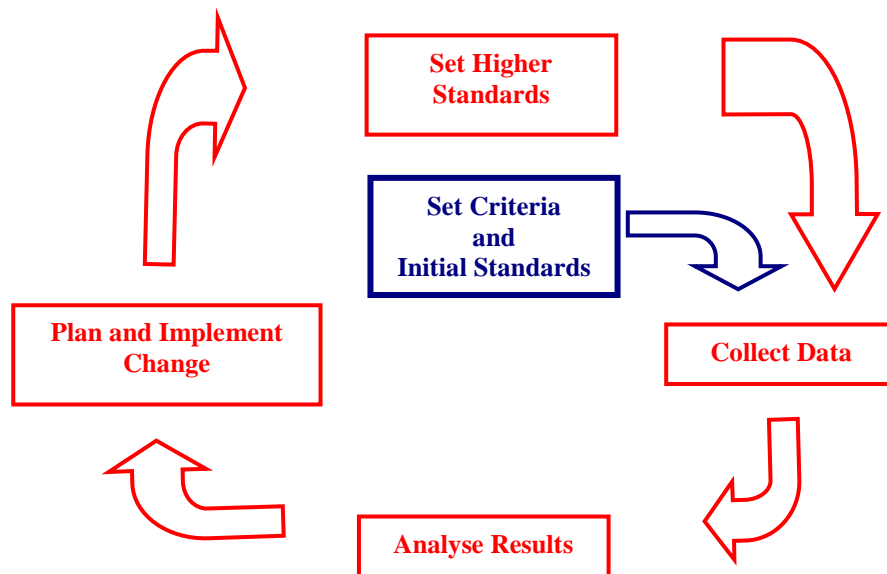


Fig 1: The Audit Cycle/Spiral

“Collect data” means find out what is going on as far as the audit is concerned. This is usually about counting things such how many patients in the practice are on treatment for hypertension and how many of these had their BP checked in the last six months.

Analysing results is a way of answering the questions “how well did we do?” or “did we meet our target (standard)?”

### Planning Change

If the standard has been reached, it's congratulations all round, then think about how to improve. If the standard has not been met, it's time to ask why not and how it might be met next time round. Standards are often not met because they were set too high, or because there was a problem agreeing the details of the audit. It doesn't matter if the standard hasn't been met as long as plans are made to improve on the next trip round the cycle.

When the standard has not been met planning change involves finding out why not. For example, are all those who need to be involved actually involved? How can they be better involved? Who has responsibility for taking action? Would putting

reminders in notes help? Does the protocol need changing? Is each step of the audit clear?

When the standard has been met, it should be raised for the next cycle and ideas for improvement discussed in the same way as when standards are not met.

### Round Again

The spiral continues with more data gathering, after the changes have been discussed and agreed, more analysis and more planning of change. Quality improves and audit becomes a comfortable part of everyday general practice, not threatening but useful.

Tips for success!

A group of audit assessors in the South Western region found there were several common mistakes in the audits they assess. Table two has turned these frequent errors into positive advice – it's well worth reading!

<b>Get started early!</b>	<ul style="list-style-type: none"> <li>- get some early drafts done for your trainer to look at</li> <li>- finalise plans for the audit during your first month</li> </ul>
<b>Keep it simple</b>	<ul style="list-style-type: none"> <li>- no need for a complex audit with several criteria (one or two are enough)</li> <li>- the title should focus your mind</li> <li>- make sure it is <b>simple, specific, relevant, measurable, justified</b></li> <li>- a good audit can pass with 1500 words</li> </ul>
<b>Keep it anonymous</b>	<ul style="list-style-type: none"> <li>- make sure there are no references to your practice or partners</li> <li>- a simple practice demography is enough</li> </ul>
<b>Choose something that is likely to change</b>	<ul style="list-style-type: none"> <li>- this makes the planning of change easier</li> <li>- SA audits do <b>not</b> have to demonstrate change to pass</li> </ul>
<b>Justify your choice with references if you can</b>	<ul style="list-style-type: none"> <li>- between 1 and 5 references are enough</li> <li>- it does not matter whether you use the Harvard or Vancouver system, but be consistent</li> <li>- assessors expect 1 or 2 key references</li> <li>- remember assessors may check the references!</li> <li>- if you have no references explain why this is</li> </ul>
<b>Follow the marking schedule</b>	<ul style="list-style-type: none"> <li>- there is no need to make up your own headings</li> <li>- remember the assessors use the marking schedule</li> <li>- using the headings on the marking schedule makes the audit easier to assess</li> </ul>
<b>Make sure the criteria and standards are explicit, and clearly presented</b>	<ul style="list-style-type: none"> <li>- there is frequent confusion about criteria and standards</li> <li>- <b>criteria</b> are what is being measured (eg number of patients with diabetes who have had HbA<sub>1c</sub> measured in the past six months)</li> <li>- <b>standards</b> are the targets aimed for (eg 85% of patients with diabetes will have had HbA<sub>1c</sub> measured in the past six months)</li> <li>- remember SMART (<b>S</b>pecific, <b>M</b>easurable, <b>A</b>chievable in the time, <b>R</b>elevant to general practice, <b>T</b>ime limited)</li> </ul>
<b>Involve relevant members of the PHC Team</b>	<ul style="list-style-type: none"> <li>- explain how they were involved</li> </ul>
<b>Make sure data is laid out simply and accurately</b>	<ul style="list-style-type: none"> <li>- explain tables and graphs</li> <li>- make sure numbers 'add up'</li> <li>- cohort numbers do not have to be high, look on the SA audit as a pilot</li> </ul>

	- be sure similar cohorts are being compared in the second round
<b>Make sure planned changes are properly explained</b>	
<b>Ask yourself if it is reproducible</b>	- can someone else do the same audit if they read what you have written?