



**The Royal New Zealand
College of General Practitioners**
Te Whare Tohu Rata o Aotearoa

Application for an organisation to gain College endorsement of an audit of medical practice

The mission statement of The Royal New Zealand College of General Practitioners (the College) is “to improve the health of all New Zealanders through high quality general practice”. An audit of medical practice activity includes cycles of clinical audit to measure practice performance and actions taken to make improvement. These continuous quality improvement activities are one of the tools the College promotes to help general practitioners progress along the path of achieving high quality general practice.

General practitioners undertaking a continuing professional development (CPD) programme (previously known as MOPS) are required to gain 30 credits every three years from undertaking continuous quality improvement activities with a clinical focus. To claim credits, these activities must have College endorsement. This application provides a guide for organisations wishing to gain College endorsement for their continuous quality improvement activities.

Should you wish to make an application for College endorsement, please provide as much of the following information as possible. Feel free to include any additional material that you feel supports your application. Your application will be assessed on its ability to meet the information requested on the following pages.

Please send your application and all correspondence to:

CPD Coordinator
The Royal New Zealand College of General Practitioners
PO Box 10440
Wellington 6143

Email: cpd@rnzcgp.org.nz



APPLICATION FOR ENDORSEMENT of an audit of medical practice activity

Name of organisation:

Address:

Phone:

Email:

Contact person:

Date:

Title of activity:

This application is:

New

Previously submitted

TOPIC

Description of audit/activity:

- Describe why and how you chose this topic
- What aspect of clinical practice is the activity measuring?
- How will the practices benefit from undertaking the activity?
- How does this activity involve the practice team?

PLAN

Indicators: Measurable elements of clinical practice performance based on the best evidence available (eg evidence-based guidelines), that it can be used to assess quality and produce a change in the quality of care provided, eg the practice effectively manages Diabetes Mellitus Type 2)

Criteria: Elements of care that can be counted or measured in order to assess the indicator, eg recorded in the notes: age, ethnicity, blood pressure, weight, BMI, blood glucose, visual acuity, pedal pulses, foot sensation, smoking status, referred to eye specialist, HbA1c, microalbuminuria, total cholesterol.

Standards: Specifies the level of performance you want or expect to achieve. Evidence or contractual obligations may set standards or you may set your own standard. The initial audit may set a baseline for improvement. A standard can be set for each criterion, eg ethnicity recording in 80% of notes, blood glucose recorded in 90% of notes.

■ What indicators and criteria will the audit measure?

■ What standard of achievement should ideally be achieved?

■ What evidence is this based on? If relevant, describe the process used to develop the indicators and criteria above. (A list of references can be attached.)

DATA COLLECTION

- How will an individual doctor's data be collected?
- Describe the overall data to be collected and the process of data collection.

CHECK (analyse data)

- Describe the method of data analysis.
- How will the individual doctor be informed about the results of the audit? What information will they receive? eg individual results, peer comparison.
- How will the audit be evaluated? If it has recently been evaluated, describe areas targeted for improvement.

ACT (implement change)

- What will the individual doctor be asked to do with their information (e.g. plan and implement change)?
- General practitioners claiming credits towards CPD will be asked to complete a summary sheet, asking for this information. Incorporate this in your process (a copy of summary sheet is attached).
- How will the organisation support doctors to make changes as a result of the audit?

MONITOR

How will the progress of changes be monitored?

SECOND CYCLE (data, check, act and monitor)

When will this process be repeated?



SUMMARY SHEET

Audit of medical practice (CQI activity)

Topic:

Activity designed by (name of organisation, if relevant):

Doctor's name:

Results discussed with peer group or colleagues?

Yes

No

Date:

FIRST CYCLE

DATA: Date of data collection:

CHECK: Describe any areas targeted for improvement as a result of analysing the data collected.

ACTION: Describe how these improvements will be implemented.

MONITOR: Describe how well the process is working. When will you undertake a second cycle?

SECOND CYCLE

DATA: Date of data collection:

CHECK: Describe any areas targeted for improvement as a result of analysing the data collected.

ACTION: Describe how these improvements will be implemented.

MONITOR: Describe how well the process is working.

COMMENTS: