

# Putting a spotlight on your practice

**Lisa Lawless provides a guide to GP clinical audits and some tips on potential topics for the annual audit**

THE NATIONAL OFFICE OF CLINICAL AUDIT (NOCA) defines clinical audit as 'a clinically led, quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria. When the standards are not met, a process of improvement can be undertaken, re-audited to enhance the quality of care provided to patients'.<sup>1</sup>

The HSE National Centre for Clinical Audit has published a helpful resource called *Clinical Audit : A Practical Guide* which guides healthcare professionals through the seven stage process of clinical audit.<sup>2</sup> The stages are:

- Select topic
- Set criteria and standards
- Design audit tool and collect data
- Analyse data and compare results against standards
- Clinical audit report
- QOI plan and action
- Re-audit.

The HSE resources provide detailed guidance on how to approach each step to assist with planning a systematic and successful audit.

#### GP clinical audit

Completing an annual audit is required to fulfil a GP's CPD requirements. In terms of selecting a topic, the HSE advises that "the clinical audit should focus on improving care, patient safety and service delivery for patients and healthcare professionals".

In seeking inspiration, it can be useful to reflect on any dilemmas, patient complaints, or prescribing errors that may have arisen in your practice in the last year. Alternatively, you could consider any new guidelines and protocols which have been recently introduced.

Having regard to what we see in Medisec, we believe the following three potential audit topics could help with reducing risk:

#### Roaccutane

Roaccutane is the brand name for isotretinoin, a vitamin A derivative used for the treatment of severe acne. It is prescribed in secondary care by dermatologists and in primary care by GPs with a special interest in dermatology, or it can be transcribed from hospital prescriptions.

The Medical Council's *Guide to Professional Conduct & Ethics for Registered General Practitioners* (9th Edition 2024)<sup>3</sup> clearly outlines that transcribing incurs the same responsibilities as prescribing. This means that familiarity with the Roaccutane SPC is essential for GPs who may be prescribing or transcribing the medication. This includes knowledge of specific side effects, risks and monitoring requirements.

The HPRA has produced a very helpful '*Physician checklist/Acknowledgement form for prescribing Roaccutane to female patients*' to be completed by all prescribers of Roaccutane.<sup>4</sup> An audit could be planned to assess the standard of care provided to patients being prescribed or transcribed Roaccutane in the practice by reference to the standards and recommendations set out in the HPRA's physician checklist.

A sample audit could involve reviewing the files of patients on Roaccutane over a specified period and assessing how well the practice adhered to the HPRA recommendations in terms of ensuring patient safety, appropriate monitoring and follow-up. In particular, the recommendations remind prescribers of the teratogenic risks associated with Roaccutane and the necessary safeguards required when prescribing to women of childbearing age.

Once the findings have been analysed and any potential issues identified, changes can be implemented. For example, one element of the audit could be to establish whether the HPRA checklist was used when issuing prescriptions. If not, a link to the HPRA checklist could be incorporated into the practice software or saved to the GP's desktop. Doctors in the practice could be directed to the prescribing checklist, which should improve adherence and enhance patient care and safety.

#### The recording of vital signs in young children with a fever

A young child with a fever is a common presentation in general practice. It is essential to perform a thorough assessment to include clinical examination and history for all children presenting with a fever.

Most of these children have self-limiting minor illnesses; however, identifying those children who are acutely unwell or who have worrying signs that may indicate a more serious problem can be challenging. The measurement of objective clinical signs is a helpful tool in the identification of children who may require urgent treatment or referral to ED. Vital signs give an indication of severity and guide clinical decision-making. The recording of vital signs such as pulse, respiratory rate and temperature can also be helpful to identifying those children who may be at risk of sepsis presenting to their GP.

An audit of young children (within a certain age range) who presented to your practice over a set period with fever, focusing on the presence or absence of vital signs in the clinical note, would give you a baseline of this practice among your clinical staff.

Following an education session with your practice staff reviewing the guidelines for the management of children with fever and advising of the new changes that have been

implemented, a dropdown menu or notification prompting clinical staff to record these signs in young children who present with fever could be incorporated into your practice software. This would prompt clinical staff to record the vital signs of young children who present with fever. A second cycle could then assess compliance with the recording of vital signs. This would be in line with many guidelines on the assessment of a child with fever, including guidelines from Children's Health Ireland.<sup>5</sup>

#### A case of mistaken identity!

GP practices have never been busier and many are dealing with large patient cohorts. A common error when managing patient records is creating a duplicate file. Increasingly, we have become aware of issues resulting from patients who have very similar names or multiple files existing for a single patient. The risk of mix-ups is increased when names are common among patients in a community.

Increasingly we have become aware in Medisec of medico-legal issues arising where patients have the same or very similar names, or where multiple files exist for a single patient. Issues have arisen due to missed medical information, results or medications and inadvertent data breaches ranging from relatively minor to highly sensitive and very serious.

GPs can consider auditing files with matching dates of birth or home addresses to identify any duplicates that may exist. Duplicate files can then be merged to allow comprehensive patient history to be available in one file. However,

great care must be taken when merging files as this is a permanent process that cannot be reversed in many practice software applications. To mitigate the risk of merging files in error we recommend it is done in a quiet time and space, without interruption and preferably with the help of a second staff member to double-check each entry. Once the review is completed, a process can then be put in place when patients are registering with the practice, to ensure duplicate files are avoided going forward.

GPs can consider reviewing their current practice policies and procedures when creating new patient records and ensuring all staff are following the same system. Two suggestions are: (1) ensuring the checkbox 'show inactive patients' is ticked when searching the patient list; and (2) using advanced search options such as date of birth. These are changes that can be incorporated into an updated practice policy on the registration of new patients.

#### Conclusion

As GPs carry out their audits, it is important to be aware of the Medical Council and Irish College of GPs guidelines and resources and ensure the audit activity is recorded correctly on the Professional Competence ePortfolio. [f](#)

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#### References

1. [www.noca.ie](http://www.noca.ie)
2. [www.hse.ie](http://www.hse.ie) Search under National Centre for Clinical Audit
3. [www.medicalcouncil.ie](http://www.medicalcouncil.ie)
4. [www.hpra.ie](http://www.hpra.ie). Search under 'Oral retinoids and isotretinoin'.
5. <https://media.childrenshealthireland.ie/documents/nbr-algorithm.pdf>

## Save the Date

# Primary Care Surgical Association

## 14<sup>th</sup> Annual Scientific Meeting

Friday 26<sup>th</sup> September 2025

9:00am - 4:00pm

**Kilkenny Ormonde Hotel**

Ormonde Street, Kilkenny R95 Y5CX

- Interactive workshop sessions
- One day event
- CPD applied for

**Registrations opening soon**

