

MEASURING AND IMPROVING OUTCOMES

This is a quality improvement process that includes an internal or external review of a doctor's everyday urgent care work along with the resulting health/patient outcomes. Learnings are discussed at the SAC and actions carried forward into the PDP. An audit of personal or professional practice must be completed at least once per annum as a minimum.

For those on the main urgent care recertification programme in each triennium, one audit per year is required. One will be a [multi-source feedback survey](#) (MSFS). Those whose notes are not being assessed by a clinic MD or other appropriate person must submit [clinical notes for audit](#) (CNA) once each triennium. Those whose notes are being reviewed by a clinic MD do not NEED to submit [clinical notes for audit](#) (CNA) and instead may choose another [approved audit](#). The third of the triennial audits is one of the [approved audits](#) of the doctors choosing.

For those on the alternative clinical recertification pathway, or the non-clinical recertification pathway, the annual clinical audit requirement applies, but audits may be appropriate to the doctor's work. One MSFS is to be completed each triennium.

Additional points can be claimed for review and reflection. This means that, if after completing the audit you carry out 5 hours (for example) of reflection, planning, and activities to improve, you may record those as triennial CPD points.

Any audits that help to promote culturally safe and equitable practice are considered high value and the hours spent in performing and reflecting count as double. The additional points can be claimed as part of the triennial CPD points.