AUDIT OF A DOCTORS CHOOSING

A doctor has a range of options for clinical audit. As well as the CNA and MSFS, the doctor may complete college-provided audits, or select their own. With all audits, on completion use the information to develop goals and activities in your PDP.

College-provided/approved:

- Tikanga Māori best practice audit
- POCUS audit
- Self-audit of referral data completeness
- Self-audit of referral outcomes
- Comparison of your x-ray diagnoses with a radiologist's
- Analysis of sutured wound outcomes
- Sore throat audit
- CES Red Flag
- Temperature Documentation in Back Pain
- BPAC winter illnesses
- BPAC - ACC Recovery at Work audit
- BPAC - Appropriate requesting of laboratory urinalysis in suspected UTI
- Patient Outcome Audit (for White Cross doctors working in the Metro Auckland Region)
- Others to follow.

Doctor-designed

A doctor may wish to submit a clinical audit of their own design and choosing. It should meet the following requirements:

- The topic of the audit relates to an area of your practice that may be improved
- The process is feasible in that there are sufficient resources to undertake the process without unduly jeopardising other aspects of health service delivery.
- An identified or generated standard is used to measure current performance
- An appropriate written plan is documented
- Subsequent audit cycles are planned, where required so that the audit is part of a process of continuous quality improvement.

Audits with a specific focus on improving health for Māori, cultural safety or health equity are encouraged and are classed as high-value activities, attracting double points. Audits undertaken while participating in another vocational branch of medicine are acceptable providing they adhere to the criteria above. Audits required by your employer or undertaken during the course of your employment are acceptable providing they adhere to the criteria above.

Optional audits should be recorded in UCCIS and supporting documents uploaded.