RCSI DEVELOPING HEALTHCARE LEADERS
WHO MAKE A DIFFERENCE WORLDWIDE

PRACTICE REVIEW

RCSI Professional Competence Scheme

1. Introduction

The Medical Practitioners act of 2007 placed the legal duty on doctors to maintain their professional competence. A framework under the act (revised in 2025) has been developed by the Medical Council mandating the collection of 50 credits per year. This includes 10 credits for 'Practice Review' (comprising an audit, quality improvement, and/or practice evaluation).

The professional competence year runs from May-April. Credits must be collected during the relevant PCS year and recorded on the PCS system..

Doctors are required to upload evidence of their completed Practice Review (audit, quality improvement, and/or practice evaluation) to their professional competence portfolio. See *Appendix 4*, for examples of Practice Review

2. Practice Review Overview

Registered medical practitioners MUST undertake an audit, quality improvement, and/or practice evaluation to review and enhance practice.

2.1 Clinical Audit

Clinical audit is a clinically-led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and acting to improve care when standards are not met[2].

The process involves the selection of aspects of the structure, processes and outcomes of care which are then systematically evaluated against explicit criteria. If required, improvements should be implemented at an individual, team or organisation level and then the care re-evaluated to confirm improvements.

Clinical audit examines all aspects of clinical care given to patients by the clinical staff providing such services. It is designed to measure and improve the quality of patient care, investigate measures of outcome (e.g. survival, quality of life) and compare these across centers and patient groups.

Using this general definition, it can be established that the collection of data without formal comparison to published national/international standards is not considered clinical audit.

More information can be found on relevant websites to aid the preparation of your audit – some examples sites are provided below:

- **HSE National Centre for clinical Audit** - www.hse.ie/eng/about/who/nqpsd/ncca/
- **NOCA** (National Office of Clinical Audit) - www.noca.ie
- **HSE** National Quality & Patient Safety Directorate Quality Improvement Toolkit - www.hse.ie/eng/about/who/nqpsd/qps-education/quality-improvement-toolkit.html

2. HSE. National Review of Clinical Audit. November 2019.

- Medical Council – Professional Competence: www.medicalcouncil.ie/existing-registrants-/professional-competence/professional-competence.html
- RCSI Quality Improvement Leadership Certificate Course - www.rcsi.com/dublin/professional-cpd/cpdss/quality-improvement-leadership-certificate/course-details

The Irish Medical Council recommends that clinical audits are mainly concentrated on the doctor's practice rather than processes in general, but obviously there is considerable overlap between hospital or surgery systems and individual practices.

The RCSI "Code of Practice for Surgeons" [1] makes several recommendations regarding audit including that, as a surgeon, you must ensure that you maintain your competence in all areas of practice. You should demonstrate this by:

- leading the development of, and participating in, quality improvement activities in your practice including multidisciplinary team meetings
- participating in any national audit of clinical practice relevant to your scope of practice, examining your own outcomes and the outcomes of your unit compared to other similar surgeons and best practice elsewhere, identifying quality improvement opportunities and advocating responsibly for the implementation of these improvements
- identifying other areas of your clinical activity that should be audited and advocating for the resources to establish reliable audit on a permanent basis

2.2 Quality Improvement

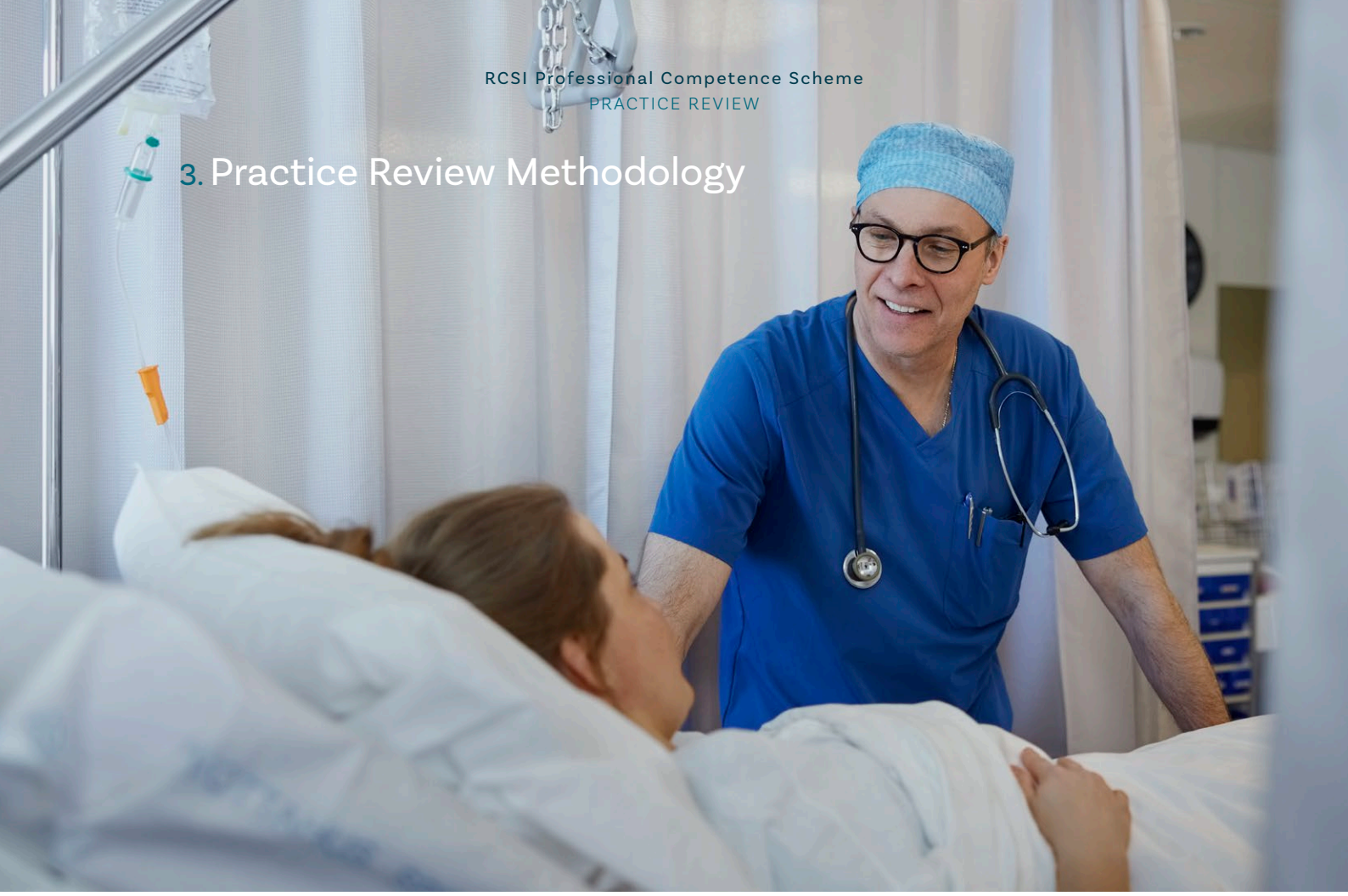
Quality Improvement is the defining of a problem, studying the variation within that problem, formulating a goal and then developing a hypothesis about the potential interventions or changes or interventions are then tested on a small scale to verify whether they have achieved the predicted outcome.

2.3 Practice Evaluation

Practice Evaluation is a systematic assessment of the performance of individual or a group of registered medical practitioners by members of the same profession or team, or by patients. This component can be undertaken by an individual doctor of their own practice or in conjunction with other colleagues.

1. RCSI. Code of practice for surgeons. 2018

3. Practice Review Methodology



3.1 Clinical Audit Methodology

Clinical Audit comprises a number of steps with the primary goal being the determination of clinical process or outcomes in a clinical setting against known standards of care. A secondary goal is the identification of opportunities for process improvement and the implementation through a process of quality improvement of improved care and/or outcomes (2).

The focus of a clinical audit may be chosen based on care standards or outcomes set out in clinical guidelines published by clinical societies, on the basis of common audit topics such as some of those identified in this document, based on reflection by a practitioner on their own practice, or on potential areas of concern arising from adverse patient outcomes. It is very important that the audit subject is clearly defined from the outset. The clearer the question the easier it is to identify relevant standards to compare findings.

Specific examples that may be useful in clinical practice are set out in the appendices. A suggested template to document evidence for an audit is provided in Appendix 1. A downloadable version of this template is available on the PCS website (link).

The completed audit should be presented and discussed at department level amongst peers as this helps put finding into context. In addition, colleagues learn from the results of others audits in terms of guiding reflection on their own practice and helping identify areas of practice that should be subjected to audit. Where appropriate, you should present your results at national clinical conferences and/or consider publishing these results in national journals, where appropriate. In addition to further peer review, such publications help establish standards for audit by others.

National Audits: The National Office of Clinical Audit (NOCA) have established a growing range of national clinical audits where data is collected systematically from clinical providers, aggregated on a national basis and the performance of clinical centres is evaluated against their national peers. Where such national audits are in place, surgeons should engage and support these audits.

You should consider the national report and examine the participation and outcomes in your own practice. Each national audit has a local audit coordinator who can provide you with the appropriate reports. In many cases, the local abstract of the national audit report in which you are participating may be sufficient evidence to demonstrate that you meet the PCS audit requirements. Examples of national audits that provide reports on this nature include the Hip Fracture Database and the Irish National Orthopaedic Registry. In Emergency Medicine, centralized audits that produce local reports such as EMAR-I (a national register of all intubations which take place in Irish adult Emergency departments) may be used to fulfil the audit requirements.

National Quality Assurance and Improvement System (NQAIS) Clinical: NQAIS Clinical provides a wealth of data and can be utilized to support clinicians in carrying out clinical audit. The NQAIS Clinical report for the previous year (Jan-Dec incl.) incorporating the relevant high volume most frequently carried out procedures, for the consultant in question, can be produced as required by your local NQAIS co-ordinator. If you need assistance contacting your local co-ordinator, you should contact the national Clinical programme in Surgery office for assistance (www.rcsi.com/surgery/practice/national-clinical-programmes).

You should review the NQAIS Clinical report for the previous year. This shows the numbers of patients treated, and several measures of process including length of stay, day case rates, day of surgical admission rates and readmission rates benchmarked against peers within the same hospital or at a national level.

The practitioner identifies areas where their practice potentially diverges from their peers. A baseline report (Year 1) can be saved in the Bookmark section of the NQAIS Clinical application.

The practitioner proposes an action plan (quality improvement plan) to identify why this practice is divergent and/or to address the variation. This might include a review of case notes, the development of care pathways, engagement with the directorate/day ward, the team, an evaluation whether case mix is appropriate to the setting etc. A template for this exercise including the development of a plan is provided in *Appendix 3*.

You should discuss this action plan with the department head, clinical director, group clinical director or other clinical colleagues as may be appropriate. Where an individual's practice appears to indicate substantial variation from national norms, the practitioner and the clinical director may need to take further action. The practitioner and clinical director (or appropriate clinical colleague) confirm that an appropriate action plan has been proposed by completing and/or signing the NQAIS Audit template.

You may upload the completed NQAIS Audit template to your PCS portfolio as evidence of a completed clinical audit and then implement the action plan. An annual review date is agreed between the practitioner and the appropriate members of the clinical governance structure (above). To close the audit loop, in year 2, the practitioner reviews the action plan along with the updated report from the Bookmark facility in NQAIS Clinical and develops a new action plan.

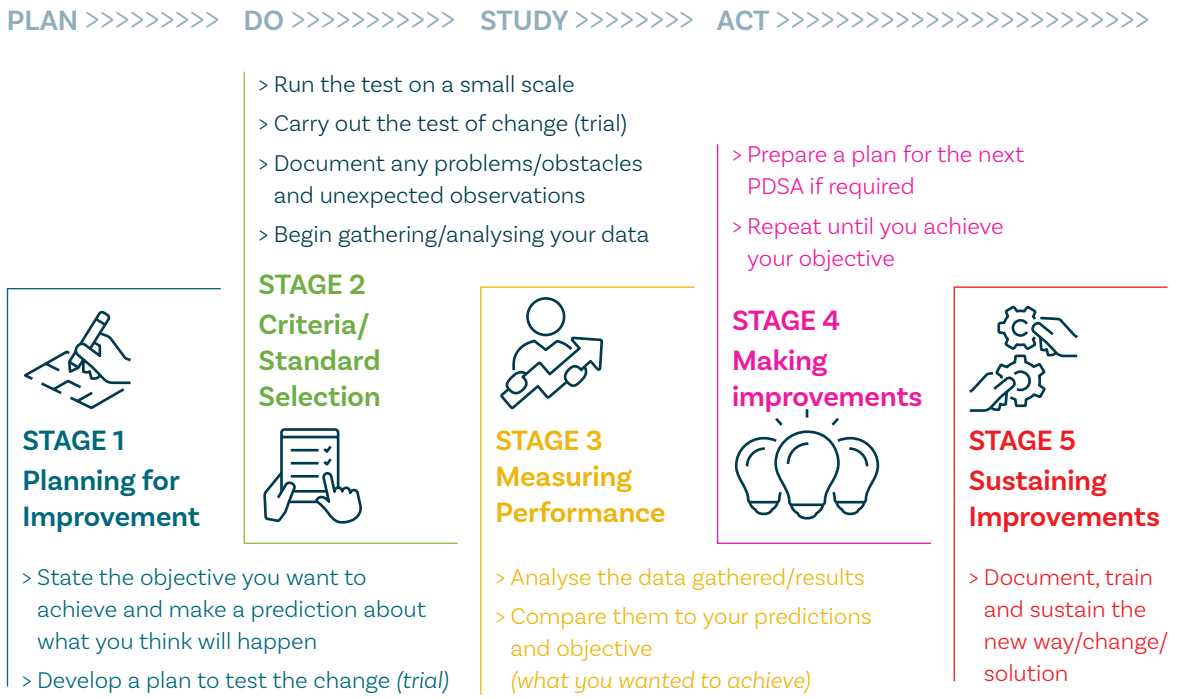
International audits: Where there are no appropriate national clinical audits provided by NOCA, there may be international audits (in which you could participate) recommended or provided by professional societies in Ireland, the UK or Europe. It is difficult to provide an exhaustive list of these professional bodies. The Federation of Surgical Specialty Associations, represents and coordinates the views, aims and policies of ten surgical specialty associations across the United Kingdom and Ireland. Their website lists the contact details for the individual surgical specialty associations many of whom provide advice, guidance on specialty specific clinical audits and, in some cases, host

online clinical audit tools. As these audits host clinical data outside your service provider and outside the legal jurisdiction, you should take advice from within your health service provider in relation to GDPR compliance before uploading clinical data into one of these databases.

3.2 Quality Improvement

A commonly recommended approach in undertaking a quality improvement exercise is to use the PDSA approach (Plan, Do, Study, Act) which is explained in Figure 1 below. When a clinical audit demonstrates that established standards are being met, then a plan for maintenance of the standard is generated and another subject chosen for the next improvement cycle. Quality improvement projects typically arise out of local or national clinical audits. RCSI are in the process of developing a Quality Improvement toolkit that will provide further guidance to practitioners on how best to approach a Quality Improvement project. Many hospitals also have a quality Improvement office who may be able to provide support or guidance locally.

Figure 1 PDSA approach (Plan, Do, Study, Act)



3.3 Practice Evaluation

In most cases, Surgeons or Emergency Medicine Practitioners will use their participation in a national audit, a local clinical audit or a quality improvement project as evidence of their compliance with PCS requirements. Other forms of practice evaluation might include a comprehensive patient experience survey.

Where a doctor completes a 360 review with input from multiple other healthcare professionals and completes a reflection on the feedback, this may fulfill the requirements for a practice review once in every three year cycle. Typically, this will be completed as part of a higher degree or training course.

4. Special Practice Circumstances

Partial retirement: Surgeons who have retired from their clinical practice but who still provide limited clinical services, for example, in the form of medicolegal reports are required to declare that they are still in clinical practice and to compete an annual audit or practice review. A template that allows an analysis of the provision of medicolegal reports has been developed and is available in Appendix 2. This is not meant to be the only audit or analysis that might be appropriate but any audit submitted in fulfilment of your professional competence requirements should measure some aspect of your clinical practice (however limited) against standards.

Non-clinical practice: Doctors who no longer practice medicine, but who wish or are required to retain their registration are no longer required to conduct an audit as part of their professional competence requirements in the Framework. Such doctors must, however, still meet the overall 50 CPD credit requirement and they must acquire additional credits in the workplace-based learning category. Where qualitative analysis of your performance gathered as part of your work, you may opt to use these under the practice review section. The appropriate document should be uploaded to PCS under the practice review heading. You may wish to seek guidance form the PCS office in these circumstances (pcs@rcsi.ie).

5. References

1. RCSI. Code of practice for surgeons. 2018
2. HSE. National Review of Clinical Audit. November 2019.

Appendices

Appendix 1 – Standard Process Review Template

Doctor Name

Medical Council Number:

Title of Audit/Quality Improvement/Practice Evaluation Initiative

Select Initiative Type ☐ Audit ☐ Quality Improvement ☐ Practice Evaluation

Record/Select Dates *Started:* *End:*

Aim(s) of Audit/Quality Improvement/Practice Evaluation *(why you chose this and what you hope to achieve)*

Background *(describe the background of this initiative)*

Standards *(outline standards or guidelines that initiative is benchmarked against)*

Methodology *(indicate population sample, timeline for data collection, how data was collected and analysed)*

Results *(outline key findings, data points, number of incidents deviated from standard etc)*

Conclusions *(outline conclusions from project)*

Recommendations & Action Plan *(changes that should be implemented based on findings)*

Assign relevant Domains of Professional Competence
(choose between one and three relevant Domains of Professional Competence)

- ☐ Patient Safety and Quality in Patient Care
- ☐ Relating to Patients
- ☐ Communication and Interpersonal Skills
- ☐ Collaboration and Teamwork
- ☐ Management (including self-management)
- ☐ Scholarship
- ☐ Professionalism
- ☐ Clinical (Professional) Skill

Appendix 2 – Audit Template For Medico-Legal Work

Doctor Name

Audit Month

Details

		RECORD VALUE
Consultation Details	No. of arranged Med-legal Assessments	
	No. did not attend	
	No. of assessments when existing diagnostic imaging to be carried out	
	No. of assessments when existing diagnostic imaging requested from Solicitor	
	No. of assessments requiring medical consultation	
	No. of assessments requiring additional Clinical/medical Records	
	No. of cases ready for reporting	
Report Issue Details	Reports completed within 2 Days of request	
	Reports completed within 4 Days of request	
	Reports completed within 6 Days of request	
	Reports completed within 2 weeks of request	
	TOTAL	
Demo-graphics	Male	
	Female	
	National	
	Non-national	
	Interpreter Required	
Injury Category	RTA	
	AAW	
	Fall	
	Others	
Report Issued Types	Preliminary Report	
	Supplementary Report	
Timeframe for Reports	% Reports completed within 1 week of assessment	
	% Reports completed within 2 week of assessment	

Completion Date

Appendix 3 – Audit Template for NQAIS

Doctor Name

Medical Council Number:

NQAIS Clinical Report Period: *From:* *To:*

Procedures Included:

Total Number of Procedures:

Action plan: *Itemise quality improvement actions proposed for the next 12 months*

I have reviewed the Standard Annual NQAIS Clinical report and proposed the action plan as outlined above:

Signed *(Clinical Director/Department Head/Other):*

Date:

I have reviewed the NQAIS Clinical report for the previous 12 months for the above practitioner and the proposed action plan as outlined above and support this as appropriate.

Signed *(Clinical Director/Department Head/Other):*

Medical Council Number:

Medical Council Number:

Appendix 4 – Practice Review Examples

These include activities involving a process through which a registered medical practitioner reviews evidence relating to their practice and plans improvements:

High Level Practice Review Examples:

- Audit or quality improvement project relative to scope of practice (may be a local, regional, national, or international audit/quality improvement)
  - ~ Comparing processes or patient/health care outcomes with best practice
  - ~ Audit of departmental outcomes including information on where they fit within a team
  - ~ Audit of performance in an area of practice measured against that of their peers
  - ~ Taking an aspect of practice and comparing performance to national standards
- Review of critical incidents /significant events
- Review of compliments and complaints
- Practice visits to review registered medical practitioner's performance
- Performance appraisal
- Multisource feedback (e.g., 360 appraisals/ feedback)
- Structured feedback from colleagues/ patients/ students
- Patient satisfaction survey
- Mortality and morbidity review

A number of audit topics are provided below which focus on different aspects of clinical but, obviously, audit topics should be chosen that are meaningful and appropriate to your own clinical practice. It is useful to follow a standard structure and report it consistently to allow easy comparison. A completed audit template (appendix 1) can be uploaded to PCS as demonstration that you are meeting your professional competence obligations.

These examples are not meant to exhaustive but, rather, to act as assist you in identifying appropriate topics and methodology for the most appropriate way to audit your own practice.If you require further training on clinical audit, you should consider attending a training course such as those provided by RCSI as part of the CPDSS programme (www.rcsi.com/dublin/professional-cpd/cpdss)

Example 1: Specific treatment audit

These are the most common audit types. A treatment or a procedure is specifically selected and some part of that pathway is looked at in detail. When designing this type of audit, it is better to have an hour session with those conducting the audit, to make sure all the confounding variables are identified so they can be recorded/ accounted.

Title: VENOUS THROMBOEMBOLISM PROPHYLAXIS ADHERENCE

Reason: To assess compliance of prescribing LMWH thromboprophylaxis among appropriate acute general surgical admissions.

Criteria/ Standard: Patients assessed per local hospital policy guideline 100% in non-trauma, non -hemorrhagic admissions.

Results 1: sample time identified (e.g. 1 month admissions) and data recorded on pre formed audit sheet (such as www.sign.ac.uk/assets/audit122_-vte_-instructions.pdf), or retrospective review of 1 month if dataset already available. Confounders such as reason for admission, using other anticoagulants, risk stratification for VTE etc. accounted for a priori.

Standard met: then plan maintenance/ future plans

or

Standard not met: intervention (education of surgical teams and nursing)

Results 2: reevaluate with further sample time (1 month) and report

Future plans: reaudit as appropriate.

Example 2: Superficial Surgical Site infection rates for clean-contaminated surgery

On occasions, data presented at monthly Morbidity and mortality meetings may suggest topics that require further investigation such as an apparent cluster in superficial wound infections.

Title: SUPERFICIAL SURGICAL SITE INFECTION RATES FOR CLEAN-CONTAMINATED SURGERY

Reason: Perceived increase in SSSI rates among open appendicectomy cases

Criteria/ Standard: International standard of up to 15% rate

Results 1: sample time identified (e.g. over 3 months admissions) and data recorded on pre formed audit sheet, or retrospective review of 1 month if dataset already available. If rate unacceptable, the mining data for confounders.

Standard met: then plan maintenance/ future plans

or

Standard not met: intervention (prophylactic antibiotics, patient warming, tissue handling, move to more use of laparoscopic appendicectomy)

Results 2: reevaluate with further sample time (1 month) and report

Future plans: Plan to reaudit as appropriate.

Example 3: Patient Satisifaction Based Audit

The National Patient Experience Survey is is a nationwide survey performed annually by the HSE asking patients about their recent experiences in hospital. The survey aims to learn from patients' feedback in order to improve hospital care. Reports are provided at hospital level 9rather than specialty or practitioner level. Obtaining anonymized feedback from patients in your clinic may help identify areas for improvement. Currently, there is no single standard toll available for Ireland. However, you might design your own using some international resources as a guide. It may be more practical to focus on one specific area, depending on the nature of your practice. The more simple and focused the tool the better to answer the specific question.

Sample Canadian Evaluation Tool: ceppp.ca/en/evaluation-toolkit/

Sample UK Evaluation Tool: nhsevaluationtoolkit.net/resources/training/

Title: PATIENT SATISFACTION REGARDING CONFIDENTIALITY AT SURGICAL OPD

Reason: Examine patients perception of whether their confidentiality is respected at a telemedicine surgical OPD

Criteria/ Standard: None known; can be compared with a conventional OPD sample.

Results 1: Prospective questionnaire given to a two week sample of patients after a telemedicine appointment over the internet. Questions developed around headers such as Confidentiality, Preservation of Dignity and overall satisfaction with their telemedicine appointment.

Standard met: defined by acceptability when compared to conventional OPD.

or

Standard not met: intervention (patient education re concern of doctor regarding confidentiality, safeguards etc.)

Results 2: reevaluate with further sample at an interval (e.g 1 month) and report

Future plans: reaudit as appropriate.

Example 5: Teaching Audit

If your practice involves teaching, most university affiliated sites will have some form of teacher based performance assessment. This is where the learners provide feedback to the colleges regarding teachers performance. These are not always shared effectively with the teachers and it is reasonable to ask for data which you can then assemble an audit around. It is important that you ask specific questions relating to specific aspects of your teaching and not just how 'good' you are at teaching. It can be difficult to identify key aspects of your teaching practice to assess, but most universities will be able to give you help in identifying the specific tools you may need.

Title: EVALUATING TEACHING STYLE OF DOCTOR

Reason: To assess learner perception of content at small group tutorials.

Criteria/ Standard: Comparison with university standard or previous personal standard

Results 1: Sample time identified (e.g. 1 term of tutorials) and questionnaires delivered (ideally not by teacher) to learners immediately after sessions

Standard met: Unless university has pre-developed standards, the first time you conduct this type of audit you will be developing your own baseline standard for future comparisons.

or

Standard not met: intervention (e.g. go on teaching the teachers course, add novel/ innovative teaching method, organise focus groups, invite independent review of teaching practice etc.)

Results 2: reevaluate with further sample time (1 month) and report

Future plans: plan to reaudit or investigate some other parameter in teaching practice

Example 5: Process Audit

The Medical Council prefers you to develop audits based on your practice. It is reasonable, if a specific area of concern in your practice exists, it perform a process audit to aid in practice improvement. These audits are best conducted with business intelligence officers/ clerical staff within your organization.

Title: EVALUATING DOCTOR OUTPATIENT WAITING LIST ASSIGNMENT AND LENGTH

Reason: To assess correct assignments of received referrals for OPD. To assess length of waiting list capacity and time.

Criteria/ Standard: HSE standard of assigning urgent (level 1) or routine (level 2) to all outpatient referrals. Percentage adherence to guideline patient treatment list standards (PTLs).

Results 1: sample time identified (e.g. 6 weeks of OPD referrals). Audit of correct assignment based on clinical data presented in referral.

Standard met: Unless your hospital has pre-developed standards, the first time you conduct this type of audit you will be developing your own baseline standard for future comparisons. However, NQAIS can provide many such standards in relation to inpatient care

or

Standard not met: intervention (e.g. standardised referral form, community education sessions for referrers etc.)

Results 2: reevaluate with further sample time (6 weeks) and report

Future plans: plan to reaudit or investigate some other parameter in practice process

ROYAL COLLEGE OF SURGEONS IN IRELAND

Irish Committee *for* EMERGENCY MEDICINE TRAINING

Comhairle na nDochtúirí Leighis
Medical Council

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