

EC guideline for clinical audit

Jane Adam

for ESR

Difficult subject

- No uniform understanding of concept
- National differences
- Overlap with regulation and accreditation
- Time consuming
- Professionals to be convinced of benefits

EC guideline

Purpose?

- Guideline not legislation
- Raise awareness, educate about audit
- Promote culture change
- Offer practical advice and guidance

Purpose of guideline?

- 4.2.4. 'The medical exposure directive was for the field of radiological procedures- thus the key areas for audit are radiation protection, justification and optimisation'
- 4.3.3 'Patient dose should be part of the minimum physical parts of all clinical audits'
- These potentially restrict the overall scope of the document

ESR response to guideline

- Comprehensive review of how clinical audit can be applied to the fields of radiology, nuclear medicine and radiotherapy
- Background and literature well explained
- Comprehensive, hence a long document

Who does it? Well explored

- Not the regulators
- Not quality assurance organizations
- But 'peer review' professionally led process
- Multidisciplinary activity
- Confidentiality issues addressed

Peer review

- Draws on financial audit practices to outline methodology
- Document indicates audit should not be 'self audit' unless no other choice, does not promote a universal professional responsibility to continually evaluate and monitor one's own area of work (the philosophy in some countries) and to carry it out honestly and with integrity

Internal vs. external clinical audit

- Greater emphasis on external- with detailed advice on visits etc.
- Less advice on internal audit, but advises starting with comprehensive audits (4.3.2)- difficult to do
- Internal audits set by 'management of department'- management rather than professionally led?

Validity of audit data

- Essential weakness of much audit data - statistical validity & sampling bias unless large investment, but still worth doing?
- Only a guide to knowing whether 'good enough' or in need of improvement. No regulatory function

The audit cycle

Standard = the starting point



‘Good practice’ defined by standards

- No standards- no audit cycle
- Standards hard to find- guidance given
- Outcome standards difficulty well explained in 4.3.3
- Different standards for different institutions

Level of standard chosen

- Standards chosen can be aspirational, expected or minimum
- All have potential disadvantages
- Minimum standards- regulators use- may discourage further efforts to improve
- Expected standards- may encourage complacency in those capable of doing better
- Aspirational – may discourage adequate performers from participating

Specific suggestions

- Include a summary
- More emphasis on internal audit, cheaper and more quickly achieved than external, start simple
- Professionally led and carried out rather than management led emphasised