



OOH Audit Supports

Background

GPs working solely in Out-of-Hours (OOH) services have provided feedback to ICGP noting that the annual audit requirement, mandated by the Medical Council, can prove challenging. In response, ICGP GPs have created this resource to provide a range of accessible and beneficial audit suggestions for GPs working in OOH services.

Suggested Audit Process for OOH GPs

- Choose a shift where you monitor your practice in relation to one of the topics below
- Review your own processes and see where you could make changes / improvements
- At your next shift, check to see if there is a change in your practice
- **Remember!** Always reference ICGP recommended guidelines on your chosen topic before and during your audit

Suggested Topics and Resources

Antibiotic Prescribing for Respiratory UTIs

ICGP Resources

- *Appendix 1*: detailed outline of this audit topic provided by Dr Scott Walkin, ICGP HSE Antimicrobial Resistance and Infection Control Lead (AMRIC)
- [ICGP Medication Review](#) Quick Reference Guides
- [ICGP Respiratory](#) Quick Reference Guides
- [HSE Antibiotic Prescribing](#)

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) for 70+ Year Olds

Audit Considerations

- NSAIDs are one of the most common drugs to cause adverse drug reactions, especially in the elderly
- Check prescribing patterns of NSAIDs and consider what other medications the patient is taking

ICGP Resources

- [ICGP Medication Review](#) Quick Reference Guides
- [STOPP-START Toolkit](#)

Clinical Record Keeping in GP OOH

Audit Suggestion

- High quality clinical records support seamless transfer of patient care
- Measure 9 parameters to assess quality of clinical record, scoring 0, 1, 2 (0 if absent, 1 if satisfactory, 2 if comprehensive)
 1. History, including relevant + and –, current medication history and allergies
 2. Examination, including relevant + and –
 3. Investigation
 4. Diagnosis / differential diagnosis

5. Evidence of patient involvement in decision making
6. Management
7. Prescribing (prescribing aligned to antibiotic guidelines)
8. Information shared with patient
9. Safety net and follow up

ICGP Resources

- [Processing of Patient Personal Data](#)
- [General Data Protection Information](#)
- [MPS Standards](#)

Referral Letters

Audit Considerations

- Do they match [HSE standard](#)?

ICGP Resources

- ICGP *Forum* Journal (March 2023) [Referrals for new enhanced community care hubs](#)

Additional Audit Resources

- Dr Diarmuid Quinlan's Guide [What GPs Need to Know to Carry Out a Clinical Practice Audit](#)
- [ICGP Sample Audits](#)
- [Practice Improvement Samples from GPs](#)
- ICGP Quick Reference Guides

Additional Suggested Topics

- Steroid Prescribing
- Proton Pump Inhibitors (PPIs)
- Antibiotics in Children Under 1 Year
- INews2 Score
- Ottawa Rules for Sprains
- NOACs: Prescribing and Interactions

Appendix 1

Antibiotic Audit for Out of Hours Doctors in the GP Co-op setting

Dr Scott Walkin, ICGP HSE Antimicrobial Resistance and Infection Control Lead (AMRIC)

Resource: [HSE Antibiotic Prescribing](#)

Introduction

Members will be aware that an annual audit is a requirement for retention of registration with the Irish Medical Council. Feedback from doctors working in the Out-of-Hours (OOH) setting is that it can be a challenging task to address this mandate. Acute respiratory presentations are common in the OOH context. Such presentations may result in a prescription for antibiotics. Antibiotic prescribing is a factor that drives antimicrobial resistance which is recognised as an important public health issue. Out of hours antibiotic prescribing is therefore common and clinically important.

Method

The [Preferred antibiotics audit tool](#) involves a self-audit of 10 antimicrobial prescriptions and encourages general practitioners to reflect on their prescribing behaviour relative to current best-practice guidelines.

1. Take 10 consultations where you prescribe antibiotics
2. During consultation record your management without consulting any resource i.e. what you usually use in this clinical situation. A template to collect the data is available in the [Preferred antibiotics audit tool](#)
3. Set aside some time and sit down and open up [national antibiotic guidelines](#); use these guidelines to complete the [Preferred antibiotics audit tool](#)
4. Score yourself on percentage preferred or “green” antibiotics used
5. Document what you learned
6. Set a target / goal /quality improvement (e.g. seem to use lot of macrolides and not justified, can I reduce this?)
7. Re-audit to assess if your practice has changed to closer reflect national guidelines
8. Document this process for the purpose of your professional competence clinical audit