**Case-based Discussion:** **Focus on Audit**

Scenario 1:

A senior partner presents practice QOF data as evidence of quality improvement.

This appraisal is 12 months before his final revalidation appraisal is due.

1. What details would you want to see before the appraisal meeting?
2. What questions might you want to ask at the appraisal interview?
3. What steps could you advise to ensure that he meets revalidation requirements the following year?

Scenario 2:

A locum GP has submitted a log of 20 referrals as evidence of quality improvement activity, but documented results and reflections as – “19 out of 20 referrals appropriate, 1 DNA”.

1. How would you explore this quality improvement activity?
2. What would a well-documented log and review of referrals look like?
3. What kind of objective evidence of quality might you expect to see?

Scenario 3:

A busy GP working in both the NHS and private sector has submitted a well-documented quality improvement activity – “Reducing inadequate cervical smear rates” in his NHS practice. However on reading the detail you notice that this doctor is not listed amongst the list of smear-takers. You also see in the practice minutes that the project was carried out by the GP trainee.

1. At what point in the appraisal process would you want to explore this?
2. How would you proceed?

Scenario 4

A partner in a high-performing practice and LMC chair has had no complaints or negative feedback in her MSF. Her chosen area of audit shows prescribing at 99% against the standard set. Re-audit 1 year later shows the same achievement. Her revalidation date is November 2014.

1. What issues would you want to explore with this appraisee?
2. What guidance could you give to ensure revalidation requirements are met?