

National Bowel Cancer Screening Program

PDSA and mini audit guide

How to use this guide

Mini audits systematically review aspects of a healthcare provider's clinical or practice performance against established best practice guidelines or standards. It can be undertaken by an individual GP, a group of GPs, practice or multi-disciplinary team including nursing staff or Aboriginal Health Workers.

This guide is used to support a practice team when undertaking Quality Improvement activities within the practice. It can also be used towards a GP's Measuring Outcomes Activities for the CPD year.

It is recommended that you complete at least one of the following:

1. Plan Do Study Act (PDSA) cycle
2. Mini audit

The mini audit contains five steps and concludes at the data analysis and implementation of change stage. You can complete a full audit by incorporating a sixth step to monitor progress of the changes and the sustainability of the improvements by repeating steps 3 and 4 after a suitable period of time.

A mini audit example is included at the end of this document, demonstrating the process for conducting the audit, the associated documentation required (templates herein), and the time taken. You can self-log the time you spend on this audit activity as CPD hours. Ensure you keep associated documentation as evidence. The Royal Australian College of General Practitioners (RACGP) recommends a minimum of 6 hours for a mini audit and a minimum of 10 hours for a full audit.

Note: Consider ethical, privacy (Privacy Act 1988) and confidentiality issues relating to patient information where applicable. How will privacy, confidentiality and consent be addressed?

Suggested audit topics

- What percentage of my patients aged 45-74 have never screened with the NBCSP or are overdue for screening with the NBCSP? (Selection of a particular cohort is also possible, e.g. First Nations people, people living with disability etc.)
- Of the patients who have had a positive NBCSP FOBT, what percentage have their colonoscopy results recorded in the NCSR?
- Of the patients who were recently sent for a private FOBT, has their participation in the NBCSP been deferred?
- Of the patients who are having regular colonoscopies, has their participation in the NBCSP been deferred or have they been opted out?

Plan Do Study Act (PDSA) cycle template

Title	
Name of clinician	

Cycle one			
Start date		End date	
PLAN (please outline)			
<ul style="list-style-type: none"> Select a topic or change idea. See suggested audit topics above. Define the activity aim/s, e.g. to improve bowel cancer screening in eligible populations. 			
Identify 'action steps': <ul style="list-style-type: none"> Ensure privacy and confidentiality if patient records are involved. What exactly will be done? What data or information will be collected? 			
Describe or list the tasks (what needs to be done)			
Who is responsible? e.g. GP, practice nurse etc.	When will it be done? Define a timeframe.	Where will it be done?	How will it be done? What clinical audit software will be used?

DO (please summarise)	
<ul style="list-style-type: none"> • Perform the data extraction using your clinical audit tool (refer to clinical audit tool guide for further support). • Monitor progress and measure changes. • Consider how you will undertake changes within your practice e.g. utilise recall systems. • Carry out the plan. • Record observations and relevant data. 	
STUDY (please summarise)	
<ul style="list-style-type: none"> • Analyse data results, e.g. what percentage of your target group are up to date with bowel cancer screening? • Compare results with activity aim/s. • Summarise and reflect on what was learned. Consider what barriers need to be addressed to improve the aim of your audit. 	
ACT (please summarise)	
<ul style="list-style-type: none"> • Act on the results by adopting, rejecting or modifying the original action plan as required. • Plan the next cycle. 	

Cycle two			
Start date		End date	
PLAN			
Are you going to make any changes to the plan or your audit for the next cycle?		<input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No	
Identify 'action steps': <ul style="list-style-type: none"> • What exactly will be done? • What data or information will be collected? e.g. utilising clinical audit software. 			

Describe or list the tasks (what needs to be done)			
Who is responsible?	When will it be done?	Where will it be done?	How will it be done?
DO (please summarise)			
<ul style="list-style-type: none"> Collect the data required for the audit. How many patients are part of the audit? How were they selected? (e.g. inclusion criteria could be aged 45-74 or are part of an underscreened/never-screened group) Monitor progress and measure changes. 			
STUDY (please summarise)			
<ul style="list-style-type: none"> Analyse data results. Were there any exclusions? e.g. patients who are undergoing surveillance colonoscopy. Summarise and reflect on what was learned. How do your results compare to best practice guidelines or standards? Compare results with activity aim/s. Describe how you will implement changes or improvements. 			
ACT (please summarise)			
<ul style="list-style-type: none"> Act on the results by adopting, rejecting or modifying the original action plan as required. Plan the next cycle. 			

Reflection					
To what degree were the learning needs met?			To what degree was this activity relevant to your practice?		
Not met	Partially met	Entirely met	Not met	Partially met	Entirely met
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What did you learn?					
What changes are you going to make to your practice as a result?					

Mini audit template

Step 1: Identification of need (what's the subject of the study?)

<ul style="list-style-type: none"> Identify a need or topic for the audit - refer to suggested topics on Page 1 of this Guide. Define the activity aim and learning needs – what are you/team/practice trying to accomplish? 	
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Step 2: Describe the method (how will the audit be done?)

Audit criterion/criteria	Guidelines/Standards, e.g. RACGP Red Book, Colonoscopy Clinical Care Standard	Data to be collected (by whom, when, where and how)
Consider ethical, privacy (<i>Privacy Act 1988</i>) and confidentiality issues relating to patient information, where applicable. How will patient privacy, confidentiality and consent be addressed? (where applicable)		

Step 3: Data collection

Undertake data collection. <ul style="list-style-type: none"> How many patients are part of the audit and how were they selected? (where applicable) Collect the required data or information (e.g. patient, systems or processes) relevant to the audit. 	
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Step 4: Data analysis and implementation of change

- Analyse the data and compare against the best practice guideline/s or standard/s from step 2.
- Identify changes or improvements to meet the best practice guideline/s or standard/s based on data analysis from step 3.
- Set SMART Goals – see below.
- Implement changes or improvements. Describe the process in the opposite box.

S.M.A.R.T goals

Specific	Measurable	Achievable	Relevant	Time-Bound
Provide a clear description of what needs to be achieved.	Include a metric with a target that indicates success.	Set a challenging target but keep it realistic.	Keep your goal consistent with higher-level goals.	Set a date for when your goal needs to be achieved.

Step 5: Documentation and reporting

Ensure you complete your mini audit template and PDSA cycle and retain a record for CPD purposes.

Step 6: is for a full audit only. If doing a mini audit, skip step 6 and move onto the reflection section below. Monitor progress and sustain improvement by repeating steps 3 and 4.

- Outline strategies or steps on how to monitor progress.
- Describe how to sustain improvement, e.g. regular clinical meetings to discuss the audit, improvements to patient recalls about bowel cancer screening.

Reflection

To which degree were your learning needs met?

To what degree was this activity relevant to your practice?

Not met

Partially met

Entirely met

	Not met
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Partially met

Entirely met

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What did you learn?

What changes are you going to make to your practise as a result?

If completing the mini audit for another cycle, a blank mini audit template can be used.

References

- Royal Australian College of General Practitioners. Mini Audit/Audit Activity Template. Melbourne. Available from: <https://www.racgp.org.au/>
- Royal Australian College of General Practitioners. Plan Do Study Act Cycle. Melbourne. Available from: <https://www.racgp.org.au/>

Step-by-step mini audit process and example

For medical practitioners, completing this mini audit can be counted as Measuring Outcomes CPD hours towards your annual professional development requirement.

For non-medical practitioners, completing this mini audit is a professional quality assurance activity (i.e. self-improvement) which likely can be included to fulfil in your annual CPD requirement. Please check with your professional association for any clarification or questions.

See table below for an example of mini audit steps and hours.

As a GP working in a regional town where approximately 20% of the patient population identifies as Aboriginal or Torres Strait Islander, you undertake a quality improvement initiative in the form of a mini audit. The audit aims to assess engagement with the National Bowel Cancer Screening Program (NBCSP) within this priority population group.

Mini audit goal

Increase participation in the NBCSP among Aboriginal and Torres Strait Islander patients.

Audit topic

“Out of 50 randomly selected patients who identify as Aboriginal or Torres Strait Islander, what percentage of those aged 45–74 have participated in the NBCSP in the past three years?”

Audit tools used

- Best Practice Clinical Software
- PenCAT Data Extraction Tool

Audit process and time allocation

Planning phase (0.5 hours)

You spend 30 minutes planning the audit, including defining the rationale, target population, data parameters, and methodology (e.g. drawing on concepts discussed during the NBCSP Workshop).

Identify best practice guidelines or standards and criteria (0.5 hours)

You spend 30 minutes identifying relevant best practice guidelines or standards, and/or criterion/criteria to be used in your audit (e.g. NBCSP Guidelines).

Initial data collection (1 hour)

You use your clinical audit tool to identify 50 randomly chosen Aboriginal and Torres Strait Islander patients. You identify that 20 out of the 50 patients have had a faecal occult blood test (FOBT) in the last three years.

Data refinement (8 hours)

For the remaining 30 patients, you conduct a detailed review of individual patient records using Best Practice and access the National Cancer Screening Register (NCSR) to determine:

- Whether they have completed a NBCSP FOBT within the last three years.
- If not, whether there are clinical justifications for non-participation, such as:
 - Being on a high-risk surveillance program (e.g. regular colonoscopies).
 - Previous positive FOBT with follow-up colonoscopy, thus temporarily excluding them from routine FOBT screening.

Final audit results

- **Total cohort:** 50 patients aged 45–74 who identify as Aboriginal or Torres Strait Islander
- **Screened within the last three years:** 17 patients (via either NBCSP FOBT or private FOBT)
- **Not screened in the last three years:** 33 patients
 - 3 patients are on alternative screening pathways:
 - 1 with diagnosed bowel cancer
 - 2 undergoing surveillance colonoscopy due to high-risk status
 - 30 patients remain eligible and are currently due or overdue for screening

Data analysis

You spend 2 hours analysing the findings, focusing on:

- **Barriers to screening participation**
 - Patient-level: Low health literacy, fear or misunderstanding of screening, cultural perceptions, lack of awareness, or language barriers
 - System-level: Limited continuity of care, time constraints during consultations, frequent staff turnover, or high use of locums
- **Opportunities for improvement**
 - Enhancing recall/reminder systems
 - Proactive patient education and culturally appropriate communication
 - Use of clinical software to flag screening eligibility in patient notes
 - Morning review of scheduled patients to prompt NBCSP discussions
- **Strategies to increase participation**
 - Incorporating structured discussions during consultations
 - Tailoring health promotion materials to cultural needs
 - Engaging Aboriginal health workers in the screening process

Goal setting: SMART goal example

“Over the next six months (review date: [insert date]), I will aim to discuss and encourage participation in the NBCSP with 100% of my Aboriginal and Torres Strait Islander patients aged 45–74 who are due for screening. Prior to each consultation, I will review the patient list and identify those eligible based on the date of their last FOBT. I will document screening discussions and outcomes in the patient record and flag follow-up where necessary.”

Documentation and reporting

You allocate 1 hour to complete the required audit documentation, such as one of the following (templates above):

- Plan Do Study Act (PDSA) cycle
- Mini audit

Evaluation of goal

Schedule a planned review to evaluate your audit and process changes (e.g. goal achievement) in the timeframe you set yourself in SMART goal (e.g. 6 or 12 months).

Total CPD hours: 13 hours

This activity contributes a total of 13 Measuring Outcomes hours towards your annual CPD requirement.

See the table below for mini audit and documentation steps.

Mini audit example

Step 1: Identification of need (what's the subject of the study?) = 0.5 hours

<ul style="list-style-type: none"> Identify a need or topic for the audit - refer to suggested topics on Page 1 of the Guide. Define the activity aim and learning needs – what are you/team/practice trying to accomplish? 	<ul style="list-style-type: none"> Audit: Out of 50 of my randomly-selected patients who identify as Aboriginal or Torres Strait Islander, what percentage of those aged 45–74 have participated in the NBCSP in the past three years? Aim: to improve my advocacy and education for NBCSP participation with my patients who are Aboriginal or Torres Strait Islander, aged 45–74.
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Step 2: Describe the method (how will the audit be done?) = 0.5 hours

Audit criterion/criteria	Guidelines/Standards, e.g. RACGP Red Book, Colonoscopy Clinical Care Standard	Data to be collected (by whom, when, where and how)
Criteria: <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Aged 45–74 	<ul style="list-style-type: none"> Immunochemical faecal occult blood testing (iFOBT) every 2 years is recommended for 45-74 year olds who are at average risk of colorectal cancer Proactive recall of patients for screening high-risk groups, namely Aboriginal and Torres Strait Islanders Reference: RACGP Red Book https://www.racgp.org.au/getattachment/52e81aef-5dec-4cf3-a903-fd202246c65f/Guidelines-for-preventive-activities-in-general-practice.aspx 	Using <i>Best Practice Clinical Software</i> and/or <i>PenCAT Data Extraction Tool</i> , I will identify which of my patients matching the criteria, have or have not participated in the NBCSP during the past three years
Consider ethical, privacy (Privacy Act 1988) and confidentiality issues relating to patient information, where applicable. How will patient privacy, confidentiality and consent be addressed? (where applicable)		
Patient privacy, confidentiality and consent will be addressed by: <ul style="list-style-type: none"> De-identification of patient data for the audit Ensure data security (e.g. limiting access; storing securely; having appropriate system firewalls in place, etc.) Limiting disclosure 		

Step 3: Data collection = 9 hours (e.g. approx. 1.2 minutes per patient for initial review and 15 minutes per in-depth patient review)

<p>Undertake data collection.</p> <ul style="list-style-type: none"> How many patients are part of the audit and how were they selected? (where applicable) Collect the required data or information (e.g. patient, systems or processes) relevant to the audit. 	<p>Of my 50 randomly selected patients, 20 out of the 50 patients have had a faecal occult blood test (FOBT) in the last three years. For the remaining 30 patients, my detailed review of individual patient records (using Best Practice and accessing the National Cancer Screening Register) determined:</p> <ul style="list-style-type: none"> 25 patients had not completed a NBCSP FOBT within last three years. 5 patients had clinical justifications for non-participation, such as: <ul style="list-style-type: none"> Being on a high-risk surveillance program (e.g. regular colonoscopies). Previous positive FOBT with follow-up colonoscopy, thus temporarily excluding them from routine FOBT screening.
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Step 4: Data analysis and implementation of change = 2 hours

<ul style="list-style-type: none"> Analyse the data and compare against the best practice guideline/s or standard/s from step 2. Identify changes or improvements to meet the best practice guideline/s or standard/s based on data analysis from step 3. Set SMART Goals – see below for guidance. Implement changes or improvements. Describe the process in the opposite box. 	<p>Comparison of my results against NBCSP recommendations and known barriers and enablers to participation in the NBCSP found that I could potentially improve NBCSP participation rates of my patients.</p> <p>Goal: Over the next six months (review date: 31/1/2026), I will aim to discuss and encourage participation in the NBCSP with 100% of my Aboriginal and Torres Strait Islander patients aged 45–74 who are due for screening. Prior to each consultation, I will review the patient list and identify those eligible based on the date of their last FOBT. I will document screening discussions and outcomes in the patient record and flag follow-up where necessary.</p>
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S.M.A.R.T goals				
<p>Specific</p> <p>Provide a clear description of what needs to be achieved.</p>	<p>Measurable</p> <p>Include a metric with a target that indicates success.</p>	<p>Achievable</p> <p>Set a challenging target but keep it realistic.</p>	<p>Relevant</p> <p>Keep your goal consistent with higher-level goals.</p>	<p>Time-Bound</p> <p>Set a date for when your goal needs to be achieved.</p>

Audit

Step 5: Documentation and reporting = 0.5 hours

Ensure you complete your mini audit template and PDSA cycle and retain a record for CPD purposes.

Step 6: is for a full audit only. If doing a mini audit, skip step 6 and move onto the reflection section below. Monitor progress and sustain improvement by repeating steps 3 and 4.

- Outline strategies or steps on how to monitor progress.
- Describe how to sustain improvement, e.g. regular clinical meetings to discuss the audit, improvements to patient recalls about bowel cancer screening.

Not applicable for mini audit

Reflection = 0.5 hours

To which degree were your learning needs met?			To what degree was this activity relevant to your practice?		
Not met	Partially met	Entirely met	Not met	Partially met	Entirely met
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

What did you learn?

I identified objective data regarding NBCSP participation of my Aboriginal and Torres Strait Islander aged 45–74 and that I could improve my advocacy and health education with this patient cohort, to improve participation rates with is below the recommended level.

Total audit time: 13 hours

What changes are you going to make to your practise as a result?

Goal: Over the next six months, I will aim to discuss and encourage participation in the NBCSP with 100% of my Aboriginal and Torres Strait Islander patients aged 45–74 who are due for screening. Prior to each consultation, I will review the patient list and identify those eligible based on the date of their last FOBT. I will document screening discussions and outcomes in the patient record and flag follow-up where necessary. Goal review date: 6 months from now

If completing the mini audit for another cycle, a blank mini audit template can be used.

References

- Royal Australian College of General Practitioners. Mini Audit/Audit Activity Template. Melbourne. Available from: <https://www.racgp.org.au/>

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