

2026 EXIT EXAM PRE-EXAM WORKSHOP

CLINICAL AUDIT SEGMENT

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CLINICAL AUDIT SEGMENT

CLINICAL AUDIT REPORT

- FOUR printed copies required
- A word file (.doc or .docx) of audit report including all appendices (submitted by email to exit@hkcfp.org.hk)
- Certification by clinical supervisor
- Submit on or before **2 January 2026**

STARTING FROM 2012

- The audit topic should not have been done in the practice in the preceding 5 years.
- At least one audit criterion is **outcome-based** and must be **stated clearly in the audit report**

STARTING FROM 2016

- The starting date of Audit cycle must be **within 3 years** before the application deadline of Exit Exam

STARTING FROM 2018

- Presentation in Clinical Audit & Research Forum
(Mandatory from 2019 onwards).

STARTING FROM 2022

- The text should be between **5,000 and 8,000 words** in length, excluding the references and acknowledgements.

USE OF AI-GENERATED OUTPUTS FOR EXIT EXAM IS NOT ALLOWED

Please note that **plagiarism** or **the direct adoption of AI-generated outputs** for the examination is not allowed. The submitted reports may be checked by relevant software to detect these practices.

USE OF AI-GENERATED OUTPUTS FOR EXIT EXAM IS NOT ALLOWED

- Written report must represent the trainee's own work. Contents produced solely by the generative AI tools would not be accepted as submission.
- Trainees are required to critically examine the output (if any) generated from the generative AI tools, with the contents checked for accuracy and screened for discrepancies.
- Academic honesty and integrity should be upheld without compromise. Improper use of generative AI tools may lead to disciplinary actions or other consequences as determined by the Academy and College.

CLINICAL AUDIT ASSESSMENT CRITERIA

**Is this a clinical audit?
(Essential)**

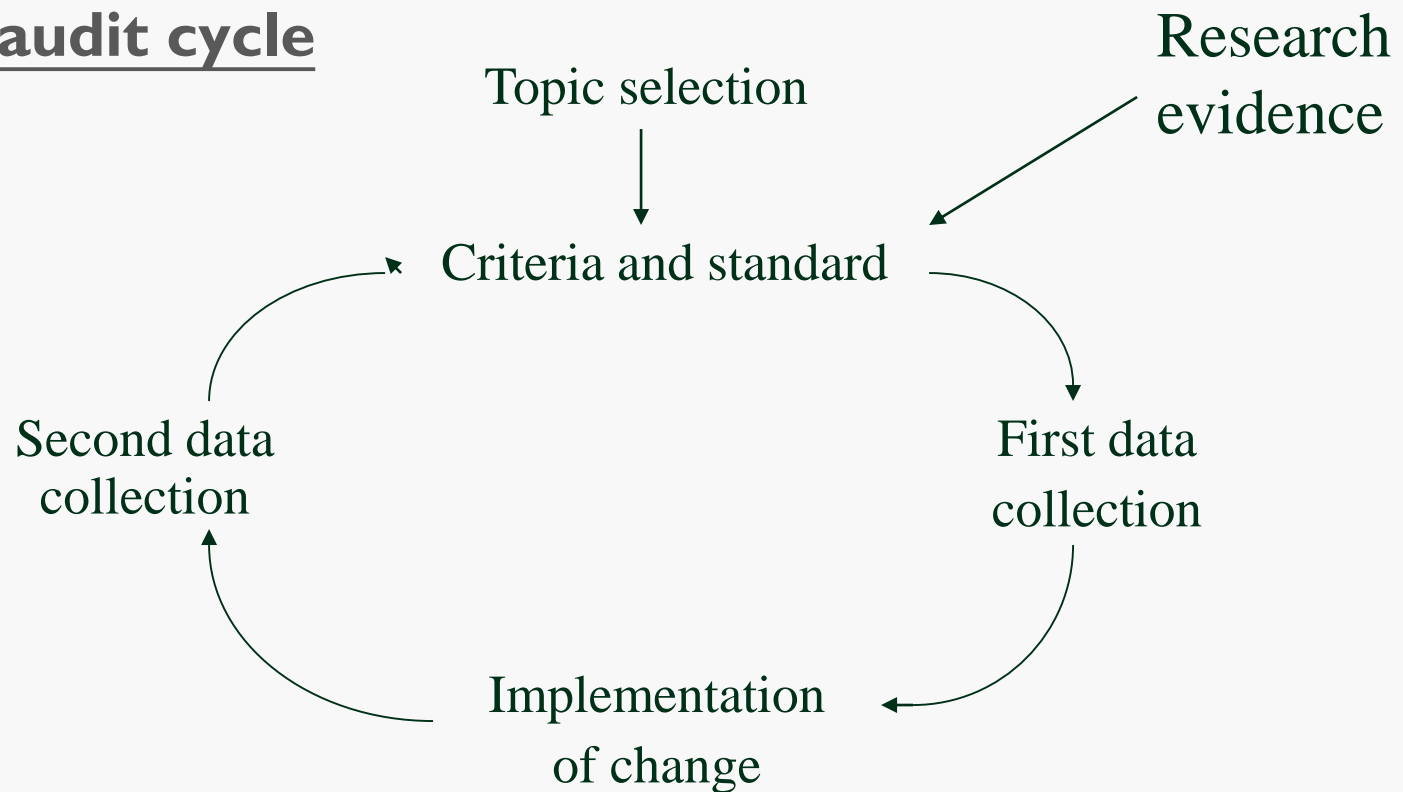
Clinical audit is the process of critically and systematically assessing our own professional activities with a commitment to improving personal performance and, ultimately, the quality and/or cost-effectiveness of patient care.

(Fraser, 1982)

Has the audit cycle been completed?

(Essential)

The audit cycle



EVALUATION OF THE BACKGROUND OF THE AUDIT PROJECT

- Choice of the audit topic
- Define the aim
- Objectives
- Background literature review

SELECTING A TOPIC

- Common
 - the condition
 - problem in care
- Important
 - impact on patients
- Convincing evidence is available about appropriate care
- Feasible
 - to undertake the audit
 - to improve care

AUDIT CRITERIA (1)

- **Explicit statement about what to measure**
- **Types**
 - structure
 - process
 - outcome

AUDIT CRITERIA [2]

Audit criteria must be :

- based on evidence
- prioritized
- measurable and explicit
- appropriate to the setting

AUDIT CRITERIA [3]

Methods :

- directly from literature
- from summary of evidence
- e.g. good systematic review/good quality guidelines
- from evidence-based audit protocol if available

AVAILABLE EVIDENCE-BASED AUDIT PROTOCOL

- Management of chronic diseases:
DM /HT /asthma /gout /heart failure /angina
/depression
- Management of acute illness:
Acute otitis media
- Drug use: New /long term use of benzodiazepines
- Smoking cessation
- Home visits /repeat prescription /patient access to GP

SETTING OF STANDARD

- What level of performance is expected
- The percentage of events that should comply with the criterion
- Set standard for each criterion
- Should be realistic, attainable and reflect the importance of the criterion

COLLECTING DATA (1)

- **Define study population**
- **Sources**
 - records, patients, encounter forms
- **Samples**
 - adequate numbers, representative
- **Collection**
 - data collection forms

COLLECTING DATA (2)

- **Analysis**
 - % of cases in accordance with the criteria
- **Presentation of results**
 - clear
- **Twice - before and after change**

IMPLEMENTATION OF CHANGE (1)

- Identify areas of deficiencies in first cycle and the underlying causes
- Team work approach
- Use of multifaceted interventions chosen to suit the particular circumstances

IMPLEMENTATION OF CHANGE [2]

Some common strategies :

- - Feedback
- - Education/training
- - System changes
- - Reminder system
- - Policies/guidelines
- - Team changes

WRITING UP

- Report in a systematic way
- Clear and understandable language
- Appropriate presentation of result
- Concise summary of key issues, impact
- List of references

SOME COMMENTS FROM EXAMINERS (1)

- “ not much up-to-date journal discussions ”
- “ the criteria are not fully supported by research evidence or accepted guideline ”
- “ the method on how data was retrieved from the records was not clear ”
- “ little impact on patient care ”

SOME COMMENTS FROM EXAMINERS (2)

“ lack of in-depth look into the flaws of the old protocol and therefore results in lack of a strong foundation and motivation to implement change ”

“ tables are poor, presentation generally poor ”

“ the report is poorly presented and very difficult and confusing to read ”

“ reason for standard setting not well defined ”

SOME COMMENTS FROM EXAMINERS (3)

- No clear outcome criteria included/ stated in the audit report.



Thank you!

