



Clinical Audit and Peer Review – Nurse Practitioners

- Peer review is a well-established part of the informal, voluntary, collaborative activities used by clinicians to review and support improvement in their professional and clinical practice and to maintain and improve the quality of patient care*. Peer review is a core source of information to support credentialing processes and defining scope of clinical practice.
- Clinical audit is a process that has been defined as "a quality improvement process that seeks to improve
 patient care and outcomes through systematic review of care against explicit criteria and the implementation
 of change"**. Clinical audit is a part of the continuous quality improvement process.

The Nursing and Midwifery Board of Australia (NMBA) Nurse Practitioner Standards for Practice***

Standard 1: Assesses using diagnostic capability

Statement 1.1: Conducts comprehensive, relevant and holistic health assessment

 Demonstrates comprehensive skill in clinical examination including physical, mental health, social, ethnic and cultural dimensions

Standard 4: Evaluates outcomes and improves practice

Statement 4.1: Evaluates the outcomes of own practice

 Monitors, evaluates and documents treatments/interventions in accordance with person-determined goals and health care system outcomes

The overall objective of the peer review process is to improve patient safety and health outcomes.

The RRCSU Nurse Practitioner Case Review Tool is the preferred assessment tool for the Nurse Practitioner and Endorsed Midwife Credentialing and Scope of Clinical Practice (SoCP) Committee. This structured assessment tool includes the practices of diagnosis, diagnostic investigations, pharmacology, therapeutic interventions and referral. The case review tool can be found at:

https://qheps.health.qld.gov.au/ data/assets/pdf_file/0017/2341205/Nurse-Practitioner-Case-Review-Tool-201119.pdf.

Clinical competence is performance based. Assessors must therefore carry out the assessment in the context of the nurse practitioner interaction with the person receiving care. Renewing SoCP or request for additional SoCP applications must contain evidence of eight (8) cases, conducted in person, at least one a month over an eight (8) month period per calendar year.



^{*}Review by peers – A guide for professional, clinical and administrative processes – Australian Commission on Safety and Quality in Health Care, July 2010

^{**}United Kingdom National Institute for Health and Clinical Excellence (NICE)

^{***}Nursing and Midwifery Board of Australia – Nurse practitioner standards for practice – January 2014 (updated March 2018)