

# Auditing a GP's 'core systems'

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### **Barry O'Brien, Abbey Medical Consulting**

*Ahead of IMT's GP Practice Management Seminar next month, **Gary Culliton** spoke with practice management consultant Barry O'Brien about internal systems analysis and regular audits of core protocols.*

Almost all practices will have the same list of systems, Barry O'Brien of Abbey Medical Management Consulting believes, yet they will not all have the same protocols in place to manage particular areas of the practice.

Mr O'Brien, a practice management expert, will address the *IMT*-sponsored GP Seminar — 'Sustainability and Standards:

Managing Your Practice in a Changing and Challenging Environment' in Dublin on April 27 on the topic 'Core Systems and Protocols in General Practice — the Importance of Internal Audit'.

O'Brien — whose presentation will focus on what the core systems in general practice are — explained that administration systems were required to manage such areas as management, finance, credit control, debt collection and appointments. Clinical areas must also be managed, he told *IMT*, including: repeat prescriptions; lab results; phone screening; and potentially triage.

In most GP practices, there may be more than 20 'core systems' that are critical to the function of the practice. "If two systems per month were reviewed and audit checks were carried out on them, there would be an annual review of every one of the core systems," O'Brien said. "My experience is that this is not done in a lot of practices but there is no reason why it could not be done."

Although additional software, IT or personnel may be required to improve some core systems, a fundamental review and audit of practice systems is the first step towards an improvement in quality, productivity and efficiency. This review establishes who does what task and where the system can fall down. "This can be done by GPs or practice managers, if they have the tools, the skills and the time to do the job," said O'Brien, who has been brought in as a consultant to carry out such reviews by a number of GPs.

Large and small practices differ in the types of systems they put in place — to achieve the same results. Yet both types of practice benefit from a comprehensive systems audit. Equally, practices' population demographics — urban or rural, for example — have an influence on how the system is installed.

As a management consultant, O'Brien is not often called on to devise entirely new systems as there is usually something already in place to manage the practice systems. In many practices, he explained to *IMT*, these systems have evolved over time and are in place without any specific direction from management.

### **Gaping holes**

He believes a key task is to equip people with skills to audit the systems. Gaping holes and inefficiencies in the system must then be identified. "It is important to ensure the right people doing the right things. For instance, are doctors only involved in those systems where doctors need to be involved?" questioned O'Brien.

The first task is naturally to summarise the system as it currently is, and this can be achieved with the use of flow charts. Once the system is documented, the next step is to establish what problems exist in the system — i.e. where it is not working? After that, a plan is devised based on how the system might work in an ideal situation.

Between these two scenarios lies a real-life outline of what is best for a particular practice. "There are normally 14 characteristics of any system — a good system should be able to tick the boxes for all 14," said O'Brien.

### **Audit tools**

An audit of the system, involving an audit tool, is thus required. "The audit tool will look at various characteristics within a system. Individual practices may prioritise particular characteristics," O'Brien said.

Yet priorities change, depending on the practice and the system itself. An exclusive focus on efficient use of practice resources, for example, might lead to a situation where administration staff would print repeat prescriptions. Very commonly though, there is a 'best practice' characteristic — which supersedes the efficient use of resources. This might state that only a doctor should print a prescription. The order in which the characteristics are prioritised is also key; this will change the way the system operates, to account for higher-ranked priorities.

Such audited systems are probably not widely used in general practice, though they certainly could be, in O'Brien's view.

This is the seventh year Irish Medical Times has organised its popular Practice Management Seminars. The upcoming event, in the Herbert Park Hotel, will see presentations on such financial matters as taxation, buying and selling a practice, and medical VAT, along with HR advice on implementing redundancies, expert views on patient safety and quality improvement, Community Intervention Teams, and guidance on the appropriate use of social media.

• *For further information or to book a place, contact Dylan Conway at Tel: 01-817 6330 or email: [dylan.conway@imt.ie](mailto:dylan.conway@imt.ie).*



**About Gary Culliton** Gary Culliton is Chief News Correspondent at IMT and specialises in consultant issues, the HSE, quality of care, health insurance, clinical research and global news.