How compliant are physiotherapists affiliated to occupational health services with clinical audit practice?

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Abstract:
The purpose of this project was to determine the extent to which physiotherapists affiliated to occupational health services undertake the full clinical audit cycle. A sample of convenience was used to select physiotherapists that were in attendance over two conference days. Those who verbally consented to take part were asked to complete a survey and place it in an envelope which was immediately sealed to maintain confidentiality of responses. The majority of physiotherapists undertook clinical audit practice (94%). The common frequency of clinical audits was annually (77%). Most physiotherapists did not contribute their clinical audit outcomes into any quality improvement initiatives (42%). Occupational health services should encourage physiotherapists affiliated to them to identify and link their outcomes into broader quality improvement initiatives so that the full audit cycle can be completed.

Keywords: clinical audit, occupational health, physiotherapy, survey, practice

Introduction

Clinical audit is a quality improvement practice that aims to improve the delivery of healthcare through the systematic review of care against explicit criteria or standards (Lokuarachchi, 2006). Following completion of the clinical audit changes are implemented at individual and/or service level and further monitoring is used to confirm if the changes lead to improvement in healthcare delivery (Johnston *et al.,* 2000).

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In 1989, the National Health Service (NHS) in the United Kingdom (UK) introduced a White Paper titled 'Working for Patients' to ensure that the delivery of healthcare was reviewed and best practice was being implemented (Waclawski, 2009). Since the release of the White Paper clinical audit practice has become a requirement for health professionals working in the NHS. In addition, physiotherapists are required by their regulatory body, the Health and Care Professions Council (HCPC), to undertake this practice as part of continuous professional development (Health and Care Professions Council, 2018).

In the UK, occupational health departments undertake clinical audit practice not just as a medical requirement but as a vital quality improvement initiative (Ujah *et al.,* 2004). A range of occupational health activities have the potential to undergo clinical audit, namely vocational rehabilitation, back pain, depression and anxiety, needle stick injuries, immunisations, pre-employment health screening, types of referrals and common health conditions, cost-effectiveness, skin dermatitis, and client satisfaction. A literature search revealed that physiotherapists affiliated to occupational health services have undertaken clinical audits on clinical and cost-effectiveness of therapeutic interventions and client satisfaction (Addley *et al.,* 2010; Chetty, 2011, 2014; Smedley *et al.,* 2012).

A full clinical audit cycle involves more than just simply collecting information as a benchmark exercise against a standard. It is a process that involves undertaking repeat audits to confirm the impact of any changes implemented, sharing of outcomes to relevant stakeholders, and having a follow-up process that contributes into quality improvement initiatives (Benjamin, 2008). The purpose of this project was therefore to determine the extent to which physiotherapists affiliated to occupational health services complete the full clinical audit cycle.

Methods

An initial online database search was carried out in Google Scholar, Medical Literature Analysis and Retrieval System Online (Medline), and the United States National Library of Medicine (PubMed) using the terms: clinical audit, occupational health, physiotherapy. This

search informed the development of the clinical audit practice survey for the purpose of this project.

Data were collected at the Occupational Health and Wellbeing Conference in March 2022 in the UK. This annual conference is one of the largest international occupational health meetings with representatives from many countries. Occupational health professionals represented included physicians, nurses, physiotherapists, and researchers. The author elected to survey UK based physiotherapists attending the conference about their current clinical audit practice, related outcomes, and follow-up initiatives.

Data collection was undertaken by the author by convenience sampling, selecting physiotherapists that were in attendance over the two conference days. The author approached physiotherapists, identified by their name badge, between conference presentations, on route to the poster presentation area, and during rest breaks, who were affiliated to occupational health services. Participants who verbally consented to take part were asked to complete the clinical audit practice survey and place it in an envelope which was immediately sealed to maintain confidentiality of responses.

Data were collated in an anonymized manner on a spread sheet by the author at the end of each day. Data analysis was performed using the Statistical Software for Excel (XLSTAT) package. This project was classified a service improvement and therefore ethical approval was not required (Health Research Authority, 2017).

Findings

In total, 34 physiotherapists provided verbal consent to participate in the survey. Of these, one was incomplete with only the demographic characteristics of the survey completed and was therefore excluded from the data analysis.

The characteristics of the physiotherapists are shown in Table 1. The mean years of employment were 17.3 years. In terms of job role, most identified as occupational health physiotherapists (52%), followed by advance practice occupational health physiotherapists (27%), and the least identified as consultant occupational health physiotherapists (12%) and

occupational health physiotherapy managers (9%). In terms of employment status, most physiotherapists worked full time (73%), followed by part time (21%), and occasionally (6%). The main employer was private companies (42%), followed by self-employment (31%), the NHS (18%), and the Ministry of Defence (MOD) (9%).

The responses to clinical audit practice of physiotherapists affiliated to occupational health services are shown in Table 2. Overall, the majority of physiotherapists undertook clinical audit practice (94%). In terms of frequency, most physiotherapists undertook annual clinical audits (77%), followed by every two years (13%), monthly (6%) and weekly (4%). With regards to outcomes, 42% of physiotherapists shared their outcomes with both their employing organisation and organisations outside of their employment, 19% did not share their outcomes with any organisation, 23% shared their outcomes with only their employing organisation and 16% shared their outcomes only with organisations outside of their employment. Most physiotherapists did not contribute their clinical audit outcomes into any quality improvement initiatives (71%). Of those that did contribute, 13% contributed only to internal quality improvement initiatives, 6% contributed only to external quality improvement initiatives, and 10% contributed to both internal and external quality improvement initiatives.

Discussion

The main finding from this project was that the majority of physiotherapists affiliated to occupational health services were involved in clinical audit practice. This is consistent with the clinical audit practices of occupational health physicians and nurses (Lalloo et al., 2016; Verow, 2004). Of those physiotherapists undertaking clinical audit practice most did so annually. This is in keeping with the Safe Effective Quality Occupational Health Service (SEQOHS) accreditation standards in the UK which require occupational health services including those affiliated to them to have an annual clinical audit cycle plan (SEQOHS, 2018).

The majority of physiotherapists shared the outcomes of their clinical audit with both their employing organisation and with organisations outside of their employment. Informal feedback at the end of the conference revealed that physiotherapists shared their outcomes internally during team development and training sessions, and in professional domains such

as conferences and peer-reviewed publications for audiences external to the employing organisation.

The majority of physiotherapists did not contribute their clinical audit outcomes into any quality improvement initiatives. Once the outcomes have been defined and disseminated, contributing them into relevant quality improvement initiatives is required to ensure that broader healthcare processes and structural deficiencies are identified and a sustainable action plan for improvement is developed and implemented (Johnston et al., 2000). The strength of this project is that it is the first to evaluate the clinical audit practices of physiotherapists affiliated to occupational health services in the UK. A main limitation was the small sample size despite the convenient access to a wide number of physiotherapists at the conference.

Conclusion

In conclusion, this project serves as an introduction to understand the clinical audit practices of physiotherapists affiliated to occupational health services. The majority of participants were involved in clinical audit practice and were mainly carried out annually. Very few physiotherapists contributed their outcomes into quality improvement initiatives. A future project is needed to understand the barriers faced by physiotherapists to identify broader quality improvement initiatives and how occupational health can support physiotherapists affiliated to their services complete the full clinical audit cycle. Occupational health services should also encourage physiotherapists affiliated to them to contribute their outcomes into broader quality improvement initiatives so that the full audit cycle can be completed.

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Table 1: Demographic Characteristics of Study Population (N=33)

Variables	N	%
All participants	33	100
Years of experience	17.3	
Job role		
Occupational health physiotherapist	17	52
Advanced practice occupational health physiotherapist	9	27
Consultant occupational health physiotherapist	4	12
Occupational health physiotherapy manager	3	9
Other (please specify)	0	0
Employment status		
Full time	24	73
Part time	7	21
Occasional	2	6
Other (please specify)	0	0
Main employer		
National Health Service	6	18
Ministry of Defence	3	9
Private Company	14	42
Self-employed	10	31
Other (please specify)	0	0

Table 2: Responses to Clinical Audit Practice of Physiotherapists affiliated to Occupational Health Services (N=33)

Audit	N (%)	Frequency	Outcomes	Follow-up
Yes	31 (94%)	Weekly = 1 (4%)	Internal only* = 7 (23%)	Internal only*** = 4 (13%)
		Monthly = 2 (6%)	External only** = 5 (16%)	External only**** = 2 (6%)
		Annually = 24 (77%)	Both internal and external = 13 (42%)	Both internal and external = 3 (10%)
		Every two years = 4 (13%)	No sharing of outcomes = 6 (19%)	No follow-up initiatives = 22 (71%)
		No repeat audits = 0 (0%)		
No	2 (6%)			

*shared with employing organisation
**shared with organisation(s) outside of employing organisation
***contributing into quality improvement initiatives of employing organisation
****contributing into quality improvement initiatives with organisation(s) outside of employing organisation