

Clinical Audit a Valuable Tool for Quality Improvement of Care: Radiation Oncologists' Perspective

Sir,

This is to highlight the importance of performing clinical audits in the field of radiation oncology. Quality services provided by radiotherapy programmes are the major determinants of outcome for cancer patients. So, clinical audit projects have been started in radiation oncology unit to reflect upon the services offered by our team.

The concept of learning the process of clinical audit during post-graduate training period is an important endeavour. By learning this concept, we are enhancing skills for the production of future leaders in the field of research in Pakistan. Our radiation oncology programme is working on the concept of additional learning objective, which is actually not a part of the formal post-graduate training curriculum. But the choice of additional learning objective of a trainee should directly translate into patient welfare and benefit. We identify that clinical audits are a neglected area in our country and we can improve the quality of our healthcare by adopting this practice, so we choose it as an additional learning objective.

We wish to highlight the importance of clinical audits in the field of radiation oncology as worldwide increasing cancer burden is an alarming situation. In current state of cancer care globally, around half of the approximately 28 million cancer survivors undergo radiotherapy (RT) at some point in their treatment.¹

Radiotherapy plays a vital role in the treatment of cancer patients. It is estimated that about 40% of cured cancer patients undergo radiotherapy in different settings with other modalities.^{2,3} Overall, around 50% of all cancer patients need radiation therapy during their course of illness.⁴

Quality services provided by radiation oncology teams have a major impact on results of cancer patients' management. Care providers are taking various steps; and utilising multiple strategies to improve quality of care in oncology. Clinical audit is one of the steps, which can remarkably help the care providers to keep on monitoring leading to modification in current services.⁵ Clinical audits help reflect upon the services offered and effective utilisation. National Institute for Clinical Excellence (NICE) of United Kingdom defines audit 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".⁶

Considering the importance of audit in clinical processes, we decided to perform an audit of those patients in our set up who take expert opinion from radiation oncologists in clinics but do not turn up for the treatment. We aimed to find out the reasons for the patients being non-compliant to offered treatment by radiation oncologists in our institute. An audit of 180 patients was performed by our team through telephonic interview to know the reason for being non-compliant to clinicians' advice. Results of our clinical audit revealed that 85% of patients were not turned up due to financial constraints on their part, while 12% of patients refused recommended treatment due to multiple radiation-related myths, and 2% patients were not satisfied with clinician counselling. Financial constraints and misconceptions about RT *i.e.* RT related myths are the two most important factors that hinder in getting recommended cancer treatment. Effective efforts are required to overcome cost issues. Physicians need to work on patients' education and improving quality of life, while delivering the treatment as per standard treatments.

The future of quality cancer care in Pakistan lies in new research and clinical audit projects. So, it is crucial for our post-graduate trainees to learn and lead the clinical audits during their postgraduate training. Improvement in clinical audit will definitely improve and enhance postgraduate trainees' clinical acumen and communication skills.⁷ At the end of the day, it will lead to quality improvement in overall healthcare of cancer patients leading to better outcome.

CONFLICT OF INTEREST:

Authors declared no conflict of interest.

AUTHORS' CONTRIBUTION:

SA: Conducted the clinical audit and played major role in process of writing.

ANA: Helped in revising the manuscript critically and approved the final version to be published.

MT: Helped in data collection process for clinical audit.

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Sehrish Abrar, Ahmed Nadeem Abbasi and Maria Tariq
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Department of Oncology, The Aga Khan University Hospital, Karachi, Pakistan
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Correspondence to: Sehrish Abrar, Department of Oncology, The Aga Khan University Hospital, Stadium Road, Karachi, Pakistan

E-mail: sehrish.abrar@aku.edu
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