Quality improvement audit of health records: Documentation, prescribing, and professional obligations - Post webinar activity

Reading time:
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Webinar: State of the nation: emerging medico-legal trends in medicine and dentistry

Time to complete: 4 hours

This CPD activity enables healthcare practitioners to audit their clinical records against key medicolegal risk areas, including documentation quality, prescribing practices, informed consent, professional boundaries, and dispensing of TGA unapproved products.

Through structured reflection, participants will assess compliance with professional standards, identify opportunities for improvement, and implement strategies to strengthen patient safety, quality of care, and the medicolegal defensibility of their clinical practice.

This CPD activity is divided in two sections. We expect that completing both sections should take you 4 hours.

Section A: Reviewing Performance (1 hour) invites you to reflect on your current understanding of medicolegal risk management in general practice, with a focus on clinical documentation, prescribing, informed consent and regulatory obligations.

Section B: Measuring Outcomes (3 hours) invites you to utilise clinical data to evaluate and consider different aspects of your (or your team's) current practices to ensure quality and safety of patient care when documenting clinical consultations, obtaining informed consent, prescribing medications, maintaining professional boundaries, and managing medicolegal risks. Through a structured audit, you will identify areas for improvement, measure compliance with professional standards, and develop strategies to strengthen clinical quality, patient safety, and medicolegal defensibility.