

Cancer Screening in General Practice

Plan Do Study Act Cycle Activity for Bowel Cancer Screening

Cancer Council WA
www.cancerwa.asn.au
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These cancer screening education activities have been developed by Cancer Council WA in collaboration with the WA Primary Health Alliance.

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Cancer Screening

'Plan Do Study Act'

Cancer in Australia

Cancer is the leading burden of disease in Australia¹. Along with cardiovascular disease, it is Australia's leading underlying cause of death; in 2014, cancer accounted for about 3 of every 10 deaths registered². Cancer is known to have a substantial impact on the social and economic state of individuals, families and the Australian healthcare system².

In 2013, there were 124,465 new cases of cancer diagnosed in Australia, with this number expected to increase². In 2014, the number of deaths from cancer in Australia was 44,171². The risk of an individual dying from cancer was 1 in 4 for males and 1 in 6 for females. The most commonly diagnosed cancers in 2017 were breast, colorectal (bowel), prostate, melanoma and lung cancer². These five most common cancers account for 60% of all cancer cases in Australia.

National Cancer Screening Programs

Cancer prevention and early detection practices including screening, play an important role in reducing the prevalence of cancer in Australia. Cancer screening programs aim to reduce cancer causing illnesses and deaths through a public health approach of early detection of cancer and pre-cancerous abnormalities and follow-up treatment². Australia has three cancer screening programs: National Bowel Cancer Screening Program, BreastScreen Australia, and National Cervical Screening Program, which run through partnerships between the Australian Government and state and territory governments. The programs target specific populations and age groups where evidence shows screening is most effective at reducing cancer-related morbidity and mortality². Since their inception in Australia, they have had a major impact in early intervention and reducing cancer related deaths².

However, despite all three national cancer screening programs being available to eligible Australians, participation for each screening program is below desirable level². In WA, participation rates are particularly low in regional areas.

1. Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.

2. Australian Institute of Health and Welfare 2017. Cancer in Australia 2017. Cancer series no.101. Cat. no. CAN 100. Canberra: AIHW.

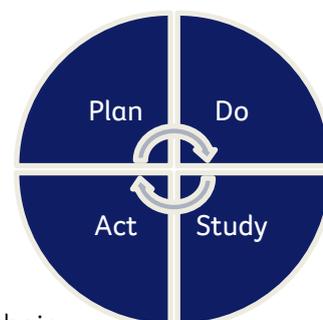
What is a 'Plan Do Study Act' cycle?

A 'Plan Do Study Act' (PDSA) Cycle uses a 'trial and learning' approach in which an idea, hypothesis or a suggested solution for improvement is made and then tested on a small scale before any changes are made to the whole system. It is a cyclical model because the desired improvement is not always achieved in one cycle so the process is refined and the cycle repeated. PDSA Cycles are Category 1 activities in the RACGP QI&CPD program and are inherent Quality Improvement activities.

As part of the GP Education Project, Cancer Council WA has developed education activities on bowel, breast and cervical cancer screening to support GPs in identifying and encouraging eligible patients to participate in the three National Cancer Screening Programs.

Activity summary

One cycle of a PDSA activity includes four components; plan the change (P), do the change (D), study (S) and act on the results (A). Each of these three activities includes four cycles:



Cycle 1 – Identify eligible patients

GPs with the assistance of practice staff are required to review their patient records using practice's available clinical software and randomly identify twenty patients (per GP) who fit the eligibility for cancer screening. Selected patient records are audited and information is recorded on screening status, recall and reminder.

Cycle 2 – Discuss and design

Practice staff are to meet and discuss the results from cycle 1 and develop a practice approach to increase cancer screening participation of identified patients through the use of recalls/reminders and promotion of the National Cancer Screening Programs. GP/practice is also required to set a target for patients that they aim to have participated in cancer screening by the end of the activity.

Cycle 3 – Implement approach

With the help of staff members, implement the approach designed in cycle 2 at the practice with the identified patients to improve their participation in the National Cancer Screening programs and record the approach taken.

Cycle 4 – Review and evaluate

GPs with the assistance of practice staff are required to evaluate the practice approach implemented in cycle 3. Review records of same patients and record any changes since

the start of the activity, including how many of the identified patients from Cycle 1 engaged and participated in cancer screening. Results are used to determine any improvement in participation achieved against the target agreed in cycle 2.

Each of these three activities can be undertaken by an individual GP, a group of GPs or by the whole practice (with the assistance of practice manager and practice nurses). Depending on who is involved in the completion of the activity will influence the roles and responsibilities in each cycle of the PDSA. GPs and practices can choose to complete one, two or all three activities based on their patient demographic and area of interest.

These PDSA activities are expected to be completed over the course of four to six months. A minimum of six hours of work (per activity) is needed to meet the requirements of RACGP Category 1 activity.

Accreditation

The Bowel Cancer Screening PDSA activity is accredited under the RACGP QI&CPD program for the 2017-19 triennium.

TOTAL POINTS: 40 (Category 1)

Activity ID: 125603

Cancer Council Western Australia is an Accredited Activity Provider of the RACGP QI&CPD Program. Provider number: 217907



The Bowel Cancer PDSA activity is accredited under the ACRRM Professional Development Program for the 2017-19 triennium.

TOTAL POINTS : 30

Activity ID: 12385



For more information

If you would like more information or have any questions regarding this activity, please contact the GP Education Project:

e: GP@cancerwa.asn.au

p: (08) 9382 9331

Bowel Cancer Screening 'Plan Do Study Act' (PDSA)

Bowel cancer in Australia

Bowel cancer is Australia's most common cancer affecting both men and women¹. Australia has one of the highest rates of bowel cancer in the world with 14,962 new cases diagnosed in 2013². If found early 90% of bowel cancer cases can be successfully treated³.

National Bowel Cancer Screening Program

The National Bowel Cancer Screening Program (NBCSP) is a population based screening program that aims to prevent bowel cancer by detecting bowel changes early before bowel cancer has developed or finding cancer early before symptoms arise. Regular bowel cancer screening using immunochemical Faecal Occult Blood Test (FOBT) has been shown to reduce mortality by 15-33% and can reduce the number of Australians who die each year from the disease⁴. The NBCSP uses an FOBT which detects microscopic amounts of blood in faeces that may be a sign of polyps or cancer.

The NBCSP is expanding and from 2019 all Australians aged 50 – 74 will be sent a free home test kit, every two years, consistent with the 2017 recommendations of the National Health and Medical Research Council⁵. This could save up to 500 lives annually, and significantly reduce the burden of bowel cancer on Australians⁶. The new National Cancer Screening Register is being developed and will support the NBCSP. The table below shows at what age people will be invited as the NBCSP moves towards two-yearly screening. These people will receive a kit in the mail within 6 months of their birthday.

Figure 1: Eligible ages invited into the NBCSP

Year	Eligible ages
2018	50, 54, 58, 60, 62, 64, 66, 68, 70, 72, 74
2019 onwards	50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74

Bowel cancer screening in general practice

General practitioners (GPs) can play a key role in ensuring the success of the NBCSP as they are the first point of contact for health issues for many Australians. Since the introduction of the NBCSP in 2006, over 3.5 million Australians have been screened and about 186,000 participants have had a diagnostic assessment to follow up a positive

result³. Of those assessed, 1 in 32 has been diagnosed with a confirmed or suspected cancer and 1 in 7 has had an adenoma (pre-cancerous polyp) detected³.

However, of the 2.6 million people invited to the NBCSP between January 2014 and December 2015, only 39% participated in the program¹. GPs play a critical role in educating eligible patients on the benefits of participating in routine bowel cancer screening. GPs endorsement of, and recommendation to participate in NBCSP is proven to have a strong influence on patients' decisions to participate in screening^{7, 8}. Implementation of key strategies in general practice, such as GP endorsement; reminder communications or prompts, auditing of eligible patients for screening; practice endorsement through display of brochures; and opportunistic conversations with eligible patients will ensure GPs continue to contribute to the success of the NBCSP. Patients are also encouraged to nominate their GPs in the participant form provided in the home test kit so they can be informed of the FOBT results and involved in the management and treatment of bowel cancer.

It is important for GPs to note that some patients, regardless of their age, may not be eligible for bowel screening based on their clinical appropriateness⁴. Patients are not eligible for bowel cancer screening if:

- they have had a colonoscopy within the last 5 years;
- are under management for a bowel condition (such as Lynch Syndrome and Familial Adenomatous Polyposis); or
- have done a FOBT through another source⁵.

GPs and practice staff are encouraged to inform the NBCSP about patients who are not eligible but are still receiving the home test kit. GPs can do this at any time – either before the patient gets their kit or following a positive screening test. To report to the NBCSP to prevent invitations from the program, GPs can call the helpline 1800 118 868 and advise directly, or provide the patient with an Opt off form (provided in the appendix) to submit to the program. To report to the program when a patient has a positive FOBT, GPs are advised to use the GP Assessment Form provided in the appendix. There is also an incentive for the practice in doing this as GPs receive a nominal payment.

General practice has a pivotal role in providing preventive health care services to assist in early detection of diseases and encouraging promotion and maintenance of good health through opportunistic conversations during consults. This is reflected in the Medicare Benefits Schedule item descriptions for Level B, C and D consultations being changed in 2010 to include 'providing appropriate preventive health care'. These changes were made to support patient access to preventive based clinical activities. Patients are eligible to claim Medicare rebates for attendance when preventive healthcare has been provided. It is also beneficial to add bowel cancer screening to health assessments and chronic disease GP management plans of eligible patients.

The National Bowel Cancer Screening Program invites people aged 50–74 years, to screen for bowel cancer using a free, simple home test kit.

For more information about the NBCSP, visit www.cancerscreening.gov.au/bowel.

1. Australian Institute of Health and Welfare 2017. National Bowel Cancer Screening Program: monitoring report 2017. Cancer series no.104. Cat. no. CAN 103. Canberra: AIHW.
2. Australian Institute of Health and Welfare 2017. Australian Cancer Incidence and Mortality (ACIM) books: Colorectal cancer. Canberra. AIHW. [Accessed February 2017].
3. Australian Institute of Health and Welfare 2017. Cancer in Australia 2017. Cancer series no.101. Cat. no. CAN 100. Canberra: AIHW.
4. Australian Government Department of Health and Ageing, Australia's Bowel Cancer Screening Pilot and Beyond - Final Evaluation Report, Canberra, October 2005, p60.
5. Cancer Council Australia Colorectal Cancer Guidelines Working Party. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer. Sydney: Cancer Council Australia. [Version URL: <https://wiki.cancer.org.au/australiawiki/index.php?oldid=173168>, cited 2018 Jan 16]. Available from: https://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer.
6. Pignone et al. 2011. Costs and cost effectiveness of full implementation of a biennial faecal occult blood test screening program for bowel cancer in Australia. MJA. 194: 4. 180-185.
7. Benton, S. C., Butler, P., Allen, K., Chesters, M., Rickard, S., Stanley, S., Roope, R., Duffy, S. W. (2017). GP participation in increasing uptake in a national bowel cancer screening programme: the PEARL project. British Journal of Cancer, 116(12): 1551–1557.
8. Zajac, I. T., et al. (2010). "Endorsement by the primary care practitioner consistently improves participation in screening for colorectal cancer: a longitudinal analysis." J Med Screen. 17(1): 19-24.

Bowel Cancer Screening PDSA

Activity summary

As part of the GP Education Project, Cancer Council WA has developed an RACGP and ACRRM accredited education activity to support GPs in identifying and encouraging eligible patients to participate in bowel cancer screening through the NBCSP.

The goal of the activity is

To improve participation in the NBCSP of eligible patients in your practice by engaging with patients, increasing awareness of the NBCSP and encouraging informed participation.

What changes will you make to result in an improvement?

Patients who are identified as eligible will be contacted by the GP/practice and encouraged to complete the home test kit or to discuss further with practice staff.

How will you know that the change is an improvement?

An improvement will be observed if GP/practice staff starts engaging eligible patients with no previous FOBT results in practice records in the NBCSP.

GP/Practice can set a target. For example, if 100 eligible patients with no FOBT results recorded in practice clinical software are identified, a goal may be for 50 of these patients to have a FOBT result recorded in the next four to six months.

Learning outcomes

At the end of the activity GPs/Practice staff should be able to:

1. Analyse the practice's current reminder procedures/systems for bowel cancer screening engagement of eligible patients.
2. Identify patients who are eligible for bowel cancer screening with the NBCSP.
3. Develop and implement a reminder system targeting patients that are eligible for bowel cancer screening.
4. Evaluate the effectiveness of the reminder system developed as part of this activity.
5. Promote and contribute to the delivery of the NBCSP.

Checklist

Before you commence the activity:

- Email gp@cancerwa.asn.au to register your practice
- Fill in your practice's details in the GP/Practice Registration page
- Complete the Pre-PDSA Survey: About your practice'
- Each GP participant to complete the Pre-PDSA Survey: About you

Then:

- Document and complete the four PDSA Cycles

After completing the activity:

- Each GP participant to complete the Post-PDSA Survey
- Complete the Declaration
- Return the completed PDSA by email, fax or mail, to Cancer Council WA.

GP/Practice Registration

Please fill out the registration form and complete the questions in the Pre-PDSA Survey **before you commence** PDSA Cycle 1. **One copy to be completed by each practice.**

Responses will be used to assess the benefit of the activity and to make changes to the PDSA in future trienniums. Responses will be aggregated for reporting and will remain confidential.

Follow the link to complete and submit the form online:

<https://www.surveymonkey.com/r/bowelpdsa-registration-aboutyourpractice>

Practice details

Practice Name	
Address	
Suburb	
Postcode	
Phone	
Fax	
Email	
Start Date	

Practice software details

Practice Management Software	
Clinical Software	

Participant details

Please provide details of all GPs, practices nurses and practice team.

Note: This PDSA activity can be undertaken by an individual GP, a group of GPs or a multidisciplinary team.

	Name	Occupation	RACGP / ACRRM No.	FTE
1				
2				
3				
4				

5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Pre-PDSA survey: About your practice

1. Does your practice have an online booking system?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2. How does your practice currently send out reminders to patients?	
<input type="checkbox"/>	Letter
<input type="checkbox"/>	Phone call
<input type="checkbox"/>	Text/SMS
<input type="checkbox"/>	Other (please specify)

3. Does your practice have a reminder process in place for bowel cancer screening?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please describe:			

4. Has your practice previously implemented strategies to improve patient participation in the NBCSP?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please list strategies used:			

5. What barriers and challenges has your practice experienced when previously attempting to implement strategies to improve bowel cancer screening?	

6. What motivated you/your practice to participate in this activity? (tick all that apply)

<input type="checkbox"/>	Build on existing knowledge and/or skills in this area
<input type="checkbox"/>	This is a new area in my practice
<input type="checkbox"/>	Near miss analysis
<input type="checkbox"/>	Feedback from patients
<input type="checkbox"/>	Improve safety strategies for staff and patients in practice
<input type="checkbox"/>	Review of existing systems
<input type="checkbox"/>	Other (please specify)

7. How did you/your practice hear about this activity?

<input type="checkbox"/>	Cancer Council WA website
<input type="checkbox"/>	RACGP website
<input type="checkbox"/>	WAPHA
<input type="checkbox"/>	Directly from PHL staff member(s)
<input type="checkbox"/>	Cancer Council WA General Practice eNewsletter
<input type="checkbox"/>	Colleague
<input type="checkbox"/>	Other (please specify)

Pre-PDSA survey: About you

One copy to be completed by each GP participating in the activity.

Follow the link to complete and submit the form online:

<https://www.surveymonkey.com/r/bowelpdsa-pre-survey-aboutyou>

Name:	
RACGP QI&CPD number:	
ACRRM number:	
Practice surgery:	
Email:	

On a scale of 1 – 5 (where 1 = very poor; 5 = very good) rate your understanding of:	1	2	3	4	5
Bowel cancer epidemiology in Australia	<input type="checkbox"/>				
Evidence for iFOBT screening for bowel cancer	<input type="checkbox"/>				
Current clinical guidelines for screening to prevent bowel cancer in Australia	<input type="checkbox"/>				
The National Bowel Cancer Screening Program	<input type="checkbox"/>				
On a scale of 1 – 5 (where 1 = very poor; 5 = very good) rate your ability to:	1	2	3	4	5
Identify patients eligible for the NBCSP	<input type="checkbox"/>				
Communicate the importance of regular bowel cancer screening to patients	<input type="checkbox"/>				
Implement strategies to encourage patients to participate in the NBCSP	<input type="checkbox"/>				
Communicate the likely benefits and possible limitations of participating in bowel cancer screening with eligible patients	<input type="checkbox"/>				
On a scale of 1 – 5 (where 1 = not important at all; 5 = very important) rate the importance of the GP in:	1	2	3	4	5
Identifying patients eligible for the NBCSP	<input type="checkbox"/>				
Promoting and contributing to the delivery of the NBCSP	<input type="checkbox"/>				

Cycle 1 – Identify eligible patients

Start date:	
End date:	

PLAN

GP (or designated staff member) to audit patient records using the practice's available data extraction clinical software and identify twenty patients (per GP) who are eligible for bowel cancer screening.

A CAT Recipe for Best Practice Premier has been included in the appendix to assist you in identifying patients in your practice clinical software.

DO

Each GP involved (with the assistance of staff member) to review their patient records and randomly identify twenty patients (per GP) who:

a) Meet the criteria for bowel cancer screening

Criteria: Men and women who have turned 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72 and 74 years in the past three months with:

- 1. no FOBT results,*
- 2. no colonoscopy results in the past 5 years, and*
- 3. no bowel condition (that should not be screened) recorded in practice clinical software.*

***These exclusions have been automatically applied within the CAT Recipe i.e. patients with a bowel condition will not appear in the generated list. If you are not using the CAT recipe to extract your list of patients, you will need to check the patients' medical history for bowel conditions. Exclusions applied in Pen Recipe can be seen here:*

<http://help.pencs.com.au/display/CG/Diagnosis+Codes+Screening+Tests>

Note: any patient with a colonoscopy result and/or a bowel condition (that should not be screened) should be reported to the NBCSP to prevent invitation from the program. To report to NBSCP, GP can call the helpline 1800 118 868 and advise directly, or provide the patient with an Opt off form provided in the appendix.

Refer to clinical guidelines (in appendix) for more information.

b) Have visited the practice in the past 12 months

Each GP involved (with the assistance of staff member) to collect information on screening status and reminders of their twenty patients and complete the table below.

GP RACGP/ ACCRM number	Reminder status: How many of these 20 patients have been reminded by the practice about bowel cancer screening in the past?	Screening status: How many of these 20 patients have a FOBT result recorded in the practice software*?	Any additional comments
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	
Total	Count: ____/	Count: ____/	

**A tip sheet has been included in the appendix for correctly recording FOBT results.*

IMPORTANT: Each GP/practice staff to save a list of these identified patients. You will be monitoring them for the rest of the activity.

STUDY

Compare the results to your expectations and summarise what was learnt.

From looking at this data and clinical guidelines, can you identify any gaps and areas of improvement for bowel cancer screening or specific groups of people to target?

ACT

Act on the results

What strategies could your practice implement to address any of the identified gaps and areas of improvement for bowel cancer screening and which specific groups of people could you target?

Cycle 2 – Discuss and design

Start date:	
End date:	

PLAN

Designated staff member to host a practice team meeting OR individual GP to conduct a discussion with relevant member/s of the practice on:

- the data collected from Cycle 1
- a target for percentage of patients identified in Cycle 1 that the practice aims to have participated in bowel cancer screening by the end of the activity
- methods to increase engagement of identified patients in the NBCSP, including the use of reminders (e.g. SMS reminders) and how each staff member may be impacted*
- other methods to promote the NBCSP at the practice (e.g. letter, flag record for a chat at the next appointment) *
- design a practice approach to increase engagement of identified patients in the NBSCP*
- the roles and responsibilities of each person in the practice to implement the approach

**Letter, SMS templates and promotional resources have been included in the appendix to assist you in developing your practice approach.*

DO

Carry out the plan and record what was discussed.

Attendees at the discussion/meeting	
GPs present (list):	
Practice nurses present (list):	
Other staff present (list):	

List five points discussed at the meeting:

Set target:

Out of the patients identified in Cycle 1, I/our practice aims for ____% to participate bowel cancer screening.

STUDY

Compare the results of Cycle 1 to your expectations and summarise what was learnt.

ACT

Act on the results and summarise the planned approach and the responsibility of each person within the practice.

Cycle 3 – Implement approach

Start date:	
End date:	

PLAN

To improve patient participation of identified patients in bowel cancer screening with the NBSCP.

GP/whole practice to implement the approach designed in Cycle 2 to improve participation of identified patients in the NBSCP, including the use of reminders.

Identify specific action steps for the cycle.

DO

With assistance from practice staff, implement the reminder (or other) strategy designed in Cycle 2 to encourage identified patients to complete their home test kit from the NBSCP.

Record any practice strategies and reminder actions each GP took with their identified twenty patients in the tables below.

Tick any practice strategies that were applied		
Waiting room patient education resources	Opportunistic conversation with other eligible patients	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	

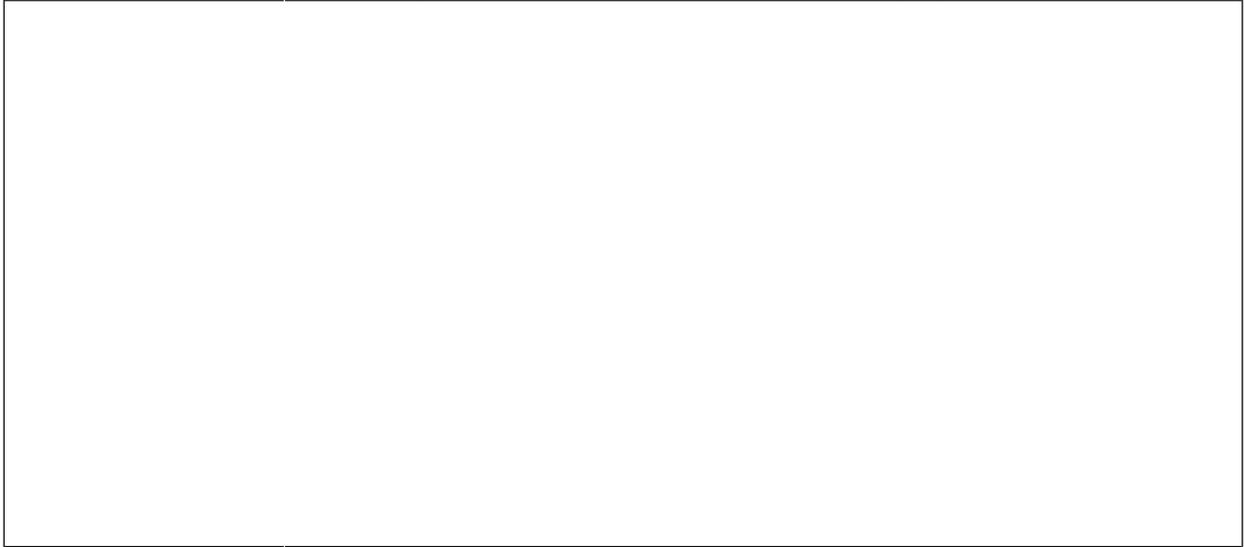
GP RACGP/ ACCRM number	Identified patients were reminded via (tick all that apply)				
	Letter from practice	Phone call from GP/ practice nurse	SMS from practice	Face-to-face conversation with GP/ practice nurse	Other (please specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STUDY

Compare the results to your expectations and summarise what was learnt.

ACT

Act on the results and identify how this information could change your practice.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above.

Cycle 4 – Review and evaluate

Start date:	
End date:	

PLAN

GP (or designated staff member) to review data of same patients identified in Cycle 1 using the practice’s available data extraction clinical software, and evaluate any changes to reminder and screening status in the last four to six months.

DO

Record any outcomes (with their count) of those identified patients that received a reminder in the table below.

Patients outcomes (tick all that apply)				
GP RACGP/ ACCRM number	Reminder status: How many of these 20 patients have been reminded by the practice about bowel cancer screening in the past 12 months?	Screening status: How many of these 20 patients have a FOBT result recorded in the practice software*?	How many patients have been referred for a colonoscopy from a positive FOBT result**?	Any additional comments
	Count: ____/20	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	Count: ____/20	

	Count: ____/20	Count: ____/20	Count: ____/20	
	Count: ____/20	Count: ____/20	Count: ____/20	
Total	Count: ____/	Outcome:	Count: ____/	

*A tip sheet has been included in the appendix for correctly recording FOBT results.

**Any patient with a positive FOBT result should be reported to the program using the GP Assessment Form provided in the appendix.

Measure target:

To measure target, divide *outcome* by *total number of patients identified* and multiply by 100.

Out of all patients identified in Cycle 1, ____% of patients participated bowel cancer screening.

Has the target been achieved? Yes No

STUDY

Compare the results to your expectations and summarise what was learnt.

ACT

Act on the results and identify how this information could change your practice.

Post-PDSA survey

One copy to be completed by each GP participating in the activity.

Follow the link to complete and submit the form online:

<https://www.surveymonkey.com/r/bowelpdsa-post-survey>

Name:	
RACGP QI&CPD number:	
ACRRM number:	
Practice surgery:	
Email:	

On a scale of 1 – 5 (where 1 = very poor; 5 = very good) rate your understanding of:	1	2	3	4	5
Bowel cancer epidemiology in Australia	<input type="checkbox"/>				
Evidence for iFOBT screening for bowel cancer	<input type="checkbox"/>				
Current clinical guidelines for screening to prevent bowel cancer in Australia	<input type="checkbox"/>				
The National Bowel Cancer Screening Program	<input type="checkbox"/>				

On a scale of 1 – 5 (where 1 = very poor; 5 = very good) rate your ability to:	1	2	3	4	5
Identify patients eligible for the NBCSP	<input type="checkbox"/>				
Communicate the importance of regular bowel cancer screening to patients	<input type="checkbox"/>				
Implement strategies to encourage patients to participate in the NBCSP	<input type="checkbox"/>				
Communicate the likely benefits and possible limitations of participating in bowel cancer screening with eligible patients	<input type="checkbox"/>				

On a scale of 1 – 5 (where 1 = not important at all; 5 = very important) rate the importance of the GP in:	1	2	3	4	5
Identifying patients eligible for the NBCSP	<input type="checkbox"/>				
Promoting and contributing to the delivery of the NBCSP	<input type="checkbox"/>				

Would you recommend this activity to a colleague?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Any additional comments

Rate the degree to which the learning outcomes were met and tell us how the learning outcomes were achieved through this activity.

1. Analyse the practice’s current reminder procedures/systems for bowel cancer screening engagement of eligible patients.					
	Not met		Partially met		Entirely met
<i>How was this learning outcome achieved through this activity?</i>					
2. Identify patients who are eligible for bowel cancer screening with the NBCSP.					
	Not met		Partially met		Entirely met
<i>How was this learning outcome achieved through this activity?</i>					
3. Develop and implement a reminder system targeting patients that are eligible for bowel cancer screening.					
	Not met		Partially met		Entirely met
<i>How was this learning outcome achieved through this activity?</i>					
4. Evaluate the effectiveness of the reminder system developed as part of this activity.					
	Not met		Partially met		Entirely met
<i>How was this learning outcome achieved through this activity?</i>					
5. Promote and contribute to the delivery of the NBCSP.					
	Not met		Partially met		Entirely met

How was this learning outcome achieved through this activity?

Rate the degree to which your own learning needs were met.

Not met

Partially met

Entirely met

Rate the degree to which this activity is relevant to your practice.

Not met

Partially met

Entirely met

Quality improvement

Complete this section to fulfil the QI component of the RACGP 2017-19 triennium.

CHANGES IN YOUR PRACTICE

What changes did you implement in your practice as a result of this activity?

MONITORING THESE CHANGES

How do you monitor these changes?

EVALUATION

What evaluation process do you use to measure these changes?

CHALLENGES

Were there any challenges in implementing this activity in your practice?

Declaration

To be completed by any person in the practice that was involved in the completion of this activity.

I, on behalf of the practice, declare to Cancer Council WA:

- The practice has completed this activity, and to the best of our knowledge it has been conducted and completed in accordance with the relevant RACGP program requirements, educational standards and criteria.
- The information the practice have provided in this document is accurate and correct.
- The practice understands and acknowledges that Cancer Council reserves the right to withdraw recognition of this activity if in the opinion of Cancer Council the activity does not meet the RACGP program requirements, educational standards and criteria.

Signed:		Date:	
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Completed forms

Once all forms are complete, please return by email, fax or mail to the GP Education Coordinator:

e: GP@cancerwa.asn.au

f: (08) 9212 4334

m: Cancer Council WA, Level 1, 420 Bagot Road Subiaco WA 6008

Appendix: Additional resources

Educational resources

1. [NHMRC Clinical Practice Guidelines For The Prevention, Early Detection And Management Of Colorectal Cancer](#)
2. [RACGP NBSCP GP learning module](#)
Activity number: 76420
3. [Australian Primary Health Care Nurses Association NBCSP resources](#)
Guide, webinar and online learning module
4. [Optimal Care Pathway for People with Colorectal Cancer](#)
5. [NBCSP Clinical resources](#)
Information and resources for clinicians about the NBSCP and the screening pathway

Practice resources

6. [NBCSP Opt off form](#)
7. [NBCSP GP Assessment Form](#)
8. [Data extraction CAT recipe](#)
Finding patients who do not have an FOBT recorded
9. Tip sheet to correctly record FOBT results:
 - [Best Practice Premier – Entering FOBT results](#)
 - [Medical Director – Entering FOBT results](#)
10. [NBCSP GP letter template](#)
11. SMS template (find attached) 
12. [Additional Best Practice premier resources:](#)
 - [Creating a reminder template](#)
 - [Sending SMS reminders to patients](#)
13. [NBCSP promotional resources](#)
Can be ordered online
14. [Cancer Council WA publications and resources](#)
 - [Prevention and early detection publications order form](#)
 - [Patient Information publications order form](#)