The inclusion of a medical council registration number (MCRN) on clinical notes is a legal requirement of the Medical Council. This is laid out in section 43.8 of the Medical Practitioners Act 2007\(^1\). However this is often not adhered to, and knowledge of this requirement is low amongst medical staff\(^2\). Medical record keeping has become an increasingly complex area in recent years due to the increasing medico-legal ramifications of incomplete record keeping. Despite the formation of policy groups steering medical documentation, a discrepancy has been shown between the recommendations and their implementation at ward level\(^3\). In this audit, we set to ascertain levels of compliance in our centre and subsequently to improve this with some simple measures which could easily be adopted by other centres.

We analysed inpatient medical health records from seven surgical and medical wards in AMNCH Tallaght on Thursday 5/11/15 at the end of the working day. Clinical entries by registered medical practitioners over the course of that day (commencing at 12:00am) were reviewed for inclusion of a MCRN. We then set about increasing awareness of this legal requirement amongst medical staff. This involved placing a notification on the hospital intranet page, sending a brief email to all medical staff and delivering a short talk to the interns. This information was re-audited on the 26/11/15 using the same methodology. Results were compared using a one tailed Z test for two population proportions. On the 5/11/2015, of the 239 clinical notes identified, only 124 had a MCRN documented, giving a compliance level of 51.9%. This was below our arbitrarily chosen accepted adherence rate of 75%. On the 26/11/2015, of the 195 clinical notes identified, 117 had a MCRN documented, giving a compliance rates of 60%, a modest increase of 8.1% on our initial audit (Z score -1.6927, p value= 0.04551, One tailed Z test for 2 population proportions).

From formally arranged small group discussions after our initial audit, it seemed that lack of knowledge regarding the legal requirement seemed to be a major factor behind the poor levels of compliance we observed. Therefore we set about increasing knowledge of this amongst medical staff. The interventions we adopted were specifically designed to be simple and non-labor intensive to ensure that they could be easily integrated by other centres in the future. Based on our findings, we have made a number of recommendations in order to improve the levels of compliance with MCRN documentation in our tertiary referral centre. These included integrating a reminder talk into the Intern and NCHD induction sessions, a quarterly reminder email sent to all medical staff and inclusion of a reminder on each page of the clinical notes. We would hope that other centres will audit their own practice and adopt some of our
interventions to increase levels of compliance with this unavoidable aspect of modern medicine.

Conflict of Interest:

The author reports no conflicts of interest associated with this article

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