Australian Commission on Safety and Quality in Health Care | MedicineInsight | Kidney Health Australia

Continuing Professional Development Guide:

Practice Report – Chronic Kidney Disease
Pharmacological management

Name:	
CPD Provider	
ID Number	

Your MedicineInsight ***Practice Report: Chronic Kidney Disease (CKD) pharmacological management*** offers valuable insights for improving patient care while earning Continuing Professional Development (CPD) hours. This activity is based on your practice data and is easy to document for CPD purposes.

Key goals of CKD management include: slowing the decline in eGFR, reducing albuminuria, maintaining BP below 130/80, lowering CVD risk, and avoiding further damage to kidneys.

Success in continuous quality improvement is often through small, practical steps. This might involve strengthening processes to ensure patients are assessed for evidence-based therapies, including ACEi or ARB and SGLT2 inhibitors, alongside regular review and management.

By choosing one area to focus on, making targeted changes, and measuring the results, you can deliver even better care for your patients with CKD.

How to use this Quality Improvement (QI) Guide

You can use your *Practice Report* and QI Guide individually or present it at your next practice meeting. Involving the whole team will enable all participating GPs to claim CPD hours, allow collective brainstorming, and promote coordinated action.

This CPD activity covers the PLAN and DO parts of a PDSA (Plan, Do, Study, Act) cycle.

RACGP CPD Approved Activity

Educational Activities	Reviewing Performance	Measuring Outcomes
2 hours	5 hours	10 hours

ACRRM CPD ACCREDITED ACTIVITY 2026-2028

This activity is accredited for **17 CPD hours** under the RACGP and ACRRM CPD Programs and can be accessed via the online portals.

Quality Improvement CPD Activity Structure

Four simple steps

1. Review your MedicineInsight *Practice Report: CKD pharmacological management*
2. Use the included Quality Improvement activity, or design your own
3. Complete the activity using our template
4. Submit documentation to either RACGP or ACRRM or your CPD home as a Quick Log activity for 17 CPD hours.

What you can claim:

- **Measuring Outcomes (MO): 10 hours**
  - Analysing and reflecting on your patient data
- **Reviewing Performance (RP): 5 hours**
  - Comparing your current care to guidelines and peers
  - Reflecting on areas for improvement
- **Educational Activities (EA): 2 hours**
  - Using current guidelines and standards

After two to three months, we suggest you review your latest *CKD Practice Report* data via your secure MedicineInsight online portal. This review allows the completion of the PDSA cycle to assess the outcome of the planned intervention. Sequential review of the *CKD Practice Report* data can contribute to additional CPD hours (we suggest 10 MO hours, 5 RP hours, 2 EA hours).

As a MedicineInsight participant, you will have received an invitation to access this portal via email. If you have not received it or need support onboarding to the portal, please contact MedicineInsight on 1300 721 726 or email medicineinsight@safetyandquality.gov.au.

Key points you could reflect on:

- **Appropriate diagnosis of CKD*:** Are patients who meet CKD diagnostic criteria consistently diagnosed and staged to support appropriate management? Is this reflected in the clinical record?
- **Evidence-based treatment:** Are CKD patients being considered for ACEi or ARB and SGLT2 inhibitor therapy in line with current guidelines?
- **Risk factor management:** Are blood pressure, smoking, obesity and other cardiovascular risk factors being routinely reviewed and addressed?

Here are some possible goals to consider:

- **Increase use of evidence-based therapies in CKD**
  Ensure patients are assessed for ACEi or ARB and SGLT2 inhibitor therapy. Consider SGLT2 inhibitor treatment for Stage 3 patients, irrespective of comorbid diagnosis of diabetes, to reduce albuminuria and kidney function decline

- **Improve blood pressure management in patients with CKD**
  Review patients with CKD whose most recent blood pressure is above target (systolic >130mmHg) and use these insights to support activities that optimise management

- **Strengthen management of modifiable risk factors**
  Plan a practice-wide intervention for addressing smoking, obesity and preventive care measures for patients with CKD. Develop and monitor a quality improvement plan that includes regular review of practice data, targeted patient engagement strategies and lifestyle interventions.

Alternatively, your MedicineInsight report data may have inspired you to pursue a small but high impact change focused on another area, such as increasing vaccination uptake among patients with CKD. Use the blank template provided at the end of this guide to help design your own QI CPD Activity.

For more information visit safetyandquality.gov.au/MedicineInsight or contact MedicineInsight@safetyandquality.gov.au.

Glossary

Acronym	Full term
eGFR	Estimated glomerular filtration rate
ACR	Albumin-to-creatinine ratio
ACEi	Angiotensin-converting enzyme inhibitor
ARB	Angiotensin II receptor blocker
SGLT2i	Sodium-glucose cotransporter-2 inhibitor

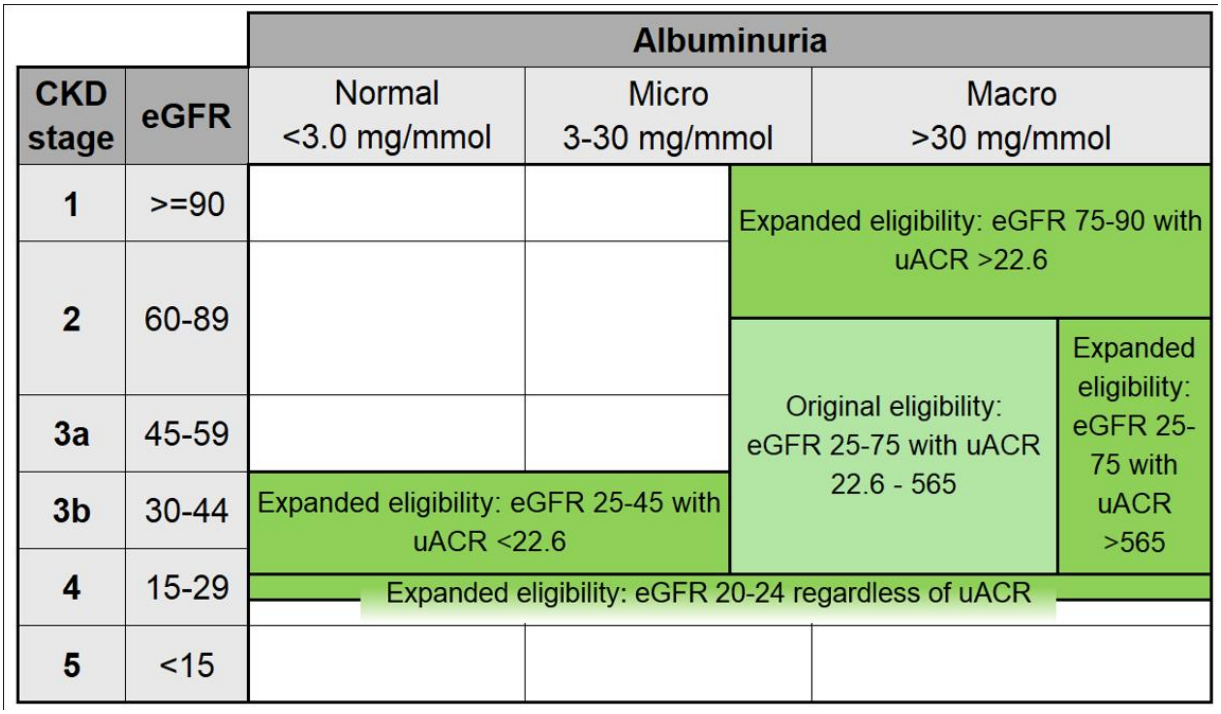
Figure1: Chronic Kidney Disease Stages[1]

Kidney function stage	GFR (ml/min/ 1.73m²)	Albuminuria stage: Normal (A1) uACR <3.0 mg/mmol	Micro-albuminuria (A2) uACR 3-30 mg/mmol	Macro-albuminuria (A3) uACR >30 mg/mmol
1	≥ 90	Not CKD unless haematuria, structural or pathological abnormalities present		
2	60-89			
3a	45-59			
3b	30-44			
4	15-29			
5	<15 or on dialysis			

Reference

1. Kidney Health Australia. *Chronic Kidney Disease (CKD) Management in Primary Care* [Internet]. Australia: Kidney Health Australia; 2024 [cited 2 April 2026]. Available from: https://kidney.org.au/wp-content/uploads/2025/11/KHA-CKD-Handbook-5th-Ed-July2024.pdf

Figure 2: SGLT2 Inhibitor PBS eligibility for CKD*



*Note: eligibility criteria expanded in Feb 2026

MedicineInsight *Practice Report: CKD pharmacological management*

Quality Improvement Planning Template:

SGLT2 Inhibitor Therapy for Patients with Chronic Kidney Disease (CKD)

PLAN	Plan the activity	
	What are you trying to achieve? *By answering this question, you will develop your GOAL for improvement.* *It is important to establish a S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.*	**MedicineInsight data shows ___% of our patients with CKD and albuminuria and diabetes are currently prescribed an SGLT2 inhibitor** **MedicineInsight data shows ___% of our patients with CKD and albuminuria (without diabetes) are currently prescribed an SGLT2 inhibitor** **Choose this specific goal, or develop your own:** *E.g. Within the next 3 months, increase the proportion of patients with CKD and albuminuria (without diabetes) who are prescribed an SGLT2 inhibitor by __%, following clinical review.*
	What will you do to achieve it? (What changes will you make? Who will do it and when?) *By answering these questions, you will develop IDEAS for change.* *Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.*	**Consider these ideas or develop your own:** • *Team meeting: Discuss current MedicineInsight report data and Kidney Health Australia CKD management guidelines. Review current prescribing rates for SGLT2 inhibitor therapy, identify barriers to prescribing where clinically indicated, and agree on a quality improvement goal and actions.* • *Opportunistic medication review: Within the next **3 months**, support GPs and Practice Nurses to opportunistically review patients with CKD during routine consultations and chronic disease reviews (e.g. CCMPs), identifying patients who are not currently prescribed an SGLT2 inhibitor and considering initiation or optimisation of therapy in line with current guidelines and individual patient circumstances.* • *Targeted medication review: Within the next **3 months**, undertake chart review of patients with CKD and put in place a recall system to arrange review of CKD management including current medications.*

DO	Do the activity on a small scale	
	Was the plan completed? *Consider what worked well and why.* *Document any unexpected observations, events or problems.* *For example:* *"Held a team meeting to review the MedicineInsight CKD report and current CKD management guidelines. Identified patients with CKD who were not prescribed an SGLT2 inhibitor and developed a process for opportunistic medication reviews and patient follow-up."* *"Worked well: The practice team found the CKD prescribing guidance useful, and integrating medication reviews into routine chronic disease management consultations helped identify patients for treatment."* *"Challenges: Determining suitability for SGLT2 inhibitor therapy required review of individual patient factors, including contraindications, adverse effects and existing medication regimens. Some patients required additional follow-up and monitoring before treatment changes could be made."*	

STUDY

Analyse the results

What do the results tell you?

Analyse results, compare them to predictions, and reflect on what you learned.

For example:

"We reviewed [Number] patients with CKD and albuminuria (without diabetes) who were not currently prescribed an SGLT2 inhibitor. Following clinical review, [Number] patients were identified for treatment and [Number] commenced or had their SGLT2 inhibitor therapy optimised."

"We accessed an updated MI report 3 months later, which showed the percentage of patients with CKD and albuminuria (without diabetes) prescribed an SGLT2 inhibitor increased from [Current %] to [New %]. We also identified [Number] patients who were not suitable for SGLT2 inhibitor therapy due to contraindications, adverse effects, or patient preference."

"Learnings: Opportunistic medication reviews during routine chronic disease management consultations were effective in identifying patients who may benefit from kidney-protective therapy. We also found the need for a consistent practice-wide approach to reviewing CKD medications.

ACT	Plan for the next step	
	Based on your learnings from the activity, what will you do next (e.g. adapt, adopt or abandon)? *How does this inform the plan for your next PDSA?* *For example:* *"Adapt: Develop a practice-wide process for identifying patients with CKD who may benefit from SGLT2 inhibitor therapy. Review prescribing guidance and create prompts within chronic disease management reviews to support medication optimisation."* *"Adopt: Continue opportunistic reviews of patients with CKD to assess suitability SGLT2 inhibitor, monitor treatment outcomes.* *"Next PDSA Cycle: Focus on the identified issue: Implement a recall and review process for patients with CKD who are not currently prescribed an SGLT2 inhibitor, ensuring patients are assessed for kidney-protective therapy and receive appropriate follow-up monitoring."*	

MedicineInsight *Practice Report: CKD pharmacological management*

Quality Improvement Planning Template:

[Insert your own project title here – for example: SGLT2 inhibitor Therapy for Patients with Chronic Kidney Disease (CKD)]

	Plan the activity	
PLAN	**What are you trying to achieve?** *By answering this question, you will develop your GOAL for improvement.* *It is important to establish a S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.*	
	What will you do to achieve it? (What changes will you make? Who will do it and when?) *By answering these questions, you will develop IDEAS for change.* *Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.*	

DO	Do the activity on a small scale	
	Was the plan completed? *Consider what worked well and why.* *Document any unexpected observations, events or problems.*	

STUDY	Analyse the results	
	What do the results tell you? *Analyse results, compare them to predictions, and reflect on what you learned.*	

ACT	Plan for the next step	
	Based on your learnings from the activity, what will you do next (e.g. adapt, adopt or abandon)? *How does this inform the plan for your next PDSA?*	

For more information

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