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## Biography

**Ianna** is a Specialised Foundation Doctor, with a BSc in Clinical Bioscience, training in London. In final year of medical school, she was awarded the Healthcare Leadership Academy Scholarship. Through this, Ianna designed and delivered "Bridging the Gap" - a peer-led teaching initiative to support students transitioning into clinical training.

# A Two-Cycle Audit of the Management of Cow's Milk Protein Allergy in General Practice

**Abstract:**

Cow's milk protein allergy (CMPA) is one of the most common food allergies in infancy and often presents with non-specific symptoms, making diagnosis and management challenging in primary care. This two-cycle retrospective audit aimed to evaluate the accuracy of CMPA documentation and coding within general practice, assess adherence to NICE and BSACI guidelines, and determine whether targeted interventions improved practice (1,2). Thirteen patients (n = 13) with suspected or confirmed CMPA were identified using electronic health record data (EPIC). Data collected included diagnostic coding, prescribing patterns, type of formula used, documentation of dietetic input, and evidence of review between 9–12 months. This was compared across two audit cycles following implementation of interventions such as improved coding practice and inclusion of prescription stop dates. Overall, management was largely consistent with guideline recommendations, with appropriate use of extensively hydrolysed formula as first-line treatment and escalation to amino acid formula where indicated. Following interventions, correct CMPA coding improved from 31% to 62%, alongside improved documentation of prescribing plans and stop dates. However, some patients remained coded under non-specific terms such as "infant feeding problem," and prescriptions remained active despite not being issued after patients reached the appropriate age in some cases. Documentation of planned or completed review at 9–12 months remained variable. In conclusion, this audit demonstrates generally good adherence to national guidance in the management of CMPA in primary care, with measurable improvements in coding and documentation following targeted interventions. Further improvements in structured review processes, diagnostic coding consistency, and formal prescription review and discontinuation would enhance continuity of care and alignment with best practice guidelines.