Editorials

THE ASSESSMENT OF QUALITY OF WORK IN GENERAL PRACTICE

THE idea that the quality of work done in general practice can and should be measured, is relatively new. It has arisen as a result of the increasing interest throughout the world in general practice and has been reinforced by the growing number of papers from general practice. Some of these have suggested objective methods of evaluating quality. The influence of the Royal College of General Practitioners has been considerable, not least by its decision to introduce an examination for its membership.

The New Zealand Medical Journal in 1967 and 1968 published several papers by Dr T. Eimerl,[1] which throw interesting light on this subject. New Zealand, with a population approximately of the size of Yorkshire and an unusually homogeneous medical population is particularly suitable as a research site.

Eimerl began by finding out the amount of equipment in general practices in the United Kingdom and New Zealand. Of course, many workers have carried out surveys on equipment in practices, and the presence of a piece of equipment provides no evidence that it is either used appropriately or indeed at all. Nevertheless its absence can sometimes provide evidence of poverty of quality in general practice.

The results of this survey suggest differences in equipment between practices in the two countries. Such differences may reflect the different systems of payment of general practitioners in the two countries. It is possible that an item of service payment encourages Commonwealth general practitioners to obtain and perhaps use more expensive equipment because they are able to obtain a financial return on the capital employed.

The overall picture that emerges is that the general practitioner abroad is relatively better equipped and appears to be prepared to undertake a wider range of procedures in the normal course of his work than his colleague in this country. This does not necessarily imply that the quality of his work is better, because in some circumstances it may be argued that ideally the work should not be carried out by general practitioners at all but would be done better by specialists.

Nevertheless, the difference (6 per cent British: 30 per cent New Zealand) in possession of what must now be regarded as a basic tool in general practice, the electrocardiogram, does suggest that patients receiving primary care from doctors abroad have a better chance of having such investigations carried out immediately by their own personal doctor than they do in this country. It certainly does not follow that because the British doctor does not have the equipment that the patient does not receive the investigation, as in the majority of cases the investigation will be arranged through the hospital service. This, however, may take time.

The second of Eimerl's investigations involved sending to a random sample of all general practitioners in active practice in New Zealand a questionnaire. This went to one-sixth of the whole general-practitioner population of the country. He attempted,

by asking questions related to the management of seven common clinical conditions, to assess the level of perception involved. The seven conditions were:

1. An acute coronary thrombosis, seen two days afterwards for the first time.
2. A middle-aged patient coughing up blood and complaining of shortness of breath.
3. A patient complaining of rectal pain on defaecation.
4. Management of the chronic alcoholic.
5. Management of chronic obesity.
6. An engaged couple requiring advice about family planning.
7. The widowed mother of several children with numerous complaints.

The doctors were asked if they had encountered these situations recently, and if so, how they were managed. They were guided in their answers by more specific questions relating to the degree of examination and use of equipment. Specific enquiry was made as to whether or not these patients were referred.

The range of answers was wide; in the acute coronary, for example, the stethoscope only was used in ten cases, and at the other extreme were the elaborate enzyme investigations, ESRs, electrocardiograms and anticoagulant controls.

The interpretation of some of the results is not clear and, for example, one-fifth of the patients with rectal pain on defaecation received no examination but it is not clear from the paper whether or not these patients were in the 50 per cent who were referred.

In a questionnaire like this much will depend on the range and choice of the situations set, and the problem of the engaged couple seeking family planning advice showed a wide scatter. Only in one-ninth of the cases were both couples fully examined and only one woman in six received a clinical examination. Eighty per cent were not examined at all and only in a handful of cases were diagnostic aids, such as WR or chest X-ray used. It is fascinating to speculate on what the results would be from a comparable investigation in British general practices.

The attitude in general practice to the chronic alcoholic has recently changed from regarding his condition as partly a moral problem, to the more modern concept of a social and psychiatric illness. About half the New Zealand doctors did not give such patients a clinical examination and two-thirds of the referrals were to Alcoholics Anonymous, about one-third being referred to a psychiatrist.

The management of the widowed mother with young children with constant ill health was designed to test the practitioners' awareness of social problems and contrary to what might have been expected, a decision whether or not to examine the woman fully was not found to vary with the age of the practitioner. The importance of accurate supplementary questions was revealed by this situation, because it is of greater interest to know the general practitioners' facilities for providing social support, for example, the presence of attached ancillary workers, than to know whether or not such patients were referred to the hospital service.

The patient coughing up blood was treated more uniformly, though 13 per cent were not referred to specialists, and this was found to be one of the few instances where the more recent graduate was shown to have a different response. These doctors sought other professional advice more often and were more definite in their response to this question. To what extent these situations and these answers can be used as a guide to the quality of general practice provided by the doctors concerned is debatable. Some of the questions were not perhaps sharply enough drawn, and some of the replies did not provide as full an answer as had been expected. Nevertheless, it does seem that

here lies a new method which with further refinement might prove of value for the future assessment of the quality of work done in practice. Dr Eimerl is to be congratulated on carrying out some original and stimulating work.

REFERENCE

1. Eimerl, T. S. (1968). *N.Z. med. J.* **9**, 9.

THE QUESTIONNAIRE

WE knew we were asking for it when we did it. A journal, like any other written work, is a communication between the editor and the reader. A personal matter. The editor having been advised by his editorial board has to bear in mind the overall policy of the organization and publishers for whom he works; the reader has been conditioned to these policies by his participation in the organization to which he belongs, but he judges the journal by his acquaintance with other periodicals; nevertheless, the journal which arrives on his breakfast table is an expression to him of the editor's choice. He is influenced in his critical approach by the look, the feel, the general lay-out and, lastly, by the printed matter it contains. It was for this reason that we asked for opinions on all these matters. The replies received were illuminating. As we opened those pink forms, we were at once struck by the fact that whenever one reader expressed strong disapproval with some feature, another was sure to express equally strong approval. Many regretted, as we did, the change in format. There were reasons for the change in size which were cogent, but the old size was so easy to slip into the pocket and to pull out and read in the car or in the closet. Nevertheless, on the subject of format we got by. When asked whether we should include commissioned articles many readers most forcibly said no, giving good reasons for their view, but the majority appeared to favour their inclusion. There was no unanimity about the subjects suggested; they ranged through the vast realms of clinical medicine and all its specialties and subspecialties to the more mundane subjects of finance and the deeper mysteries of book-keeping and tax evasion. It was manifestly apparent that we were not to be able to please all people all the time. Indeed if we succeed in pleasing a few people sometimes we will consider our task well done.

In response to this evident need we are beginning with this *Journal* a series on sports medicine; a subject which requires a knowledge of all the specialties. With the help of the Institute of Sports Medicine we have been able to assemble a distinguished panel of contributors, whose wide experience will be of great value. The general practitioner is seldom far from the effects of sport. There are the Saturday evening calls to those who have suffered on the playing field or, more likely, on the stands of the arena; the attenders at the Monday morning surgery are those who have nursed their sprains and bruises over the weekend, only to find that they respond not to the stark reality of early rising. There are the scattered calls all through the week to those who thought they could make it but could not. When the peace of the evening comes the television cameras bring further glimpses of sport and shop. The cool clinical tones with which our boxing commentator tries to disguise his evident fascination with the sight of blood, and the careful focusing of the camermen on the writhing, mud-stained heroes of the football field, bring home to us the seamy side of sport. Never a cramp is missed, it is all so much larger than real life. How many of us know what is going on? That second with the wool-covered toothpick clenched in his teeth, can it really be a tooth pick?