Audit in general practice

COMBINED MEETING OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS AND THE SOCIETY FOR SOCIAL MEDICINE

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A combined meeting of the Royal College of General Practitioners and the Society for Social Medicine was held at 14 Princes Gate, London, on 2 May 1975. This was the first joint meeting, the subject being *Audit in General Practice*, and it was chaired appropriately by Professor Marshall Marinker, Chairman of the Education Committee of College and Professor of Community Health at the University of Leicester.

Over 90 members from the Society and the College were joined by members of the Headquarters Experimental Course to hear the main speakers.

Professor W. Holland

Professor Walter Holland, from the Department of Clinical Epidemiology and Community Medicine at St Thomas's Hospital, quoted Blum on some of the aspects of health—or the lack of it—that might be measured. He suggested age/sex specific mortality rates, morbidity, discomfort, patient satisfaction, resistance to ill-health, and capacity to participate in the promotion of health.

Some of the measures are readily available. Criteria for selection include the frequency of a condition and its danger to well being, our ability to detect and control with our present skills, and the likelihood that optimum care is not being received.

Epidemiologists could help by investigating the organisational structure and resources available for health care, as well as the social, demographic, and geographical conditions which might affect these. It is particularly useful to seek *mis-matches*. Are there, for instance, enough beds provided for the real requirements of the elderly, or the single adult? Comparison can be made with both national and regional norms.

Professor Holland referred to Morris's study of prostatectomies in teaching and non-teaching hospitals (Lee *et al.*, 1957) and called for similar investigations of figures already available in the hospital activity analyses. He saw the role of community medicine as providing " the development of an intelligence service in maintaining and evaluating the services that are available and seeking to redress any differences. This is complementary to the assessment of clinical practice, which is concerned with attempting to provide the best possible care for an individual and trying to see that the care is appropriate to that individual person."

Professor I. McWhinney

Professor Ian McWhinney, from the Department of Family Medicine, London, Ontario, Canada, produced two definitions which might help to allay fears about auditing.

Audit, he said, " is a tool for education, management, and research," and *quality* is " something better which all of us could do."

He was sceptical about imposed auditing procedures such as the Professional Standards Review Organisations (PSRO), because they were introduced in the United States as financial audits, *not* linked with any educational process, and therefore producing no change in behaviour.

As in industrial management, audit should study objectives and their priorities, and then the evaluation of achievement, leading to a review of the objectives.

Educationally, we learn best by making and reviewing decisions; while we cannot eliminate sporadic errors, audit should enable us to eliminate systematic errors. Discussion with our

peers may reveal better ways of doing things, by providing feedback about our performance, audit should increase self-awareness and self-knowledge, and lead to change in our behaviour.

Professor McWhinney's strategy for audit was that there should be an experimental approach in many areas, looking critically at operational procedures, clinical management, prescribing, starting where the information is best and the pay-off seems greatest. Normative (or ideal) or empirical standards might be used, but it is essential that those being audited should select the criteria. In teaching practices, both teachers and learners are used to critical appraisal without feeling threatened, and such an atmosphere would be excellent for developing audits. Above all, audit needs to be linked with continuing medical education, which is as vital as undergraduate and vocational education. " Let us ", he said, " lay the old refresher course to rest."

Dr P. Parish

A number of warnings were sounded by Dr Peter Parish, from the Medical Sociology Research Centre, Swansea.

He accepted the continuing need for professional maintenance of our own standards, but was concerned by the risks of audit: its imposition for restrictive financial reasons; its emphasis on completeness of pre-selected schedules of diagnostic evaluations, and their appearance in medical records; its application to the " grey areas " of medicine forced on us by society, where value judgments are difficult, and where other disciplines may and do criticise. " Mistake " and " failure " are lay concepts, and emphasis on these may result in a concentration on process rather than outcome.

Making a diagnosis is a highly complex procedure, with many variables. Drug therapy, as one outcome, is equally the result of judgment at many points. Auditing outcomes require precise knowledge of diagnostic and decision-making processes. In general practice, diagnoses are often vague, and many groups of drugs are used palliatively for symptomatic therapy. " I see a great risk ", Dr Parish said, " that the end results of auditing procedures may at best merely validate the consensus of appropriate care given."

He was concerned by the structure and growth of departments of community medicine, taking under their wing general practice, medical sociology, statistics, epidemiology, and many other disciplines; and by their extending power over medical audit, research, and teaching. He saw risks, too, in a new bureaucracy, with a new jargon, increasing the professional " mystique ", intimidating general practitioners to the patients' detriment.

He thought we should move cautiously in limited fields. The experience of the Department of Health and Social Security on auditing prescription costs he quoted as " costly and largely ineffective ". What does one do with the doctor labelled a deviant—punish, persuade, or educate?

Dr Parish emphasised that education must play an important role. " Before medical school departments of community medicine attempt medical audits, perhaps it would be more worth while if teaching departments accepted a more active postgraduate role—the practice of medicine is a life-long experience. This commitment should not cease at graduation."

REFERENCES

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Lee, J. A. H., Morrison, S. L. & Morris, J. N. (1957). *Lancet*, **2**, 785.