

Comparisons with colleagues

ONE of the main themes in the development of general practice in Britain is the growing interest which general practitioners are showing in analyzing both their clinical and organizational work. General practitioners have long been isolated, and the trend towards partnerships and groups, which occurred so suddenly in the middle of the twentieth century, inevitably led to increasing interest in comparing different ways of organizing work.

Another important influence accelerating analysis and audit in general practice has been the explosive development of teaching, both undergraduate and vocational. In order to help the next generation learn more quickly it is first necessary to analyze the aspects of care.

This *Journal* has a long history of reporting such analyses and we still believe that encouraging our readers to compare their work with colleagues is particularly valuable. Certainly for many it has been the stimulus to rethinking, redefining, and then improving standards of care.

Peer review

For those who welcome audit such comparisons may be a useful beginning. For others, they may be, as

described today, the start of useful discussions within the practice. Whatever their application, only by comparing with colleagues can we begin to identify the boundaries of our performance, to know whether we are behaving like most of our peers or whether we differ in some way. If we differ, are we better or are we worse, and if so why?

However, the scope for comparisons with colleagues is limited, especially for those in rural practices or geographically far from the main centres. We therefore begin today a new series in the *Journal*, in which, with the help of the Birmingham Research Unit of the College, we offer general practitioners the opportunity of obtaining simple information about their practices and sending it for analysis to the Birmingham Unit. We shall publish the collective results later.

This series is presented in as simple a way as possible, and is, we hope, not threatening. We invite our readers to complete the enclosed forms anonymously so that no-one will know the individual performances of anyone else, but everyone will know the range and average performance of those who participate.

We hope that these returns will help to provide data about what is going on in general practice and make it easier for all of us to carry out comparisons with colleagues.

Practice activity analysis

ENCLOSED today, with this issue of the *Journal*, is the first of a series of self-measurements of different aspects of work in general practice. There will be six of these altogether and they will cover several different aspects of day-to-day work in general practice.

The forms have been designed to ensure that the methods of recording are as simple as possible, and the instructions have been reduced to a minimum compatible with the need to retain comparability of results between all those answering. The total number of consultations (defined as face-to-face consultations between patient and doctor) provides the key to standardizing results and thus aiding comparisons.

It is therefore necessary to establish a record within each practice of the number of consultations, including home visits, undertaken by each participating doctor.

We believe that this work, which is already done routinely in many practices, is most suitably undertaken by receptionists or secretaries, although some of the recording in the series will have to be undertaken by doctors.

This month's activity analysis is about the punctuality of appointment systems and the recording can be undertaken by receptionists. The subsequent analyses simply involve counting and we have chosen the method used in cricket score books (Table 1).

Double marking is illustrated in the digits in the five to 14-year age group.

The instructions for each analysis will be printed on the appropriate sheet. Some discussion will be necessary between doctors and receptionists when, for example, blood tests are requested by another team member.