
WHY NOT?

Why not a practice annual report?

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THE University of Liverpool Teaching Practice at Runcorn was disbanded in June 1977. Three of the senior lecturers, Dr D. M. D. Lambert, Dr A. A. A. Zurek and I, who were in post at the time, were asked to create a viable new practice providing an acceptable standard of primary care. We were joined shortly after the formation of the new practice by Dr J. A. Newey and Dr R. A. W. Froom.

We decided at the start that we would specify those aims of primary medical care, patient education, and preventive medicine that would give us guidelines to build on rock rather than on sand. The idea was not unique but the situation was, and we hope others may be able to learn from our experiences.

We decided to set ourselves the task of assessing progress towards achieving our aims by writing an annual report. The first two reports for 1977/78 and 1978/79 are providing a useful instrument for measuring the results of our efforts compared with stated intentions. They prove to be an internal audit mechanism and are an illustration of the truth of Oscar Wilde's dictum: "To be intelligible is to be found out."

Our annual reports have been discussed with consultant colleagues, who have told us that they give insight into what general practice is trying to achieve and the nature and scale of our difficulties in picking up the pieces of a practice that foundered. Health visitors and community nurses have been given the philosophy of our *modus operandi* and our long-term aims, which we have also been able to discuss with postgraduate trainees and medical students interested in the building of a new practice.

A practice annual report can in some ways be regarded as the report of a board of directors to a company and its shareholders at the end of each trading year. The management of a group practice has some similarities to the management of a commercial enterprise. The relationship between the 'consumers' and the 'providers' is important in developing company effectiveness, and understanding difficulties on both sides is fostered by information sharing. The fact that commercial companies derive their funds from the sale of

products or services and are answerable directly to shareholders, whereas medical practice derives funds indirectly and is largely answerable only to itself, is beside the point.

Audit and accountability are regarded with wariness by our profession, and in Britain at any rate the validity of such a comparative model is questioned. It is usually assumed by the profession that internal audit or the monitoring of the profession by its own peers is enough to ensure adequate standards. It may be reasonable to assume that the Royal Colleges, by setting formal academic examinations, ensure adequately trained entrants to the profession and its branches. There is no evidence, however, that this mechanism is able to ensure the maintenance of standards of care and the continuity of high quality over a lifetime professional career.

Hospital medicine is the place for structured peer review and there are many ways in which conscientious consultants can measure performance and standards against those generally agreed upon in their own branch of medicine. General practice is so different that alternative methods must be sought and the annual report is one such method. We have found that it provides a useful discipline, a helpful means of conveying our ideas to interested colleagues and friends, and a valid instrument for comparing aims against performance. After all, in the long run, it is performance that counts.

The following list illustrates the range of topics we covered in the annual report for 1978/79:

Textual. Staff, accommodation, teaching and research, postgraduate training, practice statistics (list, maternity services, family planning, night visits), practice area, patients' committee, outside commitments, diabetic clinic, immunization clinic, infant feeding policy.

Diagrammatic. Medical student programme, hypertension survey, age/sex nomogram, morbidity nomogram, map of the practice area.

Addendum

Copies of our annual report are available at a nominal charge to cover printing and postage costs, and visitors to our practice are welcome given reasonable notice.

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