ORIGINAL PAPER 1

Attitudes to audit

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SUMMARY. An exercise in audit was arranged jointly by the Local Medical Committee and the Royal College of General Practitioners in the Doncaster area. This was followed up by a questionnaire enquiring about attitudes to the audit.

The proportion of doctors who did the audit was low (28 per cent overall and 7 per cent for doctors who had graduated abroad). The follow-up questionnaire was answered by 28 (78 per cent) of the doctors who had done the audit and by 25 (38 per cent) of those who had not. There was strong opposition to outside control of audit and some respondents even had doubts about control from within the profession.

If the Doncaster findings are representative of other areas of the country, the future outlook for audit in general practice is bleak.

Introduction

A conference on Audit in General Practice was held in London on 12 November 1980. It was jointly sponsored by the General Medical Services Committee of the British Medical Association and the Royal College of General Practitioners, and was attended by 170 medical representatives of local medical committees and honorary secretaries of College faculties from throughout the United Kingdom.

After the conference, the Chairman of the General Medical Services Committee and the Chairman of the Council of the Royal College of General Practitioners sent a letter to local medical committees and College faculties, recommending that 'liaison should be established at local level in the field of medical audit' and hoping that 'joint action locally would lead to the involvement of as many general practitioners as possible in audit exercises'. In March 1981 Doncaster Local Medical Committee agreed to support an exercise in audit, involving practice activity analysis (PAA) of psychotropic drugs, as such a joint action.

Method

A letter signed jointly by a representative of the Local Medical Committee and a representative of the College was sent to all general practitioners in the Doncaster area. It was explained that the exercise was to give local doctors 'a taste of audit' so that they could formulate their own views on the subject and that a questionnaire would subsequently be sent to them 'to communicate these views to the Local Medical Committee'. A second letter was then sent out with an explanation of PAA and a recording sheet. Participants were asked to record during a 14-day period between 17 May and 14 June 1981 and either to return the record locally or direct to the PAA Research Unit in Birmingham.

A questionnaire was then sent to the doctors, whether they had taken part in the exercise or not, asking for their views on audit. Those doctors who had not taken part were told they could give their view anonymously if they wished.

The main part of the questionnaire was taken up with nine statements designed to probe attitudes to audit and to its control by outside and inside agencies. The doctors were asked to tick their reactions to each statement according to a five point scale: strongly agree (+2), agree (+1), equivocal (0), disagree (−1), strongly disagree (−2). Consequently an overall positive score indicated agreement with the statement and a negative score indicated disagreement. Differences between the group means were tested by a two-sample t test using grouped data with Sheppard's correction.

Statement 1. Within the whole spectrum of general practice there are aspects which can be measured and are therefore amenable to audit.

Statement 2. Audit is desirable in order to maintain good professional standards in general practice.

Statement 3. If general practice does not undertake audit itself, some form of imposed external audit is likely to develop.

Statement 4. If audit is to be undertaken in general practice it should be controlled by general practitioners.

Statement 5. Audit by an outside agency is incompatible with the independent contractor status of general practitioners.

Statement 6. Audit by an outside agency is incompatible with the clinical freedom of general practitioners.

Statement 7. Audit controlled by general practitioners themselves in a group is incompatible with the independent contractor status of individual general practitioners.

Statement 8. Audit controlled by general practitioners themselves in a group is incompatible with the clinical freedom of individual general practitioners.

Statement 9. Patients would like a regular system of audit in general practice in order to promote good standards of medical care.

A number of further questions were asked of those doctors who did the audit, including a specific question on remuneration. Finally, the doctors were given 10 possible subjects for future audit by the Local Medical Committee and asked to rank these according to the interest they felt.

Results

The audit

Of the 129 doctors who were sent PAA sheets by the Local Medical Committee, 36 (28 per cent) returned completed sheets. The number of graduates of UK medical schools who co-operated was 33 out of 87 (38 per cent) compared with three out of 42 (7 per cent) graduates from other medical schools, a significantly poorer response ($\chi^2 = 11.86$, $P < 0.01$).

The mean age (based on year of graduation) of those UK school graduates who co-operated was only four years less than those who did not, and this difference was not significant. Only six out of 11 past trainees of the Doncaster Vocational Training Scheme co-operated and only two out of 13 past trainees from other schemes. The number of Members or Fellows of the College was 11 out of 22.

Follow-up study

The follow-up questionnaire was completed by 28 (78 per cent) of the 36 doctors who had co-operated in the audit and by 35 (38 per cent) of the 93 who had not.

Reactions to the nine statements in the questionnaire were as follows:

Statement 1. There was general agreement to this statement (overall mean +0.92), stronger on the part of those who did the audit (+1.14) than those who did not (+0.74). ($t = 2.44$, $P < 0.05$.)

Statement 2. There was moderate agreement by those who did the audit (mean +0.71) but the response of the others was equivocal (mean +0.17). The overall mean was +0.41. ($t = 2.36$, $P < 0.05$.)

Statement 3. The implied threat was not taken seriously (overall mean +0.38) and there was no significant difference between those who did the audit (+0.50) and those who did not (+0.29).

Possible subjects for future audit ranked by popularity.

Rank	Subject
1	Investigations
2	Morbidity for which patient consults
3	Referral to specialists
3	Repeat prescriptions
5	Workload review
6	Choice of chemotherapy
7	Visiting profiles
8	Prescribing, number of items
9	Duration of consultation
10	National Insurance certification

Statement 4. There was strong general agreement here (overall mean +1.47) with no significant difference between those who did the audit (+1.43) and those who did not (+1.50).

Statement 5. There was general agreement (overall mean +1.07), stronger on the part of those who did not do the audit (+1.32) than those who did (+0.74). ($t = 2.80$, $P < 0.01$.)

Statement 6. Again there was general agreement (overall mean +1.03), stronger on the part of those who did not do the audit (+1.24) than those who did (+0.79). ($t = 2.09$, $P < 0.05$.)

Statement 7. The doctors who did the audit did not agree with this statement (mean −0.89) and the others were not sure (mean −0.26). The difference between the two groups was significant. (overall mean −0.54, $t = 2.71$, $P < 0.01$.)

Statement 8. Again the doctors who did the audit did not agree with this statement (mean −0.93) and the others were not sure (mean −0.24). The difference between the two groups was significant (Overall mean −0.54, $t = 3.19$, $P < 0.01$).

Statement 9. Here feelings were generally equivocal (overall mean −0.13) and there was no significant difference between those who did the audit (0.00) and those who did not (−0.24).

In answer to the specific question on remuneration, approximately half of the doctors who did the audit felt that there should be some form of remuneration for the work involved and about half of the doctors who did not do the audit said they would have co-operated if there had been suitable remuneration. The ranking of the 10 possible subjects for future audit by the Local Medical Committee is shown in the Table.

Discussion

From the results it would appear that the doctors are generally agreed that audit can measure some aspects of

general practice, and those doctors who did the audit felt it was a means of maintaining good professional standards. There was general opposition to outside control, and this opposition was more marked in the case of the doctors who did not do the audit than those who did. Control from within by groups of general practitioners appeared to be acceptable to those doctors who did the audit but the others were equivocal in their response.

This exercise in audit was designed to encourage maximum participation by general practitioners in the Doncaster area. To this end, it was initiated by the elected representatives of these doctors in the form of the Local Medical Committee, and the two committee members who organized the exercise had each practised in the area for over 20 years; one of them represented the Local Medical Committee, the other represented the College Trent Faculty Board, which is also an elected body.

Altogether, the doctors received four letters about the audit and it was carefully explained that the object was to enable everyone to have first-hand experience of audit and not primarily an audit of psychotropic drugs. With these factors in mind, the overall response rate was disappointingly low and unlikely to produce a sufficiently representative data base against which to compare the prescribing habits of individual doctors. The poor rate of response from overseas graduates must be a disturbing figure for those who advocate audit as a means of assessing the standards of all doctors.

The 38 per cent response to the follow-up questionnaire from those doctors who did not co-operate in the audit might indicate opposition to audit on their part rather than lack of interest. The attitudes of these doctors as measured from the questionnaire showed strong opposition to control of audit from outside the profession and some doubts even about control from within the profession. They confirmed views that have appeared in the literature over a number of years (Hodgkin, 1973; Curtis, 1974; *Lancet,* 1976; Birmingham Research Unit of the RCGP, 1977; Shaw, 1980).

Finally, the poor response from past trainees and the fact that those doctors who did not co-operate differed only marginally in age from those who did has serious implications for the future of audit and is not in line with the optimism regarding trainees expressed by Stevens in his Butterworth essay (Stevens, 1977). It would be of value to know if the Doncaster pattern reported here is being repeated in other areas of the country. If it is, then those who advocate audit as means of self-assessment, continuing education and raising standards in general practice must realize that they are reaching a relatively small proportion of doctors and that there is little likelihood of an improvement in the immediate future unless new techniques can be developed to make audit more acceptable.

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Health promotion survey

A survey by questionnaire of primary-care physicians in Massachusetts investigated the doctors' attitudes towards promoting health care, their success in doing this, and the training that they believe they need. It was concluded that 'Most physicians agreed with the Surgeon General's recommendations regarding the importance of eliminating smoking, moderating calorie intake, and using seat belts in promoting health. There was considerably less agreement among physicians on the importance of other types of health-promoting behaviour, such as aerobic exercise, moderate alcohol use, and nutrition'.

The authors concluded that medical education courses should be designed to increase consensus in the medical community regarding the relative importance of various health behaviours. Without a consensus of opinion we are unlikely to influence patients. Such courses would also increase physicians' confidence in their ability to help patients change, and instruct physicians in ways of enlisting other health personnel.

Source: Wechsler, H., Levine, S., Idelson, R. *et al.* (1983). The physician's role in health promotion—a survey of primary-care practitioners. *New England Journal of Medicine,* **308**, 97-100.