

The trials and tribulations

What is the 'What sort of doctor' exercise all about? The idea of practice auditing is all well and good, but does it actually achieve anything or is it just a case of back slapping? Dr J. M. Forrest is a general practitioner in Liverpool. He describes the experiences and views of doctors and their staff who have undertaken this assessment.

THE whole idea of 'What sort of doctor?' came from the College Working Party, its aims being to evaluate the work of general practitioners, emphasizing four areas of skill: the doctor's clinical competence, ability to communicate, accessibility and professional values.

Six methods are used in the practice assessment:

1. A study of practice profile before the visit.
2. Direct observation of the practice premises, its facilities, its equipment and the way it works.
3. Discussion with ancillary staff and other members of the health care team.
4. Inspection of the medical records and any registers or indexes the practice possesses.
5. A review of a videorecording of a series of the doctor's recent consultations, with the relevant records and the doctor's commentary.
6. An interview with the doctor to elicit his views and understanding on a variety of topics including material selected from his records.

The visit lasts a whole day, and it is important to let your partners and staff know that the visitors are coming, and the reason why, in order to avoid confusion. As an assessor on a recent visit, I received a frosty reception from a district nursing officer who believed me to be from 'the Ministry', looking for ways to cut existing services!

The overall view is that these visits are of great value. 'Why has it not been done before?' As one colleague commented, 'Our peers are really the only ones who can lead us to find out what sort of doctors we are (rather than think we are). Without a peer review, we are measuring ourselves against the figurative piece of string'.

How does it feel?

What emotions does a practice visit instill in the prospective 'victim'? I think that this is best summed up by the experiences of, Drs J. Henry and M. Coope, colleagues whose practices have recently been scrutinized.

'My partners are all quite used to this sort of thing. We have all visited numerous practices over the years in search of ideas and ways of improving

our own practice. Despite all this, we viewed the impending visit with trepidation. *Homes & Gardens* 1978 and so on were removed from the waiting room, and up to date magazines exhibited. General junk was tidied up from a number of areas and hidden in the cellar. The handle on the front door was duly polished up. The staff were on red alert and rather nervous despite our exhortations to behave as usual. We forgot to brief our gardener, the veritable Jeeves, who got the day off to a splendid start by spraying the most foul smelling chemical on the roses—the visitors kept looking down at their shoes convinced they had trodden in something nasty.

'As I now sit reading the report on how we got on, I can't help reflecting on how easy it is to become rather complacent and indeed smug about one's organization. A number of major faults were highlighted.

'I am of course accessible at nearly all times. How come then that the visiting doctors were quite unable to contact me by phone although numerous attempts were made in the weeks preceding the visit. Horrors—on one occasion they had let the phone ring for five and a half minutes before giving up. There were many other helpful suggestions, and I will mention just one. Did we always explain things fully to our staff? Well of course we did—but not all the staff agreed. It is easy to implement new ideas and not appreciate the extra workload this may impose on other people. They are very willing and hard working and were loathe to make any complaints. It needed an external audit to gently point this out.

'Part of the practice assessment involved viewing recordings of one's consultations. Here a major problem was highlighted. I talked and talked and talked. Perhaps I could explore my patients' feelings more and allow them to have rather more of the consultation, the visitor suggested.

'The report had been assembled with impressive care. The visitors pointed out many things that they liked or found interesting in the practice. It offered reassurance, gentle criticism and the occasional tut tut.'

'I am not usually given to paranoia. I have just completed a visit to a well run, well established practice. The premises look as though the National

Trust should own them, and the staff give the impression of having the job 'sussed'. The partners were confident almost to the point of smugness, and screening is second nature to them. Now it is the turn of my practice. It is like road testing a vintage Roller and then asking its owner to try my prototype town car.

'This is when the paranoia sets in. As I read through the criteria again, I see more and more undesirable characteristics in myself and my practice. Is it me, or are misfiled records, mislaid prescriptions and phantom appointments becoming alarmingly common? I bet the visitors will have just arrived in the office when that woman with a voice like a strimmer hitting a french window complains that she can never get an appointment with me.

'I think that 30 per cent of our records are in pretty good shape. What if the visitors only look at the other 70 per cent or worse, what if they are appalled by the good 30 per cent?

'What will our trainee, district nurse and health visitor say? I do hope my partner is not in one of his sarcastic moods ...'

Is it worthwhile?

In our own experiences, we have found that the recommendations in the report are taken seriously by the parties concerned. One colleague recently said that as well as implementing the suggestions made his practice will review their progress in the future. Another put it, 'Constructive advice from a peer who already has his practice working like a Swiss watch will be absolutely priceless to us.'

Perhaps the last word can be left to Miss Grant, the practice manager:

'Enlightening, instructive, gruelling ... I myself found the visit stimulating. It is very easy to become complacent and believe that if things appear to be running well, then all is well. One tends to get carried away by the constant activity going on around and it is difficult to stand aside and observe from an objective viewpoint. This is what the visit made us do: to stop, think and examine what we are doing, why we are doing it and how it can be improved. The visit made us recognize problem areas. These may have been identified in the past, but we had swept them under the carpet and hoped they would go away. The fact that they are put formally by a third party compels us to do something about it. It underlined the positive attributes of the practice, commenting on areas which the visitors found interesting, valuable and worth commending.'