

The summation of knowledge and ideas by practical and practising general practitioners is contained in drug formularies and, as Philip Reilly says, the volume and range of information in such formularies are so great that the average general practitioner can greatly benefit from less detailed, off-the-peg, adapted formularies.

Much education on prescribing is 'preaching to the converted'. It remains a major problem as to how to get to the doctor who prefers as a guide the drug company representative to the educator. Michael Kochen has edited a useful volume with the ideas of many of the foremost thinkers on prescribing within it pages. It is a challenging paper and I commend it to all general practitioners and pharmacists interested in prescribing.

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#### SIGNIFICANT EVENT AUDITING

##### Occasional paper 70

*Michael Pringle, Colin P Bradley, Catherine M Carmichael, Heather Wallis and Anne Moore*  
*Royal College of General Practitioners, London (1995)*  
*71 pages. Price £16.50 (RCGP members £15.00)*

Significant event auditing is a formalization of medical 'shop talk'. The authors of this paper reasonably propose that it differs from conventional audit in that it is based on single cases or incidents, is more wide ranging and is concerned with outcomes, and is less labour intensive. It complements conventional audit.

Significant event auditing is outlined elegantly in this occasional paper and its practicalities are clearly set out. However, 20 pages are devoted to a study of the feasibility and potential of significant event auditing. This method of auditing appeals most strongly to rationality and might have been more effectively presented in essay form, with the study as an appendix. Although compelling, the essay elements are fragmentary and sometimes repetitive. The remaining pages of the paper are accounts of the work done by the practices in the study and may be useful reference material.

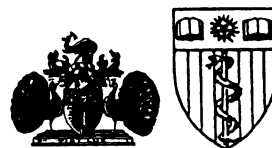
The wide ranging potential of significant event auditing is not adequately explored. It seems to offer a precious opportunity for working doctors to assign a formal place in their practices to consider questions of value. For example, a conventional audit will tell a practice how many tablets of diazepam the repeat prescription system manages but helps not at all in standard setting. In contrast, by starting with the constellation of loose ends that is an average patient's humanity, rather than by starting with statistics, significant event auditing might encourage doctors to question their legitimizing the use of diazepam.

Significant event auditing appears to deserve the attention of all general practitioners. This paper contains an excellent practical guide, a well-argued but fragmented discussion and a less than soaringly imaginative assessment of its potential. The rest of us need not be bound by that, and we should thank the authors for laying the matter before us.

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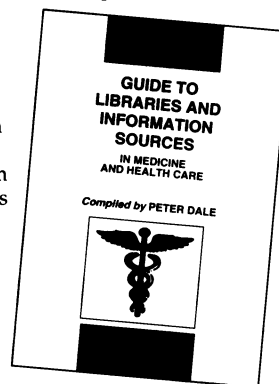
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