Audit activity

Sir,

Hearnshaw *et al* paint a cautiously optimistic picture of audit activity in England and Wales (January *Journal*).[1] From their data they are correct to be cautious and possibly are naive to be so optimistic.

The data presented can be reviewed from a slightly different angle: 40% of the practices either did not respond at all or went so far as to state that they did not want to respond — so much for supporting audit; the responders were 'self-reports...at the upper end of the distribution of audit activity of general practice'; and to conclude from an average of three audits per practice per year, that the level of audit activity is reasonably high, is stretching credibility — it is certainly 'higher than some may have expected'.

If we define audit as measuring a change that has been implemented, then only 20% of the responding practices were actually carrying out audit (15% of we include those audits 'not described in detail'). This is very similar to two surveys carried out in training practices in the West of Scotland.[2,3] With the remaining 80% of responding practices describing changes as 'not needed', 'not made', or 'made' (but not measured), there would appear to be a fairly urgent need for teaching of the basic audit method: a responsibility of the Medical Audit Advisory Group (MAAG) structure since 1992. Confirming the MAAG's modest impact on the audit culture in general practice in England and Wales, there has been a positive change (51%) in attitude in only one out of five attitudes surveyed. This is despite funding from the MAAG of up to £767.66 per GP.

If the inclusion of audit within summative assessment for general practice registrars has taught us one thing, it is that audit activity and the understanding of basic audit method are in their infancy, despite many anecdotes to the contrary. Surely the way ahead is for locally-based focused audit programmes to encourage not only completed audit cycles, but also ongoing peer review and real continuous quality improvement.

MURRAY LOUGH

T S MURRAY

West of Scotland Postgraduate
Medical Education Board
1 Horselethill Road
Glasgow G12 9LX

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2. Lough JRM, McKay J, Murray TS. Audit: trainers' and trainees' attitudes and experiences. *Med Educ* 1995; **29:** 85-90.
3. Lough JRM, McKay J, Murray TS. Audit and summative assessment: two years' pilot experience. *Med Educ* 1995; **29:** 101-103.

Shifting the work

Sir,

I was interested in Dr Hodgkin's excellent leading article in the March *Journal*. He bemoans the lack of figures about workload and costs in general practice, after giving a comprehensive description of its achievements as a result of its flexibility. Surely this means that descriptive data about workload and consequent costs will be out of date by the time they have been worked out, because new tasks are being regularly taken on.

In fighting our corner we need to emphasize our flexibility (supported by data) and also emphasize our willingness to go on innovating in order to modify and improve the health service.

Perhaps it is time for a new definition of general practice to be agreed. It is a long time since the Leeuwenhorst declaration.[1]

D T PRICE

83 Manchester Road
Wilmslow
SR9 2JQ

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