College of Physicians, has played a leading part in helping American physicians to keep up with and, in some instances, to get ahead of external regulators, and its publications are impressive.

In *Providing Quality Care - the Challenge to Physicians* the college has now published a book that is essential reading not only for doctors but also for all those who are interested in quality and its improvement. It is particularly relevant to people working in the United Kingdom or Europe because the United States is five or ten years ahead in terms of litigation, putting pressure on clinicians and health service managers, and quality assurance.

Edited by physicians, the book contains nine chapters, including an excellent chapter on the patient’s role in health care and quality assessment that reviews the evidence about the relations between clinical effectiveness and patient satisfaction. Lisa Iezzoni reviews the state of the art on measuring the severity of illness and death and this leads on to a chapter by Robert Dubois on hospital mortality as an indicator of quality. Because of the book’s pedigree the challenge to individual physicians is also faced squarely. In their introduction the editors record that this leads on to a chapter by Mary Campagna, which describes a “draconian” state health system but a facet of the pluralistic American system. In consequence, they have devoted one chapter to the measurement of the quality of office practice — namely, the behaviour of individual physicians. Three chapters deal with methods for regulating improvement.

One of these focuses on industrial methods of quality improvement, the second on management information systems for quality and the third on the work of the Joint Commission of Accreditation of Health Care Organisations. The subjects of malpractice, clinical risk management, and quality assessment are dealt with in a separate chapter, which serves as a useful reminder of the part that litigation has played in driving through changes in the practice of medicine and health care management.

The introductory chapter is written by the editors and is entitled “Information Needs of Purchasers” because they see the common theme among all people interested in the quality of health care — whether as patients, purchasers, or practitioners — is access to information. It covers the different definitions of quality, both public and professional, and it then considers different approaches to the purchase of health care — for example, consumer programmes in which hospitals are required to release information on costs and quality directly to the representatives of the employees and the corporations laying contracts for health care. They also review a number of other approaches, but emphasise that in the final analysis the providers and clinicians must at least at the debate about quality and must be enthusiastic in helping purchasers find the best quality of care at reasonable cost. If they do not, it is argued, then others will happily step into the breach and do so.

This book is technically excellent, it provides both an insight into the American health care system and a vision of health care in the United Kingdom in the years to come.

J A MDUR GRAY
Director of Health Policy and Public Health


We are all supposed to take part in audit nowadays. Though there has been interminable discussion about audit in recent years, most general practitioners would not admit to either great enthusiasm for, or much understanding of, the methods. The reasons for this apathy are easy to find. Audit requires the critical examination of our own performance and this is enough to offend many doctors to begin with. Then the descriptions of audit are cloaked in new jargon and difficult definitions which deter all but the most persistent. The technical aspects of audit are all too often made overwhelmingly boring. For those who overcome these obstacles there is the discouraging discovery that success through audit is not automatic. So it is hardly surprising to find that audit has got off to a shaky start.

To resolve some of these problems *Making Sense of Audit* is presented as a practical, down to earth description of audit for everyday general practice, and it is largely successful in this aim. The book has nine contributors, but I was unable to detect any changes in style or repetition in content. It is divided into two parts. The first is an introduction to the methods of audit and the second is a series of fifteen audits or case studies that have been undertaken by practice teams. The underlying message is that audit must be used as one component of efficient practice management if it is to help practices improve their quality of care.

I would strongly advise anyone unfamiliar with or suspicious about audit to begin this book by reading the second section. Even the experienced and audit aficionado will find some new ideas in these case studies. They range from simple audits of rubella immunisation or the care of patients with epilepsy to a fascinating audit of the management structure in a practice to discover why the appointment of a deputy practice manager failed to achieve the desired results. In another audit the reasons for frustration and irritability in a practice are investigated by means of practice activity analysis, a survey of patients, and a confidential inquiry of each member of staff. This is no more than an organised approach to problems, which in this case led to nine specific improvements that must have transformed the practice. I would like to try a similar approach in my own practice.

The first section of the book will interest those who want to know more about the techniques of audit. Though some car drivers are happy merely to sit behind the steering wheel, others have to get out and look under the bonnet, or even crawl under the car, and are most content when literally covered in oil. Audit enthusiasts are much the same, but their preference is for reams of data spilling from powerful main computers. The enthusiast will find the technical section undemanding, but for everyone else it provides a sensible introduction. Most topics are covered with clarity and without verbiage. No doubt some types of audit could be discussed in greater depth; the consideration of consultation analysis, for example, is rather cursory. However, there is a unique description of a method of confidential inquiry for general practice, together with a case study that uses this approach. This is clearly a type of audit worthy of greater use in the future.

I hope that many general practitioners who are beginning to undertake audit will read this book. It will also be invaluable to those with some experience, including members of the new medical audit advisory groups. Please read the case studies first. These show that audit, far from being a boring waste of time, is an indispensable method for helping us improve the quality of care and increasing our enjoyment of our work.

RICHARD BAKER
General Practitioner

DIARY

25 March
Birmingham: International Convention Centre, Association for Management Education for Clinicians conference. Auditing medical audit. Contact Ms Dee Lloyd, WMHFA, 1 Vernon Road, Edgbaston, Birmingham B16 9SA (tel 021 456 5566).

3–5 June
Eastbourne: Cavendish Hotel. British Conference of Medical Managers conference. Quality is the key. Contact Ms Nicola Whitworth, BAMM, Barnes Hospital, Kingsway, Cheadle, Cheshire SK9 2NY (tel 061 491 4229; fax 061 491 4254).

9–12 June