change has thrown a greater burden on to students and their families. The use of student loans (or overdrafts as they are more accurately termed) and the spectre of “top up fees” (fees paid by students directly to the college) are further disincentives to equal access to a medical career.

The future for health care in the United Kingdom does not look too encouraging from the perspective of most of the contributors. Fortunately the book is exceptionally well referenced with very few unsubstantiated facts or views, which makes it a resource for those who have to argue the case for their service in the future. It is also essential homework for all protagonists of the NHS reforms.

SHAH EBRAHIM
Professor of Health Care of the Elderly


The concepts and principles of medical audit are still relatively new to many clinicians. Thus recently there has been a spate of ‘how to do it’ books on this subject. As Dr Marinker states in his introduction, Medical Audit and General Practice is primarily aimed at the general practitioner who wishes to embark on medical audit. Although the book deals with some of the philosophy behind audit, it is primarily intended as a practical handbook to audit by providing down to earth advice on how to do it. The book opens with two chapters concerned with the “theory” of audit; the first is devoted to the principles of audit and the second to “standards.” The remaining nine chapters deal with the practicalities and problems of undertaking actual audit projects in the primary care environment. For example, there are chapters on “where to begin” and “how to begin”. Audit of acute and chronic conditions is covered in separate chapters, and several involved in medical audit dealt with. In this respect the book is excellent; it provides simple and clear advice on how to start medical audit with examples of audits that the general practitioner can immediately duplicate or adjust to cover other subject areas. In fact several of the topics could also be used by hospital clinicians. As expected, there is some degree of overlap, and several topics are discussed more than once; I feel this is an advantage as it allows different approaches to auditing the same subject area to be compared. I particularly liked the chapter on statistical issues in medical audit; many audits are marred by poor statistical planning and this book provides sensible advice in avoiding the pitfalls. There is an excellent chapter on producing a practice report, which general practitioner colleagues who are literate in audit tell me is particularly helpful.

Criticsims; well, why should clinicians become involved in medical audit unless they feel it benefits themselves or their patients? I should like to have seen a whole chapter devoted to this and entitled “Why should doctors audit?” There is only one paragraph in this book, which lists several, rather nebulous, benefits such as increased personal job satisfaction, increased practice efficiency, etc. How you measure these benefits, however, is not made clear. Thus this book is clearly meant for people who have already decided for themselves that audit is “a good thing” and need no persuading that they should be doing it. Crossprofessional audit (I would term this clinical audit as opposed to medical audit) is also not discussed in any detail. For example, should the general practitioner be auditing the work of the practice nurses and vice versa? Take the example of terminal care, covered in two of the chapters. As well as the general practitioner, the district and Macmillan nurses are heavily involved in the patient’s management. How – and who – decides whether the entirety of the patient’s care is “up to standard?” Although this may not be strictly within the remit of medical audit, discussion of how clinical audit may be undertaken in the primary care environment would have been interesting and helpful.

Overall, however, I found this book useful, and I would recommend it to any clinician who needs help and advice on how to begin medical audit.

MERON R JACyna
Consultant Physician


Medical audit has provided a welcome opportunity for public health physicians to help their clinical colleagues in assessing and evaluating clinical practice using skills learnt through public health practice and research. Several of the earliest audit projects were led by public health in the planning stage. It is ironic that audit of public health itself has been slow to take off. This may be partly owing to the long time taken to achieve change in the specialty, but it is common to hear of audit sessions going round in circles on the topic of “What is public health?” This pack provides a clear way forward.

The pack is presented as a folder of looseleaf documents on the audit of ten public health topics. These comprise annual reports, health promoting childhood immunisation, cervical screening, health care needs assessment, purchasing for health gain, service and academic training in public health, use of time, alliances for healthy public policy, and control of communicable diseases. Each topic has a separate set of guidelines, pre-audit checklists, audit recording forms, and reviews of progress. The format enabled our regional directorate of public health to attempt a communal review of the package by using the documents to set standards for audit practice in one of our own audit meetings.

The chief concern of all members of our regional audit group was that the project covered the equivalent of “medical” audit for clinicians by including only medically qualified practitioners of public health. We have all been involved in audit of clinical specialties for some time, but only recently realised the need for “clinical” audit by all providers of care to achieve change towards better practice. This applies just as much to audit in public health as to the carers who deal directly with patients, and this point promoted useful discussion in our group of the need to ensure that non-medical staff involved in public health are included in audit. Otherwise, we thought the package covered a wide and sensible range of topics and ties in audit practice with the practical problems that face districts as functioning organisations.

By necessity the guidelines are terse but brief and give aims of audit, methods, and data to be collected for each topic. In general, they gave a reasonable overview, but they are not exhaustive, leaving scope for local innovation. For example, the discussion of audit of senior registrar training is rather superficial with little guidance on standards to be achieved by training departments.

The use of an external auditor to diagnose any problems, suggest change, and record audit findings that is proposed in the pack promoted debate about the best way of encouraging ownership of problems and their solutions, which we have found to be more useful than merely visiting alone. The pre-audit checklists include thought provoking and comprehensive lists of tasks necessary to fulfill the aims of each service area covered. Interfaces with other organisations involved with the NHS in promoting and maintaining health are, on the whole, well covered in the section on alliances for healthy public policy, but the guidelines on purchasing for health gain covered only the role of public health and might have benefited from cross referencing to the other sections.

There are no case studies to illustrate points and provide examples for groups coming cold to the audit of new topics, but the basic guidelines are clear enough to suggest very useful ways forward and to allow a department to create its own approach without having to start completely from square one. We recommend this package as a worthwhile starter pack to all those involved in audit of public health. However, no one should feel that by completing the collection of proformas they have fulfilled all their audit needs.

JEAN CHAPPLE, ALISON PRATER, AND COLLEAGUES
WIP Thames Regional Directorate of Public Health