MEETINGS REPORTS

Meeting of Royal College of Radiologists, London. Getting audit moving. February 1992

At the end of February about 150 radiologists discussed how to start auditing radiology services. The morning session concentrated on the mechanics of getting going. Dr Charles Shaw from the King's College discussed the general principles of audit methods and organisation, including useful hints on how to obtain resources, and indicated the criteria which could be used to select topographical and radiological projects of regions of outcome outnumbered those of audit of process – a relief to those radiologists who believe that their primary objective is to get the diagnosis right. Many of the ideas generated in the workshops revolved around current controversies in radiology, such as the necessity for all radiographs to be reported, need for “double reporting” of some examinations, possibility of radiographers triaging or reporting some films, use of ion versus low osmolar contrast media, standardisation of x ray examination techniques, guidelines for use of radiotherapy facilities, and access to x ray departments by general practitioners. The vagaries of perception, observer variation and the meaning of “normal” received brief mention, but impлицitly fell into the category of subjects too difficult to be tackled by impoverished and overworked neophytes.

The afternoon session comprised presentations of projects already underway. Dr Ray Gorton of Bury St Edmunds described a system of structured interdepartmental visits within the East Anglian region, whereby a team of two radiologists and two radiographers was set up in each department and review its organisation and activities according to a checklist available in advance to the department requesting the visit. The project had proved popular and might conceivably be extended to offer a form of local “accreditation.” The meeting voiced a general wish for a national scheme run by the college. Mrs Karen Goldstone and Ms Penelope Godwin of BMA presented the results of a survey of the radiation dose to patients from several common x ray procedures in several different departments, in which they identified variations arising from both differences in radiographical or radiological technique and the varying physical performance of the equipment. Radiological audit in a working department was described by Dr Gerald de Lacey (Northwick Park) with graphic examples of audits, from those which were easily implemented and used resources (for instance, comparing fluoroscopy times for different operators in the cardiac catheter laboratory) to costly and difficult examples. He emphasised the critically important point that goals must be achievable to avoid discouraging participants, and he pointed out that staffing in radiology in Britain is lower than in almost every other country of western Europe.

Dr Irving Wells (Plymouth) and Dr John Williams (London) presented the results of their attempts to measure the effect of introducing many college’s guidelines on making best use of radiology departments to local general practitioners and to hospital doctors respectively. In both groups referral rates for radiographic procedures fell after the acceptance of the guidelines, though it was clear that constant reinforcement was needed to maintain the effect. However, they presented no evidence of whether the patients involved were better or worse off to test the implicit assumption that reducing the number of patients examined is beneficial.

In summary, the meeting concentrated on exchanging experience and dissemination of ideas about the nuts and bolts of audit in radiology departments. The multidisciplinary nature of our departments, the increasing commitment to therapeutic procedures by clinical radiologists, and the enormous range of technology all contribute to the breadth of activities which could benefit from audit. It seems that structures for audit are gradually being introduced, and in general there is a will from the professionals to carry it out. However, audit is as yet a fragile flower and it will need continued nurturing. In the college and hospital it will maintain its efforts by holding further such meetings.

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Auditing medical audit. Association for Management Education for Clinicians (AMEC) conference, Birmingham, March 1992

Expectations of a conference ostensibly aiming at evaluating audit were high, especially as it was organised by a group set out to promote management education for clinicians. The realities were surprising. The most surprising was the rapidity with which the city of the conference became apparent from the programme, the content of the presentations, and the audience. There was, however, discussion of several useful issues that will contribute to the political climate and organisational context for the development of clinical audit.

The most challenging presentation was that on setting agendas by Mr Paddy Ross, a consultant surgeon, who began by supporting conclusions reached at the conference on raising quality in the NHS (organised jointly by the BMA, the King’s Fund, and Quality in Health Care) which had taken place earlier in the month. In particular, he concurred with the view that audit was an important new activity in health service development which should be given firm support by the general practitioners. Recertification and accreditation of training posts, he maintained, should depend on consultants – surgeons in this case – participation in audit. Relying on Mr Berwick’s work on continuous quality improvement, Mr Ross put forward compelling arguments for a framework for quality assessment. It should, he claimed, be developed as a peer review activity rather than an external inspectoratial audit, use data which supported improvements rather than identified problems, stimulate the team to a deeper understanding of the importance of a multidisciplinary approach, and avoid unnecessary complexity.

Other contributors demonstrated how far many of these principles had already become embedded in the practice of audit. Dr Graham Winyard (director of public health, Wessex region) referred to progress made among enthusiasts, but he called for a widening of the activity: the development of audit to ensure that leadership is identified to stimulate those who had been slow to see the benefits of audit: systems should be in place to promote, and support was needed to pilot methodology. These developments, he proposed, be best promoted by improved collaboration between colleges and regions. He warned of the increasing pressure on resources to demonstrate both the economic value of resources devoted to audit and for information on outcomes arising from the Patient’s Charter.

Views from purchasers and providers were an important feature of this conference as they set out an agenda for the role of medical audit in both halves of the newly divided NHS. Purchasers will need to negotiate joint quality objectives using the audit forum in provider units. Receiving and interpreting results will help them when deciding where to place contracts and how to organise single provider units. Needs assessment could be achieved only with a consideration of the outcome of interventions.

For providers the audit forum has worked as a basis for discussion between clinicians and managers. Provider managers were gaining information to determine the “bottom line” on quality. It was useful to note that in the documentation from the Audit Commission that studies under way included an assessment of the role of the district health authority as purchasers, the new role of the family health services authority and the effect of children in hospital. Other studies planned included an audit of general practitioners’ prescribing behaviour, the implementation of the Patient’s Charter, and of services for all children.

The only caution of the day was expressed by Professor Raj Bhopal who claimed that medical audit could not be ranked along with motherhood until it has been properly evaluated. It seemed to him that English summed up what was, on the whole, a very useful day: the most important conclusion was the need for a national audit forum; such a group would have commitment from the centre and provide continued support for the professional development of audit. Dual aims for audit emerged from the conclusion: improving service quality and raising educational standards.

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AMEC is sponsored jointly by the BMA, West Midlands Regional Health Authority, Health Service Management Centre, Birmingham, and Aston Business School. Details of courses/conferences can be obtained from Mrs Janet Jordan, 36 Harborne Road, Birmingham B15 3AJ.