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 Management Centre, presented 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 topics to be audited. The afternoon sessions reviewed around current controversies in radiology, such as the necessity for all radiographs to be reported. Several radiologists raised the possibility of reviewing or triaging and printing films, using the local authority on a case-to-case basis. Projects of regions of the country were recommended, and the value of audit being undertaken by the radiological departments. In the East Midlands, the audit forum has been implemented by all radiologists, and the number of patients examined is beneficial.

In summary, the meeting concentrated on exchanging experiences and information 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.

Expectations of a conference ostensibly aiming at evaluating audit were high, especially as it was organised by a group setting out to promote management education for clinicians. The realities were surprising. That the end of the day 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 working with the audit forum. He 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 high priority in the health services. Recertification and accreditation of training posts, he maintained, should depend on consultants — surgeons in this case — participation in audit. Relying on Bonar-Wake's work on continuous quality improvement, Mr Ross put forward compelling arguments for a framework for quality assessment. He should, he claimed, be developed as a peer review activity rather than an external inspectorial audit, use data which supported improvements rather than identified problems, stimulate the training of the medical team to deepen 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 the increasing pressure of these audits, and 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 auditing, and support was needed to pilot methodology. These developments, he proposed, be best promoted by improved collaboration between clinicians and nurses. He warned of the increasing pressure on clinicians to demonstrate both the economic value of resources devoted to audit and for information on outcomes arising from the audits.

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 in deciding where to place contracts and how effectively to monitor the performance of 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 help them in determining the “bottom line” on quality. It was useful to note in the presentation 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 role of children in hospital. Other studies planned included an audit of general practitioners’ prescribing behaviour, the implementation of the Patient’s Charter, and provision 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 had been properly evaluated. In the presentation 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 role of children in hospital. Other studies planned included an audit of general practitioners’ prescribing behaviour, the implementation of the Patient’s Charter, and provision of services for all children.

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

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AMEC is sponsored jointly by the UK Public Health Service Management Centre, Birmingham, and Aston Business School. Details of course/conferences can be obtained from Mrs Janet Jordan, 36 Harborne Road, Birmingham B15 3AJ.