of the Assistance Publique – Hôpitaux de Paris. Her book brings together a summary of the concepts, methods, and experiences in the evaluation of hospital medical care from the British and American literature, relating it to the emerging practice of medical audit in France.

It seems that a widespread culture of quality assurance in medicine is even less developed in France than in Britain despite the passage in July 1991 of a law obliging hospitals, private and public, to develop programmes to assess and guarantee the quality and efficiency of care. The French National Agency for the Development of Medical Evaluation (ANDEM), established in 1990, had an annual budget of under £9m, compared with the £50m a year allocated for medical audit in Britain since 1989. As well as seeking to stimulate the enthusiasm for audit in the medical profession, the book is a plea for the adequate resourcing of audit in both material and human terms.

Dr Giraud’s tour of the literature falls into three parts. The first presents evidence on the variability of medical practice, the factors underlying it, and the disciplines – clinical epidemiology, decision support, medical audit – needed to minimise the random and subjective nature of much that doctors do. The second outlines techniques for the evaluation of care – the audit cycle, the organisation of audit within hospitals, the development of guidelines, the importance (and rarity) of adequate information systems, the choice and problems of outcome measures. The third describes some important examples of audit in practice. All this is not as dry as it sounds; the book is not an exhaustive textbook of audit but an invitation to get excited about the challenge of practising better medicine – while acquiring some basic intellectual furniture for audits.

A recurring theme in the book is the need to resolve the ambiguity between audit for improving care and audit for limiting costs, and the consequent need for the independence of medical audit agencies from purchasers. We are reminded of the evidence that simple budgetary restriction limits necessary as well as unnecessary uptake of health services – which we are seeing ample evidence of here in Britain this winter.

Prevalent interest in learning more from little details than from the main themes. A footnote explains for a French readership the meaning (in the protocol for the Confidential Enquiry into Perioperative Deaths) of the term “watch list.” The lack of evidence from a source of uncontested medical authority comparable to the British royal colleges presents a problem of one kind, while the serious shortage of nurses, precluding their participation in data collection and audit, presents another. A plea for more importance to be attached to clinical competence and less to research output in determining medical career progression strikes a familiar chord.

This book would, I think, fill a gap in the English audit literature – if it were in English! It was a pleasure to read, and in lieu of a graphic of the audit cycle it has a beautiful drawing by Andrea del Sarto on the cover. Alexandra Giraud finishes by pointing out that we know so little about what makes a “good doctor” that we are obliged to put the expression in inverted commas. We really need to find out more.

DUNCAN KEELEY
General Practitioner


The NHS reforms have stimulated a major heightening of the profile of quality in relatively short period. The separation of purchaser and provider and the internal market have introduced an ingredient of competition (previously missing) that has allowed providers to focus on improving quality as a major selling point to their customers. The introduction of quality in the “business” practices has contributed to the growing debate about how to manage quality in the NHS. This has included offering power to customers through a national consumer charter, a plethora of improvement and accountability systems, and the virtue of total quality management (TQM) and other quality improvement systems, and the influence of both non-executive directors from outside the NHS and an increasing number of executive directors undertaking MBAs all seeking to change the culture.

There are several set texts on TQM but few considering its applicability to the health service and attempting to link the various elements of the usually uncoordinated hospital quality assurance activities. Overtveit devotes a chapter to his book as a “guide to TQM,” though he does refer to TQM briefly as one approach to consider. But what he describes and the way he constructs his argument is, in my opinion, a TQM approach. His book will be essential reading for chief executives and directors committed to improving the quality of service. In most hospitals there are pockets of excellence often influenced by enthusiastic individuals. In very few is this ethos widened. The approach to managing quality, seeking to empower all staff to continually improve the service.

Overtveit seeks to link the quality programme with business strategy and marketing and conceives that many will be surprised by this approach. He also suggests that client quality, professional quality, and management quality need to be integrated and offers a quality management cycle, with tools to measure each aspect. Such concepts will meet with some resistance and are already used by other industries, such as the hotel and catering industries, with very different outcomes. However, Overtveit’s approach is comprehensive and the book is a useful guide to the complex and fragmented world of quality management.

STEPHEN RAMSDEN
Chief Executive


Primary health care teams do not just happen, they need to be created, funded, and sustained, and be shown as effective in delivering quality health care. The assumption, all too often made, that placing various professional and other workers in the same team will result automatically in their working together well is rather like believing that if one throws all the delicate cogs and wheels, the internal mechanisms of a watch, up into the air they will land in perfect alignment and the watch will immediately start ticking. Although much attention has been given to involving primary care teams in the work well together, practical guidance on how to achieve this has been less forthcoming. However, Developing Teamwork in Primary Health Care goes a long way to addressing this problem. It is