to improving training at all levels, rather than as a signal for introducing defensive practice. This book needs to be discussed by those who select medical students or resident physicians and by all concerned with the education and welfare of doctors, and especially doctors in training. The importance of communication is a common theme throughout the book, and yet so often communication is considered as separate from clinical ability and competence. Those who are devising both the new curriculum for doctors in postgraduate training, in order to meet the present demands of the Calman committee, and the content of continuing medical education need to act on the implications of the research described in this book.

Medical Accidents has set the academic background to the study of medical accidents; it is now the responsibility of the healthcare professionals to define and implement the practical applications. The quality of patient care can only benefit from such action.

ANGELA JONES
Consultant in Public Health


The British healthcare system is an unusual service industry. Its products are hard to define and market forces, when they apply at all, may be perverse. Workers who increase productivity are as likely to be penalised for "over performing" as to be rewarded. Purchasing power does not lie with the consumers but with purchasing authorities who, being accountable financially to a central body (the government), are often poor proxies. Most customers when dissatisfied with what they are being offered have no option other than to "take it or leave it."

Services are managed through rigid hierarchical structures with targets imposed from above (Health of the Nation) in a way reminiscent of the five year plans of Stalinist Russia. At the same time the great majority of available resources are committed by a group of workers - namely doctors - who not only do not account to the service managers for their professional decisions but are often in an adversarial relationship to them. These workers are not trained to view the recipients of the service as consumers, and they view quality more as "doing the right thing" than as "satisfying the customers."

While acknowledging these issues, Paul Dickens argues that healthcare organisations are service industries and that industrial models of quality are relevant to them. As more and more providers and purchasers of health care seem to agree with him, and are attempting to introduce such models of quality and excellence, his book is timely.

Although it touches on "home grown" products such as clinical audit, the bulk of the book consists of a clear, readable, and critical account of the various approaches to quality used in industry. Brief descriptions of four "gurus" are accompanied by relatively jargon free accounts of the principles behind their philosophies and the techniques and tools they developed. Thus the reader is given an introduction to quality costing, quality circles, and to some of the training, methods employed in quality control procedures. The British standard on quality systems - BS5750/ISO9000 - is described and the suggestion made that more healthcare providers might seek accreditation.

The author seems to advocate introducing a modified form of total quality management into the healthcare services. For this change to occur it is not just a time consuming paper exercise clinicians, and in particular doctors, would have to learn to work more as part of a team and pay much greater attention to patient satisfaction.

Possibly, however, there may be an incentive, that may also be a prerequisite, that will encourage clinicians to embrace total quality management. That is the promise it gives of a cultural change within health service management. Total quality management must involve all within a healthcare organisation, including managers and purchasers. Each person must be interested in the services he or she provides for customers. For clinicians the patient is the customer, for managers and support services the clinician is also a customer. Such a model puts a different complexion on the relationship between the clinician and human resource, finance, and medical records departments and may lead to a service that enhances the quality of clinicians' working lives.

PAUL LELLIOTT
Deputy Director, Royal College of Psychiatrists


The health service has been fascinated by computers since the 1960s. It seems axiomatic that such a data rich service would benefit from the most advanced forms of information handling. However, disaster has struck again and again, from the abandoned personal computer in the consultant's office to the large scale disasters such as those in the Wessex and West Midlands regions. As the publication of this book shows the introduction of audit has helped rekindle the fascination.

One major problem is communication. Professionals always invent their own languages to distinguish themselves from the common herd. Clinicians label a runny nose with the term rhinitis, the systems analyst labels the start up procedure for a computer - AUTO EXEC.BAT. Thus incomprehension and disaster can be protracted years as each professional spends his or her own language. The first nine chapters of the book are an excellent basic primer for the first lessons in computer language; only the final three discuss the application to audit. A language is best learnt by use - be it French or "computerese." The earlier in life one learns a language the easier. Computer studies have now part of the school curriculum, hopefully the gap will close. However, as the computer is only a tool in audit or elsewhere consumer demand will accelerate the trend to simpler interfaces, and, hopefully, the book's next edition will have only three chapters or fewer as a basic primer!

The last three chapters emphasise that data collection with the use of computers is involved in only the second (measuring current performance) and the third (auditing the audit cycle). Equal priority must be given to setting standards, assessing performance against standards, and identifying the need for and implementing change. The audit must be planned first and then the use of a computer considered. However, for large audit projects the use of a computer becomes essential and the value of integrating good data through large scale computer systems is self evident. The increasing cost in equipment, training, and planning leads to many pitfalls, which in the book are charted.

The ultimate goal for audit is for it to be embedded in both the ethos and practice of the health service. The tool to enable this is the computer. The ultimate goal for the computer in audit is that the actual data are gathered, rather than the daily work of the hospital, probably through a hospital information support system. Every user of that system is supported in their job. Their data are integrated to produce information on which to base audit, thus reducing the extra data required for each individual audit.

CHARLES PANTIN
Consultant Physician


This first publication from the research unit of the Royal College of Psychiatrists reflects a committee's experience of projects undertaken by the unit with a wider professional audience. Here are brief descriptions of seven systems, all developed with the active involvement of mental health practitioners. Each was demonstrated to the college's visiting panel and the capabilities of the seven systems were compared against a standard set of questions that captured the essential needs of mental health information systems.

The rate of change in the structure of the NHS and in its information requirements is apparent from the descriptions of the psychiatric services in which the systems are working. There is hardly a mention of the application to contract information requirements, and most of the systems described were unable to link with the patient administration system. Some of the systems have the potential of helping with clinical audit and quality programmes, but little attention has so far been paid to these applications. Disappointingly, most of the systems are not being used directly by clinicians. It would have been helpful if the review had given some suggestions about the most effective approaches in gaining clinician ownership.