

reviews and case studies. Clear guidelines are provided for further reading, and networking purposes. Another attraction about the NCAT is the facility to support audit projects which were not initially undertaken within this system.

Included within the package are a set of computer disks. This in itself is not unique among contemporary audit tools. However, they provide easy to use questionnaires and other audit material which can be adapted to suit local circumstances. Word processed documents such as specimen access and information letters for audit participants are also included on the disks. For audit meetings the pack includes forms for agendas, briefing materials, and handouts. All this material comes in a large ring binder along with the computer disks.

If there will ever be any such thing as a definitive mental health audit tool, NCAT may not fill the role. None the less, comparing NCAT with those that do exist, I was very impressed with the comprehensiveness of the package and found little to criticise. It is a well constructed, presented, and thought out instrument. Potential purchasers should not be put off by the bulkiness of the pack; my advice is to use it as a template for one or two small audit projects until team members become familiar with its content.

HUGH P MCKENNA

*Senior Lecturer/Course Director of Nursing,
School of Health Sciences,
University of Ulster*

This manual (with associated computer discs) provides a very detailed framework within which to carry out audit of five specific topics (the modules). Useful background to the process of audit precedes the worked examples and the way to use the five modules is made fairly clear. The computer disks provide details of questionnaires that might be used and these can be edited to suit local needs or used as a template for development of other audits. In general, I found the information clearly presented and the computer disks worked without any problems.

I approached this manual from the perspective of a psychiatrist who has coordinated medical audit in a unit for over five years during which time it has gradually metamorphosed towards clinical audit. I was therefore encouraged when in the introduction the aim of the toolkit was stated as being "to stimulate collaborative practitioner based clinical audit among professionals of all disciplines". However, at the end, I was disappointed that there was little in the manual to attract doctors. The audit examples focus very much on the environment and process of care but do not consider treatment issues. Although I entirely agree with the authors that descriptive audits of this nature are valuable and that not all audits can be criterion based or focused on treatment or outcomes, nevertheless it is a pity that one of the modules did not suggest a model for such audits. It is important that the actual way in which treatment is provided (whether drugs or psychological treatments) should be monitored.

I also thought that the balance of the manual was away from strict criterion based audit. I have found this to be a very useful form of audit and would strongly recommend the use of a 100% criterion based audit with predefined and agreed exceptions. This then

allows the audit to focus on those cases not conforming to the criteria.

As a final suggestion to the authors, it might be useful to include a model presentation of actual data from an actual audit done with one of the modules. However, in general, I think the toolkit will allow relative novices to begin multidisciplinary audit although I wish to reiterate that parts of modules can be used and that trying to use a full module all at once would almost certainly create too large a workload for most units.

STEPHEN J COOPER

*Senior Lecturer,
Department of Mental Health,
The Queen's University of Belfast*

BOOK REVIEWS

Professional Education for General Practice. Peter Havelock, John Hasler, Richard Flew, Donald McIntyre, Theo Schofield, John Toby (pp 192; £25). Oxford: Oxford University Press, 1995. ISBN 0 19 262607 8.

After 20 years of vocational training for general practice in the United Kingdom the training programme, particularly educational aspects, needed reappraisal. Therefore the authors, trainers, course organisers, and regional advisors in the Oxford region started a course for experienced trainers. This considered what seemed to be the most pertinent issues: how to devise a curriculum and assess the learner; how to broaden the range of teaching and learning techniques; and how to enhance the quality of the training practice and of one to one teaching. This book mirrors this course, in three parts. The first is about the history of the vocational training and gives some background information about adult and professional learning and about educational tasks. The second and main part deals with detailed information about various aspects of teaching and learning. The third part looks at opportunities for the future. There are six appendices: the priority objectives for vocational training as originally published by the Royal College of General Practitioners (1988, occasional paper 30); the Oxford Region experienced trainers' course; an example of teaching about management and prevention of ischaemic heart disease; about teamwork; about criteria for the approval of trainers and training practices in Oxford; and about education for junior hospital doctors, also in Oxford. The book has three pages of references, mainly about the situation in the United Kingdom, and a detailed index.

The first part of the book – after the overview of the development of general practice and of the vocational training of general practitioners in the United Kingdom – has a chapter about adult and professional learning. This is important because it sets down the main viewpoint of the authors: not teaching but learning by experience from daily activities, reflection, and awareness of literature is the most important element of the vocational training. This viewpoint is reflected in chapter 3 on educational tasks. It describes the educational processes needed for adults learning a new profession, and

gives information about important stages of the learning processes of the trainee: the new trainee being assessed and introduced to the practice; the practising trainee seeing patients, playing a full part in the activities of the practice, and learning the core knowledge, skills, and attitudes required for general practice; and the practitioners, now more able to choose the direction of their learning and to allocate time appropriately.

The core of this book is part 2. The first chapter (chapter 4) is about constructing a curriculum based on the three stage model of training and the well formulated objectives for vocational training mentioned in appendix I. The curriculum has to deal with the widening range of context or situations within which the trainee will be required to practise. These are care of individual patients, care of groups of patients, the practice population, the practice and healthcare team, the community, and the profession.

Assessment and curriculum planning go hand in hand. Chapter 5 deals with different aspects of assessment for learning, especially with formative (or educational) assessment. It gives practical information about the steps in assessment and about effective feedback as part of it.

The next chapter considers the environment for learning especially at the training practice as a learning resource, at the trainer, and at the partners of the team. It is clear that the practice and its members have a powerful influence on the learning process. The practice should provide the highest standard of care and trainees need to understand how this comes about. Good doctors are not necessarily good teachers. The importance of courses in the development of teachers cannot be underestimated. They provide opportunities for reflection about teaching and facilitate the interchange of ideas and values between colleagues. It is nice to see that in the chapter on teaching methods these are connected with the learning styles of the trainees. This is once again an example of the learning centred approach of the book. Specific methods of learning such as learning from patients, learning from the team, learning from topics, and learning independently are described. As the trainees' educational needs, learning style, and experience change then the framework of the teaching needs to change as well and the time for teaching and learning needs to be used differently. The chapter about the developing relation between the trainee and the trainer is also important. Everybody who starts thinking about becoming a trainer and every trainee in general practice should read this chapter.

Vocational training schemes, especially the half day or day release courses, are the subject of the next chapter, based on the situation in the United Kingdom. Other European countries have more experience with the day release course (The Netherlands) and have already solved some of the problems mentioned in this chapter. Of the three years of vocational training in the United Kingdom the trainee has only one year training in general practice. The authors are not happy with this scheme and are in favour of five years for vocational training with two years in hospital. In the chapter about learning in hospital they describe several issues considered on a national scale to change the hospital part of training for general practitioners. One of the basic principles is that the learning of many skills which are best acquired in hospitals are

essential to the development of doctors who will work in primary care. As we see a shift from acute care to care for patients with chronic diseases and also a shift from hospital care to home care I think that the skills learned in hospital can be learned in general practice. Perhaps some short courses in hospital are necessary but they must be courses which are completely based on the educational objectives for vocational training of general practitioners. In too many situations there is an imbalance between service commitment and education. The chapter in this book gives much background information which can be used in the discussion currently going on in many of the European countries and also in the United States. I miss the international approach in this chapter. Evaluating the teaching is the last chapter of this part of the book. Evaluation is all about change and people are much more likely to change if they are involved in reviewing their own work and deciding the need to change. This is the reason for emphasising the more democratic method of evaluation in this chapter.

Vocational training needs to equip doctors to cope with the future demands of primary care and enables them to help shape that future. In the third part of this book the authors look to the opportunities for primary care in the future and the implications for training practices and trainers. Important topics are the personal accessibility and continuity of care. General practitioners should provide a defined range of services and care for a defined population. Health promotion, teamwork, and practice management are important tasks. Information technology influences the working conditions of general practitioners. The general climate of accountability and the particular interest in the quality of medical care in the population will continue to put a high priority on the need for quality assurance. All these aspects have influenced the vocational training programme. There is a need for a planned curriculum which will focus more on general skills than on specific contents, particularly those skills that will help the doctor to cope with changing practice. There should be sections on the effective use of time and learner centred teaching. The optimal balance of experience and learning should be based on the learning needs of each person, not just the service needs of patients. The education must be multidisciplinary and there must be enough time spent and methods used for teaching in mixed groups of various disciplines. This will have implications for training practices and trainers. Any practice should be able to give as much time to educational activities as the trainee spends seeing the general practitioners' patients. This implies increasing attention both to the past and future educational achievements of trainers who should be encouraged to study for higher qualifications. Quality insurance will be increasingly important in the future as team working becomes more and more important.

This is an important book for everyone involved in the vocational training of general practitioners. The authors describe the main problems we face at this moment and give a lot of suggestions about the way to tackle these problems. About one in four practices in the United Kingdom are training practices. All the members of the team working in these practices and especially all the people working in hospitals with young doctors who

may become general practitioners in due course should read this book, and more importantly, discuss it with each other.

This book is also of value for people involved with postgraduate medical education for general practice outside the United Kingdom. It is a pity that this area is of limited value because it is based too much on the situation in the United Kingdom, especially the chapters about the vocational training schemes and learning in hospital. Perhaps the authors will take up the challenge to put an international part in the next edition, and to discuss the connection between undergraduate and postgraduate medical education and the role of general practitioners in undergraduate programmes. This would give an opportunity to formulate the core curriculum for the vocational training of general practitioners at a European level, especially in the European Community. The connections between primary health care and hospital care and the way we have to adapt our vocational training schemes to changes in society and to the different healthcare systems could be considered.

This book should be mandatory reading for everybody who is connected with teaching and training for general practice in the United Kingdom and reading it is strongly advised for those outside the United Kingdom. It gives the readers much information with which they can compare their own approaches in professional education for general practice.

EGBERT SCHADÉ

*Professor and chairman,
Academic Medical Centre,
Department for General Practice and Family Medicine,
University of Amsterdam,
The Netherlands*

Evaluating Audit: Nursing and Therapy Audit - A Review of the Region's Role.

J Foster, M Willmot, K Walshe, J Coles (pp 122; £10.00). London: CASPE Research, 1995. ISBN 1 898845 07 7.

It was one of the assumptions of the United Kingdom healthcare market initiated by the *Working for Patients* reforms that natural entrepreneurial forces and competition would lead to improvements in service quality as well as cost efficiency. It was paradoxical but typical of Thatcherite ideology therefore that audit procedures were not left to grow but firmly mandated in the Act itself and fostered through ring fenced funding. This volume in the CASPE *Evaluating Audit* series reviews the contribution of the 14 English regions to the subsequent development, management, and implementation of nursing and therapy audit.

The authors provide a thoughtful account of the regions' activities based on detailed review of relevant documentation followed by visits to each region during which key staff took part in structured interviews.

The Department of Health set out broad guidelines for audit but left regions to develop it in ways which suited local circumstances. Perhaps as a result of this freedom, or perhaps as a result of the small (and annually uncertain) amount of funding devoted to it the regions' response as described here seems unstructured — almost to the point of capriciousness. Thus less than half of the regions produced any kind of overall plan for develop-

ment of the funding; programmes often existed alongside and in isolation from medical audit and other quality initiatives; and the steering committees set up tended to restrict themselves to financial monitoring.

As Foster and colleagues note, the regional audit coordinators carried very substantial responsibilities for the success or otherwise of their programme. They personally received little training and limited funding ensured that projects took priority over training for others. There was a general "overestimation of existing skill and knowledge levels" and only 3% of the overall funding went towards education and training.

The method by which funds were allocated to projects or initiatives was an important part of each programme's management. Over 70% of funds were allocated through bidding systems but criteria for selecting fundable bids were initially haphazard and often limited to crude notions of ensuring equity across professions and between units.

Despite these rather dispiriting findings the nursing and therapy audit initiative has produced some successful projects (as reported in other volumes in this series) and has certainly enhanced awareness of the importance of audit in a broad range of managers and clinicians. Ring fenced funding has now ended and nursing and therapy audit is to be part of locally driven, multiprofessional, clinical audit. The challenges will be to maintain the impetus, to build on the progress of the past three years, and, importantly, to preserve the distinctive techniques and approaches which both nurses and therapists have developed. This book provides valuable lessons for everyone likely to be involved in meeting these challenges.

DOROTHY WHITTINGTON

*Head of School of Health Sciences,
University of Ulster*

Evaluating Audit: A Review of Audit Activity in the Nursing and Therapy Professions: Findings of a National Survey.

M Willmot, J Foster, K Walshe, J Coles (pp 94; £10.00). London: CASPE Research, 1995. ISBN 1 898845 069

It is of both sociological and practical interest that the development of healthcare quality assurance in the United Kingdom reflects the power relations between the professions involved. Thus working paper 6 of the 1989 *Working for Patients* reforms established medical audit throughout the Health Service but only noted the possibility of audit in other professions. Two years later funding was allocated for separate and less comprehensive audit in Nursing and the Therapies and three years after that in 1994 the importance of interprofessional audit was finally recognised with the allocation of funds to an overall system of clinical audit.

The CASPE *Evaluating Audit* series reports research commissioned by the Department of Health to evaluate the "development, progress and impact of audit". The book reviewed here is one of two examining audit in nursing and the therapies.

The authors provide a clear and careful account of audit activities in the 14 English regions. Their survey was based on postal questionnaires completed by all those receiving funding. An overall response rate of 69