

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