

# QUALITY IN HEALTH CARE

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was achieved although this varied between regions and between the types of activity funded.

As might be expected both scarcity and uncertainty of funding had a considerable effect on the success of the overall programme. Funding was on a year by year basis and regions were understandably cautious in providing activities with more than one year's money. Where they took the risk of funding two or three year activities (only 27 of all activities) they were more likely to report success. Similarly, small scale funding (less than £10 000) was associated with lack of success.

Over 70% of the funding allocated was spent on the appointment of staff. Unlike staff appointed to medical audit activities, these recruits were likely to be clinicians rather than audit specialists and to be devoting only part of their time to audit. As Willmot *et al* note this may have had the

effect of promoting audit as an integral part of clinical practice. On the other hand it is tempting to conclude that the widespread comment that both training and dissemination of findings were given little attention may reflect situations in which hard pressed and relatively ill informed clinicians found themselves struggling to carry out their audit tasks as and when they could make time for them.

Despite these caveats 83 of the activities reported were regarded by their directors as having been successful. Even allowing for the unreliability of reports from people whose personal investment in audit was considerable Willmot *et al* are justified in concluding that the nursing and therapy audit programme "has raised the profile of audit". It remains to be seen whether the new inter-professional clinical audit will now build on these foundations. Managers, audit specialists, clinicians, and others now involved will

do well to read and digest the findings of this survey before embarking on the new systems and projects.

DOROTHY WHITTINGTON  
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## DIARY

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### 8-9 November

Girona, Spain. First European Conference on Improving the Quality of Mental Health Services: a European Initiative. Further information from: Roma Macario, Catalana Congressos, Sant Pere mitja, 17-08003 Barcelona, Spain. Fax 0034 3 3191853.

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Papers should be sent in triplicate to the editor, *Quality in Health Care*, BMA House, Tavistock Square, London WC1H 9JR (tel 0171 383 6204). They should be prepared according to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Vancouver agreement) (*BMJ* 1991;302:338-41).

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- Authors should submit questionnaires not established and well known.
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