
LETTER

Critical incident technique for auditing in primary care

The report by Redpath *et al*¹ of facilitated critical incident discussions in primary care in County Durham, after deaths by suicide, represents a valuable contribution to a difficult area. However, the authors do not refer to a similar method, significant event auditing,² which was based in part on critical incident research.³ A research study evaluated the effect of implementing team based case discussions in practices in Manchester and Lincolnshire.³ The participating primary care teams included discussions of suicide and self harm among various other clinical and organisational events. These authors found that groups familiar with traditional audit were better able to start conducting such discussions. External facilitation, for instance by audit support staff, seemed to be helpful, especially in dealing with sensitive areas. They commend the method as being suitable for reflection and peer support after emotionally disturbing events, as well as offering insights into the quality of care delivered by the practice team. The Royal College of General Practitioners, encouraged by Pringle, require significant event discussions in the portfolio of audits expected for Fellowship by Assessment of the College.⁴

We have endeavoured to promote significant event auditing in Warwickshire, starting with a questionnaire survey of all 79 county practices in November 1996. Out of 203 total respondents from 49 practices, including general practitioners, nurses, and practice managers, 94 (46%) wished to know more about the methods. Only three practices seemed already to be performing appreciable event auditing. We have since organised a study day, attended by 23 varying team members from 15 practices, and we are now offering practices initial facilitation of meetings.

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- 1 Redpath L, Stacey A, Pugh E, Holmes E. Use of the critical incident technique in primary care in the audit of deaths by suicide. *Quality in Health Care* 1997;6:25-8
- 2 Pringle M, Bradley CP, Carmichael CM, Wallis H, Moore A. *Significant event auditing: a study of the feasibility and potential of case based auditing in primary medical care*. London: Royal College of General Practitioners, 1995. (Occasional Paper 70.)

- 3 Bradley CP. Turning anecdotes into data: the critical incident technique. *Fam Pract* 1992;9: 98-103.
- 4 Pringle M ed. *Fellowship by assessment*. London: Royal College of General Practitioners, 1995. (Occasional Paper 50, 2nd ed).

DIARY

30-31 October 1997

London, UK. Promoting Patient Choice Together. This international conference aims to encourage public debate and stimulate developments in the area of shared clinical decision making and patient choice. For further details: Pat Tawn, King's Fund, 11-13 Cavendish Square, London. W1M 0AN. Tel: 0171 307 2672.

26-27 November 1997

London, UK: Clinical Audit '97. At the heart of effective clinical practice, is to be held at the Business Design Centre, London on behalf of the National Centre for Clinical Audit.

Aims of the conference:

- Provide a forum for the exchange of sound, practical ideas on how to use clinical audit to support effective clinical practice and to facilitate change.
- Clarify the role of clinical audit in relation to other initiatives
- Support greater multi-disciplinary working across the different clinical and managerial disciplines to achieve change.
- Share knowledge on the successful implementation of clinical audit.

For further details: telephone the NCCA on 0171 383 6451 or fax 0171 383 6373.

16-18 April 1998

Vienna, Austria. Call for papers for the 3rd European Forum on Quality Improvement in Health Care. The event will consist of one day teaching courses, invited presentations, plenary sessions, posters, and presentations selected from submissions. For further information please contact the BMA/BMJ Conference Unit, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP. Tel 0171 383 6605. Fax 0171 383 6869. Email 106005, 2356@compuserve.com

BOOK REVIEW

Review of Sense and Sensibility in Health Care Marshall Marinker, ed. (£19.95 (UK) £23 (elsewhere); Pp 296) 1996. London: BMJ Publishing Group. ISBN 0 7279 1111 2.

This book contains six essays on aspects of healthcare policy of particular relevance to our rapidly changing health service. They were commissioned from national organisations concerned about the issues under review and were informed by think tank discussions.

There is one chapter that encapsulates all of the topics analysed in this book. This examines the media coverage of the recent case of a girl with leukaemia whose second bone marrow transplant was refused by her doctors on the grounds that it was very unlikely to succeed and would not be in her best interests. Here are all the complex issues relating to difficult decisions that have to be made by doctors and health service managers and their impact on patients and families. If a medical opinion is unacceptable families have the right to a second opinion. In this case the second opinion differed from the original one, but the Health Authority refused to pay for the recommended treatment. When this decision was challenged in the court, the Health Authority was asked to reconsider their decision. The Appeal Court judges later overturned the high court ruling and said that the Health Authority had acted rationally and fairly in making their decision. An anonymous benefactor provided the money for the treatment her father wanted but it was not successful enough to merit a second bone marrow transplant. Instead he treated the child with an unevaluated treatment of donor lymphocyte infusion.

In examining the different ways in which the media covered the case we recognise the following themes: the basis of decisions about treatment (clinical and financial considerations); the allocation of public funds; the expectation that something can and should be done to save every ill child; health technology assessment and considerations of the effectiveness of health care; the concept of informed patient choice; the use of the legal system; the role of medical advice; priorities and rationing, and the portrayal of doctors and health service managers in the press.

This brilliant case analysis serves to inform future health policy debates. The other chapters also throw light on complex issues of public health advocacy, the limits of professional freedom, the impact of information technology, the limits of evidence based medicine, and the so called democratic deficiency in the National Health Service at local level. However this one case analysis as seen through the press really does seem fresh and makes this book relevant to all concerned with the limits of a finite health service in the real world.

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