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11 Research Unit of the Royal College of Physicians. *The CARE (continuous assessment review and evaluation) scheme: clinical audit of long-term care of elderly people*. London: Royal College of Physicians, 1992.
12 Centre for Environmental and Social Studies in Ageing. *Inside quality assurance*. London: Polytechnic of North London, 1991.
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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.[2] 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.

JOHN WILMOT
Vice chairman
KAREN MILLS
Coordinator,
Warwickshire Multidisciplinary Audit Advisory Group

Correspondence to: Dr John F Wilmot, Clarendon Lodge, 16 Clarendon Street, Leamington Spa CV32 5SS.

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 patent 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 infomation 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.

BEN ESSEX
General practitioner, Sydenham

Instructions for authors

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).

General

- All material submitted for publication is assumed to be submitted exclusively to the journal unless the contrary is stated.
- All authors must give signed consent to publication. (Guidelines on authorship are given in *BMJ* 1991;**302**:338-41.)
- The editor retains the customary right to style and if necessary to shorten material accepted for publication.
- Authors should submit questionnaires not established and well known.
- If requested, authors shall produce the data on which the manuscript is based for examination by the editor.
- Type all manuscripts (including letters) in double spacing with 5 cm margins at the top and left hand margin.
- Number the pages.
- Give the name and address and telephone and fax numbers of the author to whom correspondence and proofs should be sent.
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- Keep a copy of the manuscript for reference.
- An acknowledgement of receipt of the manuscript will be sent.

Specific points

ARTICLES

Articles report research and studies relevant to quality of health care. They may cover any aspect, from clinical or therapeutic intervention, to promotion, to prevention. They should usually present evidence indicating that problems of quality of practice may exist, or suggest indications for changes in practice, or contribute towards defining standards or developing measures of outcome. Alternatively, they should contribute to developing approaches to measuring quality of care in routine practice. The journal is interprofessional and welcomes articles from anyone whose work is relevant, including health professionals, managers, practitioners, researchers, policy makers, or information technologists. Papers are usually up to 2000 words long with up to six tables or illustrations. Shorter practice reports, which may not be original in concept but must contain information sufficiently novel to be of importance to other units, are also invited. Articles of a discursive or debating nature, which do not conform to the criteria for original papers given above, will be considered.

- Give the authors' names, initials, and appointment at the time of the study.
- Articles should generally conform to the conventional format of structured abstract (maximum 250 words; see *BMJ* 1988;**297**:156), introduction, patients/materials and methods results, discussion, and references.
- Give up to three keywords/phrases.
- Whenever possible give numbers of patients/subjects studied (not percentages alone).
- Articles may be submitted to outside peer review and assessment by the editorial board as well as statistical review; this may take up to ten weeks.
- Manuscripts rejected for publication will not be returned.

LETTERS

- Should normally be a maximum of 400 words and 10 references.
- Must be signed by all authors.
- Preference is given to those taking up points in articles published in the journal.
- Authors do not receive proofs.

Tables

- Should be on separate sheets from the text.
- Should not duplicate information given in the text of the article.
- Should have a title.
- Should give numbers of patients/subjects studied (not percentages alone) whenever possible and relevant.

Figures

- Should be used only when data cannot be expressed clearly in any other form.
- Should not duplicate information given in the text of the article.
- Should be accompanied by the numerical data in the case of graphs, scattergrams, and histograms (which may be converted into tables).
- Should include numbers of patients/subjects (not percentages alone) whenever possible and relevant.

Legends should be given on a separate sheet.

LINE DRAWINGS

- Should be in Indian ink on heavy white paper or card or presented as photographic prints. One original and two photocopies of each must be submitted.

HALF TONES

- Should usually be submitted as prints, not negatives, transparencies, or *x* ray films.
- Should be no larger than 30x21 cm (A4).
- Should be trimmed to remove all redundant areas.
- The top should be marked on the reverse in pencil.
- Labelling should be on copies, not the prints.
- The identity of patients in photographs should be concealed or their written consent to publication obtained.

References

- Should be numbered sequentially in the text.
- Should be typed in double spacing.
- Should give the names and initials of all the authors (unless there are more than six, when the first six should be given followed by *et al*); the title of the article or chapter, *and* the title of the journal (abbreviated according to the style of Index Medicus), year of publication, volume number, and first and last page numbers *or* the names of any editors of the book, title of the book, place of publication, publisher, and year of publication, and first and last pages of the article.
- Information from manuscripts not yet in press, papers reported at meetings, or personal communications should be cited in the text, not as formal references.
- Authors are responsible for the accuracy of references.

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