Psychiatric Bulletin (1989), 13, 505

Conference report

Medical audit*

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Good medical practice demands continuing assessment of care provided. By drawing on previous experience and questioning the effectiveness of treatment they offer, doctors can improve the standard of care. *Working for Patients* sets out the Government's aim to formalise such clinical self-evaluation by imposing medical audit committees run by hospital management. Psychiatrists face particular problems in medical audit. Their patients often have chronic illnesses in which outcome is hard to define. There may be other professionals closely involved as members of a team, so a wider multidisciplinary approach may be more useful.

Earlier this century, Henry Ford described car production in terms of input, process and output. In a similar way, Dr Charles Shaw, Director of the King's Fund Medical Audit Programme, suggested that doctors may look at available resources as input, together with what they have offered as treatment and how this affected clinical outcome.

Effective and worthwhile audit requires explicit criteria which can be objectively measured and used to compare practice among papers. Doctors may find this potentially threatening. However, the idea is not to show up named individuals who fail to reach a standard of outcome their peers have achieved, but more to use such reviews as a constructive way of examining past management which could prove a good aid to continuing medical education. Clinical audit is allied to research, for although it is not testing a hypothesis in the same way as scientific research, it may usefully point to new topics for investigation.

Charles Shaw emphasised that the Government is responsible to the electorate for the NHS, and members of the public are now less willing to put themselves blindly into their carers' hands, and are instead demanding more accountability for professional action taken on their behalf. Sometimes interests of patient and doctor may clash, if for example a patient wants less medical interference at the price of a higher risk of death. More information on treatment outcome should help patient and doctor agree on a satisfactory course of action.

Medical audit is demanding of resources. Adequate data are essential and also time to analyse results. It requires the personal commitment of doctors who are willing to examine work they have done in a critical way. Such activity inevitably takes doctors away from their clinical duties, and might involve up to one session per week for consultants. Department of Health spokesperson Dr Geoffrey Rivett drew on the analogy of successful Japanese industrial performance, suggesting that learning to work more effectively, providing a higher quality of patient care is not always going to be more expensive. However, medical practitioners want assurances that following audit, funding will be available to allow them to make any necessary changes in the service they offer.

Audit involves assessing quality of patient care, something which is difficult to measure. The White Paper offers doctors no guidelines over this point. Dr Beck from the Royal College of Physicians pointed to random case notes' review as a useful starting point which would enable doctors to adapt records for other audit purposes including the examination of selected topics. Individuals may examine their own work or better, they may compare their practice with that of colleagues at regular meetings.

The Royal College of Psychiatrists has long acknowledged the need to monitor clinical work. A working party chaired by College Registrar Dr Ann Gath is looking at medical audit in psychiatry. Psychiatrists must establish what the needs of their patients are in a number of areas and then ascertain how far they can meet them at present. There are many ways in which audit can take place, ranging from the straightforward monitoring of doctors' discharge letters to more innovative measures such as developing global indices of health care which might be combined with prognostic measures in estimating "quality adjusted life years".

*ASME (Association for the Study of Medical Education) meeting held at Royal College of Physicians, London on 19 May 1989.