

PRACTICE OBSERVED

Essays on Practice

A depressing pursuit of quality

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Performance review, to use the most acceptable and least threatening description, has become a growth industry in general practice. In Pursuit of Quality, published by the Royal College of General Practitioners, is the most recent in a long series of reports that have agonised over the definition and measurement of quality and the ways of evaluating and implementing methods to improve it.

Enthusiasm tempered by experience

The first part of In Pursuit of Quality describes the range of activities that fall within the scope of performance review, reflects on past experience, and discusses the difficulties and dangers of the various methods and the even greater problems of applying them effectively. The impression is one of initial enthusiasm tempered by sobering experience. Mourin's outline of his activities as the most

positive, but he admits: "My involvement in audit has led to further retreat from our practice commitment to a personal relationship with our own list of patients."

The second part of the report describes performance review methods and some results. Donabedian sums up two performance reviews among peers: "The major findings are that a very small proportion of practitioners invited will participate, but that the participants are capable of formulating criteria and standards, and are able to assess performance by obtaining information from their records which corresponds to the standards. Unfortunately, the consequences to future performance remain in doubt."

In his survey Metcalfe demonstrates yet again the wide variation between doctors and the difficulty of relating these variations to the characteristics of the doctors and their practices or the patients and their circumstances. The results from Butler's pilot study of the relation between list size and standards and performance were more exciting and unexpected, although Butler points out that "the measurement of outcome and the identification of causal links between processes and outcomes have proved to be so elusive that attention in this study has had to be confined to the standards of structures and processes that are believed to be related to favourable outcomes." The findings indicate that pronounced variations in the performance of general practitioners are mainly unrelated to the numbers of patients on their lists. And though Donabedian has some reservations about the interpretation and implication of this finding he finds it "alluring and in some ways heartening... that knowledge, commitment, and motivation may be found to be more important to quality in general practice than the more mechanistic balancing of demand to capacity."

Irvine and Russell *et al* describe the historical background and the methods of "the first major British study of standard setting in general practice." Although the exercise is confined to trainers and their partners, it is a massive undertaking and may turn out to be an example of scientism rather than science, being based on a logical train of thought which is neat but does not take into account the complexities of the variety of processes involved in stimulating, and overcoming resistance to, change. To quote Donabedian again: "Effectiveness in inducing behaviour change is the most important, yet least understood, problem in quality monitoring today." On the

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Method

Postal questionnaires were used to collect general data (age, sex, type of practice, and years as a general practitioner) and answers to 12 further specific questions. Four of the questions were open, one asked for information about how the general practitioners thought that the techniques of complementary medicine should be used, another asked about factors that influenced their ideas in this area of medicine, and the remaining two solicited views about issues that might be relevant but were not specifically covered in the questionnaire. The other eight questions were constructed to elicit answers such as yes/no or good/poor. Two questions asked the general practitioners about their training in complementary medicine, two were designed to allow them to assess their knowledge of this subject, two were concerned with their opinions on the regulation, provision and control of non-medically qualified complementary practitioners, and the remaining two questions elicited information about how general practitioners viewed their referral patterns to both medically and non-medically qualified practitioners of complementary medicine.

To avoid confusion and encourage a positive response we decided to limit the questions to well known, definable techniques. These were spinal manipulation, defined in this study as osteopathy, chiropractic and manipulative techniques such as those of Cyrax, acupuncture, hypnosis, homoeopathy, faith healing, and herbal medicine.

The county of Avon was chosen for the study as it covers the cities of Bristol and Bath, smaller towns such as Weston super Mare, and some rural areas. In Bristol there is an active homoeopathic hospital operating within the National Health Service. The Bristol cancer self help centre has recently opened and offers several complementary approaches to patients with malignancy. The area provides a mixture of social classes, light and heavy industry, and residential areas, and urban, small town, and rural practices. From a sampling frame of all general practitioners on the list of the Avon family practitioner committee we chose a random sample of 200 general practitioners by name on the list alphabetically. In April 1985 each doctor was sent a four page questionnaire, after four weeks another questionnaire with a more detailed letter was sent to non-responders. After a further four weeks we contacted a sample of the remainder as possible by telephone. The study then closed, and we analysed the results.

Those general practitioners whose surgeries were five miles or less from a district hospital were classified as urban, those who were six or more miles away as rural or small town practices. For the purpose of this study non-medically qualified practitioners were clearly defined as "individuals practising complementary or alternative medicine who were not medically qualified—that is, lay practitioners practising almost exclusively outside the National Health Service."

Questionnaires were mostly completed in full, and none were spoiled or illegible. Where multiple answers occurred they were included under all appropriate. Some doctors failed to answer all the questions—see table IV, consequently sample size varies slightly.

Results

Of the 200 general practitioners in the sample, seven were retired or no longer practising. Of the remaining 193, 145 replies were received to the questionnaire. The non-responders show no clear trend in age, sex, or locality.

Overall, 55 responders (38%) claimed to have been trained in at least one technique and 22 (15%) intended to arrange training. Table I shows the numbers for each technique. Instruction was usually limited to weekend specific qualification. Most of the doctors trained in a technique used it on their own patients, albeit in some cases only once or twice a year; only three doctors were treating patients outside their own practices. General practitioners perceived their own general as good (see table II). Spinal manipulation was best understood, with 65 responders (45%) claiming moderate, good, or very good knowledge of its techniques. Herbal

TABLE I—No. of respondents with training in, and currently practising, complementary medicine

Table with 4 columns: Training received, Practising, Training intended, No training. Rows include Spinal manipulation, Acupuncture, Hypnosis, Herbal medicine, Homoeopathy, Faith healing.

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of observed effect on patients (26%), the lack of scientific evidence (22%), their own inadequate knowledge (22%), the tendency for non-medical therapists to charge large fees and persist with ineffective treatments (14%), and the harmful effects of treatment such as paraplegia caused by manipulation (14%). The final two open questions were answered by only 4% of the respondents and thus an analysis of these data was not attempted.

Discussion

The results of our study show that there is a great interest in complementary medicine among general practitioners. Just over a third have undertaken some training in this area, but their knowledge of these techniques is poor, as shown by their own assessments and the comments on how these techniques may be used. Despite this, many general practitioners made use of several complementary techniques in their own NHS practices.

TABLE II—Referral patterns for complementary techniques (figures are No. % of those responding to questionnaire, except where indicated)

Table with 3 columns: Never refer, Refer to doctors, Refer to non-medical practitioners. Rows include Spinal manipulation, Acupuncture, Hypnosis, Herbal medicine, Homoeopathy, Faith healing.

\*No. of respondents were able to answer this question with a clear positive or negative response, and some gave more than one answer; the figures do not add up to 100%.

If we believe that general practitioners "have a professional obligation to their patients to help guide them through the claims of fringe practitioners, then this knowledge is inadequate. It reflects the almost total absence of teaching in these techniques both at an undergraduate and postgraduate level. The courses that are available tend to teach individual techniques to small numbers of committed doctors and do not provide an overall and informed view about these treatments—information that every general practitioner seems to need.

The question about usefulness was designed to test general practitioners' overall views, even if we attribute the most negative views to non-responders, these figures suggest that most general practitioners actively favour five of the six techniques studied, and only 9% of those sampled consider that the complementary treatments studied were not useful. It is also interesting to note that general practitioners seemed to be most positively influenced by unsolicited information such as the observed effect on one or two of their patients and personal or family experience of benefit.

It is less than a decade since the General Medical Council effectively rescinded a ban on referral of patients to non-medical practitioners, and a surprising number of general practitioners in our sample now often do so (table IV). Moreover, in some cases they have met the practitioner, and a few keep in regular contact. This indicates the development of a professional relationship that a decade ago would have been unthinkable. It seems likely that many referrals to non-medical practitioners are less formal than to doctors; in some cases general practitioners said that they simply suggest to the patient that a particular technique might be useful and offer the name of a reputable practitioner.

This more diffuse view of each technique is viewed. Spinal manipulation seems to span the gap between doctors and alternative practitioners; it is almost universally accepted and the relatively high rate of referral suggest that in future osteopaths and chiropractors might work much more closely with the primary health care team.

In view of the number of general practitioners willing to refer patients, and their lack of knowledge about these techniques, agreement on the need for regulation of complementary medicine

TABLE III—General practitioners' assessments of their own knowledge of complementary medicine (figures are No. % of those responding to questionnaire)

Table with 4 columns: Very good/good, Moderate, Poor, Very poor. Rows include Spinal manipulation, Acupuncture, Hypnosis, Herbal medicine, Homoeopathy, Faith healing.

TABLE IV—Preferred values by doctors of complementary techniques to patients (figures are No. % of those responding to questionnaire)

Table with 4 columns: Very useful, Useful, Not useful, Harmful. Rows include Spinal manipulation, Acupuncture, Hypnosis, Herbal medicine, Homoeopathy, Faith healing.

medicine was the least understood with seven (5%) claiming moderate, good, or very good knowledge. Despite this poor knowledge general practitioners were not hesitant in accepting that complementary techniques were valuable for their patients (table III). Analysis of usefulness by age and sex showed that general practitioners' views were not related to the year in which they qualified.

Patterns of how general practitioners viewed their referrals showed the same trends as their opinions about the usefulness of complementary techniques. A surprisingly high proportion seemed to refer patients to non-medical practitioners of complementary medicine, though some doctors commented that they tried to retain overall control of the patient's care. All general practitioners who referred patients knew at least the name of the non-medical practitioner concerned, except for spiritual healing. Fifteen of the total sample (10%) had met an osteopath, acupuncturist, or homoeopath in the area, and seven (5%) kept in regular contact with a non-medically qualified practitioner.

The overall number of general practitioners who referred was high (110 respondents (70%) had referred patients to doctors and four (72%) non-medically qualified practitioners of complementary techniques during the preceding year. Table IV shows the number of patients referred for each technique. Analysis of referrals by age and sex showed that general practitioners (under 39) were 9% more likely than their older colleagues (over 60) to refer patients to non-medically qualified practitioners.

Of the doctors responding, 135 (92%) agreed that non-medical practice in these techniques need regulation. Four (3%) thought that non-medical practitioners should be banned. This view was expressed irrespective of attitudes to the techniques themselves. One hundred and four (72%) favoured a central and independent national body, and a further 30 (22%) suggested that non-medically qualified practitioners should be licensed along with the other professions regulating their own practitioners by the Department of Health and Social Security. One hundred and one doctors (70%) considered that the more acceptable techniques such as hypnosis, acupuncture, spinal manipulation, and homoeopathy should be available through the NHS. To a limited extent this may already be true—for example at the Bristol Homoeopathic Hospital and the practice of these techniques by general practitioners and their own patients. This availability, however, is severely limited and by no means comprehensive, most patients being excluded by geography and the lack of doctors' training from receiving free treatment.

Comments by general practitioners in response to the open questions indicated a limited understanding of complementary medicine that seemed to correspond with their own assessments and knowledge of this subject. For example, only two doctors mentioned the use of clinical ecology (food allergy or food intolerance) as a valuable complementary technique. Conversely, many suggested that acupuncture could be used for almost anything. Again, in response to an open question, general practitioners were asked to indicate what had influenced their views about complementary medicine. Overall, 98 respondents (68%) expressed positive views and 23 (16%) negative ones, most influenced more than one opinion. General practitioners indicated that their views had been influenced in a positive way by observed effects to patients (41%), personal or family experience of benefit (38%), the media (14%), postgraduate education (11%), and colleagues who practised (6%). The negative influences noted were the lack

1498 side it encompasses patient, or rather parent, satisfaction with and reaction to care and uses this as an outcome measure.

Identity and respectability

I found the whole report rather depressing: so much time, talent, and thought targeted on such an elusive goal. I recognise the need to provide intellectual stimulation for those doctors who feel isolated, bored, and oppressed by the daily demands of their practice—the general practitioner's menopause syndrome. The type of peer review of assessment against the criteria of good practice that is agreed by peers and has been described in *What Sort of Doctor?* seems admirably suited to coping with this for the doctor of who are strong enough to expose themselves to their peers in this way. On the other hand, the New College course must surely be acceptable to the more faint-hearted who still want some sort of professional uplift particularly when, as Lawrence points out, it takes place in such an attractive setting and with the support of those cellars.

There may also be a feeling that performance review promotes professional identity and academic respectability: the sense that general practice is not a proper discipline still haunts the profession to some extent. Surely a more effective and appropriate way for

general practice to aim for academic respectability would be to launch a major assault on the stronghold of the hospitals on medical education. This seems a propitious time for such an attack when the contribution made by general practice to health care is now well recognised and there are strong economic constraints on the hospitals.

Possibly the most important target in the pursuit of quality is the elimination of poor standards of primary health care, and this is not really addressed in the report from the Royal College of General Practitioners. Apparently we shall have to look to some of the proposals in the government's recent discussion document for this. I think that this is a pity and that it might have been done better and more effectively by a professional body with a systematic input from consumers.

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Practice Research

Complementary medicine and the general practitioner

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Abstract

The attitudes to complementary medicine of a random sample of general practitioners in Avon were assessed. A questionnaire was sent to 200 general practitioners, of whom 145 responded. The treatments studied were acupuncture, homoeopathy, herbal medicine, spinal manipulation, faith healing, and hypnosis. Of the 145 general practitioners, 55 (38%) had received some training in complementary medicine and 22 (15%) wanted to arrange training. Overall, general practitioners knew little about the techniques of complementary medicine. Despite this 86 doctors (59%) thought that the complementary techniques being assessed were useful to their patients: 110 (76%) had referred patients for this type of treatment over the past year to medically qualified colleagues and 104 (72%) had referred patients to non-medically qualified practitioners. Most (93%) of those who responded believed that complementary practitioners needed statutory regulation; only 3% thought that they should be banned. The method of regulation most favoured was through a central and independent national body. General practitioners' views

about complementary techniques were most influenced (in a positive manner) by observed benefits to their patients (41%) and personal or family experience of benefit (38%).

The results of the study show a surprisingly high interest in complementary medicine among general practitioners in the Avon area.

Introduction

The recent growth of complementary techniques has generated extensive comment in both the medical and national media, and has been linked to increased disenchantment with conventional medicine. How are doctors responding to this new climate of public opinion?

No comprehensive study of doctors, patients, or alternative practitioners has been done in Britain. There is, however, much circumstantial evidence of a recent increase in the demand for these techniques by patients as well as a growth in the number of complementary practitioners in the United Kingdom.<sup>1</sup> General practitioners themselves also have a favourable view of alternative medicine, with 70 of 86 wishing to train in at least one technique and a sizable minority already referring patients to non-medically qualified practitioners of complementary medicine.<sup>2</sup>

We investigated the opinions on complementary medicine of a random sample of general practitioners in Avon, with specific reference to their training, their experience of practice and referral, their attitudes to and knowledge of complementary medicine, and their views on the regulation and organisation of complementary practitioners.

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will play a pivotal part between the conventional and complementary establishments. This can be of benefit to all concerned provided that there is mutual respect between these areas of practice and that this respect is allied to proper professional standards and the carefully controlled regulation of complementary practitioners.

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