Goals and methods of audit should be reappraised

Pragmatic methods need to be developed

EDITOR,—We agree with R A Fulton that audit in the NHS should be urgently reappraised.[1] The government white paper's definition of audit has been regurgitated ad nauseam as if repetition of the words "systematic" and "critical" can imprint those characteristics on an ill conceived, badly directed audit programme that has produced little of benefit to patients and doctors.

Audit was initially held to be of value in assessing medical practice against local standards but has evolved conceptually as a mechanism through which evidence based guidelines can be introduced into routine clinical practice. Concepts should generate hypotheses; hypotheses should be tested by research. The government's failure to invest in such research—an intrinsic flaw in strategic planning and direction—has resulted in the continued unavailability of sound audit methods and a spectacular failure of audit to produce the clinically valid, statistically tenable increases in clinical quality that would convince doctors of its value.[2] The creation of the new National Centre for Clinical Audit is a delayed response to the effects of this original illogicality; to date the centre has produced only "criteria for good audit practice," which reiterate the concept of audit, extend its rhetoric, and naively discuss core audit practices in isolation from the broader organisational requirements that are prerequisites for success.

What clinicians and audit support staff need is an A-Z guide (research based and linked to expert consensus) to conducting effective clinical audit. We plan to address this need and have started by publishing a research based audit method with an algorithmic structure.[3] The method introduces clinical guidelines into routine practice, producing outcome measures based on the statistical predictions of randomised controlled trials and their meta-analyses. It may prove useful in increasing the quality of care by aligning clinical practice with current professional knowledge.

Much time, energy, and money continue to be invested in a function that fails to meet even the most fundamental requirements demanded of it. The isolated, anecdotal reports of success are unimpressive, and clinicians continue in their apathy to carry out audit,[4] calling increasingly for "audit of audit."[5] It is time, as Fulton says, "to stand up and say that audit is not working, has largely wasted (in excess of) £220m, and should now be urgently re-examined." Re-examination must focus on the accelerated development and testing of pragmatic methods.

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3 Miles A, Bentley DP, Price N, Polychronis A, Grey JE, Asbridge JE. The total healthcare audit system: a systematic methodology for clinical practice evaluation and development in NHS provider organisations *Journal of Evaluation in Clinical Practice* 1996;2:37-64.
4 Chambers R, Bowyers S, Campbell I. Investigation into the attitudes of general practitioners in Staffordshire to medical audit. *Quality in Health Care* 1996;5:13-9.
5 Sellu D. Time to audit audit. *BMJ* 1996;312:128-9. (13 January.)

Regions should define audit strategy

EDITOR,—Both David Sellu and R A Fulton agree that audit is an essential part of medical practice and should be embraced by all.[1 2] We would suggest, however, that it is far too early to conclude that "audit is not working" and that resources have been "largely wasted." The simplest audits often result in the most useful change and can cost nothing. It is attitudes that have to be adjusted, and this takes time. Rigorous systematic audit is more likely to happen with strong leadership, an appropriate infrastructure, and a coordinated programme underpinned by adequate support. "Bottom up" audit, which often results in unfocused audit projects and in which one cycle of audit is rarely completed, is laudable in its goal but limited by time and money. The royal colleges have been slow in coordinating an audit strategy.

The answer, in general practice at least, is at regional level. Each regional adviser or a named representative should be responsible for defining a strategy for the whole region and encouraging a core programme for all, to ensure an ability to use basic audit methods. The ultimate aim would be to promote a rigorous audit method to be applied to any audit as part of daily practice, with information technology being used to facilitate continuous reaudit.

This has been our approach in the west of Scotland, where all 155 training practices are implementing a five year audit of workload, five chronic diseases, and the monitoring of critical events. The programme is mandatory and sets explicit standards commensurate with those expected of a training practice in the late 1990s. The audit programme is linked to a regional information technology strategy, with each practice having access to a modem. Results are stored on disk, which allows practices to compare the quality of their care with that of others locally and regionally and (by use of Medline) with evidence based best practice. The idea that changing the name "audit" will wipe the slate clean is facile.

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1 Sellu D. Time to audit audit. *BMJ* 1996;312:128-9. (13 January.)
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Obituaries and tributes should be put on to worldwide web

EDITOR,—There are an increasing number of tributes on the worldwide web to honour the accomplishments or memory of people such as rock stars and drivers of racing cars. But why not medical scientists? In the past year much has been been written in the *BMJ* about the publication of obituaries.[1 2] Space limitations, cost, and timeliness have led to changes in how the *BMJ* handles obituaries. Most of these concerns, however, would be eliminated if obituaries were published on the worldwide web.

Including obituaries on the *BMJ*'s home page would allow them to be posted as soon as they were received rather than having to wait for space in the journal. It would also eliminate the problem of length, which is currently limited to 400 words.[3] In addition, friends, colleagues, and even enemies could add their insight about the person, and photographs could be included. Obituaries could be posted for, say, three months and then added to an online database representing an electronic historical record of all obituaries received within one calendar year. We acknowledge the concern of the editor that "the most avid readers of obituaries are also the people least likely to use computers and modems."[4] With the rapid growth of the Internet, however, this may be a moot point within the next few years. It is time for the *BMJ* to take the lead in electronic publishing again, by posting obituaries on the worldwide web.

The worldwide web can also be used to pay tribute to the accomplishments of our colleagues and fellow medical scientists. We have recently created a home page in tribute to Dr Peter Bennett, one of the leading scientists in diabetes epidemiology. He was awarded the Banting medal at this year's annual meeting of the American Diabetes Association. This home page (http://www.pitt.edu/~debaaron/bennett.html) outlines Dr Bennett's many accomplishments in his career and includes tributes from his colleagues and friends. We invite anyone to submit a tribute to Dr Bennett through the home page or by email (debaaron@vms.cis.pitt.edu).

Paying tribute to a colleague for a special lecture or retirement or honouring his or her memory is part of our society's traditions. The worldwide web allows this to evolve in a much broader way, so that friends and colleagues worldwide can pay tribute. There needs to be an obituary-tribute page for medical scientists worldwide.

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2 Lock S, Smith R. Obituaries: the future. *BMJ* 1995;311:143-4.
3 Lock S. Write an obituary for the BMJ. *BMJ* 1995;311:680-1.
4 Obituaries [letters]. *BMJ* 1995;310:660-2.

Correction

Review of interventions should help to reduce inequalities in health

Owing to an authors' error, only two authors were given for this letter (10 August, p 366); there were in fact five authors. The complete list of authors should have read: Vikki Entwistle (research fellow), Martin Forster (PhD student), Mark Lambert (lecturer), Trevor Sheldon (director), and Ian Watt (senior research fellow), NHS Centre for Reviews and Dissemination, University of York, York YO1 5DD. /8.