CONFIDENTIAL

MEMORANDUM

TO: THE PRIME MINISTER

FROM: DENIS PEREIRA GRAY

DATE: 4 APRIL 1988

SUBJECT: PRIVATE MEETING AT CHEQUERS ON 27 MARCH 1988

MEDICAL AUDIT

The College

The Royal Charter of the College of General Practitioners requires it to:

> "encourage, foster and maintain the highest possible standards in general medical practice"

The College is a voluntary body with about 15,000 members. It is a registered charity and it exists to promote better quality of care for patients in general practice.

Medical audit

Medical audit (which the College now calls performance review) is one of the highest priorities of the Royal College of General Practitioners. This was the first Royal College to concentrate heavily on medical audit and has several years experience of helping doctors to undertake it.

The College believes that medical audit is important for quality control and that doctors should organise it as soon as possible.

If Government now wishes to promote widespread medical audit in general practice it will be necessary to:

1. Support those forces in the medical profession which are actively encouraging medical audit.

2. Remove or at least substantially reduce perverse incentives.

1. ENCOURAGING EDUCATIONAL SUPPORT

I University departments of general practice (undergraduate)

General practitioners have not been taught how to do medical audit as undergraduates. Although general practice is the largest branch of the medical profession and there are about twice as many general practitioners as all consultants in all specialties combined, university departments of general practice are the least resourced and suffer serious discrimination through SIFT.

The College wants university departments of general practice resourced equally compared with departments of medicine and surgery.

2. Postgraduate departments/institutes

There are about a dozen important postgraduate institutes like that of Child Health in the University of London which raise standards in the specialties. An equivalent is urgently needed for general practice but apart from small departments at Exeter and Keele which have no security of funding, nothing yet exists.

3. Regional general practice education committees

The regional general practice education committees are a key force. They have done much to introduce medical audit especially in training practices (about a quarter of all general practices).

Their budget for all general practitoner education in all subjects from AIDS to audit is about £50 per general practitioner per year. This is equivalent to the average cost of one general practitioner's prescriptions for one morning.

Compared with private industry this is a surprising sum. What industry would have a training budget so small for a key group of professionals who, as the White Paper "Promoting Better Health" states, handle 90 per cent of the health problems brought to the National Health Service and determine most admissions to hospital?

4. Regional advisers in general practice

The staffing of those who have responsibility for organizing general practitioner education in all Health Service regions (the regional advisers in general practice) is low. The average level is about one-and-a-half whole-time equivalent general practitioners for two thousand working general practitioners.

Audit is probably best taught to established doctors using real examples from their own practice.

5. Local general practitioner tutors

The College believes that the best way to organise local education for general practitoners in each health district is through a local general practitioner tutor. Only a few exist.

2. PERVERSE INCENTIVES

There are three:

1. Perverse incentive for training practices

As I said at your meeting, the College in its Statement The Front Line of the Health Service recognised that the best achievements in medical audit were taking place in training practices. Research shows clearly that medical audit now occurs more often in these university-selected practices (Baker, 1985).

The DHSS has for several years given public evidence to the Review Body on Doctors' and Dentists' Remuneration that the rewards for trainers should not even be adjusted for inflation.

Consequently, these have in real terms been reduced steadily so that general practitioners who submit to trainer inspection (a practice visit and a ten page written report every three years in my region) and who do undertake audit regularly, are rewarded considerably less well than those who do other work.

2. Perverse incentives in the current general practitioner contract

The current general practitioner contract provides no incentive to medical audit.

The most effective way of doing medical audit in general practice is by using a microcomputer in the practice itself. This provides rapid access to the necessary information and the ability to handle many factors at once.

The practices which have bought microcomputers and are doing medical audit are each penalized by several thousand pounds.

3. Perverse career structure in the universities

Medical audit is quite complicated in general practice. It needs careful organization or it can be a waste of time and money. It involves clear definitions, unambiguous targets, good, simple measuring systems, reliable records, reasonably quick recall of information and accurate analysis.

The general practitioners who have done most to develop medical audit and work out how it can be done in practice are mainly university professors/lecturers or regional advisers. They have, with the Royal College of General Practitioners, emerged as the leaders of thought and action.

The leaders of the largest branch of the medical profession are paid about half of what is routine for the leaders in every other branch. The College believes that career development should be the same in all the main branches of the profession.

CONCLUSION

General practice is now ready to take on substantially more work and responsibility. The potential is great.

Medical audit is the key. The Royal College of General practitioners is introducing it rapidly and believes it is the responsibility of general practitioners to look critically with their peers at their own work and try to see how to do it better. Medical audit is the best method known for improving quality of care and containing costs.

As I said at your meeting, we ask for no special favours for general practice. It should compete on equal terms and be treated exactly the same as the other branches of the medical profession.

We do ask for removal of all the various forms of discrimination against general practice and believe that this would encourage medical audit greatly.