

out the limitations imposed by diplomatic immunity in relation to the application of the MHA.

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Audit in practice

Reading about . . . medical audit

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The volume of literature on medical audit and the broader field of quality assurance is expanding rapidly. Medical audit is now a requirement for all medical practitioners; therefore, to perform it, they need to know something about it. There is a multitude of articles written in the journals, especially the *British Medical Journal* and the *Journal of the Royal Society of Medicine*. However, in this paper I intend concentrating on some of the many books pertaining to this field which have been published recently.

Introducing medical audit

Medical Audit (Charles Shaw)

Charles Shaw is one of the leading authorities in the field of medical audit. He uses his considerable experience gained on both sides of the Atlantic to compile a very useful introductory book. He defines

medical audit and quality assurance; he argues cogently for the widespread practice of audit, gives examples of the benefits of medical audit as it is already practised, explains how one sets up an audit programme, what methods to use and what subjects to audit. He discusses the considerable administrative issues such as resource implications, clinical databases, coding difficulties, inadequacies of existing medical record systems and issues of confidentiality.

Overall this is an excellent book which should be read by all clinicians practising audit, i.e. every doctor.

Hospital-Wide Quality Assurance (C. R. M. Wilson)

This is a Canadian book by an author who has widespread experience in the field, having set up a number of quality assurance programmes in Canadian hospitals. The discipline of quality assurance is far more

developed in Canada than in the British Isles; it is a requirement of the Canadian Council on Hospital Accreditation (CCHA) that all hospitals have a quality assurance programme relating to all aspects of the hospital and not just those areas directly related to patient care.

For those clinicians who have managerial responsibilities in the area of quality assurance it is a book well worth reading. As we in the British Isles tend to follow the lead from across the Atlantic it may not be too long before similar quality assurance programmes will be required in all our services as well.

A number of the chapters are worth reading by all clinicians as their content could be directly applied to medical audit. These are the chapters dealing with the adult learning model, the four essential components of quality assurance and the measurement of quality. However, for most clinicians the book is too detailed and not of immediate use.

Information technology and medical audit

For satisfactory audit a suitable form of case register is required. In effect this means some type of computer. Two guides on how to pick the information technology suitable for individual needs have been published this year.

Medical Audit (HMSO)

Of the two, this seems to me to be far superior. The guidelines, however, are very general. The point is made about computers being only an adjunct to audit. The process still depends on the data input—the more accurate the data the better the information produced. Sensible advice is given about deciding what one wants from the computer and what type of computer system would best suit one's needs. Several points are emphasised as being important to remember: compatibility with other information technology in the same hospital, flexibility in software, and that the system should integrate with the work of the clinical firm so data for audit is collected as a byproduct. The book also points out the need for

user friendly screens, adequate staff training and varying levels of security.

Computers in Medical Audit (West Midland RHA)

This book begins with a number of introductory chapters about the concept of medical audit, personal computers and software packages. These chapters are so brief and general as to be of little use. The remainder of the book goes into considerable detail about the specifications of different systems available and discusses user evaluations which they obtained by means of questionnaires. In addition the authors wrote to, and obtained information from, the software suppliers about what their systems were capable of doing.

They examined in depth systems which were IBM compatible, used in more than one NHS site, documented, supported and potentially usable by all specialties; however, they did not mention a number of systems which fulfil these criteria currently being used in psychiatry, e.g. the Protechnic system and CRAMS as developed by Medasyst.

Overall this was a book which I found disappointing, especially from a psychiatrist's viewpoint.

There is what appears to be an ever increasing bank of literature pertaining to the related fields of medical audit and quality assurance. The foregoing are just a few examples.

Appendix

List of authors, titles and publishers

- CHARLES SHAW. *Medical Audit. A Hospital Handbook*. King's Fund Centre 1989. £5.00.
- CHRISTOPHER R. M. WILSON. *Hospital-Wide Quality Assurance. Models for Implementation and Development*. W. B. Saunders Company Canada Ltd. 1987. £16.00.
- DEPARTMENT OF HEALTH. *Medical Audit. Guidance for Hospital Clinicians in the Use of Computers*. HMSO, 1990. £3.45.
- WEST MIDLANDS RHA *Computers in Medical Audit. A Guide for Hospital Consultants to Personal Computer (PC) Based Medical Audit System*. Royal Society of Medicine Services Ltd. 1990. £10.00.