

Performance Review

Today with the high cost of health care, all of us must be accountable for our standards, for our methods and for our costs if we want any say in the future health care planning of this country. It has been stated on many occasions that clinical freedom is dead. Clinical freedom died accidentally, crushed between the rising costs of new forms of investigation and treatment on the one hand and the financial limits imposed on any economy that cannot expand indefinitely.

As family practitioners we differ from our specialist colleagues in that we function as individuals even within group practices, thus reducing the opportunities for feedback that specialists have on ward rounds, through clinical teaching, case discussions and hospital research. Audit or performance review, to use a more acceptable and less threatening description, can be a highly satisfying and rewarding experience. Family Practice is that branch of medicine where over 90% of the medical action takes place each day and where 90% of the problems can be resolved simply, effectively and inexpensively if there are adequately trained health professionals available. The pivot of the health care system must be family practice/primary care. Because of our unique position in mobilizing hospital services for our patients, family practitioners are well placed to access the adequacy of the services and to contribute to the planning and setting of priorities for health services. Today many agencies and organisations are providing health care in the community, often overlapping to a considerable degree, causing confusion, wastage and duplication of resources. Performance review can provide information about community needs and allow decisions to be made about the most effective and efficient use of resources. There are increasing demands for economy and accountability particularly with prescribing, arranging for investigations and referral for secondary care. Practitioners will meet these

challenges only through vocational training, and continuing medical education, with performance review as a cornerstone.

For evaluation to be undertaken it must be meaningful, using such criteria as patient satisfaction with the services provided and staff satisfaction with their jobs, together with measures of outcome in terms of improved quality of care for patients.

RL Perkin MD, Executive Director of the College of Family Physicians of Canada has stated:

The more I reflect on professional freedom the greater my conviction about three principles.

1. The best defence is a good offence. The better the medical profession manages its own quality control, the less likely will government be to impose outside control.
2. It is important not only that we handle our own quality control programme but that we be seen to be handling it. Our programme should be visible to the public we serve.
3. The programme should be fair and helpful to the practitioner. Most important, it should provide the practitioner with good educational feedback.

Over the last few decades economists, in many countries, have drawn attention to obvious causes of inflation. Now they are turning their attention to those groups of people who have remained largely immune from competition. In their different ways doctors, dentists, lawyers, academics and civil servants have all retained price fixing powers and barriers against competition. Every one of us must see that each rand is spent as effectively as possible. Individuals have to do it day after day. So do companies. They succeed because they face choices as consumers and competition as producers. This is what privatisation is all about.

John Smith