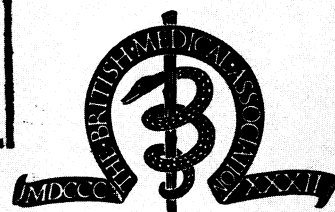
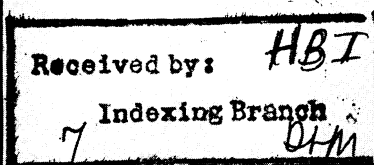


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EDITOR'S CHOICE

BMJ

Last week Nissan announced that it would invest another £200m in a British car plant and create more than 600 jobs—at a time when the production of British cars has fallen to its lowest level since 1988. One of the main factors explaining this widely different performance is the long tradition in Japanese industry of total quality management, and on p 235 Donald Berwick, Alain Enthoven (the American professor who proposed many of the ideas that have led to the NHS reforms), and John Bunker argue that total quality management could have a similarly dramatic effect on medicine; and they think that the NHS is uniquely well positioned to use the ideas. Professor Berwick, from Harvard, will be enlarging on this theme at a conference in March being organised jointly by the *BMJ*, the BMA, our new journal *Quality in Health Care*, and the King's Fund.

But it is not only the British car industry that is reeling: four of our five major scientific papers this week come from outside Britain as did three of the four major papers in last week's *Lancet*. An analysis of papers submitted to us shows that the proportion from outside Britain has doubled (from 13% to 26%) in the

past three years; particular increases have come from the United States, France, and Japan. Some of this rise in the proportion of overseas papers is caused by a fall in the number of papers from Britain. We are always delighted to receive papers from outside Britain and increasingly think of ourselves as an international journal (hence developments in our news section), but it is sad to see what may be a real decline in British clinical research.

British general practice, although going through great change, does, however, seem to be flourishing, but a paper from Nottingham shows that it could flourish further: a controlled trial of lengthening appointment times to 10 minutes from about 7.5 minutes showed a significant increase in preventive activity (p 227). The authors conclude that "shortage of time is a major factor in general practitioners' failure to realise their potential in health promotion." Any practice that thinks of changing after reading this paper should read the one that follows—a step by step guide to managing change in general practice (p 231). Change always causes problems, but not changing may cause many more.