

## **INTRODUCTION**

1. The implementation of medical audit, and in particular the development of information technology systems to support it, are creating for the first time an accessible collection of data related to the performance of individual clinicians which are, at the same time, highly sensitive, capable of misinterpretation, and potentially damaging both to individual clinicians and to public confidence in the health care system.
2. The medical profession broadly welcomes the introduction of medical audit and, in the South Western Region, agrees with the principles set out in the document "Better patient information", in particular that:
  - no data item be collected more than once
  - the collection of clinical data for medical audit purposes should take priority over its collection for the management of resources
  - the Medical Data Index (MDI) be the main route for the collection of clinically validated data.
3. The central role thus allotted to medical audit information raises serious questions about the control of its use and the protection of the confidentiality of individuals. If peer review is to be successfully implemented, then the compliance of clinicians, both in data collection and in the review process, is essential.