

M1 The professional guidance available on the subjects of reviews of cases, and medical or clinical audit, from 1984 – 1995.

15. National guidelines were available and published by the government on audit implementation. This publication was through the work undertaken at King's College, University of London and covered all clinical disciplines as far as I was aware.

M2 The requirements placed upon clinicians by (a) professional standards and (b) contractual obligations by way of review of cases, and medical or clinical audit, during these years.

16. My comments are limited to General Surgery at the BRI and I cannot add to the information in paragraphs 4 – 7 above

M3 The obligations (if any) placed on the BRI/UBHT, by the District or Regional Health Authorities and the DOH.

17. I cannot now recall the specific obligations placed on the BRI/UBHT in respect of audit but my appointment was, I believed in order to meet the obligations laid down by the Government initiative.

M4 – M7

18. I cannot comment on this, save to identify that the annual reports prepared by Audit Assistants and submitted to Clinical Co-Ordinators were in standard format, so as to ease the identification and comparison of material in the reports. This was, I believe, a result of Dr Thomas's initiative. He sought to ensure that reports on the functioning of audit, from each Directorate, used the same format. I have already identified that the audit data itself was not in the same format, and that different systems were in place within each Directorate, but yearly reports were to use the same layout.

M8 The constraints (if any) placed by confidentiality and/or the assurance of anonymity upon the use of audit data.

M9 The advantages and disadvantages of the attitudes prevailing, at the time, to the use of audit data.