of healthcare for populations.

The report should reflect progress with all of these objectives, in particular including examples of good medical audits which have changed medical practice and led to improvements in the quality of health care.

3.AUDIT ACTIVITY

The report should attempt to quantify audit activity by District / Trust and specialty along the following lines:

- Frequency of Audit meetings
- Proportion of doctors participating
- Number and/or proportion of Audits which were:-
  - Multiprofessional
  - Across the primary / secondary interface
- Number and/or proportion of Audits resulting in:-
  - Change in practice
  - Setting standards
  - Guidelines
- Number and/or proportion of re-auditted topics

It is acknowledged that this quantitative data does not necessarily reflect the quality of audit. Structured reporting mechanisms are currently being developed with the professions and should be available during 1993/94.

4. AUDIT SUPPORT STAFF

There is a relationship between the level of audit activity and the degree of support provided by audit support staff. Details should therefore be included on the level and type of audit support infrastructures in place at District or Trust level.

Details of the support staff establishment should include :

- Number of WTE (Whole Time Equivalents)
- Grade
- Job Title / description
- Contract type (permanent / temporary)

5. REGIONAL INITIATIVES

The Annual Report should contain details of all Regional initiatives including:

- Training and education programmes
- Regionally funded audit projects
- Specialty Audit Groups / Regional Audits

6. FORWARD PLAN 1993/94

The forward plan should include developments of audit directed to the objectives outlined in section 2 with particular regard to the development of patient centred multi-professional audit and audit across the primary / secondary interface.