

LETTER TO THE EDITOR

Medical Colleges Have an Obligation to Ensure Full Participation in Clinical Quality Registries

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To the Editor,

I read with interest the perspective by Aitken and colleagues on the role of medical colleges in ensuring participation in Clinical Quality Registries [1]. The authors should be commended for discussing this issue and for calling for stronger accountability. Although they highlighted the importance of clinical audit, the reality is that, despite long-standing guidelines from the Royal Australasian College of Surgeons (RACS) and state health departments [2, 3], clinical audit is performed inconsistently and often poorly. Morbidity and mortality meetings, although universally endorsed, vary widely in quality and many fail to deliver genuine quality improvement. High-quality, effective clinical audit meetings (surgical mortality and morbidity meetings) are rare, notwithstanding RACS guidelines or the administrative box-ticking exercises often done by clinical governance departments [4].

Understandably, surgeons resist compulsory processes, but voluntary participation has not delivered dependable data or meaningful improvement. Reliable surgical outcomes require mandatory performance standards enforced at the hospital level. However, mandatory requirements have little force when surgeons and departments can disregard them without consequence.

At the same time, enforcement alone will not suffice. Clinical audit should be embedded as routine professional practice, beginning in surgical training. Prospective data collection and structured review during surgical training should continue into consultant practice, rather than becoming an administrative

add-on introduced later. Current hospital regulatory systems cannot deliver this change; it requires leadership from colleges, health departments and teaching hospitals. Clinical registries provide value, but they should not become a surrogate for local clinical audit. Public understanding also matters. Patients should recognise that audit exists to improve care and surgeons should feel confident discussing outcomes. In time, patients should expect and be entitled to ask for transparent and accountable performance data.

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References

1. R. J. Aitken, J. A. Smith, and G. J. Maddern, "Medical Colleges Have an Obligation to Ensure Full Participation in Clinical Quality Registries," *Medical Journal of Australia* 223, no. 5 (2025): 233–235, <https://www.mja.com.au/journal/2025/223/5/medical-colleges-have-obligation-ensure-full-participation-clinical-quality>.
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