data, and there are errors in these data, especially in age-sex registers (inflation of lists), census data (under enumeration), and data on referrals (inaccurate coding). Finally, indicators of prescribing are derived from prescribing analysis and cost (PACT) data; with the steadily increasing cost of NHS prescriptions, more drugs will either be prescribed on private prescriptions or be bought over the counter, making prescribing indicators derived from PACT data less useful.[9] Family health services authorities need to be aware of these limitations when they use performance indicators to assess practices' performance.

To improve the limited information available to patients (for example, in practice leaflets) when they choose a practice, some family health services authorities may wish to make performance indicators available to the public. Although many general practitioners will oppose the publication of performance indicators, we already have league tables for schools and hospitals, and the publication of league tables for general practices may be inevitable. But, because of the controversy raised by league tables elsewhere and the lack of consensus between general practitioners and managers over what constitutes "good" performance, this is a development that family health services authorities should handle sensitively. General practitioners should therefore be involved at all stages in the development and implementation of performance indicators.[1] Even if the indicators are not released to the public, the new health commissions will make much greater use of performance indicators in monitoring general practices.[3,4] General practitioners should therefore collaborate with family health services authorities to improve the quality and usefulness of performance indicators, and they should start to discuss with their local health commissions how they intend to use performance indicators in the management of primary care services.

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1 Old P, Voss S, Davidge M. Performing arts. *Health Service Journal* 1994;104:28-9.
2 Payne N, Jones G, Norris J, Robinson J, Hodgkin P. Profiling general practices. *British Journal of Healthcare Computing and Information Management* 1994;11(9):12-3.
3 Hanlon A, Hargreaves S. Performance indicators for general practice. *J Epidemiol Community Health* 1994;48:502.
4 NHS Executive. *Developing NHS purchasing and GP fundholding.* Leeds: NHSE, 1994. (EL(94)79.)
5 NHS Executive. *Towards a primary care led NHS: an accountability framework for GP fundholding.* Leeds: NHSE, 1994. (EL(94)92.)
6 Majeed FA, Cook DG, Anderson HR, Hilton S, Bunn S, Stones C. Using patient and general practice characteristics to explain variations in cervical smear uptake rates. *BMJ* 1994;308:1272-6.
7 Iliffe S, Munro J. General practitioners and incentives. *BMJ* 1993;307:1156-7.
8 Baker D, Klein R. Explaining outputs of primary health care: population and practice factors. *BMJ* 1991;303:225-9.
9 Heath I. The creeping privatisation of NHS prescribing. *BMJ* 1994;309:623-4.

Reviewers chosen by authors

May be better than reviewers chosen by editors

We are always looking for ways of improving our processes of peer review, and over the next few months we will be exploring the option of using reviewers nominated by authors. We therefore ask all researchers to suggest two or three potential reviewers for papers they submit for publication. The reviewers can come from anywhere in the world, and we especially welcome reviewers from outside Britain.

This policy could improve the quality of peer review in two important ways. Firstly, authors are often better placed than editors to know whom to approach for a considered, balanced, and credible opinion in their field of research. The best reviewers are not those with the most experience or eminence[1] and may be unknown to anyone outside the subject. This is a particular problem for editors of general journals, who peer review manuscripts from a wide range of disciplines. Secondly, nominated reviewers will enrich the *BMJ*'s database, keeping us in touch with young active researchers and giving us a broader population of reviewers. An audit in 1990 showed that most of our reviewers were male academics from London or other university cities, and most were senior doctors who had been qualified for a median of 24 years. We had few general practitioners, few from overseas, and very few women.[2] Things have improved since then—after a recruiting drive aimed at overseas reviewers—but we want to continue to make progress.

The worry about using nominated reviewers is that peer review will become a cosy process of endorsement by friends and colleagues. We hope, however, that our quality control measures will guard against obvious bias. Reviewers are graded for each report. Brief, unsubstantiated, and uncritical reports are given low grades and have little impact on our decision. Low scoring reviewers are not used. We also ask reviewers to declare personal and professional connections with the authors of a manuscript so that we can make up our own minds about the potential for bias.[3] Many journals are already using reviewers nominated by authors and an informal survey conducted at *Gut*, for example, suggests that they write better reports than reviewers selected by editors.

About half the material sent to the *BMJ* is externally peer reviewed, the rest being rejected after scrutiny by at least two medical editors. We may not use the nominated reviewers for a particular paper, but we will enlist all those who agree into our existing population of reviewers. For now, we will continue with anonymous refereeing. Open review—unmasking the identity of reviewers to authors—may be the next step in the modernisation of peer review, but it remains unpopular with many reviewers.[4] Any readers who would like to review manuscripts for us are also welcome to volunteer and should write to the papers secretary, Sue Minns, at the *BMJ* for details.

We hope eventually to assess the impact of using nominated reviewers on the quality of published papers. As a first measure we will be performing a controlled trial to examine its effect on the quality of referees' reports and their influence on the editorial decision.

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1 Evans AT, McNutt RA, Fletcher SW, Fletcher SH. The characteristics of peer reviewers who produce good reviews. *J Gen Intern Med* 1993;8:422-8.
2 Lock S, Smith J. What do peer reviewers do? *JAMA* 1990;263:1341-3.
3 Smith R. Conflict of interest. *BMJ* 1994;308:4.
4 Fabiato A. Anonymity of reviewers. *Cardiovasc Res* 1994;28:1134-9.