Round-up

- Radiologists Group Committee.—At its first meeting of the 1974-5 session on 11 October the Radiologists Group Committee re-elected Dr. J. L. Cole as Chairman. The Committee heard that a further meeting had been held between representatives of the C.C.H.M.S. Negotiating Subcommittee, and of the pathologists and radiologists when categories I and II fees had been discussed (Fees from Part-time Medical Services Section 3). It had been agreed that a request should be made for a special subgroup of the Owen Working Party to be set up to consider these fees, and the Group Committee endorsed this proposal. The Group Committee wanted a fee payable for all pre-employment examinations but suggested that there should be a schedule of those groups for which no charge could be made for routine examinations—mainly staff in contact with groups of children. It also agreed that all Employment Medical Advisory Services work should be paid for. On mass miniature x-ray services the Group Council reaffirmed its view that these units should not be used for routine pre-employment examinations and that students should have their pre-entry chest radiographs carried out in hospital x-ray departments (Supplement, 1 December 1973, p. 63).

- University Liaison Committees.—Health Service Circular HSC(IS)85 gives guidance on the functions and establishment of regional and area university liaison committees. These committees will advise health authorities and universities on N.H.S. support for university teaching of medical and dental students, and associated research. Postgraduate training of N.H.S. doctors and dentists will continue to be the province of the regional postgraduate medical education committees. From 1975-6 allowance will be made in the annual financial allocation to R.H.A.s for the extra costs to the N.H.S. in connexion with university teaching and research. R.H.A.s are asked to liaise with universities on the establishment of regional university liaison committees. The R.U.L.C.s will advise R.H.A.s on the needs of the university, the adequacy of regional plans to meet those needs, and on possible new areas of collaboration. Area university liaison committees may be needed in teaching areas. Health authorities are advised that the membership of the committees should be kept small and that a balance must be kept between the representation of the health authorities and the universities. Some cross-membership between regional and any area university liaison committee(s) would be desirable.

- National Association of Health Authorities.—A National Association of Health Authorities in England and Wales is being set up by regional and area health authorities, family practitioner committees, and boards of governors in England and Wales. The object of the association are, “(a) To provide a forum for the exchange of views and information and for discussions of common concern between member authorities and to express views on such matters, when appropriate, to the Department of Health and Social Security, the Welsh Office or other bodies. (b) To perform such other functions as it thinks fit for or on behalf of member authorities.” The acting secretary of the association is Mr. Stephen C. Merivale, and its temporary address is c/o the Nursing and Hospital Careers Information Centre, 121-23 Edgware Road, London W2 2HX (tel. 01-402 4929).

- Photocopying of Medical Records by Insurance Companies.—The B.M.A. has reminded general practitioners that they should not send original medical documents to insurance companies, especially those from hospital consultants. Insurance companies commonly photocopy medical records. Because of this when a G.P. sends a company an original document the contents may not remain confidential. So the B.M.A. advises that relevant information should be extracted from the original medical report and used as part of the doctor’s own report to the insurance company. The relevant paragraph in the 1971 agreement with the Life Offices’ Association is as follows: “Hospital and Consultants’ reports are confidential in nature. General practitioners are nevertheless free to pass on material contained in these reports if they can avoid sending copies of original documents and in particular of personal letters intended by hospital specialists for the general practitioner himself. . . . In certain circumstances general practitioners have found it more convenient to send these reports to offices in their original form, especially where a long medical history is involved. The B.M.A. does not approve of this practice but does not feel able to prevent it.”