

responsibility to advise management on the continuing fitness of individuals for employment

- Where a doctor has previously given any medical advice on the suitability of an employee's job in relation to his health
- Where a doctor acts as an employer's agent, seeking clinical information from an individual's general practitioner or consultant.

In the case of pre-employment medical examinations it is unlikely that an occupational physician working full time in the specialty who is asked to undertake such an examination on a prospective employee will previously have provided clinical care to that individual. Many general practitioners, however, undertake occupational health work on a part time basis and occasionally they would have to undertake pre-employment examinations on patients from their own practice. The act will apply to them and to any partners in the practice.

Procedures to be followed

If an individual requests access to the report at the time the application for the report is made 21 days should be allowed during which time the individual may make arrangements to see the report and consent to its release.

If an individual does not request access to the report initially but subsequently changes his mind 21 days should be allowed for access.

Copies of all reports should be kept for a minimum of six months.

All requests for reports and correspondence should be clearly dated.

A doctor must be prepared to justify in the courts a decision not to comply with the act.

An occupational physician who is responsible for initiating medical reports on employees or prospective employees must ensure that the employer is advising employees of their rights under the act.

Occupational health physicians are advised to draw the attention of their managing directors and personnel managers to the requirements of the act.

Fee for copying reports

The BMA's private practice and professional fees committee has agreed to recommend a fee of £5 for photocopying a report requested under the Access to Medical Reports Act. This figure includes the cost of photocopying one or more pages, the doctor's time, other staff costs, and the cost of storage for six months and retrieval.

Academics to seek evidence on bed closures

The Medical Academic Staff Committee is concerned about the impact of the reduction in NHS resources on medical education. So at its meeting on 13 January the committee agreed to send a questionnaire to deans



The chairman of the Medical Academic Staff Committee, Dr C L Smith (centre), flanked by the BMA secretary elect, Dr I T Field, on his right and Professor J P Payne, former chairman of the conference of medical academic representatives

of medical schools and to district general managers.

The 1988 annual representative meeting resolved:

That this meeting notes that closure of hospital beds can result in the loss of valuable clinical experience available to medical students and medical personnel in training and urges the MASC to assess the extent of the problems and make appropriate recommendations to the General Medical Council.

The deans will be asked for their perceptions of changes which affect medical education. For example, they will be asked whether a reduction in beds and increased throughput has affected the case mix to which undergraduates are exposed, and whether the commitment of NHS staff to medical teaching and research has increased or decreased. The general managers will be asked for quantitative data.

Freedom to publish research upheld

The BMA would like to hear from medical academic staff who have been refused permission to publish their research papers. This would allow the association to monitor the terms of research contracts funded by the Department of Health, which were revised last year. The new guidance states that "any publication of research material is subject to the prior consent of the Secretary of State, *which consent shall not be reasonably withheld*" (our italics).

In March 1988 the BMA council endorsed the following recommendation from the board of science and education:

That council supports freedom of information in scientific research and that the only restrictions on publication for scientific purposes of the results of publicly funded research should be the following:

(a) Those which conform with the general right of freedom of expression accepted under the European Convention for the Protection of Human Rights and Fundamental Freedoms.

(b) Those necessary to enable commercially valuable applications to be exploited in the public sector. Such restrictions may include delays in publication of results for which direct applications are envisaged while legal protection is obtained. They do not include restrictions on publication of basic research for which no obvious applications are foreseen at the time.

Future for academic medicine

The chairman, Dr C L Smith, told the committee that the secretariat and the BMA's public affairs division were making plans to respond to the sections of the forthcoming NHS review that affect medical academic staff. Expressing concern about the review, he warned that if there were arrangements for hospitals to opt out of medical education in NHS hospitals would be affected. There would be pressure on NHS staff to do more clinical work and less teaching. There had been a suggestion that in the future merit awards would relate only to NHS work. Another "leaked" proposal was that the "knock for knock" arrangements would end.

The chairman reported that an informal group of medical academic staff, chaired by the president of the Royal College of Physicians, Sir Raymond Hoffenberg, had been looking at the relation between the preclinical and clinical sections of medical schools, the teaching role, the research element, and the effects of the cuts on research. The greatest concern was the reduction in funding and the perceived lack of support for medical scientific activities.

The group understood that the Department of Education and Science was not interested in the scientific education of postgraduate medical students. The department's view seemed to be that it was the responsibility of the Medical Research Council or of individual doctors to obtain the necessary funding. Dr Smith told his committee that the group had produced a document suggesting solutions to the problems, and he hoped that this would be published shortly. "We are not against change," he said, "we are against financial castration."

Correction

From the Scottish council

An editorial error occurred in the report from the Scottish council (7 January, p 55). The first sentence in the third paragraph in the second column should start "The chairman of the Scottish council of the Royal College of General Practitioners, Dr N D Jarvie, agreed. . . ."