The community nursing review in England

The community nursing review in England, under the Chairmanship of Mrs Cumberlidge, is seeking to complete its report in a short period. Evidence and comment to the committee had to be sent by the beginning of October and the September Council of the College were able to approve a paper just before the deadline. The nursing review in Wales will take a different approach and no plans have been announced for a review yet in Scotland.

In its comments to the committee, the College drew attention to the policy statement *Quality in general practice* which seeks to promote greater consistency in the range and quality of services offered to patients in general practice. Emphasis was placed on the need to provide primary health care through practices which care for a defined population of patients, which apply the principles of team-work and which operate within a framework that encourages each individual nurse and doctor to develop their full potential for their patients. The paper described three primary health care services. The first type of service is to advise, diagnose and treat people who are ill. The second set of services is to those who are well, for example, family planning and maternity care services. The third type of service is to provide anticipatory care for groups of patients who are vulnerable, for example, case-finding in the elderly. In order to provide this range of services, it is argued that the functional unit of care is the practice, rather than the individual carer.

It is recognized that in some areas and some practices team-work has failed or works badly. *Quality in general practice* identifies the key elements which are vital for the continuing success of the primary care service. These elements apply equally to all members of the practice team and are: quality assessment, professional development, practice management and team-work, accountability, incentives and resources.

The incorporation of quality assessment into the work of health professionals will lead to a clarification of the division of function and responsibility among team members. In looking at the professional development of community nurses, the College's paper argues that in future, nurses and health visitors will increasingly be regarded as professionals in their own right, responsible for their own standards of practice, training and continuing education. Following on from this, it is clear that the career structure for nursing in the community should be simplified. Financial and professional rewards should ensure that the best nurses and health visitors continue in clinical practice if they so choose. Accompanying this change would be changes in nurse education and professional accountability.

In developing the training and education of community nurses the paper supports the concept of the teaching practice as a centre where future nurses and health visitors are trained alongside future general practitioners. Such educational opportunities will link with the performance review which will become more and more a part of primary health care.

In order to achieve improved team-work and better standards of care, practice management will need to be given a higher priority than ever before. Good management and sound clinical practice are inseparable and community nurses should form part of the management team, sharing the same clinical records and having access to the same clinical data on performance as the doctors in a practice.

MRCGP examination

The written papers of the next examination will be held on Wednesday 7 May 1986 in London, Birmingham, Bristol, Leeds, Manchester, Edinburgh, Newcastle, Cardiff, Belfast and Dublin. The oral examinations will be held in Edinburgh from 23–26 June and in London from 27 June to 5 July. Applications must be received by Friday 28 February 1986.

The provisional dates for the autumn examination are: written papers 28 October; oral examinations in Edinburgh 8–9 December, and oral examinations in London 10–13 December. The closing date for applications is Thursday 4 September 1986.

National Schizophrenia Fellowship — the John Pringle Award 1985

An annual award has been instituted by the National Schizophrenia Fellowship in commemoration of its founder, John Pringle, OBE, who died last year.

The first award of £1000 will be made for a programme or article dealing with the problems of schizophrenia which was transmitted or published in the UK during 1985. The criteria for assessment will be the way in which the article or programme has advanced public understanding and sympathy for the plight of the schizophrenia sufferer, has presented the particular difficulties to which the management of schizophrenia gives rise and has clarified how the needs of sufferers can best be met.

Applications should be accompanied by the published article or articles or by a taped copy of the relevant programme and should be submitted by Wednesday 8 January 1986. Entries should be sent to: The Deputy General Secretary, National Schizophrenia Fellowship, 78 Victoria Road, Surbiton, Surrey KT6 4NS, and marked 'John Pringle Award'.

A summary guide to the Data Protection Act for general practitioners

The Data Protection Act, which received Royal assent in June 1984, applies to all general practitioners who hold or intend to process personal data (clinical or administrative) on a computer or word processor. Registration began on 11 November 1985 and continues until 11 May 1986; the full powers of the Data Protection Registrar come into force on 11 November 1987.

Two questions are of particular importance to general practitioners. First, it is not yet clear whether it is the partnership that should register as the data user or the individual general practitioners. In addition, where several practices are using the same computer (for example, in a health centre) the general practitioners may be acting as a bureau and would have to register as such. The General Medical Services Committee and the British Medical Association are currently preparing guidelines for general practitioners as to how they should comply with the Act.

The second question of importance for general practitioners is that of subject access (for example, patient access to medical records). From 11 November 1987 patients will have access to their computer-held medical records. However, the Department of Health and Social Security has issued a consultative document entitled *Data Protection Act — subject access to personal health data* which makes provision for the right of access to be modified in respect of health data. The DHSS intends to offer more detailed advice to health professionals to supplement general advice from the Data Protection Registrar in due course. It should be noted that doctors using a home computer for practice purposes will need to register under the Data Protection Act.

Definition of terms

It is also important for general practitioners to be aware of the definitions of a number of terms as used in the Act:

Data. Information, for example, clinical and administrative, which can be processed by equipment operating automatically in response to instructions given for that purpose, for example, computers and word processors. As yet, manual records are excluded from the Act.

Personal data. Information, however trivial, which relates to a living individual, for example, a patient who can be identified from that information. It includes any expression of opinion about the individual by the data user, but not any indication of the data users intention towards that individual.

Data user. A person, or corporate body, who holds and controls computerized data, for example, an employer, partnership, or individual general practitioner.

Data subject. An individual about whom personal information is held on computer, for example, an employee or patient.

Computer bureau. A person who provides services in respect of the processing of data or permits the processing of data to be carried on using machines in his or her possession, for example, if a general practitioner allows another data user to process data on his/her machine(s) then he/she is acting as a computer bureau and should register as such.

Principles

All general practitioners registered with the Data Protection Register will have to comply with the Principles of Data Protection which govern the acquisition, organization and utilization of personal information. These principles are detailed below, together with a brief explanation of what they mean:

1. *The information to be contained in personal data shall be obtained, and personal data shall be processed fairly and lawfully.* Information which has been obtained from a person who has been deceived or misled about the purposes for which data are being held is likely to infringe this principle.

2. *Personal data shall be held for only one or more specified and lawful purpose.* Once the Registrar has approved the registration of a data user, the data user must only process data in accordance with the purposes set out on the registration form.

3. *Personal data held for any purpose or purposes shall not be used or disclosed in any manner incompatible with that purpose or those purposes.* A data user may only disclose the information to the categories of person specified on the registration form. It is worthy of note that Section 23 of the Data Protection Act, which came into force on 12 September 1984, provides for compensation for loss or unauthorized disclosure of personal information held on computer.

4. *Personal data held for any purpose or purposes shall be adequate, relevant and not excessive in relation to that purpose or those purposes.* No guidance is given in the Act on the interpretation of this principle, but it is clearly good information management not to have a system which is overloaded with irrelevant data.

5. *Personal data shall be accurate and where necessary, kept up-to-date.* Data will be considered inaccurate if incorrect or misleading as to any matter of fact as opposed to a question of opinion. Data will not be regarded as inaccurate where the data user has accurately recorded inaccurate data. This principle does, however, raise the important question of accurately recording and up-dating information. It should be noted that under Section 22 of the Act, data subjects in most circumstances will be entitled to compensation from the data user for damage or distress as a result of inaccurate personal data held.

6. *Personal data held for any purpose or purposes shall not be kept for longer than is necessary for that purpose or purposes.* The impact of this principle will depend on the court's interpretation of 'necessary'. However, Schedule 1 of the Act allows data to be held indefinitely, where the data are held for historical, statistical or research purposes.

7. *A data subject shall be entitled — (a) to access at reasonable intervals, and without undue delay or expense to personal data of which he is the subject, and (b) where appropriate, to have such data corrected or erased.* Under the Act, data subjects have the right to be supplied with a written copy of certain personal data held about them. (The data user will be able to make a charge for providing the information, probably around £5.00.) Data subjects also have the right to compensation for damage suffered as a result of inaccurate data, and the data subject has the right to have inaccurate data corrected or erased. Again, the terms 'reasonable intervals', 'undue delay', 'where appropriate', will be subject to the court's interpretation.

8. *Appropriate security measures shall be taken against unauthorized access to or alteration, disclosure, or destruction of personal data and against accidental loss or destruction of personal data.* This principle applies to both the data users and computer bureaux. The question of computer security is complex. However, attempts should be made to train staff in security measures, and to ensure an adequate level of security for both the hardware and software.

Registration process

Having complied with the data protection principles, data users will be required to register with the Registrar. According to preliminary material circulated by the Registrar, data users are required to supply the following information:

1. The name and address of the data user.
2. A description of the data and purposes for which the data are used.
3. A description of the sources of data, for example, patient, family practitioner committee (FPC), DHSS, others in professional health care and so on.
4. A description of the recipients of the data, for example, FPC, health authority.
5. A description of other countries where data may be sent.
6. The address where data subjects should apply for access to their records.

The Registrar has issued guidance notes and registration forms which are available to members from the College Information Service. Each registration will cost £22.00 for a three-year period. Amendments to registrations are likely to attract a fee. Registrations will be accepted from 11 November 1985 for a six-month period. After 11 May 1986, it will be a criminal offence for general practitioners to process personal data without having registered and individuals will be liable to prosecution through the courts.

Rights of data subjects

Under the Act, data subjects, for example, patients and employees, have certain rights which general practitioners should be aware of:

1. *Rights of access to data.* Under the Act, data subjects have the right within 40 days of making a written request to be supplied with a written copy of certain personal data held about them. The data user will be able to charge the data subject a fee for providing the information. The fee will not exceed a prescribed maximum, yet to be determined, probably £5.00.

Where data held about an individual are covered by separate entries in the register, the data user may ask for a separate written request and charge a separate fee for each request for data made under each register entry.

2. *Rights of compensation for inaccurate data.* Under the Act, a data subject who suffers damage as a result of inaccurate data being held by the user will have the right to claim compensation. Hayes[1] has stated that this may well mean that a woman on a practice cervical cytology recall system who, because of inaccuracy of the data, is not sent for when she should be and who subsequently develops cervical cancer may have grounds for compensation on both clinical grounds and through the Data Protection Act. Inaccurate data is defined in the Act as data which is incorrect or misleading as to any matter of fact (that is, the definition excludes expressions of opinion). Where data recorded has been received from the data subject (for example, an application form), the data user will not be held liable for compensation for its inaccuracy (unless it was recorded inaccurately) provided there is an indication on the file and on information extracted from the file (the so-called 'received marker status'). If the data subject has challenged the accuracy of the data, but the user wishes to continue holding it, it should be marked with a 'dispute marker'.

3. *Rights of compensation for loss or unauthorized disclosure of data.* A data subject who suffers damage as a result of the loss, destruction or unauthorized disclosure of data held by data users will be entitled to bring an action for compensation. Hayes[1] has also drawn attention to the fact that if practice staff disclose information, the data user, for example, the general practitioner, will be liable to prosecution. Therefore, general practitioners should ensure that their staff are versed in the Data Protection Act, and a code of confidentiality should be placed in practice staff contracts. General practitioners should also ensure that computer maintenance staff are bound by a similar code of confidentiality.

4. *Rights to apply for rectification or erasure of data.* A data subject has the right to have inaccurate data including expressions of opinion, rectified or erased, irrespective of whether the data has been generated by the data user himself or obtained from the data subject or a third party and irrespective of whether damage has been suffered.

5. *Rights of data subjects overseas.* It should be noted that where data is held and registered in the UK and includes data about other data subjects in other countries, these data subjects have the same rights as those in Britain, including the rights of data subjects described above.

Exemptions

General practitioners should also be aware of the main exemption clauses, few of which will apply to them, except for 3(v). There are four categories of exemptions:

1. *Exemption from registration (entire Act)*
   a) Intentions;
   b) Preparing the text of documents only;
   c) Payroll, pensions, accounting (very limited disclosures);
   d) National security;
   e) Domestic purposes;
   f) Unincorporated clubs relating to members (must ask them);
   g) Names and addresses only for distribution (must ask them);
   h) Data required by law to be made public (for example, share register).
2. *Exemption from subject access, non-disclosures, and principle no. 1*
   i) Personal data held or disclosed for purposes of:
      a) Prevention/detection of crime;
      b) Apprehension/prosecution of offenders;
      c) Assessment/collection of tax or duty;
      d) Control of immigration.

   This exemption only applies if allowing subject access to the data would be likely to prejudice one of the above purposes.
3. *Exemption from subject access only*
   Personal data held for:
   i) Legal professional privilege;
   ii) For statistical or research purposes only if data subjects are not identifiable in the results;
   iii) Data covered by Section 158 of the Consumer Credit Act 1974 (files of Credit Reference Agencies);
   iv) Data determining examination results (exemption only for a limited period);

   Plus, by order of the Secretary of State:
   v) Physical or mental health data;
   vi) Social work data.
4. *Exemption from non-disclosure only*
   Where disclosure for a particular purpose has not been registered then the disclosure should not take place, except in the following circumstances where disclosure:
   i) Is by data user/bureau;
   ii) Is urgently required to prevent injury or damage to health;
   iii) Has been requested by data subject or his agent;
   iv) Is with consent of data subject;
   v) Is required by another Act or court.

Enforcement

If a data user does not comply with the principles of the Data Protection Act, the Registrar can enforce the Act in the following ways: an enforcement notice can be issued whereby the principles which are being infringed are set out and the data user is given a set period of time to comply. If the data user still does not comply, a de-registration notice may be issued whereby the data user is prevented from processing data under that application.

Management steps

In order to comply with the requirements of the Data Protection Act, the Registrar has advised that nine steps should be taken to operate an effective data protection policy within an organization. These steps are enumerated below.

1. Appoint a data protection coordinator (for example, practice manager, partner).
2. Inform staff of the implications of the Act for the practice.
3. Conduct a census of the personal data used in the practice.
4. Check the exemptions.
5. Check the practice's current compliance with the principles.
6. Prepare for registration.
7. Establish future procedures, for example, monitoring compliance with Data Protection Act; making necessary changes in registration entries; meeting subject access requests.
8. Set up and maintain appropriate training programmes.
9. Keep informed of developments in data protection.

Further information about the Act, registration forms and guidance notes are available from the College Information Service, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel. 01-581 3232 ext. 218. See also: Savage N, Edwards C. *A guide to the Data Protection Act.* London: Financial Training, 1984.

Reference

1. Hayes G. The Data Protection Act — a guide for GPs and other isolated computer users. *Br J Health Care Computing* 1985; **2:** in press.

Report from Council

Council meeting — 28 September 1985.

The fifth meeting of the 1984 Council of the Royal College of General Practitioners took place on Saturday 28 September 1985

Towards quality in general practice

Dr Donald Irvine, Chairman of Council, informed the meeting of the excellent response to the consultation document from College members both individually and through the faculties. Council considered a revised paper which took account of the views of the membership and which confirmed the general approach and essential principles described in the consultation paper. The paper clarified two areas where there had been some misinterpretation of the Council's policy, re-stating that the MRCGP examination should be indicative and not mandatory and also that Council was not recommending merit awards. Council endorsed the publication of the document entitled *Quality in general practice* as the second in a new series of policy statements, the first being the College's evidence to the Royal Commission in 1977. Both statements would be published on 7 November 1985 and would be distributed to the membership with the *Journal.*

Quality initiative

Dr Ian MacNamara, Council Quality Initiative Convenor, reported on the second Council study day held the previous day. Participants, who included members of the Patients' Liaison Group, had agreed that performance review was an important part of Council members' activities and that this should continue. Council members discussed how best to encourage these activities. It was agreed that the quality initiative group convenors, the officers of Council and Dr McNamara would present proposals for future activities for consideration at December Council. Publication of contributions of the second stage of the initiative would also be considered at this meeting.

Sudden infant death syndrome

Council considered correspondence between the Honorary Secretary, the Coroner's Society Council and the Royal College of Pathologists about the availability to general practitioners of post-mortem findings after cot deaths. Sudden infant death syndrome was only one example of a range of deaths about which general practitioners did not receive post-mortem reports. It was agreed that the General Purposes Committee (GPC) should consider this matter further before approaching the DHSS and the Home Office.

British Diabetic Association

Council considered correspondence regarding the introduction of U.100 insulin from the British Diabetic Association (BDA). The strategy had begun in 1980 and Council congratulated the BDA on its careful handling of this change in medication. It was agreed that the Honorary Secretary should write to the BDA supporting its recommendation that the 20, 40 and 80 units ml^{-1} strength of insulin and associated syringes should be deleted from manufacturers' and wholesalers' lists by the end of 1985.

Society of Teachers Opposed to Physical Punishment (STOPP)

The College received an invitation from STOPP to support the Society's campaign against corporal punishment in schools. The matter had been considered by GPC where it had been agreed that it was not an appropriate matter for the College. Subsequently a further letter had been received asking for the matter to be referred to Council. It was noted that the European court had legislated against corporal punishment in schools and that in general this was no longer widespread. Council agreed to uphold the GPC decision.

Health Concern

The College had received an invitation to become a member of Health Concern, a non-party organization whose aim was the defence and promotion of the basic principles of the NHS as a public service. It was noted that the Conference of the Royal Colleges and Faculties was an observer to Health Concern and that the BMA had declined an invitation to become a full member. The College had good communication links with the DHSS and members of parliament and it was believed that indirect access to Health Concern could be obtained through the College's membership of the Conference of Royal Medical Colleges and the Faculties. It was agreed that the College should not become a member of Health Concern.

UK Conference of Postgraduate Advisers in General Practice: Trainer Appeals

Council considered a letter from the Chairman of the UK Conference of Postgraduate Advisers in General Practice concerning the recommendation that the appeals machinery regarding the appointment or reappointment of trainers be abolished. It was agreed that the principle of appeals should be retained but that the present machinery should be abolished and consideration should be given to relating appeals directly to the Joint Committee on Postgraduate Training for General Practice (JCPTGP).

Central offices

Council agreed that the following recommendations for the appointment of officers should be put to the 1985 Council: Vice Chairman of Council, Dr R.L.K. Colville; Chairman of Education Division, Dr M. Varnam; and Chairman of Research Division, Professor J. Bain.

GMC Standards Committee

Council considered a discussion paper on the availability of information to patients for submission to the GMC Standards Committee, together with an article entitled *Advertising by general practitioners (Lancet* 1985; **2:** 193-194). The discussion paper identified information already in common use as well as information not yet readily available and areas such as content, presentation and distribution of leaflets. Council reaffirmed its policy that more information should be available to patients both

within the practice and through Family Practitioner Committees and it was agreed that the College did not support advertising by general practitioners.

The Community Nursing Review in England

Council considered a draft comment on the Community Nursing Review in England which outlined the general principles of the College's view and was based upon a discussion by GPC. Council agreed that it was important to support the nurse as a professional and to overcome the problems created by professional boundaries.

WONCA Conference 1986

The Honorary Treasurer reported on the WONCA Conference Planning Meeting which he had recently attended. The theme of the conference was 'Alma-Ata: primary health care for all by the year 2000'. The conference would offer people an opportunity to mix with general practitioners from a wide range of countries and to discuss common problems. An interesting scientific programme had been organized and it was hoped that Council members would encourage faculty members to attend. Faculty representatives were invited to take a publicity package which included more details.

Committee on Fellowship

Council approved the recommendations of 47 members for election to fellowship at the Annual General Meeting to be held on Saturday 9 November 1985.

Awards Committee

Council approved the following recommendations from the Awards Committee that: Dr M. McKendrick be invited to deliver the William Pickles Lecture at the Spring General Meeting to be held in April 1987; Sir A. Reay be invited to receive Fellowship ad eundem gradum at the Annual General Meeting on 9 November 1985; Dr W. Fabb, Dr D. Game and Dr H. Mahler be invited to receive Fellowships ad eundem gradum at the Spring General Meeting on 6 June 1986; Dr J.W. Patterson be awarded the Fraser Rose Medal for the highest marks achieved in the MRCGP examination in 1984/85 at the Annual General Meeting on 9 November 1985.

RCCG/GMSC Liaison Committee — Section 63

Council considered the transfer of responsibility of Section 63 funds from regional postgraduate deans to regional advisers. The criteria for the distribution of any surplus funds in the regions needed to be carefully defined. It was important for faculty representatives to ascertain what was happening in each region and how far the proposals of the recommendations of the DHSS Section 63 Working Party had been implemented. The DHSS was prepared to take action itself centrally if any region was not willing to transfer responsibility from postgraduate deans to regional advisers. Council agreed that a letter should be sent jointly from the Chairman of Council and the Chairman of the General Medical Services Committee, to all vice chancellors informing them that the transfer of responsibility for funds should take place immediately. It was further agreed that local action by faculty representatives and faculty secretaries would be needed to reinforce the request.

RCGP/Association of General Practitioner Hospitals Liaison Group

Dr N.D. Jarvie reported on the second meeting which had been held on 5 September 1985. The Liaison Group had agreed a definition for general practitioner hospitals and a protocol for trainees who underwent vocational training in general practitioner hospitals. Their findings would be presented to Council in due course.

Royal Australian College of General Practitioners — 28th Annual General Meeting/National Convention

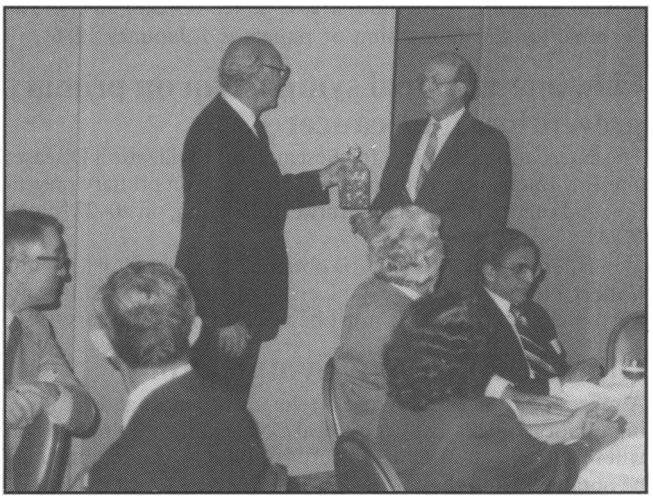
DOUGLAS G. GARVIE
Honorary Treasurer, Royal College of General Practitioners

This meeting was held in Melbourne from 15–21 September 1985 and incorporated a WONCA regional meeting and a combined colleges conference. The President of the Royal College of General Practitioners, Dr John Lawson and I were invited to participate.

The theme of the conference was 'Challenge '85' and the opening address was given by the Hon. D.R. White MLC Minister for Health. Listening to his address it was clear that the problems faced by the government and by the profession in Australia are very similar to our own. The scientific programme ranged from problem solving in an aboriginal community to the use of computers in general practice. In a particularly interesting session it was possible to compare primary health care in Bahrain with its high technology medicine and the personal care provided by the private general practitioner in Sri Lanka at a fraction of the cost. Professor Hamish Barber from Glasgow was an invited speaker on 'Prevention — a challenge for child care' and 'Case finding in hypertension in general practice'. Dr Douglas MacAdam, formerly of Leeds, spoke on the 'Quality of life of those dying of cancer at home compared with those dying in hospital'.

The social events included a reception at Government House and the W.A. Conolly Oration given by Dr Bryan Gandevia, thoracic physician, who gave a scholarly address on 'Medicine in Australia — a poet's view'. This followed the Royal Australian College of General Practitioners' Annual General Meeting where doctors who had been successful in the College examination were awarded fellowships and others were awarded Certificates of Satisfactory Completion of Vocational Training. At the same meeting Dr Hamilton Stuart Patterson, a previous Vice-Chairman of Council of the College of General Practitioners, was admitted to life fellowship of the Royal Australian College — the highest honour that the College can bestow. At a dinner hosted by the President of the Australian College, Dr Lawson presented a cut glass decanter engraved with the RCGP coat of arms.

This meeting provided an opportunity for the promotion of the 1986 WONCA conference in London and we were encouraged by the level of interest from our colleagues in Australia and New Zealand.



Dr John Lawson presenting a cut-glass decanter to Dr D.P. Finnegan, President RACGP.

WONCA 1986

Scientific Committee

Dr John Hasler has attended all the meetings of WONCA since its inauguration in 1978, but his most active involvement has come with his chairing of the Scientific Committee.

The theme of the WONCA 1986 conference is the Declaration of Alma-Ata that every individual should have access to health care by the year 2000. The key to the achievement of this aim is the provision of primary health care. The problems faced in trying to achieve this stem from the wide range of countries with varying standards and systems of primary care, and the scientific programme will reflect this. The programme represents a movement away from the more traditional areas of clinical themes into a broader view of primary care in relation to the patient. Special emphasis is being placed on topics relating to health education and patient participation, and the Scientific Committee has been active in selecting speakers and subjects for discussion which contribute to these areas. An innovation for this conference is the use of 'poster demonstrations', which will enable participants to present information to delegates on a less formal basis than lectures. Participants for these poster demonstrations and for the free-standing papers are being selected from at least 300 submissions.

Dr Hasler believes that this conference will give British general practitioners a unique opportunity to meet with doctors from overseas and to compare systems of primary care throughout the world. He also stresses the special contribution which British doctors can make to discussions on health education and patient participation, these being areas in which Britain has carried out a great deal of work.

DIARY DATES

Societas Internationalis Medicinae Generalis (SIMG) — 35th International Congress on General Practice

The 35th International Congress on General Practice will take place on 15–20 September 1986 in Klagenfurt, Austria. Topics for discussion are children, physicomedical therapy, family medicine, quality of care, research in general practice and patients at risk in general practice.

Further information may be obtained from Mrs Sigrid Taupe, A-9020 Klagenfurt, Bahnhofstrasse 2. Tel. (04222) 55449. The deadline for the submission of papers is 1 January 1986.

First international symposium on primary prevention and cancer

The International Society for Research on Civilization Diseases and Environment has organized a conference on primary prevention and cancer, to be held in Antwerp, Belgium, on 20–22 March 1986.

Further information may be obtained from Dr Guy Magnus, Cancer Prevention Centre, University of Antwerp, B-2610 Antwerp, Belgium. Abstracts must be received by 1 February 1986.

Clinical Oncology Symposium

A meeting has been arranged on the investigational techniques in radiation oncology by the Royal College of Radiologists, and will take place on 21 and 22 February 1986. A programme may be obtained from the Meetings Secretary, The Royal College of Radiologists, 38 Portland Place, London W1N 3DG. Tel. 01-636 4432/3.

Scalp changes after fetal monitoring

Fetal heart monitoring during labour is now used in nearly all obstetric units to improve perinatal outcome. Several reports have described complications after the application of the scalp electrodes.

The whole spectrum of neonatal scalp changes associated with fetal monitoring, however, and their precise incidence have not as yet been described. The authors undertook a prospective study of 535 newborn infants who had been monitored during labour with scalp electrodes. Daily examination of scalp changes showed frequent transient mild lacerations, while severe complications were rare: seven had scalp ulceration and one developed scalp abscess.

Source: Ashkenazi S, Metzker A, Merlob P, *et al.* Scalp changes after fetal monitoring. *Arch Dis Child* 1985; **60**: 267-269.