

health information generally where issues of autonomy, harm and quality of care are at stake. Cases from Australia⁴ and the United States of America⁵ and British legislation (for example, the access to health records act 1990, section 5:1a) show that there must be a likelihood of harm and that the harm must be serious.⁶

Doctors have the opportunity, however, to interpret the decision in *Martin* generously, in a way that seeks to enhance patients' autonomy, affirm their interests in personal health information, and respect their capacity to work through information which might, from a paternalistic view, seem too detrimental to disclose.

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Audit in summative assessment

Sir,
I read with interest the paper by Benett and Hayden discussing audit as part of summative assessment.¹ The establishment of vocational training for general practice was an important step in the reform process of the health system in Hungary almost three years ago. Nowadays the introduction of audit into general practice is another important task.

Developing a relevant final assessment at the end of vocational training is of fundamental importance because it can influence the work of future general practitioners. Despite continuous evaluation during vocational training in Hungary, trainees' basic knowledge of family medicine, their clinical competence and their consulting skills are tested at the end of the programme. The opinions of general practitioner trainers and clinical tutors are also considered. However, having read Benett and Hayden's paper, I think that using audit as part of summative assessment is an interesting idea. It could extend the use of audit in general practice in Hungary, with

future general practitioners using audit in their everyday work.

Implementation of such a system has several preliminary requirements, the most important of which are the establishment of specific training sessions on audit for trainers and trainees, finding relevant areas of clinical activity for auditing, and gaining agreement from those university medical schools responsible for general practice vocational training in Hungary. I thank Benett and Hayden for the idea of audit as part of summative assessment of vocational training.

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Preventing skin cancer

Sir,
In his paper discussing the prevention and team management of skin cancer in general practice, Jackson demonstrates the role of the enthusiast in providing a service akin to secondary care in a primary care setting (*February Journal*, p.97).

New initiatives are needed as skin cancer is reaching epidemic proportions,¹ albeit causing few deaths (1.6% of cancer deaths in the south west of England²). This trend is likely to continue as we are now seeing the cumulative effect of sun exposure throughout life. Longevity, foreign holidays and ozone depletion add to the problem and many mothers ignore advice to protect their children.³ The much vaunted *Health of the nation* target of halting the year on year rise in skin cancer⁴ now seems a far cry.

What should the primary health care team be doing about this problem? It is clearly not feasible for every practice to run such clinics described by Jackson as there is a dearth of suitably trained physicians. Those who are interested are not encouraged to start them as funding through the former health promotion clinic system has been stopped. This negative move caused the demise of a 'mole-check' clinic in my surgery.⁵

Clinics provide focused advice to patients, but must be supported by the written work. Some educational materials

have been produced for use in general practice including the 'play safe in the sun campaign' supported by Boots the chemists and the Cancer Research Campaign. There are, however, no British leaflets that explain how to recognize non-melanoma skin cancer. This is surprising as non-melanoma skin cancer conveniently appears on exposed skin sites, and patients in my practice had no difficulty in identifying their own basal cell carcinomas from leaflets produced by the American Skin Cancer Foundation. This foundation produces a whole range of support materials for those involved in skin cancer awareness campaigns.

There is no United Kingdom equivalent to the American Skin Cancer Foundation, but a working party has been established under Professor Rona MacKie to advise the government on *Health of the nation* targets. There are no general practitioners in this group. Primary health care teams are ideally placed to give advice focused on those at risk, without causing anxiety among the general public or diminishing the natural enjoyment of sunshine. Much can be achieved at low cost, but not without help including training, educational materials and financial encouragement to run initiatives such as skin cancer clinics.

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Videotaped consultations

Sir,
Campbell and colleagues' discussion of the acceptability of videorecording general practice consultations demonstrates a recognition, if not an acceptance, of the considerable disquiet generated both within and outwith the profession by the use of