

Medical imaging is an integral part of the delivery of modern scientific medical care. Commonplace in secondary care settings such as hospitals, it has yet to make an impact in UK primary care. This is because the cornerstone of the primary care record has been a descriptive written narrative of the patient's journey. Today, primary care doctors' records are a computerised version of these paper medical notes and can readily accept images for storage, yet there appears to be no willingness to embrace a medical record with visual data. Advances in technology may soon be making the task easier to reach this version of record keeping.

Recently I have seen the future, and this offers tantalising glimpses of a future record embedded with visual material, especially in the form of medical photography. The usefulness of such imaging has already been described,<sup>1</sup> but up until now a time-consuming and extra task as a dedicated practice camera had to be used. In addition, downloading the images from the camera took time, and then more time was needed to link them to the patient record in document files. Recent computer equipment developments have made the task of medical photography in the surgery slick and easy to carry out.

#### GET WITH THE TECH

Of course one here is referring to smartphone photography,<sup>2</sup> whose image quality is often outstanding and every person has a readily charged device to hand. Doctors and nurses have for some time advised patients to record their skin rashes or wound care on their own phones so that identification can be made and continuity provided when seeing different healthcare providers. This avoids issues of confidentiality, which can be of concern if the image is on the healthcare deliverer's phone. New applications for smartphones have now overcome this



Smartphone clinical photograph. Lesion on skin.

storage ethical problem by removing the medical photographs to a secure site, which can be downloaded later by the doctor or medical secretary. Prompts for NHS number and verbal or signed consent are also included in the application program. The medical secretary can then attach the images onto the patient file into documents storage and upload into referral letters to secondary care where requested.

Recently my practice, where I am a medical summariser, has taken up medical photography enthusiastically with the new technology. Patients were universally delighted by having photographs taken by medical staff. The doctors found the process quick and easy to use in busy everyday surgeries. The medical secretary found downloading and attaching the image files to the medical records quite simple. All the medical staff had concerns related to confidentiality and some doctors avoided full facial views in case of patient recognition. Quality of care is enhanced and one doctor reported that she could reassure a patient about her moles by looking at a picture on her record taken 6 years earlier by myself!

My impression is that general practice photography has been withering partly due to the use of commercial libraries of medical images for medical magazines and journals, and a certain reluctance to engage with photography due to the discouraging General Medical Council photographic guidelines.<sup>3</sup>

How can we foster support for this visual part of the medical record? The *BJGP* could include a bi-monthly photographic image from primary care. Inspection visits of training practices could include praise for the use of appropriate clinical imaging. As an observer of the process and the quality of the images seen from my retired perspective, I felt I had seen a significant advance in primary care medical record keeping. Perhaps at last we can join the medical imaging revolution that reflects modern medical care.

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#### Patient consent

The patient gave consent for publication of this image.

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#### REFERENCES

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