EEC certificates of specialist training: GMC statement

The medical directives of the EEC will become effective on 19 December 1976. One of the matters covered by the directives is the mutual recognition of certificates of specialist training in certain specialties listed in the directives (see box). Such recognition will have little practical effect for doctors seeking to practise in the United Kingdom, where the present structure of medical practice accords no special privileges to persons holding such certificates. Possession of these certificates will, however, be of advantage to doctors seeking to practise as specialists in those other countries of the EEC where specialist status confers defined privileges—for example, in relation to rates of payment for certain professional services.

The Government has announced that, as foreshadowed in its consultative document, it proposes to designate the General Medical Council as the competent authority in the United Kingdom to issue certificates of specialist training (and, where appropriate, certificates of equivalence) in respect of specialist training undertaken in this country.

Such certificates can only be issued in respect of the specialties listed in the directives in relation to the United Kingdom and set out in the accompanying box. Certificates of specialist training may be issued only to doctors who hold a primary qualification—for example, MB BS—granted in the United Kingdom or in another country of the EEC. Further, only nationals of the United Kingdom or other EEC countries will be eligible under the directives to apply for recognition as specialists.

Any doctor wishing to obtain such a certificate should in the first place request an application form (ESC) from the Registrar, General Medical Council, 44 Hallam Street, London W1N 6AE. A note accompanying the application form will give full information as to the procedure for application and documents required. Depending on individual circumstances, the scrutiny of applications may take some considerable time. Applications may be made at any time, but no certificates can be issued before 20 December.

In considering applications the Council must have regard to the nature and length of the training required by the directives. In determining whether these requirements are satisfied, it will seek to apply criteria which have been agreed with the appropriate joint higher training committee or other specialist body. Where doubt arises on an individual application the Council will normally consult the appropriate joint higher training committee or other specialist body. If the Council is advised by that body that the doctor's training satisfies the requirements of the directives a certificate will be issued to him.

Specialties in which certificates of specialist training may be issued

Anaesthetics (3)*	Neurology (4)
Cardiovascular disease (4)	Obstetrics and gynaecology (4)
Chemical pathology (4)	Occupational medicine (4)
Clinical pharmacology and therapeutics (4)	Ophthalmology (3)
Communicable diseases (4)	Orthopaedic surgery (5)
Community medicine (4)	Otolaryngology (3)
Dermatology (4)	Paediatrics (4)
Diagnostic radiology (4)	Paediatric surgery (5)
Endocrinology and diabetes mellitus (3)	Plastic surgery (5)
Gastroenterology (4)	Psychiatry (4)
General (internal) medicine (5)	Radiotherapy (4)
General surgery (5)	Renal diseases (4)
Geriatrics (4)	Respiratory medicine (4)
Haematology (3)	Rheumatology (4)
Immunology (4)	Thoracic surgery (5)
Medical microbiology (4)	Tropical medicine (4)
Morbid anatomy and histopathology (4)	Urology (5)
Neurological surgery (5)	Venereology (4)

*The number in brackets indicates the minimum number of years of specialist training required by the directives.

Fees

Consideration of applications will inevitably involve the Council, and in some cases a joint higher training committee, in additional work. In order that the cost of this scrutiny shall not fall upon the profession as a whole through the annual retention fee, doctors will be required to send a fee of £25 with their applications. The amount of the fee paid by an applicant, and of payments to be made by the Council to the joint higher training committees in respect of this work, will be reviewed periodically in the light of experience.

Oral contraceptives

BMA comments on report of joint working group

The report of the Joint Working Group on Oral Contraceptives was published on 28 October (HMSO, 65p). A news item on it appears at p 1145. The BMA issued a press statement on the report and we publish it below.

In its evidence to the working group, the BMA stressed that "there are many potential hazards to regular consumption of oral contraceptives and much more information is needed about the long-term effects of these preparations. It is therefore essential that prescriptions for these preparations should remain under the overall control of registered medical practitioners. . . . In some instances it could be useful for a nurse, midwife, or health visitor to issue a repeat prescription, but only after approved training and under the supervision of a medical practitioner, who should always bear the final responsibility."

While this report will be studied by the BMA there appears to be nothing in it to change these views. The case for making the pill available without a doctor's prescription has not been made. The working group admits that it is too early to judge the extent to which the free GP family planning service has increased the number of women seeking contraception and much of their evidence was collected before the GP service was introduced in July 1975. In fact the number of women registered with GPs for contraceptive services rose from just over 1·2 million in the last quarter of 1975 to almost 2·1 million in the second quarter of 1976. The group's case seems to be based entirely on the fact that "certain" women are reluctant to attend either a general practitioner or a clinic for family planning services.

This is very slender justification for introducing a complex administrative structure involving the training of lay persons in identifying women who may be at risk, together with annual authorisations of the right to prescribe, not to mention the risks which the group admits will occur to the women concerned. We agree with the group that there will be many legal, practical, and administrative difficulties in implementing their proposals, but we do not agree that the benefits derived from the increase in availability of oral contraceptives which it claims will result, will justify the efforts involved.

Motivation is just as important as availability, and the considerable administrative and financial resources involved in putting these clumsy proposals into effect would be better expended on educating and encouraging women to seek contraceptive advice and services from GPs, which they are already doing in rapidly increasing numbers.