

The GMC and professional conduct

Between 1 September 1981 and 18 August 1982 the General Medical Council received 770 complaints about the conduct of registered medical practitioners, Dr John Fry told the council at its meeting on 4 November. Of these, 260 had been dealt with by the staff. Dr Fry, who is chairman of the Preliminary Proceedings Committee and preliminary screener, said that usually the complainant required advice or guidance on the role of the GMC and there was no question of serious professional misconduct. The rest had been considered by the preliminary screener, who had dealt with about 70%, usually by letters of response. The Preliminary Proceedings Committee had considered 116 cases. In 20% no further action had been taken, in 45% a letter of advice had been sent to the doctor, 4% had been referred to the Health Committee, 6% had been adjourned sine die for further supervision and help from the screener, and 25% (29) had been referred to the Professional Conduct Committee.

Complaints or information about the conduct of registered medical practitioners are first considered by the preliminary screener for conduct cases. If he considers that a question has been raised whether a doctor may have been guilty of serious professional misconduct the case goes to the Preliminary Proceedings Committee. This committee also looks at cases in which the General Medical Council has received information that a doctor has been convicted of a criminal offence in the British Isles. The committee sits in private to determine, usually on the basis of written evidence, whether each case should be referred for inquiry by either the Professional Conduct Committee or the Health Committee. The Preliminary Proceedings Committee may also direct the suspension of a doctor's registration.

If a doctor referred to the Professional Conduct Committee is found guilty of serious professional misconduct or a conviction against him has been proved the PPC has to decide whether to admonish the doctor and conclude the case; whether to postpone a determination; whether to impose conditions on the doctor's registration; whether to direct suspension of the doctor's registration; or whether to direct that the name of the doctor should be erased from the Register.

The most frequent complaints received by the Preliminary Proceedings Committee, Dr Fry reported, were abuse of alcohol—usually associated with driving offences—dishonesty, advertising and canvassing, abuse of drugs, and failure to discharge personal responsibility to patients.

Dr Fry reminded the council that convictions, such as being in charge of a vehicle when under the influence of alcohol, shop-lifting, or travelling on public transport without paying the fare, were reported by the police to the GMC. A note was made on the doctor's records and the usual procedure was a warning letter. The dangers of drinking and driving could not be overemphasised, he said. If a doctor failed a breathalyser test and was convicted he would be reported even if the accident had been a minor one.

There had been a fourfold increase in advertising and canvassing in the last 10 years and a rapid increase since 1979, with the commonest complaints being about canvassing for patients in general practice, usually by foreign medical graduates. Dr Fry said that he

hoped that publicity on this matter would help to reduce the number of complaints.

Dr Arnold Elliott was concerned, he said, about the number of cases that were reported automatically to the GMC; he did not think that this was widely known in the profession.

Two lay members of the council, Professor Margaret Stacey and Mrs Jean Robinson, commented on the way that the GMC's disciplinary procedures were seen by the public. Professor Stacey wanted to know how many people would like to complain about

doctors, compared with the relatively few who did. Dr Fry said that he would not like to give the impression that there were insufficient complaints. Many were made just for the sake of complaining and came nowhere near serious professional misconduct. Mrs Robinson criticised the fact that when a member of the public made a report and the doctor received a warning letter as a result the complainant was not told. It led people to believe that the council was impotent or not interested.

The council agreed to hold an internal private conference in February 1983 to discuss the working of the Professional Conduct Committee and of the Health Committee.

Limited registration: supervision of doctors

The Medical Act 1978 provides that a doctor who holds limited registration shall not in the course of his employment for which registration is granted "work otherwise than under the supervision of a person who is registered as a fully registered medical practitioner." The General Medical Council was told at its meeting on 3 November that certain employing authorities were experiencing difficulty in interpreting this section of the Act. It agreed to issue the following advice, which had been approved by the Overseas Committee:

"The General Medical Council has noted expressions of uncertainty as to the degree of supervision appropriate to doctors holding

limited registration. This form of registration is granted to doctors from overseas after their qualifications and professional experience have been scrutinised. Account is also taken of reports on their progress. Where necessary the council places restrictions on the grade or branch of medicine to be covered by individual grants of limited registration. The council expects the appropriate degree of supervision to be applied to doctors holding limited registration to be the same as that offered by consultants, and other more senior staff, to fully registered doctors employed in the same grade."

More money for NHS

An extra £80m for the National Health Service in the next financial year was announced by Mr Norman Fowler during the debate on the Queen's Speech on 8 November. The Secretary of State for Social Services told the House of Commons that the package would include £20m for central initiatives to support new pilot schemes in the care of elderly people suffering from psychiatric disorder, helping to get mentally handicapped children out of large mental hospitals unsuited to them, and providing intermediate treatment centres for young people who would otherwise be in detention. Expenditure on the NHS had

increased from £7250m to £14 500m since 1979; 3% (about £450m) came from NHS charges. Next year, Mr Fowler said, charges would be increased only in line with costs.

Referring to the new Health Services Bill, shortly to be introduced into the House of Lords, the Secretary of State said that it would include proposals to encourage collaboration and partnerships between local authorities and health authorities to provide a combined strategy to improve and maintain services. It would also contain a range of measures to help the development of the partnership between the NHS and private health care.

Handbook for Hospital Junior Doctors

The BMA's *Handbook for Hospital Junior Doctors* has been revised and is being sent, free of charge, to all hospital junior staff members of the BMA. Dr Ian McKim Thompson, the BMA's membership secretary, has edited the revised handbook, which gives invaluable advice on the many and sometimes complicated terms of service of junior staff working in the National Health Service. The handbook contains guidance on, for example, contracts, locums, accommodation, removal expenses,

and entry into general practice. Any junior doctor member who has not received a copy should contact the local BMA regional office.

The handbook is not available to non-members of the BMA. NHS administrators may purchase a copy, however, from the Membership and Regional Services Department, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP, price £3. Cheques should be made payable to the British Medical Association.