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A Common Goal?

Like the hero—or villain—in the old-fashioned silent movie serials the General Medical Council crisis regularly teeters at the edge of the cliff but never quite falls off. So it was in the latest episode when the B.M.A. Council met specially last week (*Supplement*, p. 29) to discuss the report of the Joint B.M.A./G.M.C. Working Party on the G.M.C.'s functions (*Supplement*, p. 33). Two facets of the G.M.C., its constitution[1] and its finance,[2] have already been studied and the results broadly accepted by the profession. The latest study, a working party set up in July and chaired by Sir Ronald Tunbridge, has been seeing whether the differences between the G.M.C. and the B.M.A. about the former's functions are narrow enough to be resolved within the profession.

According to the report differences exist but the working party saw them as "capable of resolution by further detailed discussions." Its members had faced a tight timetable as the Representative Body in approving the study in July had set a deadline of six months for an agreed report.[3] Sir Ronald Tunbridge explained to the Council that while the discussions ranged over many subjects (listed in appendix C of the report) he and his colleagues had dealt in principle with certain broad areas. These were registration; the pre-registration year; registration of overseas doctors; specialist registration; the cost of registration; undergraduate medical education; professional discipline; and communication with the profession. Though described by one Council member as "talk about talks," the report has served a useful function in clearing the decks for more detailed discussions. By a large majority the Council decided that progress so far justified a move forward to such discussions. This decision was helped, no doubt, by the news from Mr. Walpole Lewin that he expected no erasures from the *Register* until December—several weeks later than the Council had thought likely at its last meeting.[4]

This extra breathing space should help, though the B.M.A. Council will make a final decision on whether it thinks the R.B.'s conditions have been met on 22 November, when it will have the reaction of the full G.M.C. (meeting on 9 November) to the joint report. If the G.M.C. reacts unfavourably or is thought to be procrastinating then the B.M.A. is likely to endorse the call for a public inquiry made in October by some members of Council. Other medical bodies have already publicly called for such an inquiry but Sir Keith Joseph, dealing recently with a Parliamentary question asking whether he would hold a Government inquiry into the G.M.C., showed that he was awaiting the outcome of the joint discussions before deciding "what further action, if any, is required concerning doctors threatened with removal . . ."

The Chairman of Council reported that forecasts of thousands of doctors being struck off for non-payment of the annual retention fee were ill founded. At the worst he expected that only a handful of doctors would be removed from the *Register* in December if they persisted in refusing to pay a fee. The Council was nevertheless concerned about the possibility of erasures, and most doctors would think that any such action by the G.M.C. at this stage would be untimely. However, as more than one speaker pointed out, B.M.A. policy is to advise doctors to pay a fee on a year-to-year basis while discussions continue. Should the present talks break down a new situation will arise, but if they prosper and an agreed report is presented to the A.R.M. at Folkestone next June then the Representative Body can decide on future action.

The report shows that the G.M.C. and the profession's chief representative organization have a common goal in wanting a statutory professional body to control basic medical education, registration, and discipline. Disagreements about how best to reach this goal have been a major factor in the present messy crisis, with doctors publicly divided on what to do, and all parties contributing to the haphazard course of events. In retrospect an intraprofessional inquiry dealing with the functions, structure, and finance in that order should have been launched when the lack of confidence among many doctors in the G.M.C.'s activities became clear. But politics are rarely logical and given that the two major parties now seem to be pointing roughly in the same direction, the profession can reasonably be asked to allow a few more months before passing final judgement. The arrival of any martyrs on the scene at this stage will do little to achieve a wise and generally acceptable solution. Furthermore, premature martyrdom will probably attract little support among doctors and less among the public, who may soon get impatient with a squabble they cannot understand and call for the Government to step in and sort out the confusion. The end result might not then be to doctors' liking.

[1] *British Medical Journal Supplement*, 1971, 1, 55.
[2] *British Medical Journal Supplement*, 1972, 3, 41.
[3] *British Medical Journal*, 1972, 3, 253.
[4] *British Medical Journal Supplement*, 1972, 4, 3.

Mixed Connective Tissue Disease

Some patients with a rheumatic type of disease show such a diversity of symptoms and signs as to defy precise rheumatological diagnosis.[1-3] Commonest among these mixed syndromes are ones with features of rheumatoid arthritis associated with those of systemic lupus erythematosus and syndromes with systemic sclerosis complicated by features of either dermatomyositis or systemic lupus. Despite initial diagnostic difficulties the patient's subsequent history usually permits a satisfactory resolution of the diagnostic problem. But some of the mixed syndromes do seem to persist indefinitely, and now a combined study from the U.S.A. has defined the features of what appears to be a distinct disease which the authors designate "mixed connective tissue disease."[4]

Over the past eight years G. C. Sharp and colleagues have studied 25 patients in this category. The clinical features indicated mixed connective-tissue lesions. Thus

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