

REGISTRATION OF OVERSEAS DOCTORS

THE NEW REGULATIONS

In the recent Educational Number of the *Journal* a leading article (August 30, p. 481) dealt with the new intern year and the new regulations on registration as they affect the United Kingdom student. Briefly, no qualified person applying for registration on or after January 1, 1953, will be admitted to the *Medical Register* until he has satisfactorily completed one year's recognized house-appointments in approved hospitals. During this period he will be eligible for admission to a *Provisional Register* kept by the General Medical Council. Approval of pre-registration appointments is the function of "licensing bodies"—that is, any university or other body in the United Kingdom empowered to grant a qualifying diploma. The licensing bodies may approve hospitals or institutions in Commonwealth or foreign countries for this purpose. The General Medical Council will periodically publish a list of recognized pre-registration appointments,* and this will include those in approved hospitals outside Britain.

The notes below describe how the provisions of the Medical Act, 1950, affect doctors from overseas applying for medical registration in the United Kingdom on or after January 1, 1953. *Applications before this date will be dealt with under the old regulations.* The General Medical Council is the sole authority for determining whether an overseas applicant for full registration has complied with the necessary requirements.

Conditions of Registration

These conditions apply only to those overseas applicants who hold recognized diplomas granted in Commonwealth or foreign countries which have reciprocity with the United Kingdom. An applicant for full registration must satisfy the General Medical Council: (a) that he has fulfilled the requirements for persons qualified in the United Kingdom; or (b) that he has rendered satisfactory service in appointments conferring experience of the practice of medicine and surgery, or medicine, surgery, and midwifery, not less extensive than that required for persons qualified in the United Kingdom; or (c) that he has otherwise acquired experience not less extensive than that required for persons qualified in the United Kingdom.

An overseas applicant who is newly qualified, and who wishes to obtain in due course full registration in the United Kingdom, may apply for employment as a house-officer in a recognized post in an approved hospital in the United Kingdom. After being selected for a pre-registration post he may then apply to the General Medical Council for provisional registration, supporting his application with a certificate of appointment from the hospital authority which appointed him. A fee of 5 guineas is payable for provisional registration. At the end of a pre-registration appointment the practitioner must obtain a certificate from the hospital authority showing the duration of the period for which he was employed and stating whether his service was satisfactory. When he has satisfactorily completed his year's pre-registration appointments he may apply for full registration to the General Medical Council. The additional fee for this is 6 guineas.

An overseas applicant who produces evidence satisfactory to the General Medical Council that, by virtue of intern (house-officer) service for not less than 12 months, he has obtained full registration in the territory where his diploma was granted, may apply for full registration in the United Kingdom, provided the territory where he obtained his diploma has adopted, and the applicant's service was rendered under, a compulsory scheme of intern (house-officer) service substantially equivalent to the United Kingdom scheme. Full registration, the fee for which is 11 guineas, is likely to be granted without delay in such cases.

An overseas applicant who has acquired experience for not less than 12 months as a house-officer, but has not acquired that experience under a compulsory internship scheme, may apply to the General Medical Council for full registration. The applicant

may have qualified in a territory where no internship scheme substantially equivalent to the United Kingdom scheme has been introduced or in a territory where such scheme was introduced after his qualification. The General Medical Council will take into consideration evidence of satisfactory service for not less than 12 months in employment in a resident medical capacity in any hospital or institution which the Medical Council or other appropriate medical authority of the territory in which the applicant qualified may consider satisfactory for the purpose of acquiring the required experience. The fee for full registration is 11 guineas.

Other overseas applicants not falling within the classes described above, who may have acquired clinical experience after qualification in other ways, may apply for full registration to the General Medical Council. Such applicants may have had experience in non-recognized clinical appointments in hospitals or as medical officers in the armed Forces or in general practice; or they may have had a combination of experience in two or more such capacities. These applicants should give full information of this experience well in advance of the date by which a decision is required. The fee for full registration is 11 guineas.

INTERNATIONAL VACCINATION CERTIFICATES

The Ministry of Health has issued some notes for general practitioners on the new international certificates of vaccination which came into force on October 1. The notes are reproduced below.

The International Sanitary Regulations which came into force on October 1, 1952, prescribe new forms of international certificates for vaccination against yellow fever, cholera, and smallpox. The term "vaccination" is now used internationally for all three diseases (replacing "inoculation" used hitherto for yellow fever and cholera), and the new forms differ materially from the existing forms. There is no international certificate for any disease other than the three named (the existing international certificate for typhus having been discontinued), as no other vaccination is required internationally.

Yellow Fever.—For a certificate of vaccination against yellow fever to be recognized internationally, the vaccination must be done at a centre designated by the Government. International certificates can therefore be obtained only at those centres, and general practitioners will not be concerned with them. A list of centres for free vaccination is given in the Notice to Travellers issued by the Ministry of Health and distributed by all travel agencies, shipping companies, air transport companies, and the passport office.

Cholera and Smallpox Certificates.—(a) The date in the first column of the certificates should be the actual date of vaccination. The forms issued for use in the United Kingdom bear an additional note on the method of dating, and also a note on the approved stamp which must be placed on every such international certificate in order to authenticate the identity of the vaccinator as a doctor. (b) The Ministry of Health advises that it is sufficient for the vaccinator to add the initials of his medical qualifications after his signature in the second column. (c) The person vaccinated must sign on the front of any certificate issued to him. Failure to complete any part of the certificate may render it invalid. (d) The start of the period of validity of a certificate is given in the first rule on the new forms: it varies with the vaccination or revaccination. A cholera certificate remains valid for six months and a smallpox certificate for three years.

Cholera Certificates.—One of the rules on the new form refers to pilgrims. A pilgrim is defined in the regulations as a person making the pilgrimage to the holy places in the Hedjaz (to whom special sanitary measures apply). The rule mentioned does not therefore apply to persons on other pilgrimages.

Smallpox Certificates.—The recording in the fourth column of the certificate of the result of vaccination is required only for primary vaccination. If a first attempt at primary vaccination fails, subsequent attempts should not be regarded as revaccination: at least two more attempts with different vaccine are recommended, each attempt (with its date) being recorded on the certificate and each failure being shown as "unsuccessful." If such a certificate is produced abroad the question of further vaccination will then be one for the health authorities there to whom such a certificate may be produced.

Other Notes.—(a) Vaccination of babies against smallpox is dealt with in Memo 312/MED (Revised), issued by the Ministry

*The first list of recognized posts in approved hospitals can be obtained from the Registrar, General Medical Council, 44, Hallam Street, London, W.1, at a cost of 5s. (postage extra).

of Health. In general, the Ministry recommends vaccination between the third and six months after birth. (b) A person requiring vaccination against yellow fever and also primary vaccination against smallpox should be advised to have the yellow fever vaccination done at least four days before the smallpox vaccination. If primary vaccination against smallpox is done first, the Ministry recommends that there should be an interval of 21 days before the vaccination against yellow fever. (c) "Duplicate" international certificates should not be issued. (d) When a person has lost an international certificate the doctor who performed the vaccination may be prepared, if he has the necessary records, to issue a new certificate. Any such new certificate should be dated as in the original, and it should not be marked "duplicate" or "copy." If that doctor is not available, or if the record of the original vaccination cannot be traced, it is recommended that the person should be revaccinated and be given a new certificate.

MEDICAL DEFENCE UNION

In taking the chair at the annual meeting of the Medical Defence Union, held at Tavistock House, London, on September 16, Dr. S. Cochrane Shanks, the president, said that the membership of the Union continued to increase *pari passu* with the membership of the profession. In July the membership stood at just over 37,000, and last month exactly 500 members were elected—an all-time record. The Union had had the opportunity of intervening to some extent in the passing of the Dentists Act and had sent a memorandum to both Houses of Parliament urging that dental auxiliaries should not be allowed to undertake fillings or extractions of teeth. Another matter which had engaged attention was the desirability of a more uniform system for the investigation of complaints against doctors and dentists. The Central Consultants and Specialists Committee of the British Medical Association had set up a subcommittee to report on this matter, on which the late president of the Union, Mr. Ivor Back, and the secretary, Dr. Robert Forbes, were invited to serve. Recommendations had been submitted to the Ministry of Health, which had made certain not unhelpful suggestions, and these were now being considered by the original committee. The Medical Act, 1950, had introduced a new feature into medical education—namely, the one year of compulsory pre-registration appointment. The council of the Union had decided that those placed on the provisional register should be eligible for membership of the Union. Another matter of concern was safety measures in connexion with gaseous anaesthetics. For some years the Union had been pressing for uniformity to eliminate risk of accident. Agreement on standardization had been reached in the United States, and it was hoped that at a forthcoming conference in Paris, at which the Union would be represented by its secretary, a similar agreement would be reached with Western European countries.

After Dr. Henry Robinson, honorary treasurer, had presented the accounts, the report and accounts were adopted without discussion. Dr. Robinson and Mr. A. Hedley Whyte, who retired in rotation from the council, were re-elected. Dr. J. C. Matthews, who retired under the same rule, withdrew his name as a candidate for re-election in order that the new president, Dr. Cochrane Shanks, might, as was very desirable, be one of the elected members of council. This was without prejudice to Dr. Matthews's subsequent election to the council by another route.

Recently the General Medical Council decided that the members of its Disciplinary Committee should be required to cease their connexion with any medical defence organization in order that their work might not be embarrassed. The council of the Union took the view that any member who was required to resign because of his appointment on the Disciplinary Committee should be held as covered in respect of any incidents arising before the date of his resignation, and the meeting passed a special resolution to give effect to that provision.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS PRINCESS ROYAL ADMITTED HONORARY FELLOW

The Princess Royal was admitted to the honorary fellowship of the Royal College of Obstetricians and Gynaecologists on September 27. Professor ANDREW M. CLAYE, in presenting Her Royal Highness to the President (Dame Hilda Lloyd), said that it was fitting that the first woman chancellor of a British university should receive this distinction at the hands of the first woman President of a Royal



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College. Their pleasure at this signal honour was tempered only by the knowledge that the first visit of Her Royal Highness to Queen Anne Street was also the last appearance in the highest office of Dame Hilda Lloyd. Her Royal Highness's interest in many good causes—the British Red Cross Society, the Girl Guide Movement, the care of old people—had been shown especially in Yorkshire, where they appreciated also her enthusiasm for maternity work. She was also associated closely with the blood transfusion service and was herself a blood donor. Miss GERTRUDE DEARNLEY, who also took part in the presentation, said that as a woman Fellow of the College she was particularly pleased to welcome the Princess.

The PRESIDENT then, by virtue of the authority invested in her by the council, admitted Her Royal Highness to the Honorary Fellowship. The PRINCESS ROYAL, in a brief speech, said that she was deeply conscious of the honour. Many members of her family had been associated with the Royal College, and she was very proud to take her place with the Queen and Queen Mother as a Fellow. The College's contribution to medical and surgical science could not be overestimated. To any woman the approach to maternity must be something of an adventure, especially in the case of her first baby, but by the patient research of the modern obstetrician the whole outlook of the expectant mother had been altered, and the ordeal had become much less. The specialized knowledge which the members of the College had placed at the disposal of doctors and midwives enabled them to give the mothers confidence and a feeling of happy security. Speaking of the recent growth in the teaching of mothercraft, she mentioned also the still more recent growth of what she called fathercraft. In her experience fathers were taking more interest in their young offspring than formerly—a development wholly to be welcomed.

The proceedings concluded with the pronouncement by the President of the words of exhortation, "*Super ardua consurgamus floreat collegium.*" Those accompanying the President included the two Vice-presidents of the College, Dr. V. B. Green-Armytage and Mr. John Eric Stacey, and the Mayor of St. Marylebone.