Medicopolitical Digest

BMA's evidence to specialist training working party

The need to comply with the European Community medical directives must not be confused with the profession's continuing desire to improve standards and training and reduce the unnecessarily long time spent by doctors in the training grades. The BMA has made this clear in its evidence to the chief medical officer's working party, which was set up after criticism from the European Commission that the United Kingdom was not acting fully in accordance with the 1975 medical directives (19 September, p 715).

The medical directives set down minimum amounts of time that should have been spent training in each specialty necessary for independent practice in EC member states. In most states a certificate of specialist training is awarded after a specified period of training. In Britain the certificate does not indicate suitability for a senior hospital post. A basic medical qualification is the only formal requirement for appointment to an NHS consultant post in Britain but most appointments are made after accreditation by the relevant higher training committee. Accreditation has no legal standing in the United Kingdom or other EC country.

The legal challenge to the status of specialist training in the UK has arisen as a result of the General Medical Council's decision to indicate with a "T" in the medical register those who have completed specialist training. Those indicated in this way either hold a certificate of accreditation or an NHS consultant post.

The BMA points out that there is a distinction between general professional training and higher professional training only in the United Kingdom and Eire and it believes that there should continue to be a measure of the quality of the specialist training and experience that a doctor has acquired. One solution to the problem would be to replace the "T" indicator with a single indicator for those doctors who meet the minimum training requirements laid down in the directives.

PUBLIC HEALTH AND GENERAL PRACTICE

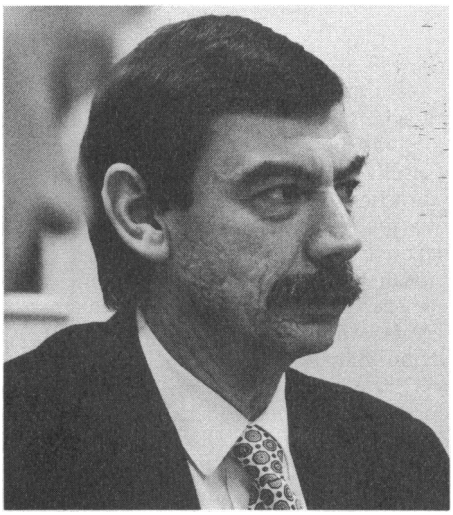
Public health trainees are normally given a single contract for the entire training period. The medical directives set down minimum periods of specialist training for community medicine (to be retitled public health medicine), but since the work of public health doctors in the United Kingdom has changed considerably since 1975 the requirements for specialist training have no relevance.

Similarly, general practice trainees embark on a centrally organised fixed length training period and the BMA does not see any need for the vocational training scheme to be disrupted by any requirement to reform specialist training.

PRIVATE SECTOR

Private health insurance companies restrict reimbursement of medical fees to holders of NHS consultant posts or accredited specialists. The BMA says that the companies may need to consider extending their criteria to include all those eligible to hold the EC specialist certificate. On the other hand, there may be a case for encouraging the European Commission to review the minimum periods of training set out in the directives if these are not adequate for independent practice in the United Kingdom.

Medicopolitical Digest is prepared by LINDA BEECHAM



ROY MEHTA, BMA NEWS REVIEW

Dr Eric Rose, who chaired the GMSC's working group on violence in general practice

Violent patients: practical guidance

If general practitioners take firm action to prevent and counteract violence against them by patients "the message will soon spread that GPs will not tolerate this type of behaviour." This is the conclusion of guidelines on violence against GPs approved by the General Medical Services Committee at its December meeting. As Dr Eric Rose, chairman of the group that produced the guidelines, explained, it had wanted to produce practical advice that could be sent out to all GPs now. After the guidelines had been approved Dr Ian Bogle said that they would be sent to all local medical committees and also used as the basis of discussions with the Department of Health and other bodies.

The guidance is aimed at preventing violent and abusive behaviour. The section on prevention includes a recommendation that practices should have a written policy on procedures to follow when patients act unreasonably—covering such action as writing to warn patients about unreasonable demands, removing them from the list, and calling the police. Other suggested actions include building good relations with the local police and calling on them for support when necessary; urging the local authority to improve street lighting; and working with family health services authorities to establish ways of providing medical care for "no go" areas.

There is also more immediate practical advice suggesting that GPs should not draw attention to themselves in rough areas by arriving in smart cars, wearing suits, and carrying medical bags. When incidents do happen the guidelines recommend they should always be reported to the police and prosecutions should always be pursued, privately if necessary.

Most GPs will want to remove an abusive or violent patient from their list, and the guidelines recommend that this can be effective even in rural areas where there is no alternative doctor: "the very act of removal and reallocation back to the same list can serve to foster a more positive patient/doctor relationship."

Also included is advice on seeking injunctions to stop patients from further threats or violent behaviour. Since there is a seven day delay before a patient can be removed from a doctor's list at the doctor's request, an injunction is a way of stopping any contact by the patient. But in the longer term the GMSC wants the regulations amended to allow GPs to seek immediate removal of a violent patient from their list.

New remits for drugs committees

The terms of reference of two committees which advise health ministers on NHS drugs and borderline substances are to be amended.

Under the selected list scheme particular drugs in specific therapeutic categories may not be prescribed on the NHS where effective alternatives are available at lower cost. The Advisory Committee on NHS Drugs considers the drugs in the existing seven categories. Its terms of reference have been amended so that it can consider drugs in a further 10 therapeutic categories (28 November 1992, p 1370). The committee will also be asked to take into account the purpose for which the drugs are normally used as well as the indications for which they had been licensed.

The remit of the Advisory Committee on Borderline Substances will be extended to require it to take into account comparative cost as well as therapeutic use when considering whether an item should be treated as a drug that is appropriate to be prescribed by general practitioners under the NHS.

Medical new year honours

Among the members of the medical profession who received awards in the new year honours were the following:

KCVO—Dr A M Dawson.

Knights Bachelor—Professor H Harris; Professor D Hull; Professor D K Peters.

CB (Military)—Surgeon Rear Admiral D A Lammiman.

CBE (Civil)—Mrs Ingrid V Allen; Dr H H Gunson; Professor W P T James; Professor D H Lawson; Dr Dorothy F U Potter, New Zealand; Professor J Richmond; Professor A A Spence.

CBE (Military)—Surgeon Commodore J M Beeley.

OBE (Civil)—Professor Antonia F Bagshawe, Zambia; Dr J I Cromarty; Dr D Daley; Dr K D Drayton, New Zealand; Dr H H John; Dr D M Jones; Dr D Krishnamurti; Dr N B Loudon; Dr S M C Michelson, Dhaka; Professor A J Newman-Taylor; Dr J E Noakes; Dr Mary V Parkinson; Dr D Ridley; Dr W M Smeeton, New Zealand.

MBE (Civil)—Dr Kristina M Baker, Zambia; Dr B S Brewster; Dr V Le Roy Buffong, Montserrat; Dr J R Coope; Dr Audrey E Fairey; Dr D M D Lambert; Dr J R Robertson; Dr W J Smith, New Zealand.

QSO—Dr Susan M Lojkine, New Zealand.

Correction

BMA calls for ministerial meeting on NHS funding

In the debate on NHS funding in the General Medical Services Committee in December (2 January, p 69) Dr Peter Holden was speaking as a working deputising doctor in south Yorkshire when he said that he had to send patients to the accident and emergency department to get them admitted to hospital. We apologise for this error.