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## Legislation for Specialist Registration

*Printed below, in a slightly abbreviated form, is a letter to the Secretary of the B.M.A. from the Chief Medical Officer, Department of Health and Social Security, about forthcoming legislation to amend the Medical Acts to enable the General Medical Council to undertake the registration of specialists on the lines proposed in the report of the Royal Commission on Medical Education (Todd report). The letter also refers to other matters which are mainly concerned with recommendations of the Royal Commission but not directly related to specialist registration and which it is proposed to include in the legislation.*

*The letter was considered last week by the B.M.A.'s General Medical Services Committee (whose proceedings are reported at page 6) and this week by the Council of the Association after this journal had gone to press. A report of the meeting of the Council of the B.M.A. will appear next week.*

*See leading article at page 59.*

### Chief Medical Officer's Letter\*

(1) The Secretary of State announced on 24 July the Government's acceptance of the Royal Commission's recommendation that a system of specialist registration should be introduced. The Government's decision reflected the views of those organizations which were consulted in July last year about this and other recommendations of the Royal Commission on Medical Education. Legislation will be introduced as soon as possible to amend the Medical Acts so as to enable the G.M.C. to undertake the registration of specialists.

(2) The General Medical Council has proposed that the opportunity should be taken to include in the legislation, in addition to those provisions necessary to enable it to maintain a register of specialists, certain other provisions mainly concerned with giving effect to other recommendations made by the Royal Commission on Medical Education not directly related to specialist registration.

(3) The main purpose of this letter is to refer to these additional matters and to seek your comments on them. It also refers to certain matters in connexion with specialist registration itself on which we should be glad to have your views.

#### Additional Recommendations of Royal Commission

(4) The Royal Commission pointed out (paragraph 569) that it would be necessary, if it was to continue to exercise positively and vigorously its responsibility for maintaining the standard of medical education, for the G.M.C. to draw on information which can only be obtained from a systematic study of, and research into, the aims, methods, and effectiveness of medical education. It drew attention to the valuable contribution made by the Association for the Study of Medical Education to the promotion of interest and research in this field, and hoped that its work would be vigorously supported and that it would be placed on a secure footing, perhaps in close association with the General Medical Council. Accordingly the General Medical Council wishes to be given a statutory power which would enable it to give financial assistance to bodies engaged in the study or promotion of medical education, which would of course include A.S.M.E. A similar provision already exists in the Dentists Act 1957 (paragraph 8(i) of the First Schedule).

(5) In paragraph 66 of its report the Royal Commission emphasized that a university should not certify that preregistration experience had been satisfactorily completed unless it was satisfied that the young graduate had held two posts which were not only suitable in themselves but together formed a suitable combination, and they recommended that the Medical Acts be amended accordingly. This would require amendment to section 15 of the Medical Act 1956.

\* The paragraph numbers are the same as those in the original letter.

(6) In addition, the General Medical Council agrees with the view of the Royal Commission (paragraph 66) that midwifery should no longer be regarded as appropriate preregistration experience and proposes that section 15 of the 1956 Act be amended accordingly.

#### Definition of Competence

(7) In paragraph 27 of its "Recommendations as to Basic Medical Education, 1967," the G.M.C. stated its intention to propose certain amendments to the provision in the 1956 Act dealing with the standard of proficiency required at a qualifying examination. This provision (section 10(1)) reproduced the wording of the 1886 Medical Act and provides that "the standard of proficiency required from candidates at a qualifying examination shall be such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of medicine, surgery, and midwifery." The Royal Commission (paragraph 8) welcomed the G.M.C.'s intention and pointed out how advances in medical knowledge and the growth of specialization had made the provision quite unrealistic. The prospective introduction of specialist registration reinforces the case for amendment. The G.M.C. therefore proposes that the present definition of competence in section 10(1) of the 1956 Act should be repealed. In its view it would be better not to attempt to replace this definition by any new statutory definition of the level of competence to be attained on graduation, as any such definition would be both very difficult if not impossible to formulate with any precision and might in turn begin to appear unsuitable in a fairly short time. Repeal of section 10(1) would require consequential repeals in other parts of the Act; more significantly it would affect the G.M.C.'s present statutory duty to maintain standards for basic registration as it is linked (see section 10(3)) to the standard of proficiency defined in section 10(1). The G.M.C. proposes that this duty should be recast in general terms as a general duty to establish and maintain the standards of professional knowledge, skill, and competence which are to be attained by persons seeking provisional, full, or specialist registration as the case may be. Such a duty would appear to be in line with the G.M.C.'s existing functions as regards undergraduate education and also with the functions contemplated for the Council by the Royal Commission as regards specialist registration (see paragraphs 158 and 185 of the report). Similar statutory functions have been conferred on other registration bodies. . . . In order to carry out such a general duty the G.M.C. would need powers of visitation in respect of postgraduate education (including the preregistration period) which would be broadly comparable to the powers it has already in respect of undergraduate education. The G.M.C. would propose to issue recommendations in relation to each stage of medical education, undergraduate and postgraduate.

**Other Matters**

(8) The G.M.C. has proposed that if the reference to the standard of proficiency to be achieved at qualifying examinations (section 10 (1) of the 1956 Act) is repealed the opportunity should also be taken to remove from the Act any specific reference to "qualifying examinations" for the purpose of registration. Thus section 7 of the 1956 Act would need to be amended so that a person would, subject to the provisions of the Act, be entitled to basic registration if he held a primary qualification and satisfied the requirements as to experience. Removal of specific references to qualifying examinations is in keeping with the spirit of paragraphs 26 to 30 of the G.M.C.'s 1967 recommendations, which stress the importance of progressive assessment. As a consequence of the removal of references to qualifying examinations section 11 of the 1956 Act, which lists bodies entitled to hold qualifying examinations, would not require to be retained. The G.M.C. proposes that the qualifications should be individually specified in a schedule, on the lines of Table E prefixed to the *Medical Register*. The schedule would set out the names of the universities and other bodies which already grant medical qualifications and the qualifications they award. In this respect the schedule would vary from the existing third schedule to the 1956 Act which makes the M.B. and B.S. of any university in England and Wales, Scotland, or Ireland a registrable qualification for the purposes of Part II of the Act. It is also proposed to include a new provision in the legislation (on the lines of the Veterinary Surgeons Act, 1966) that where any university not specified in the schedule trains persons for primary qualifications the Privy Council may by order direct that the primary qualifications granted by that university should entitle their holders to registration. This would enable the G.M.C. to satisfy itself about the adequacy of the course and methods of assessment and examination before the primary qualifications

could be registrable. The principle involved here is similar to that in section 18 of the Medical Act 1969 which enables examinations held by universities other than those specified in section 11 of the 1956 Act to be recognized as qualifying examinations for the purpose of registration.

**Fees**

(9) The administrative costs of specialist registration will be substantial, particularly in the early stages. Last November the G.M.C. explained its intention to set up specialty boards for each of the branches of medicine identified as specialties for the purposes of registration, and said that the boards would be administered by the G.M.C., which would also provide their secretariat and meet their expenses. These expenses and others associated with the examination of applications will fall on the G.M.C., and it does not consider it would be equitable that fees payable for basic registration should be increased to meet the expenses attendant on the introduction and administration of specialist registration. It has also suggested that, as the consideration of an unsuccessful application may entail considerable time and trouble, a fee should be payable by each applicant for specialist registration at the time of application, and that a further fee should be paid by a successful applicant, rather than that the cost should fall entirely on successful applicants. . . . The G.M.C. has also represented to us that it would like to be empowered to charge a higher retention fee for persons who are registered in both the basic and the specialist register. At the same time it suggests that its power to prescribe fees in respect of specialist registration should be so worded as to enable it to grant exemptions.

**Cancellation of Specialist Registration**

(10) It follows from the fact that specialist registration will be available only to doctors

who will already be registered under the Medical Acts that erasure or suspension from the basic register under these acts—for whatever reason—would lead automatically to cancellation of specialist registration. The G.M.C. has also pointed to the need to ensure that section 35 of the 1956 Act (which provides for the erasure of entries fraudulently or incorrectly made in the *Medical Register*) is made applicable to specialist registration *mutatis mutandis*, but it considers that cancellation of specialist registration under this provision should not necessarily involve erasure of the doctor's name from the *Medical Register*. The Council will also require a power to restore if it thinks fit specialist registration which has been cancelled for any reason.

(11) In addition to these provisions, the G.M.C. has also represented to us that the Disciplinary Committee should be enabled to cancel or suspend specialist registration in certain circumstances without necessarily erasing the doctor's name from the main register. . . . The G.M.C. suggests that in practice the suggested power could well tend towards clemency in the overall decisions of the Disciplinary Committee in particular cases.

(12) The time-table for the preparation of legislation is very tight and it is most important to receive comments, whether provisional or final, as soon as possible. It would be helpful if a copy of your reply could be sent to the Registrar of the General Medical Council. I regret having to ask this at such short notice, since I know you must give careful consideration to a matter of such importance, but I know you will want to have this opportunity to comment before drafting proceeds and it was not possible to put these suggestions before you until the decision in principle had been taken and the requirements of the G.M.C. were known.

G. E. GODBER,  
Chief Medical Officer.

8 September 1969.

**General Medical Services Committee****Special Meeting on Specialist Registration**

The Committee considered a letter (see above) from the Chief Medical Officer, Department of Health and Social Security, to the Secretary of the B.M.A. outlining proposals for amending the Medical Acts to enable specialist registration and other changes to be introduced. The letter asked for comments as soon as possible.

The G.M.S. Committee was "greatly disturbed" that the considered views of the profession "on proposals couched in the most general terms, including at least one of fundamental importance, should be required in three weeks." The Committee could not accept this degree of urgency and was "completely opposed to further legislation in the forthcoming parliamentary session."

(Leading article at page 59.)

A special meeting of the General Medical Services Committee was held on 2 October, in order to consider a letter from Sir George Godber, Chief Medical Officer to the Department of Health and Social Security, on the subject of legislation for specialist registration. Dr. J. C. CAMERON was in the chair.

The CHAIRMAN explained that, though the Chief Medical Officer's letter was marked confidential, he (the Chairman) had considered

that such a very important issue should not be debated *in camera*. Accordingly he had secured the agreement of the Chief Medical Officer to the publication of his letter. The debate could therefore be reported.

The Chairman further explained that he had to meet that afternoon the Secretary of State for Social Services, Mr. Richard Crossman, to discuss the future of the Review Body, and if the Committee reached any

decision on the matter of legislation for specialist registration he would put it before the Secretary of State.

The Vocational Training Working Group, which the G.M.S. Committee had appointed to report on the problems likely to arise in the implementation of the Report of the Royal Commission on Medical Education (Todd report) had met on 30 September, but in view of the importance of the Chief

Medical Officer's letter it had been decided to consider it as a matter of urgency.

### Working Group's Views

Reporting on the Vocational Training Working Group's meeting, Dr. C. J. Wells, its chairman, referred first to the suggestion (in paragraph 4 of the letter) that the General Medical Council should be given statutory powers to promote and to finance research.

However, said Dr. Wells, the wording of the paragraph was a little contradictory. The early part read "... for the G.M.C. to draw on information which can only be obtained from a systematic study of, and research into, the aims, methods, and effectiveness of medical education," but later in the same paragraph that wording was altered so that it read: "Accordingly the General Medical Council wish to be given a statutory power which would enable them to give financial assistance to bodies engaged in the study or promotion of medical education." There were many bodies who promoted education, and the Working Group thought the statement was open to very wide interpretation.

Presumably the necessary finance would come from the various fees suggested in a later paragraph, and the Working Group wondered whether that was altogether appropriate. The G.M.C. had been set up not to protect the profession but to protect the public, and research into the standards of medical education was surely an effort on the part of the G.M.C. to improve and maintain standards of medicine for and on behalf of the public.

The Working Group, continued Dr. Wells, had then looked into the question whether there were any difficulties to prevent the necessary finance from coming from some other source, and thought it was a bit much to ask the profession to finance such research completely. There were other similar bodies which were financed from Government sources in respect of certain aspects of their work. The Working Group thought it was not the business of the profession wholly to finance the proposed operation.

Turning to paragraph 5, Dr. Wells said it stated that the two preregistration posts should be in general medicine and general surgery, and the Working Group thought, on balance, that it was desirable, provided those responsible for the education of graduates made sure that the jobs were readily available for the men who wanted to do them. In principle the Working Group accepted that it was desirable that the preregistration post should be in general medicine and general surgery.

Paragraph 6, said Dr. Wells, was an extension of paragraph 5, and he pointed out that the G.M.C. agreed with the view of the Royal Commission on Medical Education that midwifery should no longer be regarded as appropriate preregistration experience. The Working Group also agreed subject to assurances being obtained of an adequate number of obstetric posts being available during the period of general professional training.

The Working Group had found paragraph 7 of the letter almost unintelligible. One interpretation of the wording was that there would be two classes of doctor, and it seemed to suggest that the final examination

after an undergraduate career would not qualify a man for anything.

Dr. Wells drew particular attention to the penultimate sentence of the paragraph which read: "In order to carry out such a general duty the G.M.C. would need powers of visitation in respect of postgraduate education (including the preregistration period) which would be broadly comparable to the powers it has already in respect of undergraduate education." There were many pitfalls to be seen in that.

As the Working Group understood it, there would be a central council for postgraduate education and a number of regional postgraduate committees which would draw up the programmes for trainers and trainees and which would appoint the trainers. However, it now seemed that the G.M.C. thought it must also have some say in the matter, and the intention was apparently to extend the powers of visitation to visit trainers' practices. Whether it would be practicable and whether the G.M.C. would leave the matter to the central council for postgraduate education and its committees Dr. Wells said he did not know.

The Working Group thought that if the purpose of paragraph 8 was to permit a more flexible exercise by the G.M.C. of its existing powers there was no reason to object.

### Problem of Fees

Next came the difficult problem of fees. Dr. Wells said the G.M.C. recommended that there should be a fee for preregistration, a further fee for full registration, a retaining fee to stay on the general register, and another fee would be payable on application to go on to a specialist register. A practitioner who was successful in getting on to a specialist register would have to pay another fee, and if he were successful in remaining on that register would have to pay a retention fee.

The real problem was that the G.M.C. was asking the medical profession to accept these fees in principle without in any way suggesting the amount of the fees. Though it might be some years before the proposals were implemented, it was only fair that the G.M.C. should give an indication in terms of present-day prices what it thought fees should be.

The Working Group did not think that it could reject the principle of paying fees, as outlined, because the Representative Body had accepted the retention fee for general registration. However, the Working Party thought it was too much to ask the Committee to give a further opinion on the matter until it had some idea of what the fees entailed.

The last three paragraphs of the letter referred to cancellation of specialist registration, said Dr. Wells, and the only comment the Working Group had was on paragraph 11. The Working Party thought the proposal needed further consideration, since it was possible to think of cases where a doctor was removed from the specialist register, and where it would also be equally advisable for him not to practise even under supervision.

Mr. D. C. BOWIE, a member of the Working Group, said that the whole situation in undergraduate medical education was governed by the recommendations of the General Medical Council published last year.

To summarize those recommendations, the

G.M.C. saw the whole of undergraduate medical education as being basic training in medicine. Recommendations had been made to the medical schools on the general way in which that might be carried on. The result of the recommendations, which were being followed all over the country, was that the graduate on graduation had a knowledge of basic medicine, but in the eyes of the G.M.C. he was not qualified to practise medicine independently.

It was at that stage, said Mr. Bowie, that the preregistration year came in, and the aim of the preregistration year, as defined in the G.M.C.'s publication, was to afford general experience in medicine and surgery and not experience in general medicine and surgery. There was a distinction, because there were increasingly few units which were practising general medicine and general surgery, so the G.M.C. required general experience in medicine and surgery. It had to be made up during the preregistration year. Basically it was an extension of the undergraduate curriculum. It was complementary to the general training that had been given so far.

Mr. Bowie said it seemed unfortunate that the proposals being considered had been put forward without any very clear definition. The medical profession was being asked to take decisions on information which was not wholly adequate.

Dr. D. P. STEVENSON, Secretary, suggested that paragraph 7 of the Chief Medical Officer's letter was the most dangerous proposal of all. Whether or not the Association had accepted the Todd report was difficult to determine. He could not find any resolution specifically stating that the recommendations of the Todd report were acceptable. The Government was assuming that the profession had accepted the Todd recommendations, but even if it had accepted the idea of specialist registration it certainly had never discussed with the Government the need for changing the definition of the protection which the law gave to a registered medical practitioner.

### Second-class Tier

The Government proposed to change the whole concept of the qualifying examination, said Dr. Stevenson, and there were bound to be in the next two decades a number of doctors who would fail to get on some form of specialist register. What would be their status? Would they be able to sign death certificates and prescribe drugs? If not, it would be promoting a second-class tier of doctors.

Paragraph 11 of the letter seemed to confuse two issues. Specialist registers were educational registers, as he saw it, and not disciplinary registers. It seemed incredible that, because a doctor committed some disciplinary offence, he should have his name erased from the educational register, yet be retained on the permanent register.

Referring to the question of timing, Dr. Stevenson said that as soon as he received the letter he issued an immediate protest about the indecent haste with which the proposals were being pushed through. At the meeting later in the day with the Secretary of State, to which the Chairman had referred, the B.M.A.'s deputation would protest in the strongest possible terms to Mr. Crossman about the speed with which the

matter was being handled, and he would be requested not to include it in legislation this session.

### Committee's Resolution

The Committee at this stage agreed to resolve as follows:

"The G.M.S. Committee has received the Chief Medical Officer's letter of 8 September

containing proposals for a further major Medical Act. The Committee is gravely disturbed that the considered views of the profession on proposals couched in most general terms, including at least one of fundamental importance, should be required in three weeks. It cannot accept that there is this degree of urgency, and is therefore completely opposed to further legislation in the forthcoming parliamentary session."

### General Debate

Dr. W. G. A. RIDDLE said that presumably all general practitioners would go on the general practitioner vocational register, but what was the position of general practitioners who held hospital appointments and who might be working in a specialty? Would they be permitted to practise those specialties or not?

Dr. D. R. COOK suggested that the real crux of the matter was that the qualifying examination, which used to be regarded as a licence to practise medicine and surgery, was to be so altered that it meant a man would be unable to practise medicine, surgery, or midwifery until he had had a further course of vocational training. It meant that there was another hurdle to cross before a man could practise at the end of his period of vocational training. Some who embarked on the educational process leading up to the hurdle would be unsuccessful, and there would be a group of doctors who had passed their qualifying examination but who were not regarded, having failed the second hurdle, as fit to practise medicine, surgery, or midwifery. What would they do?

Dr. Cook suggested that simultaneously with making representations to the Secretary of State the Association should inform every member of the profession, through the medium of "G.M.S. Voice," what was envisaged and what the dangers were, so that a political force could be generated which would ensure greater consideration being given by the Government to representations made to it.

Dr. D. L. WILLIAMS recalled that the Committee had been anxious to establish general practice as a specialty. Therefore in criticizing it must be careful not to go against what it had said in the past. There was no reference in the letter to initial vocational registration for those already practising in general practice or a specialty and who had been doing so for years with full clinical responsibility. In Dr. Williams's view that should be written into the Act.

Secondly, the Committee could accept that retention fees should be paid, but it could propose a policy that when an authority employed a doctor who was liable to pay those fees the authority should refund them. In that connexion, it seemed that finance for research should also be excluded, and that it might be better for the Government to pay for it all. In saying that, Dr. Williams drew the Committee's attention to a report of the Joint Consultants Committee in which the importance of preserving academic standards and of keeping them independent was emphasized. In his view that was a mirage, because academic standards were related to the medical staffing structure. Finally, Dr. Williams urged that the General Medical Council should be financed in proportion to the medical profession's representation on it.

Dr. M. GOODMAN said that the Medical Acts which governed the G.M.C. were becoming so stringent that it did not seem to make any difference whether that body was independent or not. It would have little flexibility, and if the Government were unhappy with the way the G.M.C. was acting it had only to introduce alternative legislation.

If general practice were defined as a specialty it must be clearly spelt out what happened to those who did not become specialists. If the proposals were implemented the Committee should take steps to ensure that the number of representatives on the G.M.C. elected by the profession greatly increased.

### Acceptance of Report

Dr. A. REEVES pointed out that the Chief Medical Officer's letter began: "The Secretary of State announced on 24 July the Government's acceptance of the Royal Commission's recommendation that a system of specialist registration should be introduced." But that, in Dr. Reeves's opinion, did not imply that the Todd report had been accepted in toto by the Government or by the medical profession. A clear definition was required of acceptance or rejection of the Todd recommendations.

If the main recommendations of the Royal Commission were accepted the future of medicine and general practice would be greatly enhanced. Dr. Reeves suggested that the Committee should not be too cautious in its approach to the Department of Health in the matter. "We should receive the letter with the feeling that the Government intends to pour into medicine and the Health Service the money that Todd requires," he concluded.

Dr. J. F. G. PIGOTT said he wished to draw attention to the role of the G.M.C. which was beginning to be made clear through legislation and the last Medical Act. It would seem from paragraph 7 of the letter that there would be a considerable change in the basic terms of reference of the G.M.C., which could be summed up simply by saying that, whereas the existing function of the G.M.C. was to protect the public by maintaining standards for basic registration, it now sought to establish and maintain the standards of professional knowledge, skill, and competence to be attained by persons seeking provisional, full, or specialist registration. That was a completely different function. The G.M.C. would become in all probability the prime mover in postgraduate education, and Dr. Pigott suggested it was impossible to combine the functions of umpire and prime mover.

In his view the G.M.C. had shown itself to be unable to solve the problems of pre-

registration. Lord Cohen of Birkenhead, in his presidential address this year, had admitted that the situation in preregistration jobs was thoroughly unsatisfactory. The G.M.C. had had 16 years in which to solve that relatively simple problem, and its inability to do so was largely owing to the fact that it had been given a duty for which it was not constructed and could never properly discharge. It was because of that change in role that the G.M.C. required large funds which it was intended should be raised by the introduction of new fees.

The profession seemed to be faced almost with a *fait accompli*. The Medical Act, 1969, would enable the G.M.C. to raise the money, and if the proposed new Act went through the G.M.C. would then have complete power, through its specialist advisory boards, to control the whole future of the medical profession. Dr. Pigott urged that the proper course for the G.M.S. Committee to adopt was to indicate to the Government and to the G.M.C. that it was premature to introduce the new fees and arrangements until such time as there had been adequate discussion among the profession and the public.

### Big Brother

Dr. G. R. OUTWIN expressed the view that the medical profession was facing the biggest crisis it had ever faced in the last 20 years. It stemmed from the acceptance of the concept of the preregistration year before going on the *Medical Register*—"Big Brother" who said that a doctor must be made to do so many sessions of postgraduate training before he could be let loose on the public.

As to the changes in the Medical Acts, he suggested it was all designed to retain medical manpower for such time as the State decided it was necessary to man the basic Health Service requirements. It was dreadful for a profession to face the possibility of having a certificate of competence issued to every graduate, giving him the right to practise medicine and surgery, replaced by a certificate showing that he was competent merely for provisional registration. "We have to resist this tooth and nail," concluded Dr. Outwin.

Dr. R. A. KEABLE-ELLIOTT said that the proposed legislation amounted to direction of what a medical practitioner did and for how long he did it.

Referring to medical manpower, he said that repeated references were made to the shortage of general practitioners. The proposed legislation could do nothing other than make that shortage more acute. It would take a man longer to qualify, and when he did qualify he would be faced with a two-class structure, and those in the second class would not be allowed to go into general practice. There would be a reduction in the number of doctors who would be suitable for general practice.

It was essential for the profession as a whole to be consulted to the full on such an important matter, said Dr. Keable-Elliott, and for the G.M.S. Committee to make any decision on the matter forthwith was not to be countenanced, because it had not the backing of colleagues who knew nothing about the matter being discussed. There should be a special conference.

Dr. M. A. WELLER said he could not agree with the statement made in paragraph 6 of the letter that midwifery should no longer be

an appropriate part of preregistration experience. Indeed, paragraph 66 of the Todd report did not in fact say that, as was alleged. It implied that midwifery was a specialty in itself, but it did not imply that it would be possible for a doctor to qualify and to be registered without having done midwifery.

Dr. Weller said he could not agree that midwifery should no longer be appropriate in preregistration experience. In his opinion a reasonable insight into pregnancy and labour was just as appropriate as a reasonable insight into surgery. He would therefore be against the proposed amendment to Section 15 of the Medical Act, 1956, if that were to lead to total abolition of the study of normal pregnancy and labour.

Dr. R. W. RAE said the profession must make sure that the educational standards required before registration were such that once a doctor was registered he was legally competent to practise in any field of medicine he desired. If that were not done there would be fragmentation of the profession. On the question of finance, care must be exercised not to give the General Medical Council a blank cheque.

### Apprenticeship

Dr. G. CORMACK suggested that the proposal contained in paragraph 7 would land a medical practitioner in the position that possession of a degree in medicine would make him merely eligible to go cap in hand and ask, "Please may I serve an apprenticeship?" There was an additional factor in that there was a transfer of responsibility for postgraduate standards from the Royal Colleges to what was, in effect, a Government body. That was putting a quite disproportionate amount of power and authority into its hands, and would leave the way open for different grades of doctor.

As to paragraph 6, the Committee should consider what in fact happened at present. Medical students were subjected to a course in basic science for a number of years, they were given an intensive course of instruction in midwifery, and they had to undertake a certain number of deliveries under supervision. Yet it was inferred in that paragraph that, at the end of the time, students were scarcely responsible persons to look after the normal situations encountered in obstetrics. If the training were not adequate enough to enable the graduate to deal with those situations there was something wrong with the training.

Dr. A. A. CLARK said it would be difficult to imagine any other profession or trade accepting a sudden and complete change in its standards without being consulted. That was why it was so important that the medical profession should be asked what it thought about the proposed legislation before it became law.

Dr. M. A. WILSON said that the G.M.C. decided the ethical code of the medical profession and whether a doctor had transgressed it, and it should be independent of the Government, its finance coming from the profession. But as to the supervision of further experience for specialties, the profession had no knowledge whether the G.M.C. was equipped to do that.

Manpower was an important issue. It seemed that under the new legislation it

would be four years before a doctor became a principal, whereas at the present time he could become a principal in two years. That meant a loss of two years' entry into general practice before becoming a principal, which in turn meant about 1,600 principals short and an average increase in the size of lists of about 200 patients.

Dr. J. H. MARKS reminded the Committee that the Representative Body had agreed to a retention fee, but it had not agreed to "umpteenth retention fees." Surely the basis of any payment was that it should be a return or consideration for services rendered or benefits received. Who would benefit from the proposed payments—the doctors, patients, or the State?

Assuming the Government decided to go ahead with the proposed legislation in the face of the Committee's objections, Dr. Marks asked whether the Committee would recommend that the profession did not pay the fees. It was, he suggested, one thing to resign from the N.H.S., but it was quite different to resign from the practice of medicine. Could there be hidden reasons for the Department's haste in the matter? he asked.

### Amiable Dogs

Dr. H. S. HOWIE WOOD said that bitter experience had taught him that many doctors were like big, amiable dogs asleep by the fireside. They slumbered quietly until somebody trod on their feet—then they woke up, growled, and sometimes they bit. It was important that the profession should be made aware of all the dangers which had been highlighted in the debate, and also of the fact that the Committee strongly deprecated the speed with which the proposed legislation for specialist registration was being rushed along.

Dr. A. M. MAIDEN said he saw a great danger to the future of general practitioners. Was the Committee to go ahead to ensure that general practitioners were regarded as specialists? If so, good general practitioners would have to submit to further training. If not, the position would be almost worse, because it would be relegating general practice to something that nobody wanted, and throwing away the possibility of raising the status of general practice.

All steps should be taken to get the position placed clearly before every member of the profession within the next few weeks.

Dr. J. E. MILLER said the Government was proposing to implement one part of the Todd report without taking the steps which ought to be taken in advance of its implementation. The Todd report, referring to vocational registration, pointed out that such registration could help to ensure that no doctor became a principal in general practice in the N.H.S. who had not received adequate training. It also stated that there was a likelihood that some candidates would fail to achieve registration. However, given a comprehensive and well administered training scheme, there should not be many who would not meet the required standards.

Dr. Miller said he accepted the basic principles of the Todd report, but one aspect of it could not be dealt with in isolation and without ensuring that the remainder of the report was implemented in the way in which it had been presented.

"It is time for us to go on record with regard to our own attitude towards the Todd report, and to say to the Government that unless and until adequate facilities are made available for training to ensure that doctors will have an opportunity to be vocationally registered we shall not accept a situation which places many of our brethren in a very invidious position."

### Vocational Training Accepted

Dr. A. ELLIOTT reminded the Committee that it had accepted vocational training for general practitioners. He had expressed concern in the past that negotiations were not being undertaken with the Health Department on the implications of vocational training. The Secretary of State had announced in July that he accepted the Royal Commission's recommendations, and now the Committee had before it an outline of amending legislation without having had any discussions with the appropriate Government department. But it would seem that somebody else had been having discussions with the Government, said Dr. Elliott.

It would be a matter for regret if, because of anger over the proposals and insistence on agreement without adequate discussions, the programme of vocational training for general practitioners was not continued. It was brought about because of the difficulty of attracting good-standard doctors into general practice, and Dr. Elliott understood that since it had become known that the Government was to implement the Todd report students at medical schools were pleased, and were saying that they found general practice a more desirable branch of the profession, because it would have a status equal to that of hospital practice.

Dr. A. J. ROWE said the G.M.S. Committee must be determined that general practice should stand as a vocation and as a specialty, and these were two quite different things. Only by having a standard could it be achieved.

He said he was worried about the removal of midwifery from general training. It seemed to be a backward move. In his view there was great confusion in the thinking on how specialist function was to be worked out. Until that was done, however, the profession should try to prevent any form of legislation getting on the statute book, because it was bound to require amendment.

Dr. B. D. MORGAN WILLIAMS said that nobody seemed to have been consulted about the proposed legislation. The consequence was it was so halfbaked that it should not be all that difficult to knock holes in it.

He suggested that a special conference must be convened—the sooner the better. The proposed legislation was not only a menace to the profession but also to the public. It would leave the public with a medical profession which was rigidly controlled by a General Medical Council which was responsible to nobody.

### Measure of Protection

Dr. G. MURRAY JONES said that being on a specialist register would give the doctor a large measure of protection as well as the public. In his view if anything in the new Act would give the G.M.C. more power over

the training of doctors it would be a good thing. So often doctors associated the G.M.C. only with disciplinary action and not with a positive attitude towards them. Some paragraphs contained in the Chief Medical Officer's letter were worth looking into constructively rather than destructively.

Dr. A. E. LODEN suggested that once there was preregistration and further registration the profession would be cut up into legal departments, and a general practitioner might find he was doing something illegal in syringing a patient's ears. There was nothing wrong with having a General Medical Council which did not keep the pro-

fession in watertight departments but which saw to it that the colleges and examining bodies kept up their examination standards, so that a doctor on qualification was properly qualified.

There seemed to be no reason to alter the medical curriculum. There should be no need to go from a five-year period of education to an 11-year period, which would prevent the best people coming into medicine.

Dr. D. F. HEATH asked what safeguards could be looked for for the rights of the individual doctor in all the increased powers being given to the G.M.C. If he felt himself aggrieved to whom could he appeal?

Mr. A. SMALL (a representative of the Central Committee for Hospital Medical Services) suggested that paragraph 8 of the letter, with its reference to vocational registration and assessment, might well embarrass the small group of doctors who when qualified had no intention of undertaking any form of clinical practice but were going into medical research.

There being no further debate, the Committee adopted the following motion: "That the Chairman be authorized to take such action as may appear to him to be necessary in the light of the discussion and his interview with the Secretary of State."

## Association Notices

### Vacancy in the Council

#### Member, Representing Overseas Members, to be Elected by the Representative Body

The following have been nominated for election by the Representative Body as a member of Council representing overseas members:

J. E. McA. Glancy, Ilford, Essex.

J. L. McCallum, London W.C.1.

W. Norman-Taylor, Bushey, Herts.

Voting papers will be issued to members of the Representative Body on 22 October 1969. The latest date for the return of voting papers will be 3 November 1969. A notice will be published by the Council in the *Supplement* on 8 November 1969 giving the result of the election.

DEREK STEVENSON,  
*Secretary.*

### Diary of Central Meetings

#### OCTOBER

14	Tues.	Scottish Council (at 7 Drumsheugh Gardens, Edinburgh), 10.30 a.m.
14	Tues.	Medical Education Panel (Board of Science and Education), 11 a.m.
14	Tues.	Metropolitan Counties Branch Council, 2.30 p.m.
15	Wed.	Journal Committee, 2 p.m.
16	Thurs.	Central Committee for Hospital Medical Services, 10 a.m.
16	Thurs.	General Medical Services Committee, 10 a.m.
16	Thurs.	London Graduands Reception, 5 p.m.
17	Fri.	Audio Visual Communication Panel Working Party on Static Exhibitions (Board of Science and Education), 2 p.m.
17	Fri.	Primary Medical Care Working Party (Planning Unit), 5.30 p.m.
18	Sat.	Primary Medical Care Working Party, 9.30 a.m.
19	Sun.	Primary Medical Care Working Party, 9.30 a.m.

### Branch and Division Meetings to be Held

Members proposing to attend meetings marked ● are asked to notify in advance the honorary secretary concerned.

ALDERSHOT AND FARNHAM DIVISION.—At Medical Centre, Farnham Hospital, Wednesday, 15 October, 8.15 p.m., annual clinical meeting.

BELFAST DIVISION.—At 609 Ormeau Road, Thursday, 16 October, 8.30 p.m., chairman's address by Mr. R. H. Livingston: "Abdominal Aneurysms." Ladies are invited.

BRENT DIVISION.—At Iveagh lecture theatre, Central Middlesex Hospital, Tuesday, 14 October, 8.30 p.m., chairman's address by Mr. G. Qvist, followed by Mr. Qvist and Dr. H. T. H. Wilson: "Itchy Surgery."

BRIGHTON AND MID-SUSSEX DIVISION.—At All Saints Church, Hove, Sunday, 19 October, annual service.

BRISTOL DIVISION.—At Bristol Cathedral, Sunday, 19 October, 2.45 p.m., St. Luke's tide service, followed by tea at University Refectory. Guests are invited.●

BURNLEY DIVISION.—At Swan and Royal Hotel, Clitheroe, Tuesday, 14 October, 8.30 p.m., annual dinner. Guests are invited.●

COVENTRY DIVISION.—At Postgraduate Centre, Coventry and Warwickshire Hospital, Tuesday, 14 October, 8 p.m., brains trust: "Current Therapy."

DERBYSHIRE BRANCH.—At Temple Hotel, Matlock Bath, Sunday, 19 October, 3 p.m., annual general meeting.

DUNBARTONSHIRE DIVISION.—At Burnbrae Hotel, Bearsden, Wednesday, 15 October, 7.45 for 8 p.m., annual dinner and dance.●

FERMANAGH DIVISION.—At Board Room, Erne Hospital, Enniskillen, Thursday, 16 October, 8.30 p.m., meeting to discuss Green Paper, open to all doctors in the area.

GRIMSBY DIVISION.—At Humber Royal Hotel, Thursday, 16 October, annual dinner. Guest of honour, Dr. Trevor Weston (Editor, Family Doctor Publications).

HASTINGS DIVISION.—At Royal East Sussex Hospital, Tuesday, 14 October, 8.15 p.m., (1) chairman's lecture by Mr. J. A. Kerr: "Behold, I Show You a Mystery"; (2) report by Dr. E. A. Paterson on Annual Representative Meeting.

HUNTINGDON AND PETERBOROUGH DIVISION.—At Nurses Home, Peterborough District Hospital, Wednesday, 15 October, 8.15 p.m., B.M.A. lecture by Dr. P. E. C. Manson-Bahr: "Tropical Disease in Immigrants."

KINGSTON-UPON-THAMES DIVISION.—At Kingston Hospital, Tuesday, 14 October, 7.30 p.m., clinical meeting, cases and discussion.

LANARKSHIRE DIVISION.—(1) At Alexander Hospital, Tuesday, 14 October, 8 for 8.30 p.m., Dr. D. Campbell: "Resuscitation." (2) Wednesday, 15 October, 2.30 p.m., visit to Rolls Royce factory, East Kilbride.●

MAIDSTONE DIVISION.—At Police Headquarters, Sutton Road, Friday, 17 October, 8 p.m., cheese and wine party, and talk by deputy chief constable, Mr. E. Maslam: "Police and Drugs."●

MERSEYSIDE BRANCH.—At Tetley Walker Brewery, Gee Street, Warrington, Thursday, 16 October, 2 p.m., annual general meeting. Preceded by buffet lunch, 12 for 12.30 p.m., and followed by tour of brewery. Ladies are invited.

NORTH-EAST ULSTER DIVISION.—At Beach Hotel, Portballintrae, Friday, 17 October, 8 for 8.30 p.m., members' and wives' annual dinner followed by film by Mr. D. Deane: "Wild Life on Lough Neagh."●

NORTH OF ENGLAND BRANCH.—At Royal Victoria Infirmary, Newcastle upon Tyne, Thursday, 16 October, 7 for 7.30 p.m., Sir James Howie (President, B.M.A.): "Communicable Disease Report."

NORTH NORTHUMBERLAND DIVISION.—At Berwick Infirmary, Thursday, 14 October, 8.30 p.m., Dr. G. M. Fraser: "Recent Advances in Radiology."

NORTH STAFFS DIVISION.—At Medical Institute, Hartshill, Wednesday, 15 October, 8.15 p.m., Dr. P. H. M. Carson: "Investigation and Management of Heart Disease in Infants."

NORTH-WEST WALES DIVISION.—At Royal Goat Hotel, Beddgelert, Saturday, 18 October, 7.15 p.m., annual general meeting and dinner.

NUNEATON DIVISION.—At Chase Hotel, Friday, 17 October, 7.30 for 8 p.m., annual dinner and ladies' night, Colonel J. C. Watts: "Against Infection and the Hand of War."●

READING DIVISION.—At Royal Berkshire Hospital, Wednesday, 15 October, 8.30 p.m., Lord Brock: "Medicine and Old London Bridge." Ladies are invited.

SHROPSHIRE AND MID-WALES BRANCH.—At Lord Hill Hotel, Thursday, 16 October, 8 for 8.30 p.m., annual dinner dance.●

SOUTHAMPTON DIVISION.—At Postgraduate Medical Centre, Wednesday, 15 October, 8 for 8.30 p.m., ladies' night, Professor N. Glendinning: "Psychology and Spanish Art." Followed by informal wine buffet. Guests are invited.●

WALSALL DIVISION.—At Elms Hotel, Aldridge, Wednesday, 15 October, 7.30 for 8 p.m., annual dinner. Speaker, Mr. J. Clement Jones. Guests are invited.●

WEST SUFFOLK DIVISION.—At Bury St. Edmunds Cathedral, Sunday, 12 October, 10.30 a.m., service for doctors and families.

WIGAN DIVISION.—At Wrightington Hospital social centre, Thursday, 16 October, 7.30 p.m., panel discussion: "Abortion—the Act and its Application." (Supper, 8 p.m.)●

WORCESTER AND BROMSGROVE DIVISION.—At Garringtons Ltd., Bromsgrove, Thursday, 16 October, 7.30 for 8 p.m., symposium: "Problems of Noise in Industry." Followed at 9.30 p.m., by sherry and buffet supper.●