Annual report 1975 / General Medical Council.

GENERAL MEDICAL COUNCIL
ANNUAL REPORT
for 1975

March 1976

THE GENERAL MEDICAL COUNCIL

March 1976

President

SIR JOHN SAMUEL RICHARDSON Bt MVO MD

Members

Baroness Fisher of Rednal Michael Frederick Green MRCP Lond Sir John Denis Nelson Hill FRCP Lond John James Andrew Reid CB TD MD Margaret Stacey BSc Sir John Howie Flint Brotherston MD Robert Hughes MP Thomas Terence Baird MB	Nominated by	Her Majesty, on the advice of Her Privy Council
William Henry Trethowan CBE FRCP Lond Joseph Henry Peacock ChM Walpole Sinclair Lewin MS Derek Rawlins Wood BM Robert Roaf MCh Orth Mark Ian Alastair Hunter MD William Ivor Neil Kessel MD John Nicholas Walton TD MD John McEwen Potter FRCS Eng Herbert Livingston Duthie ChM John Patrick David Mounsey MD Samuel Cherrie Frazer FRCPath James Paris Duguid MD Archibald Sutherland Duncan DSC FRCOG Eric Kennedy Cruickshank OBE MD Sir John Henry Biggart CBE MD William John Edward Jessop MD Thomas Murphy MD Sir Gordon Ethelbert Ward Wolstenholme OBE FRCP Lond Sir John Samuel Richardson Bt MVO MD Selwyn Francis Taylor FRCS Eng Donald Blake Fraser FRCOG William Macleod ERD FRCP Edin Donald McIntosh FRCS Edin Sir Robert Brash Wright DSO OBE ChM David Michael Mitchell FRCP Irel Anthony Burton Clery FRCS Irel	Appointed by	University of Birmingham University of Bristol University of Cambridge University of Leeds University of Liverpool University of London University of Manchester University of Newcastle upon Tyne University of Oxford University of Sheffield University of Wales University of Aberdeen University of Dundee University of Edinburgh University of Glasgow Queen's University of Belfast University of Dublin National University of Ireland Society of Apothecaries of London Royal College of Physicians of London Royal College of Surgeons of England Royal College of Obstetricians and Gynaecologists Royal College of Physicians of Edinburgh Royal College of Surgeons of Edinburgh Royal College of Physicians and Surgeons of Glasgow Royal College of Physicians of Ireland Royal College of Surgeons in Ireland
Katharine Farquharson Bradley MB John Fry OBE MD Dame Frances Violet Gardner DBE MD Sir Ronald George Gibson CBE FRCGP Derek John Llewellyn FRCGP Michael Thomas O'Donnell MB Evan Arthur Williams FRCOG William Wright Fulton FRCGP Gordon Miller McAndrew MRCP Lond Thomas Horner MD	Elected by	The registered medical practitioners resident in England and Wales, Scotland, and Ireland

Office of the Council: 44 Hallam Street, London, W1N 6AE
01-580-7642

THE COUNCIL AND THE MERRISON REPORT

by Sir John Richardson, Bt, MVO, MD,
President of the General Medical Council

At the time when I was writing for the Council's last Annual Report we were awaiting the publication of the Report of the Committee of Inquiry into the Regulation of the Medical Profession. The Merrison Report was published in April 1975, and its recommendations gave the Council plenty to think about during the rest of that year and into this one.

The Report dealt with medical education and registration, the registration of overseas doctors and fitness to practise, under which heading the Merrison Committee considered the traditional disciplinary machinery and proposed new machinery to deal with sick doctors. Questions concerning the establishment of high standards of professional conduct, the composition of the regulating Body, and the method of financing it, were also dealt with in the Report.

Medical education and registration

As every doctor knows, the process of training for independent practice is a long one. The foundation is laid during the undergraduate curriculum at Medical School and then clinical experience is added during the pre-registration year. This is followed in many cases by further training in a specialty, whether general practice, community medicine or a "hospital" discipline. The present Council's powers do not effectively extend beyond the undergraduate curriculum which should (under the present Medical Acts and in language dating from 1886) "sufficiently guarantee the possession of the requisite knowledge and skill for the efficient practice of medicine, surgery and midwifery". The Merrison Report recognised that this is no longer realistic.

On medical education and registration the principal recommendations of the Report were that the whole of medical education from the beginning of undergraduate training to the completion of specialist training should be placed under the supervision of a single regulating Body. This arrangement would recognise the essential unity of the whole process of medical education, and have

the further advantage that the Body would then be able to adopt a liberal approach to the undergraduate curriculum – knowing that this did not have to prepare the doctor for independent practice on graduation. The Report envisaged that the regulating Body should, in supervising specialist training, act on the same lines as the present Council has towards the Medical Schools – that is to say responsibility would remain with the Joint Higher Training Committees for accreditation, but the Council would supervise and co-ordinate the standard of their training programmes. At the conclusion of specialist training the accredited doctor would be entitled to have an indication of this entered in the Register.

These recommendations have been welcomed by the Council: indeed they closely corresponded to those made by the Council in its own evidence to the Merrison Committee. Legislation will, however, be required to implement them. Before such legislation is prepared the Government will need to be satisfied that there is a reasonable consensus of agreement among professional Bodies as to its shape.

In order to ascertain whether such a consensus yet exists, the Council, in accordance with a suggestion in the Merrison Report, convened a conference of all interested bodies on February 24, 1976. This was an important occasion when some 300 persons representing all the Universities, Medical Schools, Colleges, Joint Higher Training Committees, Specialist Bodies, Professional Associations, Postgraduate Councils and Health Departments assembled. The conference did reveal a widespread consensus, but some reservations were expressed by a few bodies about some aspects of the Merrison Report's proposals. These will require further discussion during 1976.

Overseas doctors

This chapter contained a number of criticisms of past actions by the General Medical Council, but the recommendations made in it followed in every detail the recommendations made to the Merrison Committee by the Council concerning the registration of overseas doctors – and thoroughly endorsed action which the Council had recently taken. Since the publication of the Report the Council has taken further steps, as described elsewhere in this Annual Report, but legislation will be required in order to implement some of the changes which both the Merrison Committee and the present Council consider desirable.

Fitness to practise

The relevant chapters of the Merrison Report covered three kindred subjects, discipline, the sick doctor and guidance on professional conduct. First the Report examined the Council's present disciplinary machinery and expressed the view that many of the criticisms of it which had been voiced were due to misunderstanding. No major changes were recommended, but on some points of detail the Report recommended variations. These recommendations were discussed by the Council with the British Medical Association and the Medical Defence Societies during 1975. Some of the variations recommended have been adopted, some will require legislation, and on some there has been agreement that a change would not on balance be desirable.

The sick doctor

The Council in its evidence to the Merrison Committee had drawn attention to the fact that in one in five of the cases going through the Council's present disciplinary machinery, there was evidence of psychiatric illness on the part of the doctor concerned. The Council was also aware of a number of other cases not amenable to its present disciplinary jurisdiction in which a doctor's fitness to practise had been impaired by mental illness. To enable the latter group of cases, where the condition of the doctor can be a source of great danger both to himself, his colleagues and his patients, to be dealt with and to enable the former group to be dealt with more appropriately than by its disciplinary machinery the Council had put forward to the Merrison Committee proposals for the establishment of new machinery. The Merrison Committee adopted these proposals, and recommended the establishment of a Health Committee, to consider cases where a doctor was suffering from any illness, whether mental or physical, such as could affect his fitness to practise. This Committee would sit in private and decide upon the basis of medical reports received from psychiatrists or specialists in other branches of medicine whether the doctor was fit to practise. If he was not, but agreed to undergo appropriate treatment and to limit his practice meanwhile, the matter could be resolved on that basis: but if the doctor did not agree to undergo treatment his registration could be suspended. These recommendations in the Merrison Report have been widely accepted, but will require legislation before they can be implemented.

Guidance on professional conduct

The Report recommended that the Council should issue further guidance to the profession on advertising and on sexual relationships between doctors and patients. During 1975 these matters were discussed between the Council, the British Medical Association and the Defence Societies. New sections have been added to the Council's blue pamphlet dealing with questions of advertising arising from relationships between doctors and organisations providing clinical, diagnostic, or medical advisory services, and questions arising from articles or books, and broadcasting or television appearances by doctors. Another section discusses signposts or noticeboards relating to health centres, and the choice of titles for such centres or for group practices.

On sexual relationships between doctors and patients a revised text is in an advanced stage of preparation. In recognition of the changed character of the blue pamphlet its title has been altered from "Professional Discipline" to "Professional Conduct and Discipline". Copies of it may be obtained from the Registrar.

The Council's present disciplinary powers are concerned with what in the words of the Medical Acts is described as "serious professional misconduct". The Merrison Report recommended that the Council should also be given a positive duty to promote high standards of professional conduct. The Council, while not wishing to claim any exclusive role for itself in this field, has indicated that it would be prepared to assume this new task if this were generally agreed.

Finance

On finance the Merrison Report recommended that the Council should continue to receive its principal income from the profession through the annual retention fee and that the sanction for non-payment of the fee should continue to be erasure from the Register. The Report did not exclude the possibility of some financial contribution to the Council by the Government and suggested that this might take the form of the Government arranging to collect centrally the fee from doctors engaged in the National Health Service. This would reduce the cost of collection, but it is clear that the Government would agree to this only if the profession as a whole were in favour of such an arrangement. Discussions on this matter with the British Medical Association during 1975 showed that such agreement is not immediately in prospect.

Composition of the Council

The recommendations on functions made in the Merrison Report would extend the duties and powers of the regulating Body into the field of postgraduate education and specialist training and also in relation to "sick doctors". In recognition of this the Merrison Report recommended substantial changes in the composition of the Council. The Council would be greatly enlarged, from 46 to about 98 members, the number of lay members would be increased from three to ten, and the number of elected members from eleven to something over 54. During 1975 the present Council did not think it right to express views on these particular proposals which it regarded as a matter for determination by Government in the light of views expressed by other professional bodies. The Council did, however, point out that the question of composition is intimately connected with that of functions and should not therefore be dealt with separately.

As the foregoing summary shows, the Council has reacted very positively to the Merrison recommendations. It has taken the initiative in promoting discussions with other professional bodies to ascertain where there is agreement, but the completion of the process, including the accomplishment of important changes on medical education and registation, depends upon legislation for which the Government must be responsible.

THE COUNCIL AND MEDICAL EDUCATION

---

by John N. Walton, TD, MD, DSc, FRCP
Chairman, Education Committee

When I was elected to succeed Sir John Brotherston as Chairman of the Council's Education Committee in May 1975, I was immediately conscious of the increasingly important role played by the Council in relation to its responsibility for overseeing medical education in the United Kingdom and of the vital part played by Sir John in guiding the affairs of the Committee through an era of continuing change and experiment during the last few years. The years to come seem likely

to be no less challenging and it is good to know that Sir John's experience and expertise will continue to be available to the Committee in the future.

Annual examination returns

In February 1975 the Committee appointed a small sub-committee to consider the Council's annual returns required from licensing bodies and that sub-committee recommended certain changes in the returns which were approved by the full Committee and by the Council in May. The changes introduced were designed to take note of changing requirements (both in subjects taken and in academic standards) for medical school entry, and of changing patterns of examinations and assessment introduced by licensing bodies. A standing sub-committee was established in order to scrutinise the new returns annually with the responsibility, where necessary, of recommending further changes and of drawing to the Committee's attention any new trends which may emerge which may be relevant to undergraduate medical education as a whole and to medical manpower needs.

Survey of basic medical education

This survey, referred to in detail in last year's Report, has made excellent progress. The co-operation of Medical Schools throughout the United Kingdom and Irish Republic in completing the very large number of questionnaires which were distributed has been outstanding and the mass of information collected upon existing patterns of undergraduate medical education is now being analysed by the survey team in the Department of Medical Education of the University of Dundee. This information will provide a comprehensive data bank which is likely to be of inestimable value to all of those concerned with medical education. A report is now being prepared. Its first part will include sections on the organisation and content of curricula, the objectives laid down by various medical schools, selection policy and procedure, methods of assessment of performance and new developments within schools. The second part of the report will deal with the teaching of individual disciplines and specialties, some 33 in all, based upon the answers given to subsidiary questionnaires. The third section of the report will comprise moderately detailed "profiles" of each school participating in the survey, given in a standard form for convenient reference. The preliminary results of the survey and the means by which the infor-

mation collected can be used were discussed at a conference of Deans on March 19, 1976.

The Committee is greatly indebted to the GMC correspondents and to all the teachers in the schools who participated so effectively and willingly in this arduous exercise.

Study of objectives in relation to basic medical education

Preliminary comments upon this study were given in last year's Report. It has been the custom in the past for the Council to issue pamphlets of guidance to licensing bodies on basic medical education approximately every 10 years. In 1967 the Council's Recommendations included brief comments upon "the objective of medical education" and its "nature and aims". In 1974 the Council decided, on the advice of the Education Committee, that in a period of active curricular change and modification, it would not be its intention to issue a further series of Recommendations in 1977. It seemed more appropriate that the Council should, from time to time, make available commentaries upon specific aspects of undergraduate medical education in the broadest sense. After holding four meetings and after taking a great deal of verbal and written evidence the Sub-Committee on Objectives presented its report to the Education Committee and to Council in November 1975, and this report, too, was considered further at the meeting with the Deans in March 1976. It was considered that the Council should give more guidance to licensing bodies relating to the definition of objectives and to the assessment of performance in pursuance of those which are defined. The Sub-Committee suggest that the specification of objectives and of methods of measuring whether or not they have been achieved are valuable in order to establish the behaviour desired of and the knowledge required by a student in precise terms, so that it will be possible to assess when teaching has had the desired effect. Attempts to define attitudes, the core of knowledge and the skills required at each stage of the course are also useful in giving guidance to student and teacher alike, though it is important to recognise that such definition is a means to an end and not an end in itself. Depending upon the views expressed by the Deans upon this report it may prove to be useful to convene a conference to discuss this topic further.

REGISTRATION OF OVERSEAS DOCTORS

by R. S. R. Beers
Assistant Registrar

Arrangements for registration in this country of doctors who qualify overseas are more complicated than for those doctors who qualify in this country. This is because, in addition to provisional and full registration which is available to some overseas doctors, there is also available a third form of registration – temporary registration. This can be granted only for a particular hospital appointment, or an extension of such an appointment. Important developments relating to each kind of registration occurred during 1975.

Full and provisional registration effected as part of reciprocal arrangements

Statutory provision for the registration in this country, under reciprocal arrangements, of overseas qualified doctors was first made under the Medical Act of 1886. By 1970 reciprocal arrangements had been established with 23 countries and recognition extended under them to the primary medical qualifications granted to students of over 90 Medical Schools overseas. In its heyday the system enabled British qualified doctors to practise medicine in the countries concerned. In recent years the system had permitted a large annual inflow to this country of overseas qualified doctors. The multiplication of Medical Schools overseas, the diversification of the standards and objectives in these Schools and increasing language difficulties, all tended to make the system less acceptable in its results than formerly.

The Council's chief concern has related to the standard of the qualifications which it recognises under reciprocal arrangements. Scrutiny of these standards became increasingly more difficult and early in 1971 the Council initiated a review of all the qualifications which it had recognised. The review of necessity took some time to conduct but its progress has been marked by a progressive reduction in the number of qualifications recognised. In 1972, as a result of political developments, recognition of qualifications granted in Pakistan and what has now become Bangladesh ceased: previously some six schools in those countries had been recognised. Sub-

sequently, after a visit to Sri Lanka, recognition for full registration was withdrawn from medical degrees granted in that country after January 1, 1972. The process was carried further during 1975 when recognition was withdrawn by the Council from qualifications granted after May 22, 1975, to graduates of 55 Medical Colleges in India which had previously been recognised for full registration. This decision was taken because after protracted correspondence with the Medical Council of India the General Medical Council was no longer able effectively to satisfy itself as to the standard of qualifications currently granted in India. It did not however reflect upon the standard of qualifications granted in earlier years.

Curiously enough the immediate effect of the announcement of this decision was to cause a rapid rise in the number of applications for full registration not only from Indian doctors who had qualified at earlier dates and no doubt feared a complete cessation of the reciprocal arrangements, but also from doctors who had qualified in other countries overseas. During the last three years the total number of overseas doctors granted full registration has been as follows:

1973	1,972	1974	1,930	1975	2,741

These figures include doctors from all countries with which reciprocal arrangements still exist. The increase in 1975 mainly occurred during the second half of the year. 979 overseas doctors were granted full registration up to the end of May and 1,762 during the remainder of the year. Doctors eligible for full registration under these arrangements cannot under the present Medical Acts be required to take the Temporary Registration Assessment Board tests, although they can be required by the Department of Health and Social Security to complete a period of assessment under the Clinical Attachment Scheme before they can take up an appointment in the hospital branch of the National Health Service.

Temporary registration and the TRAB tests

Statutory provision for temporary registration in approximately its present form was first introduced in 1947 but the number of doctors applying for this kind of registration only became substantial after 1960. During the last three years the number of doctors granted temporary registration for the first time was as follows:

1973	2,236	1974	2,391	1975	1,934

Prior to the introduction of the TRAB tests, 1,380 doctors were granted temporary registration between January and May 1975. The tests commenced in June, and between June and December

1975, 554 doctors were granted temporary registration for the first time. Of this latter number 168 had passed the tests and 320 had been exempted under arrangements described later in this article.

These figures however do not by any means reflect the total volume of work involved in the field of temporary registration since many doctors apply for two or more periods of temporary registration in a year. During 1975 14,473 applications for temporary registration were granted and on January 1, 1976, the names of 6,912 overseas qualified doctors were included in the Register of Temporarily Registered Practitioners.

The statutes which empower the Council to grant temporary registration require an applicant to hold a qualification recognised by the Council for the purpose of temporary registration, but the qualification may be granted in any country of the world – it is not necessary to establish reciprocal arrangements for registration between this country and the country in which the applicant qualified. A considerable number of qualifications granted in reciprocating countries which are not recognised for full registration have nonetheless been recognised for temporary registration. But whereas the Medical Acts make the grant of full registration under reciprocal arrangements a right for a doctor possessing the necessary qualifications and experience the grant of temporary registration rests within the discretion of the Council. In exercise of this discretion the Council introduced during 1975 tests of the linguistic proficiency and professional knowledge and competence of individual doctors applying for temporary registration. The operation of these tests is described in a later section of this article.

Not all doctors who apply for temporary registration are required to take the test. In May 1975 the Council established certain categories of exemption. Apart from exempting doctors who had before June 1, 1975, been granted one or more periods of temporary registration there are two other principal categories. One category relates primarily to the professional attainments of the doctor and includes doctors who hold a registrable additional qualification such as MRCP(UK), FRCS, MRCOG, MRCPath, MRCPsych, MFCM, FFARCS and FRCR, or who hold one of the overseas primary medical qualifications recognised by the Council for full registration provided that English is the only language used in the Medical School where the doctor qualified and is also the primary language of the country in which he qualified. The other category of exemption relates to sponsored doctors – doctors selected by the

British Council as Scholars or Bursars or awarded fellowships by the World Health Organisation and accepted by the Department of Health or selected by the Association of Commonwealth Universities as Commonwealth Scholars, Fellows or Senior Fellows, or doctors who before arrival in the United Kingdom are appointed to a clinical post in a Medical School or to a post in an approved hospital in the grade of Registrar or equivalent or above. In the case of doctors falling within this category, exemption from the tests applies only to temporary registration granted for a pre-arranged post where adequate arrangements have been made for the doctor's supervision. Exemption from the tests is also granted, after individual scrutiny by a Committee, to overseas doctors who on first appointment seek to hold a post at Senior House Officer level provided that satisfactory evidence is received by the Committee to show that the applicant has been sponsored by an identified and named doctor of standing overseas who can testify as to the applicant's professional attainments and career and has also been accepted by a consultant in the United Kingdom who knows the overseas sponsor and is prepared to offer the applicant concerned an appointment at Senior House Officer level and can vouch that he will be adequately supervised in that appointment. Exemption in these cases applies only to temporary registration granted for the post to which the doctor is first appointed.

Scrutiny of applications

Over 18,000 applications for registration were received during 1975 from overseas qualified doctors. While the majority of applications were granted, some were not. In the case of applications for temporary registration this was mainly because a Committee of the Council determined on grounds of conduct, competence or health, that registration or further registration should be withheld, and in the case of applications for full registration that an applicant's professional experience was insufficient to justify the grant of full registration.

From time to time, applications for registration are also received from persons masquerading as doctors. Three cases of this kind were detected during 1975. Two of these cases were referred to the police. In the third case the applicant was abroad, and was later reported to have died.

THE TEMPORARY REGISTRATION ASSESSMENT BOARD TESTS

The "TRAB tests" (as they have become known) have been devised and, since June of 1975, have been conducted, on behalf of the Council, by the Temporary Registration Assessment Board. This Board was established for this purpose by the three non-University Licensing Bodies in the United Kingdom. Membership of the Board includes in addition to representatives appointed by the parent Colleges of the Examining Board in England and the Scottish Triple Qualification Board, and by the Society of Apothecaries of London, other persons co-opted to represent the Royal College of Obstetricians and Gynaecologists, the Royal College of General Practitioners and (particularly for language testing) the Institute of Education of the University of London. Other medical and linguistic experts with special skills and knowledge have been appointed to serve on Committees established by the Board.

The tests comprise three written papers:

(*a*) Comprehension of spoken English ($\frac{1}{2}$ hour, preceded by a practice test of $\frac{1}{4}$ hour);
(*b*) Factual professional knowledge ($1\frac{1}{2}$ hours);
(*c*) Comprehension of written English and ability to write English ($1\frac{1}{4}$ hours);

together with a viva voce examination (20 minutes). The written papers take place on a Monday, and the viva voce examination follows on the Tuesday or Wednesday, depending on the number of candidates. The standard required to pass the tests has been defined by the Council as being related "to suitability to engage in employment in the Senior House Officer grade. It will thus test the knowledge and competence to be expected at the stage attested by the grant of full registration to British qualified doctors."

It has been suggested that these tests are concerned solely with assessing a candidate's command of the English language, and that the largest single cause of failure is a particular part of the test – the comprehension of spoken English paper. Neither of these suggestions is correct. The Board has designed its tests to include two components, language and medicine, and each of these is marked separately by the examiners. A candidate must pass not only the English component, but also the medical component during the course of a single test. No cross-compensation from either component is permitted by the Board and therefore a candidate who fails one, or other, or both components, fails the test.

The *linguistic* component comprises:

(*a*) a comprehension of spoken English paper conducted by means of carefully selected questions pre-recorded on tape and reproduced by loudspeaker;

(*b*) part of a modified essay question paper designed to test a candidate's ability to comprehend written English and to write it clearly and intelligibly in a clinical context;

(*c*) part of a viva voce examination to test his ability to communicate in spoken English on medical matters.

The *medical* component comprises:

(*a*) a multiple choice question paper to test the candidate's factual knowledge in the three main branches of medicine;

(*b*) part of a modified essay question paper to test his ability to apply his medical knowledge to an unfolding clinical problem;

(*c*) part of a viva voce examination to test his ability to apply his medical knowledge to a variety of clinical situations.

The Board has undertaken to conduct not less than 10 tests a year. Seven tests were held between June and December 1975, and 12 tests are scheduled for 1976 at intervals of approximately one month. Each test takes place at one of two centres in London (the Examining Board in England or the Society of Apothecaries of London) or one of three centres in Scotland (the Royal College of Physicians or the Royal College of Surgeons in Edinburgh, or the Royal College of Physicians and Surgeons in Glasgow).

The Board has organised an extensive series of pilot tests on volunteer candidates (of many nationalities, including United Kingdom nationals) in order to assess the quality of the material which had been prepared for inclusion in the three written papers. Valuable information was derived from the pilot tests, and used in determining the levels at which the pass mark should be set for each part of the test. Further pilot testing continues, and the results are analysed and compared with the results obtained by candidates in the tests. A computer has been used to mark the candidates' answers to the multiple choice question and the comprehension of spoken English papers. Computer analysis of the results of each question in these papers has been made available to the Board. Questions shown to be poor discriminators have been abandoned, and those identified as good discriminators have been selected for inclusion in further papers for the purpose of comparative analysis. At the end of 1975, the Board instituted a review of its tests in the light of the results achieved by candidates, and is planning to introduce a num-

ber of modifications in 1976.

Since June 1975 the Board has conducted 9 tests. The total number of candidates, including 187 who took the tests more than once, was 1,019. The successful candidates numbered 352. An analysis of these results in respect of countries which contributed ten or more candidates is set out in a schedule at the end of this article. Unsuccessful candidates who failed marginally the linguistic component amounted to a mere 5 per cent of the total number of candidates. Marginal failures in the medical component amounted to 16 per cent and marginal failures in both components amounted to 19 per cent. The remaining candidates, 25 per cent of the total, were regarded by the examiners as failing severely in either, or both, components. The pattern of these severe failures as between the two components did not substantially differ from the pattern of the marginal failures.

From the outset of the tests, a monitoring system was introduced by the Council. For this purpose reports are being sought on the performance in hospital appointments of doctors who have passed the tests. It is too early at this stage to assess the results of the tests by this method, but the reports received so far indicate that in general doctors who have passed the tests have subsequently undertaken their duties in hospital appointments satisfactorily.

The Temporary Registration Assessment Board has always taken the view that its tests for overseas doctors should be supplemented by a period of assessment in a British hospital, and it has supported the Council in its recommendations to the Department of Health and Social Security that the Clinical Attachment Scheme for overseas medical graduates should be expanded and improved so as to provide a better system of assessment than has hitherto been available. Discussions are continuing between the Council, the Department of Health and the Joint Consultants' Committee on the question of linking an improved and reorganised Clinical Attachment Scheme to the tests.

From the establishment of the Board in 1974 until December 31, 1975, the work of the Temporary Registration Assessment Board was guided by Dr T. C. Hunt, CBE, as its Chairman. The Council has expressed to him and to the members of the Temporary Registration Assessment Board, and also to the medical and linguistic experts whose advice it has sought, its gratitude for the hard work and perseverance which has been necessary in order to launch and to conduct these new tests. The Council believes that the

tests are providing a useful filter before temporary registration is first granted to doctors who have qualified overseas.

TRAB TESTS (June 1975–February 1976, inclusive)

Schedule by results by country of qualification

(The schedule gives separate figures only for those countries which contributed at least ten candidates)

Country of Qualification	*No. of candidates*	*No. of passes*
Bangladesh	54	7
Egypt	215	46
Greece	35	5
India	236	100
Iran	34	3
Iraq	103	49
Nigeria	34	24
Pakistan	96	42
Poland	15	4
Spain	20	3
Sudan	13	7
Syria	12	1
Turkey	11	1
USSR	23	1
38 other countries	118	59
	1,019	352

PROFESSIONAL DISCIPLINE

Summary of cases considered during 1975 by the Penal Cases Committee or by the Disciplinary Committee

Cases considered by the Penal Cases Committee or by the Disciplinary Committee are summarised in the following table.

Many of these cases arose out of previous proceedings in the criminal courts or under National Health Service regulations or by National Health Service employing authorities.

The Council also received during the year a total of 888 complaints or letters about professional conduct from members of the public or of the profession.

Nature of Alleged Misconduct, or Offence of which Convicted	*Cases considered by the Penal Cases Committee but not referred to the Disciplinary Committee*		*Cases considered by the Disciplinary Committee*		*Cases in which Suspension or Erasure Ordered*
	Convictions	*Alleged Professional Misconduct*	*Convictions*	*Alleged Professional Misconduct*	
1 Disregard of personal responsibilities to patients (for example, by failure to visit)	0	3	0	3	1
2 Abuse of alcohol	40	1	6	1	3
3 Personal abuse of drugs by the doctor	3	2	11	5	2
4 Non bona fide or improper prescribing of drugs of addiction for others	1	1	5	7	8
5 Illegal abortion	0	0	0	1	1
6 Abuse of professional position to further an improper association or commit adultery	0	4	0	1	1
7 Dishonesty	15	0	13	3	6
8 Violence	3	0	0	0	0
9 Indecency	3	2	3	3	2
10 Advertising or canvassing	0	3	0	1	0
11 False certification	0	1	2	3	5
12 Other charges	3	0	0	2	1

Notes

2 Convictions in this category were mainly for driving while drunk.

3 Convictions in this category were mainly of offences against drugs legislation or of obtaining drugs by deception.

New disciplinary procedures for overseas-qualified doctors seeking temporary, provisional or full registration

The traditional disciplinary jurisdiction of the Council, exercised through its Penal Cases and Disciplinary Committees, embraces doctors who are fully or provisionally registered. Although in theory a doctor who is temporarily registered may also be brought before the Disciplinary Committee, this is usually not practicable because of the limited periods for which temporary registration is granted. Accordingly, in relation to doctors who are eligible only for temporary registration, and who are convicted in this country or against whom allegations of the nature of serious professional misconduct are made, the question which has to be decided is whether they should be granted temporary registration or further temporary registration. A similar question may arise in relation to overseas-qualified doctors eligible to apply for provisional or for full registration because the Medical Act requires such doctors to show that they are "of good character".

Because of a growing number of cases affecting such doctors the Council decided in 1974 to establish a procedure to consider these cases. This operates through a Sub-Committee of the Council's Overseas Committee to whom cases are referred where, by reason of the character or conduct of the doctor, it appears that registration or further registration should not be granted. The procedure of this Sub-Committee follows in general that of the Disciplinary Committee, although it is less formal. Evidence is taken orally from witnesses. The Sub-Committee is advised by a Legal Assessor on questions of law and the doctor may be legally represented before it.

The first cases under this new procedure were heard in July 1974. Between then and the end of 1975 a total of 18 cases were heard. Nine of these cases related to convictions involving drugs and five related to convictions involving dishonesty. Another involved disorderly conduct, one a false claim to qualifications, one attending patients under the influence of drugs and one indecent behaviour. In addition to considering cases of this kind the Sub-Committee concerned has also considered a number of other cases where unsatisfactory reports had been received upon the performance of temporarily registered doctors in hospitals. In most of these cases it appeared that the doctor was suffering from psychiatric illness or personality disorders. Where the Committee considered that it would not be in the public interest to allow the doctors concerned

further registration, an order to this effect was made in exercise of the Council's general discretion whether or not to grant temporary registration.

SOME PROBLEMS OF COLLECTING THE ANNUAL RETENTION FEE

In 1975 the annual retention fee brought in £374,885 but cost £85,468 to collect. 74,977 doctors paid the fee. Except for those who had completed a bankers order they paid in response to a notice, or series of notices, sent by the Council. Between May 1974 and April 1975, 12,891 doctors (17 per cent of the total) disregarded the first notice and needed to be sent a second. Following this 3,591 ignored the second notice. Where doctors in this situation had an address in the United Kingdom a further letter was then sent in a final effort to avert erasure. These steps reduced the number who eventually incurred erasure for non payment from 11,235 to 1,410, but cost approximately £10,000. This cost falls ultimately upon the profession as a whole.

Payments by cheque also throw up a number of problems. It is surprising how many doctors confuse the Council with the BMA or the MDU . . . or even "Babycare". A number of cheques received are difficult to attribute to the right doctor – for example, cheques drawn on a practice account or on that of a different person. Some married women doctors are registered in their maiden name but sign cheques in their married name. If the Register Entry Form which accompanies each notice is returned with the cheque, such difficulties are avoided.

Payment of the fee by bankers order avoids these difficulties, but the change in the annual retention fee from £5 to £8 with effect from May 1, 1976, will require action by those 14,000 doctors who made a bankers order at the old rate. A special notice is being sent to these doctors. To avoid similar difficulties in future when the amount of the fee is next altered, the Council is exploring the possibility of using the direct debit system to collect the fee instead of the conventional bankers order – but this will not be possible in 1976.

To reduce the cost of collecting the annual retention fee:
(1) Please pay promptly on the first notice or by bankers order;
(2) Please return the register entry form with your payment.

FINANCE

The Council's income and expenditure in 1975 can be summarised as follows:

Income		*Expenditure*	
Annual retention fees	£382,253	Education	£38,364
Fees received on provisional or full registration:		Professional conduct and discipline	£89,256
British and Irish doctors	£72,790	Registration of British and Irish doctors	£26,793
Overseas doctors	£98,575	Maintenance of Register	£54,121
Fees received for temporary registration of overseas doctors	£140,378	Registration of overseas doctors	£128,781
Fees received from candidates for the TRAB tests	£24,135	TRAB tests	£66,462
Sales of Medical Register and Fortnightly Lists	£30,639	Collection of annual retention fees	£85,468
Other income	£34,261	Printing of Medical Register and Fortnightly Lists	£31,967
		General administration and establishment	£267,967
TOTAL	£783,031	TOTAL	£789,179
		Additional transfer from general reserve to the Superannuation Fund in respect of renewed past service liability	£52,500
	£783,031		£841,679

This summary shows the principal sources of the Council's income and objects of expenditure. Most of the headings given are self-explanatory: the heading "General administration and establishment" represents all expenditure which cannot realistically be apportioned among the other activities shown in the summary, including such matters as meetings of the Council, costs of staff employed on common services, and expenditure on premises.

During 1975 the income of the Council rose by £111,298, although during the year the annual retention fee and the fees charged for granting provisional and full registration remained unchanged. The increase in income arose partly from fees paid by candidates for the TRAB tests and from doubling the fees for temporary registration. An unexpected increase in the number of overseas doctors granted full registration also produced additional income. This source of income is expected to diminish sharply in future years.

As compared with 1974 the Council's expenditure increased by £269,203. The principal reason for the increase in expenditure was inflation. This affected most items of expenditure and particularly salaries,

which together with superannuation contributions accounted for just over half of the total. During 1975 the Council had for the first time to meet expenditure on the new TRAB tests amounting to £66,462: this included expenditure of £11,781 on the preparation of the tests brought forward from 1974.

This expenditure was met partly by the fees paid by candidates (£24,135) and partly from an increase in the rate of fees charged for temporary registration. In all these fees yielded £140,378 in 1975. Accordingly no part of the cost of the TRAB tests fell on the general income of the Council. Other expenditure on the registration of overseas doctors amounted to £128,781. This sum reflects the fact that the volume of work involved again increased. Over 18,000 applications for registration from overseas qualified doctors were dealt with during 1975.

As indicated above the Council's normal expenditure exceeded its income by £6,148 during the year. In addition to this a renewed liability arose on the staff Superannuation Fund in respect of past service. This happened because prospective superannuation benefits are linked to current salaries and pensions in payment are adjusted with the cost of living. As these are increased by inflation, so there is a renewed liability for past service. To meet this the Council transferred from its general reserves to the Superannuation Fund a sum of £52,500. Accordingly on the year as a whole the Council expended nearly £60,000 more than it received.

During 1976 national inflation will continue to increase the expenditure of the Council quite apart from any additional activities which it may be called upon to undertake as a result of the recommendations in the Merrison Report. The Council's sources of income however are static unless the rates of fees are increased. Indeed the yield of registration fees paid by overseas doctors for full registration is likely to fall in future years because fewer will be registered following the withdrawal by the Council of recognition from a number of overseas qualifications. The Council's general reserves at present amount to less than six months' expenditure. In these circumstances the Council felt bound to take action to secure an increase in its income during 1976: failure to do so would only bring the Council into debt, and the interest payable on any bank overdraft would ultimately increase the charge falling on the profession.

The annual retention fee has remained at £5 since May 1, 1972, although throughout the subsequent years inflation has substantially increased the general level of costs and prices – particularly during 1975. In these circumstances the Council in November 1975 made Regulations providing for an increase in the rate of the annual retention fee to £8 with effect from May 1, 1976. Such Regulations require the approval of the Privy Council and this has since been given.

Copies of the Council's Accounts may be obtained from the Registrar.

PERSONALIA

During 1975 the Council lost, through retirement or resignation, Professor Robert Kilpatrick, Professor Philip Randle, Professor Sir Donald Douglas, Dr Myre Sim, Miss Ruth Cohen and Mr Thomas Steele. Of these, two had served for ten years or more.

Miss Ruth Cohen, CBE, MA, who was formerly Principal of Newnham College, Cambridge, was nominated by the Crown as a member of the Council from December 8, 1960, until December 7, 1975. During this time she served on the Penal Cases, Education and Executive Committees, and on four Special Committees, on Medical Education, on the Annual Examination Returns, on the Registration of Doctors Suffering from Mental Disorder, and the Special Committee on Professional Conduct. Her vitality and lively intellect were always a strength and a stimulus.

Mr Thomas Steele, who was formerly Member of Parliament for West Dunbartonshire and Parliamentary Private Secretary to the Minister of National Insurance, was nominated by the Crown as a lay member for Scotland from December 8, 1965, to December 7, 1975. He was a member of the Disciplinary, Overseas and Executive Committees, and while on the Council he served also on three Special Committees, on the Report of the Monopolies Commission, on the Registration of Overseas Doctors and on the Registration of Doctors Suffering from Mental Disorder. His wisdom was a great source of strength to the Council.

New members have been appointed or nominated to replace these members. The Universities of Sheffield, Bristol and Dundee have respectively appointed Professor H. L. Duthie, ChM, Professor of Surgery at the University of Sheffield, Professor J. H. Peacock, ChM, Professor of Surgical Science at the University of Bristol, and Professor J. P. Duguid, MD, Professor of Bacteriology at the University of Dundee. Professor Margaret Stacey, Professor of Sociology at the University of Warwick, has been nominated by the Crown as a lay member for England and Wales, and Mr Robert Hughes, Member of Parliament for Aberdeen North, and a former Under Secretary of State at the Scottish Office, has been nominated by the Crown as a lay member for Scotland.

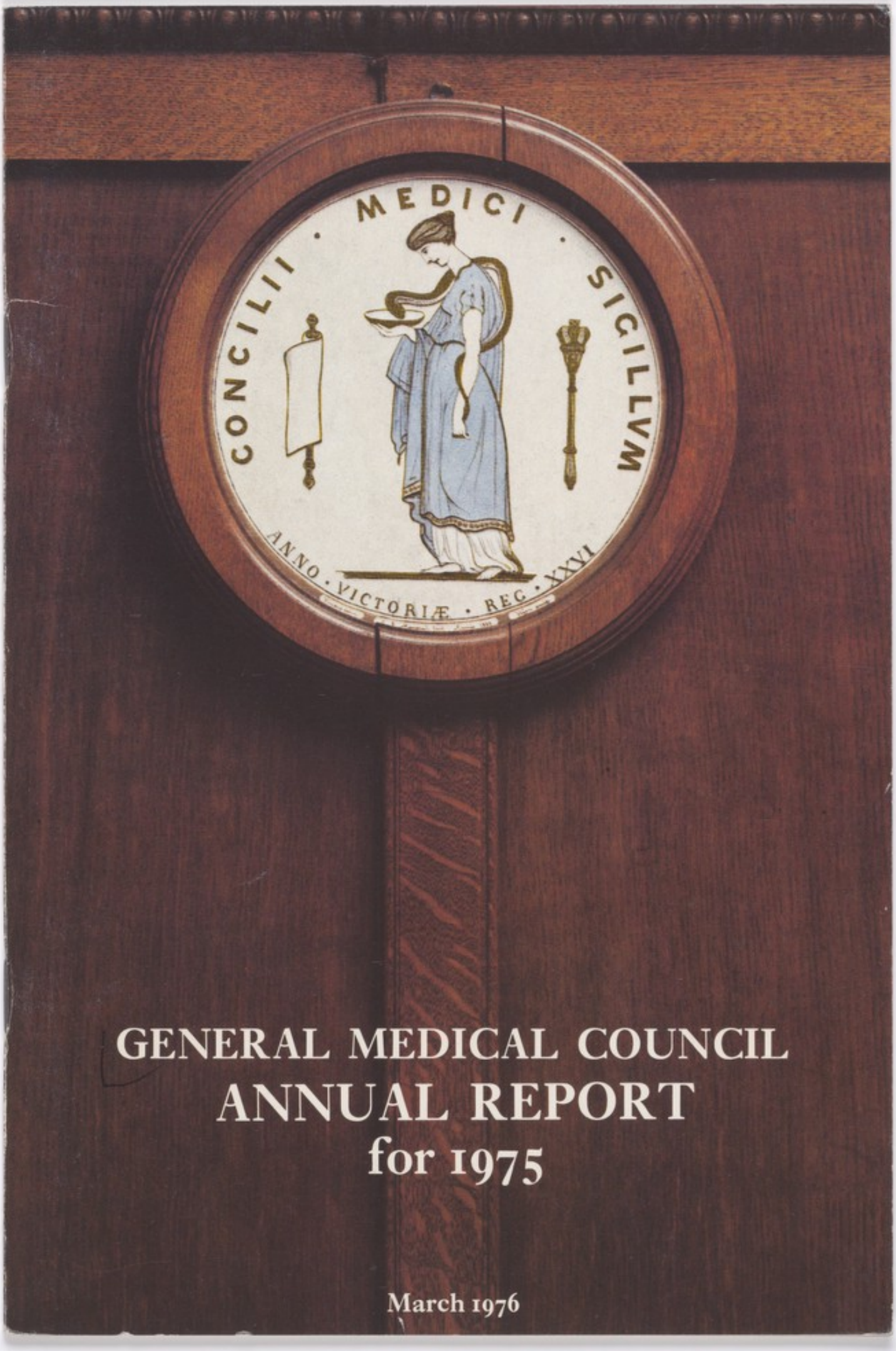
During the year two changes took place in the Chairmanship of the Committees. Sir Denis Hill chaired the Penal Cases Committee during Lord Cohen's illness, and for two years while Sir John Richardson, as President, chaired the Disciplinary Committee. The President then undertook this work while Mr (later Sir Robert) Wright chaired the Disciplinary Committee. Sir John Brotherston, who had chaired the Education Committee since its establishment in 1970 and had inspired many new developments, was succeeded by Professor J. N. Walton. The Council is indebted to Sir Denis Hill and Sir John Brotherston for their outstanding chairmanship of their respective committees.

Members honoured during the year were Dr Fry, OBE, Dame Frances Gardner, Sir Ronald Gibson, Professor Reid, CB, Professor Trethowan, CBE, Sir Gordon Wolstenholme and Sir Robert Wright.

CHANGED YOUR ADDRESS?

This Report is being sent to practitioners at the addresses shown in their entries in the Register on April 16, 1976. Any change of address notified on or after that date will have been included in the Register if you have received a letter acknowledging the notification and confirming the newly-registered address. Please keep the Registrar informed of all changes of address and check that new addresses have been correctly registered. If you receive no confirmation, write or telephone to the Council's office at 44 Hallam Street, London, W1N 6AE: telephone 01–580 7642.

Printed by Westerham Press Limited, Westerham, Kent



GENERAL MEDICAL COUNCIL
ANNUAL REPORT
for 1975

March 1976