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GENERAL MEDICAL COUNCIL
ANNUAL REPORT
for 1979

March 1980

GENERAL MEDICAL COUNCIL

Annual Report for 1979

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THE GENERAL MEDICAL COUNCIL

January, 1980

President

The Rt. Hon. LORD RICHARDSON MVO FRCP Lond

Elected Members

Elected by: The registered medical practitioners resident in England, the Channel Islands or the Isle of Man

Professor Roy Malcolm Acheson FFCM
Abdul Karim Admani FRCP Edin
Anthony Allibone MRCGP
Henry Wilkinson Ashworth FRCGP
Arun Kalyan Baksi MRCP Lond
John Roderick Bennett FRCP Lond
Beulah Rosemary Bewley MD
Sunil Chandra Bhattacharya MB
David Ernest Bolt FRCS Eng
*Katharine Farquharson Bradley MB
Roger Brearley FRCS Eng
Theodore Moir Chalmers MD
Satya Saran Chatterjee OBE FRCP Lond
Professor Robert Crowe Curran FRCPath
David George Delvin MRCGP
Angela Margaret Douglas MRCGP
Arnold Elliott OBE FRCGP
*John Fry OBE FRCGP
Anthony Herbert Grabham FRCS Eng
Anne Lillias Grüneberg FFARCS Eng
David Lionel Gullick MB
*John Short Happel FRCGP
Farrukh Siyar Hashmi FRCGP
*Professor Sir John Denis Nelson Hill FRCPsych
Professor Leslie Philip Le Quesne FRCS Eng
Edward Brian Lewis FFARCS Eng
Alexander Wiseman Macara FFCM
John Henry Marks FRCGP
*Michael O'Donnell MB
Professor James Parkhouse FFARCS Eng
*James Francis Gillery Pigott FFARCS Eng
Professor William Linford Llewellyn Rees CBE FRCPsych
Professor Philip Rhodes FRCOG
Professor David Aitken Shaw FRCP Lond
*Stanley Clifford Simmons FRCOG
*Selwyn Francis Taylor FRCS Eng
Ian McKim Thompson MB
Christopher John Wells OBE TD FRCGP
David Innes Williams FRCS Eng

Elected by: The registered medical practitioners resident in Wales

†Maldwyn Lougher Cattell MB
Bernard Henry Knight FRCPath
*Derek John Llewellyn FRCGP

Elected by: The registered medical practitioners resident in Scotland

William Drummond MBE FRCS Edin
Charles Dale Falconer OBE FRCP Edin
James Kyle FRCS Edin
Graham Scott McCune MRCOG
Jean Mary Scott FRCPath
*William Jeffrey Cullen Scott VRD MRCGP

Elected by: The registered medical practitioners resident in Northern Ireland

Professor Desmond Alan Dill Montgomery MBE FRCP Lond
Noel Diamond Wright FRCGP

Appointed members

*Professor Sir William Henry Trethowan CBE FRCPsych	Appointed by	University of Birmingham
*Professor Joseph Henry Peacock FRCS Eng		University of Bristol
*†Walpole Sinclair Lewin CBE FRCS Eng		University of Cambridge
*Professor Derek Rawlins Wood BM		University of Leeds
*Professor Robert Kilpatrick CBE MD		University of Leicester
*Professor Kevin McCarthy MD		University of Liverpool
*Professor Arthur Hamilton Crisp MD		University of London
Professor Tony William Glenister CBE TD MB		University of London
Malcolm Paul Weston Godfrey FRCP Lond		University of London
*Professor William Ivor Neil Kessel MD		University of Manchester
*Professor Sir John Nicholas Walton TD MD		University of Newcastle upon Tyne
Professor Archibald David Mant Greenfield CBE FRCP Lond		University of Nottingham
*John McEwen Potter FRCS Eng		University of Oxford
Professor William Alfred James Crane MD		University of Sheffield
Professor John Bernard Lloyd Howell FRCP Lond		University of Southampton
*Professor Herbert Livingston Duthie FRCS Eng		University of Wales
Professor Ian MacGillivray MD		University of Aberdeen
*Professor James Paris Duguid CBE MD		University of Dundee
*Professor James Williamson FRCP Edin		University of Edinburgh
*Professor Eric Kennedy Cruickshank OBE MD		University of Glasgow
Professor Ian Campbell Roddie TD MD		Queen's University of Belfast
*Sir Gordon Ethelbert Ward Wolstenholme OBE FRCP Lond		Society of Apothecaries of London
*Lord Richardson MVO FRCP Lond		Royal College of Physicians of London
Michael Charles Tempest Reilly FRCS Eng		Royal College of Surgeons of England
*Donald Blake Fraser FRCOG		Royal College of Obstetricians and Gynaecologists
Ronald Foote Robertson CBE FRCP Edin		Royal College of Physicians of Edinburgh
*Donald McIntosh FRCS Edin		Royal College of Surgeons of Edinburgh
*Sir Robert Brash Wright DSO OBE FRCS RCPS Glasg		Royal College of Physicians and Surgeons of Glasgow
Donald Hamilton Irvine OBE FRCGP		Royal College of General Practitioners
Professor John Russell Anderson FRCPath		Royal College of Pathologists
Philip Henry Connell FRCPsych		Royal College of Psychiatrists
Professor Lewis Alexander Gillanders FRCR		Royal College of Radiologists
John Edmund Riding FFARCS Eng		Faculty of Anaesthetists
Wilfrid Gerald Harding CBE FFCM		Faculty of Community Medicine

Nominated lay and medical members

Catherine Mary Hall CBE DLitt SRN	Nominated by	Her Majesty, on the advice of Her Privy Council
Sir Norman Lindop MSc		
Jean Robinson		
*Professor Margaret Stacey BSc		
Sir Henry Yellowlees KCB FFCM		
Trevor Gray MBE		
*Professor John James Andrew Reid CB TD FFCM		
The Reverend Francis Taylor Smith MA		
William Ross Pinkerton CBE		

*Denotes a member who had served on the Council before it was reconstituted on 27th September, 1979.

† Dr. Cattell and Mr. Lewin have since died.

The Metamorphosis of the Council

by Lord Richardson, MVO, MD, FRCP,
President of the General Medical Council

The year 1979 was a busy and exciting one for the General Medical Council. The Medical Act 1978 had provided for its reconstitution and for extensive changes in the Council's functions in relation to medical education, the registration of overseas qualified doctors, fitness to practise and standards of professional conduct and medical ethics. Many of the changes relating to the registration of overseas qualified doctors took effect in February, 1979: the establishment of the Health Committee which will be new, and the replacement of the present Disciplinary Committee and Penal Cases Committee by the Professional Conduct Committee and Preliminary Proceedings Committee, are likely to take place in the latter half of 1980. But the changes in the Council's educational functions and the introduction of its new power to give advice to members of the medical profession on standards of professional conduct and on medical ethics were linked to the reconstitution of the Council which took place on 27th September, 1979.

The old Council and its Committees continued to work until the day before 27th September which the Medical Act 1978 referred to as "the Succession Day". There was a great volume of work involved in preparation for this event with the ever-present difficulty of preserving a balance between proper and necessary preparation and the risk of pre-empting, or at least appearing to preempt, the authority of the new Council. The old Council had been concerned with studying the results of discussions with other bodies over the Health Committee, with considering drafts of detailed Rules for each of the three Fitness to Practise Committees (the Professional Conduct Committee, the Health Committee and the Preliminary Proceedings Committee) on which the Council is required to consult "bodies of persons representing medical practitioners", with revising the Council's Standing Orders and associated Regulations to take account of the enlargement of the Council and its new functions, with preparing a draft of new Recommendations on Basic Medical Education to meet the requirements of the Medical Act 1978, with shaping new arrangements for the registration of overseas qualified practitioners, and with considering in outline how the new Council might exercise

its new functions in relation to standards of professional conduct and medical ethics. Further work had to go into preparatory papers for the information of new members about the functions of the Council, controlled as they are by statute, and the arrangements already made to discharge them. 62 of the 93 members of the new Council had not previously sat on the Council and obviously needed to be given full information as to its duties, functions and organisation.

In the event the transition went smoothly at the first meetings of the new Council and here I wish to bear testimony to those members of the old Council, nineteen in number, who for various reasons are not members of the present body. In particular the new Council does not contain representatives from the Irish Republic which had been represented on the previous Council since 1858.

At the first meeting of the new Council on 27th September it had to elect a President, Treasurers and its Committees. The results of these elections threw up the sort of difficulties which could be expected when a new body comes into being over twice the size of its predecessors and containing many members who could not possibly know the qualities of every other member. The elections resulted in excellent people being elected to the Committees, but the distribution of talent and disciplines was not wholly satisfactory, and a great number of members were not elected to any of the Committees. Many Committees have the power to co-opt up to a specified number in order to establish a balance of disciplines and interests. The thoughtful exercise of this power, and care in the selection of members for the Sub-Committees, has gone a considerable way to involve other members in the work of Committees. The Council and its Executive Committee is however studying ways in which the arrangements for the election of Committees could be improved so as to ensure a better balance of members on the Committees in future.

The Council will also need to study how best with 93 members to conduct its business as a Council. It will certainly wish to debate in some detail some of the matters that arise from its new functions and thus to allow members in general, and not just those on the Committees concerned with these functions, to become involved and to express their views in matters of interest and concern to them. This involvement of all the Council's members can be achieved partly by allowing enough time during each meeting of the Council for debates on selected topics, while also enabling the Council's normal business to be conducted expeditiously. The

Council's members may also find it useful to hold informal conferences, both on educational topics and on questions of standards of professional conduct and on medical ethics. These will however need to be carefully prepared if the Council's time is not to be wasted.

Subsequent sections of this report discuss the work of the Council in 1979 in preparing new Recommendations on Basic Medical Education, in introducing new arrangements for the registration of overseas qualified doctors and in administering the Council's traditional functions in relation to professional conduct and discipline. But in addition to these activities the Council in 1979 through its Education Committee started also to consider the huge new task facing that Committee of promoting high standards (as distinct from minimum standards) of medical education and coordinating all stages of medical education. The latter task will clearly bring the Education Committee into the field of postgraduate training and needs to be considered in relation to the exercise of the Council's existing powers to register higher qualifications.

The Council also spent a lot of time in 1979 discussing with outside bodies the arrangements to be made for the Health Committee and in considering detailed Rules of Procedure for that Committee, and also for the Professional Conduct Committee and Preliminary Proceedings Committee. These Rules, which must have a proper legal framework to ensure that justice is done, are necessarily complicated. Before they are finally adopted the Council is required to consult "bodies of persons representing medical practitioners", and the Rules will require to be approved by the Privy Council.

The new Council has also made a start, through its new Standards Committee, on considering how best to exercise its new powers to provide "advice for members of the medical profession on standards of professional conduct or on medical ethics". Previously the Council's statutory functions in this field have related only to "serious professional misconduct". Its new remit, arising from a recommendation in the Merrison Report of 1975, will need a lot of thought. The Standards Committee has however been helped in this by preparatory work done by a Special Committee on Professional Conduct which the previous Council maintained. That Committee had extensively revised the "blue pamphlet" on Professional Conduct and Discipline during the last six years.

My task in this report has been to review the work of the Council in 1979 as I see it. The preparatory work done by the previous Council seems to me to have been well done and without it the new Council could not have got anywhere near as far forward as it has been able to do in the first few months of its life. The difficulties that result from the size of the new membership are being faced and indeed this very size may be turned to the advantage of the working of the Council with its greatly enhanced powers. After all there is now not only a built-in elected majority on the Council to contribute to and support its recommendations, but there is a remarkable amount of expertise and knowledge among the members of the Council which can be brought to bear on the massive task of the regulation of the medical profession in the interests both of the public and indeed of the profession.

Elections to the General Medical Council

by Martin Draper, *Registrar*

When the General Medical Council was established in 1858, it consisted of 24 members. Of these eight were appointed by Universities with medical faculties, seven were appointed by the Royal Colleges, one each by the Society of Apothecaries of London and by the Apothecaries Hall, Dublin, six were nominated by the Privy Council and one — the President — was elected by the Council from outside its membership. There were no elected members and no lay members. Five elected members were added in 1886. A lay member first appeared in 1926. Numbers in each category gradually increased. By 1950 the Council consisted of 47 members who included 11 elected members and three lay members. This composition continued with only one minor modification until 27th September, 1979. Since that date the Council has consisted of 50 elected members, 21 members appointed by Universities, 13 members appointed by the Royal Colleges and their Faculties and the Society of Apothecaries, and seven lay members and two medical members nominated by the Privy Council.

The Council was established primarily to identify qualified medical practitioners by establishing a Register of them and to regulate the standards of education and proficiency required for qualification and registration. The Council was financed by fees payable before registration and, although it possessed disciplinary powers, these did not form a significant part of its activities during the first 30 years of its life. While therefore from the earliest years of the Council's existence there was some pressure for the inclusion on it of elected members, this pressure was satisfied in 1886 by the inclusion on the Council of a minority of elected members, and this position continued for another 80 years.

About 1968 several factors began to produce pressures for a majority of elected members on the Council. One of these was the introduction of the annual retention fee. The second was the recommendation in the Todd Report of 1968, repeated in the Merrison Report of 1975, that the Council's educational activities should be extended into the field of postgraduate medical education and thereby affect the careers and fortunes of qualified doctors. Other factors were dissatisfaction with the arrangements for the registration of overseas qualified doctors and for the pre-registration year.

The Merrison Report of 1975 advocated the reconstitution of the Council with a majority of elected members and an increase in the number of lay members in view of the public interest in the function of the Council.

Elections to the Council have always been conducted by a postal vote of doctors resident in England, Wales, Scotland and Ireland (although the Irish Republic has now been excluded from the electoral area). It has always been open to individual doctors to stand for election if nominated by six or more colleagues resident in their constituency, but until 1970 candidates previously selected and supported by the British Medical Association were invariably successful in these elections and indeed often no other candidates were nominated.

The Merrison Report declared it to be essential that the Council should be as widely representative of the profession as possible. The Report considered and rejected the reservation of places on the Council for groups such as hospital doctors, general practitioners, women doctors, young doctors, or overseas qualified doctors, or the election of members on a regional basis. Instead the Merrison Report recommended that the single transferable vote should be used in the election of elected members instead of the previous system in which each elector could cast as many votes as there were places to be filled in each constituency.

The Medical Act 1978 provided for the elected members to be elected in four constituencies. These were England (including the Channel Islands and the Isle of Man), Wales, Scotland, and Northern Ireland. The previous Council was required to draw up an electoral scheme after consulting bodies of persons representing medical practitioners. It was generally agreed that the electoral scheme should provide for the use of the single transferable vote and that the number of places to be filled should be 39 for England, 3 for Wales, 6 for Scotland, and 2 for Northern Ireland.

For the election to the new Council the electorate included for the first time not only fully registered practitioners resident in the United Kingdom, but doctors holding provisional registration and also doctors holding limited or temporary registration if they had held either of these forms of registration for three of the preceding four years. In this election voting papers were despatched to 100,-365 doctors. An occasional operation of this size requires a lot of preliminary planning — outgoing and return envelopes have to be ordered many months ahead, nomination papers have to be issued and scrutinised, voting papers and lists of candidates have to be

printed for each constituency, and the outgoing envelopes have to be addressed, filled with the papers appropriate to the constituency, and despatched to a fixed timetable. The success of the undertaking not only requires careful work by the Council's staff but depends upon the punctual co-operation of a number of agencies outside the control of the Council. In the event no serious mishaps occurred. The voting papers were counted by the Electoral Reform Society and the results published in time to give the elected members 5½ weeks' notice of the first meeting of the new Council on 27th September.

In the election 150 candidates were nominated for 39 seats for England, 6 for the 3 seats for Wales, 13 for the 6 seats for Scotland and 8 for the 2 seats for Northern Ireland. The British Medical Association sponsored 50 candidates. Smaller numbers of candidates were sponsored by the Hospital Doctors Federation, the Overseas Doctors Association and the Medical Women's Federation, but a great number of candidates were also nominated independently especially in the constituency of England. These candidates included a substantial number working in medical schools or postgraduate medical institutions.

The electoral scheme provided for the circulation by the Council to the electorate of lists of candidates giving their names, registered address and qualifications, date of birth and principal current appointment or principal field of practice. Those professional associations which sponsored candidates circulated material separately, and some of the medical journals also published biographical information.

Of the electorate in England faced with a choice of 150 candidates, 34% voted. In Wales the proportion voting was 44%, in Scotland 43% and in Northern Ireland 56%. (In an election to the Council in 1971 the corresponding figures were England and Wales 24%; Scotland 37%; Ireland 36%).

The result of the election could be and has been analysed in a number of different ways. Readers of the Annual Report may make their own analysis by referring to the list of members given on pages 2 and 3. The successful candidates included 32 who had been supported by a professional association and 18 independent candidates. Nine of the elected members are Professors, 5 qualified overseas and 5 are women. 13 are or were engaged in general practice. Two of the elected members are "junior doctors" in the usually accepted sense of the term.

Having survived the several hazards of the election both those

elected, with their appointed and nominated colleagues, and the staff who had organised the election, had immediately to turn their minds to new tasks. Of the 93 members of the new Council 62, including 40 of the elected members and 22 of the other 43 members, had not sat on the Council before. Time will be needed for the members and the staff to get to know each other and work together in discharging both the continuing functions and the new functions given to the new Council. But despite gloomy prophecies that a Council of 93 would prove so unwieldy as to be non-viable, the new Council got off to a good start in the closing months of 1979.

HAVE **YOU** CHANGED YOUR ADDRESS?

This Report is being sent to practitioners at the addresses shown in their entries in the Register on 25th April, 1980. 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 number 01-580 7642.

Recommendations on Basic Medical Education

by Sir John Walton, TD, MD
Chairman of the Education Committee

The main educational provisions of the Medical Act 1978 were implemented on 27th September, 1979. The Act provided for the establishment of an Education Committee with the general function of "promoting high standards of medical education and coordinating all stages of medical education", and transferred to the Education Committee nearly all of the educational functions which had previously been the responsibility of the Council. In addition, the Act repealed the statutory definition of the standard of qualification, which had stood unchanged since 1886 as "such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of medicine, surgery and midwifery". This rigid definition had progressively become less realistic. To replace the statutory definition of the standard of qualification, under the Medical Act 1978 the Education Committee is required to determine the extent of the knowledge and skill which is to be required for the granting of primary United Kingdom qualifications and secure that the instruction given in Universities in the United Kingdom to persons studying for such qualifications is sufficient to equip them with knowledge and skill of that extent; to determine the standard of proficiency which is to be required from candidates at qualifying examinations and secure the maintenance of that standard; and to determine patterns of experience which may be recognised as suitable for the purpose of pre-registration training. The Act also provides that these determinations of the Education Committee shall be embodied in recommendations which may be directed to all or any of the Universities or other Bodies which are concerned with medical education.

For many years it has been the practice of the Council to issue periodically recommendations as to basic medical education, containing the Council's views on the length and content of the undergraduate curriculum and on methods of assessment and examination. Previous recommendations have, however, had no statutory force, whereas the recommendations issued under the Medical Act 1978 contain the statutory definitions of the standards for qualification.

During 1978 the previous Council, through its Education Committee, reviewed the most recent edition of Recommendations, published in 1967, and prepared a draft of new Recommendations intended to fulfil the requirements of the new Act. The draft was not intended to constrain the discretion of the Education Committee of the reconstituted Council which would be responsible for the content and form of new Recommendations, but the previous Council thought that it would be helpful to the new Committee if there were available to it a draft together with the comments of Universities, Medical Schools and Examining Boards upon it. The draft was accordingly circulated in March, 1979 to Universities and Medical Schools and to a wide range of other Bodies concerned with medical education, and comments were requested by the end of July of that year.

Many detailed comments were received and were considered by a Sub-Committee of the Education Committee in October. Generally, the draft had been favourably received by the Universities and Medical Schools and although it was clear that it would require modification in many points of detail, the Sub-Committee decided to recommend to the new Education Committee at its first full meeting in November, 1979 that new Recommendations should be issued substantially in the terms of the draft. After modification of the document to take account of certain of the comments made by Universities and other Bodies and by members of the Education Committee and of the Council at meetings in November, the new Recommendations were adopted by the Education Committee at its meeting in February, 1980 for issue to Universities and other Bodies concerned with medical education.

After a brief introduction containing certain general comments on the unity of medical education and the objective of basic medical education, and the statutory provisions governing the issue of recommendations by the Education Committee, the Recommendations are divided into two sections.

Section A, which is sub-divided into three parts, contains the determinations made by the Education Committee in the terms required by the 1978 Act. The first part, concerning the extent of the knowledge and skill required for the granting of primary United Kingdom qualifications, states that by the time of qualification, the graduate should have sufficient knowledge of the structure and functions of the human body in health and disease, of normal and abnormal human behaviour and of the techniques of diagnosis and treatment, to enable him to assume the responsibilities of a pre-

registration house officer and to prepare him for vocational training for a specialty followed by continuing education throughout his professional career. This sub-section then sets out some of the knowledge, skills and attitudes which should be acquired during the process of basic medical education. The next sub-section concerns the standard of proficiency to be required at qualifying examinations, while the third part of Section A concerns the approval of hospitals and health centres and the recognition of posts for the purpose of pre-registration service; it also recommends, somewhat more flexibly than hitherto, patterns of experience which may be suitable for pre-registration training.

Section B contains more general recommendations as to how the standards laid down in Section A may be achieved, and includes separate sub-sections on pre-medical education, the study of human structure and function and human behaviour, the clinical sciences and clinical studies, assessments and examinations and the pre-registration year.

The conclusion to the Recommendations indicates that they are the first to be produced since the Education Committee of the Council was given a statutory function of co-ordinating all stages of medical education and states that "the Council welcomes the long delayed statutory recognition of the essential unity of all stages of medical education, and intends in due course to consult with all interested bodies upon how the function of co-ordination should best be discharged in order to secure those high standards at every stage of medical education which the public interest requires". The new Education Committee has already begun preliminary discussions about its co-ordinating function and intends to invite more bodies to participate in these discussions in due course.

Registration of Overseas Qualified Doctors

by Sir Robert Wright, DSO, OBE, FRCS RCPS Glasg
Chairman of the Overseas Committee

New statutory provisions

From 1st December, 1978 effect was given to provisions of the Medical Act 1978 which introduced a language requirement for full registration of overseas qualified doctors. The arrangements for granting registration to doctors with overseas qualifications have been further modified under other provisions of the 1978 Act which came into operation on 15th February, 1979.

Introduction of limited registration

First, the former system of temporary registration has been superseded by a new form of limited registration. This can be granted to doctors who have been offered an appropriate appointment, who hold a qualification accepted for the purpose, and who meet other requirements as to character, proficiency in English, and professional knowledge, skill and experience. Before being granted limited registration for the first time, applicants are required unless exempted to pass the test of knowledge of English and of professional knowledge and competence conducted by the Professional and Linguistic Assessments Board. Limited registration can be granted either in respect of a particular appointment or in respect of a range of employment; in the latter case it is not necessary for a practitioner to seek renewal or extension of his registration on changing his employment within the specified range and within the period for which registration has been granted. He is however not registered in relation to any other activities.

Consequential provisions

Limited registration extends only to employment under the supervision of a fully registered medical practitioner. The 1978 Act therefore included transitional provisions which enabled those doctors who had previously practised as permanent consultants in the National Health Service under temporary registration to proceed to full registration. The Act enables the Council to grant full registration on a temporary basis to visiting overseas specialists.

Full after limited registration

Limited registration may not be granted for a period or periods which amount in the aggregate to more than five years, except in the case of doctors who held temporary registration during the twelve months preceding 15th February, 1979 and who have applied for limited registration within specified periods. However, the Act enables the Council at its discretion to grant full registration to doctors who have first held limited registration, "having regard to the knowledge and skill shown and the experience acquired by the applicant". The Council requires a high standard of practice demonstrated during extensive professional experience before considering full registration under these provisions.

Review Board

The Medical Act 1978 also set up a Review Board for Overseas Qualified Practitioners. This consists of a Chairman and Deputy Chairman who are not members of the Council, appointed on the recommendation of the Councils for Postgraduate Medical Education, and other members elected by the Council from among its membership who must include at least one member who qualified outside the EEC. In certain circumstances, defined in the Act, an overseas qualified doctor whose application for full or limited registration has been refused by the Council may apply to the Review Board for that decision to be reviewed by the Board. The Board is required to notify the President of the Council of its opinion whether the decision should stand or be reversed and the President, or another member of the Council appointed by him for the purpose, is required to decide after considering the Board's opinion whether the decision to refuse registration should be reversed. During the year the Board considered two applications, each of which related to a decision to withhold limited registration on the ground that the applicant could not be regarded as of good character. In each case the Board was of the opinion that the decision to refuse registration should stand.

Full Registration

During 1979 full registration was granted under various statutory provisions to 1814 overseas qualified doctors.

Reciprocal Arrangements

1456 doctors were granted full registration during 1979 under the reciprocal arrangements which continue in force (2669 doctors

had been granted full registration under these arrangements in 1978). The following table shows the numbers of doctors granted full registration in 1979 who had qualified in each of the reciprocating countries (the corresponding figures for 1978 are shown in brackets):-

Australia	442	(425)	Malta	3	(4)
Burma	13	(360)	New Zealand	129	(105)
Canada	46	(37)	Singapore	46	(30)
East Africa (Uganda)	11	(25)	South Africa	199	(189)
Hong Kong	199	(53)	Sri Lanka	15	(167)
India	248	(1197)	West Indies	45	(30)
Malaysia	60	(47)			

The sections of the Medical Act 1956 which provide for the reciprocal arrangements will in due course be superseded by provisions of the 1978 Act which will enable the Council to recognise for full registration qualifications granted in any overseas country, irrespective of whether that country affords reciprocal privileges of registration to British-qualified doctors. Before recognising any qualification for full registration under the new provisions the Council will have to be satisfied that it attests a standard of attainment which corresponds with those of United Kingdom qualifications.

Full registration of doctors who held consultant appointments under temporary registration

During 1979 full registration was granted under the transitional provisions contained in the Medical Act 1978 to 131 doctors who had previously held permanent consultant appointments in the National Health Service under temporary registration.

Grants of full after limited registration

227 other doctors were granted full registration during 1979 under the new arrangements whereby a practitioner who has first held limited registration may apply to the Council to proceed to full registration. These doctors held primary qualifications granted in various countries as follows:-

Egypt	66	Iraq	16
Pakistan	29	24 other overseas countries	67
India	25		
Bangladesh	20	Requalified in United Kingdom	4

Full Registration (Visiting Overseas Doctors List)

In addition to the 1814 doctors who were granted full registration on a permanent basis, 30 visiting overseas specialists were granted full registration on a temporary basis in the Visiting Overseas Doctors List.

Cessation of Temporary Registration

Between 1st January and 14th February, 1979, 1437 Certificates of Temporary Registration were issued; of these 240 were issued to doctors who had not previously held temporary registration. On 14th February, 1979 the Register of Temporarily Registered Medical Practitioners was closed and the Register of Medical Practitioners with Limited Registration was opened on the following day. However, Certificates of Temporary Registration which had already been granted at that date, for periods of up to 12 months, remained valid until they expired. On 2nd January, 1979, there were 4339 entries in the Register of Temporarily Registered Medical Practitioners: on 2nd January, 1980 the Register contained 542 entries.

Limited Registration

Between 15th February and 31st December, 1979, 6317 Certificates of Limited Registration were issued. During 1979 temporary or limited registration was granted to a total of 1399 doctors who had not previously held either form of registration. This was very similar to the 1978 total of 1365. On 2nd January, 1980 there were 5544 entries in the Register of Medical Practitioners with Limited Registration. The countries in which most doctors who obtained limited registration during 1979 (and who had not previously held temporary registration) had qualified were as follows:-

India	159	U.S.A.	92
Egypt	133	Nigeria	78
Iraq	109	Pakistan	73
Sri Lanka	97	Greece	44

The PLAB Tests

During 1979 the Professional and Linguistic Assessments Board conducted 15 tests of linguistic proficiency and of professional knowledge and competence. Of 2420 candidates, 919 passed. 950 of the candidates were attempting the test on a second or subsequent occasion.

The Board also held concurrent tests of knowledge of English only. 60 of the candidates were EEC doctors, seeking to establish themselves in the United Kingdom, of whom 49 passed. 185 other candidates were seeking to fulfil the language requirement for full registration of overseas qualified applicants; of these, 110 passed.

PLAB Tests (January–December, 1979 inclusive)

Schedule of results by country of qualification

Country of qualification	*Number of candidates*	*Number of passes*
India	631	225
Egypt	456	128
Iraq	328	137
Pakistan	218	84
Sri Lanka	173	123
Nigeria	158	86
Sudan	45	19
Greece	39	6
U.S.S.R.	32	5
Bangladesh	30	3
Libya	30	20
Iran	27	5
Syria	27	7
Ghana	22	13
44 other countries	204	58
Total	2420	919

Professional Conduct and Discipline

Summary of cases considered in 1979

(a) The Penal Cases Committee

The Committee met in January, May, and September, 1979 and considered 99 cases in which doctors had been convicted of criminal offences in the courts of the United Kingdom, or in which allegations of serious professional misconduct had been made against doctors.

It referred 30 cases for inquiry by the Disciplinary Committee. In 54 other cases it directed that a letter conveying a warning should be sent to the doctors concerned. In 11 cases, it directed that no further action should be taken. The remaining 4 cases were adjourned until 1980 in order that further information could be obtained. A table summarising the work of the committee in 1979 appears on page 27.

In comparison with recent years, there were small increases in the number of cases involving abuse of alcohol or dishonesty. These two categories provided slightly more than 50% of the total number of cases considered by the Committee in 1979. Nevertheless the 56 practitioners involved in these cases represent but a minute fraction of the 110,806 doctors whose names are included in the Principal List of the Register.

Once again, the cases considered by the Committee covered a considerable range. For example, one case of conviction involved a doctor who stole fresh Access cards belonging to two of his hospital colleagues. He used the first card to obtain sums of money from a number of banks and destroyed the second. Later he confessed to those colleagues what he had done, and repaid in full the money he obtained by fraud. Although the Committee decided not to refer the case to the Disciplinary Committee, they directed that the practitioner should be warned that if information relating to any further conviction of a similar nature were to be received by the Council in the future, a charge might then be formulated against him on the basis of both the earlier and later convictions and referred to the Disciplinary Committee.

A provisionally registered doctor was convicted on a number of different occasions of offences involving abuse of alcohol. He failed to heed a warning issued to him by the Council after his first conviction. As stated in the Council's blue pamphlet on

Professional Conduct and Discipline, successive convictions for offences of this kind may lead to an inquiry. The case was referred by the Penal Cases Committee to the Disciplinary Committee, who received evidence of the extent to which the practitioner's abuse of alcohol had militated against his performance in hospital appointments. The practitioner did not attend the hearing before the Disciplinary Committee, having left the United Kingdom. By direction of the Disciplinary Committee, his name was erased from the Register.

A complaint was made against a general practitioner who had placed a large noticeboard in front of each of his two surgery premises bearing the words "DR . . . GROUP . . . SURGERY". The Committee expressed the view that these noticeboards were unnecessary and improper and exceeded substantially the customary limits for doorplates in the profession. The Committee adjourned the case until their next meeting and informed the practitioner that unless by that time the two noticeboards had been removed and he had given an undertaking in writing that he would not replace them, the complaint would be referred to the Disciplinary Committee. The practitioner complied with the Committee's request.

Another case involved personal abuse of a controlled drug. The doctor had admitted to a police officer that, over a period of years, he had on numerous occasions prescribed ampoules of Morphine Sulphate for and in the names of a number of his patients, and that he had collected the ampoules from a chemist and had used most of them himself. He received a caution from the police. Although the case was referred by the Penal Cases Committee to the Disciplinary Committee, the doctor was informed that in view of his age (65) and of his retirement from practice, it would be open to him to apply for the voluntary removal of his name from the Register. The doctor availed himself of this offer, and his name was accordingly so removed without recourse to proceedings before the Disciplinary Committee.

A case of conviction involving personal abuse of drugs was dealt with in a different way. Evidence was received by the Committee that the practitioner concerned had responded to treatment for his condition. The practitioner was informed that the Committee expected him to honour his written assurance that he intended to continue the treatment. He was, however, warned that a further conviction of a similar nature might result in an inquiry before the Disciplinary Committee.

The Committee referred for inquiry by the Disciplinary Committee two separate cases of over-prescribing of drugs. In one case, it was alleged that the doctor had on numerous occasions and without proper examination and therapeutic justification, prescribed barbiturate drugs to young persons, most of whom were not registered as his patients. In the other case the doctor had, while under the surveillance of the Disciplinary Committee on a charge involving breaches of the Misuse of Drugs Act 1971, nevertheless continued to issue otherwise than in the course of bona fide treatment numerous National Health Service and some private prescriptions for drugs liable to lead to abuse or dependence. In both cases the Disciplinary Committee directed erasure, and immediate suspension was imposed.

(b) The Disciplinary Committee

The Council's report for 1978 described the circumstances in which the Rules governing the procedure of the Disciplinary Committee were modified so as to make it somewhat easier than hitherto for cases to be heard in camera. This was interpreted in some quarters as meaning that, in future, the press and public would be excluded from the majority of cases. In fact, during 1979, only one case (which involved allegations of indecent behaviour towards patients) was heard in camera; it resulted in a direction for erasure.

In 1979 the Disciplinary Committee held meetings in March, July and November on 15 days. One of the 30 new cases referred to it was postponed until 1980 pending the outcome of an appeal made by the doctor concerned against the sentence imposed on him by a court. Another case referred was later withdrawn because the principal witnesses decided that they did not wish to take further action against the doctor. As mentioned in section (a) above, one case referred did not reach the Disciplinary Committee because the doctor applied for voluntary erasure. The Committee therefore considered 27 new cases and, in addition, reconsidered 17 cases on which judgment was postponed or a period of suspension was imposed in 1978. Only one application for restoration to the Register following disciplinary erasure was considered; it was not granted.

At their first meeting in September, 1979, the "new" Council elected the members to serve on the Disciplinary Committee until November, 1980, when it is expected that it will be replaced by the

Professional Conduct Committee for which the Medical Act 1978 provides. The Disciplinary Committee still consists of the Deputy Chairman and 17 other persons. Of those, 8 had not previously been members of the Council. The newly elected Committee met for the first time in November, 1979.

One case referred to the Disciplinary Committee involved a doctor who was convicted of dishonestly obtaining and attempting to obtain money from an insurance company by deception in respect of false claims made by him for the loss of a camera. He was also convicted of dishonestly obtaining moneys from his local Family Practitioner Committee by deception in respect of false claims for reimbursement of salaries for non-existent ancillary staff. The Disciplinary Committee directed that his registration should be suspended for 12 months. The doctor subsequently appealed to the Judicial Committee of the Privy Council, but his appeal was not upheld.

Two separate cases were considered of convictions for offences of dishonestly obtaining controlled drugs by deception. Evidence led before the Committee showed that, in each case, the drugs had been used for the purpose of self-administration. The Committee determined that a period of suspension (4 months and 8 months respectively) should be imposed in order to afford each doctor an opportunity to seek urgent medical treatment for his condition. The Committee also ordered immediate suspension. Each doctor is required to appear in person before the Committee, prior to the expiry of the period of suspension, in order that his suitability to resume practice can be assessed in the light of reports to be given in confidence at that time by professional colleagues as to the doctor's health, with particular reference to any further abuse of drugs.

Another case involved a doctor who had become addicted to gambling. This habit led him to commit repeated acts of deceit in order to obtain money improperly to gratify his addiction. Firstly, he pretended to the parents of some of his patients that his car had broken down and asked them to give him money in exchange for worthless cheques. Secondly, he made false claims to the Area Health Authority by which he was employed in respect of mileage allowance for a motor car which he had long since sold. Although the Committee judged the doctor to have been guilty of serious professional misconduct in respect of the facts alleged against him, which he admitted, they took account of representations made on his behalf, particularly in regard to the assistance he was receiving from the local Probation Office, and in all the circumstances the

Committee determined to admonish the doctor and to conclude the case.

Of the 44 cases considered by the Disciplinary Committee in 1979, 36 arose from convictions and 8 involved allegations of serious professional misconduct. The Committee ordered erasure in 7 cases, suspension in 7 other cases, postponed judgment in 13 cases and disposed of 17 cases in other ways. Of these 17 cases, in 7 the doctor was admonished, in 8 the case was concluded after postponement of judgment, and in 2 cases the doctors were found not guilty of serious professional misconduct.

Other matters

The Council received during the year 920 letters from members of the public or of the profession relating to matters of professional conduct. These letters were considered by the President who sanctioned the replies which were subsequently sent. The letters received included requests by doctors for advice, or complaints against doctors by members of the public or by other doctors.

An example in the former category was a letter from an ophthalmic surgeon who asked whether a proposal by a doctor, who referred patients to him, that a fee should be payable therefor was acceptable. The surgeon was informed that the proposal was most improper and objectionable and could in itself lead to disciplinary action if the proposer's name was reported to the Council. Another example came from a hospital doctor who asked whether it was ethical to accept patients without referral from their general practitioners. The doctor was informed that it was unwise for one practitioner to treat the patient of another practitioner unless the patient had been referred for consultation in the customary way. In the absence of such referral, every effort should be made by the consultant practitioner to communicate as soon as possible with the patient's general practitioner.

A considerable number of complaints have been received from doctors and members of the public about the extent to which private clinics, nursing homes and similar organisations advertise in the lay press and elsewhere their services for cosmetic surgery and/or hair transplant procedures. Reference has been made to persons working at these organisations who use misleading titles such as "Practitioner/Surgeon", "Senior Consultant" and "Cosmetic Surgery Advisory Consultant" implying that they are registered medical practitioners when, in fact, they are not

medically qualified. In some instances, it has been suggested that despite claims that the surgeons employed at some of these clinics are all "Fellows of the Royal College of Surgeons", this is not the case. At least one doctor employed at such a clinic has expressed his doubts to the Council about the form and content of the advertising in which it indulges.

The Council regards these developments with much concern. The Council has of course no jurisdiction over the non-medical persons who frequently own or direct these clinics, but it has issued on page 18 of the blue pamphlet on Professional Conduct and Discipline advice to doctors in relationship with organisations which advertise their services to the lay public. The Council will consider whether that advice should be amplified to take account of recent developments in this field. In the meantime any doctor connected with such organisations who contravenes the current advice may thereby render himself liable to disciplinary proceedings.

One of the recommendations in the Merrison Report was that the Council should be placed under a statutory duty to promote high standards of professional conduct. Following this recommendation section 5 of the Medical Act 1978 empowered the Council, for the first time, to "provide advice for members of the medical profession on standards of professional conduct or on medical ethics". At its meeting in September, 1979, the new Council elected 10 of its members to serve on a Committee on Standards of Professional Conduct and on Medical Ethics. This Committee first met in November, 1979. Because of the formidable task facing the Committee, it will be some time before it will be in a position to make recommendations to the Council as to the nature and content of any general advice which could be issued.

In the meantime, the Council has utilised its powers under section 5 of the Act in a number of individual cases. For example, information was received that a general practitioner had signed numerous prescriptions for Tenuate Dospan in the names of a number of his patients without first examining them. The prescriptions had been made out by the practitioner's secretary who obtained the drugs so prescribed for her own use. The Penal Cases Committee, to whom the information was referred, decided to inform the practitioner that he should not have issued any prescription for a potentially addictive drug without first examining the patient concerned or, in the case of requests for a repeat prescription, without first checking the patient's record card in order to satisfy himself that the request was genuine and that it was in the

patient's best interests that a repeat prescription should be issued.

Complaints were received from two separate firms of solicitors concerning delays in the provision by one practitioner of reports required on their clients for medico-legal purposes. The Penal Cases Committee directed that it should be impressed upon the practitioner that delay in such matters inevitably caused inconvenience and might cause financial loss to the patients concerned. In the Committee's view, a proper standard of medical practice demanded that a doctor should not agree to undertake to examine a patient for purposes of report unless the doctor both intended and was able to complete the examination and report expeditiously.

Summary of the work of the Penal Cases Committee in 1979

Nature of cases	*Cases considered*			*Cases referred to the Disciplinary Committee for inquiry*		
	Convictions	*Alleged Serious Professional Misconduct*	*Total*	*Convictions*	*Alleged Serious Professional Misconduct*	*Total*
1. Disregard of personal responsibilities to patients	–	2	2	–	1[a]	1
2. Abuse of alcohol	36	–	36	4	–	4
3. Abuse of drugs:						
(a) Personal abuse	5[b]	4[c]	9	3	2[d]	5
(b) Offences under the Misuse of Drugs Act 1971, not relating to personal abuse	2	–	2	2	–	2
4. Non-bona fide prescribing or supplying to others of drugs of addiction	–	2	2	–	2	2
5. Illegal abortion	1	–	1	1	–	1
6. Personal relationship of an emotional or sexual nature with a patient	–	3[f]	3	–	–	–
7. Dishonesty	17[e g]	3[c]	20	8	1	9
8. Violence	–	1	1	–	–	–
9. Indecency	3[e]	–	3	3	–	3
10. Advertising or canvassing	–	6[e]	6	–	1	1
11. False certification	1	3	4	1	–	1
12. Improper influence upon a patient	–	1	1	–	–	–
13. Other charges	6	3	9	–	1	1
Total	71	28	99	22	8	30

Footnotes:

a. Case adjourned from 1978 and later withdrawn
b. Includes two cases adjourned to 1980
c. Includes one case adjourned to 1980
d. Includes one case where the doctor's name was subsequently removed from the Register at his own request
e. Includes one case adjourned from 1978
f. Includes one case later withdrawn
g. Includes one case referred to the Disciplinary Committee subject to the outcome of an appeal against sentence.

Finance

The following table summarises the principal items of the Council's income and expenditure in 1979:-

Income		*Expenditure*	
Annual retention fees	£778,016	Election Expenses	£ 27,995
Fees received for provisional or full registration:		Meetings of Council, Executive Finance and Standards Committees	£ 31,254
British and Irish doctors	£179,290	Education	£ 28,139
Overseas doctors	£126,300	Professional Conduct and Discipline	£150,888
Fees received for temporary registration	£ 29,832	Registration of British and Irish doctors	£ 53,628
Fees received for limited registration	£201,830	Registration of overseas qualified doctors	£215,726
Fees received for full registration of EEC doctors	£ 6,400	Registration of EEC doctors and associated activities	£ 19,066
Fees for specialist and other certificates for EEC doctors	£ 841	PLAB tests	£162,669
Fees received for the PLAB tests	£177,161	Language tests:	
Fees for language tests:		Overseas qualified doctors	£ 10,538
Overseas qualified doctors	£ 8,742	EEC doctors	£ 3,769
EEC doctors	£ 2,914	Maintenance of Register	£152,623
Fees received for restoration, Certificates of Good Standing, copies of entry and searches	£ 24,580	Collection of annual retention fees	£167,561
Sales of the Medical Register and Fortnightly Lists	£ 54,526	Publication of Medical Register and Fortnightly Lists	£ 59,687
Sales of List of Approved Hospitals	£ 1,028	Other general expenditure	£368,302
Net investment income	£ 66,326	Payment to staff superannuation fund in respect of renewed liability arising from inflation	£ 74,722
Total:	£1,657,786	*Total:*	£1,526,567

The second column shows separately the cost of meetings of the Council and of the Executive, Finance and Standards Committees (£31,254). The cost of meetings of the Education, Overseas, Disciplinary, Penal Cases and Registration Committees (£31,001) is included under the headings relating to the functions discharged by those Committees. The item "Other general expenditure" in the second column represents those items of expenditure which it

would be either difficult or unrealistic to apportion amongst the items which relate to particular functions or activities. The other items include staff employed on common services (finance, receptionists, telephonists, etc.), charges for actuarial and financial advice, expenditure on premises used for meetings of the Council and Committees, the cost of producing and distributing the Annual Report, telephone bills and some expenditure on photocopying.

As compared with 1978 the Council's *income* rose to £1,657,786 in 1979 from £1,480,243 in 1978. Of this increase £127,652 came from the annual retention fee which was increased on 1st May, 1979, from £8 to £10. The number of doctors who paid this fee in 1979 was 82,476. The combined income from temporary registration and limited registration received in 1979 was £231,662 as compared with the income of £212,145 received from temporary registration in 1978. The income from fees paid by overseas qualified doctors for provisional and full registration fell from £186,150 in 1978 to £126,300 in 1979, because the number of such doctors granted full or provisional registration fell from 2796 to 1878.

During 1979 the Council's *expenditure* increased to £1,526,567 from £1,103,470 in 1978. Much of the increase was due to inflation which led to increases in most items of the Council's normal expenditure. But the work of implementing some of the new functions given to the Council by the Medical Act 1978 in relation to the registration of overseas qualified doctors contributed to the increase, as did the reconstitution of the Council. During 1979 the Council held four meetings instead of the usual two. Two of the meetings were of the old Council, and were partially devoted to preparations for reconstitution: two of the meetings were of the reconstituted Council. The expenditure on meetings of the Council and of all its Committees rose from £40,378 in 1978 to £62,255 in 1979. The costs of registration of overseas qualified doctors rose from £177,541 in 1978 to £215,726.

Overall during 1979 the Council's income exceeded its expenditure by £131,219. At the end of the year the general reserve stood at £1,025,268. This amount is substantially less than the Council's current annual expenditure.

During 1980 the Council's expenditure will again be increased by inflation, by the cost of discharging further new functions laid on the Council by the Medical Act 1978 (principally in relation to the co-ordination of all stages of medical education, the establishment of the Health Committee and giving of advice on standards

of professional conduct and on medical ethics) and also by the effects over a full year of the enlargement of the Council from 46 to 93 members with a consequent increase in the size of some Committees and the establishment of new Committees in relation to the Council's new functions. Nevertheless the principal ingredient in the further increases is likely to be inflation. In these circumstances it will be necessary for the Council to review during 1980 the level of the annual retention fee and other fees to be charged in 1981.

Personalia

During 1979 the Council lost 19 members either through retirement or death or as a result of the reconstitution of the Council on 27th September, 1979.

Until 26th September, the Council included representatives of the Universities and Royal Colleges in the Irish Republic. Under the provisions of the Medical Act 1978, however, the reconstituted Council does not include representatives of Bodies in the Irish Republic, and accordingly the Council lost the following members: Dr. Thomas Murphy, MD, who had represented the National University of Ireland from 12th July, 1962; Mr. Anthony Burton Clery, FRCS Irel, who had represented the Royal College of Surgeons in Ireland from 14th October, 1963; Dr. David Michael Mitchell, FRCP Irel, who served as the representative of the Royal College of Physicians of Ireland from 18th October, 1971; and Professor James Stevenson McCormick, FRCP Irel, who represented the University of Dublin on the Council from 1st October, 1977. Mr. Clery was the last President of the former Medical Registration Council of Ireland and Dr. Mitchell is the first President of the new Medical Council of Ireland which has replaced it. Professor McCormick has been nominated by the Education Committee of the newly formed Medical Council of Ireland for co-option to the Education Committee of the General Medical Council as part of arrangements for mutual representation on the Education Committees of the two Councils. Mr. Clery died in November, 1979.

The terms of office of several elected members of the Council ended on 26th September, 1979: Dr. Thomas Horner, MD, had served on the Council as an elected member for Ireland from 30th April, 1971; Sir Ronald George Gibson, CBE, FRCGP, had served as an elected member for England and Wales from 25th September, 1974; and Mr. Paul Richard Jarvis Vickers, FRCS Eng, Mr Rowland James Williams, FRCS Eng, Dr. John Winter, MD, and Dr. Alastair William Wright, FRCP Edin, had served as elected members from 30th April, 1976. Mr. Vickers, Mr. Williams and Dr. Winter were elected members for England and Wales while Dr. Wright was elected by registered medical practitioners resident in Scotland.

Three appointed members ceased to serve as members of the Council on 26th September: Dr. John Patrick David Mounsey,

MD, had represented the University of Wales from 1st January, 1970; Dr. William Macleod, ERD, FRCP Edin, had represented the Royal College of Physicians of Edinburgh from 2nd November, 1972; and Professor Samuel Cherrie Frazer, FRCPath, had represented the University of Aberdeen from 1st October, 1974.

The terms of office of five nominated members of the Council also came to an end when the Council was reconstituted: Dr. Thomas Terence Baird, CB, FFCM, served as a nominated medical member for Ireland from 20th December, 1972; Dr. Michael Frederick Green, MRCP Lond, served as a nominated medical member for England and Wales from 12th December, 1973; Dr. Gillian Rachel Ford, FFCM, served as a nominated medical member for England and Wales from 29th July, 1977; and Baroness Fisher of Rednal and Mr. Robert Hughes, MP, who served as nominated lay members from 29th September, 1974, for England, and from 19th January, 1976 for Scotland, respectively.

Professor Sir John Biggart, CBE, MD, who had represented the Queen's University of Belfast on the Council from 29th January, 1951 died in May, 1979.

Miss M Hoolan ceased to serve as Registrar of the Irish Branch Council, an appointment she had held since 1966, when the office of the Irish Branch Council in Dublin was closed in 1979.

The year also saw the retirement in January, 1979 from the office of Registrar of the Scottish Branch Council of Mr. Russell who had held the appointment since January, 1972. Mr. Russell has been succeeded by Mr. J. Kidd.

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

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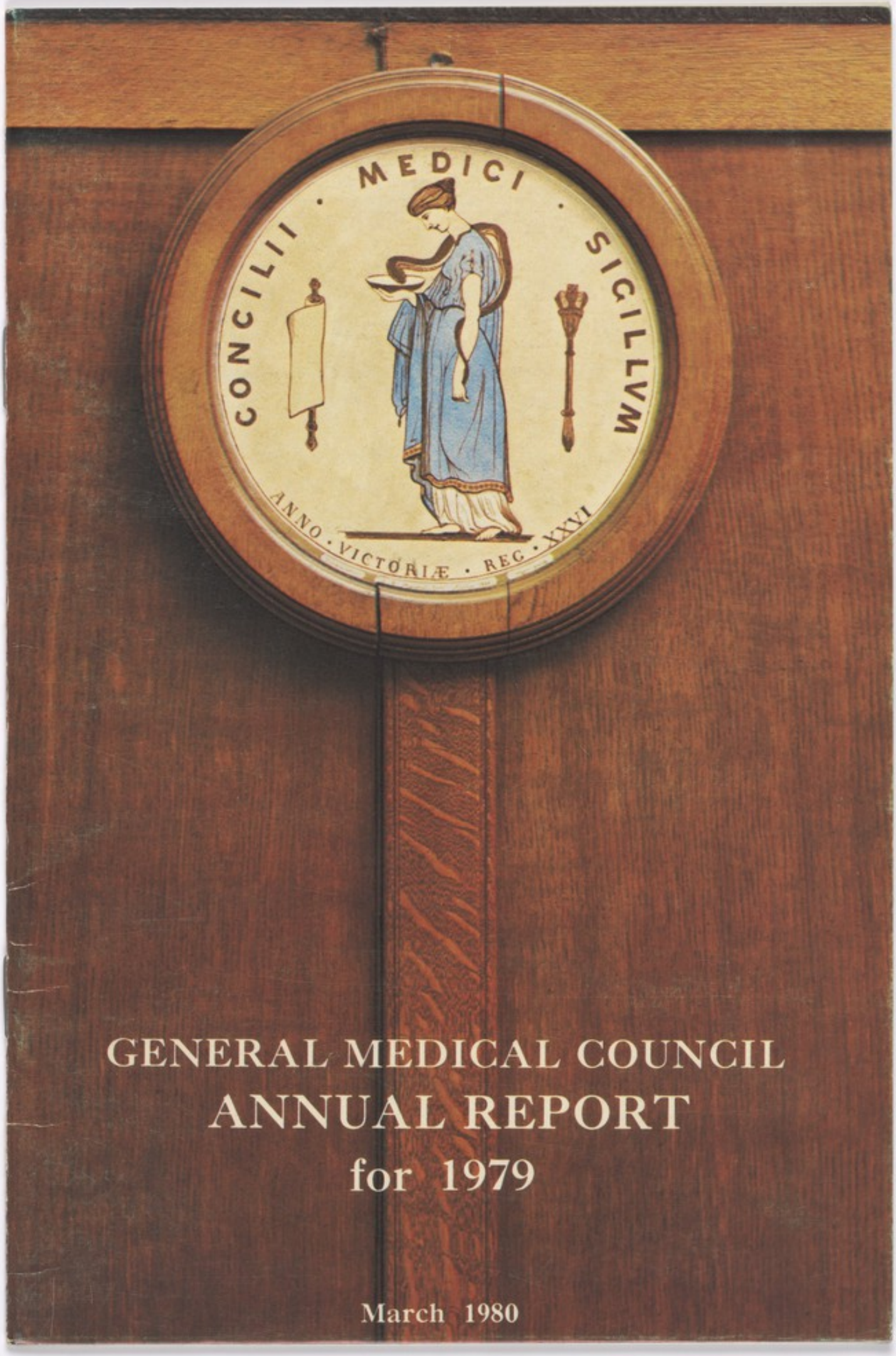

GENERAL MEDICAL COUNCIL
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