The parliamentary scene

Why doctors cause politicians trouble

Doctors are a nuisance to politicians. That much is obvious from the published memoirs of cabinet ministers and prime ministers; and anyone who doubted that medicine means trouble in Parliamentary business need look no further than the Medical Bill being debated this session.

The Bill sets out a new constitution for the General Medical Council, the statutory body that controls admission to the *Medical Register* and has the power to remove a doctor's right to practise if it finds him guilty of professional misconduct. The need for the Bill arose from a confrontation in 1972 between the GMC and a vociferous group of doctors. Until 1970 doctors had paid a single registration fee when they qualified and had their names put on the *Register*. However, running short of money in the late 1960s, the GMC decided to charge an annual registration retention fee to all doctors. Many objected to this imposition and some refused to pay. Eventually their opposition concentrated on the autocracy of the GMC; though some of its medical members were elected they were a minority. In 1972 the Government agreed to set up an inquiry into the composition and functions of the GMC, with a promise of early legislation to implement its findings. The Merrison Committee's report was generally welcomed by the medical profession and accepted by the Government, and the Medical Bill sets out its proposals for a new constitution in which a majority of the new GMC will be elected directly by doctors.

So where is the difficulty? The Merrison Committee had been very conscious that the arrangements under which the GMC sets standards for medical education had been unchanged since the Medical Act of 1886. In those days a doctor had emerged from medical school fully competent to practise medicine, surgery and midwifery. Nowadays, all doctors spend some time in postgraduate training before taking full clinical responsibility for the treatment of patients, and in some specialities the training may last for as long as 8-10 years. In this setting, said the Merrison Committee, the GMC's control had dwindled to cover 'little more than the academic preliminaries to the assumption of full responsibility' and it proposed that the new, democratically elected Council should be given

powers to control a three-tier system of medical education for all future doctors - undergraduate training, graduate clinical training, and specialist training.

These proposals were given a mixed reception by the medical establishment. During the century that the GMC has remained immobile within its statutory cocoon the Royal Colleges formed by physicians, surgeons, obstetricians, and other specialties had developed training programmes for aspiring consultants, and indeed their membership and fellowship examinations had become accepted as indicators of specialist status. Would the Merrison proposals mean transfer of the control of these training programmes (and their associated examination fees) from the colleges to the GMC? The future pattern of postgraduate training and specialist registration was further complicated by the need for Britain to align its medical regulations with those of the rest of the European Economic Community in order that there could be free movement of doctors between member states.

Not surprisingly, attempts to reconcile these conflicting interests ran into trouble, so that when the Government introduced its Medical Bill in the House of Lords in November there was no consensus within the profession - and there was nothing in the Bill's clauses about medical education (or, for that matter, about another equally contentious issue, the registration of overseas doctors).

Lord Hunt of Fawley was quick to draw attention to these omissions, and in the committee stage in December he quoted a letter he had received from Sir Alec Merrison, chairman of the Committee of Inquiry. Sir Alec was pleased to hear that Lord Hunt 'was trying to put right the extraordinarily feeble Bill' and re-emphasised that the twin premises of his committee's recommendations had been that a doctor could not practise independently without postgraduate education and that his education both pre- and post-graduation had to be looked upon as a whole. With this support Lord Hunt put forward a series of amendments on education and the experience required for full medical registration. "We want as much of Merrison in this Bill as we can get" he said. "If we are not allowed all of it, three quarters of it now will be better than less than half."

Lord Wells-Pestell, the Government spokesman, admitted that he was in some difficulty. He had

discussed the matter with Lord Hunt and had reached a compromise. Lord Hunt would withdraw his amendments on the understanding that the Government and the Parliamentary draughtsmen would see what could be done about giving the education committee of the GMC power to modify its controls over undergraduate education and the preregistration year – and, indeed, in the report stage in January Lord Hunt moved three new clauses that the Government agreed to put down when the Bill reached the Commons. These covered the pre-registration year and introduced a test of linguistic ability and a new more flexible scheme of limited registration for overseas doctors. However, the really contentious issue – the regulation of postgraduate

education – will remain unresolved: and here the Government is surely wise to stay out of the conflict until the medical profession has decided what it wants. Unfortunately doctors are independent-minded individuals, and they have shown repeated evidence that they are unwilling to accept majority decisions by the BMA – or other representative bodies – if they don't like them. Any real consensus seems unlikely to be reached quickly. That will not, of course, stop politicians – medical and otherwise – attacking the Government for dilatoriness and ineptitude; which is why ministers of every party sigh whenever they are faced with medical legislation.

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