Conference on the Merrison report

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The General Medical Council convened in London a one-day conference on 24 February 1976 to consider the Merrison Report's recommendations on education and registration. Over 250 people attended, representing universities and medical schools, the University Grants Committee, Royal Colleges, British Medical Association and other bodies concerned in training.

Sir John Richardson

Welcoming delegates, Sir John Richardson, the President of the General Medical Council, indicated that in convening this conference the GMC had taken the initiative, recommended in the Merrison Report, to help to define areas of agreement by the profession so that appropriate legislation could be drafted and allow a re-constituted GMC to consider detail.

Morning session

The morning session was devoted to considerations of proposed specialist accreditation and registration. While there was general acceptance of the principle of the continuity of the educational process and the need for control (in the sense of regulation of standards) at each of three main stages, there was less agreement about the concept of " specialist " as opposed to " consultant " training.

Fears were expressed that the introduction of a new and lower grade might lower standards (especially as the European Economic Community concepts were different from those in the United Kingdom). The joint higher training committees and some colleges, too, were reluctant to hand over control of training under their supervision to a new body. Although a register of those who had completed appropriate training was intended to be " indicative " in the first instance, it would become " restrictive " and legislation might increase rigidity of training.

Speaking on behalf of the Royal College of General Practitioners, Dr Donald Irvine welcomed the idea of an *indicative* specialist register which would enable the whole question of registration to be brought within a legislative framework. While a re-constituted GMC should have general oversight, specialist bodies should retain their influence on standards. These views appeared to have widespread acceptance by many other delegates.

It became clear that the problem could not be considered in isolation from EEC directives, because although no such grade as " specialist " existed in the United Kingdom, British doctors required a certificate from a competent body if they wished to practise abroad, and European doctors practising in the United Kingdom should be accorded appropriate specialist status.

The conference agreed that standards of practice in the United Kingdom could not be equated with those of EEC specialist practice, and that completion of approved training in the United Kingdom should be considered solely in terms of " accreditation ".

It was agreed that a certificate at less than " accreditation " standard might be given for EEC purposes, and that the question of mechanisms of registration be deferred meantime.

Afternoon session

The afternoon session, devoted to consideration of graduate clinical training was introduced by Professor J. N. Walton, Chairman of GMC Education Committee. He recognised that the current pre-registration year had come in for criticism. and wondered what the effect of introducing a modified form of graduate professional training might be on such areas as the care of patients, the acceptance of student status by postgraduates and movement between different regions. The introduction of full two years of graduate clinical training could be effected by lengthening the postgraduate phase or by merging it with the final undergraduate year, thereby shortening medical school education.

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Severa speakers highlighted the difficulties produced by each of these moves. The first solution appeared to some to postpone specialty training unduly, and might have implications for the membership of the Royal College of Surgeons and primary Fellowship. Others were opposed to shortening the undergraduate course, especially the clinical phase. Oxford University Medical School had experimented with such a development, but had abandoned it because of its adverse effects on the weaker student and on the wider sphere of undergraduate activities. Indeed, there was general support for the *lengthening* of the clinical phase and of the *early* introduction of the medical student to patients.

Speaking on behalf of medical students, Miss Alice Thompson (National Union of Students) accepted the Merrison proposals of two years of graduate clinical training, believing the graduated responsibility enhanced the educational experience. She also outlined several ideas for modifying the undergraduate curriculum, and called for earlier introduction of clinical teaching.

Professor Sir Charles Stuart-Harris (University Grants Committee) felt the conference had understandably, been over-preoccupied with the constraints militating against change—the GMC had been inhibited by out-dated legislation, many medical schools had initiated curriculum changes and were not in a mood to face further change, and the economic climate was adverse, yet he supported the broad strategy of the Merrison; report and other speakers also spoke in favour. Bristol University Medical School indicated that with minor modifications their final year could become the first year of graduate clinical training which would be completed by linking it with the preregistration year.

In his summary, Sir John Richardson suggested that, while clearly the conference was not wildly enthusiastic about the concept there did appear to be a general acceptance that further improvements were needed in the pre-registration year, that the present GMC needed no additional powers to extend the duration of this period and that meantime the GMC would seek to improve further the training in the current pre-registration year, concerning which it had already issued its *Code of Good Practice*.

REFERENCE

Merrison Report (1975). *Report of the Committee of the Regulation of the Medical Profession*. London: H.M.S.O.