practice is fortunate to have retained the independent contractor status which is the most flexible administrative instrument so far devised to accommodate a wide variety of different situations and a tolerance to different demands at different times. A flexible approach in partnerships, perhaps modelled by general practitioners who already have fixed commitments outside the practice, such as clinical assistantships or lectureships, may prove appropriate.

Welcome

What is now required is the will to create the part-time opportunities which some younger women doctors are already seeking. Given the will, general practice will surely find a way.

We welcome the progressive influx of women general practitioners, which is now overdue. Half the population are women and more than half the patients. We are confident that women practitioners will greatly enhance the quality of care in general practice in the years ahead.

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The General Medical Council

THE General Medical Council is important. Formed in 1858 as the governing body of the profession, it has retained for over 120 years supreme responsibility within the profession, both for education and for ethics. Its existence as a statutory body with representatives from the profession itself, the universities, and the Privy Council, presents an interesting symbol of professional autonomy, and indeed this has been described as one of the characteristics of a true profession.

However, during the last 15 years there has been a growing challenge to the structure and functions of this body in relation to changes both in medicine and society.

Through a series of most unhappy events, culminating in widespread unrest within the medical profession, the Merrison Committee was appointed to report both on its structure and its functions. Its skilful report has commanded widespread approval and has led in its turn to the introduction of a voting system in which the majority of new members of the new General Medical Council (GMC) will be elected democratically by the profession.

About 50 places will be filled on a regional basis and there will be separate constituencies for England, Wales, Scotland, and Northern Ireland.

Nominations

General practice as the largest single branch of the medical profession has been strikingly deprived of fair representation on the General Medical Council. Although there are over 25,000 general practitioners in the United Kingdom, at present there are only four general practitioners out of 46 members, and only two of these come from the whole of England. Under the new reform any registered medical practitioner can be nominated for election and it is to be hoped that for the first time general practice will have an opportunity to be fairly represented. Those nominated must, however, be prepared to devote up to four weeks a year to the duties of the General Medical Council, whose meetings are held in London. There is also a welcome age limit for membership of the GMC.

The voting system

The new Council of the GMC will have 96 members, of whom 50 will be elected. In the past the profession has shown an unfortunate apathy in voting: at times only one third of the electorate have exercised their privilege of voting. Whatever the views of doctors in relation to society, this is an important opportunity to take a practical step towards seeing that these views are reflected in the profession's governing body. A vote missed is not merely a vote wasted—it represents in effect the handing over of power, possibly to extreme groups in the profession.

The Royal College of General Practitioners even today has no representative on the GMC, unlike all the older Royal Colleges. This anachronism is also about to be changed and under the new constitution the College will have the right to nominate its own representative.

Nevertheless, too much cannot be expected from any one individual. What is important now is that all members of the College think carefully about who will be best suited to represent general practice on the GMC and the educational policies for which the College stands. General practice can fairly claim to have introduced more educational changes in the last 15 years than any other branch of the profession. It still has much to learn; but it can claim to have much to give.

Faculty boards have already been asked about possible nominations. However, nominations are not restricted to organizations: on the contrary, in-

dependents are likely to stand in considerable numbers. Members of the College are, however, entitled to know who among the candidates are members and the policies for which they stand.

Voting

The voting system is changing and will consist of a single transferable vote with the counting being carried out by the Electoral Reform Society.

This system means that votes cast are even more important than in the traditional system of voting. A single vote can count not only towards the election of the person with the most votes, but will also be transferred to those with the next highest votes.

Over 100 candidates can be expected and it is likely that all will be permitted a few lines to describe themselves or their policies. Every registered medical practitioner will be able to vote in preferential order, putting 1 for the first choice, 2 for the second choice, 3 for the third, and so on. It is not necessary to vote for the full number of available places; votes are likely to be most valuable if they are restricted only to those candidates who seem particularly suitable for election.

A reformed General Medical Council will be a powerful body, and will have immense responsibilities and influence over the profession both in education and in ethics. General practice is no longer a poor relation of the medical profession and can no longer be satisfied with being the largest branch of the profession while having the smallest proportional representation.

The new system is fair, but it can be sabotaged by apathy. There is therefore a great responsibility on all general practitioners to exercise their new and important democratic right to vote.

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