

Table 2. Regional distribution of recent trainee candidates and their pass rates over two years.

	Number of trainees completing	1980/81 Number of recent trainee candidates	Pass rate (per cent)	Number of trainees completing	1981/82 Number of recent trainee candidates	Pass rate (per cent)
Northern	56	55	78.2	82	84	77.4
Yorkshire	51	43	58.1	79	42	76.2
Trent	114	51	84.3	132	56	87.5
East Anglia	42	24	54.2	54	24	79.2
NW Thames	67	31	67.7	90	36	75.0
NE Thames	78	28	67.9	84	32	65.6
SE Thames	57	31	74.2	58	43	83.7
SW Thames	81	27	55.6	78	36	72.2
Wessex	106	23	82.6	140	50	82.0
Oxford	71	36	91.7	73	40	72.5
Avon, Som. & Glos.	71	25	84.0	60	19	89.5
Devon & Cornwall	69	20	95.0	65	27	85.2
West Midlands	124	44	75.0	132	73	60.3
Mersey	64	12	75.0	84	26	65.4
North West	122	36	77.8	158	55	70.9
Wales	65	29	75.9	59	54	75.9
N Ireland	44	33	63.6	63	55	69.1
Northern Scotland	12	6	66.7	10	9	77.8
NE Scotland	13	17	82.4	19	22	72.7
Tayside	31	18	61.1	33	24	70.8
SE Scotland	66	20	90.0	71	44	81.8
West Scotland	89	48	58.3	101	60	68.3
Eire	17	19	73.7	18	19	78.9
Armed Forces	31	19	47.4	31	16	62.5

GENERAL MEDICAL COUNCIL ELECTIONS 1984

Membership of the General Medical Council

There are 93 members of the General Medical Council as determined by the Medical Act 1978—see table.

Table. Membership of the General Medical Council.

Appointees of UK university medical schools	21
Appointees of Colleges and faculties	12
Appointee of the Society of Apothecaries	1
Lay members (chosen by the Privy Council)	7
Chief Medical Officers	2
Elected by doctors on the Medical Register	50

Elected members are chosen every five years, and the next such election will be held in July 1984. Elected members are chosen in four constituencies: England . . . 39 members; Scotland . . . 6 members; Wales . . . 3 members and Northern Ireland . . . 2 members. The work and responsibilities of the GMC have been described by Dr Donald Irvine in the College's 1983 Members' Reference Book (p. 199).

The College and the General Medical Services Committee both support a strong general practitioner membership of the GMC. During the next few months we shall present in *News and Views* a series of short articles about the work of the GMC and the reasons for needing such strong general practitioner representation, the organization of the election and how the single transferable vote system that it employs

works, and, at a later date, the names of the candidates whose election the College would wish to support.

In the first of this series, Dr Peter Kielty describes the primary elections that are being organized by the British Medical Association next January. He indicates how these can be used to secure BMA sponsorship for general practitioner candidates. Dr Kielty is a member of the General Medical Services Committee; he has made a detailed study of GMC elections.

The BMA primaries

PETER KIELTY

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The General Medical Council needs more general practitioner members. The present handful is too small in Council and spread too thinly around the committees to have sufficient impact on issues and debates which, since the GMC was reorganized, have a greater relevance to general practice than ever before.

Matters concerned with fitness to practise, discipline and new responsibilities in postgraduate education cry out for

guidance from doctors steeped in the ethos of general practice—articulate, and prepared to devote their acquired wisdom and experience to the affairs of the profession as a whole. The GMC needs these general practitioners—grass-roots general practitioners, political general practitioners, academics, women and general practitioners from overseas—chosen for their personal qualities and chosen by their peers.

Only 13 were elected in 1979 and of these one was a journalist, one was retired from practice and one was too old to complete more than one term of office. The next opportunity to improve on this comes in July 1984 when the next ballot for the 50 elected members takes place. Improvement will depend on more general practitioners voting than in 1979 and on their voting in an organized way.

The single transferable vote system

The single transferable vote (STV) electoral system will be used again. The Merrison Committee recognized that the profession was composed of many groups—such as craft groups, organizational groups, women and overseas doctors. It saw the STV system as the right electoral method believing that it would 'automatically ensure the representation of all substantial groups.'

In the last election, only overseas doctors voted solidly as a group, securing seats on the GMC out of proportion to their numbers. Even then, their new members included only one general practitioner.

It is normal practice for group organizations to sponsor candidates in STV elections and to encourage members to support them with early preference votes. The College did so last time with some success. Some candidates secure sponsorship from more than one organization and this enhances their chances, as analysis of voting in the 1979 election has demonstrated. The College should sponsor candidates in 1984.

Sponsorship works

Doctors do not generally welcome direction but most are glad of advice from an identifiable reference point such as the College or the BMA when faced with enormous choice from among many unknown names as in a GMC election. In 1979, from among 50 general practitioner candidates, the first 25 in rank order of first preference votes contained 18 of the 21 general practitioners sponsored by the College, the BMA or both.

The BMA is, of course, the largest organization. It is so large (70 per cent of doctors are members) that it could overwhelm all other groups, and indeed, in 1979, was suspected in some quarters of trying to do so. The truth was that it had devoted so much time and effort to the campaign and legislation for the new GMC, that the central organization of the BMA was anxious to ensure that it secured some of the places for its experts. It sponsored 50 candidates and, perhaps mistakenly, these were selected centrally. Overall, the impression given was not universally favourable. In the event, doctors had many loyalties, but fortunately the BMA's GMC experts were elected.

In 1984 the BMA will again sponsor 50 candidates but on this occasion it will invite the membership as a whole to choose most of them. BMA Council will choose 11 only, mostly as a balancing exercise, once the broad membership has had its say.

Choosing sponsored candidates

The membership of the BMA will be asked to vote on a ballot paper contained in the January 1984 edition of *BMA*

News Review. Members will vote only for candidates in one of ten provinces—Scotland, Wales, Northern Ireland and seven provinces in England, but will also be asked to indicate candidates in provinces other than their own whom they would be likely to support in the GMC election proper. There will be no restrictions designed to secure balances of various kinds, the same information as on the GMC ballot paper in July will be provided and the STV electoral system will be employed. The sponsorship election will, in effect, be a dry-run primary election for the GMC election proper.

The candidates for the primary election have already been nominated by BMA divisions, local craft committees such as local medical committees, or any six BMA members. Each candidate has provided a curriculum vitae, an election address and a photograph, all of which will be published in the *British Medical Journal* or *News Review* before Christmas. All the information will be there, province by province. Successful candidates will receive a lot of publicity from then until the election proper in July.

Endorsement for general practitioner candidates

It is clear to the General Medical Services Committee that, because sponsorship works, it is very important to support the BMA primary election, and to gain endorsement and publicity for good general practitioner candidates chosen by local colleagues. College members who support the view that the GMC needs more general practitioners should vote in the BMA primaries and should give their early preference votes to general practitioners. Solid voting within the general practitioner group is the only way to serve the cause.

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Application for a Registration Form and Brochure should be made to:

The Secretary, Awards and Ethical Committee,
Royal College of General Practitioners,
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