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# BRITISH MEDICAL JOURNAL

SATURDAY 7 JUNE 1975

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

## Merrison Report

SIR,—The Merrison Report<sup>1</sup> is a well-written document which has important implications for the future of the medical profession. Unfortunately it is long and somewhat expensive. Perhaps for these reasons it appears to be in some danger of not receiving the careful scrutiny which it merits. The summary which appeared in the *B.M.J.* (26 April, p. 183) is only a montage of its conclusions and recommendations. All the implications of the report can be appreciated only by reading the complete text. It is to be hoped that everyone taking part in the debate at the Annual Representative Meeting on 12 July will have read the full report.

The Merrison Committee was concerned primarily with the regulation of the medical profession, but inevitably its deliberations have ranged widely over the whole field of medical education. Read in its entirety the report raises doubts about the nature, content, and duration of undergraduate medical curricula. Indeed, the purpose of obtaining an M.B. degree becomes somewhat unclear—the graduand does not become a doctor as the general public understands that term. Instead, the consultant will be expected to spend two years converting a medical biologist into a clinical doctor. Who is to pay for this? Consultants should give careful considerations to the implications of accreditation and the proposed specialist registration. What is to become of a doctor on the specialist register who does not obtain a consultant post in the N.H.S.? Specialist registration is probably necessary

if Britain remains in the E.E.C. However, the increasing number of royal colleges and faculties, of higher degrees and diplomas, in Britain causes great confusion in Europe, and if the Merrison recommendations are ever implemented a case could be made for the simplification of our institutions and qualifications.—I am, etc.,

JAMES KYLE

Aberdeen

<sup>1</sup> Report of the Committee of Inquiry into the Regulation of the Medical Profession. London. H.M.S.O., 1975.

## Pay Beds and Professional Freedom

SIR,—During the recent negotiations between the representatives of the consultants and the Secretary of State, one of the subjects which received much attention was the "option agreement" with which the Secretary of State indicated that she had no wish to interfere. However, there are two aspects to the option—namely, the right to exercise it and the practical reality of being able to engage in independent practice after it has been exercised. The most recent statement by the Secretary of State in the House of Commons (10 May, p. 346) can suggest only that, having conceded the first, she is determined to destroy the second.

Both the B.M.A. and the Hospital Consultants and Specialists Association have, in the past, expressed the view that if the Secretary of State took parliamentary authority to end private facilities in hos-

pitals the profession would not resist a parliamentary decision. I have always supported this view myself, hoping that reason would then triumph and that for those people who, either because of the nature of their specialty or the geographical area in which they practised, had no prospect of viable facilities for independent practice outside the N.H.S. some limited provision would be continued within it. The current attitude of the Secretary of State seems wholly to destroy this hope.

In these circumstances, what should be the attitude of the profession? I am sure that, like myself, the great majority are sincere democrats with a great regard for the parliamentary system, deeply averse to opposing parliamentary decisions. However, looking round the contemporary world, we must note occasions on which the reluctance of responsible people like ourselves to resist the activities of undemocratic minorities, because they had acquired a gloss of parliamentary authority, has allowed changes to be made, often irreversible, which have destroyed the freedom of individuals or minorities. For many consultants it is not immediately clear that the existence of independent practice and the freedom of the profession are inextricably linked, but I have no doubt that this is the case. I have no doubt that, in the long term, the professional freedom of my whole-time colleagues depends upon their right to exercise the option to undertake practice outside the N.H.S. if they wish to do so and for that option to be a genuine one in reality, not merely in theory. For myself, the existence of this freedom as a viable reality available to any consultant at will is as important as my right to practise medicine at all. I cannot contemplate the one without the other.

These considerations have led me, with