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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 being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Reform of the GMC

SIR,—Please accept my congratulations for your very prompt and to-the-point leading article on this subject (26 November, p 1369). I wholeheartedly agree with the comments that you have made and agree with you that "the inadequacies of the minority of recent arrivals should not rub off on to the majority of well-qualified immigrants," and I welcome any suitable and just method of assessing the standards of overseas doctors before entry to Britain and the National Health Service.

I agree with you that the Bill is very negative in its present form as far as overseas doctors are concerned. Temporary registration should be abolished and a more flexible system of registration adopted. After the TRAB test overseas doctors should be able to pursue their training and career objectives without the inconvenience or hindrance that results from the system of temporary registration and should also be able to progress to full registration after some time in the light of their experience obtained in this country. They should not be required to take another examination to obtain full registration. I would have thought that the Government would have welcomed the proposal and included it in the Bill, which is meant to do away with anomalies of the past system, but it has not done so, at least for the time being. As you say, it is still not too late to include this clause in the present Bill, and I only hope and pray that the Government is able to do it; otherwise overseas doctors are going to be terribly disappointed.

On the question of specialist registration and free interchange between Britain and EEC

I would like to see overseas doctors who have obtained specialist training and postgraduate qualifications given the same kind of right of freedom, irrespective of their primary qualifications, as long as they are British nationals and hold full registration certificates from the GMC. This would be just and fair.

One other thing which you have not mentioned in your article is the plight of 150 or so Pakistani doctors who were affected as a result of the Pakistan Act 1973. These doctors had already entered the United Kingdom and were working in preregistration and other jobs and progressing satisfactorily towards obtaining full registration. They hold recognised qualifications and would have been eligible for full registration but for the Pakistan Act. The Government had every right to enact the legislation because Pakistan had opted out of the Commonwealth. It was not possible to continue reciprocal arrangements of medical qualifications. But I would have thought that the Government could have taken a kinder view and reserved the rights of those already entered this country who were already doing the required jobs to obtain full registration—as indeed it has done in its present Bill with regard to the Irish doctors. The Medical Bill provides for ending the agreement in 1927 between the United Kingdom and the Republic of Ireland under which Irish doctors are appointed to the GMC and there are reciprocal arrangements for the mutual recognition of Irish and British qualifications. The Government intends to terminate this agreement with the full co-operation of the Irish Government. When it

ends the GMC will operate on a United Kingdom basis rather than on a British Isles basis as at present. However, the rights of doctors who are already qualified and of people who are embarking on their medical studies when the agreement ends will be preserved. The same kind of treatment can be extended to the Pakistanis who were affected by the Pakistan Act.

The Department of Health and Social Security has already given the overseas doctors the impression that they understand their problems, and would like to help solve them. Isn't the time now?

One final comment which I would wish recorded, and that is on the positive aspect of the Bill. The areas which it has covered are dealt with beautifully and no doubt it is an excellent piece of legislation and will help the GMC discharge its functions better and more effectively.

S A A GILANI
General Secretary,
Overseas Doctors' Association
in the UK

Manchester

The Progestasert and ectopic pregnancy

SIR,—The company responsible for the distribution of the Progestasert intrauterine contraceptive device (IUD) in the UK (May and Baker Ltd) has indicated in recent press statements that it is ceasing to recommend the use of the device because of doubts concerning the reported incidence of ectopic pregnancy in trials conducted overseas among women wearing this device. The action taken resulted from the statement of comparative data analysis carried out by this unit culminating in the evidence I now wish to share with members of the medical profession who may be fitting, or considering fitting, this device. The staff of May and Baker have acted openly