

Medical Council reforms in the UK

The General Medical Council (GMC) of the United Kingdom is undergoing major reforms and a draft order for legislation had been laid before the parliament. Among other things, the reform seeks to create a smaller and more efficient Council; quicker and simpler procedures; greater lay representation and link registration to performance through the introduction of a license to practise, which is in turn tied to re-validation. GMC President Sir Graeme Catto said that the reforms are on schedule and will result in a more accountable, efficient and effective GMC. UK Health Minister John Hutton said that there is growing pressure for reforms in the regulating bodies. He also said that the proposed changes signify progress in the modernization of professional regulation.

(Source: GMC News Issue December 15, 2002)

UK doctors' working hours to be reduced

Under the requirements of the European Working Time Directive (EWTD), National Health Service hospitals will follow guidelines to reduce the working hours of trainee doctors to a maximum of 58 hours a week on average. Trainees will spend less time on call at hospitals but will provide emergency cover for more patients than at present.

Besides requiring junior doctors to work fewer shifts, legislators have also called for hospitals to make better use of other healthcare workers. These changes will enable trusts to comply with the EWTD. 19 pilot schemes in hospitals across England are currently in the pipeline to identify ways trusts can comply with the new rules. The Department of Health has also published guidelines to help the NHS adhere to the directive so that other healthcare workers could be used more efficiently and information technology could improve working practice. President of the Academy of Medical Royal College, Peter Hutton said: "The European Working Time Directive was introduced to improve the working lives and safety of the workforce."

(Source: BBC News January 3, 2003)

More GPs in England intent to quit

A national survey of job satisfaction and retirement intentions among 1949 general practitioners published in the recent issue of British Medical Journal (BMJ) has highlighted an important issue: one in five GP's in England intend to quit. The proportion of general practitioners under 65 years of age who

intend to quit direct patient care within the next five years has risen to 22% in 2001, up from the 14% who expressed such intentions in 1998. Decreased job satisfaction appeared to be the most important factor contributing to this rise, as GPs encounter difficulty in adapting to the changes of the organisation/governance of general practice, longer working hours, demanding patients and mounting paperwork.

(Source: British Medical Journal, January 4, 2003)

GPs pay raised by up to 50%

If the new contract between the British Medical Association (BMA) and National Health Service Confederation (NHS) comes through, British doctors may be in for a pay rise of up to 50%. The contract, which increases spending on general practice to £8bn a year by April 2006, will result in a 33% rise in investment in primary care over the next three years. Both BMA and NHS Confederation believe that if successful, the contract would be able to solve recruitment and retention problems in GP practice.

According to the Chairman of BMA's General Practitioners Committee John Chisholm, family doctors can provide any one of the 3 options: essential/basic services, additional services like childhood vaccinations and cervical screening, or enhanced services that encompass areas such as minor surgery and improving access to patients. Doctors who provide enhanced services will be able to enjoy the greatest increase in their pay, compared to those who only provide essential or additional services.

British Health Minister, John Hutton, said that for the first time, GPs' pay will be dependent on the quality of the services they provide. Hence, the more NHS work they do, the higher their rewards will be. There is therefore an incentive for GPs to treat patients in the community rather than referring them to hospital.

(Source: British Medical Journal March 1, 2003)

More Asian-American women to join the US medical fraternity

The number of Asian-American women who enrolled in US medical schools has increased by more than 50%, bringing their population to 5994 medical students, up from 3928 in 1992. This group of doctors form the second largest segment of women after White-Americans to join the medical profession and they are rapidly gaining in strength, acceptance and political savvy. Factors that count towards these Asian-Americans' decision to join the medical profession include parental pressure, the tendency to accord high prestige/respect to higher education especially in maths and science and the Asian family value of the need to do their parents proud.

(Source: amednews.com - The Newspaper for American Physicians, March 10, 2003)