Elderly locums

Roger Ridley-Smith is to be congratulated on pointing out the increasing cost of reaccreditation and the inevitable increase in fees to the patient. I agree with his opinion that the Medical Council has not thought through the consequences of its insatiable quest to protect itself from criticism that a medical mishap could be attributable to its lack of regulatory foresight.

No one criticises its aim in maintaining standards, but to impose on GPs not in a formal vocational training scheme (and previously practising under collegial supervision) the same criteria to achieve accreditation as an inexperienced overseas trained graduate, with a poor command of the English language, defies logical explanation. I’m sure it did not foresee the exodus of recently retired GPs, described in Dr Ridley-Smith’s letter, from the locum pool.

Council may not be aware that the bpaq programme is not universally accepted as a suitable competency test for potential locums. Those in many group practices responsible for assessing new locums or associates prefer the previously widely accepted regular collegial supervision process as a more reliable guide of competency.

These are debatable issues. Council remains, however, obdurate in its refusal to discuss the content of the programme, nor the reason for and the consequences of its introduction. It produces an annual report, but on the grounds of cost is not sent to each member. It does not have open meetings, certainly not an AGM, and is immune from scrutiny of the Official Information Act. Letters from the rank and file are seemingly ignored: the only contact I have had followed a complaint about its silence to the Minister of Health, who requested a reply with a copy to me.

We at the receiving end of all this deserve a better response. By its silence Council is treating neither the profession nor the public, both of whom it serves, as it should.

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Reference: