cational needs of junior doctors and to patients' care.

The General Medical Council is an organisation of doctors for doctors and for which doctors pay. We pay to protect the welfare of the public as well as that of the profession. We should fight to protect it from the government.

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1 Smith R. The end of the GMC? *BMJ* 1993;307:954.

Complaints may reflect racism

EDITOR,—The overrepresentation of doctors from ethnic minorities in cases brought before the conduct committee of the General Medical Committee that we have highlighted raises important questions concerning disciplinary procedures in the medical profession which may discriminate against such doctors.[1]

We examined the minutes of the professional conduct committee of the General Medical Council between 1982 and 1991 to determine the nature and outcome of cases brought before it. Ethnic group was determined by the name of the doctors. Of the 402 cases brought before the committee over the 10 years, 294 were cases of professional conduct and therefore solely under the jurisdiction of the General Medical Council. Table 1 shows the offences with which these doctors were charged after complaints made to the professional conduct committee. The odds ratios in table 1 were calculated on the basis of 63 000 whole time equivalent NHS practitioners, of whom 18% are from ethnic minorities. The odds ratio represents the risk of ethnic minority doctors being charged with specific offences compared with white doctors. Table II shows the outcome of these charges by ethnic group.

Table I shows large differences between the types of offences that doctors are charged with. Ethnic minority doctors are 12 times more likely to be charged with indecent behaviour than white doctors, whereas white doctors are more likely to be charged with forming an improper relationship with a patient. There is no readily available information on how the General Medical Council differentiates between these two offences, but both charges may involve an element of sexual behaviour which can be regarded as professional misconduct. Can we believe that the charge of improper demand for fees is the prerogative of only ethnic minority doctors, or are people more ready to make this specific complaint against ethnic minority doctors than white doctors?

Table II shows that once doctors are brought before the professional conduct committee, the manner in which they are dealt with is not influenced by ethnic group. None of the differences in outcome between ethnic minority and white doctors are significant.

Our figures suggest that the overrepresentation of ethnic minority doctors brought before the conduct committee may be due to more complaints being made against ethnic minority doctors than white doctors.

While we do not question the validity of the charges brought before the General Medical Council, we think that it is important that the General Medical Council has safeguards that prevent racially motivated complaints from reaching the professional conduct committee. The professional conduct committee should also publish a breakdown by ethnic group of all complaints made against doctors so that we can be sure that complaints are dealt with fairly and without prejudice.

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1 Dillner L. Ethnic minority doctors more likely to face GMC. *BMJ* 1994;308:875. (2 April.)

TABLE I—*Offences with which doctors were charged by ethnic group*

Offence	Ethnic group (% of all charges)		Odds ratio (ethnic minority:white doctors) (95% confidence interval)
	Ethnic minority	White	
Forming improper relationships with patients	3 (1·8)	19 (15·4)	0·72 (0·17 to 2·56)
Canvassing	11 (6·4)	5 (4·1)	10·03 (3·23 to 33·02)
Disregard of responsibility to patients	97 (56·7)	48 (39·0)	9·28 (6·48 to 13·31)
Improper prescribing of drugs	18 (101·5)	19 (15·4)	4·32 (2·17 to 8·60)
Indecent behaviour	19 (11·1)	7 (5·7)	12·38 (4·93 to 32·38)
Improper demand for fees	7 (4·1)	1 (0·8)	31·91 (3·99 to 690·6)
Use of false qualifications	5 (2·9)	5 (4·1)	4·56 (1·15 to 18·07)
Other (breach of confidentiality, undue influence, false accounting, etc)	11 (6·4)	19 (15·4)	
Total	171	123	6·41 (5·24 to 7·86)

TABLE II—*Outcome of changes by ethnic group (figures are numbers (percentages))*

Outcome	Ethnic group	
	Ethnic minority	White
Struck off	27 (15·8)	25 (20·3)
Not guilty	43 (25·1)	35 (28·5)
Given warning	37 (21·6)	25 (20·3)
Suspended	29 (17·0)	23 (18·7)
Others (conditional registration, renewal of registration, etc)	35 (20·4)	15 (12·1)
Total	171	123

BMA fails to attract women candidates

EDITOR,—The number of elected women members of the General Medical Council is in danger of falling sharply below the present 10 after the current election. The BMA has failed to attract women candidates seeking its sponsorship. This may be because candidates were chiefly sought from the BMA's representative body, which has few women, and not from its members, roughly a third of whom are women.

Women are represented by men, and vice versa, in many situations. This is neither necessary nor appropriate in an election where every constituency has more than one seat, and England has 42. The elected candidates will be representing a profession of which nearly a third is female; half of the doctors now qualifying are women. Thirty five of the 120 candidates for this year's election to the General Medical Council are women; 23 of these are members of the Medical Women's Federation.

For the BMA to preserve its credibility as the only doctors' organisation that is recognised for national negotiating purposes on behalf of all doctors, action is necessary. The BMA will wish to draw attention to the fact that, although it is sponsoring candidates for all seats in the constituencies of Scotland, Wales, and Northern Ireland, it is sponsoring only 22 candidates for the 42 seats in England. The BMA's powerful publicity resources should be used to persuade doctors to vote if they have not yet done so, and to vote with the need for balanced representation of the profession in mind.

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Candidates are unrepresentative . . .

EDITOR,—I am glad the BMA is highlighting the importance of the forthcoming elections to the General Medical Council by sponsoring candidates. But I am sorry that, of the 22 candidates sponsored by the BMA, only two are women. This is surely not representative of the profession as a whole and serves to illustrate how unrepresentative our representatives are.

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. . . too many of them are over fifty

EDITOR,—I agree with I M Peek's comments about the forthcoming elections of members of the General Medical Council.[1] Analysis of the list of nominees for the election shows that young general practitioners such as myself are unlikely to be adequately represented on the new council. There are only three practising general practitioners under the age of 40 on the list, and only 12 under the age of 50. The council has expressed itself content with the way that it has conducted the nomination process. Had it been serious in its intent to encourage more young general practitioners to seek election, however, it would have published plenty of details two or three years in advance of the election and not only partial details two to three months in advance. It would also have approached the Royal College of General Practitioners in good time for its help in publicising the election among its younger members.

Unfortunately, the many problems specific to younger general practitioners are now unlikely to be acted on. The widespread exploitation of junior partners in general practice, for example, needs to be dealt with under the section on serious professional misconduct in any revision of the General Medical Council's blue book. I had hoped to bring these serious problems to the attention of the council, but I did not see the grossly inadequate election notice in the one edition of the *BMJ* in which it appeared. I did, however, see the insert in a recent issue of the *BMJ* that listed BMA sponsored candidates for the election. If the General Medical Council had announced the election with a similar insert in the *BMJ* and *Lancet* I can guarantee that there would have been at least one more young general practitioner on the list of nominees.

Ninety eight (62%) of the 158 candidates for the election are aged over 50. I would ask the General Medical Council whether this is substantially different from the proportion in previous elections and if not why not? I urge all younger members of the profession to vote for those younger colleagues who have put themselves forward for election to ensure that the issues concerning junior doctors are properly dealt by the council; they have not been properly dealt with previously.

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1 Peek IM. Election of members of GMC. *BMJ* 1994;308:1044. (16 April.)