RECOGNITION OF FOREIGN QUALIFICATIONS

Dr Brian Barraclough wrote to the *British Medical Journal* inquiring whether the M.R.C.Psych. would qualify him to practise in the E.E.C., stating that his undergraduate degree was obtained in New Zealand. The following reply was received, together with the accompanying hand-out, which is reproduced here by permission of the British Medical Association:

Dear Dr Barraclough,

Thank you for your inquiry of 30 June. The answer to your question is no. The directives are rather complex on the subject of the mutual recognition of specialist status but it appears that in order to be mutually recognized and allowed to practise throughout the E.E.C., a specialist has to have (*a*) a basic qualification obtained in one of the component countries of the E.E.C., *and* (*b*) specialist recognition obtained in one of the component countries of the E.E.C. In addition, of course, he has to have the nationality of one of the component countries of the E.E.C. It will, however, still be up to any E.E.C. country to decide whether to accept or reject the qualification of an individual—a qualification which might not have been acquired in a member state.

I attach a handout which the B.M.A. has prepared on this subject.

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British Medical Journal

OVERSEAS DOCTORS AND THE EEC

The European Economic Community is in a sense a new country. Article 57(1) of the Treaty of Rome requires the mutual recognition of professional qualifications throughout the Community, and this has been interpreted by the member-governments as applying to qualifications obtained in the component parts of the EEC, and not to qualifications obtained in countries outside the EEC. Thus, a German doctor registered with an Austrian qualification cannot be automatically registered in the rest of the Community; nor can a French doctor with a Swiss qualification, or a British doctor with an Australian or Indian qualification.

Incidentally, this situation has existed for many years in the Commonwealth: a doctor who is registered in the U.K. with an overseas qualification is not thereby automatically entitled to registration in other parts of the Commonwealth.

The rules in the EEC have been made by the member-governments, not by the medical profession. The B.M.A. represented to the British Government that the mutual recognition of medical qualifications in the EEC should be applied to all doctors in this country. This was published in the *British Medical Journal* of 13 May 1972, Supplement page 110. More recently (in June 1975) the Secretary of the B.M.A. decided to ask the Department of Health and Social Security to receive a deputation (which would include representatives of the Overseas Doctors Association) to discuss further the position of overseas-qualified doctors in relation to the EEC.

It must, of course, be noted that if automatic registration throughout the nine countries of the EEC were granted to overseas qualifications which are registered in the U.K., registration within the U.K. would then have to be granted to any foreign qualifications which are registered in other countries of the EEC. For example, thousands of doctors are registered in Germany who qualified in Czechoslovakia, Greece, Iran, Syria, Turkey and Yugoslavia. At present, none of these doctors is entitled to registration in the U.K.

REPORTS AND PAMPHLETS

No Place To Go. The Mental Welfare Commission for Scotland, 1975. H.M.S.O. 47p.

Change is not necessarily synonymous with progress. The English Mental Health Act, 1959, is an illustration of this aphorism. Although undoubtedly one of the most important legal instruments yet devised to protect the interests of the mentally disordered, it has its flaws. One such, we have learned to our cost, is the death of the highly esteemed and influential Board of Control, which was abolished in spite of a strong recommendation to the contrary by the R.M.P.A. The Mental Health (Scotland) Act, 1960, which corresponds to the English Act, also dissolved the General Board of Control for Scotland, but in its place a not dissimilar organization, the Mental Welfare Commission for Scotland was set up with the 'responsibility for safeguarding the welfare of persons suffering from mental disorder whether they live in hospital or in the community'.

It is evident from the two previous publications by the Commission, *No Folks of Their Own* in 1970, and *A Duty to Care* in 1972, that the paternalism which had characterized both Boards has been perpetuated. Not only this, but in their most recent publication, *No Place to Go* the Scottish Commission has taken on an added function, that of a ginger group.

Constitutionally, the National Health Service (Scotland) Act, 1972, gave additional teeth to the

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