LETTERS TO THE EDITOR

General Medical Council registration

EDITOR,—In August last year, we experienced difficulties in obtaining General Medical Council (GMC) registration for several doctors in their first senior house officer post at the Lister Hospital, Stevenage. In August, accident and emergency (A&E) department this meant that the doctors involved could not treat and discharge patients. The confirmed registrations were available late on the second day of the doctors' jobs. No locums were required. However obtaining confirmation involved considerable time and caused unnecessary stress to the doctors, departments, and medical staffing officers concerned. To assess the extent of the problem a sample of hospitals' medical staffing departments in North Thames was contacted by telephone. A set standard of questions was asked regarding problems with GMC registrations, any locums required, and the time each medical staffing time was spent in dealing with the situation.

Replies were received from 23 hospitals. Over half of them had telephoned the GMC on 4 August to confirm registrations. In our sample, locums were required, and the time each medical staffing time was spent dealing with the situation.

The authors reply

The potential for respiratory acidosis and the influence of salicylates have been addressed in paragraph 3 of our results.1 We reported that there was no significant difference between the mean partial pressures of carbon dioxide in the two groups, confirming that any differences were due to metabolic, rather than respiratory, acidosis. In addition we reported the salicylate levels in the multiple treatment group. The hydrogen ion activity is, by definition, the cardinal feature of acidosis. The actual and standard base deficits are figures derived from the hydrogen ion concentration and partial pressure of carbon dioxide. We have therefore reported the primary measurements rather than derived figures.

Direct measures of intracellular acidosis would indeed be very interesting but are far beyond the scope of the present study. We are, however, available in a number of emergency departments. The hydrogen ion activity in blood is a universally and rapidly available investigation, indicative of a patient's overall acid-base status.

The data Dr Thomas mentions are potentially interesting and clearly support our contention that COHb is a unreliable measure of severity of poisoning. The observation in his series that the patients who died or suffered permanent neurological impairment had a lower mean initial COHb than those who recovered could be explained by a delay in arrival and delays in first aid treatment (for example 100% COHb before COHb measurement. The types of exposure may also have differed; a long exposure to a low concentration of carbon monoxide would lead to a lower COHb but a higher tissue burden, than a short exposure to a higher concentration. As reported in our review article Dr Martin Hamilton-Parrell has observed a high incidence of neurological abnormality in those patients suffering long duration or multiple exposures.1 The numbers of patients studied and a statistical analysis to ascertain the significance of the difference in the mean COHb levels is clearly fundamental. The methodology by which patients were assessed after treatment is also important as subtle neurological abnormality may be