Anger as royal funeral delays exams

Doctors whose postgraduate exams were cancelled at the 11th hour last week were told they had two options: wait until next year or fly out to sit the exam at an international test centre. They were offered alternative locations in Iceland, Hungary, Poland, Malta, Greece, Spain, France, Belgium, the Netherlands, or Ireland.

Up to 77 UK doctors expecting to sit their part 1 examination for the membership of the Royal College of Obstetricians and Gynaecologists (MRCOG) on 19 September were initially told their exam would not be affected by the Queen’s funeral.

Pearson VUE, a private exam provider that has contracts with several royal colleges to run postgraduate medical exams, notified the doctors on 12 September, within days of the Queen’s death, that their exam would go ahead.

But the next morning the RCOG notified them that the exam provider had made the decision to pause its operations across all UK testing facilities on the funeral date, as a sign of respect. Therefore their exam would not take place, but they would be able to sit it in January 2023.

Later that evening the college sent a follow-up email apologising for the “disappointment and disruption” caused by the sudden cancellation but also offering them the chance to book test slots in an alternative country.

The email, seen by The BMJ, said that slots would be open to candidates on a first come, first served basis but they would need to book an exam slot within two days (by Thursday 15 September at 11:59).

Shaffi Batchelor, a trainee in Thames Valley, who was due to sit the exam, told The BMJ the decision had made her angry at first but then let down, after she had prepared for months. She said, “How feasible was it going to be for the majority of trainees to arrange international flights and accommodation and then get back for work the next day?”

“These exams are a fairly large commitment. You constantly feel that every spare moment you need to be revising.

“It has also meant a lot of juggling over the last couple of months—to swap rotas to make sure I can actually be free to attend the exam—and now all that is nothing.”

Tom Grainger, another affected trainee, took to Twitter to express his disappointment. “It’s absolutely gutting. Somehow it’s fine for them to still administer the test for international candidates for the Royal College of Obstetricians and Gynaecologists membership exam were told to book a slot abroad or wait until January to sit the exam in the UK.”

(Continued on page 424)
Covid-19
End of pandemic is “in sight,” WHO announces
“We are not there yet. But the end is in sight,” said WHO’s director general, Tedros Adhanom Ghebreyesus, at a virtual press conference. Weekly reported deaths from covid-19 were the lowest since March 2020. Releasing six policy briefs outlining actions for all governments to take now “to finish the race,” he called for states to invest in vaccinating 100% of the most at-risk groups, including health workers, to keep testing and sequencing for SARS-CoV-2, and to integrate surveillance and testing services for all respiratory diseases.

Smear tests
Women in Northern Ireland wait too long for results
Health trusts in Northern Ireland are breaching the target of 80% of cervical smear samples being reported within four weeks, the BBC said. Some trusts reported waits of 12 weeks. Pressure on pathology services, including a shortage of trained staff, is being blamed. In Northern Ireland each sample has to be individually examined, whereas the rest of the UK uses a primary screen to test for human papillomavirus. A switch to this system is due to be partially completed in 2023.

Obesity
Charity is critical of ministers’ strategy U turn
Campaigners and charities are “deeply concerned” at the government’s review of its anti-obesity strategy for England. The Guardian reported that the official review has been ordered as part of a drive to cut red tape for business and in response to the cost-of-living crisis. Vanessa Hebditch, director of policy at the British Liver Trust, said, “The UK has created an obesogenic environment where being overweight is the norm. This needs to be addressed with public health measures to tackle the accessibility and abundance of unhealthy foods.”

Osteoarthritis
Online yoga produces short term knee improvement
A 12 week online yoga programme improved knee function in a randomised trial of 212 patients with symptomatic knee osteoarthritis. However, the unsupervised programme did not significantly improve knee pain when walking, in a study conducted by researchers from the University of Melbourne and published in the Annals of Internal Medicine. The benefits for knee function were also not maintained among the group during the optional 12 week period after the initial mandatory programme.

Pensions
Labour would scrap pension cap for GPs
A Labour government would abolish the cap on GPs’ pension earnings, said the shadow health secretary, Wes Streeting. In an interview with the Telegraph he said it was “crazy” that doctors were leaving early because of the lifetime allowance. The new prime minister, Liz Truss, has said that she would relax GPs’ pension tax charges, but it is not clear whether the lifetime allowance could be abolished altogether. Streeting added that a potential Labour government might need to look at financial incentives to get GPs to work in deprived areas.

Abortion
Roe reversal reduces US patients’ access to drugs
State laws are causing confusion and problems for US patients trying to access drugs even when not for abortions, after the Supreme Court’s decision to overturn Roe v Wade. The American Medical Association and pharmacists’ groups have warned that state laws are often poorly worded, such as prohibiting an “abortion inducing drug.” Methotrexate and mifepristone can be used for abortion but also have other uses, and doctors and pharmacists are uncertain about legal liability if they prescribe or dispense them.

Workforce
WHO warns of ticking time bomb in Europe
A report from the World Health Organization’s European region found that 40% of medical doctors were close to retirement in 13 of the 44 countries that reported data on the issue. It also found that long working hours, inadequate professional support, serious staff shortages, and high covid-19 infection and death rates among frontline workers had left a mark on the region’s health workforce. WHO urged countries to act now to train, recruit, and retain the next generation of health workers.

Seven days in
Commission describes “massive global failures” of pandemic response
The worldwide response to the first two years of the covid-19 outbreak failed to control a pandemic that has led to an estimated 17.7 million deaths so far, a major review has concluded. The Lancet commission on lessons for the future, produced by 28 world leading experts and 100 contributors, cites widespread failures on prevention, transparency, rationality, public health practice, operational coordination, and global solidarity. It concluded that multilateral cooperation must improve to end the pandemic and manage future global health threats effectively.

The commission’s chair, Jeffrey Sachs (left), a professor at Columbia University, said, “The staggering human toll of the first two years of the covid-19 pandemic is a profound tragedy and a massive societal failure at multiple levels.”

In its report, which used data from the first two years of the pandemic and new epidemiological and financial analyses, the commission concluded that responses lacked preparedness, were too slow, paid too little attention to vulnerable groups, and were hampered by misinformation. Its key recommendations included strengthening national health systems and multilateralism focusing on a reformed and bolstered WHO.

Shaun Griffin, London  Cite this as: BMJ 2022;378:o2237

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Alzheimer’s disease
Multivitamin may improve cognitive function
Taking a daily multivitamin-mineral supplement for three years may improve brain function in older women and men, a US study found. The trial, involving 2262 participants with a mean age of 73, found that the multivitamin seemed to slow cognitive ageing by 1.8 years, or 60%. The most substantial effects were seen in older people with a history of cardiovascular disease. The researchers said in the journal *Alzheimer’s & Dementia* that larger studies were needed to confirm the findings.

Smoking
Evidence shows possible transgenerational effect
Children are more likely to develop asthma if their father was exposed to tobacco smoke as a child, a study in the *European Respiratory Journal* has found. The analysis of 1689 father and offspring pairs was carried out as part of the Tasmanian longitudinal health study in Australia. The risk of non-allergic asthma in children increased by 59% if their fathers were exposed to secondhand smoke in childhood, in a comparison with children whose fathers were not exposed. The risk was higher, at 72%, if their fathers had been exposed to secondhand smoke and then gone on to smoke themselves.

Ending smoking could halve cancer inequality
An analysis by the charity Cancer Research UK showed that ending smoking would have the biggest impact on reducing cancer cases linked to deprivation in England. Research published in the journal *PLOS One* estimated that 61% fewer cases of cancer would be linked to deprivation in England if nobody smoked (down from around 27 200 cases a year to around 16 500 a year). Rates of smoking are higher among people from deprived communities and are falling more slowly than in other areas. The charity is calling on governments to make the UK smoke free.

Eczema
Biological therapy “effective in young children”
A monoclonal antibody is safe and effective in treating very young children with uncontrolled atopic dermatitis, showed a study in the *Lancet*. The randomised controlled trial of 162 patients aged 6 months to 6 years found that dupilumab improved the severity of the condition, reducing skin itch and pain within two weeks. The study, by researchers from Manchester University and Manchester University NHS Foundation Trust, was sponsored by the biotech companies Regeneron and Sanofi. In the UK the treatment is licensed for older children and adults but not yet for younger children. Lead investigator Peter Arkwright said, “These pivotal trial results strongly support the global approval of dupilumab in infants and children with eczema.”

SURGERY
More than a third of patients having major surgery are anaemic before their operation, varying from 5% to 75% across specialties

SOUNDs LIKE A TV DOCUMENTARY
Your sense does not deceive you. Milne’s observation prompted academics at Manchester University to investigate what she could smell. Their results, published in the *Journal of the American Chemical Society*, show that there are lipids of high molecular weight that are substantially more active in people who have Parkinson’s disease.

I SMELL A MEDICAL BREAKTHROUGH
The researchers compared a group of 79 people who had Parkinson’s with a control group of 71 healthy people. They asked Milne to smell T-shirts worn by people in the two groups. She was able to identify the T-shirts worn by Parkinson’s patients but also noted one person from the group without Parkinson’s smelled like the disease. Eight months later that person was given a Parkinson’s diagnosis.

HOW DOES THE TEST WORK?
The team used cotton buds run along the back of the neck to sample people and mass spectrometry to identify the compounds present. The method they developed involved paper spray ionisation mass spectrometry combined with ion mobility separation and can be performed in as little as three minutes from swab to results.

SPECTACULAR
Potentially. Samples taken can be analysed as three minutes from swab to results.

WHO’S THE MAIN PROTAGONIST?
Joy Milne (below), a 72 year old from Perth in Scotland. She has hereditary hyperosmia, a rare condition that gives her a heightened sense of smell, which she noticed when her late husband, Les, developed a musky aroma before his Parkinson’s was diagnosed.

I SMELL A MEDICAL BREAKTHROUGH
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HOW DID THEY SNIFF THAT OUT?
The researchers compared a group of 79 people who had Parkinson’s with a control group of 71 healthy people. They asked Milne to smell T-shirts worn by people in the two groups. She was able to identify the T-shirts worn by Parkinson’s patients but also noted one person from the group without Parkinson’s smelled like the disease. Eight months later that person was given a Parkinson’s diagnosis.

IS A WIDE SCALE ROLLOUT CLOSE?
The findings of the research have been used clinically, with more than 2000 patients recruited to a trial.
candidates, but they can’t sort a way of doing it remotely for the rest of us.”

Many doctors who were not directly affected were also appalled by the decision to leave doctors in the lurch for months.

Simon Fleming, an orthopaedic registrar and former vice chair of the Academy Trainee Doctors’ Group, told The BMJ, “The biggest issue is not necessarily that the exam was cancelled, because we understand that every company can make this decision, it’s that they’ve told the trainees the next sitting is in January. Those trainees will have been working hard towards that exam, using annual leave to study, missing celebrations and family events to get their exam done. And now their hope of an exam free Christmas is out the window.

“These exams normally decide whether or not you progress in your training or finish your training. So there will be a cohort of people whose lives are paused, because this exam is not happening for four months.”

Orthopaedic surgeon Vicki Cherry posted, “If this is true that is absolutely disgraceful. This needs [to be] sent to the highest level to get it rectified asap. We can’t be messing with people’s lives like this.”

Around 800 obstetrics and gynaecology doctors were due to sit the exam in more than 40 countries around the world.

In a statement the RCOG apologised to all candidates affected. Its president, Edward Morris, said the college had explored all potential options in its efforts to deliver the UK exam as planned, including implementing a paper based delivery, registering its own computer based test centres, and using hospitals as an exam venue and recruiting invigilators.

He said, “Unfortunately, due to the late notice of the UK bank holiday and the incredibly short time scales, we have tried to minimise the impact on all candidates and made the difficult decision to postpone the UK exam.

“We understand this is disappointing news and that this will be incredibly disruptive for many. We continue to offer support where we can to affected candidates to try to alleviate this situation, including the option to travel to test centres in the Republic of Ireland and [elsewhere in] Europe.”

Adéle Waters, The BMJ

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**IG NOBEL PRIZE 2022** It’s better to be lucky than smart, romantic heart rate, and why ducklings queue

Studies that looked at why it’s better to be lucky than smart, the effectiveness of ice cream as cryotherapy, problems with legal jargon, and why ducklings line up in a row were among the winners of this year’s Ig Nobel prizes.

Researchers from the University of Catania in Italy won the economics prize, their second Ig Nobel award, for showing that success most often goes to the luckiest people rather than the smartest. Their first prize in 2010 was for demonstrating mathematically that organisations would become more efficient if they promoted people at random.

Lead author Alessandro Pluchino told The BMJ, “Talent is necessary for success, but it’s not enough. You also have to be lucky, to be in the right place at the right moment to catch an opportunity that happens by chance.” He and his coauthors pointed out that talent is distributed in a symmetric way around a mean, but the distribution of wealth as a measure of success is different—about 80% of people are poor and about 20% are wealthy. “Opportunity is random, it depends on external situations,” he said.

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**CLIMATE CRISIS Scorecard reveals UK health organisations’ response**

A peer reviewed study has for the first time compared the climate credentials of UK health organisations by ranking them on four key aspects of their response to the crisis.

The climate change and health scorecard, published in the Journal of Climate Change and Health, aims to provide a template to inform future strategy and serve as a call for action.

Twenty eight organisations were invited to take part, including medical royal colleges, the GMC, and the Faculty of Public Health.

Some 11 organisations opted to participate. Amelia Cussans, one of the paper’s lead authors, said, “We hope these scorecards will help health institutions collectively transform in response to the climate and ecological crises.”

The scorecards tracked each organisation’s progress against four domains: internal operations, education and training, divestment, and advocacy. Each was scored out of 64 points.

The Royal College of Paediatrics and Child Health (RCPCH) scored the highest (60%) followed by the Royal College of Psychiatrists, with a score of 58.5 (62%), and the Royal College of General Practitioners, with 38.5 (60%).

The Royal College of Paediatrics and Child Health scored the highest at 41.75 (65%), followed by the Royal College of Psychiatrists, with a score of 39.5 (62%), and the Royal College of General Practitioners, with 38.5 (60%).
The Ig Nobel prizes are given annually for research that first makes people laugh and then makes them think. This year they were awarded virtually on 15 September by the science humour magazine *Annals of Improbable Research*, the Harvard-Radcliffe Science Fiction Association, and the Harvard-Radcliffe Society of Physics Students.

There are plans in place to repeat the survey and to highlight the impacts of climate change on health to the public, “said Eleanor Victoria Pegna, chair of the sustainability in surgery working group at the Royal College of Surgeons of England, said the college took part in the scorecard “as we felt it was important to publicly benchmark our position at the start of our journey towards creating a more sustainable organisation.”

Pegna added that the college had published its first sustainability in surgery strategy, developed a new good practice guide to sustainability in the operating theatre, and joined the UK Health Alliance on Climate Change, while recognising that becoming sustainable will be a long term endeavour.

A spokesperson for the College of Paramedics said, “The college is a young organisation, so it is at the beginning of the journey to tackle the global problem of climate change, but we fully understand how important it is for a membership organisation to do this, and it is something we are committed to.”

“We also have a sustainability network, run by dedicated members, where our profession can share and exchange ideas on how we can champion the climate change agenda.”

Zainab Hussain, *The BMJ*

Cite this as: *BMJ* 2022;378:o2238

It was important to publicly benchmark our position at the start of our journey Victoria Pegna, RCS results, RCPC, president Camilla Kingdon (below right) said, “The college is committed to facing climate change head on, and it is encouraging to be recognised as a leader among health organisations tackling climate change. As paediatricians, we need to be at the forefront of climate activity, given that the impacts of the crisis will be predominantly borne by children around the globe.” Helgi Johannsson, vice president elect and appointed lead for sustainability at the RCoA, said the college was pleased to take part in the assessment. “We have already made significant progress in a number of key sustainability areas not covered by the survey, such as our national work supporting the decommissioning of the anaesthetic gas desflurane, which is one of healthcare’s major polluters,” he said.

“Significant work to do” A GMC spokesperson said, “While not all the report’s categories apply to the GMC, we know we have significant work to do to meet the targets we have set ourselves.

“In recent years we have worked to introduce initiatives in key areas, and we are launching a number which will be picked up in the next Medact survey, including implementing a net zero plan.”

scorecard focused on organisations divesting their financial assets from fossil fuels, and the advocacy scorecard focused on emission cuts and policy change.

**Advocacy scorecard**

Considering the significance of the climate crisis, particular weight was given to the advocacy scorecard. “Health organisations have an important voice when it comes to highlighting the impacts of climate change on health to the government and general public,” said Eleanor Cooke, another lead author of the paper.

There are plans in place to repeat the survey and scorecards, to track and encourage further progress. Commenting on the

showing that ice cream was more effective as cryotherapy than ice chips or ice cubes in treating oral mucositis. It is a common side effect in patients receiving high dose melphalan after autologous haematopoietic stem cell transplantation and can be severe. Patients who received ice cream as popsicles on demand during melphalan infusion had a lower incidence of mucositis.

**Problems with legal jargon**

Even lawyers have problems with legal jargon, which is increasingly common in online terms of service agreements, said researchers from the Massachusetts Institute of Technology (MIT) and the University of Edinburgh, who won the literature prize. Key problems are clauses embedded within other clauses, use of uncommon words and legal terms, the passive voice, and non-standard use of capitalisation. Eric Martinez of MIT told *The BMJ* that individuals read 12 pairs of short contract excerpts—one in the original, the other in a simpler form.

Both lawyers and other participants found the simpler phrasing easier to understand. Lawyers may be accustomed to using jargon, they may use it to impress clients, they may not realise it is too complicated for the average reader—or they may emphasise the company’s priorities rather than the users.

Two groups of researchers—from China, Turkey, the UK, and the US—revealed why ducklings swim in a row behind their mother and won the physics prize. The mother duck generates a wave and the ducklings behind her ride along the wave and the benefit is passed on to each duckling in the row.

Janice Hopkins Tanne, New York

Cite this as: *BMJ* 2022;378:o2255

The BMJ 2022;378:o2255

SOME OF THE OTHER WINNERS OF THE IG NOBEL AWARDS

- **Biology**: Brazilian researchers won for studying how tail loss and constipation affect the mating prospects of scorpions.
- **Engineering**: Japanese designers won for discovering the most efficient use of fingers to turn knobs of different sizes.
- **Art history**: Scientists from Austria, Guatemala, the Netherlands, and the US won for a study of ritual enema use in ancient Mayan pottery.
- **Peace**: Researchers from Australia, Canada, China, Hungary, Italy, the Netherlands, Switzerland, the UK, and the US won for developing a way to help gossipers decide when to tell the truth and when to lie.
- **Safety engineering**: Magnus Gens of Sweden won for developing a moose crash test dummy.

> Mariska Kret of Leiden University told *The BMJ* that in the experiment a man and a woman met very briefly three times while sitting across from each other with a shield in between. Facial expressions, nodding, and gestures did not reveal whether they wanted to go on another date. What did indicate romantic interest was physiological synchrony, such as whether their heart rates synchronised—something not visible to either person, Kret said.

The prize for applied cardiology went to researchers from Aruba, the Netherlands, Sweden, and the UK who showed that the heart rates of a couple on a blind date are synchronised, such as whether their heart rates synchronised—something not visible to either person, Kret said.

The prize for medicine went to researchers at the Medical University of Warsaw for their work supporting the sustainability network, run by dedicated members, where our profession can share and exchange ideas on how we can champion the climate change agenda.”

Zainab Hussain, *The BMJ*

Cite this as: *BMJ* 2022;378:o2238

> The BMJ 2022;378:o2238

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Concern over UK doctors’ knowledge as more choose to train in eastern Europe

EXCLUSIVE New figures show rising numbers of medical students are acquiring their degrees in countries such as Poland, Romania, Bulgaria, and the Czech Republic. Matthew Limb examines the trend

The number of British doctors obtaining their medical degrees in eastern Europe is increasing, raising questions about whether they are properly equipped and supported to work in the UK.

New figures show that nearly 13,000 doctors on the GMC’s medical register (4.3%) have primary medical qualifications from eastern European countries. Of these, 22% (2,910) are UK nationals, 46% are nationals of the country of qualification, and 29% are nationals of a third country. Over half (56%) of the 13,000 hold a qualification from one of four countries: Poland, Romania, Bulgaria, and the Czech Republic.

The figures for this June were obtained from the GMC by Richard Wakeford, a former GP training programme director and life fellow of Hughes Hall at the University of Cambridge.

Wakeford, who has worked for many years producing the Royal College of General Practitioners’ annual report, said the GMC data should be considered alongside data from other sources that compare performance of doctors qualified in eastern Europe with other international medical graduates and doctors qualified in the UK.

“Low level of applied knowledge”

Wakeford told The BMJ, “What worries me is a low level of applied medical knowledge. The knowledge levels of eastern European graduates are significantly poorer than other international graduates taking the applied knowledge test [for general practice] on their first attempt.”

Wakeford said the numbers of UK nationals qualifying each year in eastern Europe amounted to one or two medium sized medical schools.

The figures have emerged after recent media reports described how many aspiring UK medical students were travelling abroad to train after failing to obtain a place in a UK university with lower than expected A level results. In one report, The Times quoted a student who found a place studying medicine at Plovdiv Medical University in Bulgaria, saying it was a “misconception” that getting into Bulgaria was “easy” because it accepted lower grades than UK institutions.

“As far as one can see from the student chat boards, that’s exactly the reason they are going there: they can’t get into UK schools,” Wakeford said.

“The fact that a substantial proportion of our medical workforce is qualified in eastern Europe is in its own way interesting to me. One wonders if there should be a Medical Schools Council appointed person to coordinate and help these people return to the UK: the few I have met in a past role as GP training programme director suggests that many may flounder.”

The GMC figures obtained by Wakeford, but not published on the regulator’s website, give the qualification country and nationality of doctors on the medical register who qualified in eastern Europe.

Reduced language barriers

The GMC confirmed it held data showing that there had been an “increase in UK nationals joining the workforce with European Economic Area (EEA) PMQs [primary medical qualifications].” It said although the total number of doctors who first qualified in the EEA before joining the UK workforce had been “consistent since 2015” the mix of countries in which those doctors qualified “had changed substantially.”

A GMC spokesperson said, “There’s been a decrease in joiners with PMQs from northwest Europe and an increase in joiners with PMQs from central and eastern Europe, especially Romania, Czech Republic, Poland, Hungary, and Bulgaria.”

According to the medical
NEW FIGURES show that nearly 13,000 doctors on the GMC’s medical register (4.3%) have primary medical qualifications from eastern European countries

regulator, universities in those five countries all have English language medicine programmes, “which reduce the language barriers for international students.”

The GMC said, “This may explain in part a recent increase in British nationals joining the UK workforce with a PMQ from these parts of Europe. For example, 98% of the doctors who joined the UK workforce in 2014 with a Bulgarian PMQ (97 doctors) had Europe EEA nationality, which includes Bulgaria itself.

“By 2021, this had fallen to just 21% (70 doctors). At the same time, the share of British nationals joining the UK workforce with a Bulgarian PMQ increased from zero in 2014 to two thirds (66%, 215 doctors) in 2021.”

Caution for concern

Wakeford said people who were leaving the UK to study medicine in eastern Europe would be considered to have “plenty of cultural capital.”

“That’s why, when you give them patients, they seem to get on quite well, but it’s apparently on the basis of rather poor medical knowledge. If that hypothesis is confirmed by other data from other royal colleges, which only the GMC has, then that should be something we should be worried about because it suggests that a group of doctors with pretty poor medical knowledge may be fudging their way through clinical exams to the potential disadvantage of patients.”

Wakeford said that because the major eastern European provider countries were in the EU most of the relevant graduates will have received UK registration under the “equivalence” regulations. “It will be interesting to see how any change of rules following Brexit affects this substantial source of the NHS medical workforce,” he said.

The GMC spokesperson said, “In terms of how British nationals joining the UK workforce with a PMQ from these countries perform, it is too early to be able to assess this.

“Employers should be providing inductions for new doctors, but we continue to deliver and have invested significantly in our free Welcome to UK Practice (WtUKP) workshops, which are designed to help all doctors who qualify outside the UK by offering practical guidance about ethical scenarios doctors may encounter.”

Matthew Limb, London
Cite this as: BMJ 2022;378:o2248

FIVE MINUTES WITH . . .

Maeve Kelleher
The paediatrician on why she is refusing funding from formula milk companies

“I’m not getting paid, I’m not conflicted, this is all good.’ It helped raise my profile in the early years of my career.

“Over the next few years I attended lots of meetings and education sessions sponsored by formula companies. I thought that if industry didn’t support it these events wouldn’t happen. In Ireland there was a lack of allergy specialists, and the education helped people to treat patients better.

“In 2017 I came to London. I had more expertise and was becoming better known. I was also talking at patient advocacy events. By then I had stopped taking money for talks. Industry never asked for my slides or added content, so I thought, ‘I’m not getting paid, I’m not conflicted, this is all good.’

Meanwhile I was turning up naively with industry signs in the background.

“Then I decided to separate completely. I was doing a big review for Cochrane, who had very specific conflict of interest rules, and I wouldn’t be able to be the first author if I accepted industry funding. I had a research position and a fellowship, so it was easy for me to step back from sponsorship. When I went back to Ireland I said no to a sponsored webinar series.

“Members of the British Society for Allergy and Clinical Immunology have elected to not accept funding from formula companies, so things have changed. Some people may think, ‘Wow, I would never have taken that money.’ Others will think, ‘That resonates with me.’ It’s about a journey—I’m ahead of some people and behind others. We naïvely think we can’t be influenced but, unfortunately, we can.”

Maeve Kelleher is a paediatric allergy consultant at Children’s Health Ireland. Hear her on the WHO and the Formula Industry,” on YouTube. The next episode, on 29 September, asks whether health professional associations should refuse industry funding. Sign up at bit.ly/3Ue6Y4J

Rebecca Coombes, The BMJ  Cite this as: BMJ 2022;378:o2243
NHS doctors and nurses were among those taking part in the Queen’s funeral procession as her coffin made its journey to Windsor after the state funeral at Westminster Abbey.

Among them were Amanda Pritchard, NHS chief executive, who in a statement said, “Her Majesty the Queen gave steadfast support to the NHS throughout her reign, and in return she had the admiration and respect of staff right across the health service.”

Pritchard met the Queen when receiving the George Cross on behalf of the NHS in July. “That was the proudest moment in the NHS’s long history,” she said. “It was a huge privilege to represent the NHS at a ceremony which so movingly reflected the enormous sense of loss—but also gratitude for a life well lived, which is felt not just across the health service but our whole country.”

Alison Shepherd, The BMJ
Cite this as: BMJ 2022;378:o2269
The UK’s public health system is broken

A comprehensive review is required to fix it, ideally a royal commission

The UK’s public health system is broken

The UK’s public health system is broken

Weakened system

Important alterations include the transfer of local directors of public health from the NHS to a much reduced and poorly resourced role within a simultaneously weakened local authority system. The central public health agency, Public Health England, has been abolished and replaced by the UK Health Security Agency. The agency, which is now part of the UK’s national infrastructure and security system, has dropped public health from its title. Notably, three of the four chief medical officers in the UK are not public health doctors.

A policy of malign neglect of population health seems to be in place. The public is being taken out of public health, and individual freedom of choice is emphasised and promoted with no concern for the context in which those choices inequitably have to be made. The public health system is broken, and a far-reaching review of how internationally recognised essential public health functions are being carried out in the UK is now required.

Only two such reviews have ever been done in England. The first, published by the Royal Sanitary Commission in 1871, paved the way for a powerful public health system in England that was the major driver of the “sanitary revolution,” arguably the greatest medical advance in nearly two centuries. The second was the 1988 report Public Health in England, which followed a series of serious failures in infectious disease control. The then Conservative government implemented the 1988 report, revitalised and strengthened the public health system, and went on to publish England’s first public health strategy, The Health of The Nation, and wide ranging targets for improvement. This innovative approach was built on by the subsequent Labour government with greatly increased funding and a series of important legislative measures, notably on tobacco control. Introducing the The Health of The Nation policy paper in parliament in 1992, the secretary of state for health, Conservative MP Virginia Bottomley, said, “No responsible government can be a disinterested observer of an unhealthy nation.”

A reconstituted, clearly tasked, and adequately resourced public health system is needed. An immediate goal should be to build a popular and political understanding that the economy requires both healthy workers and healthy consumers. To address problems of the current magnitude, improving population health must be a cross government effort. It cannot be left solely to the health department, which is already facing the enormous task of reversing serious decline in the NHS. In her twin role as deputy prime minister and secretary of state for health and social care, Thérèse Coffey is well placed to drive action across government and gain prime ministerial support.

How to change course

Building a national public health strategy based on a broad consensus needs a distinctive approach. The underused mechanism of a royal commission would be wholly appropriate. Royal commissions are committees appointed by the monarch on the government’s advice. The use of royal commissions has fallen substantially, particularly with the development of an effective public inquiry mechanism in instances of serious failures or disasters such as the Grenfell Tower fire. But the royal commission format remains appropriate when the issue is far reaching, potentially politically divisive, and focused firmly on the long term.

The current government was elected in 2019 on a manifesto that promised a royal commission on the criminal justice system. That pledge has yet to be fulfilled, but it shows that the mechanism is not redundant. The UK needs a broadly based and effective effort to convince both parliament and government to establish a royal commission on public health.

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Menstrual health for all
Access to affordable period products is not nearly enough

In August 2022, the Scottish government declared that local authorities must provide access to free period products such as menstrual pads and tampons through their facilities. Globally, the menstrual health movement has achieved considerable milestones over the past two years, including the first panel discussion on menstrual health at the 50th session of the Human Rights Council and the publication of the consensus definition of menstrual health in 2021. These achievements are a result of over 20 years of activism and political action, beginning in 2004 when the government of Kenya committed to removing the sales tax on period pads.

Menstrual health refers to “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in relation to the menstrual cycle.” Conversely, period poverty occurs when there is limited access to affordable, safe, and appropriate period products or hygienic and private spaces to change or dispose of used products. Period poverty also results from environments where menstrual periods are stigmatised or where women and adolescent girls feel shame because of their period.

Exacerbated by lockdowns
The fuller dimensions of period poverty were reported by many countries before the pandemic and were exacerbated by the lockdowns.

Period poverty often affects the most vulnerable groups, so in a bid to improve mobility and prevent absenteeism and school dropouts, governments in Kenya (2018), Botswana (2017), Uganda (2016), and New Zealand (2020), and France (2020) enacted policies that distribute free period pads through public schools. Some studies have shown, however, that provision of products is not enough to significantly improve school attendance among girls.

Furthermore, although these policies represent an important step in support of gender equality, such policies are usually limited to the provision of period pads, with no menstrual education for girls or boys, often because of deeply rooted myths and taboos that code menstruation as bad, unclean, and to be hidden.

A further dimension for education and policy involves environmental waste, which will increase with greater access to disposable pads. Education about the environmental impact of different period products could help people make informed choices about the products they need, reduce menstrual stigma, and build reproductive health literacy and agency. This could decrease the demand for period pads in some settings and increase demand and accessibility for reusable products such as period underwear, washable pads, and menstrual cups when appropriate.

It is essential that we continue to push for accessibility to menstrual health for women, adolescent girls, transgender men, and non-binary people who menstruate.

Comprehensive programmes that address the full scope of menstrual health are required. They should be tailored to respond to each context to avoid creating a demand for period pads in settings where they are not available. This could be seen as unethical and an attempt to universalise menstrual health needs through the translation of the high income countries’ perception of menstrual health into low to middle income contexts. To decolonise and diversify the menstrual health narrative, programmes should be developed with target populations so that intersectional needs, including socioeconomic status, geography, gender, race, and ethnicity, reflect their reproductive health priorities.

Protected rights
We need commitment from organisations at the global level. We call on the International Labor Organization to amend article 3 of the Convention on the Elimination of all Forms of Discrimination (CEDAW) to add reproductive rights to the list of human rights. Reproductive health and rights beyond pregnancy, which include menstrual health and menopause, need to be protected in the workplace and should be covered by CEDAW. Employers should be encouraged to make menstrual health accessible in the workplace.

Finally, we need recognition from global leaders that accessibility to menstrual health is not just about the affordability of products, it is about creating enabling environments that address psychosocial and physical constructs so everyone who menstruates has the information, education, hygiene facilities, and body autonomy to manage it. We need them to allocate funding for national data collection and research that can inform integrated approaches to reduce the specific inequalities related to menstruation. Until we have reached that point, we must continue to drive the global menstrual health narrative.
How overturning Roe v Wade has eroded privacy of personal data

The US Supreme Court decision is making many women across the world vulnerable to criminal prosecution. David Cox reports.

In early August, prosecutors from the Madison County attorney’s office in Nebraska became the first law enforcement agency in the US to use private Facebook data to support a case against someone (a teenager) accused of having an illegal abortion.

Messages between the accused, 17, and her mother were accessed after prosecutors sent a search warrant to Meta, Facebook’s parent company, back in June. It represents the first instance of investigators accessing an individual’s data from a tech company as part of an abortion case since the US Supreme Court’s decision to overturn the 1973 Roe v Wade ruling.

“We’ve learnt Facebook cannot be trusted with anything,” says Laura Shipp, a cyber security researcher at Royal Holloway, University of London. Shipp advises anyone seeking abortion information, or wishing to discuss the matter with family or friends, to always do so through private browsers or encrypted messaging services to ensure messages will not be stored on any database or shared with third parties.

The case has sparked campaigns calling for people to delete their accounts on the social media platform. Now, Google employees are petitioning Alphabet, Google’s parent company, to offer abortion benefits to contractors, suspend donations to anti-abortion politicians, and provide better protection for users against possible police requests. But these tech giants are just some of many digital mediums that could be exploited as a way of obtaining information relating to a person’s reproductive history, as US states look to clamp down on abortion.

Legal experts say that text messages, emails, geolocation data, online payment records, Google searches, and information accumulated by apps could all be used as means of proving guilt.

“The tech industry is built on this idea that your data is one of your most precious commercialisable resources,” says Carmel Shachar, executive director of the Petrie-Flom Centre for Health Law Policy, Biotechnology, and Bioethics, at Harvard Law School. “People need to worry about the way they interact with the digital world when they’re pregnant and they don’t want to be pregnant.”

In particular, the so called femtech industry has come under increasing scrutiny, with popular digital tools such as the period tracker app Flo becoming viewed as potential liabilities, especially as their business models involve collecting personal data and selling it to third parties. While many of these companies have announced new privacy protection measures in the wake of the Supreme Court decision—for instance, Flo has added an anonymous mode feature to let users remove identifiers such as name and email address from their profiles—it remains to be seen whether this provides any real protection.

“If they have this data, I find it hard to know how they can protect it from subpoena if that happens,” says Shipp. “I’ve not seen anything solid enough to suggest that that’s not the case.”

Who owns your health data?

The possibility that femtech apps might be used to build legal cases against people suspected to have had abortions has thrown open the question of whether they should be more tightly regulated in future, to add more layers of protection over how this information is shared.

“These everyday apps have incredibly intimate details about our health, and yet they’re not regulated as health devices,” says Gina Neff, executive director of the Minderoo Centre for Technology and Democracy at the University of Cambridge. “They’re falling into an ethical grey zone, where consumers are increasingly relying upon them, and yet they don’t have the kinds of protections that they would have when sharing information with their doctors.”

In the US, even private medical records are not considered sacrosanct when it comes to what investigators might be able to access. While medical privacy laws such as the Health Insurance Portability and Accountability Act (HIPAA) provide some protection, personal medical data can still be subpoenaed if there is reason to believe that an illegal abortion has occurred. Patients have little control over what happens because in virtually all US states, the law specifically states that
either medical providers or hospitals own the data.

Nicole Huberfeld, professor of health law, ethics, and human rights at the Boston University School of Public Health, says that healthcare providers are not always obliged to cooperate with prosecutors. There has to be a specific reason for needing to access such confidential data. “HIPAA does not stop subpoenas, but neither does it require healthcare providers to comply with broad subpoenas that are seeking unspecified information,” she says. “Prosecutors cannot go on fishing expeditions by making a blanket request for all patients who appear to have had abortions that may have violated state laws.”

Shachar predicts the Nebraska case is likely to be something of an exception. She believes the majority of court cases will be US states taking action against physicians or hospitals suspected of providing abortions, rather than patients themselves, although the predicted rise of self-administered abortions could see more instances of patients being directly targeted.

“There’s the worry that people will not seek out medical care, out of worry that these records will be discoverable,” Shachar says. “The most important thing is that if patients have self-induced abortion and it’s not going well, that they go get the care they need.”

While the effect of the fall of Roe v Wade on medical data privacy has been felt most keenly in the US, the reverberations have reached other countries that have taken an anti-abortion stance, such as Poland.

On 6 June this year, the Polish health minister signed a new regulation requiring doctors to record both past and current pregnancy information in a central register, a move which was seen as a response to the Roe v Wade decision.

“While women are not criminalised, criminal sanctions have recently affected their family members,” says Krajewska. “The internet behaviour of women has certainly changed. They are more careful ordering abortion pills online, seeking information about abortion, or organising abortion travel abroad. The disclosure of personal data can create an atmosphere of fear, surveillance, and uncertainty and undermine public trust in the healthcare system.”

How much does the NHS protect the UK?

Even within the UK, researchers point out that people are not as protected as they might think, citing an ongoing court case in which a 25 year old woman in Oxford is facing trial for allegedly self-administering misoprostol, which is routinely prescribed by doctors at abortion clinics, with intent to procure a miscarriage.

The woman is being prosecuted under the 1861 Offences Against the Person Act, which was introduced to stop black market abortions in Victorian England, for acting without medical authorisation, a charge that carries a maximum sentence of life imprisonment. She is pleading not guilty, with a trial set to take place next February.

Shipp says that at the moment legislation such as the General Data Protection Regulation (GDPR) offers people in the UK more protection regarding sensitive information that tech companies hold about their reproductive health or their search history and social media conversations.

GDPR could be overturned as part of a drive to move away from European data privacy rules in the wake of Brexit, although in reality, many data controllers operate across borders and so will remain subject to the European Union GDPR or other privacy laws.

In 2021, NHS Digital announced plans to pool medical records on to a database and share them with third parties. Although the NHS says that this could save lives, researchers say that questions remain about some of the possible implications.

“In terms of the NHS, I think it’s really interesting to ask how protected we are, and how private our data is,” says Shipp. “It might be doing a deal with Palantir, which is involved in this new data platform that will contain a huge amount of confidential patient data without very clear guidance on who will have access to it and under what terms. So it’s definitely getting more of a grey area.”

As a result, Shipp has some advice for anyone looking to engage with tech platforms regarding their reproductive health. “Find an app that is privacy first, as that doesn’t store any data other than on your phone,” she says. “Other ways of just keeping safe are using fake names or email addresses and avoiding the community and forum aspects of apps, as a lot of them have polls or quizzes but then they treat that as data that they can just scrape.”

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PATIENT SAFETY

Should “safe space” material be kept confidential?

From April 2023 the new Health Services Safety Investigations Body will require doctors to be candid about errors that have led to patient harm. But can medics trust that material given in this “safe space” won’t be used against them? Jane Feinmann reports

Airline pilot Martin Bromiley began a campaign to create the Health Services Safety Investigations Body 17 years ago, just a few weeks after his wife died when routine surgery for chronic sinusitis went catastrophically wrong.

“If anything, I felt comradeship with the operating team,” he tells The BMJ. “I felt that they had done what they believed was right but things just didn’t work out. Yet I could see that the doctors were on their own.”

“When things turned to disaster they had little if any support from the hospital and crucially there was no plan to investigate and make sure lessons were learnt. I felt that had to change,” he recalls.

What was needed, he argued, was a replica of the Air Accident Investigation Branch (AAIB), which Bromiley, as a pilot, knew was crucial to safe aviation. “The AAIB and its international equivalents have been responsible for the extremely high levels of safety seen today in aviation,” he told The BMJ. “The rule was simple: that in almost every case, errors are systemic and failures that are there will be multiple and minor.”

“The only serious offence for an aviation crew is failing to speak up when they see or are involved in an aviation error,” he says.

Committed to a “no blame” culture

In 2017, NHS England created a similar organisation to the AAIB. The Healthcare Safety Investigation Branch (HSIB) is “dedicated to improving patient safety through independent investigations into NHS funded care” and designed to promote learning across the NHS. HSIB investigations look at factors that have harmed or may harm NHS patients, seeking to enhance learning from mistakes without attributing blame.

HSIB is evolving and in April 2023 will become the Health Services Safety Investigations Body (HSSIB), a fully independent, non-departmental public body with enhanced powers to require people and organisations to cooperate with patient safety investigations.

One of the key extra powers is a legal guarantee that evidence provided by healthcare practitioners, known as “safe space material,” will be protected, with other bodies needing permission from the High Court to access it.

“This is very important because when our investigators are going out to speak to healthcare staff about patient safety incidents, the safe space principle gives them reassurance that they are speaking to us in confidence without the fear of repercussions,” says Lesley Kay, acting medical director of HSIB and consultant rheumatologist at Newcastle on Tyne Hospitals NHS Foundation Trust.

“This principle works extremely well in other safety critical industries including aviation because staff don’t fear the evidence given to an investigator becoming part of a complaint response or to face blame,” Bromiley tells The BMJ.

“There is an awful lot that can be looked at and then changed through an investigation within a no-blame culture,” added Keith Conradi, HSIB’s former chief investigating officer and previously principal inspector at AAIB.

FROM CAMPAIGN TO CREATION: THE HEALTH SERVICES SAFETY INVESTIGATIONS BODY

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tr>
<td>2005</td>
<td>After pilot Martin Bromiley’s wife dies during routine surgery for chronic sinusitis, he begins a campaign to establish an organisation to investigate errors that lead to patient harm, modelled on the Air Accident Investigation Branch, the equivalent agency in aviation.</td>
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<td>2015</td>
<td>Trainee paediatrician Hadiza Bawa-Garba is convicted of gross negligence manslaughter (GNM) after the death of her patient in 2011. Bawa-Garba’s reflections on the incident are used in cross examination during her trial.</td>
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<td>2017</td>
<td>The Healthcare Safety Investigation Branch (HSIB) is formed in order to identify factors that could or did lead to patient harm. This is done “without attributing blame or liability” and valuing “learning for improvement.”</td>
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<td>2018</td>
<td>A review into GNM in healthcare, chaired by Professor Sir Norman Williams (right), is published. It finds that roughly one doctor a year is prosecuted for GNM and that there is “a perceived inconsistency” in the investigation and prosecution of GNM.</td>
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Calls for safe space material to be made public

Yet the principle of safe space material is controversial, particularly in cases where patients have died. At least one survey shows public appetite for harsher penalties for healthcare practitioners when errors lead to the death of a patient.

Rob Behrens, chair of the Parliamentary and Health Service Ombudsman office is calling for safe space material to be available to other investigators. He says the idea of guaranteeing a safe space threatens his role of protecting patient safety and providing access to justice for families. “Effective access to information is vital to give the ombudsman the facts it needs to assess the complaints brought to it,” he tells The BMJ. “The HSSIB safe space will leave my team and me without knowledge of serious medical failings.”

He says the ombudsman will continue to challenge the government about offering a safe space. “Failure to do so risks those with genuine concerns losing their voice and losing trust in the complaints process,” he adds.

Doctors also fear safe space material could be used against them in criminal investigations, following

Concerns are raised over the draft wording of the Health and Care Bill 2021, which will provide legal backing to HSSIB. Campaigners say it would allow the Health Secretary to decide which cases the organisation investigates and allow safe space material to be made public, which would restrict organisational learning

An amendment to the Health and Care Bill 2021, put forward by a coalition group of peers, is passed. Safe space material collected by HSSIB is now protected by law, meaning coroners would need to apply to the High Court to obtain it

The Health Services Safety Investigations Body (HSSIB) and the new body to investigate errors in maternity care, the Maternity and Newborn Safety Investigations Special Health Authority (MNSI), are expected to be fully operational
concerns about trainee paediatrician Hadiza Bawa-Garba’s conviction for gross negligence manslaughter in 2015, after the death of 6 year old Jack Adcock from sepsis in 2011. Bawa-Garba met her duty consultant at Telford Hospitals NHS Trust. While the review reported interviews with patients and their families in the court case against Bawa-Garba. Further, a trainee encounter form including comments in Bawa-Garba’s handwriting was submitted to the prosecuting QC and discussed in cross examination though the court was clear that no weight should be given to reflections documented after the event.

GNM, with a maximum life sentence, can be invoked when someone’s professional performance is “truly exceptionally bad,” according to updated guidance from the Crown Prosecution Service in 2019. Convictions of doctors for GNM are rare, occurring at a rate of about one a year, according to a report on GNM in healthcare by Norman Williams, professor of colorectal surgery at the University of Oxford, for the Department of Health and Social Care and published in 2018.

The Medical Protection Society (MPS), one of three mutual protection organisations for doctors, told The BMJ that 30 of its members have been investigated by police in relation to potential GNM charges since 2014, of which one resulted in a conviction. In 2021, 10 members were under investigation, including two new investigations. A year-on-year comparison is not possible because of the way MPS records its data. “The number of ongoing cases that we are assisting with is significant and a sign of the very real risk that hangs over doctors’ heads,” Rob Hendry, medical director at the MPS, tells The BMJ.

Healthcare practitioners’ fear of discussing incidents has also been noted by the Ockenden review of maternity care at the Shrewsbury and Telford Hospitals NHS Trust. While the review reported interviews with patients and their families at length, it says attempts to reflect staff views were less successful. “In the weeks leading up to publication of the report, a number of staff insisted on their voice being withdrawn, citing the fear of being identified,” the report notes.

The fight for a safe space

Under AAIB rules, organisations including coroners’ courts can only access safe space material by successfully arguing their case in the High Court. In February 2022, the AAIB won a long running case in the High Court, over-ruling a demand that cockpit footage obtained by the AAIB from a pilot at the 2015 Shoreham Airshow crash, where 11 spectators were killed, be passed to the coroner.

UK supporters of HSSIB won the same legal protection as the AAIB with a last minute amendment to the Health and Care Act 2022, voted through by a coalition of opposition peers at a debate in the House of Lords in March 2022. This legislation, providing legal backing to HSSIB as an independent body, was initially worded to allow safe space material that it collected to be routinely accessed by coroners without having to go to court. The amendment requires a coroner to prove their case in the High Court.

“We fought for this tooth and nail,” says Conradi. “Witnesses can be compelled by HSSIB to attend an investigation. That must be balanced by an assurance that any evidence they offer is fully protected,” he tells The BMJ.

The number of cases we are assisting with is significant

Rob Hendry

All those involved in an incident need more support

Michael Devlin