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**PICTURE OF THE WEEK**

The Angel, made from mixed media on canvas, is artwork by Katy Sudderick, a former nurse. She creates large abstract collages based on observational drawings and photography of surgeons at work in the operating theatre. Her show, *Beauty Within*, is at the East West Gallery, London W11 2DF, from 5 October.

She says, "My practice is about the human body, specifically the internal anatomy. The intention is to abstract the abject and unseen into the opulent and beautiful, whilst retaining an edge of the horrific."

"The intention is to convey the different matter within the internal body. The use of stitch is particularly important to the work, invoking the repair of the patient."

See www.katysudderick.com.

THE WEEK IN NUMBERS

1/2 Proportion of children who had used paracetamol at 12 weeks of age, this increased to 97% by 2 years (Research, p 713)

5 days Median time patients took to shed 2009 H1N1 (Research, p 714)

93% Five year survival rate for people diagnosed with lip cancer in 1996-9 in England and Wales. Those diagnosed with cancer of the hypopharynx had a 19% five year survival rate (Clinical Research, p 721)

1 in 7 Ratio of the population of the United Kingdom that have hearing loss (Practice, p 726)

QUOTE OF THE WEEK

"Faced with a woman in tears whose libido has disappeared and who is terrified of losing her partner, doctors can feel immense pressure to provide an immediate, effective solution"

Sandy Goldbeck-Wood, associate specialist in psychosexual medicine and specialty doctor in obstetrics and gynaecology (Feature, p 698)

QUESTION OF THE WEEK

Last week's poll asked: "Have targeted cancer drugs met expectations?"

25% voted yes (total 122 votes cast)

This week's poll asks: "Should all athletes have ECG screening?"

● bmj.com cast your vote

EDITOR'S CHOICE

European countries need to work together

The challenges of achieving financially sustainable health care are clearly enormous

This week (6-9 October) health policy makers and academics will converge on the Austrian mountain resort of Gastein for the 13th annual European Health Forum. Discussions will focus on whether health care in Europe is ready for the future. On the agenda are healthy ageing, health literacy, the workforce, and inevitably finance. Underlying these issues is a growing push to harmonise and consolidate policies across Europe.

In their editorial, Martin McKee and colleagues describe varying approaches to the economic crisis (p 681). While most European Union member states face serious budget cuts, some have increased funding for health as well as investing to limit the health effects of unemployment. At a recent meeting in Moscow, health ministers emphasised the need to recognise how health and health services contribute to economic growth and how developments in other sectors contribute to health.

Ministers also compared ways of reducing cost, including reference based pricing and generic substitution of drugs. Smaller countries reported difficulties in negotiating with the drug industry. Others considered shifting cost from individual preventive measures to population based health protection and encouraging healthy choices. In her column Tessa Richards suggests that richer countries in the EU could learn from poorer countries that have had to find low cost methods of delivering care (p 704).

The challenges of achieving financially sustainable health care are clearly enormous. McKee and colleagues conclude that these will only be met if European countries work together. Horsley and colleagues take the same view about continuing professional development and accreditation (p 706). European countries have widely diverse approaches,

creating huge problems for employers tasked with ensuring that doctors coming from any EU country are fit to practise. Seventeen of the EU's 26 member states have compulsory CPD but only eight have consequences for non-compliance, and the focus is on process measures (did the doctor participate?) rather than outcome (was learning achieved?).

Could we move to a system of mutual recognition? The United States and Canada already have this in hand, and a group of several EU countries is working on it. They aim to agree on a set of core principles, values, and measures around which countries could adapt their own systems.

Horsley and colleagues point out that one barrier to harmonisation is the lack of good evidence that CPD improves practice. Alice Miller and Julian Archer partly confirm this (p 710). Their systematic review found little evidence that workplace based assessment is an effective educational tool, although there was some conflicting evidence that multisource feedback improves performance and practice. The studies they looked at were mostly non-comparative or observational and were of mixed quality.

But John Sandars says (p 680) that the literature can guide those designing CPD systems. The message is that the learner must actively participate in the educational process and needs the support of a facilitator. Of course this is expensive, which brings us back to money. As Horsley and colleagues ask, who should pay for a doctor's professional obligation to engage in continuous lifelong learning?

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Career Focus, jobs, and courses appear after p 736

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