



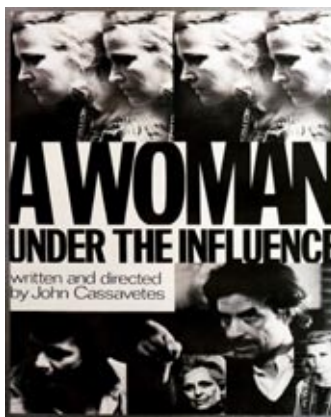
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Women will have to adapt as they become the majority, and so will the NHS, says Graham Winyard
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- 1398 Diagnosis of dementia**
The usefulness of screening tests varies according to the clinical setting, says Claire Nicholl
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- 1399 Genetic discrimination in Huntington's disease**
Is more often related to family history than genetic testing, says Aad Tibben
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- 1400 Interaction of malaria and HIV in Africa**
Is well known at a biological and health systems level, but often ignored says Richard Reithinger and colleagues
- 1401 A model for NICE in the US**
Will provide data on comparative efficacy and cost-effectiveness to improve health care, say R E Ferner and Sarah E McDowell

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- 1408 Staff concerns about safety at Mid Staffordshire trust were "lost in a black hole"**
Doctors' group files legal charges against nine French doctors over competing interests
- 1409 Science Museum identifies top 10 scientific innovations to mark its centenary**
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The fine balancing act of regulating doctors in the United Kingdom
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Junior doctors are ideally placed to spread safer healthcare practices. Nigel Hawkes reports on a conference calling them to arms

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- 1418 The slipperiness of futility** Daniel K Sokol

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- 1419 Getting the priorities right for stroke care**
Cathie Sudlow and Charles Warlow question whether the current emphasis on hyperacute stroke care to improve access to thrombolysis may distract attention and resources from a truly comprehensive stroke service

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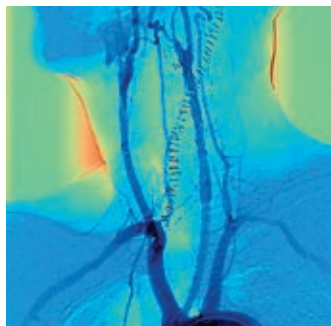
- 1452 Turmeric may be beneficial in Alzheimer's disease, and other stories**

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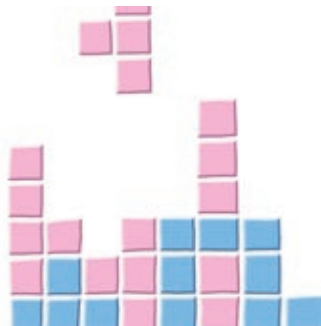
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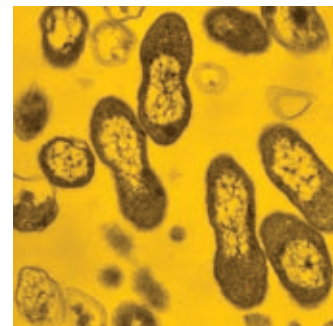


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Resuscitation in major trauma, p 1436

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Don't miss whooping cough, p 1443

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RESEARCH

1423 Waiting times for carotid endarterectomy in UK: observational study

Only a fifth of patients with transient ischaemic attacks or minor strokes had surgery within the two week target time set by the National Institute for Health and Clinical Excellence

Alison W Halliday, Tim Lees, Dora Kamugasha, Robert Grant, Alex Hoffman, Peter M Rothwell, John F Potter, Michael Horrocks, Ross Naylor, Anthony G Rudd, on behalf of Carotid Endarterectomy Steering Group; Clinical Effectiveness and Evaluation Unit, Royal College of Physicians; Vascular Society of Great Britain and Ireland

1426 Self administered cognitive screening test (TYM) for detection of Alzheimer's disease: cross sectional study

The 10 item test your memory (TYM) test is simpler and more sensitive for Alzheimer's disease than the mini-mental examination

Jeremy Brown, George Pengas, Kate Dawson, Lucy A Brown, Philip Clatworthy
 » Editorial, p 1398

1429 Career progression and destinations, comparing men and women in the NHS: postal questionnaire surveys

Relatively fewer women than men reached consultant or general practice principal status, mainly owing to part time working
 Kathryn S Taylor, Trevor W Lambert, Michael J Goldacre
 » Editorial, p 1397

1430 Retention in the British National Health Service of medical graduates trained in Britain: cohort studies

Up to 27 years after qualifying about half of overseas graduates from UK medicine had left the NHS while most home graduates had stayed
 Michael J Goldacre, Jean M Davidson, Trevor W Lambert

1431 Perceptions of genetic discrimination among people at risk for Huntington's disease: a cross sectional survey

pico

Nearly one in four people at risk reported distressing discrimination, mostly in relation to getting insurance and planning their families
 Yvonne Bombard, Gerry Veenstra, Jan M Friedman, Susan Creighton, Lauren Currie, Jane S Paulsen, Joan L Bottorff, Michael R Hayden, the Canadian Respond-HD Collaborative Research Group

» Editorial, p 1399

RESEARCH METHODS AND REPORTING

1432 Prognosis and prognostic research: Developing a prognostic model

Prognostic models are of little clinical value unless they are shown to work in other samples. Douglas Altman and colleagues describe how to validate models and discuss some of the problems

Douglas G Altman, Yvonne Vergouwe, Patrick Royston, Karel G M Moons

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1436 Damage control resuscitation for patients with major trauma

Jan O Jansen, Rhys Thomas, Malcolm A Loudon, Adam Brooks

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1441 Guidelines: Early management of persistent non-specific low back pain: summary of NICE guidance

Pauline Savigny, Paul Watson, Martin Underwood, on behalf of the Guideline Development Group

1443 Easily missed: Whooping cough

Anthony Harnden

1444 10-Minute consultation: Haematuria

Martijn Bakker, Diederik Boon

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PICTURE OF THE WEEK

Advertisements on London buses this month from Release, an organisation that campaigns to reform drugs law, seek to “engage the public in a more sophisticated and honest dialogue.” Drugs are present in every generation, culture, and class of society, a press release says. “Despite this, policy makers maintain a narrow understanding of drug use and the people who use them. This has resulted in some of the biggest and most expensive policy failures of modern times.” See www.release.org.uk.

THE WEEK IN NUMBERS

40% Proportion of carriers of Huntington's disease who experienced genetic discrimination (Research, p 1431)

3 Minimum red blood cells in the urine per high power field to diagnose haematuria (Practice, p 1444)

1 in 300 Patients admitted to hospital who die as a result of a medical error; 1 in 10 are harmed (Feature, p 1416)

270 Cases of measles reported in Wales since 1 January 2009 (News, p 1412)

13 in 1000 Prevalence of dementia in people aged 65-69 (Editorial, p 1398)

THE WEEK IN QUOTES

“The new ‘test your memory’ test is quick to use and detects 93% of cases of Alzheimer's disease” (Research, p 1426)

“Accepted concepts of trauma resuscitation and surgery have been challenged in the wars in Iraq and Afghanistan” (Clinical Review, p 1436)

“Futility is often used as a dismissive pronouncement to end all discussion” (Ethics Man, p 1418)

“Paedophiles are pragmatic: they seek out vulnerable children and find places where there is weak oversight” (The Bigger Picture, p 1450)

“Acute kidney injury could have been avoided in one fifth of the patients who developed it after admission to hospital” (News, p 1407)

EDITOR'S CHOICE

Career trajectories and black holes



MALCOLM WILLET

Editorial, p 1397
Research, p 1430

Over the years, a lot of rubbish has been talked about the trajectory of medical careers in Britain, usually with the motive of drumming up special sympathy, or extra money, for some put upon group or other.

So it's refreshing to encounter what look like definitive discussions of the topic: a report from the Royal College of Physicians and two studies from the UK Medical Careers Research Group in Oxford. The first study (based on surveys of all doctors working in the NHS who graduated in 1977, 1988, and 1993) found that the key factor determining career progression was working pattern, not female sex. Working part time delayed progression to consultant or GP principal status equally in men and women. Women and men working full time got there earlier—but progressed at identical rates (p 1429).

In his editorial, Graham Winyard endorses the conclusion of the college's report that "the main challenge ahead is no longer barriers to entry or delays to the career progression of women" (p 1397). Rather, it is "to ensure that the increasing proportion of women is effectively, economically, and fairly incorporated into the workforce for the benefit of patients." As the proportion of female medical school entrants is stabilising at 57-58%, and as many medical graduates of both sexes will want time off to look after children, this challenge is far from trivial.

The second study looks at the proportion of medical graduates from British medical schools who eventually practise in the NHS (p 1430). All doctors graduating at nine time points between 1974 and 2002 were surveyed. Of doctors from British homes 88% were working in the NHS two years post-qualification; by 25 years, 81% were. These proportions hardly differed between the sexes and, crucially, at no time was there an abrupt departure of doctors from the NHS. Perhaps juniors traumatised by MTAS and MMC will disrupt this reassuring pattern, but I'll wait for data on their actual behaviour, rather than their threats, before believing it.

Nigel Hawkes found juniors "forceful and formidably articulate" contributors at a one day meeting on patient safety (in which the *BMJ* had a hand) (p 1416). He wondered whether their assertiveness and unwillingness to defer was a legacy of the failures of MTAS. Whatever the origins, Bruce Keogh, the NHS's medical director, was keen to harness these to improve patient safety. "Juniors are the best agents for change in our devolved NHS," he told them. "Here's the deal. You do it and I'll promise to implement it. It's our opportunity to start something." According to Keogh, England has the most comprehensive system for reporting mistakes of any country. Too bad that just down the road the parliamentary health select committee inquiry into patient safety was hearing that between 2005 and 2008, 500 or so incident or accident forms from the Mid Staffordshire NHS Foundation Trust vanished into a black hole (p 1408).

Last week, another black hole settled over Whitehall, sucking cabinet ministers into it. Alan Johnson, secretary of state for health for the past two years, escaped but was moved to the Home Office, possibly en route to Number 10 Downing Street—were a vacancy to open up. His main achievement at the Department of Health has been to keep the NHS off the front pages.

Also in recent weeks, Peter Rubin has taken up the reins as chair of the General Medical Council. In an interview with Clare Dyer he reminds doctors that revalidation starts in earnest in 2011 (pilots are already up and running) (p 1412). Before that—by this November—doctors will need a licence to practise in the UK (p 1413). Licences will need periodic renewal, and revalidation will be a key part of this.

Tony Delamothe, deputy editor, *BMJ*
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PLUS

Career Focus, jobs, and courses appear after p 1450

WHAT'S NEW ON BMJ.COM

LATEST PODCAST



The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) has uncovered systematic failings in the clinical care of patients with from acute kidney injury. James Stewart, one of the report's authors, speaks about the inquiry's findings and recommendations in this week's podcast. [See news, p 1407](#)

Last week's podcast discussed the role of junior doctors in patient safety, Duncan Jarvies talked to Jan Jansen about what military medicine can teach the NHS about trauma surgery, and we found out how to play safely on trampolines.

[Listen to this and other podcasts at http://podcasts.bmj.com/bmj/](http://podcasts.bmj.com/bmj/)

LATEST BLOGS

London psychiatrist Stephen Ginn wonders why supporters of complementary medicine feel completely disenfranchised by conventional medicine. Looking at the cultural forces behind poor health, he asks if complementary therapy is a reaction against people like doctors who "think they're clever" and fail to adequately assess or understand patient difficulties?

Julian Sheather takes part in a panel discussion with two surgeons about risk in surgery and feels the ghost of ancient abuses beginning to stir. The elderly audience, in nostalgic mood, leave him spluttering about patient consent, choice, and research equipoise

Also, paediatrician Tony Waterston is both exhilarated and saddened after leaving the West Bank town of Ramallah following one of his twice yearly trips to assess the Royal College of Paediatrics and Child Health teaching programme.

Harry Brown wonders if the internet means the days of paper publication are numbered, Liz Wager owns up to a fondness for algorithms, and Domhnall Macauley blogs about a public health conference in Hong Kong

[Find out more at http://blogs.bmj.com/bmj/](http://blogs.bmj.com/bmj/)

Doc2doc, BMJ Group's new online community for doctors, now has more than 5000 members. Its open forums allow doctors and other healthcare professionals to discuss latest news and issues. The closed clinical forums enable private discussion among verified members. To join any of the discussions below, login or register at doc2doc.bmj.com



- [Twitter in healthcare](#)
- [UK doctor shortage: is it time to lift restrictions on overseas doctors?](#)
- [Can anybody point out a screening programme to me that actually does more good than harm?](#)
- ["Sorry my shift's ended, call someone else."](#)

Last week's poll asked:

Would you blow the whistle if you saw a senior colleague repeatedly making mistakes?

You voted:

Yes 473 (87%)

No 71 (13%)

This week's poll asks:

"Does English libel law threaten scientific debate in health care?"



[Submit your vote on bmj.com](http://bmj.com)

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[RCT of Alexander technique lessons, exercise, and massage for back pain](#)

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[How do psychiatric drugs work?](#)

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MOST COMMENTED ON

[Catholic priests: it is better to marry than to burn \(and beat up\)](#)

[NICE recommends early intensive management of persistent low back pain](#)

[Changing the face of whistleblowing](#)

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