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UK report into acute kidney injury deaths urges electrolyte checks in all emergency admissions

Susan Mayor LONDON

All patients admitted to hospital as an emergency should have their electrolytes checked on admission and appropriately thereafter, recommends a UK confidential inquiry that found serious deficits in the care of many patients who died in hospital with acute kidney injury (AKI).

Only half of these patients had received good clinical care, according to an assessment by independent experts of their case notes and information on their management. Care was judged to have been good in even fewer, only one in three, patients who developed acute kidney injury after hospital admission, compared with patients admitted with the problem.

Acute kidney injury could have been avoided in one fifth of the patients who developed it after admission to hospital if they had received better monitoring of electrolytes, recognition of risk factors, and prompt management, the inquiry says.

"Failure of the heart or the lungs to maintain their life-sustaining roles is immediately evident but when the kidneys fail in their function it may go unnoticed," explained Tom Treasure, chairman of the National Confidential Enquiry into Patient Outcome and Death, which commissioned the review.

James Stewart, the report's joint author and clinical coordinator of the inquiry, warned, "The very essentials of medical care are being omitted, and unless attention is paid to the basics patients will continue to die unnecessarily."

AJ PHOTO/HOP AMERICAIN/SPL

Routine checks could have prevented acute kidney injury in one fifth of patients, the inquiry found

The review looked at the care of all patients aged 16 years or older who were coded with a diagnosis of acute kidney injury and subsequently died in hospital in a three month period in 2007.

The report warns that all hospital patients are at risk of acute kidney injury, which used to be known as acute renal failure, either because of their presenting illness or iatrogenic injury. Any illness or procedure that disrupts blood flow can cause the condition, including too much or too little fluid replacement. Contrast media used in scanning techniques can also be nephrotoxic in high risk patients.

A multidisciplinary group of advisers reviewed the patients' case notes and questionnaires on protocols and facilities for the management of acute kidney injury. Questionnaires or case notes were available for 700 cases from a total of 976 patients identified.

Only 50% of patients were considered to have received good overall clinical care. The advisers considered that there were deficits in their clinical care, rather than in organisational care.

Risk factors for acute kidney injury were poorly assessed in all patients. And the advisers found unacceptable delay in recognising acute kidney injury that developed after admission in 43% of patients.

James Stewart speaks about the inquiry's findings in this week's podcast at podcasts.bmj.com/bmj/ *Adding Insult to Injury* is at www.ncepod.org.uk.

Cite this as: *BMJ* 2009;338:b2370

Policies to increase patient throughput have led to more infections

Anne Gulland LONDON

A report into infections associated with health care has condemned the government's reliance on short term solutions, such as deep cleaning, changes in dress code, and alcohol hand gels. It urges that all action to minimise the risk of infections be evidence based.

The report from the BMA's board of science, says that the UK government has failed to adequately tackle the problem of healthcare associated infections. It criticises the government for concentrating on meticillin resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* while ignoring other healthcare associated infections and infections acquired in the community.

The report says that government policies to increase the number of patients have led to a rise in infections.

"With the introduction of broader healthcare policies promoting higher patient throughput, many services operate at, or near full capacity. The resultant overcrowding and understaffing has adversely impacted on infection control practices through decreased hand hygiene compliance, increased movement of patients and staff between hospital wards, higher bed occupancy, decreased levels of cohorting, lower staff to patient ratios, and overburdening of screening and isolation facilities," it says.

No conclusive evidence shows that contamination of the environment is responsible for the transmission of MRSA, says the report, and deep cleaning, as championed by the Department of Health in its 2007-8 £50m (€57m; $80m) deep clean initiative, did not completely eradicate infections. Evidence shows that the greatest risk to patients in terms of infection are surfaces that are rarely cleaned, such as bed rails, lockers, and door handles.

The report is at www.bma.org.uk.

Cite this as: *BMJ* 2009;338:b2364

Staff concerns about safety at Mid Staffordshire trust were

Adrian O'Dowd MARGATE

Safety concerns raised by clinical staff, including the submission of several hundred incident report forms at the troubled Mid Staffordshire NHS Foundation Trust, were either "lost in a black hole" or ignored, a panel of MPs has been told.

A highly critical report by former regulator, the Healthcare Commission, in March, concluded that the lack of staff and equipment at the trust made emergency care there unsafe (*BMJ* 2009;338:b1141).

Witnesses at an evidence session of the parliamentary health select committee's inquiry into patient safety on 3 June were asked what staff had done to raise the alarm through official channels about the extent of dangerously unsafe care at the trust.

Peter Daggett, consultant at the trust, said, "I and my colleagues had been raising concerns with management at all levels for some considerable time."

Howard Catton, head of policy at the Royal College of Nursing, concurred, "For a long period of time nurses were reporting concerns."

"Between 2005 and 2008, there was in the region of 500 or so incident or accident forms. The concern reported back to us was that people felt these incident forms were going into a black hole or into a waste paper basket," he added. "People were reporting concerns but they didn't feel that those concerns were being taken seriously."

Howard Stoate, Labour MP for Dartford, asked why no one had blown the whistle.

"One of my colleagues did approach the primary care trust directly about lack of staff and other matters and was told this must be resolved internally within the hospital management," said Dr Daggett, who added that "perhaps" some staff members had approached their local MP to ask them to look into the problems at the trust.

Mr Catton said, "At Mid Staffordshire, there was a lack of awareness of whistleblowing policies and procedures . . . People were also concerned about what the implications might be for them."

Both Dr Daggett and Mr Catton agreed that an independent inquiry—conducted in private but with its findings published publicly—would be helpful, despite the fact that there was no support for a motion calling for this that was tabled in a debate at the House of Commons last month.

Dr Daggett said, "I think it would be helpful for the community to lance the boil as well as giving people the chance to say what they need to say."

Doctors' group files legal charges against nine French doctors over competing interests

Jeanne Lenzer NEW YORK

A doctors' organisation has filed legal charges against nine French "key opinion leaders" for allegedly failing to disclose their ties to drug manufacturers. The nine doctors are considered top authorities on a range of subjects, from menopause and diabetes care to Alzheimer's disease.

Philippe Foucras: targetting undisclosed competing interests

The doctors' group that filed the charges, Formindep (Formation Independante), is a non-profit organisation based in Roubaix, France, that promotes independent medical information. They filed the charges with the French professional authority, Ordre National des Médecins (a body to which all doctors have to belong), after they reviewed statements made by 150 doctors in 30 professional and lay media outlets during a one month period in the spring of 2008 and found that "not a single health professional declared any conflicts of interest."

In a 27 April statement, the group said, "These doctors' medical expertise and ability to speak with confidence to the media make them the perfect vehicle for laundering pharmaceutical advertising into scientific information." They cited a recent report by a French government agency, IGAS (General Inspectorate for Social Affairs), saying that it showed "some hospital doctors could earn up to €90 000 from the industry for a conference or €600 000 in 'consultancy' fees."

The largest French consumer protection organisation, UFC-Que Choisir, joined Formindep in filing the charges against the nine doctors. The two groups say that the doctors violated a section of France's public health code, passed in March 2007, which requires health professionals when making public statements to declare ties to the manufacturers or marketers of a relevant product.

Philippe Foucras, a generalist and president of Formindep, told the *BMJ* that the civil charges will result in a tribunal in front of the Ordre Régional des Médecins. Punitive action, he said, will likely be limited to public shaming, but it is within the scope of the tribunal to revoke the doctors' medical licences. Three of the nine doctors so far have agreed to a conciliation discussion that could allow them to avoid trial.

The real goal, said Dr Foucras, is to "prevent this from happening again."

One of nine doctors charged, Florence Pasquier, professor of neurology at University Hospital in Lille, France, chaired the Alzheimer's disease working group of the Haute Autorité de Santé, the French national health authority, which issued guidelines that recommend the use of specific drugs for Alzheimer's. The health authority's guidelines say that chairmanship of its working groups should "if possible . . . not be entrusted to any person with a major conflict of interest." Dr Pasquier acknowledged financial ties to a number of manufacturers of drugs used to treat Alzheimer's disease and says she disclosed those ties to the health authority and that they were published on the organisation's website. In March, Formindep asked the health authority to withdraw the guidelines.

In March 2008 Dr Pasquier gave a talk at a medical congress in Paris but did not disclose her ties to industry. She told the *BMJ* that the sponsor of the congress did not ask any of the five speakers to disclose their ties, and "no one did it spontaneously." News of the new law, said Dr Pasquier, "was not widely spread." Now, however, she says, "I am very vigilant."

See www.formindep.org.

Cite this as: *BMJ* 2009;338:b2347

"lost in a black hole"

The health minister Ben Bradshaw, also giving evidence, said management at the trust had been "dysfunctional and dreadful," but he was confident it was an isolated incident.

"The vast majority of hospitals and their boards perform in their roles properly and effectively," he said. "Both the combination of a better performance management system now and a better, rigorous and more powerful regulatory system, I suggest, should provide confidence that this was and is an isolated case," he added.

But the Liberal Democrat shadow health secretary, Norman Lamb, said, "The case for an urgent independent public inquiry into the appalling standards of care at Stafford Hospital is now overwhelming. Public confidence will only be restored once we have a full examination of all the evidence."

Cite this as: *BMJ* 2009;338:b2297

Australian council reviews conflict of interest requirements

Melissa Sweet SYDNEY

Australian researchers, universities, and other research institutions are likely to face measures aimed at ensuring conflicts of interest are declared.

The National Health and Medical Research Council (NHMRC) is considering recommendations that would require researchers to publicly declare conflicts of interest on university and other institutional websites.

The council has also been asked to consider establishing its own conflict of interest committee and to require research institutions to establish similar committees.

The suggestions were made by senior researchers and NHMRC members at a workshop on transparency and conflicts of interest convened by the council in Canberra last week.

"The ideas that came up are all worth consideration, and we will take those ideas to our council over the next six months," Warwick Anderson, chief executive officer of the council, told the *BMJ* after the workshop.

The council is also developing standards for the management of competing interests in the development of guidelines for clinical practice, after finding evidence that these are poorly managed at present.

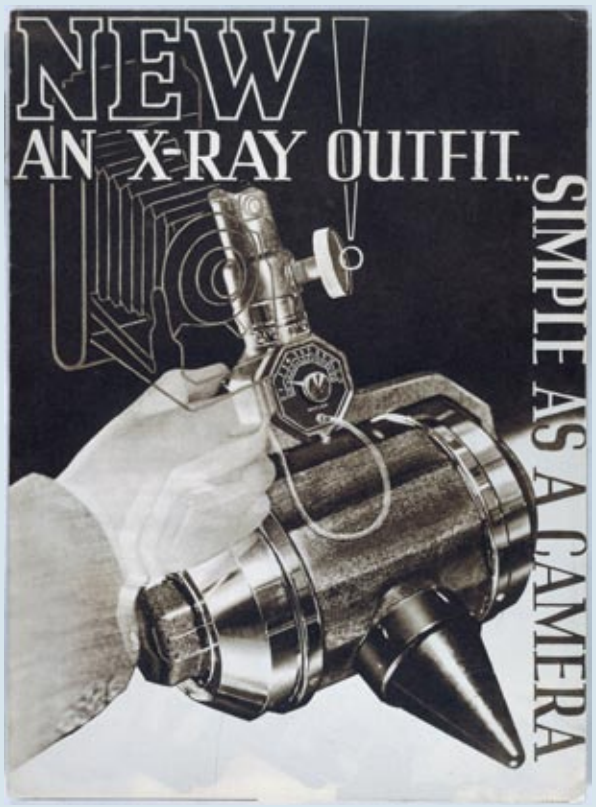
Cite this as: *BMJ* 2009;338:b2338

Science Museum identifies top 10 scientific innovations to mark its centenary

Wendy Moore LONDON

Members of the public will be asked to weigh the benefits of penicillin, x ray imaging, and the discovery of the molecular structure of DNA in a ballot to choose the most important scientific innovation as part of the celebration of the centenary of London's Science Museum.

Curators have selected 10 scientific icons in the museum to form a "centenary journey," which will open to the public on 26 June with a ballot for the most important object ending in October. Along with penicillin mould and the molecular model of DNA, the items include one of the world's oldest x ray machines, which was built by the GP John Reynolds and his 19 year old son Russell a year after the discovery of x rays in 1895. **Votes can be cast at www.sciencemuseum.org.uk**



Cite this as: *BMJ* 2009;338:b2352

Patients and frontline staff not fully engaged with commissioning care

Zosia Kmietowicz LONDON

Neither patients nor frontline staff, such as GPs and primary care nurses, have had a strong influence on most patient and public engagement strategies, a survey has found. The Picker Institute, a research charity that promotes patient centred health care, which carried out the survey, says that its findings amount to the beginnings of a cultural change. It warns, however, that the change has so far penetrated only trusts' own management.

More than eight in 10 primary care trusts say that they have made considerable changes in the past two years in the way that they organise patient and public engagement in commissioning.

The English government launched its vision for "world class commissioning" in December 2007. One of 11 remits required trusts to "proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health."

Altogether 60 out of 152 primary care trusts responded to the survey carried out in February to look at how the government's plans for commissioning had affected strategies for engagement with the public and patients.

Out of the respondents, 83% said that the directive on engagement had led to either "sweeping" (18%) or "significant" (65%) changes to their organisational and cultural approach. In almost all cases the trust's chief executive or another executive director had the strategic responsibility for the strategy. In a similar survey in 2007 no chief executives held strategic responsibility.

However, patients and the public were seen as having little influence on policies, and clinicians and nurses rarely had any input, the survey found. More than half the trusts that responded to the survey also said that they did not have the results of engagement early enough in their decision making process.

The report is at www.pickereurope.org.

Cite this as: *BMJ* 2009;338:b2388

IN BRIEF

BBC to pay Taranissi over libel action: The BBC has settled a libel action brought by the infertility specialist Mohamed Taranissi over a *Panorama* programme in 2007, which he claimed made defamatory allegations about his techniques. The settlement on undisclosed terms follows a High Court ruling last October that ordered the BBC to pay Mr Taranissi an estimated £500 000 (€578 000; $803 000) in costs after it withdrew part of its defence.

Call for greater transparency about cost to NHS of management consultants: The cross party health select committee has called for the UK government to gather central information on the cost to the NHS of private management consultants. Last year the English NHS spent an estimated £350m (€400m; $560m) on independent management consultants.

EU extends campaign against smoking: The European Commission is launching the second phase of its anti-tobacco campaign, to reduce the 650 000 deaths a year in Europe. Throughout June and again in September, three short television spots will be shown on more than 100 channels throughout Europe. They use humour to advise people not to start smoking and how to quit.

Agencies call for antibiotic shipment to be released: Five aid groups, including Oxfam International, have called on the European Union to release a shipment of 3 047 000 pills of generic amoxicillin, manufactured in India and destined for Vanuatu and seized by German customs on 5 May. The groups said that the shipment was detained on the suspicion of trademark infringement, although GlaxoSmithKline, the former patent holder for Amoxil, said that there was no trademark breach.

Scotland to consider no fault compensation scheme: The Scottish government has asked an expert group to look into the feasibility of setting up a no fault compensation scheme for patients affected by medical safety incidents. The Scottish health secretary Nicola Sturgeon wants the group to investigate the benefits of a New Zealand-style scheme, in which patients would not need to prove clinical negligence.

Cite this as: *BMJ* 2009;338:b2361

Debbie Purdy appeals to Lords to protect husband after she dies

Clare Dyer BMJ

Debbie Purdy, who wants her husband to accompany her to Switzerland for an assisted suicide without fear of prosecution, took her case to the UK's highest court, the House of Lords, for a final appeal this week.

Ms Purdy, who has progressive multiple sclerosis, scored an important victory on the first day of the two day hearing, when the director of public prosecutions, Keir Starmer, conceded that article 8 of the European Convention on Human Rights, the right to respect for private life, applies to cases like hers.

Up to that point the Director of Public Prosecutions had argued, following the House of Lords judgment in the similar case of Diane Pretty eight years ago, that article 8 applies to the way people lead their life but not to the way they depart from it. This ruling was also followed by the High Court and the court of appeal in Ms Purdy's case.

Her lawyer, David Pannick QC, told five law lords that if the law banning assisted suicide was not changed, Ms Purdy might be forced to end her life earlier than she planned. And if she had to go to Switzerland on her own, her husband, Omar Puente, would not be there to comfort her at the end.

Under English law aiding and abetting a suicide is a crime punishable by up to 14 years in prison. Ms Purdy, aged 46, has already failed at the High Court and Court of Appeal to win a ruling to protect her husband from prosecution if he helps her travel abroad to end her life.

Judges have so far been sympathetic in their rulings but have said that any change in the law must come from parliament.

Dutch court rules only doctors can carry out euthanasia

Tony Sheldon UTRECHT

The chairman of a Dutch suicide support group has been given a prison sentence and his organisation fined in a test ruling that highlights that doctors alone can assist suicide in the Netherlands.

Gerard Schellekens, of the Foundation for a Voluntary Life (SVL), helped an 80 year old woman, who was bedridden with advanced Parkinson's disease commit suicide after the GP at her nursing home refused euthanasia.

Fined: Foundation for a Voluntary Life

The family of Mrs Co de Jong had contacted Mr Schellekens for help after her doctor judged that she was not suffering hopelessly and unbearably—requirements for euthanasia under Dutch law.

The prosecution said that in 2007, 72 year old Mr Schellekens, whom it referred to in court as Dr Death, helped the woman's suicide by providing her with the barbiturate pentobarbital. She died at her nursing home in Almelo, in the east of the Netherlands, after taking the drug. Mr Schellekens argued that the case "fulfilled all the conditions of justice, care, and love between mother and children."

The court accepted that Mrs De Jong had died peacefully after saying goodbye to her children and that Mr Schellekens had helped her to realise her well considered wish. It accepted, too, the tension between the general ban on assisted suicide and the details of this specific case. But neither Mr Schellekens nor his organisation had satisfied the legal condition that only doctors can assist suicide.

Mr Schellekens' defence lawyer, Wim Anker, argued that his client had faced a conflict of duties between helping the woman and upholding the law. But the court said that this applied only to doctors with their legal obligation to report cases.

The law was aimed at increasing the degree to which euthanasia was "verifiable, transparent," and can be "controlled." In this way the criminal law "protects people against the possible bad intentions or carelessness of others."

Mr Schellekens was given a 10 month prison sentence, with eight months suspended, and his foundation was fined €25 000 (£22 000; $35 500), with €20 000 suspended. Both are considering an appeal.

Mr Anker said that his client thought that the absence of an obligation to refer the patient to another doctor was a loophole that required a change in the rules.

Cite this as: *BMJ* 2009;338:b2319

DAN KITWOOD/GETTY IMAGES

Debbie Purdy wants her husband to help her die without fear of prosecution under English law

Lord Pannick told the five judges, headed by Lord Phillips, the senior law lord that she would be incapable of taking her own life without help.

Cite this as: *BMJ* 2009;338:b2298

Conference calls for sanctions to stamp out racism in NHS

Caroline White LONDON

Regulators need to get tough on an "institutionally racist NHS" by imposing sanctions and penalties on trusts that fail to promote race equality for staff and patients and do not meet their statutory duties, the first national NHS black and minority ethnic conference has concluded.

A succession of damning reports in recent years, the most recent of which was published in April by the former health service regulator the Healthcare Commission, have all indicated that the NHS is dragging its feet on race equality (*BMJ* 2009;338:b1357).

In a series of on the spot electronic votes, almost nine out of 10 (89%) delegates agreed that experience of racial discrimination contributes to the well documented poorer health outcomes of black people and people with minority ethnic backgrounds.

They singled out institutional racism (37%) and a lack of commitment to the matter by senior managers (27%) as the principal causes behind the NHS's "failure to make race equality a reality."

More than one in three (36%) voted for sanctions and penalties, as the most effective remedy. Almost everyone (95%) voted for hard evidence of race equality as a core component of regulatory assessment for trusts.

Cite this as: *BMJ* 2009;338:b2349

Canadian government is urged to build two isotope plants

David Spurgeon QUEBEC

A medical isotope company has urged the Canadian government and the state owned Atomic Energy of Canada Limited to fulfil contractual obligations made in 1996 to build two isotope production reactors to replace the National Research Universal reactor, which was closed earlier this year, causing a worldwide shortage of medical isotopes.

Originally planned to be fully operational in 2000, Atomic Energy of Canada Limited agreed to build the project, called Maple, for $C145m (£81m; €93m; $129m), to be paid for by MDS Nordion, a producer of medical isotopes, the company says in a news release (www.mds.nordion.com).

Steve West, president of Nordion, said, "The solution to the global medical isotope crisis is in Canada. The infrastructure is in place, and with the assistance of an international consortium of nuclear experts, the MAPLE facilities could be producing medical isotopes to the benefit of patients worldwide."

Nordion says that the National Research Universal reactor, the largest producer of medical isotopes in the world, produces 30-40% of the world's medical isotopes, and about half of those used in North America. The reactor helped meet global demands for medical isotopes last September when three of the world's suppliers shut down leading to a shortage (*BMJ* 2008;337:a1575).

"On May 16, 2008, the government of Canada and AECL [Atomic Energy of Canada Limited] unilaterally announced that the MAPLE project would be discontinued without disclosing a long-term plan for the supply of medical isotopes beyond an intention to extend the license of the NRU [National Research Universal] to 2016," says Nordion.

"On July 9, 2008, MDS, which by this time had invested approximately $C350m in the MAPLE project, commenced arbitration against AECL and filed a $C1.6bn court claim against AECL and the government of Canada to compel them to return to work, and fulfil their contractual obligation to bring the MAPLE facilities into service."

Atomic Energy Canada Limited announced on 2 June that it had begun the process of removing fuel rods from the National Research Universal reactor as part of the repair process, which will take an estimated 3-4 weeks. "Further guidance on return to service date beyond the current estimate of at least three months will be provided when a final decision has been made with respect to the repair technique chosen," said Atomic Energy Canada.

After a previous shutdown of the reactor in 2007, Canadian nuclear medicine was left "teetering on the brink of disaster," said a report from the minister of health published in May 2008.

A telephone call to Atomic Energy of Canada Limited was not answered on June 4.

On 28 May the Bloomberg news agency reported that the Canadian government plans to restructure Atomic Energy of Canada Limited and may sell some of the company, in response to a government led review.

Cite this as: *BMJ* 2009;338:b2346

CHRIS WATTIE/REUTERS

The Canadian National Research Universal reactor produces 30-40% of the world's medical isotopes

GP admits prescribing painkillers to patients in "too wide a range"

Clare Dyer BMJ

A GP admitted prescribing "potentially hazardous" doses of painkilling drugs to elderly patients on the first day of a fitness to practise hearing at the General Medical Council.

Jane Barton is accused of overprescribing and other failings in her treatment of 12 patients at Gosport War Memorial Hospital in Hampshire, when she was a part time clinical assistant at the hospital between 1996 and 1999.

Patients were left in "drug induced comas" after overprescriptions of painkillers and sedatives, Tom Kark, the GMC's lawyer, told the fitness to practise panel. "There was, we say, a series of failures that led to patients being overmedicated and unnecessarily anaesthetised," he added.

REX

Dr Barton was banned from prescribing diamorphine in 2008

The wards Dr Barton worked on provided care for elderly patients who expected to be rehabilitated, he said. Her prescriptions for drugs, including diamorphine, allowed nurses to substantially raise the doses as they saw fit.

Dr Barton admitted that she had given instructions for dosages of drugs, including diamorphine and midazolam, which covered too wide a range. Ten patients had been prescribed too wide a dosage range, she admitted.

In some cases patients were prescribed a range of 20-200 mg of diamorphine and 20-80 mg of midazolam over a 24 hour period on a continuing daily basis.

She also admitted that 11 patients had been at risk of being given dosages that were in excess of their needs and that in four cases the starting doses had been too high. In addition, she conceded that she had failed to keep proper notes of examinations and assessments, of the reasons for the drug regimen, and of the reasons for a change in prescription.

The hearing follows a recent inquest into the deaths of 10 patients, which found that drugs prescribed at the hospital had been a factor in five of the deaths. It is scheduled to last 55 days, but is now expected to finish sooner.

Cite this as: *BMJ* 2009;338:b2373

Measles outbreak in Wales will get worse, officials predict

Roger Dobson ABERGAVENNY

More than 270 cases of measles have been reported in Wales since 1 January 2009, and officials are predicting that the number of cases will continue to rise. Health officials estimate that about 45 000 schoolchildren are at risk in Wales because they have not been fully vaccinated with the measles, mumps, and rubella vaccine (MMR).

Marion Lyons, head of the health protection teams for the National Public Health Service for Wales, said, "We continue to be concerned at the number of cases of measles we are seeing in Wales, and we believe these figures will continue to rise in the coming weeks."

Thirty two people have been admitted to hospital, some to intensive care. "We fear it is only a matter of time before someone dies or is left permanently affected," said Ms Lyons.

The latest MMR uptake figures show that for the first quarter of this year, 89.6% of children reaching their second birthday had received one dose of the vaccine, and 83.4% reaching their fifth birthday had received two doses.

Coverage was lowest in mid and west Wales and Conwy, where most of the current outbreak is focused.

The Welsh Assembly is urging the parents of children who have missed one or both vaccinations to contact their GP as soon as possible.

All nurseries and primary and secondary schools in the areas with the highest incidence of measles are to get a copy of a DVD on immunisation from the National Public Health Service. The Welsh Assembly is also distributing information leaflets.

The outbreak in Wales comes amid calls for MMR immunisation to be made compulsory throughout the United Kingdom.

Later this month the BMA annual representative meeting is likely to debate a motion

The fine balancing act of regulating

Clare Dyer talks to **Peter Rubin**, the new head of the General Medical Council, about tackling patients' concerns with doctors without losing sight of the profession's interests

Clare Dyer BMJ

"I'm not fussed about being loved or liked; I am fussed about being respected," says Peter Rubin, the new chair of the General Medical Council. He shrugs off brickbats from doctors who fear and dislike the UK medical regulator and accuse it of jettisoning the profession's interests and caving in to government demands for reform.

The body is regularly pilloried by both its main interest groups: the profession sees it as trigger happy, too ready to take up frivolous or vexatious complaints against doctors, and patients' groups, such as Action for Victims of Medical Accidents, claim the doctors' regulator is slow to act in the face of patients' concerns.

Paediatricians charge the GMC with scaring off doctors from child protection work by heavy handed action against two leading figures in the field, Roy Meadow and David Southall. In a letter to the *Lancet* last month, Professionals Against Child Abuse accused the GMC of conducting "flawed" disciplinary hearings and being "improperly" influenced by media campaigns driven by parents. Add in the resistance of many doctors to regular revalidation, which the GMC is introducing for the first time from 2011, and the regulator's popularity with doctors seems to be at an all time low.

Rubin accepts that it needs to do more to get its messages across, and a new communications strategy is one of his priorities. That includes working with the Royal College of Paediatrics and Child Health, whose new president Terence Stephenson happens to be on the GMC's council, to try to understand their concerns and to "try to ensure that our position is also understood and that the evidence is understood." He points out that paediatricians who work in child protection are actually under-represented in fitness to practise referrals, and only two of the last 1000 cases involved that field of work.

Traditionally the hallmark of a learned profession was the ability to regulate itself. But the medical profession lost

JEFF MORGAN/ALAMY

About 45 000 schoolchildren in Wales are thought to be at risk because they have not been vaccinated

calling for immunisation to be a requirement for admission to primary school except on clinical grounds.

The former BMA chairman, Sandy Macara, has submitted a motion for debate.

The Welsh health minister Edwina Hart said that compulsory immunisation could harm the confidence of parents and spark a decline in current levels of coverage. "Preventing unimmunised children from starting school would be seen as infringing their universal right to an education," she said.

"However, I do think that we should explore further the options for making completed vaccinations or checking and recording vaccination status an entry requirement for nurseries and schools," she added.

Vivienne Nathanson, head of science and ethics at the BMA, said that the association did not think that compulsory immunisation was the way forward, adding that countries using some degree of compulsion did not achieve 100% cover.

Cite this as: *BMJ* 2009;338:b2317

All doctors working in the UK will need a licence in November

Clare Dyer BMJ

All doctors will need a licence to practise medicine in the United Kingdom from November 16, the General Medical Council announced this week.

From that date it will no longer be enough for doctors just to be registered with the General Medical Council before they undertake any form of practice, whether privately or in the NHS, full time or part time, employed or self employed. They will need a licence as well.

The GMC has been contacting all 225 000 doctors on the medical register since April to ask them if they want to apply for a licence. They will need a licence to undertake any activities for which the law requires them to be registered, including holding an NHS post, writing prescriptions, and signing cremation certificates.

Cite this as: *BMJ* 2009;338:b2363

doctors in the United Kingdom

that power (as did the legal profession), as part of a Labour government drive to more accountability and transparency.

Rubin's predecessor, Graeme Catto, oversaw the biggest shake-up in medical regulation in 100 years after a government white paper in 2007. From about 2011 the GMC will no longer decide whether doctors are fit to practise but will instead prosecute cases before a new independent adjudicator for the healthcare professions.

The white paper also provided for a smaller GMC council with equal numbers of doctors and lay people. It began work in January and in April elected Rubin as its new chair, for a term ending in December 2012.

A bookmaker's son, his Cornish origins evident in his soft West Country burr, Rubin was the first in his family to go to university, and he says that his life was changed by passing the eleven plus exam and winning a place at grammar school. Professor of therapeutics at Nottingham University and a former dean of the medical school there, he chaired the Postgraduate Medical Education and Training Board from 2005 to 2008 and has been at the heart of the modernisation of medical education in the United Kingdom.

He is happy with the new slimmed down council, which he says can "operate much more flexibly in a national, strategic way," and he thinks that having equal numbers of lay and medical members "sends a very positive message."

The reforms were hastened by the inquiry into the career of Harold Shipman, the rogue GP who is thought to have murdered 250 patients, which found that the GMC had "fundamental flaws." How willingly were the changes embraced by the GMC?

"I think a whole series of events led to change, and the GMC as an organisation had some watershed moments over the past 10 years. It had a choice. The choice was to cling to a golden age or to look at the world around it, see that the world had changed, and plan for the future. What the GMC did was to plan for the future. In my view the GMC has come out of those past few years a much stronger and more confident organisation."

Rubin wants the GMC to lead the debate on how regulation should develop in the future and cautions that an attempt to eliminate risk could hinder developments in both research and practice that could deliver benefits to the public. "It's not the role of the regulator to inhibit innovation or discourage excellence.

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Professor Rubin says regulation should not reach a point where doctors fear taking action