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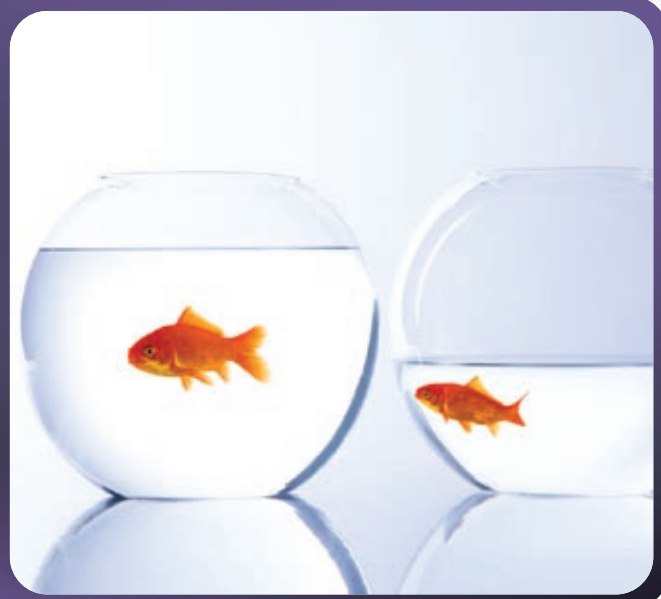


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Meet the experts.

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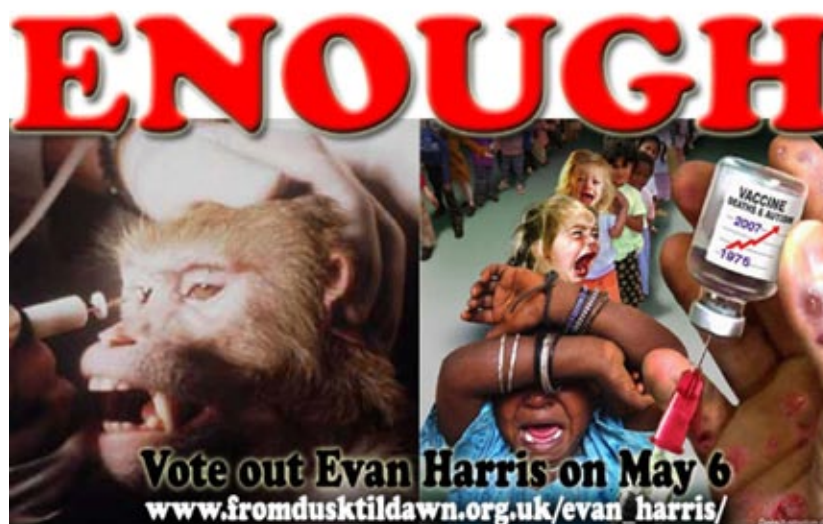
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PICTURE OF THE WEEK
Election leaflets attacking the Liberal Democrat Evan Harris, who lost his Oxford West and Abingdon seat in last week's election by 176 votes. During his 13 years as an MP Dr Harris campaigned for animal and stem cell research, the opt-out system of organ donation, the right to abortion, assisted dying, and the measles, mumps, and rubella vaccine. He lost on 6 May to the Conservative candidate, Nicola Blackwood, who polled 23 906 votes. Keith Mann of the Animal Protection Party polled 143 votes.

See **NEWS**, p 1053

THE WEEK IN NUMBERS

3% Percentage of daughters born after a pregnancy complicated by hyperemesis who have hyperemesis in their own pregnancy
(Research, p 1071)

69 Substances switched by the government from prescription to over the counter status since 2002
(Analysis, p 1066)

15 000 Number of gastrostomies that are inserted annually in the United Kingdom
(Practice, p 1081)

QUOTE OF THE WEEK

“Chlamydia is a story of hysterical communication and poor evidence, leaving a generation fearful of future infertility... and needlessly destroying countless young vulnerable relationships—just bad medicine”

Des Spence on chlamydia
(From the Frontline, p 1088)

EDITOR'S CHOICE

A new era for child protection

Southall's high profile battles could alone explain why paediatricians shun child protection work and why courts struggle to find doctors willing to serve as expert witnesses in child abuse cases

Child protection is probably one of the most difficult walks of medical life. A quick look at the career of paediatrician David Southall would certainly suggest so. Removed from his academic post in 1997 after complaints about the ethics of his research into "Munchausen syndrome by proxy", banned from child protection work in 2004 for alerting the police to his suspicions about the deaths of Sally Clark's two sons, and struck off the medical register in 2007 for allegedly accusing a mother of killing her son, Southall's high profile battles could alone explain why paediatricians shun child protection work and why courts struggle to find doctors willing to serve as expert witnesses in child abuse cases.

But things may be about to change for Southall and for child protection. Following quickly on an appeal court ruling that Southall should be restored to the UK's medical register (*BMJ* 2010;340:c2448), a new team at the General Medical Council has announced an expert group to review its guidance for paediatricians who do child protection work (p 1056).

In her interview with Southall (p 1057), Clare Dyer suggests other factors that have helped to turn the tide, in particular the case of Baby P, who died days after a paediatrician failed to spot serious injuries due to parental abuse. Dyer points out the irony that this paediatrician, accused of not being vigilant enough, is represented by the same barrister as David Southall, accused of being overvigilant.

Helping doctors get this balance right is just one of the GMC's ongoing challenges. Others are its own much needed modernisation and overseeing the introduction of revalidation. Given all this, will the

new team at the GMC have an appetite for regulating medical students as well? Jane Dacre and Peter Raven think that they should (p 1064). They argue that medical schools vary in their interpretation of GMC guidance and that fairness and consistency will only come with central registration. But Edward Davies thinks this would be an expensive over-reaction to the small number of medical graduates who cause concern each year.

Dacre and Raven cite evidence that substantial numbers of doctors whose conduct has been investigated by the regulators have had performance or behavioural problems in medical school. But what types of student and what types of behaviour are most predictive of future problems? Janet Yates and David James have sought to shed light on this question. They reviewed the records of 59 doctors who graduated between 1958 and 1997 and were later found guilty of serious professional misconduct by the GMC. Compared with controls these doctors were more likely to be male, from lower socioeconomic background, and to have had early academic difficulties at medical school (p 1073).

The authors urge caution in interpreting this small study. Meanwhile, in her editorial, Alison Reid unearths what for me is the real challenge (p 1041). "In many faculties, academic achievement trumps problems in non-academic areas." How good are medical schools at dealing with bright students who are just not cut out to be doctors?

Fiona Godlee, editor, *BMJ* fgodlee@bmj.com

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Career Focus, jobs, and courses appear after p 1088

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