

In brief

US monitors air for deadly

germs: The Bush administration is to start using a national system of environmental monitors to ascertain within 24 hours whether anthrax, smallpox, and other deadly germs have been released into the air. Many of the existing 3000 air quality sampling stations in major US cities will incorporate data analysis equipment that has been adapted and tested in the past nine months.

Bill Gates opens door on

medical research: The Bill and Melinda Gates Foundation is to spend \$200m (£122.5m; €184.5m) on the funding of overlooked medical research that is targeted at diseases most common in poor and underdeveloped countries, such as malaria, tuberculosis, and bacterial meningitis.

Chief executive appointed to

National Health Protection Agency: Dr Pat Troop, deputy chief medical officer at the Department of Health, will be the first chief executive of England's new national Health Protection Agency (HPA) when it comes into being on 1 April 2003. The agency brings together most of the Public Health Laboratory Service, the Centre for Applied Microbiology and Research, and the National Focus for Chemical Incidents.

US doctors are fed up: Up to 18% of US doctors report feeling dissatisfied with their careers, a survey by the Harvard School of Public Health has found (*JAMA* 2003;289:442-9). Levels of dissatisfaction among the 12 000 US doctors who were surveyed correlated with the degree of autonomy they had, rather than their salary.

Irish health system to be

overhauled: The most radical overhaul of the Irish health service in over 30 years has been proposed in a report commissioned by the Department of Health in Dublin. The department plans to reduce the number of health authorities and transfer everyday responsibility for the running the system to a new health services executive. It also proposes greater consumer representation.

Egg or sperm donation children will be entitled to more information

Clare Dyer *legal correspondent, BMJ*

People conceived in the United Kingdom as a result of sperm, egg, or embryo donation are to be given the right to find out more information about their donors when they reach age 18.

But the government has decided to delay a decision on whether to remove anonymity from donors, amid fears that the change might cause the supply of donors to dry up.

Children conceived by donation since 1990 will be able to request non-identifying information about their donors, such as a physical description, occupation, and interests, when they come of age. But the information will not include the donor's identity or any details that might lead to identification.

The change follows a public consultation between December 2001 and July 2002, but health minister Hazel Blears said the government wanted to consult for a further six months with clinics and donors before reaching a decision on lifting donor anonymity.



Health minister Hazel Blears will consult for another six months on donor anonymity

"We agree that there is a strong argument in principle for children conceived using donated sperm, eggs, or embryos being able to find out the identity of their donor. We hope that they are all part of loving, happy families, but we also understand that at some point in their lives they

may decide they want to know more about their genetic origins," she said at the Human Fertilisation and Embryology Authority's annual conference in London.

"However, we believe that this sensitive area needs further consideration and debate. Very few fertility clinics responded to the consultation exercise. We are especially concerned about the possible effect on donor numbers of removal of anonymity. Indeed many respondents to the consultation, even some of those in favour of removing anonymity, were concerned about the potential effect on the number of donors."

The change in the law has been forced on the government by a legal challenge under the Human Rights Act brought by two people conceived by artificial insemination, who argued that they had a right to more information about half their genetic identity (*BMJ* 2002;324:1237).

Ms Blears announced that the government will also be piloting a voluntary contact register, which will allow the 12 000 people conceived by donation before 1990, when information on donors was not required to be kept, to seek contact with donors who are willing. □

Consultants unlikely to accept local pay deals, says BMA

Anne Gulland *London*

Consultants have warned the UK government that they are still opposed to local deals after the health secretary, Alan Milburn, unveiled an incentive package which could see some senior doctors employed on a contract that was rejected nationally last year.

The incentive package, which will begin in April, would allow some trusts in England to introduce the new consultant contract, provided that specialist registrars and consultants in individual trusts agreed.

But Dr Paul Miller, chairman of the BMA's consultants' committee, said it was doubtful whether doctors would accept

this plan: "We remain opposed to local implementation of a contract framework that was clearly rejected by consultants in England, and we doubt whether it would prove a popular option for consultants."

If consultants do not want to pursue the contract, trusts will be able to introduce a new system of annual incentive payments. Doctors will agree individual or team objectives with their managers, and those who perform best will get the greatest rewards.

Consultants could also be in line for new clinical excellence awards, which will be introduced next year. These will be given to doctors with the greatest "sustained levels of performance and commitment to the NHS" and will be more open and transparent than the current discretionary points scheme, said Mr Milburn.

Mr Milburn also proposed a sabbatical scheme giving 800 consultants the opportunity to take two to three months off by 2005-6.

Any reward scheme would be

dependent on consultants signing a code of conduct governing the relationship between the NHS and private practice. The code will demand that the provision of services for private patients should not prejudice the interests of NHS patients; private practice should not disrupt NHS services; and that NHS work should take precedence over private practice. The code will also include provisions governing the use of NHS facilities and staff for private work.

Dr Miller said he was pleased the "door was open" for talks with the Department of Health. But he added: "The health secretary's plans for local incentives do seem to be very strongly tied to government targets, and consultants are very wary of having clinical care dictated by political priorities. I will be arguing strongly that preserving the national character of the NHS is best achieved by national agreement on a national contract." □

For more information see www.doh.gov.uk/consultantscontract/