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Tooke report proposes a new body to get postgraduate medical education back on track

Zosia Kmietowicz LONDON

England needs a new body to oversee and champion postgraduate medical education to overcome the "many deficiencies" of the Modernising Medical Careers (MMC) programme, recommends the inquiry into the failed attempt to reform junior doctors' training.

A new body would be key to ensuring that specialist training in England gets back on track, says the report. It should be "rapidly formed to redefine the guiding principles that should govern the nature and conduct of postgraduate medical education and training in the future"—something that MMC lacked, it says.

The final report of John Tooke's inquiry says that the new body, which would be called NHS Medical Education England, should have ringfenced funding and be outside the control of the Department of Health.

The inquiry was ordered in April 2007 by the then health secretary, Patricia Hewitt, after one of the programme's main components—the centralised electronic recruitment system called the medical training applications service (MTAS)—collapsed in chaos. On top of this, some 30 000 junior doctors were left chasing after some 20 000 training posts.

The final report makes 47 recommendations on how the attempt to reform postgraduate medical education can be saved.

It blames "weak DH [Department of Health] policy development, implementation, and governance together with poor inter- and intra-Departmental links" and the medical profession's "ineffective involvement" for the failure of MMC.

Most of the recommendations in the final report from Sir John, dean of the Peninsula Medical School in Plymouth, were outlined in his interim report published in October (*BMJ* 2007;335:737). These included calls for MTAS to be scrapped. The interim report also recommended that the General Medical Council take over the work of the Postgraduate Medical Education Training Board and called for better definition of the roles of doctors at different stages of their careers, both of which are retained in the final report.

CRISPIN HUGHES/PHOTOFUSION

Proposed body will help secure a better future for trainees, says the Tooke inquiry

A six week consultation period elicited 1440 responses, of which 87% agreed or strongly agreed with the interim report's recommendations.

The final report has two additional recommendations, one for a national body for England and one for a "more flexible" approach to implementing the European Working Time Directive, which comes into force in full next year. It says that the Department of Health should explore contractual solutions that would prevent any further reductions in the time that junior doctors spend gaining clinical experience—for example, by separating service and educational contracts.

The report concludes, "The Inquiry has charted a way forward and received a strong professional mandate. The Recommendations and the aspiration to excellence they represent must not be lost in translation. [NHS Medical Education England] will help assure their implementation."

The final report is available at www.mmcinquiry.org.uk. For further comments see bmj.com doi: 10.1136/bmj.39455.523090.DB. See also Editorial, p 54. You can listen to the *BMJ*'s interview with John Tooke at www.bmj.com/audio/index.dtl.

WHAT NHS MEDICAL EDUCATION ENGLAND WOULD DO

- Hold the ringfenced budget for medical education and training in England
- Define the principles underpinning postgraduate medical education and training
- Represent trainee doctors' interests when new policies are being developed and implemented
- Develop better planning nationally on training numbers
- Ensure that curriculums reflect health service and professional agendas
- Coordinate advice to government on matters relating to medical education
- Promote the national cohesion of postgraduate deanery activities
- Scrutinise the functions of strategic health authorities in relation to commissioning training
- Commission certain subspecialty medical training
- Act as the governance body for Modernising Medical Careers and future training
- Work with equivalent bodies in the UK devolved administrations to promote UK-wide cohesion of training

IN BRIEF

Bush finally signs children's health insurance bill: After vetoing more generous bills twice (*BMJ* 2007;335:846), President George Bush has signed a bill that extends health insurance coverage for children from poor and middle income families until 2009, when he will be out of office. Democrats and some Republicans wanted to include a wider range of children in the coverage.

Agency warns over fake antimalarials: With the World Health Organization predicting that this year's climatic conditions will increase infections of malaria in Africa, where counterfeit antimalarial drugs are widespread, the UK Health Protection Agency is reminding travellers to obtain prophylaxis before departure rather than risk using products bought while abroad.

US authorities track plane passengers in tuberculosis incident: The US Centers for Disease Control and Prevention is tracking 44 people who sat near a woman with symptomatic multidrug resistant tuberculosis who flew from New Delhi to Chicago in mid-December. She then flew to San Francisco, where she has been hospitalised.

US lags behind in preventing deaths: The United States came last among 19 industrialised countries in preventing deaths through timely, effective health care, says a Commonwealth Fund study published in *Health Affairs* (doi: 10.1377/hlthaff.27.1.58). Had the US matched France, Japan, and Australia, 101 000 fewer Americans would have died each year.

***NEJM* says doctors should not participate in capital punishment:** The US Supreme Court will soon decide whether lethal injection is to be forbidden as "cruel and unusual punishment." In an editorial the *New England Journal of Medicine* (www.nejm.org) opposes doctors' involvement in execution. It will also publish a video panel discussion on the subject on 23 January. The journal is concerned a decision may involve a physician.

Government warns of antibiotic misuse: As part of a strategy on combating hospital acquired infections, the Department of Health for England is launching a campaign next month to remind the public, GPs, and other doctors that antibiotics are not effective at treating many common ailments and can increase resistance. *Clean, Safe Care* is available at www.dh.gov.uk.

Prime minister promises raft of

Caroline White LONDON

Gordon Brown has promised an array of screening tests designed to shift the focus of the NHS towards prevention rather than cure and to provide more "personal and responsive" services.

In a speech delivered on Monday, Mr Brown promised "new access to check-ups, screening tests, and preventive health vaccines."

He said that doctors would become advisers as well as physicians, nurses would become trainers as well as carers, and patients would be not just consumers but partners in their care.

The announcement follows that given last week of the creation of an NHS constitution, setting out rights and responsibilities in health care (bmj.com doi: 10.1136/bmj.39454.706563.DB).

Along with extended opening hours of GPs' surgeries, tougher action on failing organisations, and greater involvement of patients, these proposals form the backbone of the latest phase of the government's plans for NHS reform, Mr Brown said.

The screening tests will target abdominal aortic aneurysm in men aged over 65, "a range of heart and circulation problems," stroke, diabetes, and kidney disease and would use an extended range of diagnostic procedures available in general practices, he said.

A Department of Health spokesman told the *BMJ* that funding for the new developments had already been set aside as part of the comprehensive spending review. "An announcement on timings and funding will be made next month," he said.

But he admitted that it was not yet known exactly which screening tests would be carried out, how much they would cost, or how the government proposed to target the most vulnerable and marginalised groups.

Laurence Buckman, chairman of the

Lack of vitamin D is linked to heart disease and cancer

Susan Mayor LONDON

Vitamin D deficiency is well known to be associated with osteoporosis, but two studies published this week have shown that lack of the "sunshine vitamin" also increases the risk of heart disease and is linked to poorer prognosis for some cancers.

A follow-up study of 1739 offspring of the original participants in the Framingham heart study, with no cardiovascular disease, showed that those with low concentrations of vitamin D (below 15 ng/ml) had twice the risk of a first cardiovascular event, such as a myocardial infarction, heart failure or stroke, in the five years from baseline than those with higher concentrations (*Circulation* doi: 10.1161.circulationaha.107.706127).

After adjusting for the usual cardiovascular risk factors, including high cholesterol concentrations, diabetes, and hypertension, the researchers found that risk of a cardiovascular event remained 62% higher in people with low vitamin D concentrations (hazard ratio 1.62 (95% confidence interval 1.11 to 2.36).

A second study (*Proceedings of the National Academy of Sciences of the United States of America* doi: 10.1073/pnas.0710615105) says that warnings to avoid sunlight because of the risk of skin cancer from solar radiation may have to be balanced against the health benefits of exposure to sunlight, given that vitamin D improves outcomes in patients with major internal cancers, including prostate, breast, and colon cancers.

The study showed that vitamin D production generated by solar radiation was 3.4 times greater in countries below the equator than in the United Kingdom and 4.8 times greater than in Scandinavia. Although the incidences of major internal cancers were higher in countries at lower latitudes, the survival prognosis improved significantly.

PAUL BALDASARE/PHOTOFUSION

Taking the sun on the Costa Blanca

screening tests

BMA's General Practitioners Committee, said, "Focusing on prevention should certainly be congratulated.

"But, as ever, the practical considerations have not been properly thought through. There has been no attempt to talk to GPs about how these proposals might work."

Not enough adequately trained staff were available to extend screening, he said, and the knock-on costs for hospitals could be "considerable."

John Ashton, former regional director of public health for the NHS's North West region and now director of public health and county medical officer for Cumbria, was scathing.

"We have not had a robust, properly funded public health system since 1974. If you really want to reduce inequalities, you need to target the most disadvantaged," he said.

See Editorial, p 53.

BEN CURTIS/AP

Residents of a Nairobi slum follow a Red Cross vehicle

Aid agencies provide relief in Kenya

John Zaracostas GENEVA

The International Committee of the Red Cross and United Nations relief agencies are providing emergency medical and food assistance to more than 100 000 people displaced by the ongoing violence in Kenya, especially in the Rift Valley, in which hundreds of people are reported to have been killed or injured and tens of thousands have been forced to flee their homes.

Whistleblower who was excluded from work for five years wins apology from employer

Clare Dyer BMJ

A junior doctor who was excluded from work for five years after she objected to the inclusion of patients' medical records, including her own, on research databases without consent has received an unreserved apology from her employers in the High Court.

Named only as Dr Z to preserve her anonymity, she is subject to a gagging order and cannot discuss her case. However, the *BMJ* understands that she will not return to her job but has accepted compensation for the false allegations made against her and for the blight on her career.

Acting without a lawyer, she brought a libel action against her employers, Cambridgeshire Primary Care Trust, and the East of England Strategic Health Authority, which hosted her training scheme.

Damian Brown, for the trust and the authority, said in a statement in open court that Dr Z, whom he described as "a talented young doctor," had at an early age had a serious life threatening condition that attracted much research interest. She wanted the details kept private.

However, her medical details were disseminated for research purposes to Addenbrooke's Hospital, Cambridge, and from there to personnel involved in her employment. Despite withholding her consent she was subjected to "uninvited, intrusive, and upsetting" phone calls from unknown researchers. She was also concerned that during her employment she and colleagues were expected to take part in research that used patients' data without the patients' consent.

In August 2002 she was referred to an occupational health consultant. As a result of communications arising from that referral she was put on special leave from her employment.

In September 2006 her employment contract came to an end and was not extended. She applied to the High Court and won a temporary injunction stopping the primary care trust from terminating her employment.

Mr Brown said that the trust and the health authority wished to make it clear that their suggestion that her fitness to practise was an issue was "groundless and unfounded." They unreservedly withdrew any suggestion that she was a candidate for referral to the General Medical Council.

They also accepted that accusations that she had given a false name and address to her doctor and had falsified sick notes were untrue. Despite a previous statement by the trust that it was "not possible" that her records were held in the research database, the trust acknowledged that her records were held there.

The trust and the authority admitted that they were misled by a third party, who had now apologised, and should not have placed Dr Z on special leave. They also said that future employers should not regard the time she spent on special leave as "in any way a stain on [her] character or professionalism."

Human rights charities protest at arrest of paramedics by

Merav Sarig JERUSALEM

Human rights organisations are protesting at the arrest of two paramedics working for the Palestinian Medical Relief Society on 3 January in Nablus (Shechem) by Israel Defense Forces (IDF) soldiers.

They were arrested at the entrance to the Al-Watan government hospital while transporting patients. The two men are Taher Kusa and Seras Kader. Both have been working for the society for a number of years. Mr Kader was released three days later.

The IDF had been conducting an arrest campaign in Nablus and other parts of the West Bank for a few days. Palestinian Medical Relief Society director Ghassan Hamdan relates that since 3 January soldiers have surrounded both of the city's government hospitals, Al-Watan and Rafidiyeh.

"On Thursday, Kusa and Kader transported patients to the hospital a few times," Dr Hamdan said. "At 4 pm, as Kusa was transporting another patient, IDF soldiers stopped their ambulance and asked the driver to bring the patients into the hospital. The soldiers approached Kusa, asked for his identity card, informed him that he was wanted [by the Israeli security forces] and arrested him. They laid him on the ground, cuffed his hands, and covered his eyes. When we found out what had happened we approached the IDF soldiers and told them that he was our employee. We asked why they had arrested him and were told: 'He is a wanted man.' A few hours later Kader was arrested, the same way."

Dr Hamdan immediately called the International Committee of the Red Cross and Physicians for Human Rights so that they could put pressure on the IDF. "It was a particularly cold and rainy day, and the arrestees sat outside on the ground, bound, for hours," he said.

"I called the IDF humanitarian centre to find out why members of a medical team were arrested while on duty, contrary to accepted practice," said Miri Weingarten, codirector of Physicians for Human Rights' Occupied Territories Project. "A few hours later they

Leading cancer hospital resumes some services after major fire

Adrian O'Dowd MARGATE

Some services for cancer patients at London's world famous Royal Marsden NHS Foundation Trust have resumed this week after a large fire destroyed much of the roof and upper floors in the early afternoon of 2 January. But the trust said it would take months to repair, rebuild, and refurbish the hospital completely.

The Royal Marsden was the first hospital in the world to be dedicated to cancer treatment and research, and sees more than 40 000 patients every year.

Around 25 fire engines attended the fire and 120 fire fighters came to the scene as the entire hospital, including 160 patients and 200 staff, was evacuated. Two operations were in progress when the alarm was raised, but these patients were safely moved to the nearby Royal Brompton hospital.

The hospital's outpatient department and medical day unit were furthest away from the fire and reopened this week to allow patients to receive chemotherapy and radiotherapy and for clinical appointments to resume. The trust's other site at Sutton has taken some patients, and the nearby Brompton temporarily housed others.

A trust spokesperson said no medical equipment had been damaged in the fire and confirmed that no important or expensive equipment had been damaged by the water used to extinguish it. No research materials had been affected either.

"We haven't fully assessed the damage to the hospital yet," said the spokesperson. "We cannot guesstimate yet when the hospital will be back to normal. A lot of other trusts have offered us help and support."

Cally Palmer, trust chief executive, said: "We are delighted to be able to open up part of our hospital so soon after last week's dreadful fire. Our first concern is always for our patients and our main aim is to reassure them that we are doing everything we can to get back to as normal a service as possible."

"This has been a difficult time for our patients and our staff and I would like to give special thanks to them for the patience and hard work they have all put in," she said. She also thanked the emergency services, the Royal Brompton, and "all those who have supported us at this difficult time."

CHRIS JACKSON/GETTY IMAGES

The fire at the Royal Marsden hospital

Study shows effect of greater spending on life expectancy treatment

£13 000

Every extra £13 000 spent each year per patient in England on cancer treatment extends an individual life by one year

Roger Dobson ABERGAVENNY

Every extra £13 000 (€17 500; $25 700) spent each year per patient in England on cancer treatment extends an individual life by one year. And for each patient with a circulatory disease an additional £8000 is enough to increase life expectancy by 12 months.

These are among the findings of a new health economics study published in the *Journal of Health Economics* (doi: 10.1016/j.jhealeco.2007.12.002).

"These results challenge the widely held view that healthcare spending has little marginal impact on health," said Peter Smith, one of the authors, from the Centre for Health Economics at the University of York.

"Our estimates suggest that, relative to received wisdom, the marginal cost of a life year saved is quite low."

defence forces

got back to me and said, 'The arrests were justified.' I complained about the manner of the arrests and the fact that the men were left outside for so many hours. Eventually they were allowed to go into a jeep. Now we're trying to locate them via the Red Cross," Ms Weingarten said, before Mr Kader's release.

IDF soldiers are checking each patient or physician who enters or leaves. "It's impossible to work freely when you know there are armed soldiers outside the door," Dr Hamdan said. "It's inhuman.

IDF sources confirmed the arrests, saying the men had been wanted by the General Security Service, but would not make any further comment.

Patients escape penalties for not taking doctor's advice

Annette Tufts HEIDELBERG

Patients with chronic disease in Germany will now be penalised only if they explicitly declare that they have not taken drugs and followed their doctor's advice and will continue doing this in the future.

The government originally wanted to impose financial penalties on any patient who did not follow medical advice. But the plan was abandoned after doctors and patient groups mounted vigorous protests, saying that it would destroy the doctor-patient relationship. The legality and ethics of the plan were also questioned.

The compromise was reached just before Christmas by the federal joint committee of doctors, hospitals, and health insurance companies (Gemeinsame Bundesausschuss), which informs government decisions on the refunding of healthcare costs. The ruling took effect at the start of this month.

"A legally sound regulation on therapy compliance has to be based on an agreement between doctor and patient," explained the chairman of the Gemeinsame Bundesausschuss, Rainer Hess.

Doctors will now have to certify that all patients with long term conditions are sticking to their treatment unless the patient refuses the treatment.

The certificate will limit a patient's contribution towards healthcare costs to a maximum of 1% of their gross income. Patients without a certificate will pay 2%. Exemptions will include children under 18.

Pakistan's doctors call for clarity on Bhutto's death

Ashfaq Yusufzai PESHWAR

The Pakistan Medical Association has expressed concern over the conflicting medical reports regarding the death of former prime minister Benazir Bhutto and has asked for an international tribunal to be formed to ascertain the real causes of her death.

Umer Ayub Khan, the association's president, said that the report compiled by the doctors at the Rawalpindi General Hospital had merely mentioned that Ms Bhutto died of temporal fracture, which he said was not enough.

The association says that the conflicting medical reports are sending the wrong messages among the medical community.

"It is important to ascertain whether she died on the spot of profuse bleeding, or in hospital, or of bullets or bomb," he said.

Ms Bhutto was assassinated in a firearm and bomb attack in Pakistan's garrison city Rawalpindi immediately after she had addressed an election rally on 27 December.

A team of seven doctors at Rawalpindi General Hospital initially reported that Ms Bhutto died of wounds to the left temporal region of her head. The next day the Interior Ministry attributed her death to a skull fracture caused by a lever attached to the sun roof of her bulletproof vehicle. Ms Bhutto's party contradicted the government's version, saying that she had been shot in the neck. Her party spokeswoman, Sherry Rehman, said that she saw two wounds on Ms Bhutto's body at the hospital's emergency ward.

Video footage taken by Pakistan's Dawn television channel and the United Kingdom' Channel 4 showed a man in sunglasses shooting her from close range and another man blowing himself up immediately afterwards. These videos contradict the Interior Ministry's statement that said she died from hitting her head on the vehicle.

No autopsy was performed on the body, so the cause of her death remains a mystery. Asif Ali Zardari, her husband, refused an autopsy, saying that the reports can be manipulated. "We also know how she died," he told reporters.

At the request of Pakistan's president, Pervez Musharraf, the UK prime minister, Gordon Brown, sent a five member team of the Metropolitan Police Service's counterterrorism branch to Pakistan. One of the team members said, however, that it is too late to determine the exact circumstances of her death, as officials hosed down the venue immediately after the blast occurred.

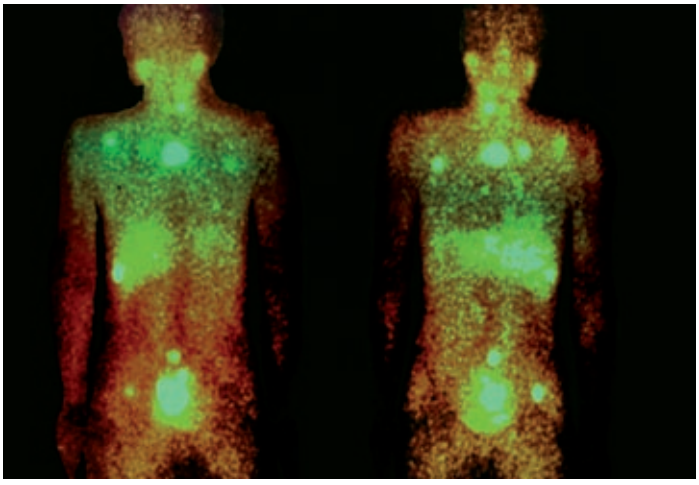
"All the forensic evidence has been lost from the crime scene, and there is little usable footage of the attack," he said.

Legal and medical experts say that the only way to establish the cause of her death would be to exhume and examine her body, something her family has opposed so far.

ED WRAY/AP

Mourners light candles in front of a portrait of Benazir Bhutto in Lahore

Hormone treatment plus radiation delays growth of prostate cancer, US study shows



GJLP/CNRI/SPL

Coloured gamma scan of a patient with metastatic prostate cancer

Janice Hopkins Tanne NEW YORK

Four months of androgen deprivation combined with external beam radiation slowed growth of prostate cancer—especially bone metastases—by up to eight years, according to a long term study from the University of California in San Francisco and collaborating sites (*Journal of Clinical Oncology* 2008 Jan 2 doi: 10.1200/JCO.2007.13.9881).

The study, which began in 1987, evaluated 456 men at high risk, with a median age of 70. They had large prostate tumours (5 cm by 5 cm), and many had high Gleason scores (7-10), indicating that cells were higher grade and usually more aggressive, and had high concentrations of prostate specific antigen (>20 ng/ml).

The men were randomly assigned to four months of androgen deprivation hormone and external beam radiation (224 men) or to external beam radiation alone (232 men). The hormone therapy was 3.6 mg goserelin every four weeks and 250 mg flutamide three times a day, beginning two months before radiation and continuing through the radiation. Follow-up for living patients was 11.9 years for men given combined treatment and 13.2 years for radiation alone.

Although few patients with such large tumours are seen in the United States because of widespread testing for prostate specific antigen, about 50 000 to 70 000 of the 300 000 men diagnosed with prostate cancer each year in the US might be suitable for this treatment, lead author Mark Roach III of the University of California in San Francisco told the *BMJ*. He is a professor of radiology and a professor of urology at the university.

The combined short term androgen deprivation plus radiation had "a dramatic effect on clinically meaningful endpoints," the investigators say, and did not increase the risk of cardiovascular events, a controversy with androgen deprivation.

Men who received combined androgen deprivation and external beam radiation were less likely to die from prostate cancer within 10 years than men who received radiation alone (23% *v* 36%). Fewer men receiving combined therapy had metastatic disease (35% *v* 47%).

Disease-free survival rates at 10 years were higher in the group that received the combined treatment (11% *v* 3%), and these men had fewer biochemical failures (seen as a rise in concentrations of prostate specific antigen—65% *v* 80%).

Other studies have shown that giving radiation first followed by hormone deprivation treatment is not as effective. Neither is hormone deprivation therapy and radical prostatectomy.

Sequential treatment—hormone deprivation treatment followed by radiation—seems the most effective, Dr Roach told the *BMJ*.

England and Wales are among countries at risk of measles epidemic

Roger Dobson ABERGAVENNY

Seven European countries, including England and Wales, can expect measles epidemics at some point in the near future, a new report says.

These countries need to strengthen their routine vaccination programmes, target catch-up campaigns at susceptible age groups, such as elderly people, and stress the safety of the measles, mumps, and rubella (MMR) vaccine, say the authors of the report (*Bulletin of the World Health Organization* doi: 10.2471/BLT.07.041129).

"It is critical that all countries in Europe achieve and maintain very high vaccine coverage if the target of measles elimination by 2010 in the [WHO] European region is to be reached," write the authors, from the UK's Health Protection Agency.

"It is of concern that in seven of the 18 countries [looked at in the study], there is high susceptibility in several age groups, including young children. Belgium, Bulgaria, Cyprus, England and Wales, Ireland, Latvia and Romania were deemed to be at risk of epidemics as a result of high susceptibility in children and also, in some cases, adults."

The researchers analysed the results from measles serological surveillance in 16 European countries and Israel and Australia.

They compared the percentage of seronegative people in each country with the WHO targets of <15% in children aged 2-4 years, <10% in those aged 5-9, and <5% in people aged 10-19, 20-39, or over 40.

Their results show that three countries (Czech Republic, Luxembourg, and Spain) met the WHO targets in all age groups.

Belgium, Bulgaria, Cyprus, England and Wales, Ireland, Latvia, and Romania had not met the WHO targets in the 2-4 years and 5-9 years age groups—and, apart from Romania, had also not met the targets for some of the older age groups—and thus were classed as having high susceptibility.

PERCENTAGE OF PEOPLE WHO ARE SERONEGATIVE* FOR MEASLES, BY AGE GROUP

	Age group (years)				
	2-4	5-9	10-19	20-39	≥40
World Health Organization target	**<15**	**<10**	**<5**	**<5**	**<5**
Low risk of epidemic:					
Czech Republic	1.0	0.8	1.5	3.2	0.2
Hungary	2.9	3.8	3.5	8.5	0.3
Slovakia	3.8	4.8	3.3	6.1	0.3
High risk of epidemic:					
England and Wales	18.9	10.2	6.9	2.8	0.2
Ireland	14.2	11.8	8.6	7.8	7.6
Romania	24.3	11.4	4.2	1.4	0.3

* Antibody titre <0.15 IU/ml

Source: *Bulletin of the World Heath Organization*