

Suspended doctors are to be offered quicker route back to work

Doctors in the United Kingdom who have been suspended or assessed because of concerns about their performance are to be offered a quicker and more effective route back to work.

Alastair Scotland, director of the National Clinical Assessment Service, predicted that up to two thirds of those affected could return to work with the right support. The service, the UK body that helps NHS trusts manage doctors' performance, was set up in 2004 (*BMJ* 2005;331:799).

It aims to provide a consistent, streamlined approach for all doctors who have been excluded, suspended, or assessed or who face health problems. It could also apply to those who have taken a career break.

Until now the process of returning to work was often tortuous and inconsistent, said the assessment service's deputy director, Rosemary Field.

A key to success, she said, was identifying the problem early and then offering a support programme, likely to last between six months and a year, which would often involve supervised practice, coaching, and mentoring.

Andrew Cole *London*

Back on Track: Restoring Doctors and Dentists to Safe Professional Practice is available at www.ncas.npsa.nhs.uk.

EU seeks views on patients' rights to care across borders

The European Commission has launched a consultation paper to clarify the terms and conditions under which citizens of the European Union can get health care in other member states.

Although currently only around 1% of people seek care outside their own countries, numbers are likely to increase. Demand has risen as more people from northern Europe retire to sunnier parts of Europe

and as more people commute to work across borders. Budget airlines have also boosted travel.

The aim of the EU health services initiative, which will inform forthcoming draft legislation, is to define what medical services patients have a right to across EU borders and what quality of care they can expect and to clarify who will pay for it.

Currently no EU-wide agreement exists on what services can and should be offered on an "ambulatory" basis (for which no prior national authorisation is needed). Nor is it clear who will be responsible for ongoing care and financial compensation if things go wrong with the initial treatment.

Tessa Richards
Bad Hofgastein, Austria

Information about the recent Gastein meeting is at www.ehfg.org.

Preoperative radiotherapy cuts recurrence of rectal cancer

Giving radiotherapy to patients with rectal cancer before surgery results in less risk of recurrence of local tumours than selective post-operative chemoradiotherapy. This is the finding of a new randomised trial, which also found that preoperative radiotherapy improves five year survival.

The CR07 trial, which was funded by the Medical Research Council, found that patients with resectable tumours benefited from preoperative radiotherapy whatever the size and position of the cancer or the quality of their excision surgery.

The study also found that the quality of surgical removal was directly related to the risk of recurrence. Combining preoperative radiotherapy with the best surgery reduced the risk of recurrence of tumours in the pelvic region, which is usually incurable, to 1%.

Toby Reynolds *London*

The trial results were presented at the National Cancer Research Institute Cancer Conference in Birmingham (www.ncri.org.uk/ncriconference).

Failure to control mosquitoes has led to two fever epidemics in India

Ganapati Mudur *New Delhi*

India is battling an unprecedented epidemic of chikungunya, an uncommon viral fever spread by mosquito bites.

It is thought that more than 1.3 million people across southern and central India have been infected. Meanwhile a simultaneous outbreak of dengue haemorrhagic fever, spread by the same species of mosquito, has affected 3600 people and killed 48 in several states.

Doctors say that India's weak mechanisms for disease surveillance and a steady deterioration of public health services across the country can be blamed for the resurgence of the two viral infections, transmitted by the *Aedes aegypti* mosquito.

The health ministry said earlier this week that more than 1.3 million people in 10 states had suspected chikungunya, typical symptoms of which are high fever and arthralgia, but that the infection had been serologically confirmed in only 1533 people. A health official said the ministry is also investigating the deaths of some patients with chikungunya who had developed secondary complications such as encephalitis and renal failure.

Some virologists have attributed the fast geographical spread of chikungunya within a period of 12 months to its sudden re-emergence in India after 32 years. "Much of India's population today has never been exposed to the virus," said a researcher at the National Institute of Virology. "But this virus

also appears to grow unusually fast in the laboratory, and there might be other factors that have fuelled its spread. We don't know yet," she said.

Meanwhile, health officials are trying to allay panic over the latest outbreak of dengue, which the health ministry says has killed 20 people in New Delhi, including a medical student, as well as eight people in the state of Rajasthan and 20 in other states.

The national vector-borne disease control programme has recorded only 3407 cases of dengue so far this year, whereas the figures were 12 754 in 2003 and 11 985 last year. But doctors warn that the outbreak might last until winter, when the breeding rates of *Aedes aegypti* fall.

Doctors have said that the resurgence of the infections highlights the health authorities' failure to pick up warning signals and civic authorities' inability to control mosquito breeding.

"Our public health system has broken down," said Kunchala Shyamprasad, a member of a government task force on medical education.

"This is the result of a focus on curative medicine and a steady shift away from preventive public health," Dr Shyamprasad said. "These outbreaks should serve as a wake-up call. India needs a public health act that will make it mandatory for states to address issues such as sanitation and prevention through regular mosquito surveillance," he said.



A mother sits beside her son, who is suspected of having dengue haemorrhagic fever, in Allahabad, India