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Hand hygiene is a key health issue, says CMO

Michael Day LONDON

Liam Donaldson, the chief medical officer for England, has named, in his latest annual report, "unacceptably poor" hand hygiene in hospitals and the chronic lack of organs for transplantation as the two most pressing public health issues.

Despite improvements in some hand hygiene practices, he said, such as more widespread use of alcohol based handrubs, the percentage of healthcare staff complying with hand cleaning protocols seldom exceeded 60%—and was often even lower.

"Patients find it astonishing and alarming that often nurses and doctors do not routinely wash their hands," said Professor Donaldson. "However, they often don't feel able to ask doctors or nurses if they've washed their hands."

He said it might be possible to empower patients by providing them with their own alcohol based handrubs, which they would be able to offer to clinical staff. A pilot study to test this was already being organised in an NHS hospital, overseen by the hospital hygiene expert Didier Pittet of the World Health Organization.

Professor Donaldson also renewed calls for the introduction of an opt-out system for organ donation, in which it would be assumed that people were willing to donate their organs unless they specified otherwise. This was, he said, vital to save lives "among a group of people who are currently dying at a rate of one a day."

He said: "There is a shortage of organs in this country, as there is in other countries, and the situation is getting worse."

He acknowledged that parliament had already rejected such an opt-out system, but he added: "Confronted with the worsening situation, people who opposed it in the past may now wish to change their minds."

The chief medical officer's annual report for 2006, *On the State of Public Health*, is available at www.dh.gov.uk/cmo.

PA WIRE/PA

Doctors attack Brown's regulation plans

Michael Day LONDON

Doctors' leaders and legal experts say that government plans to lower the level of proof needed to convict doctors of professional misconduct are unfair and probably unworkable.

Gordon Brown, the prime minister, last week announced details of a new Health and Social Care Bill, which will be introduced in the next parliament. At the heart of the bill will be a shake-up of the regulation of the medical profession.

The proposed reorganisation was announced by the chief medical officer, Liam Donaldson, a year ago (*BMJ* 2006;333:163).

He said that key aspects of the General Medical Council's regulatory role would be diminished. The council would no longer act as prosecutor, judge, and jury in cases concerning doctors' fitness to practise. Instead it would be responsible solely for assessment and investigation; an independent tribunal would determine guilt or innocence.

Most controversial, however, was the proposal that the burden of proof needed should be lowered from the criminal one of beyond all reasonable doubt to the civil standard of balance of probability. This would make it easier to strike off practitioners in some cases.

After Mr Brown announced the forthcoming bill the BMA immediately vowed to fight to retain the criminal burden of proof in misconduct cases. The BMA's chairman, Hamish Meldrum, said, "The BMA's members have made it very clear that they are against using a balance of probabilities—the civil standard of proof—to take away a doctor's livelihood.

"Nothing less than the criminal standard of proof—beyond reasonable doubt—is acceptable. This does not jeopardise patient safety but maintains a system in which both the public and the profession can have confidence that fairness and justice will be delivered."

Frances Blunden, of the Consumers' Association, said the scale of the proposed changes had been exaggerated. Referring to the white paper's call for a "sliding scale" on the burden of proof, she said: "A higher, criminal standard of proof will be retained for cases where there's a threat of erasure from the register."

However, she called on ministers to ensure that the lower, civil standard was required in all professional misconduct cases.

"If it's about protecting the patient, then if there's any reasonable doubt and you think on the balance of probabilities that that person has done what he or she has been accused of, then that person should not be allowed to practise," she said.

Former US surgeon general reveals extent of political pressure

ALEX WONG/GETTY

Former surgeon general Richard Carmona

Janice Hopkins Tanne NEW YORK

A former US surgeon general told a Congressional committee last week that while he was in office he had been forbidden by the Bush administration to speak on topics such as stem cell research, emergency contraception, sex education, health of prisoners, mental health, secondhand smoking, and global health issues.

Richard Carmona, the last surgeon general, told the House of Representatives Committee on Oversight and Government Reform that he had been instructed to mention President Bush three times on each page of his speeches, which were vetted by officials at the parent agency, the Department of Health and Human Services. Travel to conferences was prevented, and he was told not to attend the special Olympic games for disabled athletes, which were supported by the Kennedies.

When he wanted to issue information about mental health after the 11 September 2001 terrorist attacks on the United States he was told by his bosses at the Department of Health and Human Services: "You don't write anything unless we approve it."

Six previous surgeons general told him they'd also faced political pressure, but not to the extent that Dr Carmona had.

The office of the surgeon general dates from 1798. Nowadays the holder has little power and no budget but is considered "the nation's doctor," charged with giving truthful scientific information to the public.

Previous surgeons general have warned about smoking, HIV and AIDS, obesity, sexual behaviour, drink driving, among other issues, and have recommended needle exchange to prevent HIV transmission.

Dr Carmona's testimony was the lead story in the *New York Times* on 11 July (www.nytimes.com, "Surgeon general sees 4-year term as compromised").

Dr Carmona said he was naive when he came to Washington, although he had served as a US army special forces doctor and weapons specialist, a registered nurse, and a police officer before becoming a doctor and trauma surgeon, chief executive officer of a public hospital and health system, and a university professor.

German doctors accused of boosting pay by offering patients "unnecessary extras"

Annette Tuffs HEIDELBERG

Some health experts and patients in Germany are becoming concerned about the increasing frequency with which doctors offer patients inessential diagnostic tests and unproved treatments. They say that these extra services are being offered more to boost doctors' incomes than to help patients.

"These offers put the doctor-patient relationship at risk," said Jürgen Klauber, director of the Wissenschaftliche Institut der Ortskrankenkassen (Scientific Institute of General Health Insurance).

A survey published last week by the institute, which provides scientific expertise to Germany's largest health insurance company, AOK, has shown that last year about 18 million patients were offered these "Individuelle Gesundheitsleistungen" ("individual health benefits"), commonly shortened to IGeL.

German doctors earned an extra €1bn (£0.7bn; $1.4bn) by selling IGeL, equivalent to almost 5% of the state health insurance budget paid for outpatient care each year in Germany.

The benefits were introduced in the mid-1990s by the National Association of Statutory Health Insurance Physicians as a way of circumventing their tight budgets. Initially there were 79 items, including counselling and vaccination before holidays abroad, as well as some forms of complementary medicine.

However, since then the number of items has increased to more than 300, and because no clear scientific evidence exists for most of them, patients cannot have their cost refunded by the statutory health insurance companies, which cover 90% of Germany's population. Private health insurance companies do cover many of the tests and procedures.

"These offers put the doctor-patient relationship at risk"

The recent survey, which involved telephone interviews with 3000 AOK customers, showed that specialists were more likely than GPs to offer IGeL. The most common test for sale was extra ultrasound examination in prenatal care, sometimes known as "baby TV." Health insurance companies will pay only for three such examinations, and expectant mothers wanting more have to pay for them themselves.

Companies offering statutory health insurance will also pay for eye pressure measurements, if glaucoma runs in the patient's family, and some cancer detection tests at certain intervals for women, but they will not pay for a wide range of other tests and procedures.

Neurosurgeons told to watch for signs of

Roger Dobson ABERGAVENNY

Neurosurgeons need to watch out for signs of "twiddler's syndrome" in their patients, a new report warns.

With the increasing use of implanted stimulation devices, there have been a number of reports where patients have consciously, subconsciously, or unintentionally moved wires attached to the device.

"With the advent of implanted pulse generators in the treatment of epilepsy, Parkinson's disease, essential tremor, and pain those caring for patients with such a device should be aware of this potential complication," says the report in *Surgical Neurology* (doi: 10.1016/j.surneu.2006.10.062).

It says, "Experience with similar placement of cardiac pacemakers and defibrillators had revealed the possibility of generator migration and subsequent lead fracture either spontaneously or, more often, through a patient's conscious or subconscious manipulation of the device through the skin. This phenomenon has been termed twiddler's syndrome."

Power for such stimulation devices comes from an implanted pulse generator, usually located in a pocket in the chest underneath the skin. In the latest case, twiddler's syndrome, defined as the

Overseas health workers look set to escape Libyan death sentence in HIV case

Owen Dyer LONDON

Death sentences pronounced by a Libyan court on five Bulgarian nurses and a Palestinian intern accused of deliberately infecting Libyan children with HIV looked to be on the point of being overturned as the *BMJ* went to press.

Relatives of the infected children agreed to drop calls for capital punishment in return for compensation of $1m (£0.5m, €0.7m) for each family, the Bulgarian television channel BTV said.

A hearing before Libya's Supreme Judicial Council concerning the fate of the foreign workers had been set for 16 July, but it has been postponed twice. The Libyan government gave no reason for the delay, but the Bulgarian news programme attibuted the delay to the need to collect more signatures from the children's families, waiving their demand for the death penalty.

The families' spokesman, Idriss Lagha, told Agence France Presse that relatives were to sign the agreement only at the moment they cashed their cheques. Banks were kept open in Benghazi overnight in an effort to hasten the process, he said. About 270 of the families (60%) had signed waivers by Tuesday morning.

The deal emerged after a visit to Libya last week by Cécilia Sarkozy, wife of the French president. She met with Libya's president, Muammar Gaddafi, and with infected children. An aide to President Sarkozy, Claude Gueant, said that the meeting between Mrs Sarkozy and Colonel Gaddafi had been a key breakthrough. The Libyan leader seemed to have been swayed by Mrs Sarkozy's argument that the case was holding up the normalisation of relations between Libya and Europe, said Mr Gueant.

Cécilia Sarkozy, wife of the French president, met President Gaddafi last week

It remains unclear who is paying the compensation to the families. The Bulgarian foreign minister, Ivailo Kalfin, speaking after the deal was reached last weekend, reiterated the longstanding Bulgarian position that his government would not pay compensation, as to do so would imply that the six health workers were guilty.

Colonel Gaddafi's son, who is director of the Gaddafi Institute which helped broker the deal, told *Le Figaro* that the compensation was financed by debt remission, but Bulgaria flatly denies this.

The six health workers have been in prison since 1999, when 426 children at Benghazi's El-Fath Children's Hospital were infected with HIV. About 50 of the children have since died. The six foreigners were convicted of deliberately spreading infection and were sentenced to death by firing squad in May 2004 (*BMJ* 2004;328:1153).

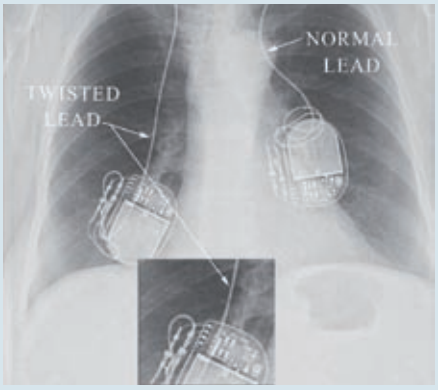
The defence counsel blamed poor hygiene standards.

A prosecution report by Libyan scientists suggested deliberate infection.

PETER PETROV/AP

Bulgarians protest in support of the healthcare workers in February this year

"twiddler's syndrome" in patients with implanted devices



ELSEVIER

Implanted devices leading to a brain stimulator

spontaneous, subconscious, inadvertent, or deliberate rotation of the generator, occurred in a 65 year old woman with a history of disabling essential tremor.

A deep brain stimulator was implanted, which initially resulted in almost complete resolution of her symptoms, and she was able to carry out activities involving repetitive movements that she had previously avoided, including housework and gardening.

But after six months she developed a pain behind her left ear and uncontrolled tremor of her right hand. Tests showed a lack of current getting through to the implant, and it was later found that the wires to the generator had several twists, reducing power supply and putting stress on tissue, causing the ear pain.

"The patient adamantly denied manipulation of the IPG [implanted pulse generator] in a twisting or twirling fashion," says the report, which states that the device apparently moved within the pocket spontaneously. "This case suggests that twiddler's syndrome can occur in patients with no known history of manipulating their IPGs."

Two other case reports, in *Der Chirurg* (doi: 10.1007/s00104-007-1319-3) and *Cardiology* (2007;17:220-2), described movement in pacemaker wires.

IN BRIEF

Chinese drug agency chief is executed: The disgraced former head of the Chinese State Food and Drug Administration, Zheng Xiaoyu, was executed on 10 July, after the failure of his appeal against the death sentence for bribery and dereliction of duty. On 29 May Mr Zheng was found guilty of taking ¥6.5m (£0.4m; €0.6m, $0.8m) in bribes and failing to ensure drug safety. On 6 July his former aide, Cao Wenzhuang, was sentenced to death with a two year reprieve.

HRT prescribing for menopause falls: The number of prescriptions of hormone replacement therapy (HRT) for menopause has halved in the UK since 2002, a new study has found. But the study, which was based on prescribing by GPs between 1991 and 2005 to women aged 40 or over, also found that prescribing of bisphosphonates for osteoporosis had risen. This increase "reinforces the need for research into the long term risks and benefits of these therapies," says the study in the *European Journal of Clinical Pharmacology* (doi: 10.1007/s00228-007-0320-6).

Dutch government lowers age threshold for flu jab: Everyone in the Netherlands is to be offered annual flu vaccinations from the age of 60, rather than 65, following advice from the government's scientific adviser, the Dutch Health Council. A study for the council's advisory report on the national flu prevention programme showed that the numbers of visits to GPs, hospital admissions, and deaths resulting from flu are rising, even in healthy 60 to 65 year olds. (See www.gr.nl.)

EU bans mercury measuring instruments: Members of the European parliament have banned non-electrical mercury thermometers and other mercury instruments from sale to the public. The ban will include new fever thermometers for professional or private use. If approved by the Council of Ministers member states will have a year to comply.

PCTs fail to make best use of Sure Start centres: Shortages in health visitors and the failure of primary care trusts (PCTs) to use Sure Start children's centres for outreach work is affecting the potential of the centres, says a report from the parliamentary public accounts committee. The centres are aimed at reaching the most disadvantaged children aged under 5 years. (*Sure Start Children's Centres: 38th Report of Session 2006-07* is available at www.publications.parliament.uk.)

BMA backs police campaign against genital mutilation

Peter Moszynski LONDON

A crackdown on female genital mutilation has been launched by the Metropolitan Police in an attempt to protect the estimated 6500 girls it believes undergo the procedure each year in the United Kingdom.

The BMA-backed campaign, dubbed Operation Azure, has been launched at the start of the summer holidays, because that is the time when girls from certain ethnic groups—mainly African communities—are thought to be most at risk. The extended holiday period allows time to recover from the physical effects of the operation. Most girls are sent abroad, but female genital mutilation is also thought to be conducted in the UK, although no one has ever been prosecuted.

"A matter of child protection, not patient confidentiality"

PHIL YEOMANS/REX

Somali Salimata Knight, now in Britain, campaigns against female circumcision

A £20 000 (€30 000; $40 000) reward has been offered in an attempt to break the wall of silence surrounding the issue. The Metropolitan Police emphasises: "This is not an attack on culture or faith. It is to raise awareness that this is extreme child abuse, is illegal and will not be tolerated. FGM [female genital mutilation] is both a violation of human rights and a criminal offence, and to administer [it], or arrange for it to be administered, could lead to imprisonment of up to 14 years."

All female genital mutilation procedures are unlawful in the UK under the Female Genital Mutilation Act 2003. It is also an offence for UK nationals or permanent residents to carry out the procedures abroad or to "aid, abet, counsel or procure the carrying out of FGM abroad," even in countries where the practice is legal.

Carol Hamilton of Operation Azure said that signs that a child is being prepared for genital mutilation to take place abroad include "knowing that the family belongs to a community in which FGM is practised and are making preparations for the child to take a holiday, arranging vaccinations or planning absence from school" and the child talking about a "special procedure" taking place.

Detective Inspector Hamilton said that doctors had a key role and that involvement was "a matter of child protection, not patient confidentiality." Addressing doctors, she said: "If you suspect that any girl is at risk of being subjected to any form of FGM, take action to report it immediately. Time counts, so please act as soon as you suspect that a girl may be at risk . . . If a girl has already undergone FGM, do not think there is nothing you can do. She will be in need of specialist care and support, and if she has sisters they will be in need of protection."

The Operation Azure team covering the London area can be contacted on 020 7230 8392.

BMA guidelines on female genital mutilation are at www.bma.org.uk/ap.nsf/Content/FGM.

Scotland considers screening on admission to hos

Bryan Christie EDINBURGH

Scotland is considering screening patients for methicillin resistant *Staphylococcus aureus* (MRSA) when they are admitted to hospital, to help reduce the incidence of healthcare associated infections.

The move comes after the completion of a comprehensive study of the prevalence of such infections in Scotland, which found that 9.5% of patients contract an infection while in Scottish hospitals. The annual cost is calculated to be £183m (€270m; $370m).

The study, carried out by Health Protection Scotland, was based on a survey of almost 14 000 patients—the entire acute hospital population at the time of the survey visits. The highest prevalence of healthcare associated infections was found in geriatric wards (12%), followed by surgery (11.2%), medicine (9.6%), and orthopaedics (9.2%). Obstetrics had the lowest rate (0.9%). The most common infections were urinary tract (18%),

RAL STUDIO/REX

Hospital consultants' NHS salaries top £110 000

AVERAGE ANNUAL EARNINGS OF NHS HOSPITAL DOCTORS IN ENGLAND, 2007*

Grade	Mean basic salary (full time equivalent)	Mean total earnings (including pay for overtime, redundancy, location payments, etc)
Foundation year 1 or house officer	£20 900	£31 900
Foundation year 2 or senior house officer	£29 600	£45 900
Registrar	£38 300	£60 000
Associate specialist and staff grade	£59 200	£63 800
Consultant (old contract)	£80 800	£93 900
Consultant (new contract)	£83 200	£111 800

*Figures based on data collected January to March 2007 from the NHS electronic staff record

Source: NHS Information Centre

Zosia Kmietowicz LONDON

Hospital consultants in England earned on average the full time equivalent of £111 800 (€165 300; $228 050) a year for their NHS work in the first quarter of 2007, new data show.

This figure, which excludes any income from private work, represents a 16% increase in NHS earnings for hospital consultants since 2004.

The figures, from the NHS's Information Centre, are the first to be collected since Agenda for Change, the new system of pay and conditions, was introduced in the NHS in 2004. They are also the first to be collected from the electronic staff record, a new payroll system being rolled out across the NHS and currently used by 49% of NHS organisations in England. The figures are based on pay data collected between January and March 2007.

The data highlight the disparity between consultants' pay and that of associate specialist and staff grade specialists, who earned an average yearly salary of £63 800 over the same period.

The data shows that trainee doctors in foundation year 1 received a basic annual salary of £20 900, but additional payments (such as overtime pay) bring their total earnings to £31 900. Qualified nurses earned a basic annual salary of £26 100, which, with an additional 15% from extra payments, brings their total earnings to £31 000.

NHS Staff Earnings 2007 **is at www.ic.nhs.uk/statistics-and-data-collections/workforce.**

spital to cut infections

surgical (16%), and gastrointestinal (15.4%) infections.

Previous prevalence studies have found a prevalence of healthcare associated infections of 8.2% in England, 6.3% in Wales.

A programme is already in force at the Golden Jubilee Hospital outside Glasgow, which has not had a single case of MRSA infection in the past two years.

NHS Scotland National HAI Prevalence Survey: Final Report **is available at www.hps.scot.nhs.uk**

GPs' income rose by 23%, not 30%, under new contract

Zosia Kmietowicz LONDON

Figures published this week show that GPs in the United Kingdom earned an average net income (after deduction of expenses but before tax) of £100 170 (€148 770; $204 930) in 2004-5, an increase of 23% from 2003-4. The new GP contract was introduced in April 2004.

This is less than the 30% increase in income reported in November last year (*BMJ* 2006;333:1192), when the NHS Information Centre reported that GPs earned an average £106 404 in 2004-5, up from £81 566 in 2003-4.

The figures have been adjusted to exclude employers' superannuation contributions. These were included for the first time in the GP pay figures released in November and made it difficult to compare income from year to year. Employers' contributions are estimated at £6234 per GP in 2004-5.

GPs earned an average net income of £100 170 in 2004-5

The data are based on the tax returns of nearly 18 000 GPs and include income from private as well as NHS work. The Information Centre estimates that in 2004-5 nearly half of all GPs had a net income of more than £100 000. And more GPs are earning the highest incomes. The centre estimates that 629 GPs (1.9%) had a net income of at least £200 000 in 2004-5; in 2003-4 the number was 222 (0.7%).

The average gross earnings for all GPs in 2004-5 were £230 097, and average expenses were £129 926. This gives a proportion of expenses to earnings of 57%, a decrease from the 2003-4 proportion of 60%, reflecting the fact that although expenses have increased in line with previous years, gross earnings have outpaced the increase in expenses.

GP Earnings and Expenses Enquiry 2004/05: Final Report **is available at www.ic.nhs.uk.**

IMAGE SOURCE/REX

Hospitals should standardise patient wristband design

Susan Mayor LONDON

Hospitals in England and Wales must standardise the design of patients' wristbands and the information recorded on them to reduce the risk of providing the wrong care, says new guidance from the National Patient Safety Agency.

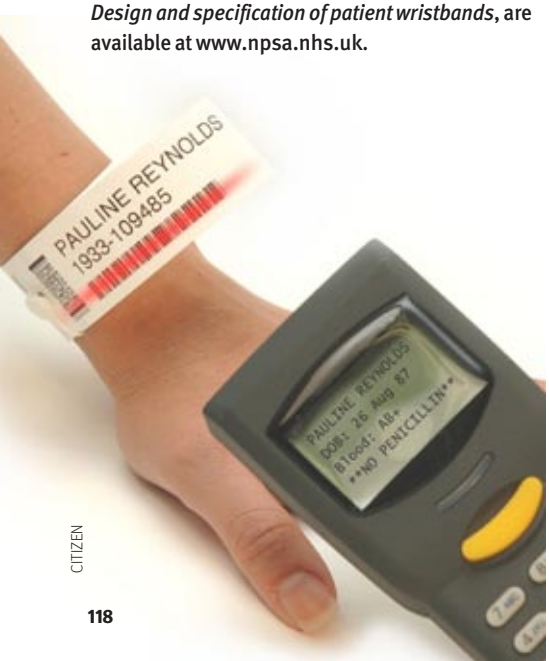
More than one in 10 reported cases of patients "being mismatched to their care" last year were related to wristbands, the agency warned. Such mismatches occurred in more than 2900 of the total 24 382 reports of patients receiving the wrong care from February 2006 to January 2007.

"Standardising the design of patient wristbands, the information on them, and the processes used to produce and check them, will improve patient safety," advises the agency.

From July 2008 all NHS organisations in England and Wales that use wristbands will need to ensure that they meet the agency's design requirements. This means that wristbands should come in a range of sizes to fit all patients, from the smallest newborn babies through to overweight patients and patients with oedema and those with intravenous lines and bandages. They must be comfortable for patients, easy to keep clean, and secure.

Wristbands must record core patient identifiers, including the patient's surname, first name, date of birth, and NHS number (a temporary one should be used if their number is not immediately available).

The guidance on wristbands and the review, *Design and specification of patient wristbands*, are available at www.npsa.nhs.uk.



CITIZEN

Andrew Wakefield is accused of paying children for blood

Owen Dyer LONDON

Andrew Wakefield, whose warnings about a possible link between the measles, mumps, and rubella (MMR) vaccine and autism sparked a public health scare, was accused this week by the General Medical Council of paying children £5 (€7.40; $10) each to give blood samples at his son's birthday party.

The accusation was made in the GMC's case involving three doctors who collaborated on a 1998 *Lancet* paper on developmental disorders in children. Dr Wakefield, John Walker-Smith, and Simon Murch are accused of ignoring limitations placed on them by the research ethics committee of the Royal Free Hampstead NHS Trust and subjecting children to procedures that were not clinically indicated, including lumbar punctures, barium meals, general anaesthesia, and colonoscopy.

Dr Wakefield is also accused of misleading the *Lancet* in failing to disclose his involvement in an application for a patent for a new type of MMR vaccine and his receiving funding from the Legal Aid Board to investigate patients involved in litigation over alleged reactions to the vaccine.

The disclosure that legal aid funding had paid for some of the clinical investigations in the *Lancet* paper led the journal to

Most training posts filled, but 2000 doctors may be jobless

Lynn Eaton LONDON

By the end of the first round of this year's controversial training application process, 85% of doctors' training posts in England handled through the computerised medical training application service (MTAS) were filled.

The Department of Health has published the numbers of applicants competing for posts and of posts filled. It has collated data from individual deaneries after its national computerised system was scrapped halfway through the application process.

Deaneries have filled 13 168 posts so far. Of these, 10 804 are run-through training posts (entailing several years of training after the foundation programme and in which doctors train to specialise in either general practice or a specialty), 2262 are fixed term service training appointments (FTSTAs) (year long posts that must be applied for separately), and 102 are academic posts. Altogether, 2386 jobs remained to be filled at the end of round one.

However, the situation is changing daily, because someone who has accepted an FTSTA post on round one but is then offered a run-through post (which is more likely to lead eventually to a consultant post) in round two can forgo the FTSTA post and opt for the run-through one instead.

13 168 posts have been filled so far: 2 386 were unfilled

It looks as though as many as 2000 doctors currently at foundation year 2 (F2) or senior house officer level may still be jobless at the end of the second round. However, the health department says it is planning to make around 1000 FTSTA posts available at the end of round two for those applicants who have still not secured a job. The exact number of additional posts has yet to be finalised.

The Modernising Medical Careers team has confirmed that of the 32 649 eligible applicants for posts in the United Kingdom 16 670 were UK graduates (69% of whom have accepted a post) and 15 979 were UK based applicants who had obtained their medical degree outside the UK (29% of whom have accepted a post).

formally retract the study in 2004, citing a "fatal conflict of interest."

The GMC accuses Dr Wakefield of misleading the Legal Aid Board about how he used £55 000 of their research funding. His costing proposal asked for £13 750 for hospital beds and investigations that were actually covered by the NHS, the charges say.

The GMC charges that Dr Wakefield and Dr Walker-Smith gave an experimental drug called "oral measles virus-specific dialyzable lymphocyte extract transfer factor" to one patient named as Child 10. It says they began administering the drug a year before receiving ethics committee approval and before obtaining information on its safety in children, the charges allege.

Dr Wakefield submitted a proposal to the Royal Free Hospital School of Medicine "to set up a company called Immunospecifics Biotechnologies Ltd to specialise in the production, formulation and sale of Transfer Factor." The proposal stated that Child 10's father, known as Mr 10, would be managing director of the company, while Dr Wakefield would be research director.

SANG TAN/AP/PA

Andrew Wakefield outside the GMC hearing, which is due to continue until October

The statistics for England alone show that of the 27 849 eligible applicants, 5000 were already in foundation year 2 (F2) posts. Seventy per cent of these (3500) have already accepted posts, leaving 1500 without jobs at the moment. About 900 of the 2320 vacant posts in England are at the second year of specialty training (ST1) level, suggesting that some 600 F2 doctors may not be able to find an ST1 post in round two.

The number of senior house officer applicants is 9700, of whom 5820 (60%) have already accepted posts, leaving 3880 who may not have a job from August. Although there are still 1420 vacancies at more senior levels (ST2, 3, and 4), more than 1600 senior house officers could be jobless when round two ends.

A further 10 750 applicants who were neither senior house officers nor in F2 but who are currently working in the NHS also applied. These applicants could be in staff or associate specialist posts. Of these, 3225 (30%) have accepted jobs.

The health department has said that the highest numbers of unfilled posts are in anaesthetics, obstetrics and gynaecology, paediatrics, psychiatry, and geriatric medicine.

In England, 380 anaesthesia posts had not been filled, including 120 at ST1 level and 252 at ST2 level. Psychiatry has 280 unfilled vacancies.

But there is unlikely to be a problem filling these posts. In round one there were nearly 700 applicants for anaesthesia and more than 3000 applicants for psychiatry.

The BMA has pointed out that the proportion of academic trainee posts filled, at 57%, was rather lower than the other types of post. And some deaneries have achieved much lower fill rates than others, such as Trent, which has filled only 64% of posts.

Jo Hilborne, chairwoman of the BMA's Junior Doctors Committee, warned that it was still "alarmingly unclear" what would happen at the end of the month when junior doctors' contracts end.

For further information on vacancies see: www.mmc.nhs.uk.

TRAINING POSTS FILLED IN ENGLISH DEANERIES AT CLOSE OF FIRST ROUND OF APPLICATION PROCESS

Deanery	% of posts filled
Eastern	84
Leicestershire, Northamptonshire and Rutland	80
London and Kent, Surrey, and Sussex (KSS)	89
Mersey	91
North Western	92
Northern	77
Oxford	77
Severn	88
South Yorkshire and South Humber	74
Southwest Peninsula	74
Trent	64
Wessex	83
West Midlands	77
Yorkshire	94

Source: *Modernising Medical Careers (www.mmc.nhs.uk/pages/fill_rates)*

FILL RATE OF TRAINING POSTS IN ENGLAND AT CLOSE OF FIRST ROUND OF APPLICATION PROCESS

Type of post	No of posts available	No of applicants accepted at 26 June	% of posts filled
Run-through	11 816	10 804	91
FTSTA	3559	2262	64
Academic	179	102	57
Total	15 554	13 168	85

FTSTA = fixed term service training appointment
Source: *Modernising Medical Careers (www.mmc.nhs.uk/pages/fill_rates)*

Doctor ordered to pay £300 000 libel damages to company

Clare Dyer BMJ

A company that investigates research fraud on behalf of the drug industry as well as its chief executive and former medical adviser have been awarded libel damages of £300 000 (€445 000; $615 000) against a doctor who is currently facing serious charges before the General Medical Council of research misconduct and dishonesty.

Tonmoy Sharma, a former senior lecturer at the Institute of Psychiatry in London, was ordered by the High Court in London to pay the damages, together with costs, to MedicoLegal Investigations (MLI), its chief executive, Peter Jay, and the retired medical adviser Frank Wells.

Dr Sharma conducted a number of trials for major drug companies in the late 1990s and built up an international reputation before MLI was called in to investigate after several sponsors grew suspicious about his work. The material gathered by MLI led to the GMC proceedings.

The GMC accuses him of having falsely claimed to have sought and received approval from ethics committees; recruiting patients by telephone without informing their carers; offering financial inducements to research participants; breaching agreed research protocols; lying in a job application; posing as a professor; falsely claiming to have a doctorate; and threatening a patient with withdrawal of treatment if she left a study.