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Smells form some of our most memorable experiences, but people who cannot detect them are largely forgotten. Geoff Watts sniffs out the researchers

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After many young doctors failed to get NHS jobs this summer, Edward Byrne argues that training posts should go to UK graduates. But Edwin Borman believes restricting access would damage the profession

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Nigel Hawkes

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The threat of unemployment among UK graduates is being blamed on the computerised recruitment system. But, argues Graham Winyard, the real problem is government policy on medical immigration

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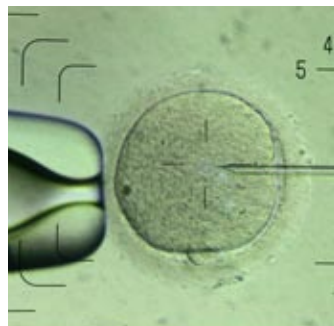




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RESEARCH

- 596 Antenatal education and postnatal support strategies for improving rates of exclusive breast feeding: randomised controlled trial**
Both interventions, separately, were effective in healthy mothers in Singapore hospital: the numbers needed to treat to achieve one woman exclusively breast feeding at six months were 11 for postnatal support and 10 for antenatal education
Lin-Lin Su, Yap-Seng Chong, Yiong-Huak Chan, Yah-Shih Chan, Doris Fok, Kay-Thwe Tun, Faith S P Ng, Mary Rauff
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- 599 Child-parent screening for familial hypercholesterolaemia: screening strategy based on a meta-analysis**
Identifying children with this autosomal dominant disorder at age 1-9 could lead to earlier primary prevention of coronary heart disease in their affected parent
David S Wald, Jonathan P Bestwick, Nicholas J Wald
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- 603 Mental health consequences of overstretch in the UK armed forces: first phase of a cohort study**
Deployment for 13 months or more in the past three years is associated with increased risk of a range of mental health problems. Other factors include combat exposure, type of deployment, and problems at home
Roberto J Rona, Nicola T Fear, Lisa Hull, Neil Greenberg, Mark Earnshaw, Matthew Hotopf, Simon Wessely
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- 607 BMJ updates: Second generation antidepressants should remain an option for children and adolescents with depression or anxiety**

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- 608 Management of infertility**
Adam H Balen, Anthony J Rutherford

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No—and the hunt for evidence prompted Paul Glasziou to muse about the usefulness of rules of thumb in clinical practice
Paul Glasziou
- 613 10-minute consultation: Ramadan fasting and diabetes**
A 45 year old man with type 2 diabetes mellitus consults to discuss how he might fast safely during Ramadan
Aziz Sheikh, Sunita Wallia

RESEARCH PUBLISHED AHEAD OF PRINT

- Objectively monitored patching regimens for treatment of amblyopia: randomised trial**
Catherine E Stewart, David A Stephens, Alistair R Fielder, Merrick J Moseley
- Preventive strategies for group B streptococcal and other bacterial infections in early infancy: cost effectiveness and value of information analyses**
Tim E Colbourn, Christian Asseburg, Laura Bojke, Zoe Philips, Nicky J Welton, Karl Claxton, A E Ades, Ruth E Gilbert

- Effect of prolonged and exclusive breast feeding on risk of allergy and asthma: cluster randomised trial**
Michael S Kramer, Lidia Matush, Irina Vanilovich, Robert Platt, Natalia Bogdanovich, Zinaida Sevkovskaya, Irina Dzikovich, Gyorgy Shishko, Bruce Mazer

- Cancer risk among users of oral contraceptives: cohort data from the Royal College of General Practitioners' oral contraception study**
Philip C Hannaford, Sivasubramaniam Selvaraj, Alison M Elliott, Valerie Angus, Lisa Iversen, Amanda J Lee

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PICTURE OF THE WEEK

Surgeon and Anaesthetist, photographed by the American war correspondent Lee Miller (1907-1977) at a US army hospital in Normandy after D day in 1944, captures the calm professionalism of surgeon, anaesthetist, and orderly. Miller describes the hospital's workload: "In a field for a month 40 doctors had averaged 100 operations every 24 hours on six operating tables, as well as caring for their 400 transient patients." The Art of Lee Miller, is at London's Victoria and Albert Museum until 6 January.

THE WEEK IN NUMBERS

13 months Shortest deployment over three years that is consistently associated with psychological symptoms in military personnel (**Research p 603**)

2% Estimated prevalence of olfactory disorders in the US (**Feature p 588**)

18 hours Length of a day's fasting if Ramadan falls in summer (**Practice p 613**)

36% Doctors registered to practise in the NHS who qualified abroad (**Head to Head p 590**)

£1500 Payment to women for fertility treatment if they donate surplus eggs for stem cell research (**News p 581**)

THE WEEK IN QUOTES

"The most important determinant of a couple's fertility is the woman's age" (Clinical Review p 608)

"There will be plenty of opportunities [if junior doctors] are flexible" (News p 582)

"Child-parent screening has the potential to prevent the medical consequences of [hypercholesterolaemia]" (Research p 599)

"Youth has become a god and must be worshipped" (From the Frontline p 616)

"Even if MTAS had worked, we would still face problems because of the government's muddled approach to medical immigration" (Analysis p 593)



ON THE COVER

Overstretched and over there: mental health after deployment

Editorial, p 571
Research, p 603

Cover shows British troops arriving in Helmand province, southern Afghanistan in June 2006
COVER IMAGE: JOHN MOORE/GETTY IMAGES

PLUS

In this week's BMJ careers

Medical work at the new Wembley
Sinister choices
Sports and exercise medicine
Support for Edinburgh GPs

Articles appearing in this print journal are likely to have been shortened. To see the full version of articles go to bmj.com.

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EDITOR'S CHOICE

Training our doctors

We have pondered the *BMJ*'s coverage of the UK's crisis in specialist training. Our critics might characterise it as too much too late: too much for readers outside the UK, too late to have influenced decisions being made behind closed doors and to mitigate some of the heartache, upset, and upheaval.

Amid the long list of factors that contributed to the chaos of MMC and MTAS (well described by Madden and Madden recently: *BMJ* 2007;335:426-8) one factor has been studiously avoided in most discussions—medical immigration. Difficult though it is to raise, it cannot be ignored.

We decided a few months ago to commission a head to head debate on whether UK training posts should be reserved for UK graduates. Then a few weeks ago Graham Winyard, a former postgraduate dean, sent us an article on the same question. So this week we devote some space to what he calls “the elephant in the room.”

In a few years' time, thanks to the expansion in medical student numbers, the UK will be able to meet its medical workforce needs largely through its own graduates. Given this change, Edward Byrne, who graduated in Australia but trained in the UK, argues that failing to provide training opportunities for the vast majority of UK graduates would be a waste of human potential and a failure of care for young doctors (p 590). Edwin Borman, however, says that restricting opportunities for non-UK graduates would be unfair and would damage UK medicine (p 591). Graham Winyard says that it makes no sense to expand medical schools if we can't enable the extra graduates to pursue a medical career and contribute to the NHS. He calls for suspension of the skilled migrant programme for doctors and recommends that applications from overseas graduates should be considered only after those from UK graduates (p 593). If this doesn't happen, he warns, things will be even worse next year.

The anger of those caught up in the MMC debacle is eloquently expressed by Parashkev Nachev (p 615). He reserves his main ire for the royal colleges, saying that the big issue is not the welfare of junior doctors but the damage to professional standards. I would argue that the welfare of doctors is closely bound up with professional standards and that one of the problems has been that the changes in training brought about by MMC have hit at just the same moment as the European Working Time Directive. The result has been a staggering collapse in continuity of care and mentoring for junior doctors, and the definite risk of a reduction in the quality of training. One royal college president told me that clinical decision making has suffered. No longer do you see in the notes the classic junior's diagnosis “chest pain query cause.” Instead you are more likely to see the words “await senior review.” We must hope that these broader issues of length and breadth of training, as well as the difficult issue of medical immigration, will be prominent in the independent and government reviews that are due to report over the next weeks and months.

Fiona Godlee, editor fgodlee@bmj.com

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