



KEPPIE DESIGN  
 ● HEAD TO HEAD, p 18

The architect design of a typical ward block for the £200m newbuild Dumfries Royal Infirmary. It shows the 100% single bedrooms in a linear arrangement, with a cluster of six high dependency bedrooms wrapped around a staff base at the end. A central strip of support accommodation, including stores, clean and dirty utility rooms, and offices, is separated by cross corridor links. Large lightwells allow natural daylight into the corridor spaces.

## NEWS

- 1 Cameron reveals plan for seven day access to GPs  
Independent contractor model for GPs has had its day, says Gerada
- 2 GP is struck off after television documentary exposed his failings  
Competition "is holding back quality care"
- 3 Hackney GPs win bid to run out of hours service  
Risks of HRT outweigh benefits for chronic disease prevention, research shows
- 4 More biopsies "should be carried out on secondary breast cancers"  
Doctor who fabricated claims she had been raped is suspended  
*BMJ* author defends finding of possible racial bias in RCGP exam
- 5 Firm is censured for using "fear to sell private health insurance" on website  
Death rate after hip replacement almost halved in eight years
- 6 Syrian doctor who gave medical aid to protesters dies in custody  
NICE guidelines urge local authorities to "spend to save" on public health



Deaths after hip replacement, though few, have halved, p 5

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- 12 Association between body mass index and cardiovascular disease mortality in east Asians and south Asians: pooled analysis of prospective data from the Asia Cohort Consortium  
On behalf of the Asia Cohort Consortium
- 13 Type of stress ulcer prophylaxis and risk of nosocomial pneumonia in cardiac surgical patients: cohort study  
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Evidence for racial discrimination in the MRCGP exam, p 7

### FEATURES

- 16 Clare Gerada: "It's like the wild west in healthcare"  
As the national figurehead for UK general practitioners during a huge period of upheaval, Clare Gerada has barely been out of the news in recent years. Here, as she prepares to move on to new challenges, she gives a typically honest exit interview to Gareth Iacobucci

### HEAD TO HEAD

- 18 Should hospitals provide all patients with single rooms?  
Hugh Pennington argues that having all private rooms would reduce hospital acquired infection and provide privacy, but Chris Isles says that many patients seem more worried about being lonely in hospital and should be given the choice of shared rooms

### ESSAY

- 20 What went wrong with the quality and safety agenda?  
Despite huge investment in quality and safety over the past two decades, healthcare is still failing to learn the lessons from its mistakes. Michael Buist and Sarah Middleton examine the reasons and call for a shift in medical culture



Quality and safety should begin at the bedside, p 20

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Multitalented *BMJ* editor, p 25

## COMMENT

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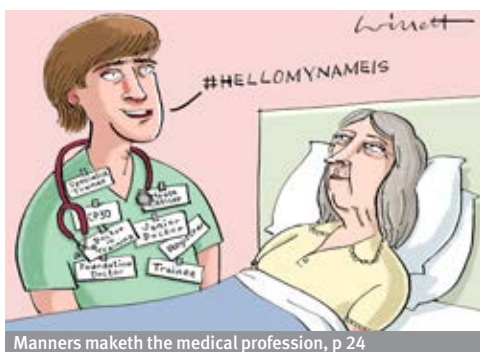
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# Too much information and not enough time?

## BMJ Masterclasses

[masterclasses.bmj.com](http://masterclasses.bmj.com)





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LONDON NEWS PICTURES/REX

## PICTURE OF THE WEEK

**Out in force:** An estimated 50 000 people took to the streets of Manchester last week in protest at NHS austerity cuts and reforms on the day the Conservative Party conference began in the city. The Trades Union Congress-organised rally was the largest protest that Greater Manchester Police has ever managed.

## RESPONSE OF THE WEEK

Advertising of e-cigarettes is not something to worry about or ban, rather it should be embraced. It is how smokers will find their way to these new products and it is how new brands will push the cigarette brands aside. The normal controls on truth and fairness in advertising, supplemented by restrictions of the type applied to alcohol, should be sufficient to balance public health opportunities and fears that something might go wrong.

Clive Bates, director, Counterfactual Consulting and Advocacy, London, UK, in response to "E-cigarettes and the marketing push that surprised everyone" (*BMJ* 2013;347:f5780)



## MOST READ

Fruit consumption and risk of type 2 diabetes: results from three prospective longitudinal cohort studies  
 Academic performance of ethnic minority candidates and discrimination in the MRCGP examinations between 2010 and 2012: analysis of data  
 Personality disorder  
 Dyspepsia  
 Political drive to screen for pre-dementia: not evidence based and ignores the harms of diagnosis

## BMJ.COM POLL

**Last week's poll asked:**  
 "Should hospitals offer all patients single rooms?"

**57%** voted no  
 (total 1060 votes cast)  
 ▶ *BMJ* 2013;347:f5695

**This week's poll asks:**

"Should we bring in universal mental health checks in schools?"

▶ *BMJ* 2013;347:f5478  
 ▶ **Vote now on [bmj.com](http://bmj.com)**

## EDITOR'S CHOICE

## Racial bias: the college, the council, the authors, the journal

**White UK trained candidates were significantly more likely to pass the exam for entry to the Royal College of General Practitioners than were their non-white UK trained colleagues**

## Twitter

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Last week we published a study by Aneez Esmail and Chris Roberts addressing the question of whether the exam for entry to the Royal College of General Practitioners may be racially biased (*BMJ* 2013;347:f5662).

The authors found that white UK trained candidates were substantially more likely to pass the clinical skills assessment part of the exam on their first attempt than non-white UK trained candidates and those who trained outside the UK. After adjusting for age, sex, and performance in the college's applied knowledge test, white UK trained candidates were still significantly more likely to pass than were their non-white UK trained colleagues. After additionally adjusting for language skills, the difference between white UK trained and overseas trained candidates disappeared.

The UK's General Medical Council had asked these authors to investigate claims of discrimination using data provided by the college. Their report, published on the same day as their *BMJ* paper (<http://bit.ly/GzHIFk>), has been interpreted by the college and the GMC as exonerating the exam. But the *BMJ* paper states clearly that subjective bias in the clinical skills assessment cannot be ruled out. "Previous training experience and cultural factors (which include physician-patient relationships, and communication and proficiency in spoken English) could help explain these differences between UK candidates and international medical graduates. However, these cultural factors cannot explain differences between white candidates and black and minority ethnic candidates who have trained in the UK, and who would have had similar training experiences and language proficiency."

The college, which is currently under judicial review after a challenge by the British Association of Physicians

of Indian Origin, has come out fighting. In a letter that is strongly critical of the *BMJ*'s fast track peer review process and of the study's conclusions, college representatives defend the current exam while committing to enhancing the training environment for international medical graduates (p 23). For his part, Aneez Esmail hits back at the college for trying to play down his findings (p 4).

While the various players fight this out, what can readers take away? Both the GMC report and the *BMJ* paper make useful suggestions that, if acted on, could improve perceptions of the exam's fairness, increase the representativeness of UK general practice, and speed up the flow of much needed international medical graduates into the UK. But the stakes are high for all concerned.

There may be some comfort in knowing that the college is not alone in facing this challenge—nor indeed is the UK, as Patrick Dowling makes clear in his editorial (p 7). But neither is this the only challenge facing the college. In a characteristically forthright interview with the *BMJ* this week, departing college chair Clare Gerada reflects on her high profile term in office during one of the NHS's biggest ever reorganisations (p 16). She calls for the internal market to be replaced by an integrated service led by GPs. She also calls for huge investment in primary care, questions the merits of increased regulation, and says that the small business model of general practice has served its time. Her leadership has been widely admired, though not by the incumbent politicians. Hers will be a hard act to follow.

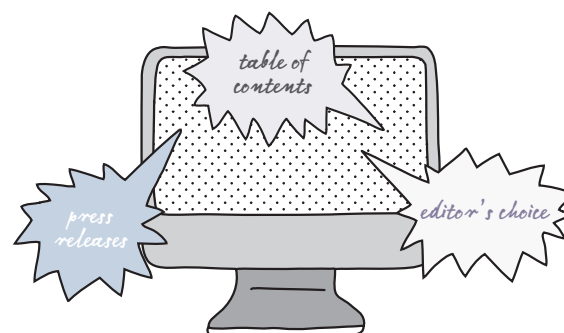
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