NHS ombudsman will name doctors who do not accept ruling

Annabel Ferriman, *parliamentary correspondent, BMJ*

The health service ombudsman for England, Scotland, and Wales, Michael Buckley, has warned doctors that in future he intends to name clinicians who refuse to accept his recommendations or who remove patients from their lists for no reason other than that the patient has complained. In the past, all doctors who have been investigated have remained anonymous.

Mr Buckley, who published his annual report for 1998-9 last week, said that he did not expect the number of doctors who fell into these categories to be large. Last year, for example, he had received only 14 complaints about unreasonable removal from GP lists, of which 10 were upheld. Only four of these doctors had refused to accept his ruling that they apologise. A further two GPs had refused to

apologise after complaints about other issues were upheld.

"The GPs have shrugged their shoulders and walked away. I find it disturbing. In effect, the practitioner concerned is claiming the right to be judge and jury in his or her own cause. I cannot see that that is reasonable; it seems to me no more than fair that the practitioner should be named, so that he or she can be asked to justify their action in public," he said.

The number of complaints rose by 8% during the year, reaching a record 2869, compared with 2660 the year before. The ombudsman and his team investigated less than 10% of them because some had been presented prematurely (not yet having gone through the NHS complaints procedure) and some were not covered by his

The NHS ombudsman, Michael Buckley, wants more accountability

jurisdiction. Of the 248 grievances investigated, 153 were upheld (62%).

For the first time, more than half of the investigations involved clinical issues. The health service ombudsman has been allowed to investigate such issues only since April 1996, and the number of clinical complaints has slowly risen. □

Health Service Commissioner for England, Scotland and Wales: Annual Report for 1998-99 is available from the Stationery Office, price £8.55, and at www.ombudsman.org.uk.

Health Service Ombudsman: Investigations Completed, October 1998-March 1999 is available from the Stationery Office, price £38.

Wellcome Trust boosts pay to keep researchers in Britain

Hilary Bower, *London*

The decision by the British research charity the Wellcome Trust to give its 270 senior researchers a 30% pay rise has put pressure on the UK government to follow suit with its academic researchers; the move is unlikely, however, to provoke a compensatory windfall for researchers in competing US and European institutions.

Urgent action is needed to keep Britain's best young graduates both in research and in Britain, according to the Wellcome Trust's director, Michael Dexter: "The UK is in grave danger of losing its position among the world leaders in scientific research by failing to recognise and reward its rich crop of top scientists." Pay differentials start right at the beginning—a post-doctoral position pays £14 000 (\$22 400) in Britain, £18 750 in the United States, and £26 250 in Germany—and widen with career advancement.

However, Philip Cohen, Royal Society professor and director

of the Wellcome Institute in Dundee, maintains that Britain loses few scientists at any level to Europe. "Europe may pay more, but German scientists apply to us because they hate the system in Germany, which requires them to do a second PhD to get a professorial position."

According to Marie Catherine Postal-Vinary, head of the PhD recruitment unit at France's National Institute for Health and Medical Research, the problem in France is not pay but the low number of positions available in public research bodies. But she added that few French scientists who do get a position leave for another country.

Britain's problem is not so much retaining scientists who have never worked outside the country as luring back those who have been enticed to the United States. Professor Cohen said: "Good people can earn £100 000 in the United States without any trouble, where they would get £50 000 in Britain." □

Food safety remains high on EU agenda

Rory Watson, *Brussels*

Food safety, and the way governments react to unexpected health scares, is emerging as one of the major issues on the European Union's agenda.

Only three years after Europe was hit by the crisis over bovine spongiform encephalopathy, the headlines have recently been dominated by the discovery of dioxins in animal feed in Belgium. A week later, in an unrelated incident, hundreds of Belgian schoolchildren fell ill after drinking Coca-Cola products.

Both episodes originated in Belgium, but their impact has been far wider. In the first case public authorities in neighbouring countries took preventive action, halting imports of Belgian poultry, pork, beef, eggs, and dairy and derived products. In the second, Coca-Cola itself took the initiative in removing from the market any of its vast range of soft drinks which

might have been contaminated.

While Coca-Cola won the European Commission's support for acting promptly, the Belgian government incurred the commission's wrath and is facing legal action. The Belgian authorities became aware of the contamination towards the end of April, but it was not until late May that all other EU countries were formally notified, despite the existence of an EU early warning system.

The latest scares are fuelling demands for a serious overhaul of the European Union's food safety policy. It comes at a time when a new European Commission is preparing to take office in late September or early October and a new European parliament will meet for the first time next month. The commission's president designate, Romano Prodi, is proposing the creation of a single health and consumer protection department to bring under one roof responsibilities that are now spread throughout the institution.

Pressure is growing for more legislation on animal feeds and an autonomous body modelled on the US Food and Drug Administration. □