In brief

Troglitazone (Rezulin) taken off US market:

The US Food and Drug Administration has requested that troglitazone (Rezulin), an antidiabetic drug manufactured by Parke-Davis, should be withdrawn from the market. Since its introduction in March 1997, troglitazone has been linked to 90 cases of hepatic failure, resulting in 63 deaths. Troglitazone (Romozin) was withdrawn in Britain after reports of severe adverse hepatic events (*BMJ* 1997;315:1559-64).

UK National Gamete Donation Trust launched:

A new organisation has been launched to raise awareness of the urgent need for more sperm and egg donors. The charity comprises representatives of patients' and donors' groups; infertility clinics; the royal colleges of nursing, obstetrics and gynaecology, and general practice; and the Human Fertilisation and Embryology Authority.

Hungarian proposal for free condoms for Gypsies causes outrage:

Péter Szegvári, deputy state secretary in the Hungarian prime minister's office, has approved a proposal for supplying free contraceptives to the country's 500 000 Roma population to combat "excessive multiplication." The government is considering legal action against him for the possible violation of minority rights laws.

Aid worker with Lassa fever dies:

An aid worker, Ian Janeck, has died in Coppetts Wood Hospital, north London, from Lassa fever, which he contracted while working in Sierra Leone.

Cases of gonorrhoea rise in England:

The number of cases of gonorrhoea in England rose by 26% in men and 30% in women between 1998 and 1999, according to data from the Public Health Laboratory Service.

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News extra

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UK government wants GMC to be given stronger powers

Linda Beecham *BMJ*

The UK government has set out radical proposals which will give the General Medical Council greater power to protect patients from dangerous doctors. The proposals are based largely on plans developed by the GMC, which has welcomed the government's consultation document.

The document proposes widening the GMC's powers so that it can impose an interim suspension on a doctor. These suspensions would apply in cases in which a doctor is arrested on suspicion of committing a serious crime or in cases in which the doctor's conduct, performance, or health are questioned. Currently, the GMC is unable to impose an immediate interim suspension on some doctors.

The document also recommends that doctors who are

struck off the medical register should remain struck off for life except in exceptional circumstances. Doctors who have been struck off would not be able to apply for restoration to the register for five years—currently, they must wait 10 months. After two unsuccessful attempts a doctor would not be able to apply again for restoration. Doctors will have to show their fitness to practise through a formal assessment in order for the professional conduct committee of the GMC to decide to restore them.

In future the GMC will have to provide information to employers when a doctor is investigated under the fitness to practise procedures. At present doctors can continue practising without their employers knowing that they are being investigated.

The government has agreed that the GMC should be able to

co-opt people who are not members of the council on to the professional conduct committee and other committees. This will help reduce delays in investigating cases and will bring wider views and experience to the council.

The president of the GMC, Sir Donald Irvine, said, "The legislation under which we operate is arcane, out of date, and cumbersome." He pointed out that the proposals "echo the GMC's commitment and determination to operate a modern regulatory system which robustly protects patients against dangerous doctors." He said that the council would be examining other options for change, and he expected that more proposals would be put to the government later in the year.

The consultation period ends on 5 May, and the proposals, if agreed, will require legislation. □

Modernising Medical Regulation: Interim Strengthening of the GMC's Fitness to Practise Procedures is available on the Department of Health's website (www.doh.gov.uk).

NICE issues guidelines on wisdom teeth

Helen Morant *BMJ*

The routine practice of prophylactic removal of disease free, impacted third molars should be discontinued on the NHS, according to new guidance from the National Institute for Clinical Excellence.

The institute has produced guidelines on the removal of wisdom teeth as the first in their technology appraisal guidance series. It estimates that if the guidelines are followed the savings could be as much as £5m (\$8m).

The guidelines are broadly in line with those published by the Royal College of Surgeons' faculty of dental surgery in September 1997. They reinforce the currently accepted practice that asymptomatic wisdom teeth should not be operated on and that surgical removal should be limited to those patients with evidence of disease, such as unresorable

caries, osteomyelitis, trauma, and tumours.

The guidelines state that only a second or particularly severe episode of pericoronitis (inflammation of the gingiva surrounding the crown of a tooth) should indicate removal.

Removal of wisdom teeth is one of the commonest surgical procedures in the United Kingdom, with about 50 000 operations being carried out in 1998-9. The institute estimates that between a quarter and a half were removed for prophylactic reasons in 1994-5.

Mr David Barnard, dean of the faculty of dental surgery at

the Royal College of Surgeons of England, said that the majority of dental surgeons should now be following its 1997 guidelines, and that it was unlikely that the new NICE guidelines would have a major impact on clinical practice.

The institute claims that its guidance is to reinforce the already authoritative guidelines from the royal college and to give NHS trusts a baseline from which to audit their work. The guidelines suggest that NHS trusts should look at their waiting lists in the light of this guidance and cancel any unnecessarily planned operations. □

NICE says that healthy impacted wisdom teeth should be left alone