A health worker in Nigeria publicises a polio immunisation programme in one of the largest public health initiatives undertaken in west and central Africa. In a cross border synchronised immunisation campaign, health workers and volunteers are joining forces—under the auspices of the World Health Organization—to immunise 70 million children against polio in 17 of the countries where the virus is still circulating. The countries include Benin, Chad, Gambia, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, Senegal, and Sierra Leone.

Meanwhile, the WHO's western Pacific region this week declared itself free of polio. A quarter of the world's population lives in this region, which stretches from the Pacific islands in the east to China in the west and from Mongolia in the north to New Zealand in the south. It is the second region in the world to become polio free, after the Americas in 1994.

Alan Milburn signs concordat with the private sector

The health secretary, Alan Milburn, signed an official concordat with the independent healthcare sector this week, under which health authorities in England will be able to make greater use of beds in the private sector.

The concordat describes the parameters for partnership between the NHS and private and voluntary healthcare providers. It focuses initially on three joint areas of working: elective care, critical care, and intermediate care or rehabilitation. Health authorities will now be able to bring private sector providers into the planning of local health care.

The concordat states that there should be no organisation-

al or ideological barriers to delivery of high quality health care free at the point of delivery to those who need it.

Jason O'Neale Roach *BMJ*

GMC wins support for revalidation proposals

The General Medical Council's proposal that doctors should undergo regular revalidation to confirm their fitness to practise has won overwhelming support from lay and medical consultees, the GMC announced this week.

A report on responses to the consultation exercise, published this week, showed few objections to the idea of revalidation. The report will be debated by the GMC's council next week. Concerns centred on the way revalidation will work in practice.

Clare Dyer *legal correspondent, BMJ*

Detection rates for breast cancer rising

Annel Ferriman *BMJ*

The performance of the United Kingdom's breast cancer screening programme is improving, with its sensitivity and specificity increasing at the same time.

Figures from its annual report show that the scheme is detecting more cancers, and more smaller cancers (less than 15 mm diameter), while doing fewer unnecessary biopsies. The take up rate from women invited for screening has also improved, with more than three quarters of the 1.7 million women invited taking up the offer.

The improved performance is attributed to increased skills among staff; changes in film density that help to give a sharper, better quality image; and the introduction of two view mammography for women attending for the first time.

A recent study, published in the *BMJ* (16 September, p 665-9), estimated that the reduction in mortality directly attributable to screening (as opposed to improved treatment) by 1998 in

England and Wales was 6.4%.

Mortality from screening is not falling as fast as was predicted in the Forrest report, however. That report, published in 1987, predicted a 25% mortality reduction by the year 2000.

Dr Roger Blanks from the cancer screening evaluation unit at the Institute of Cancer Research and one of the authors of the study published in the *BMJ*, explained why the fall was not as rapid as originally expected.

"The speed at which you expect to see an effect on national statistics is much slower than you would expect to see in randomised controlled trials, because of the dilution of the effect by women with pre-diagnosed cancer," he said.

Moreover, screening did not cover the whole of the United Kingdom until 1995, and it took time to build up UK national expertise in screening.

The number of women aged 65 and over who were screened rose again in 1998-9, partly because of the pilot schemes being run for women of that age and also because of an increasing awareness of screening among older women. □

The annual review is available in the Recent News section of www.cancerscreening.nhs.uk

Data from UK breast cancer screening programme

	1997-8	1998-9
No of women invited	1668 476	1699 727
Acceptance rate (% of invited)	75.1	75.5
No of benign biopsies	2212	2033
Cancers detected per 1000 screened	5.9	6.24
No of invasive cancers less than 15 mm	1718	1733