

## Fellowship by Assessment evolves

Since 1989, nearly 300 GPs have been awarded Fellowship, the college's highest award. Fellowship by Assessment (FBA) is now in a period of change, with the current system, FBA and Fellowship by Nomination, being phased out and a new system being introduced early next year.

The college has taken this decision in order to provide a unified route to Fellowship that is in the aspirational reach of all GPs, with the criteria for Fellowship being closely linked to GP career paths in a wide range of settings.

Candidates who have submitted their 'Notification of Intention to Apply' this year for FBA version 15 may continue to work towards FBA and achieve their award next year, after successful completion. However, if they wish to do so, candidates have the option to withdraw their applications or transfer to the new route when it becomes available. Details of the new route have not yet been finalised.

The National Group, responsible for FBA, are still keen to encourage as many members as possible to proceed to Fellowship. They hope the new route will build upon FBA, and will itself be a success, but inevitably the transition will cause some uncertainty.

For those of you who have been thinking about applying for Fellowship by Assessment and who fulfil the eligibility criteria, now is the time to apply. Applications will not be accepted next year for FBA version 16, but the deadline for applications under FBA version 15 has been extended from 31 March 2005 until 30 June 2005.

To obtain an application form please e-mail Asma Saeed, FBA Administrator, before 30 June 2005 at: [asaheed@rcgp.org.uk](mailto:asaheed@rcgp.org.uk)

For more details about FBA, please visit our website at [www.rcgp.org.uk](http://www.rcgp.org.uk)

## Flora medica Richard Lehman

From the journals, April – May 2005

### *N Eng J Med* Vol 352

**1425** In stable coronary artery disease, giving 80 mg of atorvastatin daily resulted in fewer major cardiovascular events than giving 10 mg. Every new study shifts us a bit more towards bigger doses.

**1519** 'The brown one is the preventer, and it's very important to use it regularly twice a day', we all tell our patients with mild persistent asthma. But this study shows that it doesn't matter whether they follow our advice, or just start using an inhaled steroid when they feel a wheeze coming on.

**1637** It was such a neat idea: *Chlamydia trachomatis* sitting in arterial plaque like a sort of cardiovascular helicobacter, leading to plaque ulceration and acute coronary events. But two trials of anti-chlamydial antibiotics given intermittently to patients with known coronary disease show no benefit.

**1655** Leflunomide is ousting methotrexate for various rheumatological conditions, though it is more expensive and needs as much monitoring: and this trial in juvenile rheumatoid found it slightly less effective.

**1749** Respiratory syncytial virus kills many more elderly patients than children, and this thorough prospective study shows it to be an adult pathogen at least as important as influenza A. Vaccines may soon be with us (see editorial on page 1810).

**1861** For chronic atrial fibrillation, forget your sentimental attachment to digoxin — sotalol and amiodarone are much better choices. They work equally well for maintaining sinus rhythm in patients with coronary disease after cardioversion; amiodarone works better in those without ischaemia.

### *Lancet* Vol 365

**1291** An editorial heralding the long-awaited arrival of a reliable diagnostic test for multiple sclerosis — matrix metalloproteinase-9 in cerebrospinal fluid.

**1348** Do you need to mug up some epidemiology for an exam, or do you just want persuading that it could ever be relevant to you? Don't miss this series of articles by Schulz and Grimes — lucid, entertaining, and never ever boring.

**1389** Block the cannabinoid-1 receptors, and people can generally lose weight easily: the name of the drug is rimonabant, and so far it seems safe.

**1543** The Million Women Study looks at various forms of hormone replacement therapy, and finds that tibolone carries a risk of endometrial cancer, like other unopposed oestrogens.

**1621** In elderly people who have had one

low-impact fracture, calcium and vitamin D supplements make no difference to the future risk of fracture (RECORD): a similar message to the open-label study in at-risk women from the *BMJ* (**330**: 1003).

### *JAMA* Vol 293

**1595** Thiazide diuretics come out top for the prevention of stroke and heart failure in patients with raised blood pressure — the latest data from ALLHAT.

**1609** When you are going to die, your heart begins to give up: when your heart gives up, you die. Another study confirming that B-type natriuretic peptide (BNP) is the best prognostic marker in the general population.

**1861** 'What's my ideal weight, doctor?' For staying alive, aim for a BMI between 25 and 30 (data from NHANES III).

**1868** NHANES-III shows a marked rise in US obesity, but also a marked drop in cardiovascular risk factors in all weight groups.

**1995** A US study showing that doctors are very susceptible to patient requests for specific drugs or drug classes — actors went out simulating depression and generally got whatever they asked for. That could never happen in Britain, of course.

**2095** An immensely useful study of the long-term outcome of prostate cancer in the days before PSA testing, graded by the Gleason score. If your Gleason is under 4, mortality is 6 per 1000 man-years: above 8, it is 121.

### Other Journals

*Arch Intern Med* (**165**: 725) has a systematic review of lipid-lowering in relation to mortality. Diet makes no difference; statins definitely help, n-3 fatty acids probably do, and fibrates may shorten your life. The recent Cochrane review of ventilating tubes (grommets) for glue ear concluded that there was no firm evidence of benefit: *Arch Dis Childhood* (**90**: 480) looks at individual patient data from seven trials to see if there is an identifiable subgroup of children who benefit, but couldn't find one. *QJM* (**98**: 357) finds that benign positional vertigo is a common cause of falls in the elderly: well worth going to your local medical library to copy this paper for its photographs of the Epley manoeuvre, and also for John Launer's always excellent endpiece.

### Plant of the Month: *Cistus ladanifer*

Grow this evergreen shrub — or one of its numerous hybrids — on a patch of poor, sun-baked soil for its papery maroon-blotched flowers and its fragrant leaves.