Surgeons' college launches campaign to save research

Katherine Burke *London*

The Royal College of Surgeons of England is launching a campaign to save surgical research after learning that up to one in five university chairs of surgery across the United Kingdom are currently vacant.

The college is calling for research councils to view grant applications from surgeons more favourably and to put money aside specifically for fellowships for the profession. The government should also provide more funding to university departments of surgery instead of giving the lion's share of money to the more fashionable area of biomedical sciences, the college says.

According to college estimates, at least 10 surgery professorships—including posts at Glasgow, Manchester, and London—are unfilled, and the top post of regius professor of surgery at Edinburgh University

has remained vacant for the past 18 months.

"I'm predicting that there will be very few, if any, surgical professors in the next 10-15 years, and surgical research may fold completely," said Professor Peter Bell, chairman of the research board of the Royal College of Surgeons of England, at a conference in London last week.

"We are trying to highlight the problems facing surgical research—decreasing numbers of people applying for academic surgery posts and difficulties getting funding. We want to get the grant giving organisations to recognise the problems surgeons have in getting money for research and to support them better."

Professors of surgery are under increasing pressure from their trusts to do a set number of elective operations each year and from their universities to publish in biomedical journals with the highest impact factors, the conference heard.

Mr Gordon Carlson, a Medical Research Council senior clinical fellow and an honorary consultant surgeon at Hope Hospital in Salford, told delegates that his department receives little hard funding from government and research councils because he

UK research into surgery is in danger as 10 surgery professorships remain unfilled

cannot get his work published in biomedical journals.

He pointed out that the top surgical journal had the same impact factor as the 25th ranking molecular biology journal, because articles by surgeons were cited less often by other researchers.

"We are hamstrung by research assessment exercises, and departments are getting by on soft money rather than channelling their energies into hard money," said Mr Carlson. "I'm expected to publish in the highest impact factor journal—for example, *Nature*. I should be so lucky,

and my colleagues don't read it.

"The Higher Education Funding Council needs to produce a system of research quality assessment which reflects the fact that not all areas of research are equally fashionable," he added.

The profession also needed a more flexible training structure so that surgeons could pursue their academic and clinical interests side by side, the royal college said. Hospitals should allow more surgeons to work part time instead of making them take a two or three year break for research, which could mean that they lost their skills. □

BMA's patient confidentiality rules are deemed unlawful

Clare Dyer *legal correspondent, BMJ*

New BMA guidelines on patient confidentiality have been branded unlawful by the Association of Community Health Councils for England and Wales, the statutory body representing patients' interests in the NHS.

The disagreement centres on the use of anonymised patient data for audit, research, or commercial purposes. Guidance from the BMA says that the disclosure of "truly anonymous information does not breach confidentiality," whereas the association of community health councils disagrees, claiming that it is extremely difficult to "completely anonymise patient information," so that individuals may still end up being identified.

It claims that the BMA should have awaited the outcome of a forthcoming appeal

court case before issuing the guidance.

Marion Chester, the association's legal officer, said that she suspected that the BMA had brought the guidance out before the court case in a bid to influence the court. The General Medical Council, which is intervening in the appeal, has postponed the issue of its updated guide on confidentiality, which gives similar advice to the BMA's.

The appeal, by the computer company Source Informatics, is against a High Court ruling that the collection and sale of data on doctors' prescribing habits breaches confidentiality even though the data are anonymised.

The four day hearing is set to begin on 29 or 30 November.

The case, which hinges on the issue of implied consent, is of huge importance for the use of anonymised patient data not only by commercial companies but for public interest purposes, including medical research and statistics.

The Department of Health is a party to the case, and the GMC, the Medical Research Council, the Association of the British Pharmaceutical Industry, and the National Pharmaceutical Association are intervening to present arguments to the court.

The association of community health councils, which cannot afford the cost of intervening, will submit a written brief. It has consulted Richard Gordon QC, whose opinion is expected next week. He has already given an opinion that the GMC's similar draft guidance was unlawful in several key respects.

The association said that it was concerned that information about patients' medical conditions would be used without their consent and that

anonymised information would not prevent individuals from being identified.

Donna Covey, the association's director, said: "Most people visiting their GP, dentist, or hospital consultant assume that their medical information is confidential. In fact this is not always the case. It is in everybody's interests that patients feel that they can speak openly and in confidence to their healthcare providers. We would like to see the BMA look again at their guidance to take account of these concerns."

Vivienne Nathanson, the BMA's head of ethics, said: "There are so many people asking us questions about confidentiality that we have to produce information on best practice. This is information that has been available and in the public domain for a long time.

"We have flagged up that there is a case coming up and as soon as the decision is available we will put it on the [BMA's] website." □