Patients with aortic aneurysm deserve higher priority

Zosia Kmietowicz *London*

Patients with an abdominal aortic aneurysm are waiting too long for surgery, says a report from the UK national confidential inquiry into patient outcome and death.

Just over a fifth of patients (21%) with aortic aneurysm who were reviewed for the inquiry waited more than 12 weeks for an elective repair operation, even though their condition was "life threatening," said the inquiry's chairman, Peter Simpson. He added, "Once a decision has been made to operate, this should be carried out as expeditiously as possible."

The inquiry found that 18 patients who had emergency surgery for aortic aneurysm (out of 264) in two months in 2004 had been on the waiting list for an operation. Anthony Gray, a consultant anaesthetist in Norwich and clinical coordinator for the inquiry, said that all 18 operations could have been avoided had prompt surgery been planned for the patients.

"If you have your operation

planned then the mortality is 6%, but if your aneurysm bursts and a patient gets to hospital then the risk of mortality is six times higher at 36%," he said. "Also, it is not good for these patients to be waiting too long for their operation. They have been told of the seriousness of their condition, and every time they get a pain in their abdomen they think that is the end."

The inquiry collected data on all patients in England, Wales, and Northern Ireland who during February and March 2004 were admitted to hospital with an abdominal aortic aneurysm or who died from the condition without surgical intervention.

Of the 884 patients reviewed most (91%) needed surgery, and nearly two thirds of these (58%) were treated as elective patients. But cancellations resulting from a shortage of appropriate after-care facilities led to delays, says the report.

The report calls for aortic aneurysm patients who require surgery to have equal priority for

diagnosis, investigation, and treatment as other patients with serious clinical conditions. It would not be inappropriate to expect as swift a response to a diagnosis of aortic aneurysm as to that for suspected cancer, for which there is a target to start treatment within four weeks of referral by the GP, said Dr Gray.

The report also recommended that trusts and clinical teams should cooperate more in concentrating elective surgery for aortic aneurysm in fewer hospitals that treat larger numbers of patients. The study found that 49 hospitals out of 181 surveyed performed 10 or fewer elective

aneurysm repairs in 2002-3 and 87 hospitals did fewer than 10 emergency procedures.

"There are a number of patients being operated on by surgeons doing surprisingly small numbers of operations," said Dr Gray. "Although the numbers in our study are too small to show a difference in outcomes, there are published studies which show that clinicians and hospitals that do big volumes of elective aortic aneurysm operations get better outcomes."

Abdominal Aortic Aneurysm: A Service in Need of Surgery? is available at www.ncepod.org.uk.

Academic staff frustrated with research assessment exercise

Zosia Kmietowicz *London*

Academic staff are deeply dissatisfied with the research assessment exercise, the mechanism that is used to allocate funding in higher education. This is the finding of a survey of clinical academic and research staff in the United Kingdom.

Although a minority (21%) of the 756 academics who returned the BMA's questionnaire said that the assessment exercise had had a positive impact on their career, twice as many (40%) said that it had affected them in a negative way. Two fifths (39%) said that it had not influenced their career.

One respondent wrote, "As [the research assessment exer-

cise] is the only 'quality' measure linked to funding, then career progression depends entirely on research output, rather than a balanced portfolio of research, teaching, and scholarship and clinical activity."

Another commented, "[The research assessment exercise] has severely damaged clinical academic medicine in favour of basic laboratory science. Uniquely in Europe we are regarded as 'second class citizens,' despite making major contributions to improving health care. Many of those left in clinical academic posts no longer practise hands on medicine and the bridge between lab and patient has become longer and longer."

The sixth assessment exercise is due to happen in 2007 and 2008. In the past, staff were judged on four papers they had published in high impact journals since the last exercise, the number of PhD students, and research grant spending. The last exercise was in 2001.

Although a fifth of respon-

dents to the survey said they would like to see the number of publications submitted to the assessment increased to five, a quarter were happy for the number to remain at four. More than a quarter wanted to see 10 or more publications assessed.

Anita Holdcroft, deputy chairwoman of the BMA's medical academic staff committee, said that the current restriction to four papers did not represent many people's strengths: "If you have done a lot of work the exercise does not reflect this. Similarly, if you work in a specialist area you may not be able to publish in a high impact journal and your work will not be evaluated," she said.

More than three quarters of respondents agreed that more research quality indicators should be introduced into the exercise. The aspect that they considered most important was whether a publication led to changes in practice in the NHS. Respondents also wanted editorials and participation in trial

steering and data monitoring committees to be considered when evaluating an academic's research capacity. In the past these criteria have been omitted by panels, said Dr Holdcroft.

She added, "There is no one [on the panels] from the NHS to say, for example, that a certain paper had a real impact on how patients are treated. They need someone there who is researching on that area to know its value. Some papers take 20 years to have their impact in medicine. Also patients or NHS representatives do not have a say on what they consider as the best research in this country. That in this day and age is surprising."

The BMA has fed the results of the survey into its response to a consultation on new draft criteria to assess staff which ended in September. The outcome of the consultation is due to be published by the research assessment exercise at the end of January 2006. □

The survey can be found at www.bma.org.uk/masc