CDH, revision of devices with loose intramedullary stems or failed bearings, can only be reconstructed with any degree of soundness and restoration of normal geometry and mechanics by use of an individualized approach. Rationalization of designs by using an Expert System approach can speed the design and manufacturing time and minimize costs. With such potential benefits, the actual expansion in usage will depend upon the willingness of surgeons to provide appropriate radiographic and clinical data, and to confront more exacting surgical procedures. A degree of specialization is indicated in this type of surgery. Because these specialized joint replacements, from off-the-shelf uncemented coated implants to more complex individualized devices, are more costly than standard devices, it is essential that this is recognized in equipment budgets. The modest increase in costs should not become a barrier to the patients with these more serious problems, where the technology for treatment exists.

Finally, a steady increase in standards will rely on a continuing education process not only among the surgical community, but also of scientists, designers, manufacturers and those in government and regulatory agencies. Hence, appropriate courses and conferences must play an increasing role in the future. Because advances in joint replacement are now played out on a global scale, the importance of international participation in such educational events cannot be overemphasized. In conclusion; it is proposed that joint replacement has already provided immense benefits to patients, and is undoubtedly the most effective way forward for yet further advances in the treatment of disabling conditions of joints.

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REFERENCES

VISITING OTHER DEPARTMENTS

RHEUMATOLOGY in the United Kingdom is being practised in an ever-changing NHS where new consultants must not only be competent clinicians but are expected to run, develop and be financially responsible for the organization of their service. How often are trainees in rheumatology taught these management skills and can it be improved to nurture the rheumatologists of tomorrow? Some Regional Health Authorities organize general management courses as do others outside the NHS (Business Schools, King’s Fund, Open University). However, visits to units provide a more realistic picture to complement the formal courses. The BSR Travelling Fellowship scheme is one method by which this is facilitated. It allows trainees the opportunity to observe services, both clinical and managerial, in a different demographic setting to their own training scheme.

Annually since 1986 BSR have sponsored visits by a party of four Fellows to various UK rheumatology centres for a period of one week. The programme aims...
to expose them to all aspects of the service, from the Ward Clerk to the Unit Manager and from the Professor in a large academic unit to the single-handed rheumatologist in a DGH. It aims to provide the opportunity to discuss areas of the service, informally identifying problems that have been encountered, and, when possible, how these can be solved or avoided. Although local circumstances often dictate the type of service that has developed, certain common practical issues can be discussed, such as: clinic organization, use of inpatient beds, negotiation of junior doctors’ time, responsibility for drug monitoring, the use of remedial practitioners/metrologists, the development of audit and dealing and coping with management within the new NHS structure. All this occurs in a ‘non-threatening environment’. Observation will also reveal the relationship of rheumatology to rehabilitation and general medicine, and the liaison with primary care and the closely allied hospital departments of orthopaedics, physiotherapy and occupational therapy. The diversity of research interests and how they have been organized will become evident. Not only can views on these topics be discussed with the hosts, but debating them with one’s travelling companions is important. The hosts should aim to make the programme as varied and flexible as possible and not provide an endless stream of lectures on their most recent research.

In this issue of the Journal there is a report from the 1990 Travelling Fellowship who visited departments in and around London [1]. This and previous reports have been praiseworthy of this venture and its popularity is reflected in an ever-increasing number of applications. The BSR Educational Database provides an additional method by which trainees may informally visit departments. The database provides information on many departments in the UK, detailing what they have to offer, not only their research areas but also service interests. It is naive to think that a single training scheme can cater fully for every individual.

These unique opportunities enable rheumatology trainees to broaden their educational experience by visits to other departments and to learn from the experience of others on how to run a service and tackle problems. In addition, the travelling fellowship provides potentially lifelong friendships by enabling contact with contemporaries outside their immediate sphere. Its popularity reflects its success as an adjunct to training schemes and it is a medium that should be developed and encouraged by all involved in postgraduate training. The benefit to the visitors and hosts is dependent on their own input and enthusiasm, particularly during informal sessions. Some departments may wonder ‘who is observing whom’ at these visits but the two-way passage of information should greatly benefit both sides. Perhaps such visits should also be considered for established consultants.

Information and details about the Travelling Fellowship and Educational Database are available from the BSR office. Access to the database is not confined to UK graduates and enquiries from overseas are welcome.

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REFERENCE