EDITORIALS

WHAT RESEARCH SHOULD THE ARTHRITIS AND RHEUMATISM COUNCIL BE FUNDING?

Academic rheumatology in the United Kingdom has developed remarkably over the last thirty years. Most of our medical schools now have active departments, and Britain now has several professors and clinical senior lecturers in rheumatology. This is largely due to the work of the Arthritis and Rheumatism Council for Research (ARC), which has endowed most of these posts, as well as supporting a large and still growing research effort through numerous project and programme grants. However, a recent article in this journal was critical of the research effort in Britain [1]. It suggested that the academics were working on problems unrelated to the real needs of the population, and that there was little or no direction or focus to much of the work going on. The implication is that the ARC is not always spending its charitable funds wisely.

The Scientific Coordinating Committee of the ARC has responsibility for the scientific thrust and direction of the Council’s work. For many years it has been holding research review meetings to examine the results of current spending on research, and to help determine policy for the future. These meetings have taken many different forms. There have been several topic-related reviews, when research teams working on a specific problem, or with a common technology, have been invited to present their work to committee members and co-opted special advisers. More recently, a series of meetings have been set up to examine the special contribution of UK-based research into the rheumatic diseases, and to consider the case for a more focused research strategy. The last of these meetings was held in March 1992. In addition to members of the Scientific Coordinating Committee, several academic and NHS rheumatologists were invited to attend and contribute.

Several important conclusions were made at this meeting. A recurrent theme that emerged from the various presentations and discussion sessions, was the need for better collaboration and communication between different research groups, as well as between the ARC, rheumatologists, other health care workers, and other funding bodies in the UK. Many of those present also stressed the potential for British rheumatology to make a major impact on the development of outcome measures, and the completion of long term prospective studies of the natural history of various rheumatic diseases. It was agreed that we should be making more effort to work together in these areas, and develop more research on disability and the socioeconomic consequences of the rheumatic diseases, as well as their aetiology. But resources from the Department of Health and other bodies will have to be sought to do this type of work, in addition to ARC funding. As a speciality we appear to have made little impact on the priorities of Michael Peckham or the Department of Health — this needs to change. All of us, as well as BSR and ARC should be trying to facilitate a change in the attitudes of the public, as well as the professionals, so that the needs of the patient with arthritis are more obvious.

There is clearly much that British rheumatology and the ARC can be proud of. In addition to our clinical academic departments, we have leading research groups in biomechanics, basic connective tissue biology, cellular immunology and numerous other relevant disciplines. A clear priority is to see as much linkage as possible between clinical work and the basic research. This has been facilitated by a number of recent developments, including the ARC’s Fellowship programmes, and the Cell Repository, held at the Epidemiology Unit in Manchester. The ARC has pledged a long term commitment to this resource, which should help us to make further inroads into our understanding of the genetic predisposition to the rheumatic diseases. Much fundamental work is already being carried out in ARC supported units with a strong clinical basis, including centres in Birmingham, Bristol, London, Leeds, and many other cities. In addition, the two ARC specialist units—the Kennedy Institute in London and the Epidemiology Research Unit in Manchester—have strong research groups with good linkage between clinical and basic disciplines.

But the criticism is about funding priorities. It has often been voiced before—the worry of many clinical rheumatologists is that too much of the funds of the ARC and other bodies goes to a ‘clique’ of scientists, whose main interests are in basic science and biology. Why is there no support for work on common clinical problems?

It is apparent from an examination of the current spending of the ARC that this criticism is not wholly fair. A large amount of money is being spent on funding projects which tackle common clinical problems. But it is also true that rather more is being spent on fundamental research into the mechanisms and causes of arthritis. One of the reasons for this is that more high quality applications are received from basic science groups than from clinical investigators. Should the ARC therefore ‘ring fence’ money for clinicians, or earmark certain topics for prioritized funding? Should the ARC have a Forward Planning Group that tries to direct research policy and priorities for the future? The conclusion from the last Research Review Meeting was...
'no'. It was thought that the disadvantages of such policies currently outweigh the advantages. The meeting agreed that high quality research as well as relevance to rheumatic diseases should remain as the cornerstones on which the ARC makes its funding decisions. The need to be able to respond rapidly and effectively to new directions in science was thought to be best handled by having an effective, knowledgeable research committee that can respond adequately to research proposals, rather than through the creation of a new group that tries to direct research funding. However, the meeting also agreed that we should be trying to find ways in which can improve the quality of clinical research in the UK, with the hope and expectation that more high quality clinical projects will be submitted, and found worthy of funding.

Research funding is being examined by many different charitable and governmental bodies. The Medical Research Council as well as the American National Institute of Health are currently engaged in similar exercises to examine research priorities in bone and joint diseases. It will be interesting to see what conclusions emerge, although the fast moving nature of current work in rheumatology will mean that there is a need for continuing change and evolution of any policies that are agreed upon. The ARC will continue to examine its research funding, currently constrained by the recession and exponential rise in the costs of research. Communication is part of the exercise. The ARC have realized that improved communication with many groups, including readers of this journal, is important. The Council would welcome your thoughts and ideas on research funding. We all have responsibility for the academic development of rheumatology in the UK. We should help the ARC in its efforts to make sure that there can be no substance to the accusations of inappropriate priorities.

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REFERENCE

ACADEMIC RHEUMATOLOGY AND THE ARTHRITIS AND RHEUMATISM COUNCIL

The Arthritis and Rheumatism Council (ARC) is concerned with both education and research. It has long recognized that the key to both these areas lies in the establishment of academic centres in our universities. Only this would give academic respectability to the burgeoning discipline of rheumatology, thus attracting top grade clinicians and basic scientists to this neglected area. Moreover, medical students would at least be taught the essentials of rheumatological practice, so that patients in the future could be assured of better medical care.

In October 1980 an Academic Working Party was formed, under the able chairmanship of Professor Eric Bywaters, to consider the Council's policy on how to secure academic representation of rheumatology in every U.K. medical school, and to ensure that academic units were in a position to undertake what was expected of them. The Working Party met on seven occasions between January 1981 and September 1982, in the course of which it sought by questionnaire evidence from existing academic units about their present status regarding personnel (medical, non-medical, scientific, technical and secretarial), physical facilities, and what they perceived as their requirements for consolidation and desired extension of their research and educational activities. The Working Party produced two reports. The first defined an academic unit and discussed the financial implications. The definition of an academic unit included what was called the minimum 'critical mass'. It was also thought that lone academics, without support, were less likely to be of lasting value and that the ARC should look to supporting/developing academic units. It was felt that sufficient income should be appropriated annually to ensure future academic development. They felt that where the Council had already made a considerable investment consolidation of those units should be recommended if their viability and scientific productivity were not in doubt. They were also concerned to ensure that existing chairs of rheumatology should not be allowed to lapse, and that directorship of ARC-supported institutes (The Kennedy Institute, The Bone and Joint Research Unit and The Epidemiology Research Unit at Manchester) should be ensured. They agonized about an academic career structure, although it was several years later that this was addressed in detail.

In their second report the Working Party set about securing the improvement of teaching and the status of rheumatology in medical schools where academic departments of rheumatology did not exist. They proposed a number of options to fulfil this aim. It was from this that the posts of lecturers at Aberdeen, Belfast and Nottingham were established. In educational terms the value of pump priming appropriate centres has proved its worth.

The Standing Committee for the Development of Academic Rheumatology (SCDAR) has continued to recommend this policy, although not where the person would be in isolation. The university must commit itself clearly to rheumatology.

Among the recommendations was that an annual sum of 10% of the Council's research expenditure should be specifically ear-marked to cover the provision of both Junior and Senior Fellowships. How-