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-
ever, they thought that the Council's aims to improve undergraduate and postgraduate education and improve medical services might be frustrated if ARC-funded academic posts were perceived as primarily research-oriented appointments. This issue was later to exercise the mind of SCDAR, whose members recognized that he who learns from someone not actively engaged in research drinks from a stagnant pool. Moreover, a dynamic teacher of rheumatology will inevitably have research interests. Additionally universities exist today in a competitive atmosphere, as they feel the lash of the Universities Funding Committee's whip — success is judged by grants obtained and academic standing internationally.

In 1987 a select group of four (chaired by Dr Barbara Ansell) formed a Working Party on Academic Investment. They examined the effectiveness of those centres where the Council had made a sizeable investment, and considered the desirability of the appointment of a scientific officer to the ARC. Needless to say, the professors input to this committee was that the current units should be built up before seeking to expand the number of new chairs!! Initially, there was lukewarm support for the establishment of a scientific officer, although with the excellent work done by the present incumbent the members would doubtless be more enthusiastic today. In its report the Working Party felt the ARC should continue to invest in tenured senior posts whether clinical or non-clinical. These should be considered on their own merits, and in relation to clear objectives. They felt the need of a databank of ARC-funded posts, equipment, buildings and departments. This has been implemented by the scientific officer, despite the inevitable bugs within and dubious advice received about such programmes.

It was against this background that SCDAR — was reconstituted under the chairmanship of Professor V. Wright with a first class, argumentative, incisive committee. Their remit was innovative, reactive and evaluative. First and most importantly, it was to examine alternatives available for academic investment. It was to make recommendations on which locations, centres, posts, physical facilities, etc., would contribute most to furthering the Council's aims in academic rheumatology in research and teaching. A good example of where the ARC (SCDAR) has been able to initiate fruitful discussion has been Sheffield — some of it with that university's Professor of Orthopaedic Surgery on the ski slopes of Switzerland, where it may be felt the Professor had a distinct advantage. Secondly, it was to scrutinize and assess in depth unsolicited applications for academic posts received by the Scientific Co-ordinating Committee (SCC). It would, therefore, enable the SCC to review such applications with adequate evidence and advice to hand. Thirdly, it was to evaluate the impact of academic development on rheumatological research and rheumatological education and to recommend criteria for this to the SCC.

One of their outstanding achievements has been to produce a career structure in which research scientists of the highest calibre could flourish. In this they received invaluable help from a co-opted member, Dr David Woolley. With the Medical Research Council withdrawing its funding of intercalated BScs in the medical course, the Committee felt that for a minimum investment we could make a positive and welcome contribution to medical school finances in this area. So it has proved. In the first year the clutch of 10 students produced first class and 2.1 honours degrees, and two of the candidates have further interrupted their medical training to do a PhD. A PhD Student Fellowship programme was also initiated. One reason for this was that some project grants were thinly disguised applications for PhD studentships — the low cunning of some scientists makes Governor Clinton look like a Sunday school teacher by comparison. Ten of these studentships were offered in 1990 and eight in 1991. Although the excellence of the 27 applicants in 1992 cast doubt on the wisdom of a 20% reduction in such cost-effective grants, SCDAR felt that they must bear the pain of some financial retrenchment to balance the ARC budget (being honourable persons, unlike some of the cunning scientists mentioned heretofore).

The next step in this ladder for gifted scientists is the Junior Research Fellowship. The aim of these 5-year appointments was to help to retain the best of the 28-35 year category, especially at the end of their first postdoctoral appointment. Senior Research Fellowships are aimed at 'high fliers' committed to rheumatology, undertaking independent research studies. These are based in multidisciplinary environments with rheumatological input. It is anticipated that Senior Fellows will in due course be eagerly snapped up by perspicious universities who realize their excellence. Professor Gordon Duff, recently appointed to the Chair of Molecular Biology at Sheffield, is an obvious example of this.

The Committee is also concerned to assess the Council's investments. It does not wish to throw good money after bad, but rather to ascertain that achievement is solid not hollow. It is all too familiar with the whitened sepulchres of Matthew 23, which outwardly were beautiful, but inwardly were full of dead men's bones. To that end any unit applying to the Council for support will be required to complete a comprehensive check list. This will be supplemented by a site visit where appropriate, and will be used as a comparison of achievement over the years.

Some of SCDAR's work is reactive, as the burdened chairman of the SCC remits knotty academic problems to his trustworthy sub-committee. Yes its major role is proactive, as it seeks ways of furthering academic rheumatology and research in the UK. It is difficult to think that this vital work could be in better hands.

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ANNOUNCEMENTS AND CALENDAR FOR 1992–93

1992
November 9–13 Senior Registrar Travelling Fellowship. BIRMINGHAM (Prof. P. Bacon).
November 13–14 Update Management of RA preceded by Midlands Rheumatology Society Meeting. COVENTRY (Dr J. Coppock).
December 4 Closing dates for Abstracts for the BSR Xth AGM.

1993
February 11–12 Synovial Fluid. MANCHESTER (Dr A. Freemont).
February 12–13 BSR Core Course on ‘Examination and Radiology of Joints’. (Dr M. Doherty).
March 24–26 BSR Xth AGM. HARROGATE.
March 24 Update Vascular Endothelium. HARROGATE (Dr D. Haskard).
May 13–14 Advanced Course in Rheumatology. GLASGOW (Prof. R. Sturrock).
June 24–25 Rehabilitation Course. DERBY (Dr C. F. Murray-Leslie).
September 23–24 Heberden Round. CAMBRIDGE (Dr B. Hazleman).
October 14–15 Core Course. LIVERPOOL (Dr R. N. Thompson).
October/ November 31–5 SR Travelling Fellowship. LEEDS (Prof. V. Wright).
November 19–20 BSR Paediatric Rheumatology Course. NEWCASTLE UPON TYNE (Dr I. D. Griffiths)

CLOSING DATES FOR EDUCATION PRIZES FOR 1993

Further information about these events from Ms. H. Verraest, British Society for Rheumatology, 3 St Andrew’s Place, Regent’s Park, London NW1 4LE.