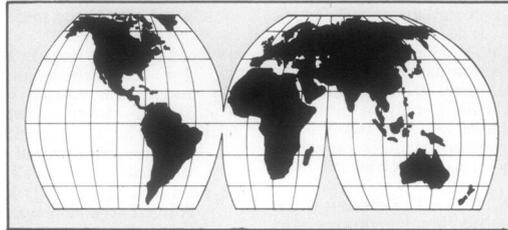


DISPATCH

From Britain, 1991

V Wright



Advancing years, audit procedures, research constraints, and training requirements dominated the British scene during 1991.

Aging

The population is aging. The number of people over 65 is increasing both proportionately and absolutely. Moreover, of these elderly people, more are living to a greater age. The Queen's bill is rising substantially as she sends telegrams to centenarians. The dawning awareness of the potential problems of this longevity has spawned numerous clinical, pharmaceutical, and political conferences. Publishers have recognised this by running a series of articles from Bristol and Leeds on arthritis in the elderly in the widely read, give-away journal, *Geriatric Medicine*¹⁻³; by a series edited by Dr A D Woolf in *Care of the Elderly*⁴; and by Gower commissioning in their popular series of pictorial books, one on bone and joint disease in the elderly.⁵ Moreover, the 11th annual day conference on growing points in the therapy of rheumatic diseases at Harrogate was devoted to 'Antirheumatic drugs in the elderly'.⁶

Audit

The government insists on medical audit being part of the new styled National Health Service. Broadly it has been welcomed by the profession as the least damaging of the ill-conceived proposals. Many expensive man hours have been spent discussing what is meant by audit and how to implement procedures. Rheumatology faces particular difficulties, being a multidisciplinary specialty with many outpatients. Such evidence as exists suggests that practice is seldom altered by introspective contemplation of this type. Our masters, however, have said that it must be done and the taskmasters' whip will ensure it is, even if no straw is supplied to make the bricks.⁷

Two papers on guidelines for the management of acute monarthritis and of rheumatoid arthritis have been published in the *Journal of*

the Royal College of Physicians, London. These resulted from a day conference organised by the college and the British Society for Rheumatology. The management of rheumatoid arthritis proved particularly contentious and was perhaps too ambitious a topic.

Kirwan in a letter to the *British Medical Journal* has shown that audit is not a new concept or a new practice.⁸ He described a study about patient waiting times at the London hospital undertaken by some economics students as a final year project, and the improvement that resulted from an analysis of the data.

Research

The new basis of university funding is largely dependent on research monies attracted to the institution. At the same time the grants to government research councils have been severely curtailed. This has resulted in many more applications to bodies such as the Arthritis and Rheumatism Council for Research. It is not unusual at a quarterly meeting of its research committee (which has already extended to two days) to have applications totalling over £3 000 000 on the table. Further pressures will be brought to bear by universities charging a percentage for overheads. The amount is still being negotiated nationally.

The government announced a link scheme of £10 000 000 for studies of implant materials in an initiative shared by the Science and Engineering Research Council, the Medical Research Council, and the Department of Trade and Industry. This is not as generous as it sounds as half the money has to be found from industry. Other initiatives of the Arthritis and Rheumatism Council, including this most important endeavour to attract top class basic scientists by providing a career structure, were discussed in an article marking the 50th anniversary of the *Annals of the Rheumatic Diseases*.⁹

Professor Maini's appointment as the new director of the Kennedy Institute has maintained the impetus of that establishment. This is leading to a major thrust on B lymphocytes in parallel with Mark Feldman's work on T lymphocytes, together with studies of cytokines at the Sunley Research Institute, Charing Cross, and supporting molecular biology from Alan Malcolm. Neurotransmitters have occupied the attention of groups at the London and Westminster hospitals. On the epidemiological front under Alan Silman the Norwich Arthritis Register has been set up to provide population studies on early disease in a relatively rural but well documented area.

Miscellaneous

Dr Howard Bird was appointed as editor of the *British Journal of Rheumatology* and tells me the excellence of the *Annals of the Rheumatic Diseases* is his greatest stimulus in trying to improve the standards of the journal of the British Society for Rheumatology. In the realm of training, the Royal College of Physicians proposed fundamental alterations to the career structure of specialists. For rheumatology this means that registrar posts will be a most desirable, if not essential, part of rheumatological training. The effect is likely to be a lengthening of the training period. After preregistration three years of general professional training will be required, followed by two to four years in a rheumatological registrar post, and then two to four years in a senior registrar post (BSR newsletter, 1990). This modification of the training programme has been sharply challenged¹⁰ and educational aspects have been debated in a supplement to the *Annals*.¹¹

As the government assumes tighter control of

doctors, demanding a detailed timetable for consultants, both the Royal College of Physicians and the British Society for Rheumatology have produced helpful guidelines for the job description of the model doctor. Emphasis has been laid on demanding adequate time for administration and audit procedures.

- 1 Greaner P, Cooper C. Degenerative joint disease in the elderly. *Geriatric Medicine* 1990; 20: 29-34.
- 2 Pease C. Polyarthritis in the elderly: diagnosis and treatment. *Geriatric Medicine* 1991; 21: 43-48.
- 3 Pullar T. NSAID prescribing and elderly people. *Geriatric Medicine* 1991; 21: 48-55.
- 4 Bland R, Woolf A D. The aching immobile patient: a guide to diagnosis. *Care of the Elderly* 1990; 2: 233-5.
- 5 Chakravorty N K, Wright V. *Colour atlas of bone and joint diseases in the elderly*. London: Gower, in press.
- 6 Bird H A. Drugs and the elderly. *Ann Rheum Dis* 1990; 49: 1021-4.
- 7 Holy Bible. Exodus Chapter 5, v 6, 7.
- 8 Kirwan J R. New outpatient appointments systems. *BMJ* 1991; 302: 532-3.
- 9 Wright V. The British scene. In: Dispatch from around the world. *Ann Rheum Dis* 1991; 50: 497.
- 10 Kirwan J R. Postgraduate training in rheumatology. *Br J Rheumatol* 1991; 30: 65.
- 11 Wright V, Helliwell P S. Educating doctors about rheumatology. *Ann Rheum Dis* 1991; 50 (suppl 3): 493-4.