For Debate . . .

Poor quality of posts in clinical rheumatology: a cause of failure to advance the specialty

W WATSON BUCHANAN, ROGER D STURROCK, W CARSON DICK

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Rheumatic diseases are a major medical and socioeconomic problem in the Western World.¹ They pose problems not only in terms of their aetiology and treatment²⁻⁴ but also in attracting staff to the "Cinderella" specialty of clinical rheumatology.⁵ This difficulty in recruitment has been interpreted as partly, if not largely, due to the chronic nature of the diseases.⁶ The association of rheumatology with physical medicine or rehabilitation⁷⁻¹⁰ has also been criticised^{11 12} and has been considered to be unfavourable to recruitment to both rheumatology and rehabilitation.

We assessed the opinions of junior hospital doctors in both Scotland and England on the job descriptions provided for posts advertised in the *British Medical Journal*.

Methods

Over 10 months in 1974 one of us (WWB) sent for information on all the advertised posts in rheumatology or rheumatology and rehabilitation that appeared in the *British Medical Journal*. Of the 96 posts advertised 29 were for consultants, 15 for senior registrars, 21 for registrars, 22 for senior house officers, five for clinical assistants, and four for locums. All the posts for consultants had job descriptions, but only 18 of the 58 (31%) junior posts were described, and only in seven of these was the description adequate. The following, from a London teaching hospital, is an example of an inadequate job description for a senior registrar post:

The post provides experience in all aspects of rheumatology and research facilities are available. The department encourages training in electrodiagnostic and manipulative techniques and there are opportunities to learn rehabilitation methods. The possession of a higher medical diploma is desirable, but previous experience is not essential.

Only nine of the 18 job descriptions for junior hospital posts contained any reference to postgraduate training and facilities or to research.

Ten consultant, four senior registrar, and five registrar job descriptions were sent to clinical rheumatologists in the Royal Infirmary, Glasgow; Ninewells Hospital, Dundee; and St Bartholomew's Hospital, London. The rheumatologists then invited registrars and senior house officers training in general medicine to complete a questionnaire on the advertised posts. Of the 20 doctors approached 17 completed the questionnaire. The questionnaire simply asked the juniors to say how interested they were in the posts. These responses were scored: not interested=0; slightly interested=1; moderately

interested=2; very interested=3; and extremely interested=4. The doctors were also asked to indicate their potential interest in a career in clinical rheumatology, irrespective of their current interest. The responses were scored on the same scale, and comments were also solicited.

Results

The results are summarised in table I. Those posts with the highest scores were those with either an academic base or a link with general medicine and good postgraduate facilities, the last two features being particularly attractive. The most attractive consultant post was a senior lecturer's post within an academic department of medicine. The most popular senior registrar post emphasised the link with general medicine; it included acute receiving duties in a major teaching hospital. The registrar post that was considered most desirable involved the day-to-day running of 30 beds occupied by both rheumatological and general medical patients. The job description for this post was surprisingly poor but was presumably compensated for by the post being in a well-known hospital with a high international reputation.

The least desirable consultant post was situated in the suburbs of London and had only six beds allotted. No less than six different hospitals had to be visited, and one of the respondents commented that "the post was nothing more or less than a milk round." The post also had a very large rehabilitation commitment and included responsibility for a young chronic sick unit. The least popular registrar post was also sited in a London suburb. The medical establishment was one consultant, one (whole-time) registrar, and four part-time clinical assistants. The number of other hospitals to be visited was not specified, but the description stated, "there are some duties at other hospitals in the group and the possession of a car will be essential."

The comments made by the 17 respondents about the posts included (the numbers making each comment are shown in parentheses): too much rehabilitation (5), too few beds (3), no junior staff (3), inadequate job descriptions (2), no link with general medicine (2), duties not clear (1), and too many hospitals to visit (1).

Table II shows the correlation between the mean scores for the 19 posts and the interest expressed in a potential career in clinical rheumatology. Relatively lower scores were given by those respondents with a moderate or high interest in rheumatology as a career.

Discussion

There is a growing awareness that the need for specialist care for rheumatic diseases in the community has not been adequately met in Western societies.^{13 14} Much thought has recently been given to how many specialist rheumatologists there should be per unit of population,¹⁵ and a recent estimate by the Arthritis Foundation in the USA has suggested the figure of 1 rheumatologist per 20 000 people. If this estimate is anywhere near the truth it emphasises the considerable shortage in the UK, since a review by the Arthritis and Rheumatism Council has shown that in England and Wales there is only one specialist in diseases of the locomotor system per 300 000 people.¹⁶

One of the major problems in recruiting doctors to the specialty of rheumatology is that arthritis and rheumatism lack intrinsic

Centre for Rheumatic Diseases, University Department of Medicine, Royal Infirmary, Glasgow G4 0EH

W WATSON BUCHANAN, MD, FRCP ED, titular professor of medicine
ROGER D STURROCK, MB, MRCP, Arthritis and Rheumatism Council, lecturer in medicine

W CARSON DICK, MD, MRCP, consultant physician in medicine

TABLE I—Details of 10 consultant posts and junior hospital doctors' responses to them

Consultant post	Rheumatology	Rehabilitation	Young chronic sick	General medicine	No of beds	No of hospitals visited	Adequate job description	Postgraduate training	Research	Respondent score
1	Yes	Yes	No	No	?	4	+	—	Yes	25
2	Yes	Yes	No	No	Unspecified	5	++	—	No	22
3	Yes	Yes	Yes	No	10	4	+	—	No	7
4	Yes	Yes	No	No	28	2	++	—	Yes	23
5	Yes	Yes	Yes	No	Unspecified	5	+++	—	No	10
6	Yes	Yes	No	No	50	3	++	—	Yes	12
7	Yes	Yes	Yes	No	6	6	++	—	No	6
8	Yes	Yes	Yes	No	14	3	++	—	No	15
9	Yes	Yes	No	No	8	3	++	—	Yes	13
10	Yes	No	No	Yes	27	2	+	—	Yes	32

TABLE II—Interest expressed in rheumatology by respondents with corresponding assessment of advertised posts

Interest:	None	Slight	Moderate	Very interested	Extremely interested
No (%) of juniors	2 (11)	4 (23)	7 (41)	2 (11)	2 (11)
Mean score (all jobs)	26	29.3	19	26	15

excitement.⁵ Doctors are, by and large, more interested in specialities in which acute emergencies occur than in chronic disabling disorders.⁵ There has been much debate in the UK about whether the association of rheumatology and rehabilitation would deter recruitment to both specialities. In Scotland the Mair report on rehabilitation¹⁷ clearly recommended that the two specialities should evolve separately. On the other hand, the Tunbridge report in England¹⁸ foresaw that:

In the immediate future the most likely source of heads of department will be from the ranks of consultants in physical medicine and rheumatology, many of whom are, of course, already working in the field, and there should therefore be a controlled expansion in the numbers of training posts in these specialities.

Our impression is that many of the jobs combining rheumatology and rehabilitation are generally of poor quality, lacking in academic interest, and with no association with general medicine. Our results seem to support this view. The quality of jobs offered during our survey leaves much to be desired, although one can never adequately judge a post by the job description offered. The registrars and senior house officers who completed the questionnaires were also clearly of this opinion, although their evaluations may have been biased because our views and the opinions of those who helped with this study were well known. It was interesting, however, that the posts advertised received the lowest ratings from those doctors with a keen interest in rheumatology.

The inadequacies of the registrar posts advertised in rheumatology were: (a) inadequate job description; (b) lack of postgraduate facilities; (c) no link with general medicine; (d) no opportunities for research. The inadequacies of the consultant posts advertised were (a) lack of beds, (b) work distributed in too many hospitals; (c) lack of supporting junior staff; (d) no link with general medicine; (e) few facilities for research. Perhaps one of the most serious problems of the consultant posts being advertised is that they are singlehanded. The Mair report correctly pointed out the serious problem of manning any specialty on a singlehanded consultant basis.

Rheumatology is in a very much healthier state in the other English-speaking countries of North America and Australasia. In these countries rheumatology is a subspecialty of internal medicine and the training programmes for junior staff are, on the whole, of high quality. In contrast, the European countries have many of the problems besetting British rheumatology and for much the same reasons, with undue emphasis being placed on physical treatments and duties in rehabilitation.

Although there are several excellent centres in the UK, the quality of rheumatology generally falls short of what could be achieved. There is an urgent need to review rheumatology training in this country. We make the following proposals: (1) rheumatology should be clearly separated from rehabilitation; (2) rheumatologists should not work in singlehanded practice but in a team setting within the department of general medicine;

(3) there should be at least 20 rheumatological beds in the average district general hospital (in general, physicians in other disciplines in medicine do not appreciate the need for adequate inpatient facilities for rheumatic sufferers); (4) each teaching hospital should have a rheumatological unit with adequate facilities for teaching and research.

In terms of education in the rheumatic diseases postgraduate training in general medicine must cover arthritis and connective tissue disorders. Likewise, those who enter the specialty of rheumatology should have some kind of exit examination similar to the American board examinations to ensure a high standard of specialist. The membership examination is at present an entrance examination for specialist training, but there is no real control on the quality of specialist education; this is, of course, true for every other specialty. If this produced no other benefit it would require those in rheumatology to define an adequate training for a consultant post.

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All margarines are fortified with vitamins A and D; the amount of vitamin A is about the same as in butter, and the amount of vitamin D substantially more than in butter. Since recent recommendations suggest substituting special margarines for part of the butter intake, there will be no risk of deficiency of either vitamin.