

So you want to be ... a rheumatologist

Even in the 19th century, when rheumatoid arthritis, the most common of the serious rheumatic diseases, was first defined, sufferers moved inexorably towards life in a wheelchair. As late as the 1950s, the only widely available treatments were aspirin for symptom relief, and cortisone which had severe side effects. However, rheumatoid arthritis was one of the first fields in medicine where treatments were subjected to controlled trials. The benefits of injectable gold, the earliest disease-modifying drug, were demonstrated by Fraser in 1944–5, following which this treatment became widely available.

Modern rheumatology has come on a lot since then. If you choose this specialty you will be able to offer modern treatments and relief to patients with a wide range of diseases from self-limiting soft tissue disorders to life-threatening multi-system disease. At present it is predominantly hospital based and can be practised as a single specialty or in combination with general internal medicine, but community-based rheumatologists may become more common in future.

Why rheumatology?

Clinical practice varies from the mildly to the severely affected patient, the acute to the chronic condition and from seeing patients as a one-off to building up a relationship over many years. Patients may be of all ages from children to the very elderly. Rheumatology is a very clinical and practical specialty with lots of clinical signs; very few rheumatic diseases have a definitive test. Diagnosis, which varies from a straightforward soft tissue problem to a complex disease, involves looking at the patient in a holistic way and often investigating and

treating different systems. Combined clinics and liaison with other specialties (e.g. orthopaedic, respiratory and dermatology) provides plenty of learning opportunities.

Another positive aspect of rheumatology is the opportunity to be part of a multidisciplinary team, including rheumatology specialist nurses, physiotherapists, occupational therapists and podiatrists. This enhances the working environment and increases awareness of the patient as a whole person rather than just a diagnosis.

Rheumatology has changed dramatically over the last decade or so, largely as a result of the development and introduction of biological therapies. These have transformed the management of many aspects of rheumatological disease and increased the profile of rheumatology. Research into biological therapies continues to expand and with it the availability of new treatments. There are a number of biologics routinely used in clinical practice with many more on the horizon.

It is possible to practise as a consultant in a single specialty or combined with medicine (although this is gradually changing with the emphasis moving towards combining rheumatology with medicine, at least in hospitals). There are advantages to both. Combining rheumatology with general medicine ensures effortless liaison with other specialties and maintains the rheumatology profile within the hospital. It keeps the clinician abreast of acute medical problems which can be particularly useful in the context of multi-organ disease. Practising rheumatology as a single specialty is generally more predictable in terms of workload and lends itself to development of specialist interests and working flexibly.

There are ample opportunities for research in rheumatology. Increasingly, those who are intending to pursue a largely academic career will take up academic training posts early in their career but opportunities, especially in clinical research, will be available more widely to those who acquire research skills for example through an MSc or out-of-programme research period during their training.



What are the downsides?

One caveat is uncertainty as to the exact future of rheumatology provision. One of the biggest changes is likely to be the plan to manage more patients with simple soft tissue and mechanical problems in the community via specialty teams, in which the role of rheumatologists is not yet clear. Patients with inflammatory disease and connective tissue disease will continue to be managed by the rheumatologist. This will probably change the profile of outpatient rheumatology over the next few years.

In the past rheumatology has not always been popular with trainees, probably because of underexposure in medical school and junior training posts. Taster days and gateway weeks will hopefully make the potential trainee more aware of this exciting and rapidly advancing specialty. If you decide that rheumatology may be the specialty for you, hands-on experience will help. Try and get a training post with a rheumatology job, introduce yourself to the rheumatology team in your hospital and get involved in research. This will give you a great insight into a captivating and stimulating specialty. **BJHM**

Conflict of interest: none.

KEY POINTS

- Rheumatology is an exciting and rapidly advancing clinical and practical specialty.
- It has a wide and varied clinical practice ranging from mild to severe disease and from the acute to the chronic illness.
- There are great opportunities to be part of a strong multidisciplinary team.

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