

Incoming President's message – Autumn 2006

I want to introduce myself and bring to your attention some of the priorities for the Society as I start my two year term. Elsewhere you will find several items that are relevant to those who practice clinically. In addition to these more routine matters, there are some important clinical issues that the Society must address with some urgency. As a society devoted to research and education in the bone field it is vital that when we succeed in our scientific objectives the benefits are translated to NHS patients. If this does not happen then the rationale for undertaking research and education becomes unimpressive. The NHS is currently encountering great difficulties funding all the effective treatments for musculo-skeletal diseases that have become available recently. While it is our job to research the possibility of alternatives that are both more effective, cheaper and safer we need also to consider whether the NHS is getting its economics right in applying our past efforts. Where the NHS defaults on its role of insurer for health care, ie does not provide treatments that are cost effective, there is clearly a job of education to be done. This is made more difficult by the lack of transparency and general understanding as to how NICE and other organisations influencing the NHS perform their health economic calculations. I shall be looking for ways to add clarity to this situation next year, possibly in conjunction with our clinical meeting.

Another important issue is the reorganisation of publicly funded biomedical research. As you know the MRC and NHS research with a combined budget of over £1 billion a year are to be overseen by a co-ordinating body and the government appears to have taken to heart some of the recommendations made in the recent Academy of Medical Sciences reports relating to medical, particularly clinical, research. With competition being extremely hot from other disease areas and the relative lack of importance attached to musculo-skeletal diseases (in defiance of their economic impact) by current NHS initiatives for improvement, it is more than ever important that we should drive forward these clinically retarded areas of health service provision with effective and mould breaking clinical research. In ensuring that research benefits patients we need to give our full support to the NOS and other patient orientated charities.

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Committee

President: President-elect: Treasurer: Secretary:

Jonathan Reeve (Cambridge) Cyrus Cooper (Southampton) Jon Tobias (Bristol) Tim Arnett (London)

tel: 023 8077 7624

tel: 0117 928 2907 tel: 020 7679 3309

tel: 01223 331664

email: j.reeve@srl.cam.ac.uk email: cc@mrc.soton.ac.uk email: jon.tobias@bristol.ac.uk email: t.arnett@ucl.ac.uk

Claire Clarkin (London) Nick Harvey (Southampton)

Kay Colston (London) Miep Helfrich (Aberdeen) Mark Cooper (Birmingham) Richard Keen (London)

Bronwen Evans (Cardiff) David Marsh (London)

A further area of concern is the forthcoming Research Assessment Exercise (RAE). I have argued elsewhere that the vague current government proposals to reform the RAE for 2014 are likely to do more harm than good particularly to clinical research¹. Our field is one that is poised for rapid growth and increased importance. This is because of the exciting developments that are rapidly transforming our understanding of how the skeleton regulates its strength and microstructure and offering fascinating new opportunities to understand the properties of bone as a material. The question we must address is how can we persuade government and others to support targeted institutional development to underpin the growth of our field as part of current new initiatives in translational research.

Next, there are some key international questions. It seems likely that the ECTS will come to Britain as the beginning of the next decade but beyond that there are more immediate international issues concerning European research funding (Framework 7 is imminent) and our role within the International Osteoporosis Foundation (IOF). The Bone Research Society's President is an ex officio member of the Board of National Societies of the IOF. Our President Elect, Cyrus Cooper, has just been elected to Chair the IOF's Committee of Scientific Advisors. There is evidence that working through IOF we can exert influence both internationally, and at home through interacting with WHO and other organisations.

Finally, I and the rest of the Committee want to hear your views. You may contact me through my secretary at pje29@cam.ac.uk or Tim Arnett at t.arnett@ucl.ac.uk regarding any matter you regard as important for the Society and for bone research.

With best wishes,

Jonathan Reeve

¹ Reeve J (2006) Institutional Review and Innovation in Clinical Research Lancet 368: 1223-1224.