

Interview with Prof Robert Moots

Robert Moots is Professor of Rheumatology at the University of Liverpool and Director for Research and Development at the University Hospital, Aintree. He is also a Consultant Rheumatologist at the hospital.

He graduated from St Mary's Hospital, London University in 1985 and also worked at Harvard Medical School. He became a Consultant Rheumatologist at University Hospital Aintree in 1997 and the youngest full-time professor of Rheumatology and Head of Department in 2003.

Professor Moots has published extensively in rheumatology, winning the prestigious Michael Mason prize for rheumatology research. He advises the UK Department of Health and NICE. His research interests are inflammatory rheumatic diseases, in particular innate cellular immunity in rheumatoid arthritis, immunotherapy, new therapeutic targets and clinical trials.

How long have you been working in your speciality?

I've been working as a consultant in rheumatology since 1997, when I returned to the UK from the USA. Of course I was a trainee in rheumatology for a few years before then.

Which aspect of your work do you find most satisfying?

It's hard to single out any one thing. The great fun of being Professor is that no two days are the same. My job varies so much from looking after patients, to teaching, running research and also communicating and sharing research findings with other clinicians and scientists throughout the world – giving me the opportunity to visit countries, where I would not normally have visited.

What achievements are you most proud of in your medical career?

Clinically, I often deal with rare rheumatic diseases, or situations where normal treatments have failed and other doctors have said there is "no more that can be done". Each patient that I see in this situation, who then goes on to recover and have a normal happy life, gives me a great satisfaction. Academically, building up a successful research team of talented individuals in Liverpool, the first academic rheumatology unit in that city, has been a great privilege.

Which part of your job do you enjoy the least?

Trying to balance the demands of patient care with the many other calls on my time can be rather wearing. But nothing is worse than the ever expanding administration tasks and bureaucracy!

What are your views about the current status of medical training in your country and what do you think needs to change?

When I visit other countries to lecture, I always try to see how medicine runs there. I attend clinics and hospitals, see patients and learn how practice compares to the UK. I am pleased to note that the standard in the UK remains amongst the highest of all countries.

How would you encourage more medical students into entering your speciality?

It's hard to imagine why students and doctors could consider any specialty other than Rheumatology! Rheumatology provides the opportunity to see patients of all ages, develop a close rapport with patients as the diseases tend to be chronic and prevalent, perform cutting edge research to understand pathophysiological process underlying the diseases and access drugs that can make a revolution to lives with great outcomes.

What qualities do you think a good trainee should possess?

Be keen to learn, open, honest and bright. I also like trainees to challenge accepted wisdom – a considered critical approach is needed to move things forward and to keep us on our toes.

What is the most important advice you could offer to a new trainee?

Don't accept non-evidence based dogma. Don't learn bad habits. Be critical and try to improve things. Try to spend some time away from your unit and ideally out of your country – seeing how medicine works in other environments to get life and work in a better perspective.

What qualities do you think a good trainer should possess?

Good trainers should be excellent clinicians, inspirational leaders and listeners with patience. If you know someone like this, you should really treasure them!

Do you think doctors are over-regulated compared with other professions?

No – but I fear that we are getting there in the UK.

Is there any aspect of current health policies in your country that are de-professionalising doctors? If yes what should be done to counter this trend?

With a recent change in government in the UK and major changes to the Health Service planned, it's a little too early to tell. We have to be vigilant though.

Which scientific paper/publication has influenced you the most?

For much of my working life, I was focused on the T cell as the major driver for diseases such as rheumatoid arthritis. The paper that changed that was: Edwards SW, Hallett MB. Seeing the wood for the trees: the forgotten role of neutrophils in rheumatoid arthritis. *Immunol Today*.1997 Jul;18(7):320-4. This crucial paper from Steve Edwards, the world leader in neutrophil biology opened my eyes to a whole new field of work. I didn't know at the time that I would eventually have the privilege of working with Steve.

What single area of medical research in your specialty should be given priority?

That's an easy one – it should be whatever my group are working on at the time.(I just wish that were the case!)

What is the most challenging area in your specialty that needs further development?

Many rheumatic diseases such as rheumatoid arthritis can be treated extremely successfully (with patients enjoying a full remission) if they can access the right drugs at the right time. There is still much variability in time to diagnosis and in provision of appropriate medications – the challenge is to ensure that best practice can be rolled out more effectively.

Which changes would substantially improve the quality of healthcare in your country?

There needs to be a greater understanding of the importance of rheumatic diseases in the UK. These conditions are prevalent, may cause significant morbidity (and indeed mortality), cost the nation considerably in reduced productivity and in disability payments – yet many of these conditions can be treated most effectively.

Do you think doctors can make a valuable contribution to healthcare management? If so how?

Its crucial that doctors are fully engaged in management. We are in the best position to be advocates for our patients but cannot do this effectively without understanding the health care system and take the lead in ensuring this works for the best.

How has the political environment affected your work?

The consequences of the recent change in Government in the UK are likely to be considerable for the National Health Service. This will involve major changes to the work of staff at all levels. It is too early to know the full extent of this – but we all wait with trepidation

What are your interests outside of work?

With so much to do, its hard to find the time for much else apart from relaxing with my family. I travel a lot and especially enjoy taking my children with me. My 10 year old has heard me lecture so much that I suspect she can give my talk for me (and do it better). She has also taken to asking questions at the end of my lecture, which always scares the chairperson of the meeting!

If you were not a doctor, what would you do?

I'm not sure that I would be fit for anything else!