CURRICULUM VITAE

NAME	**:**	Dr James Campbell Robertson
ADDRESS	**:**	c/o Secretary
NATIONALITY	**:**	British
DATE OF BIRTH	**:**	15th October 1941
STATUS	**:**	Married with two children

QUALIFICATIONS

Guy's Hospital	Mason award – student scholarship
LRCP MRCS	1965
MBBS	1965
DCH	1967
MRCP	1971
FRCP	1986

POSITIONS HELD

1965 House surgeon to J M Davis, Whittington Hospital, Highgate, London

1966 House physician to Dr B Gottlieb, St Mary Abbots, Kensington, London

Paediatric house officer, Guy's Evelina. A six month rotating post with Drs Philip Evans, L Stimmler, Michael Joseph, Ronald MacKeith, G Vaughan and Messrs Rex Lawrie, J S Batchelor and O Shaheen

1967 Dermatological house officer, Drs Louis Forman and E J Moynahan, Guys

SHO general medicine and geriatrics, Dr Kenneth Maclean, R Knight and Arnold Rosen, Guy's New Cross Hospital, London

1968 Six month's locum paediatric registrar, Drs Herbert Barrie and Hugh Jolly, Charing Cross Hospital, London

SHO in general medicine to Drs I S Buchanan and C Melnick for six months, then

SHO in Cardiology and Neurology to Drs J M Mackinnon and G Jamieson, Dudley Road Hospital

1969 Registrar in general medicine to Drs B Bass and Denis Gibbs, Good Hope Hospital, Sutton Coldfield

1971 Westminster Rotation, Senior registrar in Rheumatology and Rehabilitation

Drs E N Coombes, R N Maini and H V Goodman, St Stephens and St Mary Abotts, Chelsea. Weekly resident takes for acute medicine, with ward rounds and out patients

1974 Consultant in Rheumatology and Rehabilitation, Salisbury Health District and Southampton Health District (Teaching)

1979-1990 Consultant in Charge, DHSS Demonstration Centre and Odstock Rehabilitation Unit, Wessex Regional Rehabilitation Unit and district Department of Rheumatology and Rehabilitation

Lifetime member, Faculty of Medicine, Southampton university

Consultant Supervisor, Senior Registrar post in Rheumatology and Rehabilitation

Chairman, Tissue Viability Society

1992 Initiator, Consensus Guidelines for Osteoporosis Working Party

1994 Clinical Director, Preventative Rheumatology Unit (Osteoporosis Service), Salisbury Health Care NHS Trust with Dr G Kempson

WORK OVERSEAS

Ca 1977 Lecture Shriners Burns Research Institute

1984 United Nations development Project – short term consultancy mission to the Rehabilitation Institute, Ljubljana, Yugoslavia

1988 Assistance with development of rehabilitation services in Yugoslavia (UNDP project no Yug/87/004) (Belgrade, Novi Sad, Ljubljana)

1989 Paper on “Institutions Based Rehabilitation” Workshop to celebrate opening of 140 bed extension rehabilitation institute, Ljubljana, Yugoslavia

Coupled with visit to Spa Hospital

MEMBERSHIP OF SCIENTIFIC SOCIETIES

British Association of Rheumatology

Tissue Viability Society : Chairman, Senior Secretary and Editor of its Journal, Care, Science and Practice, now Journal of Tissue Viability

This was the first multidisciplinary wound prevention and healing society. Founder member.

Ex co-ordinator, Wessex Tissue Viability Group

Society of Research in Rehabilitation : Former junior and senior secretary and a founding member

Society for Back Pain, a founding member

South Western Rheumatology Club

Wessex Physicians Association

Formerly British Association of Occupational Therapy : District Chairman, Salisbury Branch

Formerly Council Member of Wessex Rehabilitation association responsible for design function of the Glanville Centre

Formerly Member of Salisbury Rehabilitation Research Group

Member of the Ergonomics Society

Wessex Consultant representative, Bath Institute of Medical Engineering

Former Member of Bone and Tooth Club

Member of the Osteoporosis Society

South Wilts Fibromyalgia Association, Patron and a founder member

TEACHING COMMITMENTS

Co-initiator of Regional Post Graduate teaching in rheumatology and Rehabilitation at Southampton General Hospital

Former lecturer on Rheumatology in Regional Membership Course

Former clinical lecturer on regional membership course

Former teaching of medical students – introduction to rheumatology course

Teacher on rehabilitation Studies MSc course, Southampton University (lectures on Tools for Research, Tissue Viability, Pain), until ca 1980. 3 MSc projects supervised.

With other staff, founder of first national rehabilitation Nursing Course (Salisbury). Lecturer on the same course.

New course for prosthetic students (post McColl Report) set up in conjunction with Salisbury School of Nursing and Regional Rehabilitation Unit at Odstock Hospital. Started 1987, stopped 1988.

Many lectures on Tissue Viability to mixed and nursing symposia study days, courses and post graduate centres.

Regular lecturers on Tissue Viability and related subjects to ENB Courses held at Southampton General Hospital on topics such as Care of the Elderly

Numerous one-off lectures to groups such as teachers' refresher courses at Urchfont, members of Bio-engineering Society meetings, e.g. on mobility, meeting at Southampton University. Royal Society of Medicine, plastic surgery section on Burns and Treatment of Hypertrophic scarring.

Lectures to courses on Chiropody run in Wessex (two occasions).

Musculoskeletal course, Dr Ellis, Southampton. Lecture to International Society for Prosthetics and Orthotics, national meeting (pressure garments for burns).

Presentations to the Institute of Orthopaedic Medicine and Physical Medicine Research Foundation on Ergonomics and Symmetry/topography, RSI.

Osteoporosis – several talks to GPs across two regions. Formerly medical advisor to Salisbury Osteoporosis Group and a co-founder with a patient

South Wilts Fibromyalgia Association, Patron and a founder member

Contribution to ARC educational sub committee on guidelines for osteoporosis.

I have regularly refereed grant applications for rehabilitation projects over the years

PROFESSIONAL ACHIVEMENTS

Peers will judge these best. What has been done could not have been managed without strong support from family and colleagues, both medical and non medical. The list of publications, which includes letters and reviews, as well as formal papers, gives some idea of the work undertaken. I believe that the work has had a practical value in improving patient services and the state of the art. For instance, the work on bandaging led to a change in practice in many [parts of the country, there being less wrap bandaging and more use of rigid dressings (particularly in Scotland). The work on pressure treatment of burns followed up an important paper from Roehampton and was the first series of patients treated with pressure to be documented. This involves seven years of development of the 28mms electropneumatic interface pressure sensor. It was important that this sensor should be available and this meant interesting a manufacturer in its production. It was probably the most widely used scientific interface sensor, and has been used as a sensor in a number of systems. In the article describing the validification of this sensor, the armchair argument that interface pressure sensors simply cannot work was effectively countered.

Tissue Viability or the prevention and healing of skin ulcers is important in both rehabilitation and rheumatology. Most chronic ulcers and especially pressure sores result from a failure of the locomotor system to vary loading on the skin. Pressure sores cause and complicate disability. Prevention of sores implies good overall management of the disabled patient. By focussing on pressure sores greater interest of the nursing profession in rehabilitation was encouraged and recognised. It also enabled skills such as clinical engineering to be applied to the basic care of all patients. Much industrial innovation (and export) was achieved in the field of patient support systems.

This area of interest also led to the concept of Tissue Viability Parameters which would enable workers to measure the fit between a patient and his or her environment. My predecessor here, Professor Hugh Glanville, first European Professor of Rehabilitation, stressed the importance of clinical measurement, and

this has been taken further by the development of a grip strength monitor which can be used as a measure of muscular strength in the limbs and in the trunk. It was designed to become a standard clinical tool for use on wards and in out patients by Neurologists, Orthopaedic Surgeons, Rheumatologist and indeed general physicians, surgeons and nurses. This work has culminated in a scientific review which also functions as a manual for the system which is now being marketed. I strongly believe that minute to minute, hour to hour variations in common physical signs, particularly those of the locomotor system, badly need to be investigated and that unless they are investigated by many observers using standardised techniques it will be several generations before we can understand them. As a rheumatologist I am particularly aware of how badly physical signs are elicited.

Measurement of physical signs must include documentation of posture and restlessness, which causes changes in posture. The work of the Moiré Fringe Topography looks as if it may provide a very useful and proven additional method of managing backache associated with leg length discrepancy. The moiré fringe technique may be of value when managing neck/arm pain and defining the normal range of shoulder asymmetry.

Sleep movement is an area of considerable interest and it may be possible to pursue this aspect of work further. It has been possible using the interface pressure sensor to get some idea of frequency of movement on relieving pressure on the sacrum.

Some of the work has paid immediate dividends locally. For instance, the number of children undergoing revision plastic surgery after burns has been markedly reduced. The setting up of a Home and Hospital Equipment Loans scheme has been of benefit in the district and has been widely copied, albeit in different forms. This particular piece of work could not have been achieved without the support of felloe members of the Health Care Planning Team, which I chaired for some ten years before it was dissolved in the new re-organisation.

During my time in Salisbury, the regional Rehabilitation Unit was set up by professor Hugh Glanville, and received the recognition of becoming a DHSS Demonstration Centre in Rehabilitation.

At the moment (circa 10980), despite resourcing difficulties, I believe the Regional rehabilitation Unit is functioning reasonably well. The number of patients treated have increased and the service responded to a variety of demands, particularly the need to provide services for the brain damaged patients. They supported and took part in the founding of the Duke of Cornwall Spinal Unit for which industrial other rehabilitation services are supplied. New developments such as seating clinics, wheelchair clinics and regional pain and lower limb care clinics which provide services to patients with foot problems, such as result from diabetes, peripheral vascular disease, as well as

degenerative and neurological diseases have been sent up at the Odstock site and continue until the present (2009) in various forms. A Regional Pain Clinic has been set up, and a clinical measurement service also started, these in association with other services on the Odstock site. A chronic open ulcer clinic has started. There are more than 300,000 patients with chronic leg ulcer disease in the UK.

Two scientific journals are published in Salisbury, one on Orthopaedic Medicine edited by my colleague Richard Ellis and the other Care Science and Practice, the journal of the Tissue Viability Society, now Journal of the Tissue Viability. These journals and other post graduate in-service training work, are run by the secretariat of the Wessex rehabilitation Association, which has been strongly supported by my unit.

No consultant involved in rehabilitation can stand aside from controversies, for example, the future of the Artificial Limb and Appliance Service (now Disablement Services Authority), the relationship between paramedicals and medics, and whether or not there should be a full time specialty of rehabilitation. Rehabilitation is a difficult subject involving both surgical and medical patients. The rehabilitation doctor has to work with many disciplines, and in areas that are relatively unglamorous and often neglected. One might say that rehabilitation was like a dog walking on its hind legs, never well done but the wonder is that it is done at all.

The rheumatological work has been largely undertaken by senior registrars, and has been heavily supported by consultants in other districts. Perhaps the main achievement here has been to develop a multi centre approach to rheumatological research and the credit for this must go to the senior registrars concerned. The Wessex Psoriatic Arthritis Study had more than 200 patients whose records were computerised. The use of Gold and Penicillamine for psoriatic arthritis has been established and more about the national history of the disease learnt.

The Salisbury/Bournemouth Rheumatology and Rehabilitation registrar rotation and subsequently the Regional Rotation under Professor Cyrus Cooper has produced a number of good clinical colleagues who have made their contributions to the literature. The successful accreditation of the post at Salisbury has depended on the support from colleagues, particularly the general physicians. In this I have been as privileged as my predecessor, professor Hugh Glanville.

Ergonomic therapy of the rheumatic out patient using proven equipment, with Mr David Parkin of the Industrial Therapy Workshop is a major current interest which has led to the founding of a Preventative Rheumatology Unit. This unit also provides the district osteoporosis service, which is pioneering the use of a Wessex company’s product – the McCue heel ultrasound bone densitometer.

Over the last 10-15 years during my time as Consultant in Rheumatology and Rehabilitation at Salisbury District Hospital, I had a special interest in fibromyalgia having founded and become the patron for the South Wilts Fibromyalgia Society. Together with colleagues we developed the booklet "Getting to Grips with Fibromyalgia". Many of my NHS clinics dealt with patients with fibromyalgia and together with a nursing colleague we ran self help groups.

CURRENT INTERESTS include :-

Fibromyalgia and a psychological investigation of coping strategies, now completed, in association with Dr B Mason.

Two years as a portfolio holder for the Environment Department of Salisbury District Council

Medico-legal work for personal injuries, including work related injuries, with particular interests in office/computer injuries and soft tissue injuries including neuropathic pains and pressure sores.