THE FIRST TWENTY ONE YEARS 1978 - 1998

A HISTORY OF THE SOCIETY FOR RESEARCH IN REHABILITATION

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THE SOCIETY FOR RESEARCH IN REHABILITATION

THE OBJECT

The Society for Research in Rehabilitation is a multi-professional society dedicated to promoting research in rehabilitation and its application to day-to-day practice. In the formal terms of the Constitution:

"The object of the Society shall be to advance education and research for the public benefit into all aspects of the rehabilitation of disabled people and to disseminate the useful results of such research."

THE FOUNDING OF THE SOCIETY

The idea of forming a Society for Research in Rehabilitation (SRR) originated in the Rehabilitation Sub-committee of the Joint Committee on Higher Medical Training. It was decided that the aim of the Society should be to promote a research-based approach to the study of medical rehabilitation, reflecting its multi-professional membership. This was a new concept, since up to this time virtually all medically-based research societies had been exclusive to the medical profession.

An inaugural meeting was held in London in January 1978, chaired by Sir Douglas Black, then President of the Royal College of Physicians. One hundred potential founder members, each of whom was active in research in the field of rehabilitation, were invited to attend. They were drawn from the professions of medicine (including basic medical science and branches of clinical medicine), bio-engineering, occupational therapy, physiotherapy, psychology, speech and language therapy, nursing, sociology and architecture. A Steering Committee was formed to draw up a draft constitution prior to the first scientific meeting of the new Society to be held in Southampton in June 1978. This draft Constitution was approved at that meeting and a Council was elected.

MEMBERSHIP

Membership of the Society was initially open only "to all professionally qualified persons involved in research and concerned with the objects of the Society". This was important for the non-medically qualified members of the Society, since it acknowledged the value of their own qualifications, and attempts to allow those without professional qualifications to join, just because they had an interest in research, were initially resisted. However by 1985 it became clear that too rigid an adherance to this definition was producing difficulties. For example a professionally qualified teacher, who could present a paper describing the problems of the only three disabled children she had ever met, would be eligible

for membership. A senior driving instructor, whose job was to assess the driving skills of disabled drivers and to recommend solutions to their various problems, would not. The Constitution was therefore ammended to state that "Council shall have the power to approve the nomination of others whose research in rehabilitation they consider contributes to the object of the Society." Since 1994 the policy has been to accept anyone into associate membership who is interested in rehabilitation research, with the intention of fostering greater interest in this area of work.

Apart from the founder members, who were automatically made full members, new members have always joined initially as associate members, and have had to present a paper to the Society "reporting their own descriptive or investigative work in the field", which is of a standard acceptable to the Council, before they can become full members. This was later extended to include presenting a poster.

Initially candidates for associate membership had to be proposed and seconded by two full members. This became a problem as the membership expanded and people applied to become members who were not known to any full members. Council members found themselves scrutinising applications and deciding whether to themselves act as proposers and seconders. This requirement was therefore abandoned in 1994.

In the early years full members paid a higher subscription than associate members. In 1996 the membership rate for full and associate members was made the same so as not to discriminate against those members who had submitted a paper or a poster and therefore qualified to become full members.

The Society also included overseas members. Honorary members could be elected "as a mark of respect in recognition of distinguished contributions to furthering the object of the Society." Retired membership at a reduced subscription is available to members who are no longer practising their profession.

THE COUNCIL

The Council, which is the governing body of the Society, must, under the terms of the Constitution, reflect the multi-professional nature of the Society. Only full members of the Society are eligible to stand for election and Council members are nominated and elected by full members of the Society. Council members are expected to be innovative, and to take a personally active part in leading the Society forward in the achievement of its objectives.

In order to ensure that the views and interests of the membership are taken into account when decisions are made by Council, and also to reflect members' views on the role of the Society, Council members have on occasion had to solicit nominations to ensure that there is not an imbalance of representation from any of the professions belonging to the Society.

The Council consists of the President, whose term is for two years, the President-elect, the immediate past President, Senior and Junior

Honorary Secretaries, immediate past Secretary, Honorary Treasurer and six ordinary members. One third of the ordinary members retire annually. They can only serve for three consecutive years and are not eligible for re-election for a further year.

Council meets twice a year and all Council members are expected to attend during their period of office unless prevented by overwhelming reasons.

Council members have a particular responsibility for upholding the scientific standards of the Society. Between meetings they are responsible for assessing the suitability of abstracts submitted for the free paper and poster sessions. They are also expected to serve on a working party or to undertake other work if required.

THE SECRETARIAT

The Council of the Society has always had a Senior and a Junior Honorary Secretary. The Senior Secretary normally serves for two years, having previously been elected Junior Secretary for two years. The immediate past Secretary serves for a further two years, to provide continuity.

When the Society was inaugurated, a part-time paid secretary was appointed, based at the headquarters of the Royal Association for Disability and Rehabilitation in London. For professional and financial reasons this was not totally satisfactory, and from 1981 to 1984 the secretariat was based in Salisbury, with another part- time secretary, under the aegis of the Wessex Rehabilitation Association. This was also not without problems and for several years thereafter the secretariat moved every two years to wherever the Senior Secretary was based, and local arrangements were made to provide the necessary paid secretarial support. In 1997, when Dr Nadina Lincoln retired as Senior Honorary Secretary, it was decided to retain a central secretariat in Nottingham, so keeping a constant address. Subsequent honorary secretaries will use e-mail or fax to work through the secretariat in Nottingham.

FINANCE

The Society was founded with the help of an anonymous donation of £10,000 given through Professor Hugh Glanville, who held the first Europe Chair of Rehabilitation in the United Kingdom at Southampton. Despite this generous gift, finances were always limited. The membership fees were kept low to encourage people from a broad range of professions to join. Those who were elevated to full membership, and became eligibile to stand for Council, had to pay more than associate members. In 1996 the membership rates for both categories of membership were brought into line. The costs of attending meetings and the social events were also kept as low as possible. University Halls of Residence were used for accommodation for the summer meeting. Council members were not given any expenses for attending Council meetings, (except when attending a working-party or meeting not linked to a scientific meeting,) because they were expected to be

coming to the scientific meeting at the same venue.

At some of the meetings pharmaceutical companies, suppliers of hospital equipment and equipment for disabled people have been generous in providing sponsorship. It is usually easier for a medical doctor to obtain such sponsorship than a member of any other profession.

In 1980 the Charity Commissioners granted Charitable status to the Society.

The Honorary Treasurer, elected at an Annual General Meeting, serves for four years and is responsible for directing the Society's financial transactions and for maintaining a list of members.

MEETINGS OF THE SOCIETY

One of the principal functions of the Society is to act as a forum where the results of research into various aspects of rehabilitation may be presented. In 1980 a very useful short paper giving "Advice to speakers" was produced to help members. These guidelines have subsequently been adopted by several other professional bodies for their symposia. The Society also provides detailed guidelines on the length and format of abstracts, but has always had difficulty getting members to adhere to them.

From its inception the Society has always held two meetings a year,the summer meeting covering two days and the winter one day. Until 1983 winter meetings were always in London and the two day ones elsewhere, but there is no longer a fixed pattern. Initially winter meetings were in December but in 1987 they were changed to January. All meetings are in two parts, and the Annual General Meeting is held at the winter meeting. The meetings consist of symposia and free paper sessions. The symposia papers are on a topic chosen by the member hosting the meeting, usually presenting research carried out in that particular centre. In the early years of the Society, some of these papers were clinically rather than research based and although relevant to the topic, were not appropriate to a meeting of the SRR. However other symposia included innovative approaches with audience participation on such subjects as "choosing priorities in rehabilitation", "tools for measurement" and "problem solving groups on specific disabilities". Over the years the meetings have become more scientifically robust.

The free paper session is devoted to ten minute papers presenting scientific research into some aspect of rehabilitation. This session was originally chaired by the President of the Society but now by members of Council. Submitted abstracts for these papers are screened by Council members and not all are accepted. Particular attention is paid to research methodology and the presentation of results. Five minutes discussion time is allowed after each presentation, and on more than one occasion the presenter has been forced to acknowledge that the conclusions from the results presented were not valid. This was an effective way of teaching. It showed many of the members who were not practised speakers how to

present their findings and helped build their confidence. It helped other more experienced members to raise their standards.

In the early years, at the suggestion of Dr Philip Nichols, a small monetary prize was awarded for the best free paper. This was decided by a ballot of the members who were present at the end of the session. This system had the great merit of encouraging members who did not work in academic institutions, and who did not have a regular teaching commitment, to realise that they were also able to present the results of their research in a methodical and clear way. But the award of the prize was not a very scientific exercise, the depth and complexity of the research being carried out varied greatly, which made judging difficult, the prize tended to be given to surveys which were understood by everyone, whereas more investigative papers appeared to have less popular appeal, so it was discontinued in 1981. A complete list of the six SRR members who were awarded the prize has not been kept but it included two occupational therapists and one medical doctor.

In July 1979, at the Newcastle meeting, Dr Nichols initiated a system of each free paper being critically appraised by a full member of the Society. This was a way of ensuring that people learned more from these papers than just from the audience's questions. For example if someone spoke too fast, or if their slides contained too much information or were not clear, or if their research methodology was suspect, this would be pointed out. However it is not always easy for a member of one discipline to comment on the work of another, not all members were prepared to do this and such criticism could be upsetting. So the system was discontinued.

In 1983 posters were submitted as alternatives to papers. This produced a problem. Would a poster have the same status as a paper when considering an application for full membership of the Society? Is a poster a satisfactory way of assessing the research skills of a member, or is it a second class way of presenting a paper? In 1986 it was agreed that certain material is better presented by a poster, and other material by a paper and that, provided posters are judged as stringently as papers, they should be considered satisfactory criteria for full membership. The poster presenters were allocated a specific time to answer questions during the main meeting.

PUBLICATION OF PAPERS

When the Society was founded the abstracts of the free papers were printed as part of the programme of each meeting, along with the titles of the symposium papers and these were sent to all members. From 1978 these abstracts were published in the "International Journal of Rehabilitation Research" and since January 1988 in "Clinical Rehabilitation".

In "The First Decade", which was written for the 10th Anniversary meeting of the Society in December 1988, an analysis of papers presented to the Society up until that time showed that about half had been either published in one of 33 different journals or that the work described had been included in a book or a thesis.

THE PHILIP NICHOLS MEMORIAL LECTURE

Dr Philip Nichols had been one of the most enthusiastic founder members of the Society. After a distinguished career in the Royal Air Force he became the Medical Director of Mary Marlborough Lodge, Oxford. He had only been President of the Society for nine months when he died in 1979. Council of the Society established a memorial lectureship in his name. So far three lectures have been given:

1981 Dr C Wynne-Parry on "Pain as a barrier to rehabilitation - a multi-disciplinary approach".

1983 Professor K A Jocheim of Germany on "Psychological aspects of disability - an important point in the outcome in rehabilitation". (This was given at the First European Congress on Research in Rehabilitation.)

1988 Professor Philip Wood on "A man's reach should exceed his grasp".

TENTH ANNIVERSARY MEETING AT KING'S COLLEGE, LONDON, 1988

Sir Douglas Black, formerly Chief Scientist at the Department of Health and Social Security and an honorary member of the Society, who had chaired the inaugural meeting, opened the first session by congratulating the Society on its first ten years and then spoke about the importance of rehabilitation. He was followed by Professor Ian McColl (later to become Lord McColl) from Guy's Hospital, London, who had chaired the working party that produced "Review of Artificial Limb and Appliance Centre Service". In the afternoon the main speaker was Dr Jonathan Miller, who gave an erudite presentation on the psychology of laughter and how it is portrayed in the arts.

There was a big trade exhibition and a large poster display. The well attended meeting ended with a dinner to the accompaniment of a small orchestra.

SOCIAL EVENTS

These were an important and integral part of the meetings in the early days of the Society. In particular the two day meetings enabled members to meet socially and mix in a multi-disciplinary way that had not previously been possible. The evening of the first day of the meeting was often a very special occasion. For example there was a formal dinner in Leeds Civic Hall, attended by the mayor; an expedition to Hadrian's wall from a Newcastle meeting; a dinner in the Assembly Rooms in Bath from a meeting in Bristol; and a boat trip to Inchcolm island on the Firth of Forth from an Edinburgh meeting. Members got to know each other in a way that would not have been possible if they had been attending a one day presentation of papers and going home afterwards. They had ample time to talk about their research interests with people from other disciplines working in other settings. Even after the one day meetings there was usually a social event where members could catch up on what their fellow

researchers had been doing. In many ways the Society was like a club. Full members could invite a guest to a Scientific meeting but "the same person may only be invited on not more than two occasions as it is hoped that thereafter he or she will be nominated for membership".

Council of the SRR usually held its meetings the day before the main meeting and a social event was sometimes arranged. At the Exeter meeting Council members went on a boat trip, with a barbecue, on the river Exe. In Edinburgh there was a formal dinner.

When the Medical Disability Society was formed, (later to become the British Society of Rehabilitation Medicine) with only medically qualified people as members, their meetings were held either the day before or the day after those of the SRR. The social event became the one hosted by the Medical Disability Society, which the non-medical members of the SRR were allowed to attend. They then became a minority in a congregation of medical doctors, and this upset the balance of what had been a much more multi-disciplinary occasion. As a result it became one mainly attended by the medical members of the SRR.

Later, when some SRR meetings were not held in association with those of the MDS, in an effort to keep down costs social events were not routinely organised, but were left to the discretion of the local organiser. For example in Dundee a light footed David Condie led members in an evening of Scottish dancing.

MEASURES OF OUTCOME IN REHABILITATION

In September 1978, at a meeting between officials of the DHSS, representatives of the British Association of Rheumatology and Rehabilitation, and the Heberden Society, it was suggested that the newly formed SRR should convene a working party to consider "Measures of Outcome in Rehabilitation". This working party would be sponsored by the Chief Scientist's Office of the Department of Health and Social Services (DHSS) and its role would also fall within the interests of the DHSS Physically Handicapped Research Liason Group. The remit was to plan, as an initial step, a method of determining the best way to tackle the subject.

The Council of the SRR accepted the proposal and, although no specific terms of reference were formulated, it was seen as a possible three stage exercise:

1. The appointment of a working party to plan the study, with a sum of money made available by the DHSS.
2. The setting up of working groups to look at specific problem areas and to provide reports.
3. If these reports produced proposals that were acceptable and feasible to the DHSS, more funds would be needed to continue the work.

The working party was formed from members of the SRR and a DHSS assessor, under the chairmanship of Dr Philip Nichols. The first meeting was held in July 1979. The members of the working party

recognised the difficulties of defining those outcome measures in rehabilitation that could be relevant to research methodology and clinical practice. Six working groups were set up to cover the following topics.

1. Evaluation of remedial services.
2. Requirements for physically disabled school leavers.
3. Rehabilitation of the acutely brain damaged adult.
4. Rheumatic diseases.
5. Treatment of communication disorders.
6. Mobility.

A briefing meeting with the convenors of the working groups was held in August 1979, chaired by Dr Nichols. This was his last meeting, as his untimely death followed shortly afterwards. The Council was therefore denied his guidance, his ideas on how the project would develop and his vision of how the final report might be presented.

Miss Alicia Mendez, as the new President, took his place as chairman of the working party, and in December 1979 the convenors presented draft papers to the Council. It was decided that, when suitably developed and edited, these papers should form the appendices to the final report and would stand as the personal contribution of each author.

In July 1980 the Council considered the final draft of the report, written by Miss Mendez and Professor Cairns Aitken (who was then President-elect), together with the revised appendices from the convenors. It was agreed that the report should be accepted as it stood, but should be submitted with a critical appraisal of its content written by the Council. The report and critique were presented to the DHSS early in 1981. It is unfortunate that no further action was taken on this report.

REGISTER OF RESEARCH INTERESTS

As early as 1978 an SRR member requested some form of notification of the research interests of the membership. In 1980 the Director of the Royal Association for Disability and Rehabilitation wrote requesting advice and assistance in the compilation of a directory of current research in rehabilitation. In the same year the Council received a request for assistance in compiling an international dossier of rehabilitation research. In 1984 the records of members were committed to "an easily accessible and versatile data base on a laboratory micro-computer at Newcastle." In 1985 Pam Enderby, as Honorary Secretary, was frequently approached by new members seeking advice on aspects of research or particular areas of research. She had a network of people that she knew, but was appealing to altruistic members working in particular fields to contact her, stating which aspect of research they would be happy to receive enquiries about. In 1992 it was agreed that the membership list would, in future, include each member's profession and main areas of interest.

Subsequently the register of research interests was abandoned, partly because it was not being used, and partly because of the

difficulty of maintaining a database with the secretariat moving to different venues and with incompatible computer systems.

The membership of the SRR has, of course, always included people with experience in rehabilitation research who would be in a position to offer advice. Adding to the membership list each member's profession and their main areas of interest would have enabled members to contact others researching into similar areas as well as helping less experienced members obtain advice from those with more experience.

It is planned that an SRR web-site will be unveiled in 1999. This will be managed from Nottingham, where the SRR office is located. It is intended that one page will describe research opportunities for new researchers.

REGISTER OF RESEARCH CENTRES

In 1991 the then President of the SRR, Professor Lindsay McLellan, (the second holder of the Europe Chair of Rehabilitation at Southampton), compiled a list of centres undertaking research related to rehabilitation. He found that the majority of these centres concentrated on physical rehabilitation. Few were interested in psychiatric, paediatric or geriatric rehabilitation, or learning disabilities or head injuries. Although most were described as rehabilitation units there was a lack of career structure for therapists interested in rehabilitation research. It was apparent that few of the people involved in rehabilitation were exposed to rehabilitation research in practice, or indeed to the results of research. Consequently there was little opportunity for research to influence and benefit clinical practice.

Professor McLellan writes:
"While I was President of the SRR I sought to further the academic development and status of the 'professions allied to medicine' (mainly in occupational therapy, physiotherapy and nursing), by drawing attention to the fact that many were working in environments with no tradition or exposure to research, unlike medical practioners who have always been expected to be involved in research during their training. The survey we did of the SRR members' expertise had this agenda behind it. I also drew attention, especially in discussions with the Department of Health, to the service need for consultant therapists who were expert practitioners, not managers, to whom particularly difficult cases could be referred. There was a serious lack of a clinical academic career structure for therapists."

INPUT INTO OTHER BODIES INTERESTED IN REHABILITATION AND RESEARCH

In 1981 the Royal Society for Disability and Rehabilitation invited the SRR to provide a one-day programme on research in rehabilitation as part of their Annual Conference, held at Stoneleigh, in association with the National Aids for the Disabled Exhibition

(NAIDEX). The theme of the conference was "Apart or a part - barriers to disabled people". This was the first time the SRR had been asked to participate in any such conference. A programme was arranged with appropriate papers presented by members of the Society. It was well attended and well received.

In 1996 the Tissue Viability Society's 26th Conference, held in Derby, was a joint meeting with the SRR on "Tissue viability in the rehabilitating patient".

Members of the Council of the SRR have had an input into two official Department of Health committees, the Advisory Committee on Rehabilitation and the Research Advisory Committee. Although not formally representing the SRR, their contribution was inevitably influenced by their involvement with the Society.

Regionally based members of the SRR were specifically contacted by the Priorities Working Group of the NHS R&D Physical and Complex Disabilities Programme. These representatives were asked about the setting up of regional meetings to discuss what the R&D priorities should be in this area, to drum up enthusiasm for the programme, and also to accelerate the networking of people in each region who would be able, subsequently, to apply for funds for this programme.

SRR members have played a prominent rôle in peer review and as editors of journals publishing rehabilitation research from all round the world. Professor Philip Wood was the driving force behind "International Rehabilitation Medicine" (now "International Disability Studies"). Dr Keith Andrews and Dr Derick Wade have both edited "Clinical Rehabilitation". Dr Paul Cornes was editor of the "International Journal of Rehabilitation Research" from 1985-1993. Professor Cairns Aitken was editor of "The Journal of Psychosomatic Medicine" for several years. In an emergent field like rehabilitation these have been important rôles.

THE EUROPEAN CONNECTION

The SRR quickly established itself as an active, multi-disciplinary society to which there was no counterpart abroad. Although abstracts were being published in an international journal, it was thought that more should be done internationally. In order to make the Society's aims and achievements better known, and to broaden its scope by professional contact with colleagues in Europe, Professor Cairns Aitken offered to host the First European Congress on Research in Rehabilitation. This was held in Edinburgh in 1983, during his presidency, and was a great success, with nearly 450 delegates. It was a landmark event, forging links and associations which have lasted to this day.

The 2nd European Congress, hosted by Professor K A Jocheim, was held in Dusseldorf in 1985 and received support from a Rehabilitation Trade Exhibition taking place at the same time. Members of the Society played a prominent role in chairing sessions and contributed about a third of the papers. Financial support was provided by the Society to enable members to present papers.

The 3rd European Congress was held in June 1988 in the Medical School, Erasmus University, Rotterdam, hosted by Professor Berend Bangma, and the SRR members formed the largest overseas group. Again this was in no small measure due to the financial support given by the Society to members who were presenting papers. By this time the Council of the Society had designated Professor Simon Miller, a former President, as their international representative and he had joined the organising team. At the end of the Congress a new European research organisation, the European Federation for Research in Rehabilitation (EFRR), was founded. Professor Miller was elected the inaugural President and Professor Lindsay McLellan became the SRR's representative for the next twelve months. The aims of the EFFR included holding a Congress every three years to disseminate the results of research in rehabilitation, to foster collaborative links between national groups and to provide a forum for discussion.

The 1st EFFR Congress, called the 4th European Congress, was planned to be held in July 1991 in Ljubljana, hosted by Professor Ćrt Marinćek. All went well until three weeks before the Congress, when war broke out in Slovenia. The Congress had to be postponed, but was then held in Newcastle upon Tyne in July 1992, hosted by Professor Miller. It attracted 300 delegates from 39 countries. Members of the SRR contributed a large proportion of the 160 papers and posters and many served as chair persons, discussants and invited plenary speakers.

The 5th European Congress, under the auspices of the EFRR, was held in July 1995 in Helsinki, hosted by Professor Juhani Wilkström. Professor Miller was elected for a further three year term as EFRR President. The Congress attracted 600 delegates with more than 200 papers and posters. Fewer members of the SRR attended than in Newcastle, perhaps because of distance and cost, although some key papers were presented by members, and they again formed the largest overseas group. Despite the overall success of the Congress, the SRR decided to withdraw its support of the EFRR.

The 6th European Congress, under the auspices of EFRR, was hosted by Dr Michael Schuntermann in June 1998 at Humbolt University, Berlin. This was a large Congress with more than 1400 delegates from rehabilitation societies and institutions within Europe presenting some 650 papers and posters. A former President, Dr Derick Wade, gave a well received, invited plenary lecture on outcome measures. The four former SRR Presidents who attended the Congress hope that the SRR will renew support for the EFRR which is becoming an important node for European research in rehabilitation.

THE BRITISH SOCIETY FOR REHABILITATION MEDICINE

When the British Association for Rheumatology and Rehabilitation (BARR) was disbanded in 1983 the SRR was asked to become the custodian of a proportion of its capital reserves. Professor Cairns Aitken and Miss Alicia Mendez were the trustees and Dr George Cochran was the Medical Disability Society (MDS) in 1984.

The first meeting of the MDS was held in July 1984 at Oxford, the day

before the summer meeting of the SRR, and members of the SRR were invited to attend. Unfortunately the first item on the agenda was a business meeting, from which the non-medical members of the SRR found that they were excluded. They had to wait on the lawn of St Catherine's College until it was over. Fortunately it was a fine day, but it was not an auspicious start. At this business meeting it was agreed that members of the SRR would be welcome to attend future meetings of the MDS, but that only those with medical qualifications could become members. During the afternoon session on that inaugural day there was a discussion on "Who is responsible for establishing rehabilitation services in each district" with a panel consisting of three doctors and a psychologist. It was hardly a multi-disciplinary approach, with no therapists included. Most Districts at that time had an occupational therapist and a physiotherapist in a district management role organising and providing their professional services.

There were very compelling reasons why the MDS decided to limit its membership to the medical profession. All medical specialists are members of scientific medical societies which further the research of their specialties and provide an important focus for the identity of their specialty vis-a-vis other medical specialties. Further specialist training of doctors is considered to be only the concern of other doctors, although arguably input from other professions concerned with rehabilitation might enhance the training programme for those specialising in Rehabilitation Medicine.

Meetings of the MDS continued to be held in association with those of the SRR. The advantage of this format was that members of the MDS who joined the SRR, and attended its meetings, learned more about the multi-disciplinary approach and the contribution to rehabilitation made by all the other professions. The disadvantage was that a clinical meeting, organised by medical doctors, which inevitably emphasised their rôle in rehabilitation, coupled with the social event becoming primarily that of the MDS, affected the uniqueness of the SRR, whose non-medically qualified members found the recognition of their clinical role diminished by the medical emphasis of the MDS's approach, in contrast with their acceptance as researchers of equal status within the SRR.

In 1991 the MDS changed its title to the British Society of Rehabilitation Medicine. This was because the medical specialty of Rehabilitation Medicine had been officially recognised and the Society become the public organ of that specialty. The new society became both a trade union and a political body, with responsibility for training and accreditation.

In 1996 it was agreed that the past-President of the SRR should attend the BSRM Council meetings and also that their working groups could co-opt members from the SRR. Dr Pam Enderby was the then past-President and her intervention has improved the working relationship between the two societies. The SRR also has had a major impact on the Research and Educational strategy of the BSRM. A representative of the BSRM now attends the Council meetings of the SRR and the two Societies have discovered various areas in which they can be of mutual help.

A sub-group of the BSRM called "Forum for Academics in Rehabilitaion Medicine" was formed to give guidlines to help Universities and NHS Trusts who were setting up senior lectureship posts in Rehabilitation Medicine. This led to discussion on academic developments in rehabilitation, including research priorities and the feasibility of having a national strategy for rehabilitation research. Some SRR members heard about FARM, wondered if the medics were going it alone again, and asked to be involved. As a consequence, FARM thought that it would be a good idea to transpose the discussion about research strategies and conceptual frameworks into a sub-group of the SRR instead of a sub-group of the BSRM. To FARM's surprise the SRR did not want to be involved.

It has been agreed that until 1998 the SRR and BSRM Summer meetings should be back to back with the SRR meeting on the first day, a joint meeting on the second day and the BSRM meeting on the third day. The success of this format is being reviewed and views are being sought on whether, and if so how, to continue after 1998.

THE IMPACT OF THE SOCIETY ON ITS MEMBERS

Successful rehabilitation depends on team work, and meetings of the SRR have improved participants' understanding of the roles of other team members. Those attending meetings not only meet people from a variety of professions, but also learn about research into various aspects of clinical practice carried out by members of different professions. This exposure, in a supportive and accepting environment, greatly enhances the ability of people to both participate in and to lead teams successfully.

The problems faced in different areas of rehabilitaion often have a great deal in common. Research in one area frequently stimulates a new approach to a problem in a different area. Even when the specific content of a presentation does not relate directly to the clinical problems faced by an individual member, the underlying ideas and processes are often relevant. The SRR has always encouraged a critical, enquiring approach to all aspects of rehabilitation with an emphasis on outcome.

The meetings of the SRR have offered an opportunity for members of rehabilitation teams to keep up-to-date. The results of research will often lead to improved services and sometimes cheaper services. Here are two examples. At a meeting in Leeds, early in 1991, a study was reported showing that a commercially produced, expensive, sensory testing device did not achieve its aims and therefore money should not be wasted buying it. At a summer meeting in Bristol, also in 1991, a study was reported that demonstrated that domiciliary physiotherapy after a stroke was more efficient (equivalent outcome at less cost) than attendance at a day hospital.

For therapists and some other non-medical professionals the early meetings of the SRR were very exciting. Many of them were, for the first time, being welcomed into an organisation where their contribution to research and rehabilitation was acknowledged by members of other professions. These multi-disciplinary meetings

provided opportunities for meeting eminent members of these professions, for getting rid of some of the myths, reinforcing the value of collaboration, discovering how much was shared and what was not, and most importantly making long-lasting friendships.

Some therapists felt nervous initially. Many had little experience in presenting the results of research compared with, for example, bioengineers and others working in academic establishments. Nor did they have the self confidence of medical doctors. Many learned fast, and honed their skills in what was to them a supportive environment. But others were discouraged by, what seemed to them, aggressive criticism of their papers. This resulted in some therapists being reluctant to give a paper or even to join the Society. Therapists are more often involved in descriptive or retrospective studies than the more technical research undertaken by other professions, and some of them erroneously feel that their research cannot be up to the required standard of the Society.

Some of the members of the Society, all of whom have served on the Council, have given their personal comments:

Professor Cairns Aitken writes:
"The principle that formed the Society on its sure foundation was that its members came with equal status from the several rehabilitation professions. Its activities were thoroughly multi-professional. I recall concern before the first meeting that the standard of presentation by the non-doctors might fall short of what would be acceptable. Later it transpired that the opposite concern might have been more relevant, not least because of the better slides prepared by some of the therapists. The mainstay for success was the opportunity for all members to 'network' across the spectrum of interests promoting professional developments in rehabilitaion."

Professor Simon Miller writes:
"My involvement with the SRR broadened enormously my perception of rehabilitation and my understanding of issues which required research. I learned much from the experience and friendship of many colleagues. During the early years of the SRR seven physiotherapists, studying for research degrees in our human brain and movement laboratory, made initial presentations of their findings to the SRR. They welcomed the multi-disciplinary approaches fostered in the meetings, and the opportunity to meet rehabilitation professionals of all kinds. It is also a tribute to the Society that three of the physiotherapists now hold professorial posts related to rehabilitation."

Mr David Condie writes:
"As a member of a minority profession in the field of medical research, the SRR has provided me with an invaluable source of information and advice regarding research activity and methodology in the field of rehabilitation generally. This has ideally complemented the support that I obtain from my own professional organisations".

Professor Pam Enderby writes:
"The Society fostered and encouraged my interest in research and

gave me access to support that was unavailable in my clinical setting. I have learnt a great deal by listening to presentations of research papers from other disciplines. It is fairly easy within the NHS to become over familiar with an approach or a technique associated with one condition or one profession and not have the opportunity to learn from others. The Society is a hotbed of cross fertilisation. I feel that it has been pivotal in allowing me to develop a research career."

Mrs Margaret Smith writes:
"My clearest impression in the early days was the excitement of at last having an academic forum for therapists, and most of my long-lasting friendships with members of the other professions were made through the SRR. Otherwise I do not think I would ever have come into contact with most of them, certainly not through any Occupational Therapy conference."

POSTSCRIPT

The achievements of the first twenty one years have justified the foresight of those who inaugurated the Society. The membership has expanded and the organisation has developed. No Society should remain static; to survive and prosper it must move forward, keeping pace with any changes within its organisation as well as any changes that affect it from outside.

The past twenty one years have seen major changes in the delivery of Health Care, with several re-organisations of the management of the Health Service. Profound funding changes have had an impact on clinical resources in a variety of ways, especially in the organisation of rehabilitation services, and these have influenced the research opportunities and priorities in this field. Academic advances and more exposure to research methodology and experience have enhanced opportunities for members of some of the non-medical professions to participate more actively in research.

Advances in technology in all fields of medicine and practice have created a greater need for research in rehabilitation. Computers, the Internet, websites and E-mail are relatively new tools that have made it easier for researchers to disseminate their results and to be in contact with others in their particular field.

The success of the Society has been the bringing together of the members of a variety of professions to present their work and share their knowledge on an equal basis. This common interest in research in rehabilitation should ensure that the commitment and ethos of the Society will continue into the new millenium.

APPENDICES

VENUES OF MEETINGS AND SYMPOSIA TOPICS

Summer 1978	Southampton General Hospital	Neuro-rehabilitation
Winter 1978	The Westminster Hospital, London	Bio-feedback
Summer 1979	University of Newcastle-upon-Tyne	Aids and equipment
Winter 1979	The London Hospital	Gait analysis
Summer 1980	University of Exeter	Psychological aspects of care
Winter 1980	Bedford College, London	Aspects of care in the community
Summer 1981	Bodington Hall, Leeds	Bioengineering and rehabilitation - the value of measurement
Winter 1981	Guys Hospital, London	1st Philip Nichols Memorial Lecture
Summer 1982	University of Bristol	Management of chronic neurological disease
Winter 1982	Bonham Carter House, London	Vocational rehabilitation
Summer 1983	University of Edinburgh	1st European Congress on Research in Rehabilitation
Winter 1983	The Royal Free Hospital, London	Perceptions of disability Implications of exercise
Summer 1984	St Catherine's College, Oxford	Tools for measurement in rehabilitation
Winter 1984	The London Hospital	Factors effecting ability
Summer 1985	University of Nottingham	Single case experimental designs Orthotics
Winter 1985	Queen Elizabeth Post-graduate Medical Centre, Birmingham	Rehabilitation in the community

Summer 1986	Owens Park, University of Manchester	Sex and the disabled Measurement of handicap and social outcome
Winter 1987	Polytechnic of Central London	Communication and Rehabilitation
Summer 1987	University of Newcastle-upon Tyne	Rehabilitation of the upper limb Engineering measures of function
Winter 1988	Southampton General Hospital	Cognitive and behavioural rehabilitation after brain damage
Summer 1988	Royal National Hospital for Rheumatic Diseases, Bath	3rd Philip Nichols Memorial lecture
Winter 1988	King's College, London	10th Anniversary meeting Reducing disablement
Summer 1989	University of Edinburgh	Cardiac rehabilitation Rehabilitation after trauma
Winter 1989	Churchill College, Cambridge	New technology in rehabilitation
Summer 1990	St Catherine's College, Oxford	Rehabilitation research Nursing research in Rehabilitation
Winter 1991	Leeds General Infirmary	Bioengineering aspects of Rehabilitation
Summer 1991	University of Bristol	Outcome Measurement
Winter 1992	Northwick Park Hospital, London	From patient compliance to community care. 21 years of rehabilitation research
Summer 1992	UMIST Conference Centre, Manchester	Neurological rehabilitation toward the 21st century
Winter 1992	Rookwood Hospital, Cardiff	Qualitative and quantitative methods of rehabilitation research
Summer 1993	West Park Hall, Dundee	Rehabilitation engineering research development The management of profound multiple disability Rehabilitation of the amputee

Winter 1994	University of Newcastle-upon-Tyne	Society has a moral duty to provide institutional care for people with mental health problems
Summer 1994	University of Nottingham	Rehabilitation for arthritis
Winter 1995	University of Reading	Aspects of speech and language therapy in rehabilitation
Summer 1995	University of Southampton	Management of spasticity Rehabilitation issues in Huntington's disease and other neurodegenerative genetic diseases
Winter 1996	Royal Hospital for Neuro Disability, London	Brain injury
Summer 1996	University of Coventry	Models in brain injury rehabilitation
Winter 1997	Royal Free Hospital, London	Choosing what to measure
Summer 1997	University of Leeds	Genetic aspects, disease, impairment, disability handicap and quality of life
Winter 1998	St George's Hospital London	Body image in physical disability
Summer 1998	Southampton	Rehabilitation in primary care Matching the objectives of rehabilitation to the appropriate outcome measure

PRESIDENTS OF THE SOCIETY

Verna Wright	1978	Professor of Rheumatology
Philip Nichols	1979	Consultant in Rehabilitation Medicine
Alicia Mendez	1980-81	District Occupational Therapist
Cairns Aitken	1982-83	Professor of Rehabilitation Studies
Simon Miller	1984-85	Professor of Anatomy
Ida Bromley	1986-87	District Physiotherapist
Anne Chamberlain	1988-89	Consultant in Rehabilitation Medicine
Lindsay McLellan	1990-91	Professor of Rehabilitation (Physician)
Paul Cornes	1992-93	Occupational Psychologist
Pam Enderby	1994-95	Speech and Language Research Therapist
Derick Wade	1996-97	Consultant Neurologist
David Condie	1998	Rehabilitation Engineer

HONORARY SENIOR SECRETARIES

Cairns Aitken	1978-79	Garth Johnson	1988-90
James Robertson	1980-82	Derick Wade	1990-92
John Hunter	1982-84	Janet Cockburn	1992-94
Pam Enderby	1984-86	Nadina Lincoln	1994-96
Paul Cornes	1986-88	Rowena Plant	1996-98

HONORARY TREASURERS

Hugh Glanville	1978-82	David Condie	1992-96
George Cochrane	1982-86	Alan Tennant	1996-98
John Hunter	1986-92		

COUNCIL MEMBERS 1978-1998

Keith Andrews	Physician
Cairns Aitken	Psychiatrist
Ann Ashbourn	Physiotherapist
Elizabeth Badley	Epidemiologist
Mildred Baxter	Sociologist
Ida Bromley	Physiotherapist
Jean Buchanan	Social Planner
Michael Bury	Sociologist
Elizabeth Carr	Nurse
Anne Chamberlain	Physician
George Cochrane	Physician
Janet Cockburn	Psychologist
David Condie	Rehabilitation engineer
Paul Cornes	Psychologist
Christine Davey	Physiotherapist
Rachel David	Speech and language therapist
Lois Dyer	Physiotherapist
Pam Enderby	Speech and language therapist
Keren Fisher	Psychologist
Andrew Frank	Physician
John Gladman	Physician
Hugh Glanville	Physician
Rita Goble	Occupational therapist
Marilyn Harrison	Physiotherapist
Elizabeth Hockey	Nurse
John Hunter	Physician
S R Hull	Physician
Peggy Jay	Occupational therapist
Garth Johnson	Bioengineer
Robert Kenedi	Bioengineer
Richard Langton-Hewer	Physician
Nadina Lincoln	Psychologist
Lindsay McLellan	Physician
Alicia Mendez	Occupational therapist
Simon Miller	Physician
Fiona Nouri	Occupational therapist
Philip Nichols	Physician
Cicely Partridge	Physiotherapist

John Paul	Bioengineer
Rowena Plant	Physiotherapist
James Robertson	Physician
Catherine Sackley	Physiotherapist
Agnes Sheil	Occupational therapist
Margaret Smith	Occupational therapist
Sue Stevens	Speech and language therapist
Janet Stowe	Occupational therapist
Alan Tennant	Statistician
Derick Wade	Physician
Marion Walker	Occupational therapist
Chris Ward	Physician
Michael Warren	Physician
Caroline Watkins	Psychologist and nurse
Barbara Wilson	Psychologist
Verna Wright	Physician
John Young	Physician

PROFESSIONS OF FOUNDER MEMBERS AND COUNCIL MEMBERS

One hundred researchers accepted invitations to become Founder members. Their professions are shown on the following table and compared with those of subsequent Council members.

	FOUNDER MEMBERS	COUNCIL MEMBERS	
Medicine	50	19	34%
Engineering	14	4	7%
Physiotherapy	8	8	14%
Occupational therapy	7	8	14%
Sociology and Anthropology	4	2	4%
Planning and Architecture	4	1	2%
Psychology	3	6	11%
Physiology	3	0	
Administration	3	0	
Nursing	2	3	5%
Speech and language therapy	1	3	5%
Orthotics	1	0	
Social work	1	0	
Epidemiologist	0	1	2%
Statistician	0	1	2%
TOTALS	101*	56*	100%

*One Founder member and one Council member had two professional qualifications.