

From comic opera to collaborative science

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Professor Rangan is Vice President of the British Orthopaedic Association. He has led UK-wide multicentre clinical trials that have informed clinical practice and healthcare policy. He maintains a strong commitment to academic training and supporting career pathways for clinical academics. His contributions to advancement of medical science have been recognised by his election to the Fellowship of the Academy of Medical Sciences.

'Surgical research or comic opera: questions, but few answers' was the title of an editorial in the *Lancet* in 1996. It quoted the criticism by the statistician, Major Greenwood who wrote in 1923, "...I would like to shame [surgeons] out of the comic opera performances which they suppose are statistics of operations", and went on to say that only when the quality of publications in the surgical literature improves will surgeons be able to rebut the charge that as much as half of the research they undertake is misconceived! The editorial also said that the personal attributes that go to make a successful surgeon differ from those needed for collaborative multicentre research.

We have certainly come a long way to rebut and address those criticisms, especially in the last two decades where the number of large-scale collaborative multicentre trials conducted in our specialty addressing key uncertainties has mushroomed. This has been the result of a concerted effort where the BOA has played an important part. Appointing Surgical Specialty Leads (SSLs) in Trauma and Orthopaedics, and engaging with a network of Clinical Trials Units has helped build leadership and capacity for collaborative clinical research across the UK in our specialty. The T&O SAC introduced new research requirements for CCT recognising research training and contribution to collaborative research as important metrics. Whilst discovery science and fundamental research is essentially based in centres that have in-house expertise, for the majority of clinicians, collaborative clinical research provides clear opportunities for engagement at both personal and unit level.

The collection of articles in this section cover an example of important work accomplished by an SSL (Daniel Perry), collaborative trainee networks (Rebecca Martin *et al.*), opportunities with NIHR

Integrated Academic Training (Sami Anjum *et al.*), and Out Of Programme Research (OOPR) Doctoral Fellowships such as those jointly supported by the BOA and ORUK (William Fishley *et al.*). They tell a broader story about identity in contemporary orthopaedics: one in which research is not a luxury adjunct to clinical practice, but a core part of how the profession improves patient care, develops future leaders and sustains intellectual curiosity. Daniel Perry's feature also demonstrates that research is not simply about individual projects or academic ambition. It is about deciding, collectively, which uncertainties matter most and where limited resources can produce the greatest benefit.

A few themes consistently emerge from these articles. First, research culture matters. Academic development does not occur in isolation. It depends upon mentorship, infrastructure, protected time and supportive networks. Second, collaboration matters, and answering key clinical questions increasingly require coordinated multicentre effort rather than isolated institutional work. Third, curiosity matters. Whether through integrated academic training, collaborative research, OOPR or national prioritisation programmes, progress ultimately depends upon clinicians remaining willing to ask difficult questions and challenge established assumptions. Finally, time matters. Not simply chronological time within training programmes, but protected cognitive time – time to think deeply, analyse critically and develop ideas carefully. Getting these ingredients right will clearly stand us in good stead for the future. ■