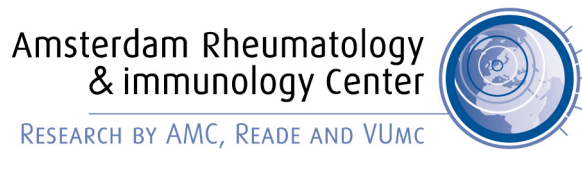


De stichting Ondersteuning Amsterdam Reumatologie en immunologie Centrum ondersteunt de activiteiten van



Zoals weergegeven in het beleidsplan:

Amsterdam Rheumatology and Immunology Center

Policy 2015-2020

Ambition ARC

The Amsterdam Rheumatology and immunology Center (ARC) is a transparent organisation with excellent facilities for diagnosis and treatment of rheumatic diseases by successfully combining high quality care with scientific research.

The organisation is characterised by efficient structural and management lines, and clear sets of tasks. Communication with our partners and clients comprises both structured multidisciplinary consultation and informal, easy accessible contacts.

Within the ARC we strive to create maximum space for new ideas in the fields of research, care, education and training. We promote a healthy organisational structure by actively investing in the development of our employees, taking care of each other, and being open to constructive feedback. We trust and respect each other and stand together to achieve more.

For patients, health care insurers and patient referrers ARC is a top institute, manned by experts and focused on tailored patient treatment. Patients receive personal care and 80% are engaged in both research and education.

For funders and researchers, both in the Netherlands and beyond, the ARC is a reliable research partner involved in innovative basic and clinical research.

The ARC appeals (inter-) nationally to students, researchers, doctors and paramedics and shares its expertise with everyone.

In this way, the ARC makes important contributions to society.

Research

Aim: More impact by increasing quality.

Impact is defined very broadly: impact in terms of direct relevance for patient care, impact in terms of steering research policy (locally, nationally, EU, ...), impact in terms of scientific output, impact in terms of attractiveness for external researchers and funders, ...

Quality is put forward as central focus rather than 'quantity', 'visibility', ... We define quality as innovative, making a difference, reliable. The underlying concept is not that 'quality' is sufficient on its own, but that it should form the base of other aspects of research.

We aim to achieve this global aim by simultaneous and consistent actions at 3 levels: organization, content, and culture.

1. Organization of the research:

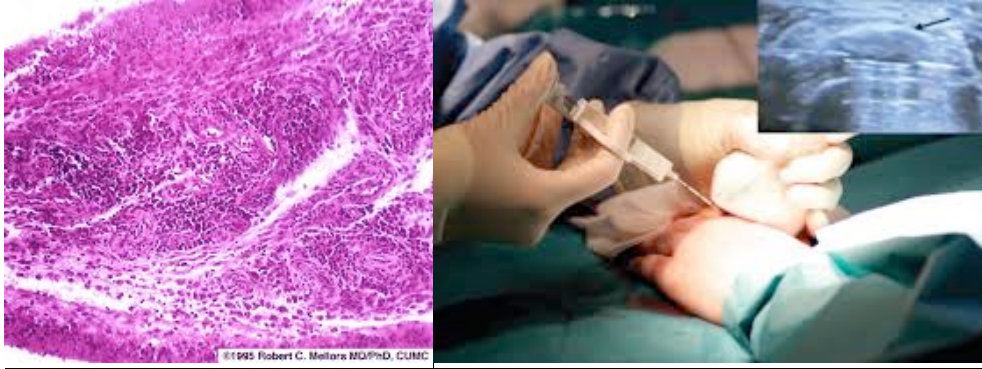
- a) Single governance system: aims, context, and rules should be crystal clear and similar for everyone
- b) Simplification: elimination of unnecessary and non-productive processes
- c) Modular organization but shared responsibility: small to medium-size teams with PIs in the lead to promote flexibility, stimulate cooperation, and guarantee recognition (teams can be 'content'-driven as well as 'process'-driven). However, PIs are not only responsible and accountable for their own research but have also shared responsibility for the complete research organization ('Bijenkorf' principle)
- d) Coherence and collaboration between the teams will be promoted by
 - a. centralized research support when appropriate (ex: large cohorts)
 - b. common research meetings and research strategy review boards including all stakeholders (and in the first place: the clinicians)
- e) Cooperation with other groups in relevant research institutes, especially Immunity and Infection

2. Content of the research:

- a) Agnostic: whereas the ultimate focus remains on chronic inflammation in rheumatic and associated conditions, the research itself should be driven by i) medical/clinical unmet needs and ii) scientific curiosity rather than by pre-defined 'themes'
- b) Focused on game-changing (rather than incremental) innovations: even when small incremental steps are taken, the research should ultimately have the potential to 'make the difference'. This implies that we accept the risk of 'failure' (meaning: high level of research leading to negative results) and are prepared to invest medium-term (3-4 years) in young talented researchers and/or new research lines.
- c) Acquire the required expertise: existing expertise (or the absence of it) should not limit the research. If additional/new expertise is needed, we should invest in education, hiring of new collaborators, or external collaborations.

3. Research culture:

- a) Dynamics driven by reiterating cycles of (external) evaluation and commitment: we aim to promote that research lines, research projects, and research output are externally evaluated (funders, journals, PI scores, ...). The commitment of the ARC to facilitate/support research will heavily depend on this external evaluation. We accept the consequences of poor as well as good evaluations.
- b) Clear accountability and recognition: everyone in the research structure will be held accountable (content, HR management, GCP, financial) for his/her work. But: everyone in the research structure will also receive recognition for his/her work. The formal accountability is organized at the PI level.
- c) Principal rather than dogmatic: scientific and organizational discussion will be based on 'evidence' and 'arguments' and not on historical or contextual reasons and interests.
- d) Breeding ground principle: besides scientific output, one of the major tasks and responsibilities of the research staff is to attract, support, and promote young talent



Education and training

Aim: A breeding ground for the best future physicians and researchers.

Education is an important tool to increase the knowledge of individuals in general, thereby improving innovation and quality of output of all persons currently working within the community of the ARC. In addition, education is important in order to prepare the next generation of physicians and researchers for their task in the care of patients and research within the field of rheumatology and immunology.

Educational goals:

- to attract world-class researchers, physicians and health professionals that share our ambition
- to attract the best candidates for clinical and research training
- to offer outstanding postgraduate training for rheumatologists and clinical immunologists at a local/ regional/national level
- to offer postgraduate education on rheumatic diseases for local/ regional general practitioners
- to be a breeding ground for future PhD students and trainees in rheumatology and clinical immunology within the ARC

4. Organization of education and training:

- Educational programs are focused on predefined areas
- Coordination of educational programs over time and between each other
- Participation in (inter)national organizations who develop / organize educational programs

5. Content of education and training:

- Becoming the driving force at a national level of clinical immunology education for students and trainees
- Comprehensive educational programs for students, trainees, researchers on predefined areas of rheumatology and immunology within ARC
- New and innovative educational programs on predefined areas of rheumatology and immunology for students and trainees within ARC
- Postgraduate training for rheumatologists and clinical immunologists at a local/ regional/ national level
- Specific programs to stimulate the interaction between clinicians and researchers
- Stimulating paramedical health care professionals within ARC to improve their skills by encouraging to follow relevant courses

6. Teaching culture:

- To stimulate students and trainees by appealing to their own skills



Patient care

Aim: combining high quality care with scientific research.

The Amsterdam Rheumatology and Immunology Center has excellent facilities for diagnosis and treatment of rheumatic diseases by successfully combining high quality care with scientific research. Although Reade and AMC/VUmc remain separate organisations for patient care, they will cooperate to exchange best practices and care plans, to benchmark and exchange quality registrations of the most frequently occurring rheumatic diseases, and to synchronize the registration of data that are gathered in patient care in order to facilitate combined cohort studies.

7. Organization of patient care:

Patients with signs and symptoms of all rheumatic diseases are welcome at the outpatient clinics of AMC, Reade and VUmc. Patients with chronic inflammatory conditions will stay under the care of the rheumatologist. Those with other rheumatic conditions will be diagnosed and thoroughly advised, and referred back to either primary care or a specific treatment modality such as a pain rehabilitation programme. Outpatient and day care is present at all three locations; inpatient care will be centralised in one location.

Patient care is given in close cooperation with rheumatology nurses and fellows in training, and is multidisciplinary where indicated.

8. Content of patient care

General goals :

The ARC will offer patients with rheumatic diseases excellent and innovative care.

The ARC will play an important role in improving early diagnosis and better treatment for rheumatic diseases in the long run.

More specific goals

ARC has care protocols for inflammatory rheumatic diseases (RA, SA, PsA, gout, SLE, SScI)
ARC has patient information material for these diseases including participation in studies
The care and research protocols are synchronized
ARC keeps a registry of biologics
ARC is leading in the national quality of care registration for rheumatoid arthritis
ARC is leading in the national registry of off-label prescribing of biologics (RUBRIC)
ARC is leading in the national registry of systemic autoimmune diseases (DAIRE)

9. Culture of patient care:

We strive to set standards for best practices in rheumatology or to swiftly adopt them

We strive to innovate the care of patients with rheumatic diseases

We invest in all areas of our professional development

We have high quality coaching/support of students and trainees

We have an open communication between staff and students / trainees to improve the level of multidisciplinary patient care

