

WHAT IS A PROFESSOR?

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What is a professor? The question appears deceptively simple yet the answer is difficult to provide. Fearing that my interpretation of the title was becoming outmoded, I sat down to think and ultimately to write.

Recourse to the Oxford Dictionary did little to resolve matters. A chair is "a seat of authority, state, or dignity, . . . from which a professor or other authorised teacher delivers his lectures" and a professor is "a public teacher or instructor of the highest rank in a specific faculty or branch of learning". There were of course many other uses of the terms, and although attracted by the description of a chair as "an attribute of old age, when rest is the natural condition", I discarded the dictionary as a source of inspiration or further information.

There can be little doubt about the general public's assessment of a professor. The title is regarded as a rank of excellence, which indeed it should be. After all, if the academic institute bestows upon one of its members its highest rank, is it not quite reasonable to assume that this is a collective tribute to wisdom? But the public interpretation of the term, although relevant, is not as important as our own concept of the professorial role.

Most of our chairs have been established by the academic institutes to which they belong, but occasionally an institute sees fit to bestow a personal chair upon one of its members as a tribute for outstanding work and achievement in one of the specialities.

Established chairs are usually filled by open competition, and are generally financed by the institute either wholly or as a proportion of total salary. In recent years and rather belatedly our universities are appointing whole-time professors and private practice is limited, income over a certain level being returned to the institute. In the major specialities such as medicine and surgery, it is not uncommon to have two professors rotate the chairmanship of the department between them at fixed intervals. This practice is good but might be taken a little further. Why not limit tenure of office to ten or fifteen years? This would encourage a total commitment to academic development during the occupant's most productive years and on completion of office he

could be given the title of emeritus professor. If there are to be two (or more) professors in one discipline they should be chosen for individual qualities that would ensure the rational development of a productive department. For example, one might be appointed for his research abilities, and another for his teaching or administrative skills.

Obviously, it is desirable that chairs in the major disciplines should be occupied by full-time professors. It should go without saying that those appointed to established chairs should have an impressive academic record. They should be committed to the ideal of academic development, so that their fulfilment would come from this, and they should not, as Gogarty once said speaking in another vein, be distracted by the "babble of the market". This, of course, means that universities must ensure that their full-time professors are paid a realistic wage, bearing in mind that in most specialities the private sector will be a constant temptation to even the most stoic academic.

The practice of appointing associate or assistant professors can, in my view, only lead to dissatisfaction, and there must ultimately be ill-feeling if, as happens, the incumbent regards the chair as his by right. It would be far better if our academic departments were properly staffed with readers and lecturers than bolstered with very part-time assistant professors. Our medical schools do not appear to realise that well-structured professorial departments have been in existence and have been operating productively over many years in most other countries. In his Harvian Oration in 1971, Leslie Witts estimated that in Great Britain "the average medical professorial unit might be presumed to consist of eight people paid by the university and a similar number of attached workers". Though our departments are improving, they are doing so at a tortuously slow pace.

A major fault with our established chairs is a total lack of accountability for performance. It is not enough anymore to train medical students so that they become reasonably competent doctors. The professor of any department is responsible for this to be sure, but he must also see that his department

as well as being a seat of learning is an area of active research and scientific enquiry. To do this he has to develop his department, acquire and direct his staff, and the fruits of his efforts are to be judged by the calibre of his scientific communications and publications. It should be the practice of all medical teaching institutes to produce an annual report clearly depicting the undergraduate and postgraduate activities of each department and, perhaps more important, a list of published work, the worth of which will be readily apparent.

So much for established chairs, but what of personal chairs? It is high time that we took a close look at this means of approbation which if misused could do a grave disservice to our academic standards. As I see it, an institute may rarely—very rarely—see fit to honour a member whose contribution to his discipline has been significant and outstanding. Provided such an individual exists the means of endowing his chair is probably not very relevant, and it would matter little whether the money came from the university or from industry. Great would be the threat to the integrity of our academic standards if, for example, the pharmaceutical industry by merely providing money was permitted to endow chairs in a particular speciality, or for an individual of its choosing.

Recently, a pharmaceutical company endowed no less than two chairs in cardiology in one university. It would seem to me quite reasonable, desirable and indeed deserving that there should be one endowed chair of cardiology in this country, but to create two chairs in a small speciality, both in Dublin and both in the same university, makes a farce of the whole professorial concept and raises some ethical considerations as well. The die is now apparently cast, the university has given its approval, and the chairs will be filled shortly. There might seem then to be little point in running the risk of opprobrium by writing frankly about this issue, but my reason for doing so is that I see a most undesirable precedent being established. If it becomes common practice for endowed chairs to be established in this manner in the specialities, Dublin would soon earn a reputation similar to that which it once had as a city of "dreadful knights"; of now being one of dismal professors.

*Witts L.J. (1971). "The Medical Professorial Unit". *Brit. med. J.*, 2, 319.