

Who will be the Clinical Academics of the future?

The Crisis in Academic Medicine



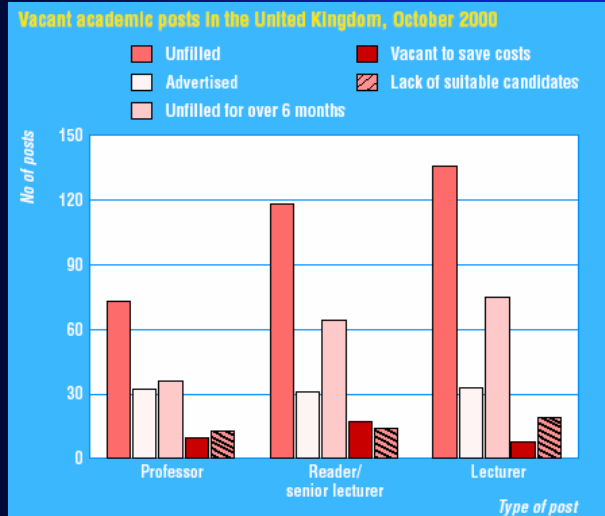
Clinical academic medicine in jeopardy

Recommendations for change

Professor Sir Peter Morris 2002

- *'The situation for academic medicine is becoming desperate especially for craft specialties such as surgery. Concerted action by all the stakeholders - the Academy, government, the universities, the medical royal colleges and others - is needed now, not only to produce the next generation of doctors but also to maintain the translation of basic biological research into clinical practice in the UK'.*

Substantial numbers of academic posts unfilled



2000

The problem of recruitment 1

- lack of a clear career structure
- tensions between research, teaching and clinical work with an RAE driven research imperative
- move from clinical to non-clinical lectureships as 'better value for money' especially in 'craft' based specialities
- difficulties in obtaining research funding
- a perceived lack of flexibility in the combination of post-doctoral research training and clinical training

The problem of recruitment 2

- substantially prolonged training required for clinical academics
- financial disadvantages associated with prolonged training and academic posts
- unrealistic demands on clinical academics.
 - Few individuals are likely to be internationally competitive in research, make a substantial contribution to undergraduate medical education deliver a clinical load attaining excellence in clinical practice and take on administrative responsibilities
- National clinician scientist programme cannot meet the needs of academic medicine alone

Problem addressed locally by a Clinical lecturers working group

- National problems mirrored in Glasgow
- Remit:
 - Review current number of Clinical Lecturers and their academic activities.
 - Proposed organisational plan for the optimal use of lectureships
- Clinical Lecturer should be an individual with significant research experience at an intermediate to advanced stage of their clinical training

Audit 1

- **Clinical lecturers**
 - 57 lecturers identified
 - 12 SHEFC funded
 - 26 correctly identified as clinical lecturers
- **Discrepancy caused by applying the pay grade rather than the appropriate title for the post**
- **Actual posts included: Research Assistant / SHO, Research Fellow / registrar, Principal in general practice**

Audit 2

- **96% had a higher professional qualification**
- **Median 3 (range 0-6) years in full time research training posts**
- **25% possessed MD / PhD remainder matriculated for higher degree**
- **37% had established their own grant income**
 - **Median income £175,000 (r £40,000-300,000) in last 5 years**
- **Median peer reviewed papers over previous 4 years 4 (range 0-13)**

Initial Audit of Clinical Lecturers Use of Time

%Time allocation		
	Range (%)	Median (%)
Clinical	10 – 90	50
Research	1 – 90	30
Teaching	0 – 20	10
Administration	0 – 20	5

Audit of activity of SHEFC funded clinical lecturers in acute specialities

Publications in preceding 4 years

Median (range) peer reviewed publications	Median (range) Number as 1st Author	Mean (range) impact factors
5 (2-10)	3 (0-6)	2.68 (0.25-10.2)

Despite research activity none returned in last RAE

What happened to clinical lecturers in the past?

- In major acute specialities 22 lecturers identified over approx 15 years
 - 6 chairs
 - 11 senior lectureships
 - UK, Europe and North America

Recommendations 1

- 'Clinical Lecturer' should only be applied to those with established research experience who are developing a career as a clinical academic at an intermediate or advanced stage of their clinical training and with specific research (or medical education) experience

Recommendations 2

- **Clinical lecturer posts should be continued as these**
 - play a major role in support of Sections with a large teaching and research load,
 - allow the development and training of future academics. Addresses in part the difficulty recruiting at Senior Lecturer level with 'home grown' academics
 - where appropriately supported and protected, can produce significant research output of peer reviewed papers and attract grant funding.

Recommendations 3

- Clinical Lecturer posts should generally support the transition from research fellow to established principal investigator
- The individual would either be in possession of or would be proceeding towards a higher degree (MD or PhD) based on their previous research work.
- They would be expected to have the appropriate professional qualification relevant to their stage in training and clinical discipline eg. MRCPPath Part 1 or MRCP(UK).

Recommendations 4

- Need to recognise the differences between medical and surgical specialities. Because of the nature of their training programme craft based specialities generally provide the trainee with less time or opportunity to develop research, yet development of academic surgeons is essential for the survival of academic surgery.
- Indeed these difficulties are recognised by the MRC with specific joint training Fellowships being developed between the RCS and the RCOG and the MRC

Recommendations 5

- **Clinical Lectureships must be structured to protect academic time, which should on average be at least 40% of their total time. This should be set out in the job description**
- **A system of mentorship should be established.**
- **An academic assessment system must be established, setting out academic goals for research, teaching and administration on an annual basis.**

Recommendations 6

- The annual clinical review will include information on their academic developments and a clinical academic will be present on the assessment panel.
- There must be liaison between the clinical and academic supervisors if this is not the same individual.

Recommendations 7

- The initial duration of clinical lectureships, subject to satisfactory progress, should usually be for at least 5 years and for a maximum of 6 years.
- The possibility of developing lectureships focused on Medical Education should be considered, such posts may be of value in development of the medical curriculum
- Consideration required on strategy for inclusion in RAE

Conclusions

- Clinical lectureships provide a valuable resource for academic development
- Complement clinician scientist programme
- Better structure of posts, mentorship and assessment should make these posts more attractive
- Such evolution is essential for academic medicine's survival