

*Title page, Foreword and Summary from*

# **Medically- and dentally-qualified academic staff: recommendations for training the researchers and educators of the future**

**Report of the Academic Careers Sub-Committee of  
Modernising Medical Careers  
and the UK Clinical Research Collaboration  
March 2005**

The full report is available at: [http://www.mmc.nhs.uk/academic\\_medicine.asp?m=7](http://www.mmc.nhs.uk/academic_medicine.asp?m=7)



# Medically- and dentally-qualified academic staff: recommendations for training the researchers and educators of the future

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igniting our potential

# FOREWORD

The NHS provides equity of access to high quality care for the whole of the large and heterogeneous population of the UK. Recent reports\* have highlighted the unparalleled opportunities for clinical research it offers. The Government's white paper "Science and Innovation: working towards a ten-year investment framework" recognises the need to strengthen clinical research in the UK. In response to these reports, the UK Clinical Research Collaboration (UKCRC) was set up to harness the power of partnership between government, industry and medical charities in order to establish the NHS as the world leader in contributions to clinical research.

One of the key recommendations of these recent reports is the development of stronger clinical research capacity. In order to achieve this, incentives need to be developed for the recruitment and retention of clinical scientists. In addition a clear career pathway and structured advice for junior doctors on how to pursue a research career, is required. In order to achieve progress towards these goals a strong partnership between the Department of Health, the NHS, and those bodies responsible for the training and employment of clinical scientists was required. The ongoing work of the NHS Modernising Medical Careers (MMC) provided a clear window for change in the current medical training programme. In addition, the UKCRC provided an umbrella under which to bring the many stakeholders together in order to effect change. The key stakeholders have been brought together in a joint Sub-Committee of UKCRC and MMC, Chaired by Dr Mark Walport, Director of The Wellcome Trust. The resulting Report has built on existing work such as that commissioned by the Strategic Learning and Research Advisory Group for Health and Social Care (StLAR) and represents a great deal of effort and compromise by many individuals and organisations. For the first time, the Report maps out a clear and flexible pathway through which junior doctors can pursue a research career.

Work on the implementation of the recommendations is ongoing and this will need to take account of practicalities and structures within the devolved administrations. The production of this report represents the first phase of the Sub-Committee's work. The Sub-Committee will continue to meet as a standing committee of the UK Clinical Research Collaboration and Modernising Medical Careers to oversee the implementation of its recommendations and to monitor their success in assisting clinicians to fulfil their ambitions for an academic career. The Sub-Committee will also continue further work with MMC towards securing the next generation of clinical educationalists and educators.

UK Strategy Group

\*Biosciences Innovation and Growth Team (BIGT) and the Academy of Medical Sciences (AMS).

# SUMMARY

Medical and dental practice is under continuous and rapid evolution. A key driver of this evolution is new discoveries about the nature of disease and its prevention, new means of clinical investigation and the development of new treatments. The spirit of enquiry and research that generates these new discoveries is an essential part of the culture of a healthy National Health Service (NHS) and is for the benefit of all patients.

Recent years have seen major cultural changes within the NHS, with all clinicians finding themselves under great pressure to accomplish set goals and targets, which are frequently related to process rather than outcome. Providing education and training, and performing research have not featured strongly amongst these NHS goals. But clinical academics who undertake these activities are a crucial part of the workforce that will shape the future of the NHS.

Warning bells have been ringing for some time over the perilous state of academic medicine and dentistry in the UK. The deterrents for a clinical academic career have been well documented over the years but can largely be summarised as:

- i. *lack of both a clear route of entry and a transparent career structure*;
- ii. *lack of flexibility* in the balance of clinical and academic training and in geographical mobility; and
- iii. *shortage of properly structured and supported posts* upon completion of training.

This report sets out a series of recommendations to address these deterrents to clinical academic careers. The proposals can be grouped into four sections, each addressing the key stages of a clinician's career, namely: Medical School; Foundation Programme; specialist training; and consultant / GP grade. Proposals for each of the career stages are then made separately for academic dentists. The recommendations are as follows:

## Medical Schools

For the Medical School stage, it is recommended that:

1. medical students must understand the attractions of a career in academic medicine and how to pursue this aim. One way of achieving this goal is to make sure that students are taught by leading clinical academics, amongst others;
2. the opportunity to undertake an intercalated BSc or equivalent is maintained, through the provision of scholarships and bursaries;

3. increased opportunities are provided for some students to explore the theory and practice of education in the undergraduate curricula through appropriate programmes, special study modules / student-selected components and intercalated degrees;
4. a limited number of MB-PhD schemes are maintained with appropriate funding and the progress of graduates from these programmes is tracked;
5. programmes for the attainment of a higher qualification are developed in the field of education, structured if necessary on a regional or national basis.

## Foundation Programmes

For the Foundation Programme stage, which will consist of two years (F1 and F2), the following options are recommended:

6. the preferred option is for an integrated academic F2 programme which encompasses academic activities throughout the year, designed for those who show an aptitude and commitment for a research / educational career, with the following as additional opportunities;
7. a four-month academic rotation within the F2 year, designed to offer the F2 trainee the opportunity to explore his / her potential interest in a research / educational career, delivered either as 'stand-alone' or in the context of an academic F2 year;
8. a pilot two-year integrated academic Foundation Programme targeted in part at MB-PhD students.

## Specialist Training

In order to ensure that there is an explicit academic training pathway during the specialist training period, and that these are flexible programmes that allow both clinical and academic competencies to be attained, it is recommended that:

9. dedicated academic training programmes are developed in strong host environments, in partnership between Universities and local NHS Trusts and Deaneries - **this is the core proposal of this report**;
10. these programmes consist of two phases: the academic clinical fellowship phase leading to a competitive externally-funded training fellowship

and a higher degree; and the clinical lectureship phase, leading to a Certificate of Completion of Training and providing opportunities for postdoctoral experience;

11. these programmes are initiated and selected by means of a national competition and candidates appointed by appropriately constituted local appointment committees;
12. substantial efforts are made to develop academic training programmes in those specialties that have been subject to particular decline in their academic activity. Whilst the majority of these programmes will focus on research training, some will have educational training as their main focus;
13. a separate national competition for clinical lectureships is held for an interim period until the first cohorts of trainees have completed the academic clinical fellowship phase of the dedicated programmes. This second competition will enable posts to become available for individuals who are currently completing a higher degree;
14. appointees to these programmes are given an NTN(A) at entry;
15. trainees are able to exit the academic training programme and return to a standard clinical training at any point, subject to satisfactory outcomes from a joint academic and clinical appraisal.

It is important that the proposed dedicated academic training programmes do not exclude other means of entering and pursuing a career in clinical academia. It is proposed that:

16. there should be a variety of entry points into the designated academic training programmes so that they are open to trainees who choose to enter an academic pathway later on in their clinical training;
17. awards by research funders of research training fellowships should not be restricted to those with NTN(A)s;
18. direct entry to the Specialist Register through the 'academic route' under the auspices of the Specialist Training Authority (and its successor body PMETB) is maintained and enhanced.

Additional recommendations are made for academic GPs, many of whom enter academia once they have completed their clinical training. These are:

19. the creation of two-year 50% clinical, 50% academic posts with a well-defined academic content that could include a Master's degree for general practitioners who intend to enter academia. These should be available both as part of vocational training, and after the doctor has completed vocational training;
20. the creation of a competitive one-year funding scheme to provide salary support for fully clinically trained general practitioners who have completed a doctorate and wish to prepare an application for a postdoctoral fellowship.

In light of the fact that the new consultant contract is not yet generally being offered to academic GPs, it is recommended that:

21. there should be no distinction in rates of pay between senior academic GPs and other senior clinical academics.

To ensure that clinical academia remains an attractive option for those who decide to take a career break, it is recommended that:

22. a mechanism of additional mentoring prior to and post career break is developed;
23. 're-entry' programmes are developed and made available following extended career breaks.

#### **Consultant / senior academic GP grades**

In order to accommodate a new generation of trained clinical academics coming out of the proposed dedicated academic training programmes to establish their careers, the following are recommended:

24. creation of a cohort of 'new blood' senior lectureship posts that are funded in partnership between and jointly owned by NHS Trusts, Universities, the UK departments of health and other research funders;
25. clinical academics should have pay parity with their NHS counterparts;
26. development of a clear pathway back into full-time clinical practice from academia, subject to evidence of continuing good clinical performance;

- 27. establishment of programmes of continuous professional development that allow further clinical training of consultant academic staff, as appropriate, for career requirements;
- 28. further efforts are made for the revision of academic career progression / promotion criteria within Universities for clinical educationalists.

#### Academic dentistry

The problems and opportunities of clinical academic dentistry are similar to those of academic medicine. It is recommended that:

- 29. Dental Schools develop comprehensive programmes to encourage students into clinical academic dentistry, including the development of BDS-PhD programmes;
- 30. a limited number of integrated academic programmes, along the lines of an integrated

academic Foundation Programmes, are created for potential dental academic trainees;

- 31. an academic training programme in dentistry is developed, along the lines proposed for medicine;
- 32. increased flexibility and partnership in funding for training positions in clinical academic dentistry is required;
- 33. there should be an expansion of the established clinical academic workforce in dentistry, including a programme for 'new blood' senior lectureships.

It is proposed that the Sub-Committee continues to work with stakeholders to oversee the implementation of these recommendations and the evaluation / quality appraisal work of the measures that are taken forward.