

Rethinking clinical academic careers: a view from the UK

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Setting the scene

- Delivery of safe, effective healthcare of high quality is predicated upon a well-trained medical workforce
- This workforce includes clinical academics whose career includes a specific commitment to research / education / leadership

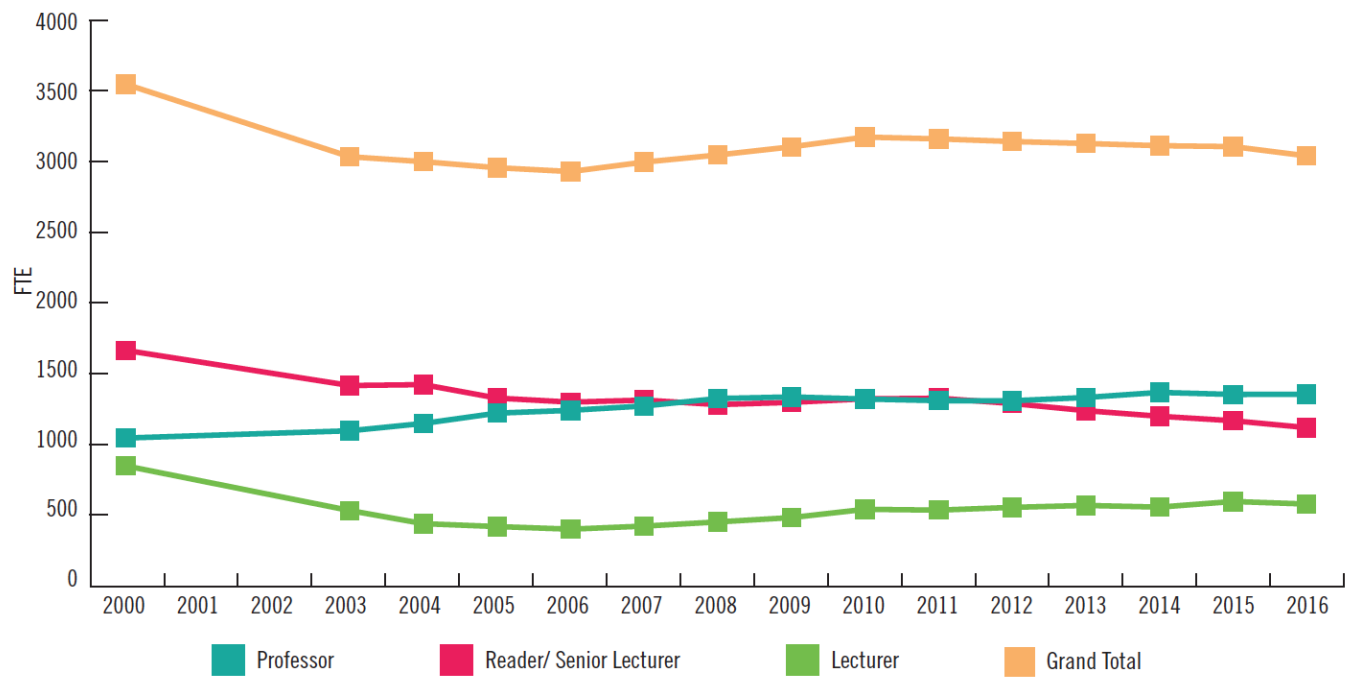
The challenge facing us

- ***Clinical academia is stagnant***

- Numbers of clinical academics have remained static for last two decades
- Landscape of expansion of clinical posts in most healthcare systems
- Influence of clinical academia is diminishing

The challenge facing us

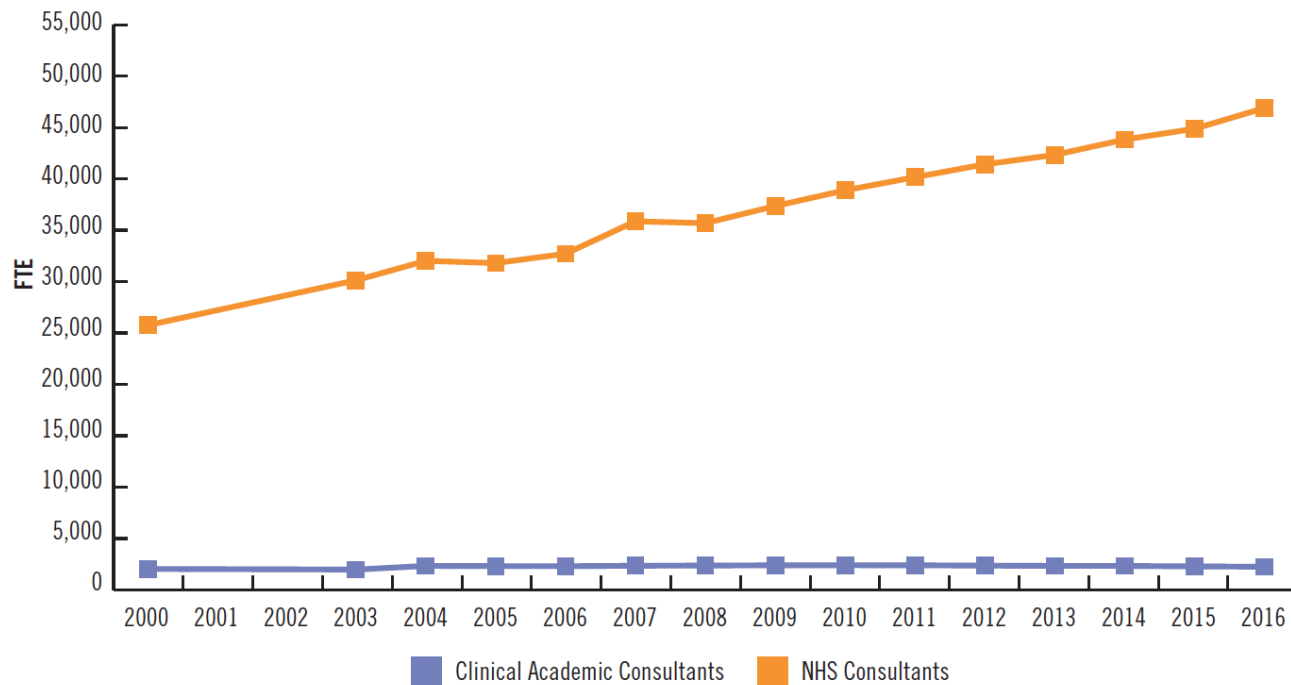
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The challenge facing us

- ***Clinical academia is stagnant***
 - Numbers of clinical academics have remained static for last two decades
 - *Landscape of expansion of non-academic clinical posts in most healthcare systems*
 - Influence of clinical academia is diminishing

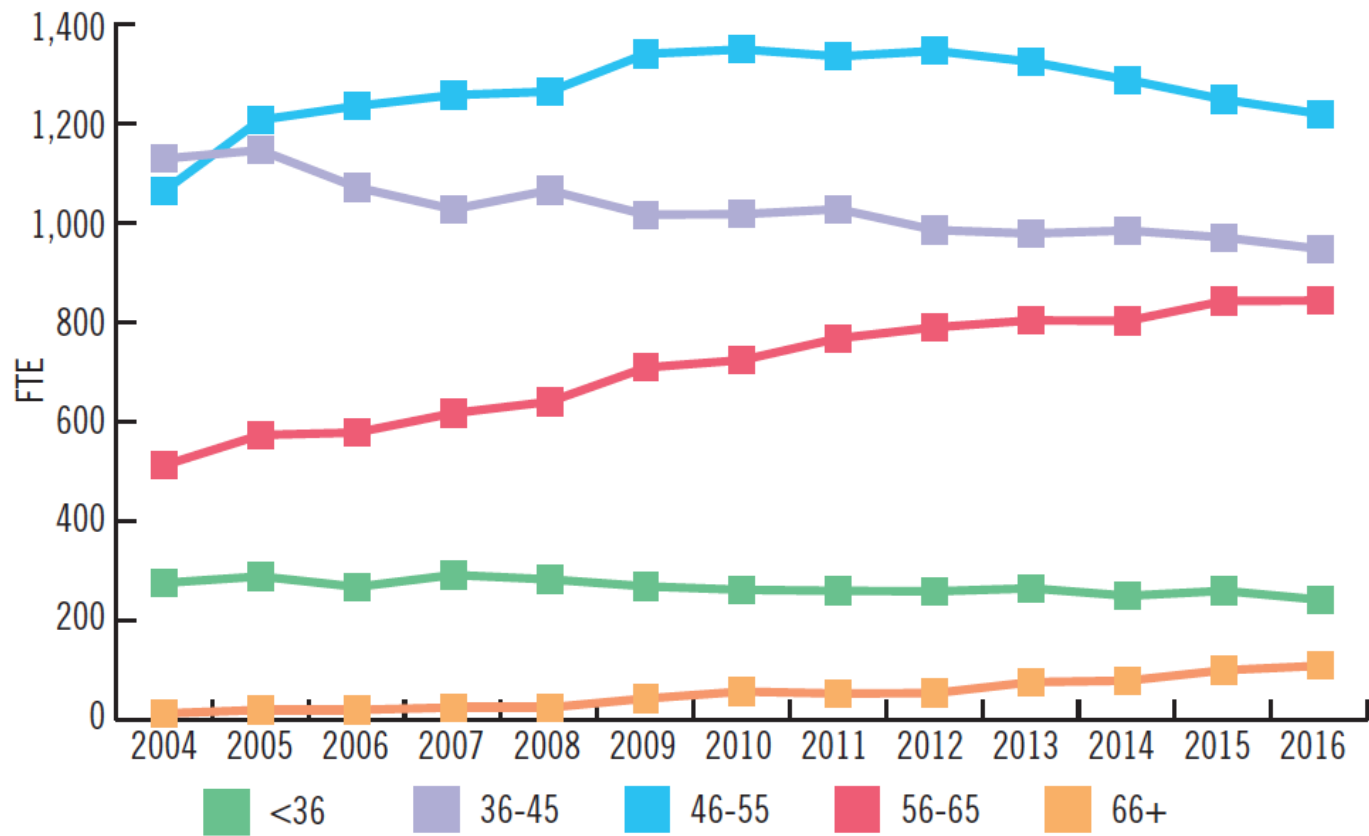
The rise of the non-academic



The challenge facing us

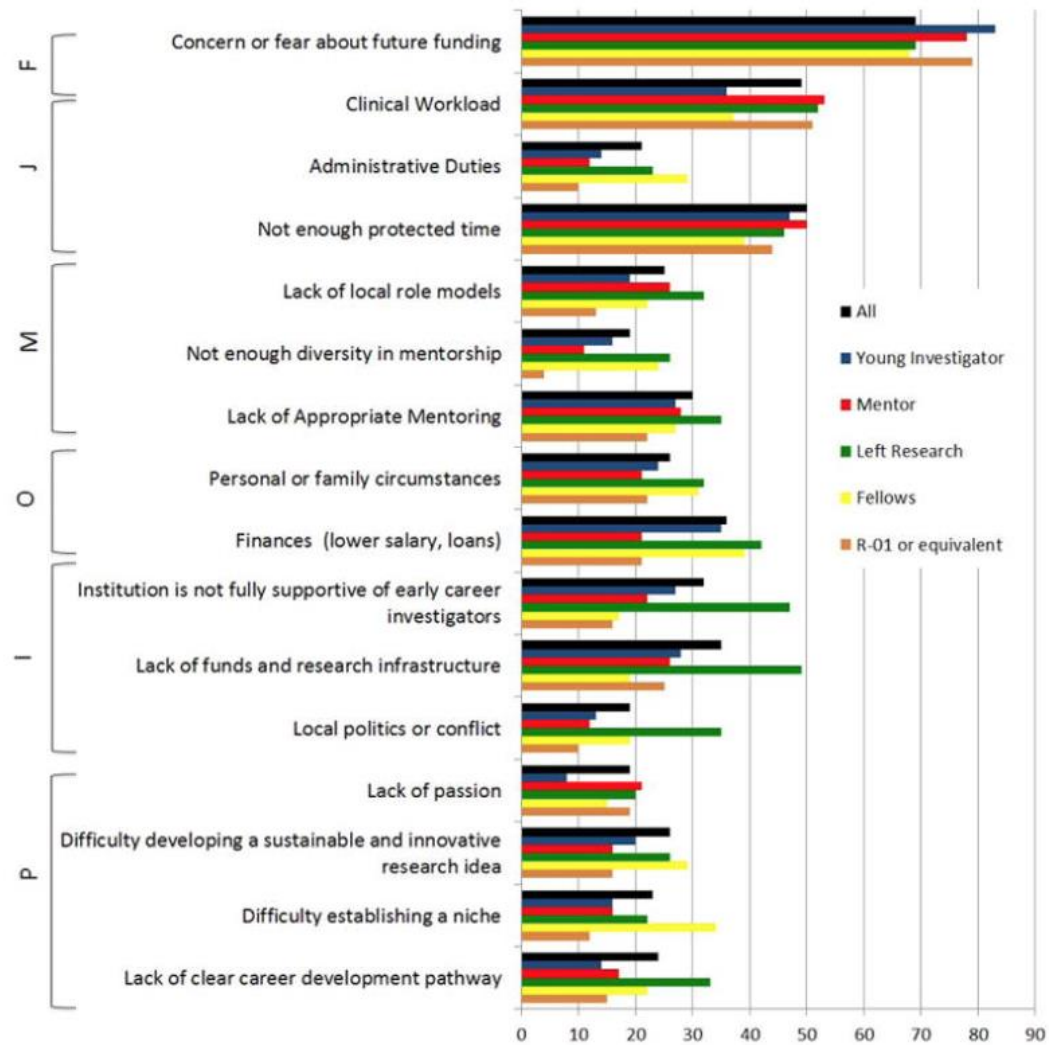
- ***Clinical academia is stagnant***

- Numbers of clinical academics have remained static for last two decades
- Landscape of expansion of clinical posts in most healthcare systems
- *Influence of clinical academia is diminishing, and the demography suggests this will get worse*

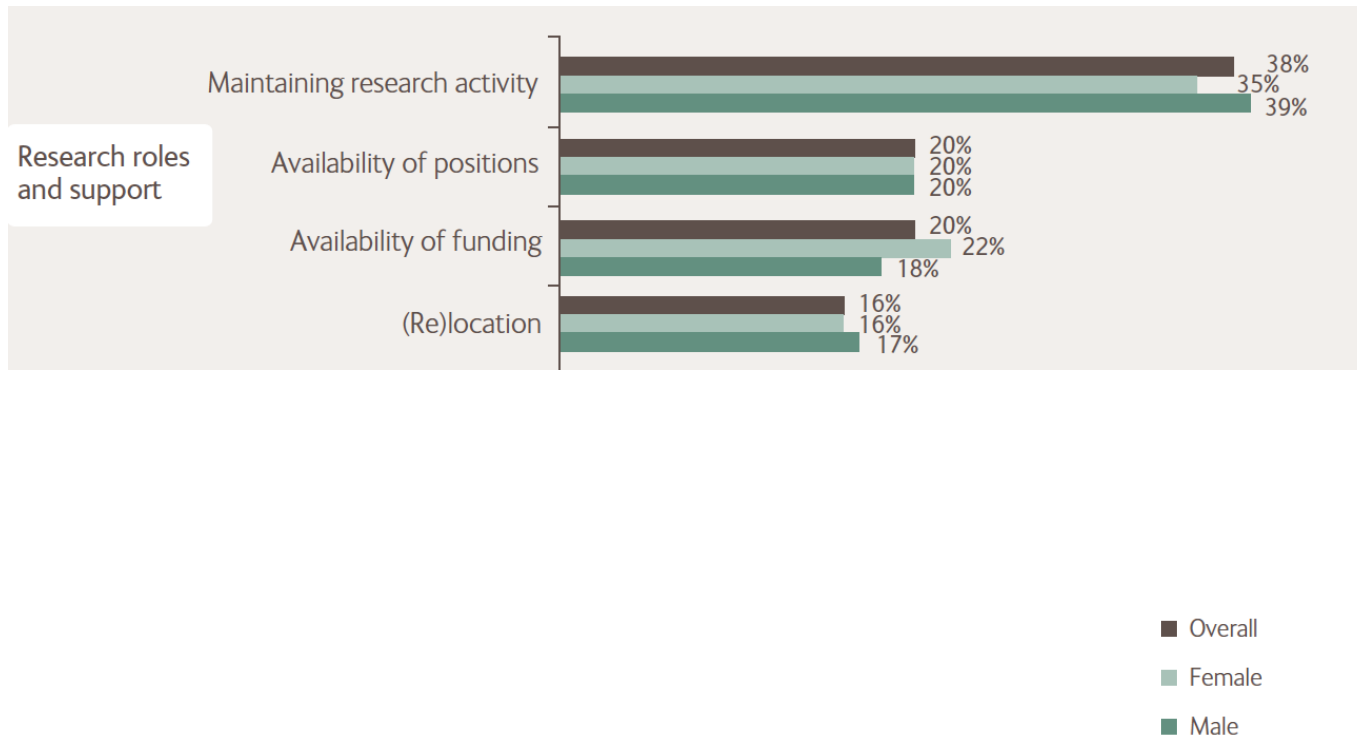


Why have we stagnated

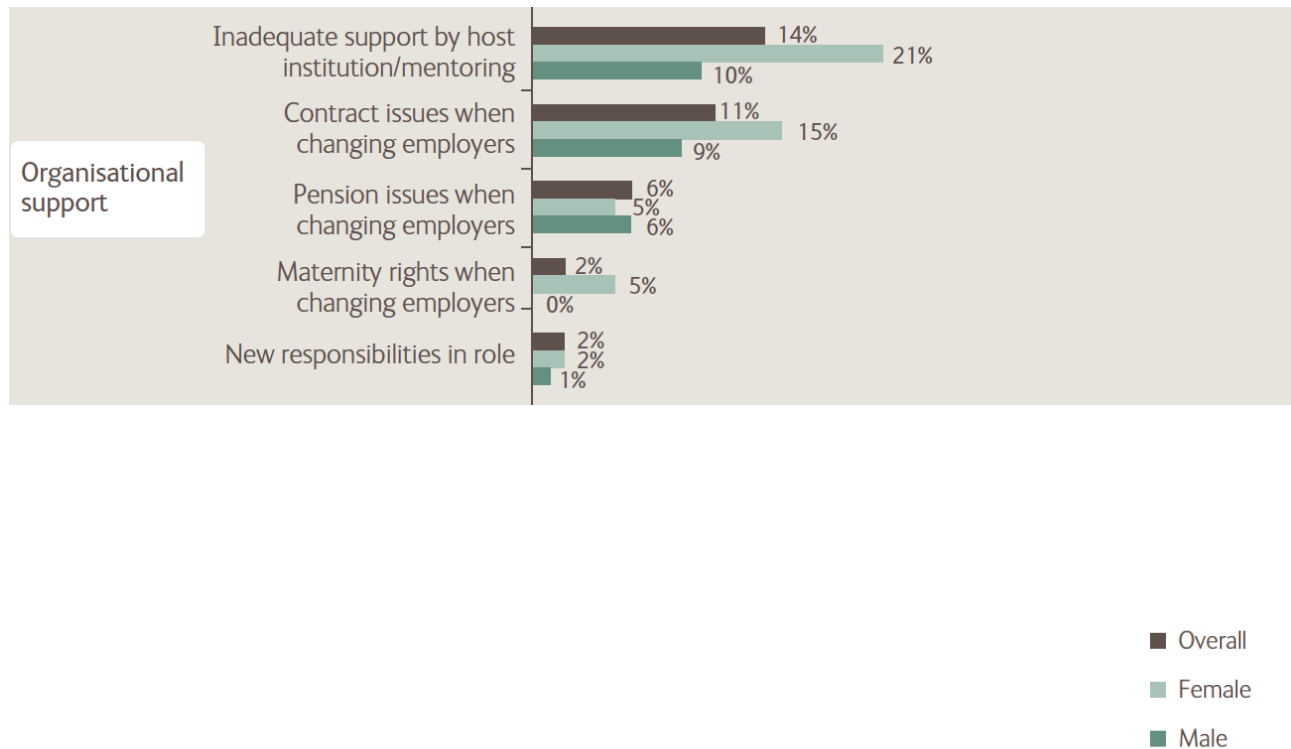
- Barriers to entry to academia
- Current training structures
 - The pipeline is leaky
- Lack of diversity



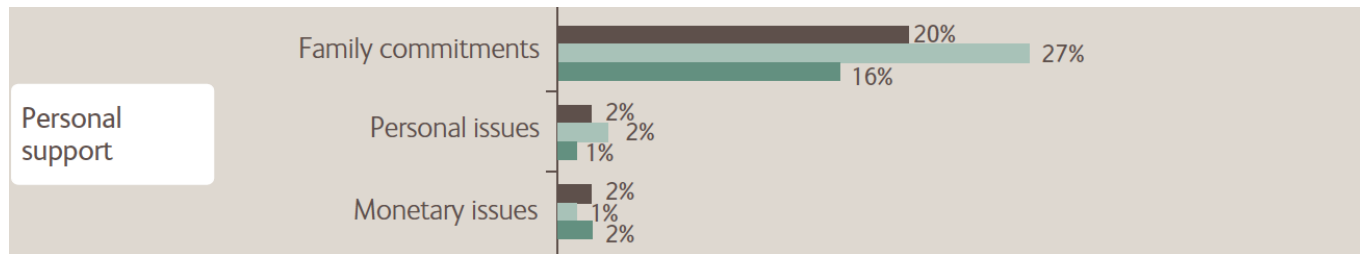
Barriers in career transition



Barriers in career transition



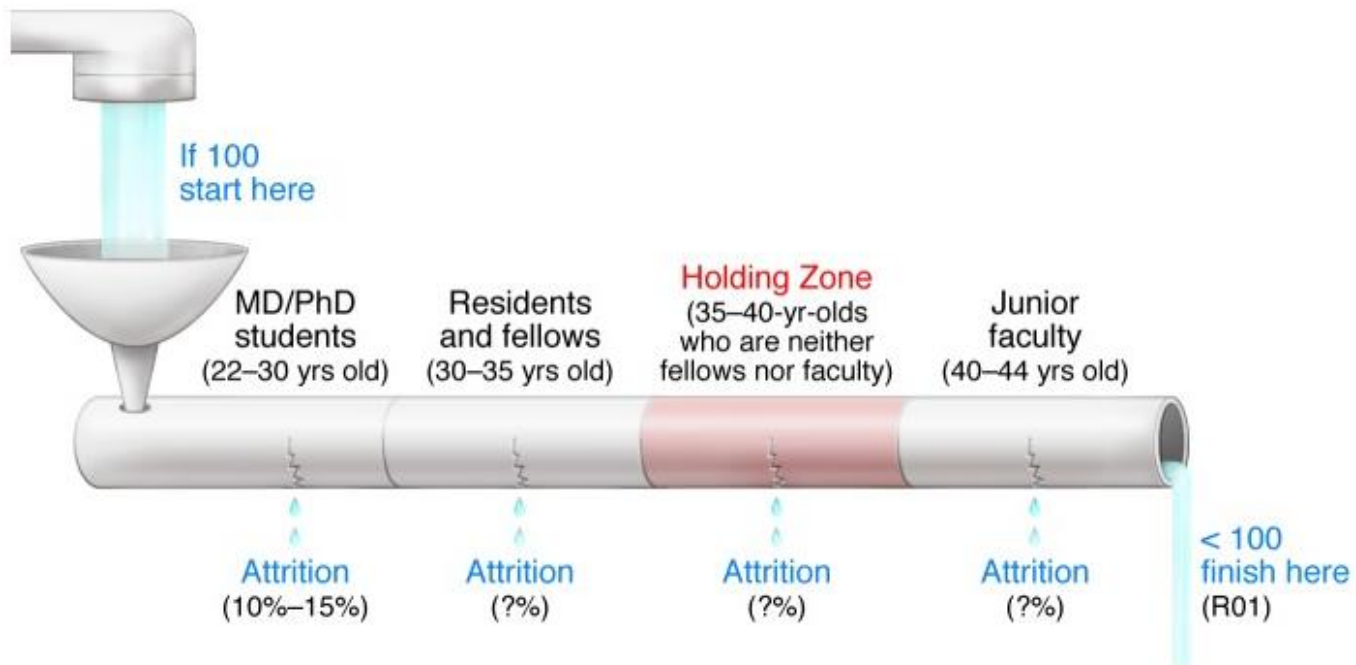
Barriers in career transition

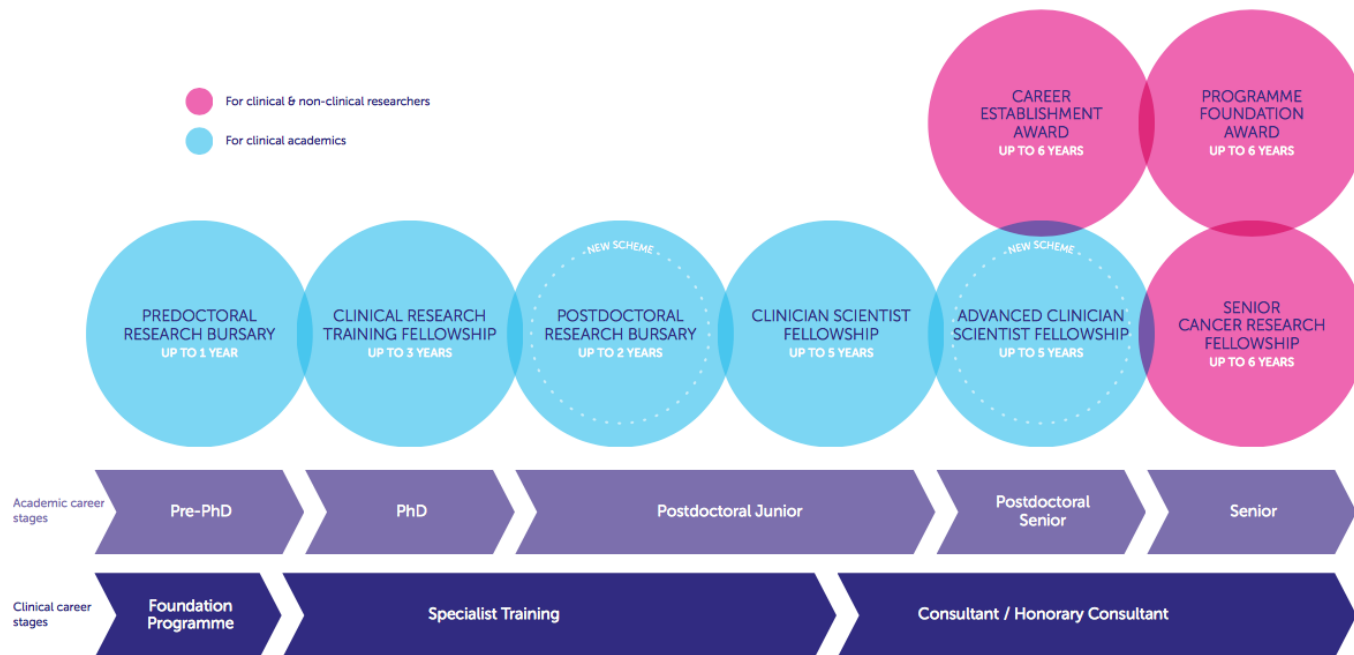


Overall
Female
Male

Why have we stagnated

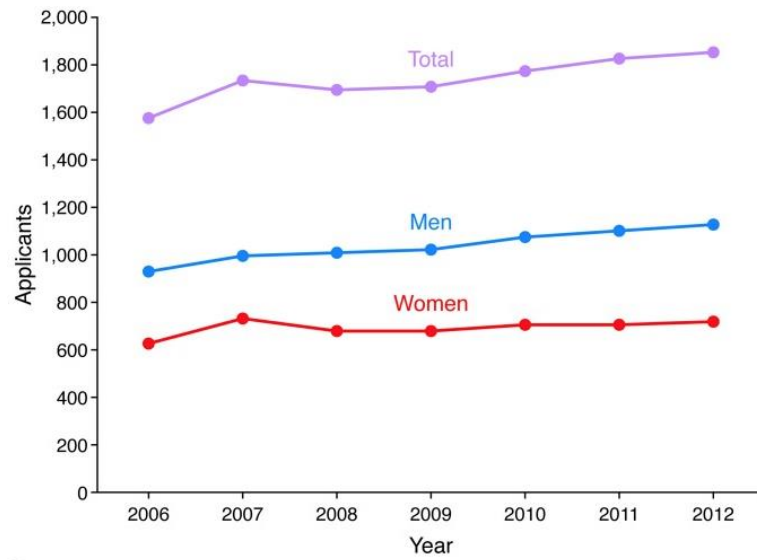
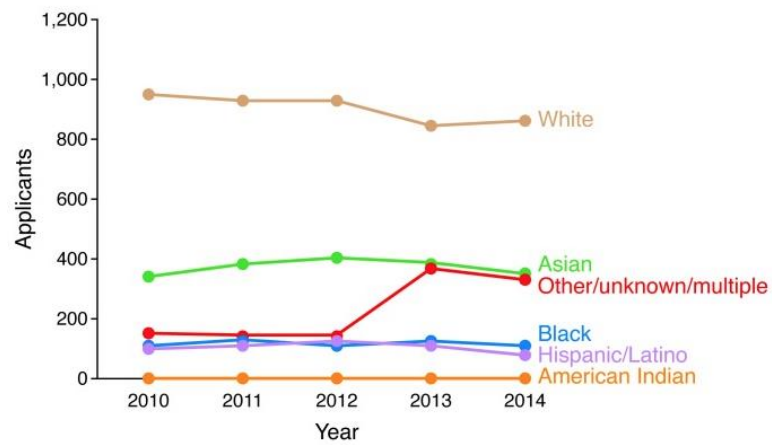
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Why have we stagnated

- Barriers to entry to academia
- Current training structures
 - The pipeline is leaky
- Lack of diversity

A**B**

A sorry state of affairs...

- Numbers of clinical academics have fallen this century
- Training structures are long and complex
- Barriers to a clinical academic career are legion, and formidable
- The ecosystem in which we live is becoming more hostile
- In conservation biology terms we have hit “Critical Depensation”
- **We are a threatened species**

Resuscitating homo academicus



Visions of the future

- Excellent work being done across the globe

Internal Medicine Journal 45 (2015)

POSITION PAPER

Building a sustainable clinical academic workforce to meet the future healthcare needs of Australia and New Zealand: report from the first summit meeting

J. Windsor,¹ J. Searle,² R. Hanney,³ A. Chapman,⁴ M. Grigg,^{5,6} P. Choong,⁷ A. Mackay,⁸ B. M. Smithers,⁹ J. A. Churchill,^{10,11} S. Carney,¹² J. A. Smith,¹³ Z. Wainer,¹⁴ N. J. Talley,^{15,16} and M. A. Gladman¹⁷

¹Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand; ²School of Medicine, Griffith University, Gold Coast; ³Discipline of Surgery, University of Queensland, Princess Alexandra Hospital, Brisbane, Queensland; ⁴Department of Surgery, University of Sydney; ⁵New South Wales Office Royal Australasian College of Surgeons; ⁶The Royal Australasian College of Physicians; ⁷Academic Colorectal Unit, Sydney Medical School, University of Sydney, Sydney; ⁸University of Newcastle, Newcastle, New South Wales; ⁹Melbourne Office, Royal Australasian College of Surgeons; ¹⁰Eastern Health Clinical School, Monash University; ¹¹Department of Surgery, The University of Melbourne; ¹²Australian Academy of Health and Medical Sciences; ¹³Australian Medical Association Council of Doctors-in-Training; ¹⁴Austin Health; ¹⁵Department of Surgery, Monash Medical Centre, Monash University; ¹⁶Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia; ¹⁷Faculty of Life Sciences and Medicine, King's College London, London, UK

Open Access

Research

BMJ Open The clinical academic workforce of the future: a cross-sectional study of factors influencing career decision-making among clinical PhD students at two research-intensive UK universities

Joana Lopes,¹ Veronica Ranieri,^{2,3} Trevor Lambert,⁴ Chris Pugh,¹ Helen Barratt,³ Naomi J Fulop,³ Geraint Rees,² Denise Best¹

Rescuing the physician-scientist workforce: the time for action is now

Dianna M. Milewicz,¹ Robin G. Lorenz,² Terence S. Dermody,³ Lawrence F. Brass,⁴ and the National Association of MD-PhD Programs Executive Committee⁵

¹Department of Internal Medicine, University of Texas Health Science Center at Houston, Houston, Texas, USA. ²Department of Pathology, University of Alabama at Birmingham, Birmingham, Alabama, USA.

³Departments of Pediatrics and Pathology, Microbiology, and Immunology, Vanderbilt University School of Medicine, Nashville, Tennessee, USA. ⁴Departments of Medicine and Pharmacology, University of Pennsylvania, Philadelphia, Pennsylvania, USA. ⁵The National Association of MD-PhD Programs Executive Committee is detailed in the Supplemental Acknowledgments.

UK review



SHAPE OF TRAINING

Securing the future of
excellent patient care

Final report of the independent review
Led by Professor David Greenaway



Undergraduate training

- Early engagement
- Provision of role models
- Develop undergraduate societies
- Mentorship
- Intercalated degrees / enrichment years
- Travel bursaries
- Conferences and PubMed publications



Prevocational years

- Separate stream for approx 10% (“Academic Foundation”)
- Early retention strategies:
 - Mentorship
 - Milestones
 - Generic research skill tuition
- Accredited training
- Recognition of trainers



Higher training

- Flexible conjoint academic positions
- Attainment of doctoral degree by research
 - Ease of extrication from clinical training programme
- Robust and supportive performance management
 - NHS e-portfolio
- Protected academic time (vs duration of training)
- Ongoing opportunities for upskilling

Dr Lindsay McCallum
Physician Trainee[Selected Trainee](#)[Profile ▾](#)[Curriculum ▾](#)[Assessment ▾](#)[Reflection ▾](#)[Appraisal ▾](#)[Progression ▾](#)[PYA](#)[e-Learning](#)

Summary Overview

Below is a summary of all assessments, appraisals, supervisor's reports and ARCP forms recorded by post.

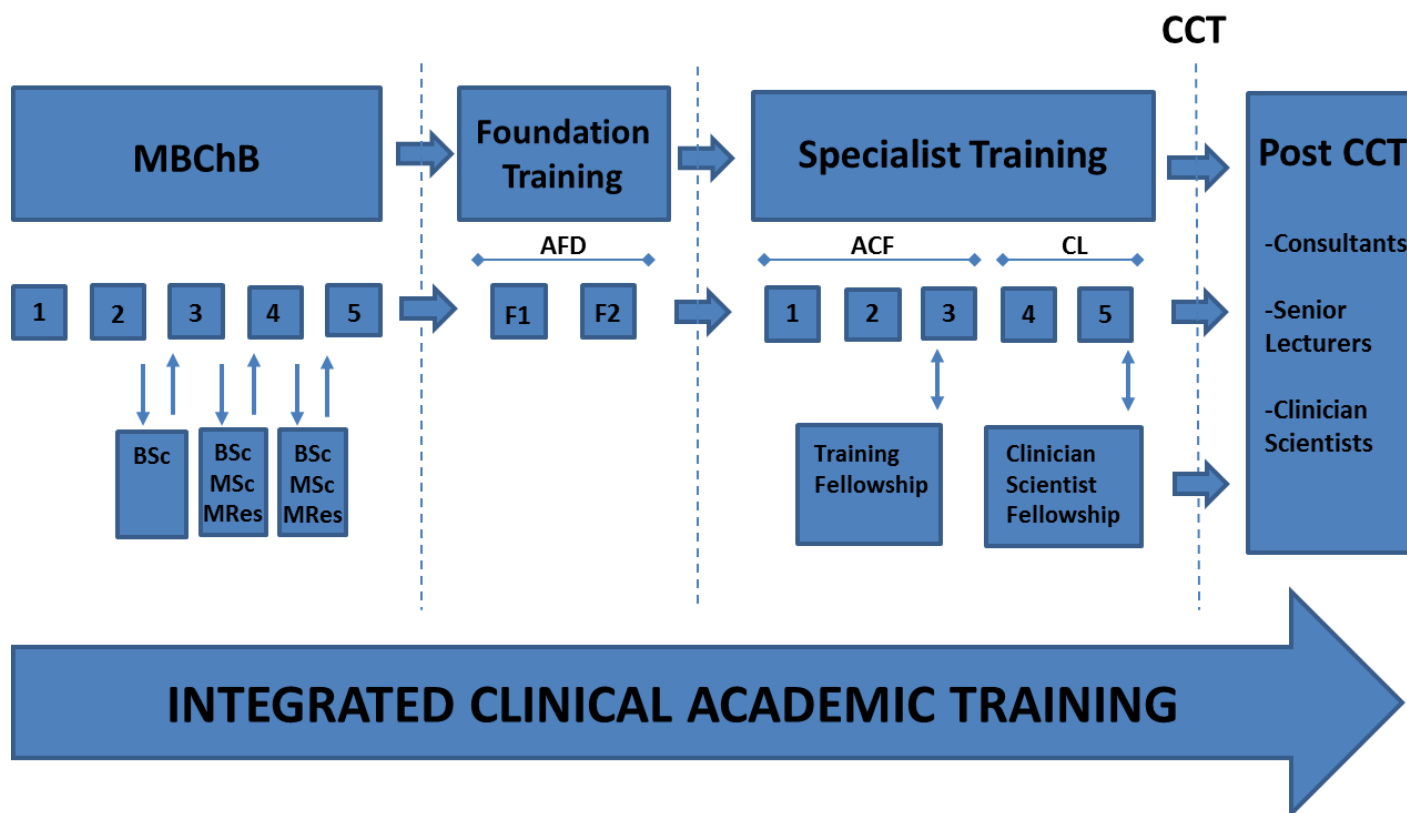
Select Year or Post: OOP - Not placed (Scotland West) (01 Oct 2014 to 31 Mar 2018) ▾

Type	Form	Submissions
OOP - Not placed (Scotland West) - Clinical Pharmacology & Therapeutics (SES389) - Clinical Pharmacology & Therapeutics, OOPR (01 Oct 2014 to 31 Mar 2018)		
	Academic Supervisor's Report	- + Create
	ACAT SLE HST	Q 6 Submissions + Create
	CbD SLE HST	Q 15 Submissions + Create
	Clinical Pharmacology and Therapeutics PYA report	Q 1 Submission + Create
	General (Internal) Medicine PYA report	Q 1 Submission + Create
	mini-CEX SLE HST	Q 1 Submission + Create
	Stroke Medicine Year Assessment (only applicable to trainees who have been appointed to an approved sub-specialty Stroke Medicine post)	- + Create
	Summary of Clinical Activity and Teaching Attendance (HST)	- + Create
	Summary MSF	Q Summary + Create i

Key actions to revitalise academia

- Plug the leaky pipeline
 - Shorten time to independent research position
 - Simplify the structures
 - Greater flexibility
- Centralise and structure the mentoring and oversight of young academics
- Attend to diversity issues in recruitment





Summary

- Clinical academia has stagnated in the 21st Century
- This poses a huge threat to innovation, discovery and ultimately to effective patient care
- The problem has been recognised globally
- A concerted and multifaceted approach will be required to re-invent the clinical academic career