



Challenges and opportunities for recruitment to clinical academic medicine and dentistry **-an article for *London Medicine*, April 2011**

Clinical academics play a leading role in basic, translational and clinical research, bridging between bench and bedside and providing a key interface with industry and policy-makers. There are around 3000 FTE medical clinical academics – around 6% of the NHS consultant population – and around 375 FTE clinical academic dentists. Doctors and dentists employed by universities to pursue research and to educate the next generation of healthcare workers also spend half of their time in the NHS caring for patients. They are in the ideal position to work with their NHS colleagues to identify problems, devise effective solutions and bring evidence based innovations into clinical practice.

The annual surveys of clinical academic staffing levels in UK medical and dental schools documented a sharp decline in academic staffing levels in the first half of the last decade – from 3500 to 3000 FTE in medicine and from 475 to 375 FTE in dentistry – although there are recent signs of recovery¹. Around 1000 FTE academic doctors and 160 FTE academic dentists are located in London.

Academic medicine and dentistry requires a structured and adequately supported clinical environment and well trained clinicians. Recent years have seen an unprecedented increase in the financial support for basic and clinical research in the UK. Major achievements of the four Higher Education Funding Councils, NIHR and the main research charities include funding support for structured academic training pathways, the promotion of innovative partnerships between the NHS and universities, the affirmation of academic endeavour as a vital role of clinicians and clinical trainees, and greater recognition of the contributions clinical academics make to the NHS. There are widely held concerns that these positive gains could be threatened by the current economic situation.

All medical and dental schools contribute to high quality research and education that in turn enhance the health and well-being of the whole population. But, there are challenges. For example, along with the proposed changes to the structure of the NHS, a narrow focus on local issues of employment and research for patient care could endanger the national picture of consistency of education, training and research across the four UK nations – particularly with regards to smaller specialties. Similarly, concerns about the numbers of clinical academics, pressures on the Multi Professional Education and Training (MPET) levy, reductions in funding from the higher education funding councils and the challenges of the European Working Time Directive (Temple² and Collins³) all have the potential to impact upon the infrastructure for academic medicine and dentistry. Other current issues affecting the resilience of clinical academic medicine and dentistry are listed below.

- **Higher student fees and reduced NHS bursaries** - Changes to funding in higher education have the potential to discourage students from extending their undergraduate studies by intercalating, and risk the unintended consequence of limiting widening access.

¹ Please see www.medschools.ac.uk and www.dentalschoolscouncil.ac.uk for the annual reports of *Clinical Academic Staffing Levels*

² Temple J (2010) *Time for Training: Review of the impact on quality of training*

³ Collins J (2010) *Foundation for Excellence: An Evaluation of the Foundation Programme*

- **Employment** – As recommended by the Tooke Inquiry⁴, more models around flexible work patterns need to be created across the academic grades, and to enable individuals to move between an academic and a clinical career. Differences in employment practices between the NHS and universities, potentially creating disincentives to those pursuing academic careers, should be addressed where possible.
- **Competing clinical and academic priorities** - Clinical academics spend half of their time as practising clinicians and must reach the same standards of clinical excellence as substantive NHS colleagues.. They therefore need the same support as NHS clinicians for protected time for continuing professional development and other supporting activities, including revalidation.
- **An ageing profile of clinical academics** - 63% of clinical academics were aged over 46 in 2010 compared with 53% in 2004. Succession planning should be seen as a priority to maintain the future clinical academic workforce.
- **Immigration** - Medical and dental schools currently report a shortage of suitably qualified and experienced researchers for some senior academic appointments (with documented long term vacancies). Immigration restrictions add a further dimension of difficulty in efforts to recruit to these posts, at a time when we ought to be encouraging international collaborations for academic and economic benefit.
- **The NHS Outcomes Framework⁵ requires no commitment to research and education** - the founders of the NHS recognised the centrality of research and education to improved patient care. This understanding must be not only protected but also promoted..

There has never been a more exciting time for academic medicine and dentistry. The pace of scientific discovery in pharmacogenetics with the prospect of individualised therapy, links between medicine, dentistry and the physical sciences leading to novel approaches in bioengineering, and the application of modern computing to 'telecare' will further transform clinical practice in the next decade. It is essential that future generations of students are excited by the opportunities to undertake original research and through this to improve patient care, and that opportunities for career and pay progression, and other incentives, are equivalent to those available to colleagues undergoing full time clinical training. Structured and malleable training pathways must continue, research endeavours must be facilitated, and the flexibility must exist to move between an academic and an NHS career – and vice versa.

As one of the UK's leading businesses, the pharmaceutical industry will play a key role in the country's economic recovery, and collaboration between the industry, academia and the NHS will continue to develop. Every £1 increase in public funding stimulates up to £5 investment into research by the pharmaceutical industry. The Budget 2011 report *The Plan for Growth*⁶ recognised that strengthening academic medicine will be vital to improve the efficiency and productivity of the NHS and to generate wealth for the UK through innovation and collaborative work with industry. Without clinical academics, innovation, efficiency and productivity could stall. With a joint and concerted effort across the funding councils, the NHS, academic institutions and third sector funders, the pipeline of the medical and dental clinical academic workforce can be protected for the benefit of patient care through innovative discoveries in health and healthcare, and the education and leadership of future generations of doctors and dentists.

Siobhan Fitzpatrick
Senior Policy Officer

⁴ Tooke J (2008) *Final Report of the Independent Inquiry into Modernising Medical Careers: Aspiring to Excellence*

⁵ DH (2010) *NHS Outcomes Framework*

⁶ HM Treasury (2011) *The Plan for Growth*, HMT and Department for Business, Innovation and Skills