

Is there a future for academic medicine in the UK?

It has been clear for some years that academic medicine in the UK is under threat, as described in the report from the Academy of Medical Sciences (AMS), *Clinical Academic Medicine in Jeopardy: Recommendations for Change* (2002). This is perhaps surprising considering the high quality of clinical research in the UK, which is second only to that in the USA. However, the number of clinical academics continues to fall and action is urgently needed if academic medicine is to have a future in the UK. In this article, the authors summarize an initiative taken by the Academy of Medical Royal Colleges, with support from the AMS.

Although the challenges facing academic medicine are now widely recognized and feature prominently in the Chief Medical Officer's (CMO's) Annual Report, 2003 (Department of Health, 2004), there has not previously been a coordinated view on clinical academic careers from all of the medical royal colleges. For this reason, a Forum on Academic Medicine was established in 2003 under the auspices of the Academy of Medical Royal Colleges. The aim of the Forum was to allow discussion of the issues facing academic medicine and to propose solutions – both general and specific to each of the specialties. The work of the Forum has recently been published as a report, *Clinical Academic Medicine: the Way Forward* (Royal College of Physicians, 2004), which makes key recommendations on general issues facing UK academic medicine and provides specific advice about training pathways for academic trainees from each of the colleges.

EXTENT OF THE PROBLEM

The Forum established that there was grave concern about the future of acade-

mic medicine from all of the royal colleges. In particular, it was recognized that there were widespread difficulties in recruitment and retention of clinical academics in all disciplines. A report from the Council of Heads of Medical Schools (CHMS) (Silke, 2004) reveals a 23% reduction in junior academic staff over the past 3 years, at a time when medical student numbers are projected to rise by around 40%. This has been accompanied by a reduction in funding for academic posts from all sources in 2003, compared with that in 2000. This decrease in funding was concentrated in certain specialties, such as anaesthesia, obstetrics and gynaecology, pathology and public health medicine, which have lost around 50% of their full-time posts. Many senior academic posts remain vacant, or have been withdrawn because of financial constraints.

The lack of clinical academics is clearly a threat to patient care. This arises, not only from the shortfall in providing teaching for the doctors of the future, but also in performing clinical research, which will lead to the development of new forms of treatment. In addition, clinical academics are often leaders of the profession and failure to recruit individuals of the highest calibre will inevitably lead to poor leadership and a lower quality of medicine in the NHS.

CAUSES

The underlying causes of this problem are complex and have been discussed in several reports (Federation of Associations of Clinical Professors, 2001; AMS, 2002; Silke, 2004). It is apparent that academic training pathways are poorly defined, are relatively inflexible and take much longer than clinical training alone. The clinical academic will generally expect a lower income, both during training and as a consultant, and this problem has not

been solved by the new consultant contract. There is also the inherent difficulty of facing conflicting demands from two employers: the universities and the NHS. It is recognized that the extent of this problem varies between different specialties and is more acute in the 'craft specialties' such as surgery, and obstetrics and gynaecology, and in the more procedure-based specialties in medicine, e.g. cardiology and gastroenterology.

KEY RECOMMENDATIONS OF THE REPORT

In Part 1 of the report from the Forum (Royal College of Physicians, 2004), the medical royal colleges jointly propose a number of general recommendations as to the way forward in academic medicine. Despite the differing interests of the colleges represented, there was strong support for these recommendations from all specialties. It is clear that their implementation will depend on an appropriate level of funding, and the Forum was pleased to note the increased funding for academic medicine detailed in the CMO's Annual Report 2003 (Department of Health, 2004). The Forum recognized the excellent work already done in this area by the AMS, who were represented on the Forum and contributed to the report. One welcome development, announced during the preparation of the report, is the establishment of the Academic Careers Subcommittee of Modernising Medical Careers (MMC) and the UK Clinical Research Collaboration (UKCRC). Key areas addressed by Part 1 of the report are summarized in *Table 1*.

TRAINING TO BE AN ACADEMIC CLINICIAN

In Part 2 of the report, clinical academic career pathways are described by each of the medical royal colleges. Although

TABLE 1.
Summary of the key areas addressed by Part 1 of the report by the Forum on Academic Medicine (Royal College of Physicians, 2004)

- The key aim is to recruit and retain more clinical academic staff, by making the academic career path a more attractive and achievable option.
- Flexibility is essential in academic training pathways, and competency-based methods of assessment are strongly supported to facilitate shorter training pathways while ensuring that the clinical competence of academic trainees is equivalent to that of their non-academic counterparts.
- The difficulty in maintaining skills during research training in what are known as the 'craft specialties' needs to be taken into account in planning academic training pathways.
- Joint annual appraisal and performance review by universities and NHS Trusts, for all clinical academics, is supported and should be fully implemented.
- Mentoring academic trainees, as already established for clinician scientists by the Academy of Medical Sciences, should be widely implemented by universities.
- An increase in the number of academic trainees in the Clinician Scientist Scheme and an expansion in the National Training Number (Academic) scheme are strongly supported.
- Despite its benefits, the Research Assessment Exercise (RAE) is perceived as having had an adverse effect on the number of clinical lecturers and also on the extent of clinical research; every attempt should be made to address this before the next RAE.
- Clinical lectureships should be increased as they provide an important means of training clinical academics.
- The importance of teaching activities must be given a higher profile than is currently the case in medical schools and in NHS hospitals in the UK.
- The establishment of the Academic Careers Subcommittee of Modernizing Medical Careers and UK Clinical Research Collaboration, which aims to ensure the implementation of a coherent strategy for the development of academic medicine in the UK, is welcomed.

the colleges agreed on the principles involved, the training requirements clearly differ in detail, so it was thought that separate contributions were appropriate. The level of detail provided by each of the colleges also varies, depending on how far their plans for academic careers have been developed. The specific recommendations from the Royal Colleges of Physicians have been summarized in an earlier editorial (Pusey and Thakker, 2004).

The Academic Careers Subcommittee of MMC and UKCRC are working on a proposal for a specific academic training pathway, which will be pursued in parallel with specialist training. The details of this proposal should be published soon. Hopefully, a specific and flexible academic career pathway will lead to increased numbers of academic trainees, and this will need to be accompanied by funding for new senior lecturer posts.

CONCLUSIONS

The Forum on Academic Medicine brought together all of the medical royal colleges to discuss, for the first

time, their joint approach to the challenges facing clinical academic medicine. It became clear that, whatever differences of opinion the colleges may have in other areas, they were firmly united in their support for careers in academic medicine. They also agreed that academics wishing to specialize in medical education should be strongly supported, as should those undertaking clinical (as opposed to basic) research. It is hoped that these issues will be recognized and addressed at the time of the next Research Assessment Exercise.

The authors believe that there is increasing recognition by government of the importance of clinical academic medicine in the provision of high quality patient care. This is reflected by the formation of the UKCRC, which has the development of careers in academic medicine as one of its main work streams. It will be interesting to see if adequate funding is provided. If it is, then the authors predict a successful future for academic medicine in the UK. **HM**

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KEY POINTS

- Academic medicine in the UK is under threat and urgent action is required.
- The Forum on Academic Medicine has recently published *Clinical Academic Medicine: the Way Forward*, in an attempt to address this issue.
- The key areas of this report (Table 1) should be achievable, given adequate resources and support from government.
- The Academic Careers Subcommittee of Modernizing Medical Careers and the UK Clinical Research Collaboration are well placed to implement a coherent strategy for developing academic medicine.
- The authors remain optimistic about the future of academic medicine in the UK.