

Academic Medicine is at Risk

Peter Mathieson^{1,*}

¹Principal Office, University of Edinburgh, Edinburgh, UK

*Correspondence: principal@ed.ac.uk (Peter Mathieson)

Abstract

A “perfect storm” of National Health Service (NHS) service demands, funding challenges, career-path rigidities, work/life balance considerations and cost of living pressures are combining to make academic clinicians an endangered species. This article mainly focuses on medical professionals but similar considerations apply to all healthcare professions. Research, teaching and training tend to be de-prioritised when clinical service delivery is under extreme pressure. In the context of the acute phases of the Covid pandemic, this was perhaps justifiable but there is a risk that it has become the new normal. As well as reliable evidence of patient, carer and societal benefits, health research underpins economic prosperity. A recent report from the Academy of Medical Sciences, co-chaired by the author and Dame Julia Goodfellow, analysed the issues and proposed some solutions. The UK’s pre-eminent position in health research and innovation is under threat. For the benefit of future generations, it is imperative that actions are taken sooner rather than later.

Key words: health; research; academic; risk; NHS

Submitted: 19 October 2024 **Revised:** 27 January 2025 **Accepted:** 5 February 2025

Introduction

Academic medicine can best be defined as the career path of those with clinical qualifications in medicine, nursing, midwifery or allied health professions who also spend time teaching and/or conducting research. This will usually be in some combination of a healthcare delivery organisation, most commonly the National Health Service (NHS), and an academic institution, most commonly a university or college. A variety of arrangements exist: joint employment contracts, secondments, quid pro quo so-called ‘knock for knock’ agreements etc., but in the author’s opinion all of these are fragile and need recognition and reinforcement.

Brief Background

My perspective is from a professional background as an academic renal physician. I graduated 41 years ago and have spent the last 21 years in university leadership, initially combining clinical and academic roles in Bristol and then taking on full-time academic leadership roles as a university president (four years in Hong Kong and almost seven years so far in Edinburgh). I was pleased and honoured to co-chair with Dame Julia Goodfellow the working group of the Academy of Medical Sciences which produced a report in May 2023 entitled “Future-proofing the UK

How to cite this article:

Mathieson P. Academic Medicine is at Risk. *Br J Hosp Med.* 2025. <https://doi.org/10.12968/hmed.2024.0782>

Copyright: © 2025 The Author(s).

health research ecosystem”: that report ([The Academy of Medical Sciences, 2023](#)) contains more analysis of the issue and more detail on the proposed solutions than will be possible in this short article, so I strongly recommend it to anyone with an interest in the subject.

The Problem

At risk from what? From the combination of growing pressure on the capacity and capability of healthcare delivery organisations, principally the NHS, with training and research being early casualties because they are de-prioritised by NHS leaders and budget holders; pressure on research funding including real-terms falls in funding from research councils, charities and other sources including reduced access to European Union (EU) funding as a result of Brexit—despite the (welcome) association to Horizon, the funds coming to the UK are considerably less than did so when we were a full partner country rather than an associated nation; rigidity of career pathways in academia, the NHS and industry with different criteria for success in these different arenas, leading to a sense that effectively different languages are spoken by people working in areas which all have shared goals so that some form of “interpretation” is needed and a “common currency” would be helpful; a greater recognition of the importance of and need for work/life balance so that hard-pressed workers cannot simply be expected to find time in their evenings, weekends and holidays to undertake teaching and research; the return of inflation, supply chain issues consequent upon world events and geo-politics, rising utilities costs etc. all contributing to rises in the cost of living and making careers which are less secure and/or less well-paid increasingly unattractive. Within the NHS there is a growing risk of a “two tribes” mentality with academic clinicians feeling under-appreciated and sensitive about any suggestion that they are “not pulling their weight” at times of extreme clinical service pressures. Care is needed to protect the culture of clinical-academic partnership which has previously served the NHS so well.

The Solutions

The aforementioned report ([The Academy of Medical Sciences, 2023](#)) proposes solutions under 4 headings and for each, proposes the stakeholders that need to respond:

People, Workforce and Culture

Research funders, public and private sector employers, governments and regulators need to work together to address precarity and inflexibility of research careers. Employment terms, salaries, reward structures need to be better aligned and interchangeable between sectors. Academic citizenship needs to be rewarded. Inclusive leadership needs to be embedded, with evidence-based strategies around equality, diversity and inclusion. Governments need to remove barriers to attracting and

retaining talent for example by addressing visa procedures and immigration costs. Research funders need to properly value and support patient and public involvement.

Cross-Sector Mobility

Employers across industry, academic and public sector need to create conditions in which multi-directional movement between sectors is understood, attractive and attainable for individuals and organisations, for example through honorary contracts, secondments and/or joint appointments. There are already some small-scale tailored schemes which if analysed and assessed appropriately can help to provide an evidence-base.

Financial Sustainability of Health Research in Academic Institutions

Health research underpins economic prosperity ([British Medical Association, 2022](#); [McKinsey Global Institute, 2020](#); [Wellcome Trust et al, 2018](#)). Governments (across the four nations of the UK) and other research funders must ensure that the true costs of excellent health research are adequately covered. This can include enhanced ‘QR’ (governmental quality-related research funding, currently based largely around the Research Assessment Framework), proper provision of the full economic costs of research, charity research support funding and full support of patient and public involvement. There is a need for better coordination and transparency of data collection on research funding, a development that the Academy of Medical Sciences has offered to work on together with the Office for the Strategic Coordination of Health Research (OSCHR). There are already many good examples of partnership working but more is needed.

Research in the NHS and Other Healthcare Settings

Politicians, NHS leaders, public and media need to understand and promote the value of research as a core part of the NHS’s business. Clinical outcomes are better in research settings ([Boaz et al, 2015](#); [McManus et al, 2008](#); [Ozdemir et al, 2015](#)). Staff and patient morale is enhanced by research participation ([Community Research, 2018](#); [Dale et al, 2015](#); [Lambert et al, 2015](#); [Shanafelt et al, 2009](#)). The welfare of future patients is improved by the study of current cohorts. Deprioritisation or deferral of the training of future generations of healthcare professionals is short-sighted and counter-productive. Research must be included in NHS business plans. The use of patient data as a research resource must be facilitated. Funders, regulators and employers must ensure that there are adequate balanced opportunities across pre-doctoral and post-doctoral career stages and must support the wide healthcare workforce to engage in research, for example through protected time for research and integrated research teams that span universities, the NHS and industry.

Conclusion

The UK has much to be proud of in its health research contributions now and in the past. If our pre-eminent status is going to be maintained and developed in

the future, action is needed now to address the fragilities outlined above. We owe it to future generations as well as to ourselves to accept this challenge and urgently implement solutions.

Key Points

- The UK has long been a pre-eminent location for health research.
- The UK's future pre-eminence is under threat.
- Service delivery pressures, real-terms funding decreases, rigidities of career paths, work/life balance considerations and cost of living pressures are combining to pose the major challenges.
- A recent report from the Academy of Medical Sciences offers solutions to this set of challenges.

Availability of Data and Materials

Not applicable.

Author Contributions

PM was the sole author and was responsible for the design of the work, drafting and revision of content, and approval of the version to be published. PM has participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Ethics Approval and Consent to Participate

Not applicable.

Acknowledgement

Not applicable.

Funding

This research received no external funding.

Conflict of Interest

The author declares no conflict of interest.

References

- Boaz A, Hanney S, Jones T, Soper B. Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review. *BMJ Open*. 2015; 5: e009415. <https://doi.org/10.1136/bmjopen-2015-009415>
- British Medical Association. Valuing Health: why prioritising population health is essential to prosperity. 2022. Available at: <https://www.bma.org.uk/media/6228/bma-valuing-health-report-final-web-oct-2022.pdf> (Accessed: 18 October 2024).

- Community Research. Adapting, Coping, Compromising research. 2018. Available at: <https://www.gmc-uk.org/-/media/documents/adapting-coping-compromising-research-report-79702793.pdf> (Accessed: 18 October 2024).
- Dale J, Potter R, Owen K, Parsons N, Realpe A, Leach J. Retaining the general practitioner workforce in England: what matters to GPs? A cross-sectional study. *BMC Family Practice*. 2015; 16: 140. <https://doi.org/10.1186/s12875-015-0363-1>
- Lambert TW, Smith F, Goldacre MJ. Making clinical academic careers more attractive: views from questionnaire surveys of senior UK doctors. *JRSM Open*. 2015; 6: 2054270415602644. <https://doi.org/10.1177/2054270415602644>
- McKinsey Global Institute. Prioritizing health: A prescription for prosperity. 2020. Available at: <https://www.mckinsey.com/industries/healthcare/our-insights/prioritizing-health-a-prescription-for-prosperity> (Accessed: 18 October 2024).
- McManus RJ, Ryan R, Jones M, Wilson S, Hobbs FR. How representative of primary care are research active practices? Cross-sectional survey. *Family Practice*. 2008; 25: 56–62. <https://doi.org/10.1093/fampra/cmm065>
- Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, Thompson MM, et al. Research activity and the association with mortality. *PLoS ONE*. 2015; 10: e0118253. <https://doi.org/10.1371/journal.pone.0118253>
- Shanafelt TD, West CP, Sloan JA, Novotny PJ, Poland GA, Menaker R, et al. Career fit and burnout among academic faculty. *Archives of Internal Medicine*. 2009; 169: 990–995. <https://doi.org/10.1001/archinternmed.2009.70>
- The Academy of Medical Sciences. Future-proofing UK Health Research: a people-centred, coordinated approach. 2023. Available at: <https://acmedsci.ac.uk/file-download/80146814> (Accessed: 18 October 2024).
- Wellcome Trust, Medical Research Council, The Academy of Medical Sciences. Medical research: What's it worth? A briefing on the economic benefits of musculoskeletal disease research in the UK. 2018. Available at: <https://cms.wellcome.org/sites/default/files/wtx052111.pdf> (Accessed: 18 October 2024).