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The road to a clinical academic career

Author(s): Garth Funston, Christian Cerra, Deborah Kirkham, Gary Doherty and Paul O'Neill

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# The road to a clinical academic career

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Garth Funston, academic foundation year 2 doctor<sup>1</sup>, Christian Cerra, academic foundation year 2 doctor<sup>1</sup>, Deborah Kirkham, academic clinical fellow in medical education<sup>2</sup>, Gary Doherty, clinical lecturer in oncology<sup>3</sup>, Paul O'Neill, professor of medical education<sup>1</sup>

[Author affiliations](#)

<sup>1</sup>University Hospital of South Manchester Foundation Trust

<sup>2</sup>Health Education North West

<sup>3</sup>Cambridge University Hospitals NHS Foundation Trust

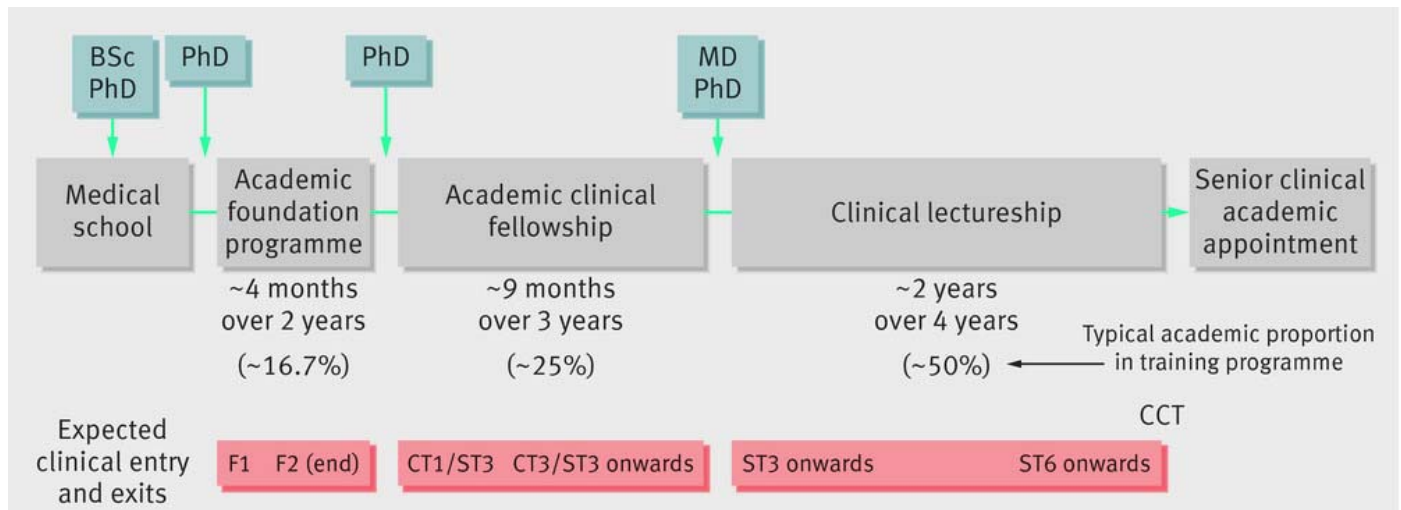
[gf272@doctors.org.uk](mailto:gf272@doctors.org.uk)

## Abstract

Garth Funston and colleagues provide a guide to the integrated academic career path, dealing with misconceptions and giving insight into each stage of the path

For decades, the numbers of doctors working in academic medicine was declining.<sup>1</sup> Causes of this decline included the lack of both a clear route of entry into the career and a transparent career structure for aspiring clinical academics.<sup>2</sup> In 2005, the Walport report into the future of medical training described the state of academic medicine in the United Kingdom as “perilous.”<sup>3</sup>

The integrated academic career path was developed to help tackle these problems (see figure ↓). The path provides a career structure that aims to integrate clinical and academic training and has made clinical academic training more transparent. It is intended to begin at medical school and lead to a senior academic post, but there are several points at which trainees can enter and exit academic training and this hop-on, hop-off system provides flexibility.



Overview of career path for medical academics in England

Despite the introduction of the integrated academic career path there are still a number of misconceptions about the process, even among those applying for academic posts. One misconception held by trainees thinking of applying for an academic post is that they will not have enough research experience to be accepted.

The academic foundation programmes (AFPs) and academic clinical fellowships (ACFs) are designed to give trainees the research opportunities and skills necessary to succeed in academic medicine. A lack of previous research experience is not a precluding factor to gaining an academic training post. Interviewers are looking for intelligent, enthusiastic individuals who can explain why they want an academic post and how they will make the most of it.

Trainees who did not go through the AFP are often concerned that this will prevent them from gaining an ACF. The integrated academic career path should not be seen as a rigid career structure but as a framework on which to build a career, and flexibility is a key attribute of the path. Trainees can enter and exit at several

points and completion of one post does not guarantee acceptance to a higher level post. A number of trainees do not undertake an AFP post and enter at ACF level.

Those considering an academic career often worry that they won't be paid as much as they would for doing clinical practice, but clinical academics receive parity of pay at all stages of training. Another common misconception of academic posts is that they are just for those wanting to work in a laboratory. In addition to basic and clinical research posts, options within the integrated academic career path include public health, medical education, and management and leadership. Few doctors give up clinical practice to focus on research, but doctors in academic posts do spend less time in clinical practice than their non-academic peers. The proportion of time spent doing academic work will vary, depending on the stage of training. There may be periods, such as during a laboratory based PhD, when you could spend relatively little time in the clinical setting. It is therefore important to gain the most from your clinical training to ensure you develop the skills and knowledge required for progression in your specialty.

The integrated academic career path has five principal steps: medical school, AFP, ACF, clinical lecturer, and senior academic.

## Medical school

Medical school provides many opportunities to gain early research experience. Intercalated degrees entail an extra year of study and are done by around one third of medical students.<sup>4</sup> Other opportunities include involvement in research projects alongside your medical studies or in summer breaks, and research based student selected modules.

Doing research as an undergraduate gives insight into whether it is something you wish to pursue as part of your career. Using summer breaks to do research may be considered favourably when applying for academic posts. However, it is not essential to be successful. Many of the country's leading clinical academics discovered their passion and aptitude for research later in their careers.

## Academic foundation programmes

AFP posts offer protected academic time during foundation year 2. Some posts offer a dedicated four month research block while others provide day release, so it is important to choose a programme that fits your goals. A four month block may be more suitable for a laboratory based project, but day release may be more appropriate for certain clinical and education based projects.

## Academic clinical fellowships

ACF posts run for three years or, if the post is a general practice ACF, for four years. They combine specialty specific training with academic training. During the post, 75% of your time will be dedicated to clinical work and 25% to academic work. Academic work may take the form of a nine month block, three months a year, or up to two days a week.

The clinical stage at which ACF applicants start their post differs between specialties and trusts. For example, in oncology most applicants are expected to have completed their core medical training before taking up the post. But most general practice ACF posts begin directly after foundation training.

## Clinical lecturer

Clinical lecturer posts are awarded for up to four years to clinicians in the third year of specialty training or higher. During the post, time is split equally between academic and clinical training. Clinical lecturers are expected to complete their specialist training during this appointment. Time allotted to academic work is counted towards training, so taking a clinical lecturer post should not prolong your specialist training.

## Senior academic

After completion of training and award of a certificate of completion of training, the final steps on the academic path are clinical senior lecturer and professor posts. The proportion of time spent in clinical and academic work varies considerably by post.

### *Personal experiences*

#### **Christian Cerra, AFP, North Western Deanery**

"I first considered applying for an AFP during my intercalated degree in pathology. I recognised that an academic career offered opportunities to significantly improve patient care through the implementation of research-driven innovations. At the end of my fourth year I realised I wanted to continue the pharmacogenetics research I had started as an undergraduate, so pursuing an AFP seemed the next logical step.

"To my surprise, the majority of my interview for my AFP post focused on the management of clinical emergencies rather than my research experience. The interviewers want to ensure that candidates are clinically sound as you will spend less time in the clinical setting and therefore have less time to gain clinical knowledge and achieve clinical competencies.

"At the start of the AFP think carefully about what kind of project you want and which supervisor you want to work with. Start planning and preparing for your project early in foundation year 1. Four months is a relatively short time to perform research and can easily be eaten up by things like ethics approval so have this in place before you start. Try to meet clinical competencies as early as possible so that you can focus on your research during the academic block. The AFP has been a great experience. As well as improving my research skills it has given me a clearer understanding of the area of medical research in which I want to work."

#### **Deborah Kirkham, ACF in medical education, North Western Deanery**

"A research career was not on my radar at medical school. I didn't intercalate, and I hadn't heard of the AFP until I started foundation year 1. My academic

career began when I expressed an interest in medical education and a colleague suggested I consider the medical education ACF.

"I spent a year building a strong application, and taking every chance to prove my interest in academia, leadership, and medical education. I attended some research skills courses and the BMA Academic Trainees' Conference. I submitted an article about foundation teaching to a peer-reviewed journal, and started a distance-learning postgraduate certificate in medical education. Although I didn't have any formal research experience, I used my undergraduate project option and postgraduate audits as examples of critical thinking, robust methodology, and writing skills.

"I'm currently doing a Public Health MRes. Juggling my clinical commitments is a challenge, but the experience and opportunities are just too good to miss. My dissertation, and ACF project, is a qualitative research study exploring doctors' perceptions of prescribing errors. Going back to clinical work makes me realise how much I love that too. I get the best of both worlds."

**Gary Doherty, clinical lecturer in oncology, Cambridge University**

"An academic career was always my ambition: I graduated from an MB/PhD programme, and later spent two years as an ACF [trainee] before applying for a clinical lecturer post. The clinical lectureship is the toughest post I have undertaken to date, but I have no regrets.

"Every clinical lecturer post is different, so it is vital that you have a personalised job plan that enables you to carry out your specific research programme effectively alongside specialty training. This may include a dedicated research block or allocated research days. Some centres are more flexible than others, but you must also demonstrate considerable flexibility to ensure patient safety. Much is expected of a clinical lecturer's research, despite the additional clinical pressures and the need to secure one's own research funding. I've learned a great deal about my own limitations this year, and about the importance of managing my time wisely to optimise productivity."

**Paul O'Neill, professor of medical education, University of Manchester**

"I am employed by the University of Manchester and have an honorary contract with my hospital trust. Over the years I have found that my clinical credibility with my colleagues is very important and that there is a tension between this and my academic work. I was appointed as a professor on the basis of my academic record. For most people this is their research, but for me it was leadership in education.

"As a senior academic you will have regular academic appraisals. For most clinical academics, this is the metric of research grants, papers in high impact journals, contribution to the research excellence, and leadership of an expanding research group. Given these demanding criteria, my overall advice would be to work with a successful group within an institution that has a research strategy which aligns with your intellectual passions."

## Footnotes

- Competing interests: We have read and understood BMJ's policy on declaration of interests and have no relevant interests to declare.

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