

The Research Series

In this issue we have continued our journey along the path of an academic career. In the last issue, Geraint Fuller described the various routes taken by trainees to complete a PhD and in this issue Chris Butler has continued this to the next stage. Chris is a lecturer in Oxford and has used his own experience to explain the intricacies of the lecturer position and its limitations.

Also in this issue Beth Mallam, the ABNT

research rep, has written about the work of the "Clinical Research and Academic Committee" (CRAC). This subcommittee of the ABN works to represent the interests of the academic community and it is heartening to realise that they are so active. I hope trainees and consultants alike will find these articles useful and interesting. ♦

Boyd Ghosh, Series Editor.



Boyd Ghosh

is currently carrying out research for a PhD in Cambridge, investigating biomarkers and social cognition in Progressive Supranuclear Palsy. He is the current secretary for the ABNT.

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STOP PRESS

The ABNT is collating information to create an interactive research networking database on the ABN website. This will include cross-referenced lists of Academic Neurologists, research groups and research posts available in the UK. If you would like to find out more, or ensure that your group is represented, please contact the ABNT Research Rep, Beth Mallam: bethmallam@doctors.org.uk.



Chris Butler

is an Academic Clinical Lecturer at the University of Oxford. He is in his third year of specialist training in neurology. His research interests are in cognitive neurology and, in particular, the impairment of memory in epilepsy.

In the olden days, a period of research was a rite of passage to the leather armchairs and cigar smoke air of British neurology. A minority of initiates remained active in academia thereafter, but all had learned the life skills of critical thinking, tenacity and rarely seeing your family. However, for a variety of reasons that all had to change. The 2005 'Walport report' lamented that academic medicine in the UK was in a "perilous state". The new-look, target-driven NHS apparently had no time for test tubes – there were waiting lists to deal with. Academic medicine needed rescuing. The report identified three principle deterrents to those considering a clinical academic career: i) the lack of a clear route of entry and transparent career structure, ii) the lack of flexibility in training posts and iii) a shortage of well structured posts upon completion of training.

The proposed remedy was a new "integrated clinical academic career path", designed to dovetail with the new Modernising Medical Careers specialist training structure. The core recommendation of the report was the development of the Academic Clinical Fellowship (ACF) and the Academic Clinical Lectureship (ACL). In this article, I will discuss the format of these new posts, how they are supposed to address the three problems identified above, and what other issues the budding clinical academic should be aware of when considering whether to apply.

i) Entry and structure

The ACF and ACL are run-through posts that fit into the overall training structure as illustrated in Figure 1. They are designed to see the aspiring clinical academic through his or her specialist training whilst, at the same time, providing the flexibility to conduct research towards a higher degree (during the ACF) and develop postdoctoral independence (during the ACL). Training centres are awarded funding for these posts by

national competition, and appoint to them by a locally constituted committee. You, the successful candidate, are awarded a National Training Number (Academic) (NTN(A)). Your first year as an ACF is identical to the standard ST1 year, and may be predominantly based in district general hospitals to ensure early exposure to coal-face medicine. The second year is again mainly clinical, but includes dedicated sessions for academic training and for preparation of an application to independent funding bodies, such as the Medical Research Council or Wellcome Trust, for a competitive training fellowship. With such a fellowship, you then spend two or three years working towards a higher degree – MD or PhD. Upon completion of this, you apply for an ACL post, splitting your time equally between academic and clinical work. The ACL post is designed to give you time to develop your skills as an academic, providing you with the post doctoral research skills needed to successfully apply for a clinician scientist or senior lecturer award through, for example, MRC or Wellcome Trust. Parallel opportunities exist for those wishing to specialise in medical education rather than research. For an interim period, whilst the first batch of ACFs ripens, ACL posts are being appointed separately to applicants who already hold a higher degree. In addition, there are some University lecturer posts available. These are not funded in the same way and often involve a significant amount of teaching.

ii) Flexibility

The flexible structure of the ACF and ACL posts is intended to stop you feeling as if you are moonlighting every time you go off to the lab, and ease the tension that can develop between academic and clinical commitments. The posts are appointed ad personam, with the salary associated with the individual rather than the institution. This confers geographical flexibility: if you move to a different centre, to learn a new experimental technique or to develop collaborations, the money moves with you. There is temporal flexibility too, so that the ratio of clinical to research activities can be altered according to your needs. Of course, fulfilling curricular requirements as well as the pragmatics of fitting in with the registrar rota will place important constraints on this flexibility. Issues such as how to arrange on-call commitments, teaching responsibilities, time

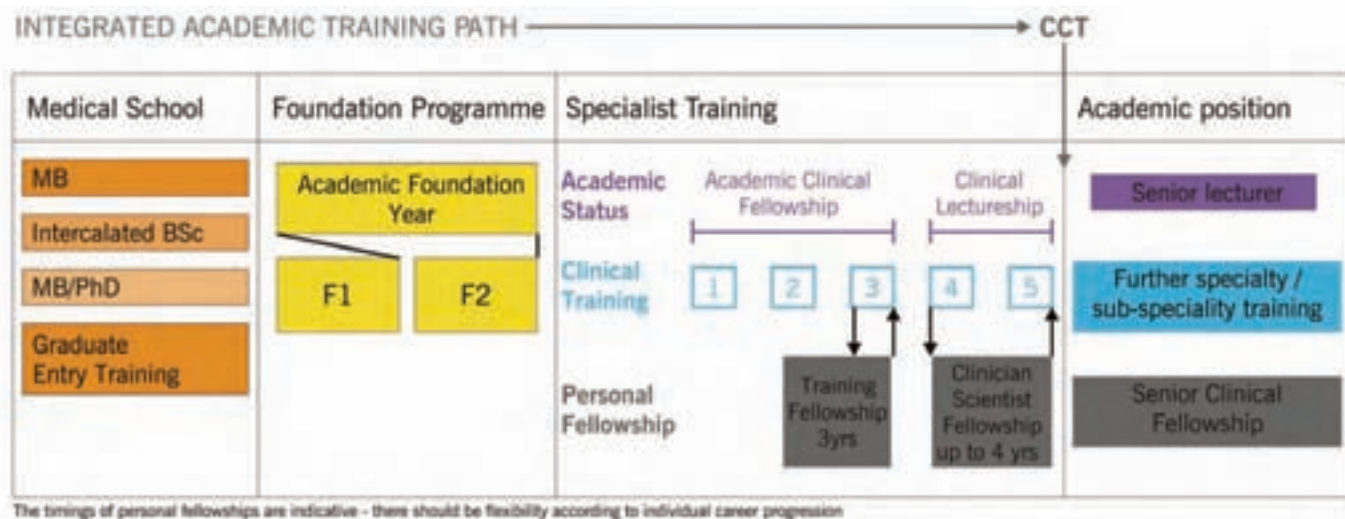


Figure 1: A schematic of the integrated academic training path, taken from the 2005 Walport Report.

spent in district hospitals and participation in specialist clinics will all need to be decided locally, on a case-by-case basis, and will require some creativity. You must also take into account that diluting your clinical training with research means that it takes longer to come out the other end and that, as yet, no one seems to know quite how much longer. With a three-year PhD plus, say, a further four years as an ACL, you are looking at being perhaps five years older than some of your contemporaries when you finally become a consultant. For a small number of trainees who wish to pursue an academic career in the context of a narrow clinical specialism, an attractive alternative may be to gain direct entry to the Specialist Register, on the recommendation of the Postgraduate Medical Education and Training Board (PMETB), without completion of the requirements for CCT.

It remains to be seen how tolerant this new, integrated academic career path will be of those who wish to get on late or get off early, or of those wanting to take time out for child rearing. The Walport report certainly recognised the importance of flexibility in these aspects as well, and

recommended the introduction of 'catch-up' programmes for people returning to research after a career break. Part-time clinical lectureships for up to six years are also available.

iii) Exit

Having encouraged people through the early stages, it is, of course, also vital to ensure that clinical academics don't have a nasty surprise when they get to the end of their training and find that there aren't enough senior posts to go round. Some provision has been made for this in the form of a cohort of 'new-blood' senior clinical lectureships, owned in partnership by NHS Trusts and educational establishments.

Other issues

Money: The ACL posts do not include any funding for bench costs, consumables, equipment or travel. It is likely, therefore, that your first six months in the job will be dominated by grant applications. A good place to start is the Academy of Medical Sciences/Wellcome Trust Starter grant (<http://www.acmedsci.ac.uk>). The intention behind these smallish grants (up to \$30,000 over two years) is to allow you to

develop work that will eventually form the basis of a Clinician Scientist application.

Mentoring: Good mentorship from other clinical academics, both within and without your educational establishment, is critical. The Academy of Medical Sciences has a national mentoring programme for Clinical Lecturers.

This new programme has now been running for just over two years. It is important to note that it was never intended to be the only route to a career in academic medicine. The old-fashioned way of separating research and clinical training before combining them at consultant/senior lecturer stage remains viable and, for some, preferable. For more information, visit the Academy of Medical Sciences (<http://www.acmedsci.ac.uk>) or the National Institute for Health Research (<http://www.nccrcd.nhs.uk>). ♦

1. *Medically- and dentally-qualified academic staff: recommendations for training the researchers and educators of the future (the 'Walport report')*. The Academy of Medical Sciences. 2005.

CRAC



Beth Mallam

is the ABNT Research Representative. She is currently working towards a PhD with Professor Scolding's team at Frenchay Hospital, Bristol. Her research is looking at the potential of mesenchymal stem cells as a therapy for Multiple Sclerosis.

The Historical Perspective

CRAC is the "Clinical Research and Academic Committee" set up by the Association of British Neurologists (ABN) to facilitate research and academic activities amongst UK Neurologists. As such it seeks to support not only those in full time academic posts but also NHS appointed consultants and trainees wishing to engage in research. In order to carry out this function there is wide representation on the

committee (see box 1), designed to represent stroke and DeNDRoN research networks as well as regional areas in the UK.

Current Issues

There are currently many issues which CRAC is seeking to influence. Generally CRAC aims to promote UK research by supporting a strong research presence at the ABN meetings and facilitating the establishment of research

networks amongst collaborators. CRAC also has a strong partnership with the British Neurological Surveillance Unit (BNSU) and its chair Rustom Al-Shahi Salman. Using the BNSU we aim to obtain a detailed assessment and the location of rare neurological cases.

Consultants

CRAC has assisted with the development of Academic Clinical Fellowships and lectureship

and senior lectureship programs, as outlined by Christopher Butler in this issue of ACNR. CRAC is also very keen to support academic activity amongst NHS colleagues. To that effect CRAC is committed to protecting the 'supporting clinical activities' (SPAs) as an essential component of the consultant job plan, enabling practising clinicians to contribute to the knowledge-base underpinning their discipline. Members can apply for funded sessions through their local clinical research networks.

Trainees

CRAC has been instrumental in organising the ABN Fellowship Scheme. This will be an annual application process operating on behalf of several small charity based fellowships. A single committee will be convened by CRAC to allow peer review and assessment of candidates so that recommendations can be made to the charities for funding. It is expected that the first round of this scheme will take place in 2010. Further details will be advertised at the 2010 ABN meeting in Bournemouth, as well as on the ABN website. CRAC also organised the Research Forum which took place at the ABN meeting in Liverpool in 2009 and will be organising the Research Forum in 2010 in Bournemouth, as discussed in the previous issue of ACNR. CRAC has also published papers detailing funding opportunities, guidelines on starting out in research, and a list of the main academic neurology departments in the UK (see below for a list of publications). These publications were prompted

by a survey carried out by the ABNT in 2005 and there are plans for CRAC, in partnership with the ABNT research representative, to update these and develop them into a more accessible cross referenced web based resource.

Medical Students

CRAC also supports medical students by supplying intercalated degree bursaries (previously known as BMedSci Bursaries). These awards provide at least four months of support if full time research is involved. The primary supervisor need not necessarily be a neurologist but a consultant neurologist who is a member of the ABN must be a co-applicant. Two bursaries are usually awarded each year.

Useful further reading:

- *Academic Neurology in the United Kingdom: Threats, Opportunities and Recommendations*
Printed shorter version WITHOUT appendices
Full version with ALL appendices
A report prepared for the Association of British Neurologists by the Clinical Research & Academic Committee, June 2003.
- *Neurology Funding Opportunities*
A report prepared for the Association of British Neurologists by the Clinical Research & Academic Committee, October 2004.
- *Research in Training*
Guidelines re supervision and career advice for trainees without a Neurology NTN who would like to undertake research, a report prepared for the Association of British Neurologists by the Clinical Research & Academic Committee, Jan 05.
- *Academic Neurology Departments in the UK: main research areas, staffing & prospects for new posts*
Information prepared and updated annually by the Clinical Research & Academic Committee, April 2005.

Current members of CRAC are:

Professor Patrick Chinnery (Chairman, North East),
Dr Rustam Al-Shahi Salman (BNSU Chair, Scotland),
Dr Heather Angus-Leppan (ABN Honorary Associate Secretary),
Professor Martin Brown (Stroke Networks Representative),
Professor Clive Hawkins (Chair, UKCRN/NIHR Specialty Group for Epilepsy & Neurology),
Professor Nigel Leigh (London),
Professor David Miller (London),
Dr Beth Mallam (ABNT Research Representative),
Dr Huw Morris (Wales),
Professor Martin Rosser (DeNDRoN Director),
Professor Neil Scolding (South West)
Dr Stephen Wroe (ABN Honorary Secretary)

Research Fellow in Movement Disorder Neurology

Full-time, fixed-term for 2 years

You will have an MRCP in medicine and be wishing to pursue a career in clinical neurology. You will preferably have done research at BSc level or above and may have clinical/scientific publications. You will also have a good understanding of research methodology. A capacity for critical analysis is essential as is evidence of scientific writing skills. The research will be a continuation of ongoing work in the use of Single positron emission computed tomography (SPECT) and ultra high resolution Magnetic Resonance Imaging in the diagnosis of Parkinson's disease and Parkinsonian disorders. You will attend weekly movement disorder clinics and have an opportunity for exposure to acute neurology during your tenure. This post would be an excellent preparation for further neurological training. Candidates will be encouraged to apply for an MD/PhD through the Nottingham University Programme.

Location: National Parkinson Foundation Centre of Excellence for Parkinson's Disease, Derby Hospitals NHS Foundation Trust and University of Nottingham.

Contact: For an informal discussion please contact Dr Nin Bajaj on 01332 254 890/0115 924 9924 ex 66815 or via nin.bajaj@nuh.nhs.uk

