

The Research Series



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.

If, like me, you are a trainee contemplating an academic career, the various stages of an academic career can be very confusing. What does an intermediate fellowship involve? How do you get one? Is post doctoral time allowed in partnership with clinical work? In the course of my involvement with the ABN Trainees Committee (ABNT), I have seen many trainees who have completed research and fought hard to get a neurology trainee place, particularly after modernising medical careers (MMC). After having fought so hard, it would be a shame if trainees couldn't make decisions because of a lack of information.

The ABNT has developed a number of ideas to plug this information gap. The initial drive and vision came from Dan Blackburn, previous chair of the ABNT at the time of MMC. Having attended a research forum in the US and seeing its' potential to inform trainees, he has set about creating a UK version. He organised one this year with the research committee of the ABN (CRAC) and the ABNT research representative Beth Mallam, and has written about it in the following pages.

As secretary of the ABNT, I have taken on the editing of this research series in *ACNR*, in order to provide trainees with the information that they need. Over the next year, we will look at the different steps in the academic pathway. We will ask funders to inform us about their funding strategies, mentor agencies to describe their work and leading figures in Neurology to give us their advice and insight. The series of articles will cul-

minate next year by setting the scene for the research forum next year in Bournemouth, at the ABN conference.

The final resource which the ABNT is providing for trainees is provided by Beth Mallam, our research representative, who is instituting a research networking database. This will include cross-referenced lists of academic neurologists, research groups and research posts available in the UK and will quickly become a vital resource for junior researchers looking for posts. These three strands should combine to provide trainees with the answers to their questions.

One of the questions that the ABNT are often asked is when trainees should do a PhD. The ABNT feel that trainees should aim to secure their training in neurology before committing to neurological research. However, we recognise that in competitive deaneries, research may be required and that with decoupling of ST2 and ST3 posts, more opportunities may be available. Rather than seek to be prescriptive, we suggest that trainees discuss this issue with the deanery and the head of department. In this first part of the research series, we have sought others advice on this issue. Geraint Fuller, departing chair of the SAC, the committee who decides about our training, has written about the new landscape for PhD research after MMC. He has succinctly explained the different options for trainees about to embark on the journey. I hope that it helps trainees when it comes to making decisions about undertaking research. ♦Boyd Ghosh, *Series Editor*.

The Research Forum



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.



Dan Blackburn

is a Neurology SpR, training in Sheffield and is writing up his PhD, which was on the role of glial cells in Motor Neuron Disease. He was Chair of the ABNT from 2005-2007.

The background to the ABN Research Forum

Attempting to forge a career in academic medicine can be difficult. Apart from the complexities of the research itself, the process of progressing through the different stages of academia can be almost impossible at times. Several recent reports, such as the Walport report, have highlighted these difficulties. However a research forum may help lessen these difficulties (see Box 1).

The idea for a research forum developed from a survey Dan carried out as Chair of the ABNT. This

found that over 90% of neurologists had done research, most either an MD or PhD. Approximately 50% chose research as a way of moving up the career ladder, but very few received explicit advice prior to starting. These findings were published in *Practical Neurology*¹ and presented at the American Academy of Neurology (AAN) meeting in 2007. At this meeting Dan attended a 'Research Forum', an AAN sponsored session, with presentations by junior and senior researchers explaining their academic career pathways and the available funding options. After the talks people were

encouraged to mingle so that trainees could approach senior academics for advice and to establish a mentor relationship.

MMC allows access into research at multiple entry points and aims to improve retention in academic medicine. However, there are concerns that it may preclude research experience for those without clear research intent from the outset. We felt that creating an AAN style research forum would be a valuable opportunity to promote high quality research in UK neurology. The first forum aimed to give practical advice on how to embark on research and move up the academic career ladder.

Research Forum - ABN Academic Meeting Liverpool July 09

We invited a range of speakers in order to gain varied insights on research in academic and NHS settings:

- Intermediate Wellcome Fellow.** Don Mahad told us about the skills he gained in America, in between finishing his PhD and returning to the UK to take up a Wellcome Intermediate Fellowship.
- Research as an NHS Consultant.** Nikos Evangelou spoke about the possibilities of doing research as an NHS consultant. He discussed National Institute of Health Research (NIHR) funding. This used to be allocated at the discretion of hospital trusts and was not necessarily always spent on research. Now it is held centrally and represents a considerable financial resource

Box 1. The aims of the Research Forum

Help trainees enter, progress and be successful in academic neurology:

- Guidance on how and where to find funding.
- Advice on how to progress into PhD training – and onto intermediate and senior fellowships.
- Explain the skills needed to be an academic within the NHS.
- Advertise the opportunities available for trainees in the UK.
- Help trainees to find research mentors.

Help academics find trainees for research:

- Establish a careers fair so that academics can advertise positions.
- Create an environment where trainees and academics can talk informally.

available for clinical research within the NHS.

- Senior Wellcome Fellow.** Professor Tom Solomon spoke of the beginning of his research career in neuro-infectious diseases undertaking simple but effective projects in Africa. He rapidly moved to clinical trials and epidemiological studies in S.E. Asia, spending time in America at the Centre for Disease Control and Prevention (CDC). He emphasised the importance of making the most of data around you. He also spoke about why he moved to Liverpool and how he set up his lab there.
- Academic Neurology in the UK.** Professor Compston spoke about changes to neurology training and the academic neurology pathways in particular.

The Future - the next research forum

This first research forum was an excellent first step in our aspirations to provide a platform for promoting research opportunities and improving dialogue between trainees, senior academics and clinicians. In the future, we aim to institute the research forum as an annual feature in the ABN conference. We intend to expand its presence, enabling more opportunity for informal enquiries and "networking". It is envisaged that with time, senior clinicians and trainees will see it as a crucial resource for advertising and enquiring about research posts, as well as enhancing UK neurology research and training. ♦

1. D Blackburn, and DS Pengiran Tengah (2007). *Why bother with research when training to be a neurologist?* Pract Neurol 2007;7(5):282-4.



Geraint Fuller

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The historical perspective

It used to be so easy to train in neurology. You trained in general medicine, got MRCP and did some neurology at registrar level (probably as a locum). You then completed a period of research (getting an MD or PhD), applied for registrar posts and later senior registrar posts. All of this eventually led to you becoming a consultant (Figure 1).

This changed in the mid-1990s with Calmanisation – by merging the registrar and senior registrar posts and giving the idea of programmed training (Figure 1). The place of research, as the necessary step most budding neurologists had to make, was unchanged. So easy. Or rather, so easy to know what you had to do. It was obviously rather more difficult to actually do it, stay on course and defy the neurological version of natural selection.

Research was regarded as a 'good thing'. For the trainee it developed critical thinking; helped understanding of the scientific basis of neurology (or lack of it); developed subspe-

Doing Research in the Post MMC World

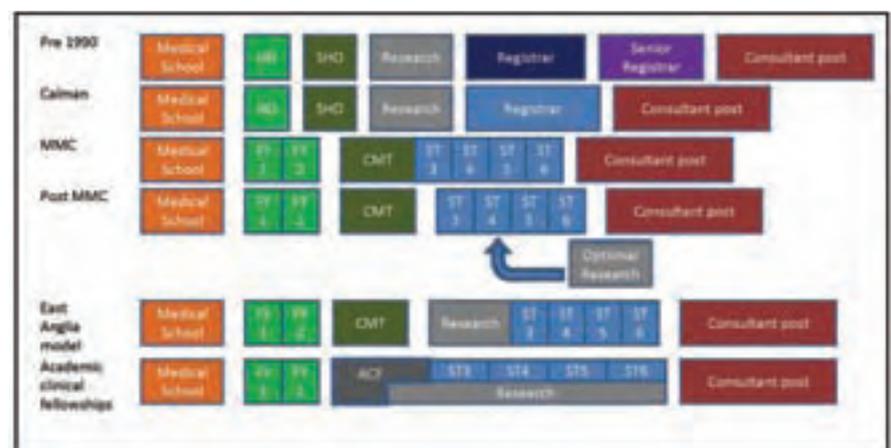


Figure 1: Schema showing different models of post graduate medical training. Gaps between boxes represent an application process.

cially interests and some areas of particular expertise. Discoveries may help patients too. To recognise this up to 1 year of research could

count towards the 5 years of clinical training.

We then had Modernising Medical Careers. Everyone would 'run-through' their training

(Figure 1). The immediate problem for neurology was that we had lots of people out in research, who had completed their SHO training and had not yet been able to get a training number. Much heartache resulted. A considerable number of new training posts were funded to absorb these trainees. I will not dwell on the numerous unintended consequences from MMC. The grand idea had not worked and parts of it were unpicked – most notably in medical specialties where a gap was once again introduced between Core Medical Training and Specialist training. As a result training is different and many of the certainties that made it so easy are no longer applicable.

Current opportunities for research

Let us consider the opportunities for 3 different trainees: an ST3+ trainee in neurology (previously a Specialist Registrar); an academic clinical fellow – a new position that came with MMC and a core medical trainee (CMT) who wants to do neurology (previously an SHO).

The ST3+ trainee

If you have a training number in neurology and have not done research you can apply for an out-of-programme research (OOPR) to undertake a registered higher degree. This needs to be agreed by programme/deanery and the SAC. Under the new curriculum this

will not count towards your clinical training, which, though competency based, takes a minimum of 4 years, and annual assessments need to be continued. Generally this will not be approved in your final year of training, so you will need to get moving to sort out an appropriate post/funding. The Eastern Deanery has an innovative scheme where successful applicants to clinical ST3 posts are also offered funding for a higher degree. It is hoped that the majority of those doing research will do so from within training programmes, and it would be good if other deaneries could follow the Eastern Deanery lead. Trainees can expect that they will spend a minimum of 4 years in clinical training with an additional 2 or 3 years in research.

The Academic Clinical Fellow

Another grade for a committed academic is the Academic Clinical Fellow (ACF) and the Academic Clinical Lecturer (ACL). The standard expected to obtain a clinical CCST for these trainees is the same as for those neurologists who train in the conventional post. The expectation is that they will also require a minimum of 4 years of clinical training. The posts are within large academic departments which should make it easier to identify relevant research and for this research interest to run alongside the clinical training – useful if you wish to develop a lifelong academic interest.

Trainees should expect the same duration of clinical and research training post ST3 as other trainees (ie 4 clinical plus 2 or 3 research).

The CMT trainee

A trainee leaving CMT will have the opportunity to apply for ST3 posts but may be tempted to go into research, particularly if they failed to get a post in neurology at their first attempt. This route has not been tested in the current post-MMC world. It would seem a shame if this were to be perceived as a standard route for neurology, and we recreated a large pool of trainees in 'limbo' between ST2 and ST3. The temptation should be resisted by trainees and professors looking for research fellows.

Summary

Research is a good thing; it contributes to training in a number of important ways. However, it is not an essential part of the training needed to be a clinical neurologist. It is not mandatory and should only be done by those who want to do it – recognising that many of those attracted to neurology are likely to be keen to do research.

Useful further reading:

Gold Guide – on specialty training can be accessed at:
<http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL111.pdf>

Royal Berkshire
NHS Foundation Trust



Consultant Neurologist

The post is a replacement post and is offered on a whole time basis, although applicants unable to work full time for personal reasons are invited to apply as are those wishing to job share.

Applicants would need to be on the Specialist Register for Neurology or be within 6 months of their accreditation date at the time of the interview.

The successful candidate would join our three other Neurology Consultants and two Consultants in Neurorehabilitation in providing a specialist inpatient and outpatient service for people with Neurological

illnesses. The Neurology team also includes an experienced Associate Specialist, and several specialist nurses for disorders such as Multiple Sclerosis, Parkinson's Disease, Stroke and Motor Neurone Disease.

The department is committed to training, with two Neurology Specialty Registrars and a Stroke Medicine Specialty Trainee rotating from Oxford. There are strong academic and clinical links with Oxford. There is access to excellent Radiology and Neurophysiology. The postholder would be expected to undertake outpatient

clinics and to take part in inpatient work including Stroke Thrombolysis. Inpatient facilities include a 16-bed Neurorehabilitation ward and a 28 bed Stroke Unit, and inpatient beds shared with Rheumatology on a General Medical Ward.

The appointment will be subject to the new terms and conditions of service for Consultants (England) 2003. The post attracts 10 Programmed Activities (PAs) per week (full time), with one PA spent in the regional neuroscience centre at the John Radcliffe Hospital for CME. Visits to the Department are welcomed.

Please contact Dr Jane Adcock (telephone 0118 322 6624), Dr Andrew Weir (telephone 0118 322 5475) or Dr Marko Bogdanovic (telephone 0118 322 5474) for further information.

To apply please go to www.jobs.nhs.uk quoting reference MS333.

Closing date: 11th September 2009. Interview date: 6th October 2009.

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