Should all Doctors be Academic Clinicians?

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Should all doctors be academic clinicians? Perhaps unsurprisingly, this is not a straightforward question. Indeed, it really comprises two different, related, questions. Should all clinicians engage in academic pursuits? Should all clinicians be career academics?

We already require clinicians to be continually engaged in teaching, learning and research activities as part of continuing professional development. These activities are enshrined in specialist college continuing education programmes, which are required for various accreditation processes. In addition to the need for lifelong learning by medical practitioners, there is also an inherent and widely-accepted tradition of contributing to the training of the next generation, be it undergraduate students or postgraduate health professionals.

The role of research in clinical practice is less clear. Research is often regarded as an optional pursuit with limited practical value undertaken by career academics only. Unfortunately, this view undervalues the important role research activities can play in process improvement for health delivery, and ignores the fact that many ongoing audit and quality improvement activities are actually types of research. In addition, this view overlooks the wonderful potential research environment that is the New Zealand health system. The recent New Zealand Health Research Strategy outlines the requirement for research to be an integral part of District Health Board activities.[1] This document is important for clearly stating that research is a legitimate part of business as usual for New Zealand's publically-funded health system. The challenge now is to turn this into practice across the country. A university appointment is not a prerequisite to engage in such research activities. There is already a large body of high quality research coming out of District Health Boards, especially those that have formal partnerships with academic institutions. The aim should be to create true teaching institutions where research and education are normalised as part of everyday activities.

Partnerships between health service delivery (including primary care) and academic institutions are crucial in order to maximise these education and research opportunities. The rebuild of Christchurch after the Canterbury earthquakes has provided the opportunity to create a Health Precinct that brings together clinicians, researchers, educators and students from all key institutions who work in the health space.[2] This is a good example of an effort to take advantage of natural synergies, but requires good leadership and a collective vision. There is also plenty of opportunity to provide more academic rigor within medical specialist training programmes. All postgraduate training programmes require project work to be completed by trainees, and this needs adequate supervision and training in research methodology and publication.

Clearly, not all clinicians can nor wish to be career academics. However, there are plenty of opportunities for those interested in this pathway. Joint clinical academic positions have several permutations, typically involving a combination of senior medical officer clinical duties (usually with a District Health Board or in primary care) and university academic duties (teaching, research and service). A major challenge with joint clinical academic positions is to get a realistic balance between clinical and academic duties, and to ring fence time in order to be successful with each activity. The natural law tends to be that patient demands have highest priority, followed by teaching responsibilities, then research activities. It is important to acknowledge this trend when managing a weekly routine. Some academics manage this by physically and/or temporally separating different activities. Another challenge for the clinician academic is to have sufficient clinical time in order to maintain skills and street credibility. The reality is that joint clinical academics tend to overdo their clinical duties in order to be seen to be doing their bit, thereby potentially compromising their academic duties.

The pathway to a career academic position usually involves studying for a higher degree and spending some specialist training time in an academic centre of excellence outside New Zealand. Indeed, do not miss the opportunity to do some postgraduate training in an overseas centre of excellence, regardless of whether you plan to be a career academic or not. This is a unique opportunity that is unlikely to reappear at another time in a clinician's career. Some aspiring academics are quick at understanding research methodology and logistics, but almost everyone requires specific training and mentoring. A higher degree, such as a PhD, is one formal way to train as a researcher. Regardless, it is critical to have at least some time embedded within the culture of a successful research group and to select some good mentors. These people are likely to have a lasting, if not lifelong, impact on an academic's career. Establishing good research habits is best done early, and it really helps to develop a love of writing.

Most medical students and young doctors see themselves as lifelong clinicians. The reality is that most doctors approaching mid-career start looking at part-time non-clinical roles to partially offset the relentless pressures of full-time patient care. Some take on managerial and leadership positions within their organisations. Some take on service roles, such as with professional colleges. Some take on other careers. In my view, career academics have an advantage in already having a variety of activities embedded within their job descriptions, and usually have greater freedom to change various components over time. This might mean a change in emphasis from education to research, or vice versa, or taking on leadership roles in service, teaching or research.

I always wanted to be an academic, although my career pathway was far from straightforward and involved many distractions. I travelled in Asia and Europe for nearly two years soon after graduation from medical school, maintaining the travel through locum work in the United Kingdom. I worked at a high altitude aid post in the Himalaya for three months during that period, and took a two-year break half-way through specialist training to be a volunteer rural general practitioner in a remote village in Nepal (the best job I have ever had). Don't believe anyone who tells you that you are ruining your career prospects by taking a break in specialist training. Life experiences will only make you a better clinician and academic.

I started my specialist training in infectious diseases and then realised the benefits of training in clinical microbiology as well. So, I ended up as both a physician and pathologist. Unexpectedly, it turns out that my microbiology "ticket" has created more research opportunities for me on the international stage due to a relative shortage of academic clinical microbiologists. My first major research project was as a summer student after my fourth year at medical school. This was a wonderful introduction to the joys of research and scientific writing. Thereafter, I took every

opportunity to be involved in research during specialist training, and even during my time in rural Nepal, some of which ended up in a doctorate. I finished my training with a fellowship in the USA within a stimulating academic environment that can bring out the best in everyone.

I returned to New Zealand as a full-time District Health Board consultant, and it was two years later when the first opportunity appeared to transition to an academic position with the University of Otago. The personal study did not stop there. As a mid-career academic, I fulfilled a latent desire and belatedly obtained a masters degree in epidemiology by distance learning. We can all benefit from a greater grounding in epidemiological principles.

Undoubtedly, my career has been made much more interesting and stimulating through the privilege of being a career academic clinician. It has provided me with an extensive network of colleagues and friends from around the world, and has ensured I regularly interact with bright young minds. It has enabled me to meet some truly extraordinary people in diverse circumstances, and provided incredible variety in my work. It has allowed me to interact on both the national and international stage and, importantly, to contribute to real health impacts in several countries.

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