

Integrated academic training pathways and academic child and adolescent psychiatric training

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Aims and method To carry out a survey to ascertain the role of academic clinical fellowship posts within the integrated academic training programme for academic training in child and adolescent psychiatry. Questionnaires were sent to UK academic child psychiatric units.

Results A total of 18 units returned questionnaires; this identified eight university lecturers and two academic clinical fellows in post.

Clinical implications Integrated academic training pathways seem unlikely to contribute substantially to academic training and to maintaining the pool of academic clinicians in child and adolescent psychiatry. It may need reappraising with regard to psychiatric specialties.

Declaration of interest None.

There appears to be little information about opportunities currently available within the National Health Service (NHS) for trainees wishing to pursue an academic career in medical subspecialties and whether these opportunities are sufficient to meet the NHS' academic subspecialty workforce needs. This paper addresses the role of the integrated academic training programme for academic training in child and adolescent psychiatry.

The reduction in medical academic training posts

The past few years have seen important changes in the training structure for clinical medical academics in the UK. The funding of academic units in medical schools is to a large extent determined by the results of the research assessment exercise and the ability of units to attract large research grants with generous overheads, to publish in high-impact journals and to supervise postgraduate PhD and MD students. As a result of increasingly demanding criteria the medical academic workforce has been reduced substantially, and this is probably particularly the case for lecturer posts, a major source of medical academics in the past.

Integrated academic training pathways

A possible solution to the problem of the loss of academic lecturers came from the UK Clinical Research Collaboration – a partnership of organisations united by an avowed shared aim of establishing the UK as a world leader in clinical research (www.ukcrc.org). The UK Clinical Research Collaboration announced plans for harnessing the power of NHS joined forces to streamline the academic postgraduate training of medical doctors in line with the Modernising Medical Careers training project. The partnership aimed to

develop clear, coherent and integrated training/career paths for medically and dentally qualified academic staff. The ensuing report¹ was followed by the development of integrated academic training pathways run jointly in England by universities, local NHS trusts and postgraduate deaneries.

The first phase of the plan was the creation of academic clinical fellowship posts; these were funded centrally and selected trainees to spend a quarter of their training time over 3 years in research activity. It was expected that this would result in a number of trainees applying for 3-year full-time research fellowships and the award of an MD or PhD. Thereafter, trainees would apply to join the second integrated academic training pathways phase, through clinical lectureship posts, whereby they would spend half their time in clinical training activity and the rest in separately funded postdoctoral research.

The plan came into operation in 2006 with a broad, national remit encompassing all specialties and would appear to be well suited to the career structure and training needs of the large specialty groups.

Do these posts help meet the academic training needs of a subspecialty such as child and adolescent psychiatry?

Child and adolescent psychiatry is a psychiatric subspecialty. As with other medical subspecialties the disorders seen are highly specific, practice follows a distinct assessment and management model, and training takes place at higher trainee (specialty trainee year 4 (ST4)+) level. This points to a potential difficulty in relation to integrated academic

training pathways since academic clinical fellowships are meant to be appointed earlier (at ST1–3 level).

Method

I carried out a survey in 2009–2010 to establish the number of pathways fellowship posts taken up in academic child and adolescent psychiatry in England in the 3–4 years since the programme started. The survey also sought to establish whether the integrated academic training programme was in a position to contribute to meeting the senior workforce needs of the subspecialty.

Results

In December 2009 the survey identified 20 child and adolescent psychiatric academic units in the UK; questionnaires detailing current academic child psychiatric staffing levels were obtained from 18 units, 14 of which were professorially led. There were 20 professors, 5 senior lecturers and 8 lecturers. In addition, the units were supporting 13 trainees in Medical Research Council (MRC) or similar research fellowships, and a number of research-active clinicians: 10 clinical senior lecturers, 23 senior clinicians involved in research activity and 10 honorary lecturers.

The survey identified five pathways fellowship posts possibly allocated to child and adolescent psychiatry: under half (two) had been appointed at the originally intended early ST1–3 stage and the rest (three) at ST4–6 training levels. However, when these posts were reviewed 1 year later in November 2010, only two trainees were in post (two other posts were vacant because of maternity leave).

Discussion

This survey shows that less than a half of the 18 child and adolescent psychiatric academic units surveyed had university lecturers in post, the traditional clinical academic route in medical schools; the other 10 lecturers were honorary, appointed by the NHS rather than by universities and with potentially only tenuously protected academic time. An advantage of the new integrated academic training pathways fellowships is that the entry demands are less academically rigorous than for lecturers, but – unlike honorary lecturers – they have protected academic and research time: as such they should be in a good position to contribute to clinical academic training and towards building up a sufficiently large pool of trainees to fill the ranks of existing senior academics as well as of research-active clinicians.

However, I only identified two academic fellows in post, which suggests that for subspecialties such as child and adolescent psychiatry the integrated academic training programme is at present doing little to help meet the clinical academic trainee workforce requirement or to maintain the pool of academic clinicians in the specialty.

The survey identified 13 trainees in MRC or similar research fellowships, and in addition to university lecturer, and possibly also some NHS honorary lecturer posts, this seems currently the best route into academic child psychiatry. However, research fellowships tend to be highly competitive, they only have a limited clinical training component and may thus be best applied for after clinical subspecialist training is completed, which is likely to be attractive to few trainees. It would seem therefore highly desirable to explore further the potential of integrated academic training pathways to facilitate academic recruitment into subspecialties. A possible strategy might be to ring-fence fellowship posts for later subspecialty entry and training at ST4 level, but postgraduate medical deaneries might also consider other strategies such as designated academic subspecialty posts at earlier foundation stages in postgraduate medical training.

This survey examined the contribution of integrated academic training pathways for subspecialty child psychiatric training, but the limitations identified might not be specific and could well apply and need reappraising with regard to academic psychiatric training generally. This is an issue well worth further scrutiny. If the results extend to general psychiatry and indeed to other medical specialties, they would indicate that efforts at promoting integrated clinical academic postgraduate training have not been successful in some areas, and this could have adverse implications for medical practice.

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About the author

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Reference

- 1 Department of Health. *Medically- and Dentally-qualified Academic Staff: Recommendations for Training the Researchers and Educators of the Future*. Report of the Academic Careers Sub-Committee of Modernising Medical Careers and the UK Clinical Research Collaboration, 2005.