

## **SUBMISSION TO THE MCKEON REVIEW FROM JAMES BEST**

My submission relates to a single idea that will provide multiple benefits for medical research. I am sure other submissions will have mentioned concern about the future of clinician researchers. While this concern applies across the health care workforce it is a particular problem for medicine because of the critical role doctors play in the medical research process and the financial disparity in Australia between payment for clinical versus research and teaching obligations.

### **Need for medical clinician researchers**

Doctors are critical to identifying clinical problems and defining research questions – the bedside to bench part of clinically relevant research designed to improve health outcomes. They are also critical to the implementation of research findings into clinical practice – the bench to bedside part of the research cycle. The role of clinicians in the discovery of Colony Stimulating Factor at the Walter and Eliza Hall Institute and its subsequent clinical use is an example.

### **The current problem**

In Australia and elsewhere in the world it has become harder for clinicians to engage in research due to demands of clinical practice and teaching, and the increasingly competitive nature of research. The problem in Australia is particularly serious because the differential in payment between clinical practice and research has widened greatly. This differential acts as a major disincentive for clinicians to undertake research training and is compounded by the failure of the specialty colleges to sufficiently encourage research as part of their training programs. Unlike the UK, Canada, USA and many other countries there has been no coordinated attempt to address the issue.

### **A potential solution**

A clinical academic (or clinical scholar) program could run parallel with the college training programs, incorporating a research element that would lead to a Masters or Doctoral research degree for 20% of the Registrar trainees. These Registrars would spend half of their training time in research but be paid at the standard Registrar rate. There are many international examples of such programs, and in Australia the Academic General Practice Registrar training program has existed for years with outstanding outcomes. It is the hospital based Registrar training programs that are lagging behind.

The research program would be run by the University that has major responsibility at the hospital site for medical student education and it should be possible to develop a national program that would incorporate some research methodology coursework, with collaboration between all universities with medical schools. It is essential that universities undertake this role (rather than colleges or hospitals) to ensure high and uniform academic standards, as well as sharing of resources.

### **Advantages**

This program would develop new generations of clinician researchers who would promote a research culture at all of our hospitals with Registrars, which includes regional hospitals. With an emphasis on clinical research and health services research, addressing issues relevant to quality and safety of patient care, comparative effectiveness of therapies and improvement of health systems,

the concept of a 'self improving health system' would be supported. This initiative would also partially address the impending surge of demand for clinical training (at this stage we have only focussed on the demand for Intern places).

### **Challenges**

The financial cost of this approach would be a 10% surcharge on the current cost of funding for Registrars (20% spending half their time in research) – a very small percentage of the cost of hospital staffing but still a significant sum that will need to be costed.

The concept of blending clinical care responsibilities with a meaningful research commitment during the training period will challenge existing policies of hospitals and colleges, that tend to separate these roles. Sharing responsibility with universities for postgraduate training in medicine is commonplace internationally, but not in Australia. However, this would be a very positive outcome as a major part of improving the partnership between organisations already working together in undergraduate medical education.

### **Conclusion**

The single idea of funding 20% of medical graduates at Registrar level to spend 50% of their time in research that is related to improving clinical or health services outcomes has multiple benefits to enhance medical research and the health care system.

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