

BAD Newsletter, Spring 2008

ACADEMIC DERMATOLOGY

Opportunities to become Research-Active in Dermatology

An active interest in teaching and research by current and future NHS Consultant staff is considered essential for the advancement of Medicine and its specialties, including Dermatology. There are many reasons why an individual doctor might become involved in high quality research. The excitement of discovering something new can be exhilarating and the systematic study of a clinical or scientific problem undoubtedly leads to an improvement of that person's 'critical thinking'. This is an important part of the professional development of a doctor involved in everyday Clinical Medicine.

In this article, I have outlined some traditional ways of becoming research-active in Dermatology and have discussed new opportunities for research, including the integrated academic training pathway (IATP) and the expanding field of Medical Education. The first is available to young enthusiastic doctors considering a career in Dermatology and the second is something which can be embraced by doctors at various stages of their careers.

The traditional research route

In a specialty where exposure to the richness of Dermatology before registrar (SpR) level is limited, it will be essential to continue to provide opportunities for research during SpR training. Protected research time in SpR programmes should be used to develop a research idea and to collect preliminary data with a view to registrars "with the right kind of mind" moving laterally into out-of-programme research posts. Valuable research time should not be spent writing up case reports, etc. – this can be done at home!

A period of full-time research is best carried out in a university department where there is a track record of good research and where there are enough research-active people "to bounce ideas off". There are now several of these Dermatology Departments in the UK, and interested registrars should be prepared to relocate for a period of time, usually 3

years for a PhD and two years for an MD, allowing plenty of time in advance for the necessary funding to be found. Good supervision is crucial, a point that is repeatedly emphasized at the THESIS meetings, now the THESIS/BAD/BSID Research Course.

There is a current trend for doctors in the UK to be encouraged to do a PhD, since this “defined training in original research” methodology is more likely to be understood and respected by the scientific community as a whole. Research departments also currently receive ‘brownie points’ within their university for completed PhDs. Those who are aiming to become Professors of Dermatology should do a PhD, but an MD remains a highly respected university degree amongst clinicians and clinical scientists (who may have done an MD themselves in the past), and can be every bit as good or better than a PhD in the Sciences, which is usually undertaken immediately following an undergraduate course. Research time for young doctors is expensive to fund but your potential supervisor should be able to help with raising funds from appropriate bodies such as our own British Skin Foundation (BSF).

It is beyond the scope of this article to discuss what research might be done but most doctors feel comfortable with there being some clinical relevance to their research, even if the pay-off for Medicine is a number of years down the line, as occurs when the research is in the basic sciences. Those interested in Epidemiology should consider doing the MSc course in Epidemiology at the London School of Hygiene and Tropical Medicine. The Dermatology Clinical Trials Network, based in Nottingham, is also something in which clinical SpRs and Consultants can become involved.

The integrated academic training pathway

The integrated academic training pathway has been developed by the UK Clinical Research Collaboration. Research opportunities in the IATP are linked to core medical training (former SHO level) so it is very important that Dermatology attracts academically-minded medical students (eg. intercalated BA. and BSc. students) to the specialty.

Following the FY1 and FY2 Foundation Years, Academic Clinical Fellows (ACFs) spend 25% of their time in research and 75% in clinical training, over a 3 year period. During this time, ACFs will either have developed a project to apply successfully for a 3-year Clinical Training

Fellowship leading to a PhD, or would move back to a conventional SpR post in Clinical Medicine.

Those who complete a higher degree (usually a PhD) would compete for a 4-year Clinical Lectureship, with their time being divided 50:50 between clinical and research (post-doctoral) training. At this stage, specialty curricula need to retain flexibility so that 'bright' registrars can progress relatively quickly in a competency-based assessment scheme.

At the end of this period, Clinical Lecturers with the Certificate of Completion of Training (CCT) would either move into a research (clinical scientist) post funded by the Higher Education Funding Council (HEFC) or other bodies, or obtain an NHS Consultant post. The best way of remaining research-active in any satisfying way would be to continue along the route that delivers a timetable and department infrastructure that allows good research.

At present we have 4 ACFs in Dermatology, based in Manchester, Newcastle-upon-Tyne, Southampton and at the St John's Institute of Dermatology in London, but these posts are likely to increase in number. Watch this space!

Medical Education

There have always been marvelous teachers in Medicine, the most memorable relying largely on personality and instinct. But it is now considered essential for teaching and learning in Medicine to be led and, to an extent, delivered by doctors with adequate training and qualifications in modern Medical Education.

Many UK universities offer part-time courses in Medical Education at Certificate, Diploma then Masters level. The precise content of the courses will vary but broadly: the Certificate course might provide up-to-date learning on modern approaches to Medical Education including the use of a 'portfolio of learning', and can significantly improve the way you teach; the Diploma might provide further depth on education theory and course organization, with more of an emphasis qualitative research; the Masters in Medical Education is usually research-based, the Diploma course being equivalent to the 'taught component' of a Masters course.

A number of SpRs and Consultants have enjoyed the academic stimulation of a Certificate in Medical Education course. Those interested

in pursuing research in Medical Education should understand that this is a very stimulating but difficult way to achieve a Masters degree. However, a motivated, organised person may progress well with the work alongside other clinical commitments, as long as you take a long-term view.

I would highly recommend the RCP/UCL Certificate, Diploma and MSc courses in Medical Education.

In conclusion, a strong academic base for UK Dermatology is of paramount importance and there are plenty of opportunities (some of them new) for doctors to become research-active in Dermatology. I have emphasized the need for there to be flexibility for doctors at various stages of their training to 'develop the research bug' and the IATP is just one way forwards. The setting up of Academic Clinical Fellowships and Clinical Lecturer posts will take a co-ordinated approach from Strategic Health Authorities, the Deaneries and Universities. For our part as a Specialist Society, the BAD Research Committee is forming a database of ACFs and other research-active trainees so that their progress can be tracked and facilitated.

I am also about to send out a broader Academic Dermatology On-line Survey to members of the BAD with the aim of encouraging dermatologists to become and remain active in research and teaching and learning.

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