



Academic careers

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Why am I here?

- Academics matter
- Some GPs want a full-time academic career
- Some GPs want an academic career element
 - Teaching
 - Research
- Research skills have many applications
- Confusing career path to the outsider



Core message

- If you or a trainee wants to discuss research or teaching careers or opportunities, then please get in touch...
- Prof David Weller David.Weller@ed.ac.uk (Head of Department)
- Prof Bruce Guthrie Bruce.Guthrie@ed.ac.uk
- Prof Stewart Mercer Stewart.Mercer@ed.ac.uk
- Dr Karen Fairhurst Karen.Fairhurst@ed.ac.uk (Head of Teaching)



Early career entry points 1 - SCREDS

- Scottish Research Excellence Development Scheme
 - Designed to exclude GPs
- GP SCREDS
 - One each in Aberdeen, Dundee, Edinburgh and Glasgow but likely to be an expansion in numbers in near future
 - Usually enter at end of ST2, sometimes at end of ST1
 - ST3 is extended by one year with 50:50 clinical:academic training in ST3 and ST4
 - Pay at standard trainee rates
 - Focus is research (but can be educational research)
 - Do core academic training, do one or more projects & publish



Early career entry points 2 – post-CCT

- NES funded Clinical Academic Fellowships
- Four WTE posts
- Offer 4-8 sessions of academic time
 - Clinical time is self organised
 - Academic time is paid at standard trainee rates
- Can get a second year but reapply so in competition
- Do core academic training, do one or more projects & publish
- Expectations depend on where you are coming from
 - Can do this from SCREDS or from normal clinical training



Targeted exit

- Externally funded PhD fellowship
 - Typically three years
 - Paid at trainee rates
 - A significant undertaking to prepare an application
 - Typical success rates are 20-25%
 - Our success rates are more like 50% because our early career posts provide good preparation and mentoring
 - Training, larger project, publish



An example – Dan Morales

- NES Clinical Academic Fellow Aberdeen and St Andrews
- CSO PhD Fellowship in Dundee
 - Risks of beta-blockers and NSAIDs in asthma
- Worked for European Medicines Agency for two years
 - eg did the analysis underpinning change to quinolone guidance
 - Appointed as an independent expert to EMA Pharmacovigilance Risk Assessment Committee (responsible for European post-licencing safety regulation)
- Wellcome Trust Postdoctoral Research Fellowship
 - Applicability of trial evidence to clinical populations



Other opportunities

- NHS Research Scotland (NRS) Fellowships
 - One day a week funded time to *do* research
 - Now open to GPs and requirement to have a PhD dropped
 - Annual competition and this year CSO are running a “GP-only” national application process
 - Not entirely clear what the longer-term plan would be...
- Need an academic link



Teaching careers

- Most of the teaching is done by NHS GPs...
 - Undergraduate
 - Postgraduate
- Undergraduate core posts
 - Curriculum design and evaluation
 - Ideally have a PhD (less required than in the past)
 - An evolving career pathway
 - We want to talk to these trainees too...



Increasing opportunities

- Plan to increase undergraduate teaching in general practice
- Plan to increase early career research opportunities for GPs
 - Frank Sullivan writing report for BFAM
 - Fairly likely there will be an increase in SCREDS and/or post-CCT CAF posts
 - We need to expand PhD opportunities too



Why do it?

- An interesting and varied career
- Neither easier or harder
 - Different kinds of skills and experience needed
 - Different kinds of pressure eg time, going back to square one, uncertainty
 - What's the worst that could happen? You'd have to do a highly paid, interesting and autonomous clinical job instead...

