

Clinical Academic Microbiology Stakeholder Action Group meeting

A meeting of the Clinical Academic Microbiology Stakeholder Action Group was held on 2nd November 2006 at the Royal College of Pathologists.

Chair Professor Dlawer Ala' Aldeen
*[For Blueskies Project Board and SAC-Microbiology, RCPATH]
[Also representing Research Leads Committee-RCPATH; and Society for General Microbiology]*

Attendance Professor Peter Borriello (*HPA, Director of Centre of Infection*)
Professor Judith Breuer (*Association of Clinical Academic Microbiology*)
Dr Jo Dekkers (*Medical Research Council, Infection Immunity Board*)
Dr Peter Dukes (*Medical Research Council, Infection Immunity Board*)
Professor Brian Duerden (*Inspector of Microbiology and Infection Control*)
Dr Sarah Fox (*NHS Research and Development, Department of Health*)
Professor Stephen Gillespie (*Royal College of Pathologists and HPA*)
Professor William Irving (*University of Nottingham, member of CATT*)
Dr Chris Kibbler (*Clinical Mycologists & Training Programme Director*)
Professor John Lilleyman (*UK Clinical Research Collaboration UKCRC*)

Apologies

Dr Pat Goodwin (*Wellcome Trust*)
Professor Laura Piddock (*Birmingham University*)
Professor Rob C Read (*Infectious Disease, Sheffield*)

1. Aims: The Chairman outlined the following aims of the meeting:

- conduct a brain-storming session to consider practical ways of promoting research and redressing the decline of academic clinical microbiology & infection.
- review what is in place and agree a plan of action.
- promote greater communication between research stakeholders.

2. Promoting research and influencing the strategic agenda

It was suggested that the Royal College of Pathologists, allied organisations and the major funding bodies should consider the following when promoting clinical research, designing strategies and identifying priorities:

- It is essential for the Royal College of Pathologists to feed in its views to the UK-Clinical Research Collaboration (UKCRC) consultation process. The funding bodies were awaiting the outcome of the UKCRC consultation process and would be willing to partner the microbiology community if they were able to liaise with the UKCRC process and take a more co-ordinated approach in liaising with funding bodies. The UKCRC consultation had ended but Prof. Lilleyman would be willing to receive any comments and feedback from the College by December 12th.

- Once the UKCRC review was over, the Medical Research Council (MRC) would be interested in being part of any resulting initiative, whether as part of this stakeholder group or any other group
- The funding bodies should emphasise the importance of ‘clinical relevance’ as a top priority when applications for funding were being considered. They should look at the balance between clinical and basic sciences in their programmes/schemes, with the view of identifying reasons for any potential under-representation.
- Recognition on part of MRC that there might not be sufficiently experienced people on their panels to consider infectious diseases applications for research funding. Apart from Tuberculosis, there was very little from bacteriology being considered. As a result, the MRC had sought to improve links with the bacteriology community to enhance capacity. The MRC was also working with the Biotechnology and Biological Sciences Research Council (BBSRC) in this area. MRC accepts and tries to ensure that referees are appropriate to the kind of research proposed, including applied/PH reviewers for applied/PH proposals. The II Board has two members with expertise in PH, epidemiology and clinical trials. A clinical microbiologist had been appointed to the Infections and Immunity Board at the recent Board recruitment round. The Board membership will be reviewed in January specifically to ensure strong coverage in all areas of the remit.
- It is important to align the priorities of the funding bodies with those of the practising community. The Royal College of Pathologists (and allied organisations) should consider and highlight what the microbiology community should be delivering for research, and seek support from the MRC to link their priorities with the needs of infectious diseases in UK. Unfortunately, the microbiology community was seen as too fragmented and too difficult to liaise with, by funding bodies. This has diminished their influence on major strategies. The community ought to communicate a clear single message about their priorities
- The Royal College of Pathologists and funding bodies should encourage changes in the Research Assessment Exercises (RAE) for a more realistic assessment of clinical research(ers). The primary focus currently is the impact factor of publications instead of impact of research on clinical principles and practice.
- For the Royal College of Pathologists to develop a better information resource on research opportunities. The College will be developing a research website (for the Research Lead Committee) that could contain details of the relevant funding schemes. Further information could be obtained from the websites of the Higher Education Funding Council for England (HEFCE) and the National Institute for Health Research (NIHR). The Infectious Diseases Research Network, which was funded by the Department of Health, could also be a useful source of information

- The Royal College of Pathologists and funding bodies should promote improvement of the quality of submitted applications for clinical research funding. The College should get involved in re-establishing research mentorship schemes. The funding bodies would be open to collaboration with the College on joint training schemes.
- The funding bodies were keen that clear proactive suggestions are made for creating an appropriate research environment, in which the funding bodies would feel interested in investing.

3. Clinical academic microbiology: defining and funding career pathways

It is essential to define career pathways for academic clinical microbiology, with the objective of producing a separate curriculum for academic clinical microbiologists. This is already taking place within the RCPATH Blueskies Project Board.

There are a number of clinical research fellowships and lectureships awarded to trainees. A key priority should be to encourage high quality, well-qualified clinical microbiology trainees to compete with candidates from other specialties for research opportunities. Identifying and preparing such high quality candidates for research, and ensuring they have the required protected time and resources, was seen as a more effective way of addressing the problem than creating Microbiology-ring-fenced opportunities.

The following are some details of the fellowships and lectureships awarded by the funding bodies (more information awaited):

Department of Health "Walport" awards:

250 Academic Clinical fellowships; 100 Clinical Lectureships; Personal Awards; 20 Researcher Development Awards; 5 Post-doctoral Awards; 5 Career Scientists; 10 Clinician Scientist Awards.

The first round of the Walport Initiative had been open to all specialties but this had been reduced to a shorter list of specialties for the second and third rounds. Infectious diseases had been included in the first and second rounds but inclusion in the 3rd round was dependent on the outcome of the second round of the initiative.

Higher Education Funding Council for England (HEFCE):

200 "New Blood" Senior Lecturer Posts 50% funded. Full details can be found on the web at www.nccred.nhs.uk or <http://www.hefce.ac.uk>

Medical Research Council (MRC)

Clinical Research Training Fellowships (towards a PhD): 39 in 2005/2006, 22 in the first round of 2006/2007, with capacity for up to 45.

Some of these fellowships were funded in partnership with Royal Colleges such as the Royal College of Obstetricians and Gynaecologists (RCOG), and were as a result ring-fenced. Approximately £12.8 million was currently invested by the

MRC Infections and Immunity Board in supporting Fellowships in infectious diseases research.

Wellcome Trust

Clinical Research Training Fellowships (towards a PhD): 16 in 2005/2006 (1 Med Micro specialist), 27 in 2004/2005 (2 Med Micro specialists).

Intermediate Clinical Fellowships: 14 in 2005/2006 (1 Med Micro specialist), 13 in 2004/2005 (0 Med Micro specialists).

In a one-off competition in 2007 there will be around 12 UK PhD programmes funded (4/5 of which will be clinical PhD programmes).

4. Promoting research for clinical trainees

The following points were made regarding a 3-6 months exposure of clinical trainees to research as part of their curriculum:

- Research was no longer a requirement for the MRCPATH examination because of the failure of the previous system. This was mainly due to lack of adequate resources, supervision, research environment or assessment mechanisms. Also, a compulsory approach had not been proven to be an effective way of promoting high quality research in the past. Therefore, reverting to the old style training, i.e. incorporating extensive (MD/PhD level) research requirement into the curriculum, was not realistic and is unlikely to achieve the required objectives.
- The purpose of a 3-6 month exposure would be to make future clinical microbiologists more research-aware, and inspire some of them to contribute to research or pursue academic paths. It is understood that 3-6 month exposure to research would not provide a solid research track record to enable candidates to compete for research opportunities from funding institutions such as the Wellcome Trust and the Medical Research Council (MRC).
- Three month exposure to research was well-established in the Haematology and Virology curricula. The arrangement was important to the virology discipline in order to boost the basic scientific knowledge of new virologists so they are able to use the sophisticated new technology being utilised in the discipline.
- The Chairman (Professor Ala'Aldeen) would raise the idea of incorporating a 3-6 month exposure to research in the training programme of SpR's with the RCPATH-CATT; also to ask organisations such as the Society for General Microbiology (SGM) to provide small funds to enable this process and to link clinical trainees with established scientists.

5. Promoting research via research meetings for trainees:

This was considered important and the following were noted:

- A Clinical Trainees Research Workshop meeting, organised by the Association of Academic Clinical Bacteriologists and Virologists, is due to be held on 16th January 2007 at the Royal College of Pathologists. The aim of the event is to encourage clinical trainees to enter research.
- An MRC/HPA workshop is being organised on grant-writing and is already over-subscribed. Information from the meeting would be distributed more widely by the MRC.
- It was noted that meetings focussing on how to pass the MRCPATH would attract a good attendance.

The MRC would consider involvement in similar meetings, though perhaps not from a financial perspective. Other professional societies, such as the SGM, BIS, BSAC, HIS, AMM and others have the relevant experience and funds to organise such meetings. The Wellcome Trust is in the process of arranging similar meetings and would be willing to forward details to the Royal College for wider dissemination. The HPA would be willing to provide details of academics who might be interested to participate in such meetings.

**Summary produced by:
Prof. Dlawer Ala'Aldeen
Chairman**