

Comhairle na nOspidéal

**Report of the
Academic/Clinical
Research Consultant
Committee**

October 2002

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1 Introduction

Arising out of correspondence received from the Royal College of Surgeons, University College Dublin, the Health Research Board and the Mid-Western Health Board regarding academic consultant appointments and health research within the Irish health system, Comhairle na nOspidéal established a committee in March 2001, with the following terms of reference:-

“To explore the possibility of creating posts at consultant level that would further contribute to medical research in Ireland and how best to incorporate such academic/clinical research consultant posts into the Irish health system.”

The following members were appointed to serve on the committee:-

Mr. T. Nadaraja, *Consultant Otolaryngologist, Sligo General Hospital (Chairman)*

Dr. E. Connolly, *Deputy Chief Medical Officer, DOHC*

Prof. M. Fitzgerald, *Consultant Respiratory & General Physician, St. Vincent's University Hospital/University College Dublin*

Mr. P. McLoughlin, *Director of Planning & Commissioning, ERHA*

Prof. G. O'Sullivan, *Consultant General Surgeon, Mercy Hospital*

Mr. T. Martin, *Chief Officer, Comhairle na nOspidéal*

Ms. M.J. Biggs, *A/HEO, Comhairle na nOspidéal (Secretary to Committee)*

Ms. M.J. Biggs undertook the research for and drafting of the report. Subsequent editing was undertaken by Mr. T. Martin, Ms. M.J. Biggs and members of the committee.

The committee held its initial meeting in April 2001, and subsequently met five times. In pursuance of its task the committee met with and invited submissions from the Health Research Board, representatives from the five medical teaching schools and the major teaching hospitals. All parties consulted strongly supported the establishment of posts at consultant level that would incorporate protected health research time.

2 *Current situation*

Currently of the 1,707 permanent consultant posts approved by Comhairle na nOspidéal (31/10/'02), 90 are classified under the Revised Contract for Academic Consultant Medical Staff, 1999, as “full time” academic posts, with about a further 30 “part-time” academic posts under the standard Consultants Common Contract, 1997 having formal sessions at medical schools. As defined by the Revised Contract for Academic Consultant Medical Staff, 1999 such “full-time” academic posts usually comprise of academic/university commitments ranging from 2 sessions to 8 sessions, with the remainder of the sessions based in hospitals and paid for by the health sector. This group of academic posts in Ireland, extremely small by international comparisons, features a wide range of different contractual arrangements between the health service and educational partners.

“Full time” academic posts are mainly located in the main-stream disciplines of Medicine, Surgery, Paediatrics, Psychiatry and Obstetrics/Gynaecology, with part-time academic posts tending to be based more in specialty areas such as ophthalmology and otolaryngology, as well as radiology and anaesthesia. The university status of the holders of these posts includes college lecturer, senior lecturer, associate professor and full professor. A small minority of consultants/professors or lecturers still have historical contracts whereby the health service pays for 11 sessions and the university makes additional payments. Also, a number of full time clinical consultants carry out clinical teaching and some research, but do not have formally recognised protected time for such activities.

3 *National Policies on Health and Research*

In June 2001, the Department of Health and Children, issued a strategy for health research, entitled “Making Knowledge Work for Health”, which had been drafted following a wide consultation process carried out by the Health Research Board. The strategy provides the framework within which investment in health research will be made. This strategy identifies two distinct streams of health research that it terms “science for health” and “research and development (R & D) for health” respectively. The science for health stream contributes to the global accumulation of knowledge of health and disease and to the discovery of improved therapies. It involves both laboratory-based and translational research and encompasses a number of disciplines in the fields of biomedical and health-related biological sciences including genomics, cell biology, physiology, investigative pathology and immunology, clinical and experimental pharmacology and toxicology, systems-specific investigations and bio-engineering. The “research and development for health” stream contributes to a more effective application of knowledge to health problems and increases the effectiveness of the health system in achieving its objectives. The latter includes such disciplines as health services research and practice-based research. Other areas of research include epidemiological research and health informatics.

The strategy recognises that one of the most effective ways of promoting good research is to invest in high-quality people and makes recommendations concerning the development of career structures for both clinical staff and research scientists. Two distinct areas in which there is a need for a greater research contribution at the level of clinical consultant are identified. Firstly, there is a need to improve the potential of clinically-oriented science for health research through the appointment of academic

consultant posts with a major commitment to research. Secondly, the strategy recommends that for existing clinical staff, protected research time should be afforded to those with an interest in, and capacity for, research as part of the local health research strategies of health boards, voluntary hospitals and other specialist agencies. It is envisaged that this type of protected research time would particularly facilitate the development of strong, local R & D functions.

The development of health research as a core activity of the health service is emphasised in the strategy with it being noted that research is

- ➔ a key factor in promoting health, combating disease, reducing disability and improving quality of care,
- ➔ is vital if the health services are to become efficient and effective,
- ➔ a key factor in persuading Irish health professionals to undertake their postgraduate training and subsequent careers in Ireland.

The commitment to enhance and support health research in this country and to establish a research and development function within the health service was again reiterated in the recent Health Strategy - "Quality and Fairness, A health system for you", November 2001. It stated that "the implementation of the Strategy must include support for health research, with particular reference to supporting health professionals who wish to carry out research". The strategy further notes that "an active research environment also plays an important part in attracting graduates to the Irish health workforce".

4 *Recent Funding Initiatives for Research in Ireland*

Major additional funding inputs by the Government in recent years have facilitated, and will continue to facilitate a major expansion in health research. Such programmes include

- ➔ the Programme of Research in Third Level Institutions (PRTL), whereby 550 million Irish pounds were committed under the National Development Plan for the period 2000-2006 to provide support for research, technology advances and innovation in third level institutions,
- ➔ the establishment of Science Foundation Ireland, responsible for managing the Technology Foresight Programme, under which the Government committed a further 500 million Irish pounds in the National Development Plan for research related to biotechnology and information and communication technologies and
- ➔ the Matching Funds Agreement between the Irish Government and the Wellcome Trust, under which an additional 6 million Irish pounds were made available between 1998-2000 to support the development of biomedical research in this country.

A further initiative as part of the Government's PRTL Biomedical research strategy has been to fund Genome Research Units (GRU) at several university medical school hospital sites, including UCD, TCD and RCSI affiliated hospitals (St. James's, St. Vincent's, Mater and Beaumont). This initiative was in recognition of the need for major investment in translational clinical research to be carried out by academic clinical departments. This is part of a comprehensive "bench-to-bedside-to-community" strategic approach to Irish biomedical research to exploit, to the maximum extent, the

clinical dividend of the genome and proteome revolution. It is clear that clinical academic consultants on university teaching hospital sites can drive this important national initiative.

These various injections of funding, which have been welcomed by the health research community, have highlighted fundamental difficulties within the health system in its ability to gain maximum results from the increased opportunities now available. Among these difficulties are the lack of facilities to accommodate increased clinical research and the low numbers of academic consultant posts, the holders of which would be expected to play a lead role in driving regional and national health research initiatives. Another difficulty at present is the lack of protected research time, even within the current academic consultant contract. This results from other competing responsibilities and duties, such as significant teaching responsibilities for undergraduates and postgraduates and, in some cases dealing with a full acute service load and being on a full acute on-call rota. All these activities encroach on the ability of academic contract postholders to carry out health research.

5 Recommendations

The committee believes that in order for the health system to respond to current opportunities and increase the level of, and support for, health research within the health sector, thereby facilitating the “bench-to-bedside-to-community” strategic approach to health research, a significant increase in academic/clinical research posts at consultant level and a better career structure to allow for protected research sessions for consultants are required. Such a career structure needs to allow for a high degree of versatility and flexibility with respect to the structuring of such posts. What is required is that a portfolio of models be put in place that would reflect the wide range of requirements of both academic institutions and health service providers.

Working within the constraints of the Revised Contract for Academic Consultant Medical Staff, 1999, the committee believes that one route which can accommodate such posts is via the current “full-time” academic contract, with the full terms and conditions of the contract applying to academic/clinical research consultant posts. Comhairle na nOspidéal, when considering and approving such posts, could, as is done currently, specify both academic and clinical sessions, with the academic sessions incorporating the health research sessions. In addition to new academic/clinical research consultant posts being created, the committee envisages two other routes for posts at consultant level with protected research time. These routes being (a) the restructuring of existing full time clinical service consultant posts and (b) the creation of academic/clinical research consultant posts with a fixed term contract which would be co-terminus with ear-marked research funding from bodies such as the Wellcome Trust, the HRB or SFI.

In considering the incorporation of the above posts into the Irish health system, and with respect to discussions held with interested parties and submissions received, the committee in the following pages outlines its recommendations and views.

New academic/research consultant posts:

- 5.1 The committee considers it essential that candidates for these academic/clinical research consultant posts must possess the qualifications for the clinical component of the consultant position as specified by Comhairle na nOspidéal similar to existing “full-time” academic posts.
- 5.2 The normal procedures for the processing of applications for consultant appointments will apply i.e. a completed application form for each academic/research post to be submitted to Comhairle na nOspidéal by employing authorities, accompanied by a letter from the Department of Health and Children or Eastern Regional Health Authority indicating financial clearance for the post.
- 5.3 In acknowledging the widely varying requirements of academic/clinical research medicine which range from the front-line clinical disciplines of medicine and surgery to the laboratory-based disciplines of pathology and the interface between clinical medicine and public health and population medicine, the committee recognises that academic/clinical research consultant posts must have a versatile array of structures and models. In this regard the committee envisages that the structuring of these posts between hospitals and medical schools could range from 2 sessions academic-research and 9 sessions clinical to 9 sessions academic-research and 2 sessions clinical. It is envisaged by the committee that a preponderance of posts in the main stream academic disciplines of medicine, surgery, obstetrics, paediatrics and psychiatry and their sub-specialties would attract a contract where the academic component would range between 4 and 8 sessions, while other more focused niche appointments would comprise an academic-research component as high as 9 sessions or as low as 2 sessions.
- 5.4 It is noted by the committee that for different specialties, different minimum clinical sessions for these posts must apply in order to

maintain clinical competence and to comply with risk management protocols as required by service providers.

- 5.5 The committee believes that for these academic/clinical research postholders to deliver efficient clinical services to patients and to ensure incorporation of such postholders into the hospitals and the health system, the hospitals need to provide appropriate resources and ensure access to appropriate facilities e.g. out patient clinics, theatre sessions. These would be pro-rata with the sessional clinical service component of these academic/clinical research consultant posts.
- 5.6 The committee also believes that some holders of clinical academic/clinical research consultant posts may need to take part in the relevant on-call rota, with their on-call commitment being pro-rata with their clinical service sessions.
- 5.7 During the course of the consultation process, the concern of service providers that such academic/clinical research consultant posts could be perceived as an obstacle to seeking further additional clinical consultant posts and expanding clinical services was aired frequently. Such concern was also acknowledged by the academic institutions. In addressing this issue, the committee strongly believes that these posts should not in any way be a hindrance to service development or additional clinical consultant appointments. The committee proposes that, as is done routinely in the case of all existing joint service/academic appointments between hospitals and medical schools, Comhairle na nOspidéal would take into account only the nature and extent of the clinical sessions in considering clinical needs.
- 5.8 As is currently the case with respect to the preponderance of holders of the “full-time” academic consultant contract, the committee recommends that future posts incorporating research sessions should hold a Category 1 Contract. This recommendation is in line with the preferred option of the academic institutions.

- 5.9 The committee believes that it is up to the relevant medical schools and associated teaching hospitals to decide whether, when applying for such posts, the post shall be at professor or lecturer or other academic level.
- 5.10 While it is acknowledged that the focus of these posts will be research and service delivery, it is envisaged by the committee that, in the interests of both service providers and academic institutions, such postholders will have defined teaching responsibilities and will contribute to curriculum design and delivery at undergraduate and postgraduate level in the wards and classrooms.

Restructuring of existing consultant posts:

- 5.11 A number of existing holders of Comhairle approved clinical service consultant posts with the standard consultant's contract may wish to pursue an interest in research. If they have been successful in obtaining research funding, the committee recommends that they seek to restructure their post, with the agreement of their employing authorities, in order to incorporate protected research sessions within their standard contract. As with the restructuring of any approved consultant post, the appropriate mechanism for such restructurings is via Comhairle na nOspidéal. Such restructurings should be made available by employing authorities in both regional and teaching hospitals, in conjunction with relevant third level research/teaching institutions, where feasible.

Research focused consultant posts with fixed-term fixed-purpose contract:

- 5.12 It is noted by the committee that, in discussions with various interested parties, the concept of a consultant post with a fixed term, fixed purpose contract, which would be co-terminus with research funding for predominantly research-focused consultants, was supported. Individuals funded by large grants from agencies such as

the Wellcome Trust, would be expected by the funding body to spend the majority of their time research focused, but would require a small number of clinical sessions (perhaps 2-3 per week) to facilitate their research activity. It is acknowledged by the committee that in terms of their highly specialized research expertise and their ability to attract significant research funding, these individuals would be an invaluable resource to health research in this country. In addressing these types of posts and postholders, the committee considers it essential that, as with all other consultant posts in public hospitals, such individuals must possess the qualifications for consultant posts as specified by Comhairle na nOspidéal. To facilitate the incorporation of these individuals into the public health system, the committee recommends that Comhairle na nOspidéal should recognise the post held by such individuals as being of consultant standing, with such recognition of the post being co-terminus with the research funding. It is noted by the committee that individuals filling these posts will hold a contract issued by the funding agency, such as the Wellcome Trust, as opposed to holding the standard Consultant's Common Contract or the Revised Contract for Academic Consultant Medical Staff. It is envisaged by the committee that the number of joint applications from academic institutions and teaching hospitals for the recognition of posts as being of consultant standing will be very small relative to overall consultant numbers.

Value of a Strategic Approach

5.13 The committee is of the view that a strategic and focused approach to clinical research activity, both at regional and national level, would help to generate and maintain a level of excellence of health research within the health system with each medical school and hospital partnership identifying a small number of major areas on which they will concentrate their clinical research efforts and resources.

6 Conclusion

The committee strongly believes that the development of, and further investment in, posts at consultant level which have protected research sessions will have a major and positive impact on the health service and health research in Ireland. It is envisaged by the committee that positive consequences resulting from the creation of these posts will include:-

- ➔ an increase in the level and type of health research currently taking place in Ireland,
- ➔ an enhancement in the effectiveness and efficiency of service provision via the knowledge that such health research can produce,
- ➔ additional contribution to, and support at consultant level for, a Government-backed research function for the entire health service,
- ➔ provision of leadership in national research strategies in clinical sciences, translational sciences, epidemiology and public health medicine,
- ➔ the creation of academic centres of clinical research excellence of high international reputation which will act as a magnet for talented Irish and foreign graduates currently working abroad,
- ➔ an increasing academic and clinical research profile of the Irish health system on an international scale,
- ➔ an enhancement in the health sciences, ensuring that education in the health sciences is up to date, relevant and appropriate and
- ➔ an augmentation of crucial links with the biopharmaceutical industry in the quest for new diagnostic and therapeutic agents.

In conclusion, the committee envisages that posts at consultant level with protected time for health research will come into being via three main routes.

- ➔ One being the creation of new posts holding the existing “full-time” academic contract, where the academic commitment of the post shall incorporate protected research sessions.
- ➔ The second route being the restructuring of existing standard consultant clinical posts to incorporate protected research sessions within their standard consultant contract.
- ➔ The third being the recognition of fixed-term, fixed-purpose posts, held by individuals who have successfully secured major research funds from a prestigious granting body or agency such as the Wellcome Trust, the HRB and SFI, as being of consultant standing by Comhairle na nOspidéal. Such recognition would be co-terminus with the research funding. These doctors will hold contracts issued by the funding agencies rather than the academic or standard consultants’ contract.

In order to bring the development of all three types of posts to the next stage, the committee would recommend that Comhairle na nOspidéal look positively upon joint applications from medical schools and hospital authorities for any of the three aforementioned types of consultant posts which are to incorporate protected health research sessions. While the service commitment of these posts may range from 2 - 9 sessions, the academic thrust of all these posts will focus on health research. The committee further recommends that in the event of a new consultant contract being negotiated, the parties involved should review both the full time Academic Contract and the standard Consultants’ Contract to define more clearly such research focused academic consultant posts.

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