

# Academic psychiatry

## Welcome

**Vivienne Curtis**

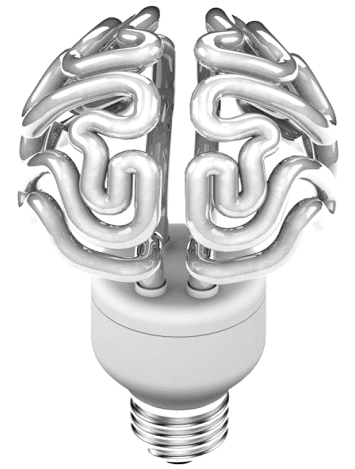
Associate Academic Dean, RCPsych

# Every doctor is a scientist & scholar (BMA 2014)

- 'emerging academic' should be part of medical and specialist training
- doctors use evidence-based treatment and participate in research
- advocate for best available treatment revealed by research data
- teach speciality
- clinical academics pursue research and deliver education
- teaching (& inspiring) medical students, trainees, colleagues, public
- academic work has impact on health strategy / health management



# Role of the academic psychiatrist



- Combines roles of the clinical psychiatrist with those of the academic researcher and educator
- Clinical psychiatrist qualities
  - medical expertise and clinical knowledge, understanding of human behaviour and illness from the level of molecules to society and their dynamics; translating research to practice in flexible and pragmatic ways, showing leadership in devising and managing strategy and health systems  
(Craddock et al., *Wake-up call for British Psychiatry* BJPsych 2010).
- ‘Academic’ qualities need to be at least as strong as non-clinical academic colleagues, and additionally *integrated* into the qualities of clinical psychiatrist
- Role model to attract and retain students, trainees and colleagues

# Clinical Academic as a clinical research 'hybrid'

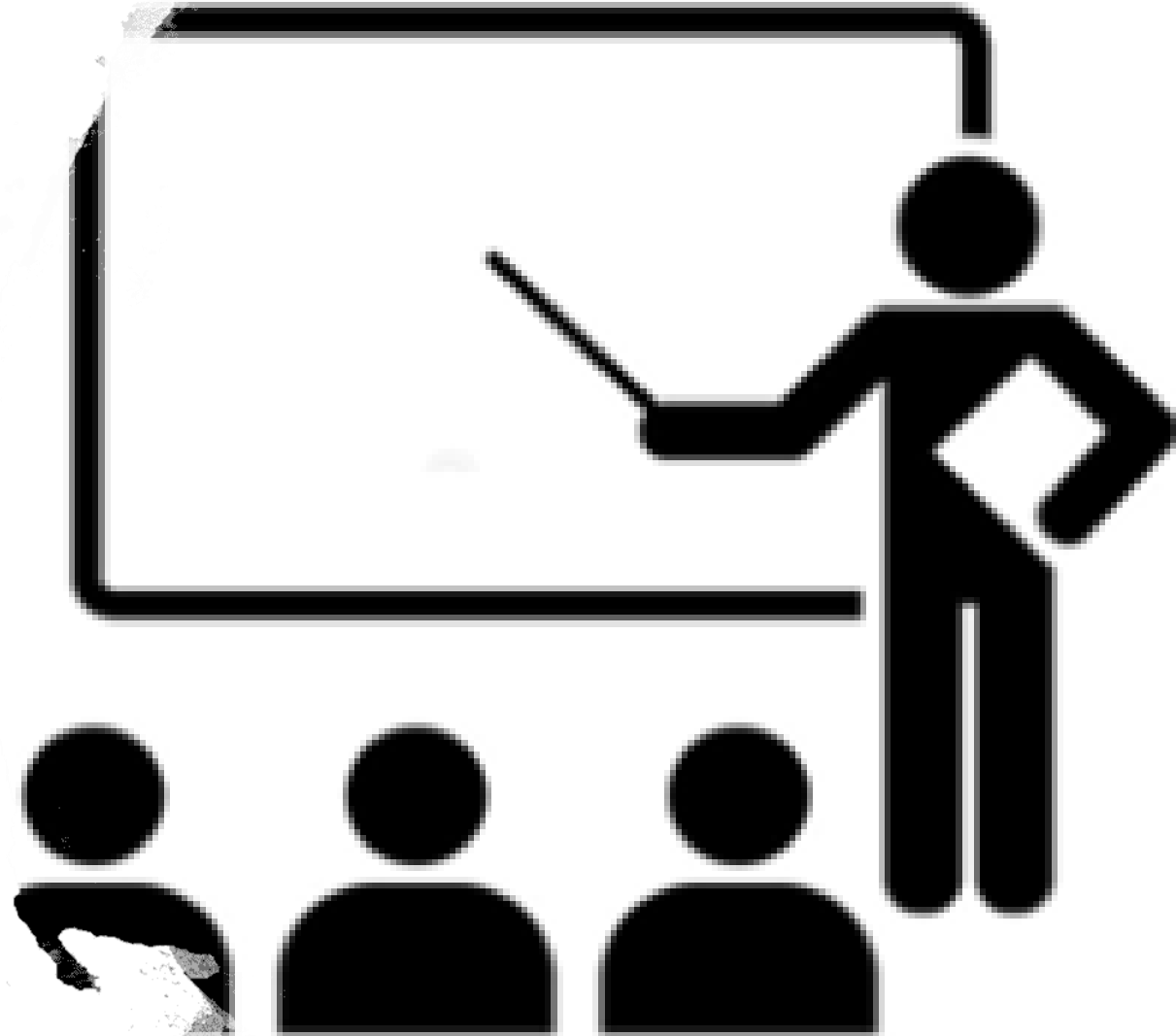


## Scholarship

- generate ideas and testable hypotheses from wide knowledge
- test hypotheses, weigh up implications findings and
- intense scrutiny and critique by scientific & clinical peers and public
- communicate those conclusions and ideas for further work
- clinically relevant science
- new knowledge about illness, its assessment, and treatment.
- synergism between science, scholarship and clinical pragmatism
- Role model to attract and retain students, trainees and colleagues

# Education

- Teach psychiatry to medics and allied professionals
- Advance psychiatry as evidence-based scientific medical discipline
- Educate public about mental illness and psychiatry
- Disseminate evidence of efficacy of psychiatry against misunderstanding and misinformation
  - E.g. *Benefits of Psychiatry* RCPsych group 2016 challenging lazy claims that
    - that psychiatric drugs (and ECT) do not work and are harmful
    - that psychiatrists focus only on biology and prescribing drugs
    - that mental disorders are not like other illnesses
- Role model to attract and retain students, trainees and colleagues



# The 'typical academic psychiatrist'

- Myth pressures Research & education main 'paced' activity, clinically remote, free of NHS
- Reality Based in HEIs but almost all carry substantive clinical service caseloads  
Most on 50:50 or 40:60 contracts, typically ~3 PAs F2F  
Within HEI, treated as FT for purposes of REF

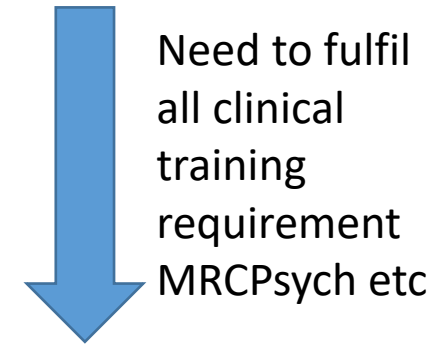
## Academic time

- Research submission Grant writing, research planning, ethics/governance, paper writing,  
Data gathering, analysis, interpretation, supervision  
Dissemination e.g. conference presentation
- Education Teaching, training, exam writing, marking, supervision
- Citizenship Reviewing papers & grants; conference organization
- Management Internal: Management roles in University & NHS, appraisals etc  
External: Scientific and clinical bodies national and international

# Canonical pathway of clinical academic psychiatry

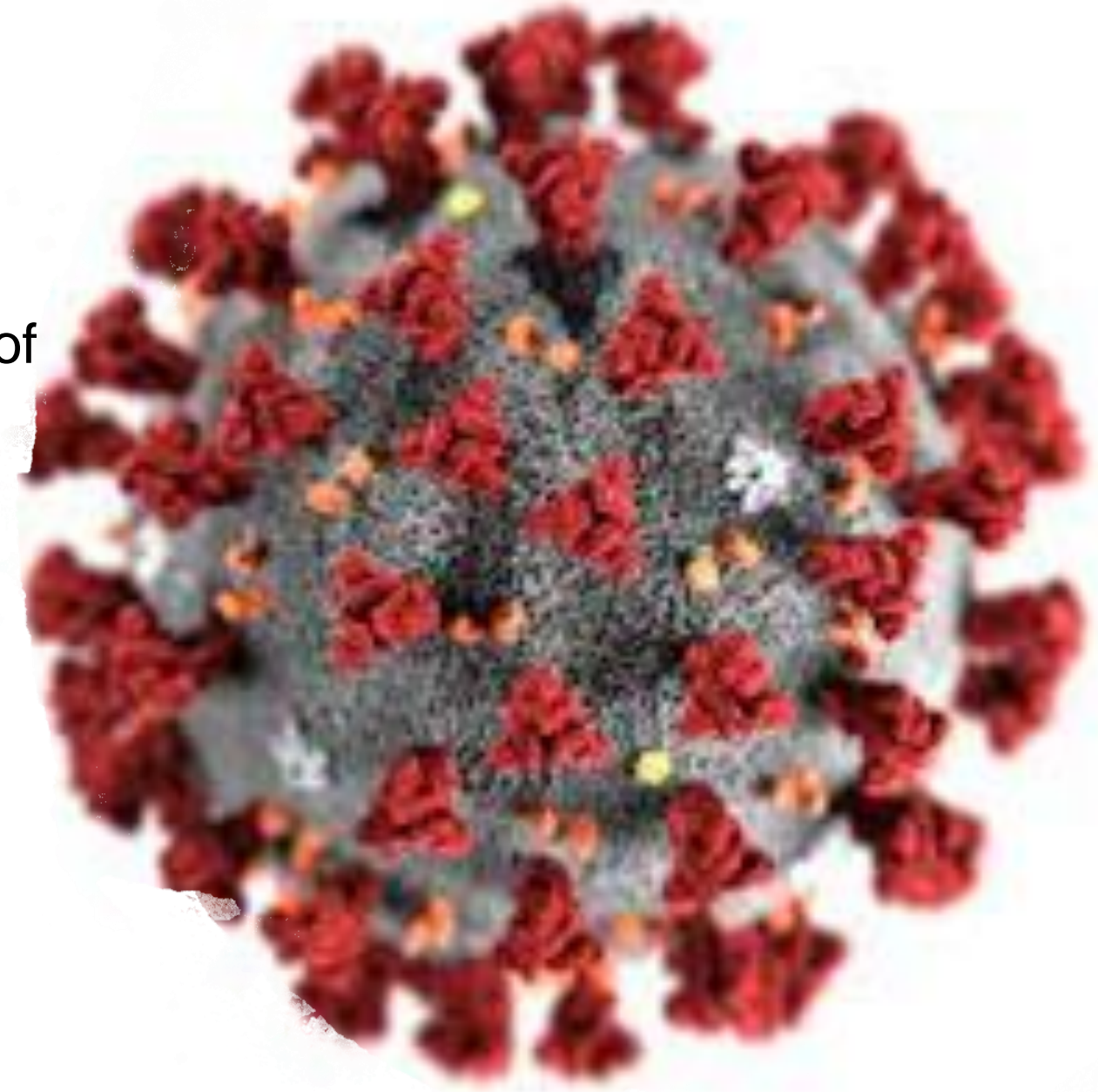
- Medical school research project / intercalated degree
- Academic Foundation job
- Academic Clinical Fellow 25% FTE - MSc
- Clinical Training Fellowship (MRC, NIHR, WT)– PhD OOP
- Academic Clinical Lectureship
- Completion of specialist training
- Intermediate fellowships
- Appointment to CSL .. grants

- Costs                      Geographical considerations  
                                    Delayed career progression  
                                    to consultant-level income,  
                                    pensions



# COVID-related challenges

- Shutting down of research facilities and face-to-face studies
- Collapse in medical charity funding (20% of MH research funding)
- Industry funded clinical trials paused – impact on R&D departments
- Refocusing of NIHR funds
- HEI downturn forecasts in overseas students
- Interrupted research for time-limited trainees; PhD fellowships incomplete
- Academics time spent repackaging education and clinical attachments > research





# Initiatives – RCPsych

Choose psychiatry

Neuroscience initiative

Associate Dean for Academic Training – Prof  
Vivienne Curtis

Academic Sub-Speciality Advisory Committee  
SSAC

Curricula: academic competencies in core and  
higher specialities

Academic faculty

congress

academic events

support for trainee events

new small grants scheme

communication webinars

# Registrar's initiative: College research and innovation hub

- to support members in developing their research and data skills
- present a programme of academic training:
- link members to academic colleagues and departments
- links across College:  
    between Faculties/CCQI team /NCCMH Team/Policy Team / Informatics

Guidelines & Policy

Projects

Video & Audio

My RCP

News

Blogs

About us

## RCP research and innovation hub

The RCP is deeply committed to improving access to clinical research and supporting the integration of research into everyday care. The RCP has produced [a strategy to develop, deliver and drive research](#) in the NHS; seeking to address the barriers to equality of access.

A range of resources is available via the links below to support clinicians looking to become more involved in research. Follow the links to find out more about how the RCP is developing skills, delivering changes to the research system and driving partnerships to support collaboration.

Contact us

Policy team

Email: [policy@rcplondon.ac.uk](mailto:policy@rcplondon.ac.uk)

[f](#) [in](#) [t](#) [v](#)