



The Clinical Academic Psychiatrist

The clinical academic psychiatrist combines all the roles of the clinical psychiatrist with those of the academic. Hence, all the qualities of the clinical psychiatrist are a pre-requisite (medical expertise and clinical knowledge, incorporating an 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, and showing leadership in devising and managing strategy and health systems) (Craddock et al., 2010).

In addition, the 'Academic' qualities need to be at least as strong as those of non-clinical academic colleagues, but additionally *integrated* into the all the qualities of clinical psychiatrist.

The Clinical Academic as a clinical research 'hybrid'

The academic is distinguished by scholarship, which involves the generation of ideas and hypotheses from a wide knowledge base, so as to generate testable hypotheses, test those hypotheses, weigh up the likely implications of the findings and communicate those conclusions and ideas for further work. Throughout this process the academic is subject to intense scrutiny and critique of their work by their scientific and clinical peers as well as the Public at large.

The clinical academic uses their clinical knowledge and skills (including pragmatism) to ensure that hypotheses are clinically relevant, testable and judged likely to result in useful new knowledge either in furthering scientific understanding of systems of relevance to illness, or of illness itself, its assessment, and treatment. The unique interface of the research and clinical skills allows a synergism between science, scholarship and clinical pragmatism. The synergism works in both the direction of clinic to research understanding and skill and vice versa in a continual dynamic. The clinical academic on seeing the patient asks "why is this person ill, what are the causes, how can they be treated?" ; whilst also asking "what is the key question that can be asked, how is it best to test it to stand a realistic chance of giving a relevant helpful answer, how can we best apply that new knowledge to improve the lot of patients suffering from illness?"

The clinical academic psychiatrist has the depth of understanding in Basic Sciences (including Neuroscience) and the Science of Human Behaviour. They use this understanding to investigate Mental Illness across a wide spectrum of enquiry. This enquiry spans: genes, molecules, synapses and transmitters, nerve cells, neuronal networks, the brain and nervous system, links between brain and the 'mind' and behaviour in individuals. They study how experience, relationships and the environment

in general impinges on the brain- mind- behaviour system in individuals and groups. They research where along that hierarchy of systems, things go array that lead to mental illness, and how modifications of that system (by treatment at the molecular, brain, mind, behaviour, societal level) can impact on illness to save and improve life.

Hence, it is this integration of clinical expertise with research scholarship that defines the clinical academic psychiatrist as a hybrid.

How does the Clinical Academic differ from the 'Doctor as Scientist and Scholar'?

The BMA has recently produced 'Every doctor a scientist and scholar' (BMA 2014). This report highlights the key qualities of the 'emerging academic' that are or should be part of medical and specialist training. Although most doctors will not generate original research data, many participate in research through providing patients for clinical trials, and in using their skills and knowledge to offer the most appropriate treatment for patients, and advocate for the commissioning of the best available treatment revealed through research data generated by others.

Many doctors will also teach their clinical specialty; however the responsibility for the medical curriculum usually lies within the realm of the clinical academic.

The Clinical Academic as Teacher and Communicator

As part of the hybrid the Clinical Academic is responsible for teaching and training students of research (clinical and non-clinical) as well as clinical medical students and trainees in Clinical Psychiatry. This hybrid gives them the ability to teach skills and knowledge to both researchers and physicians whilst also using their research background to impart insights at the cutting edge of research and into how the clinical science might develop in the future. Because of their training in communication of ideas through the written and spoken word they are particularly able to advise on relevant topics for psychiatry curricula as well as to teach at all levels.

The Clinical Academic as Health Strategist and Manager

Their scientific training in objective evaluation and weighing up evidence and in the training of others in these skills enables the clinical academic to give valuable and informed input into health strategy and health management. Further, their routine writing of grants gives them a grasp of how to argue the scientific case that justifies the funding; and their routine management of grants means they are familiar with the principles and practice of managing budgets efficiently and effectively.

References:

BMA Report Medical Academic Staff Committee (2014): 'Every doctor a Scientist and a Scholar'.

Craddock N, Kerr M, Thapar A. (2010) What is the core expertise of the psychiatrist? *The Psychiatrist* 34, 457-60.