Academic Psychiatry Strategy for the Royal College of Psychiatrists (RCPsych)

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Executive summary

Clinical academics in psychiatry are at the forefront of innovation, medical education, and research in mental health care. They include the psychiatrists who lead the education of the next generation of doctors, develop innovative treatments, and translate scientific advances into improve patient care. However, in common with many parts of the clinical academic workforce, there has been as significant decline in the number of academic psychiatrists which jeopardises the future of mental health care research across the UK. The Royal College of Psychiatrists recognises the urgent need to address the decline in the clinical academic workforce in psychiatry. Promoting Research into the causes and treatments for mental illness is a top priority or the Royal College of Psychiatrists that is highlighted in the Royal College of Psychiatrists' 2024-2026 Strategic Plan. The Royal College of Psychiatrists is committed to strengthening research into mental illness and to tackle its inequality of research funding and to reverse the decline in academic psychiatry posts.

The Royal College of Psychiatrists' (RCPsych) vision is that psychiatry is recognised as a core clinical academic discipline that directly improves patient outcomes and contributes to the scientific advancement of medicine. The College has a unique opportunity to revitalise academic psychiatry in the UK in the coming decade. The RCPsych aim should be for psychiatry to be fully embedded within healthcare services, training pathways, and promotion structures, ensuring that research capacity is proportionate to the burden of mental illness.

This Academic Strategy sets out a coherent framework structured around seven strategic pillars, each aligned to a corresponding strategic goal. Together, these pillars and goals address workforce capacity, translation and innovation, funding

and research impact, regional equity, diversity and retention, training and education, governance and accountability. They provide a practical and ambitious roadmap to rebuild academic psychiatry, embed a research-active culture across the profession, and ensure that psychiatric research delivers measurable benefits for patients, services and society. The strategy highlights the key actions and corrective action needed to support the regeneration of academic psychiatry and champion for research capacity to be proportionate to the growing burden of mental illness in the years to come.

Background

The contemporary clinical-academic landscape in the UK and comparable health systems is challenged on multiple fronts, [1,2]. There have been several landmark reports which have highlighted that the clinical academic workforce is facing significant jeopardy, due to a decline in early career research posts coupled with an ageing clinical academic population [1,2]. Across the sector, it is now well recognised that urgent action is required to reverse the decline the medically qualified research workforce [1,2].

Current State of Academic Psychiatry

Academic psychiatry plays a central role in advancing understanding and treatment of mental illness, integrating research, education and clinical practice to improve patient outcomes and inform policy but is going through a significant crisis on multiple domains which require comprehensive inspection and rectification [3-6].

Workforce Decline and Capacity Constraints

Despite significant increases in medical school places and expanding clinical demand, the number of *full-time academic psychiatrists has fallen substantially*. In the UK, full-time academic psychiatry posts declined from 330 in 2004 to 206 in 2023, representing a contraction of roughly one-third of the workforce over two decades [3,4]. This decline has occurred even as the number of medical schools and students has grown markedly. This shrinking workforce constrains research capacity, limits educational opportunities for students and trainees, and contributes to uneven geographic distribution of academic activity, with a disproportionate concentration in established academic centres.

Integration Challenges: Research, Training and Career Pathways

There is persisting difficulty balancing clinical commitments with research activity, which is a persistent barrier to academic career progression. Trainees and department leaders consistently identify: limits in available academic posts and protected research time; challenges in securing funding for research early in careers and infrastructure constraints that reduce research productivity and career appeal [3,4]. These structural barriers risk deterring promising clinicians from pursuing academic careers, further eroding the pipeline of future academic leaders.

Equity, Diversity and Representation

Academic psychiatry currently struggles with representation across career stages [3,4]. Barriers to participation especially for women, people from minoritised ethnic backgrounds and clinicians with caring responsibilities limit diversity among academic leaders and reduce the breadth of perspectives in research and teaching [3,4,7].

Funding Disparities and Research Priorities

Mental illness research remains underfunded relative to the scale, societal impact and burden of psychiatric disorders [3,4]. It is noted that psychiatric drug development and innovation lag other fields such as oncology, due in part to structural disincentives and persistent stigma affecting investment decisions and regulatory approaches [3]. This funding landscape places additional strain on academic psychiatry, where research funding is essential to sustain and grow academic posts and infrastructure [3,4].

Clinical and Educational Impact

There is strong evidence that services with active research engagement deliver better patient outcomes, stronger training environments and greater innovation [1,6]. However, the small and declining academic workforce limits the reach of these benefits across regions and settings, with implications for quality, equity and the translation of research into practice [3,4].

Emerging Opportunities and Strategic Imperatives

Despite these challenges, technological advances (including digital health, precision psychiatry and artificial intelligence) offer transformative opportunities if harnessed through robust academic inquiry. Networked, regional and virtual academic models, if resourced and connected to centres of excellence, could democratise research participation and broaden engagement across settings.

Strategic pillars and goals

To realise the College's vision to significantly improve the current state of academic psychiatry, seven strategic pillars and goals are identified. These are: first, to rebuild academic workforce capacity and ensure protected research time. Second, to make academic psychiatry accessible to the entire workforce by embedding a research mindset across the profession. Third, to

campaign to increase funding and demonstrate the measurable impact of psychiatric research. Fourth, to strengthen regional capacity, develop better links to centres of excellence to transcend geographical challenges and enable virtual and networked academic units. Fifth, to improve diversity, mentoring and career pipelines into academic roles. Sixth, to promote translation of research findings into clinical practice through safe and ethical partnerships (including commercial), particularly in the fields of digital and precision psychiatry. To establish robust governance, metrics and advocacy for academic psychiatry, ensuring accountability for delivery of this strategy, transparent measurement of research activity and impact, and coordinated national advocacy on behalf of the academic psychiatric workforce.

Strategy and action plan

Pillar 1:
The first strategic pillar and goal, *Workforce and Careers*, focuses on rebuilding capacity by campaigning for reinstating vacant academic psychiatric posts at all levels particularly in priority regions, as well as leading, advocating and coordinating efforts to secure the creation of new academic positions especially in under-resourced specialties and key priority sub-speciality areas. This has to be done by facilitating active engagement of clinical institutions such as the NHS with medical schools and universities by running programmes similar to the successful Choose Psychiatry programme by both actively driving and holding partners to account. Also important, is promoting the mandate for protected academic time in psychiatrists job plans, thus ensuring that clinical staff can contribute meaningfully to research. There should be funded research PAs in relevant job plans which the College monitors via its job approvals process.
Pillar 2:
The second pillar, *Training, Education and the Academic Pipeline*, aims to expand opportunities for research at all levels of training. This includes advocating for expanding Academic Clinical Fellow (ACF) and Academic Clinical Lecturer (ACL) training places in psychiatry and building a network of resident doctors on academic training pathways to connect and share resources. The College will also advocate for increase in Academic Foundation placements in Psychiatry, identifying educator and academic capacity where appropriate. Furthermore, research literacy in critical appraisal will need to be embedded as core components of RCPsych postgraduate core curriculum.
Pillar 3:
The third strategic pillar and goal, *Funding and Research Impact*, seeks to address the mismatch between the burden of mental illness and current research funding levels. To achieve this, the RCPsych will need to enhance visibility of the central role of the psychiatrist in research multi-disciplinary teams together with the more established clinical roles of psychiatrists. RCPsych will look to engage with national government and commercial funders to highlight the value psychiatrists bring to research into mental disorders. Campaigning will ensure that psychiatrists are consistently represented as co-investigators and reviewers on grant applications that include all aspects of mental health and illness

Pillar 4:
The fourth strategic pillar and goal, *Regional Networks and Centres of Excellence*, will see the development of regional hubs with supporting satellite nodes, providing equitable access to academic opportunities across the UK. A national virtual research platform will further enhance collaboration and trainee mobility without requiring relocation. These can be supported via national centres of excellence. A role model in Mental Health Research Groups (MHRG) [8] and Mental Health Mission (MHM) [9] exists but needs to be psychiatry specific. The RCPsych would promote this.
Pillar 5:
The fifth strategic pillar and goal, *Diversity, Mentorship and Retention*, focuses on building a supportive and inclusive environment. This includes a national mentorship programme with protected time for mentors. The College will explore targeted support for underrepresented groups, and flexible career pathways that recognise teaching, implementation, and leadership in research.
Pillar 6:
The sixth strategic pillar and goal, *Translation, Innovation and Commercial Engagement*, requires the RCPsych to acknowledge the increasing importance of digital health and precision psychiatry. The RCPsych will consider developing an ethical framework for partnerships with industry, support the pathways of growth of spinouts, and promote research into adaptive trial designs and real-world evidence for digital interventions.
Pillar 7:
The seventh strategic pillar and goal, *Metrics, Governance, accountability and Advocacy*, establishes the creation of an Academic Strategy Board with representation from a diverse group of stakeholders (example – people with lived experience, academics, trainees etc.) This board could be over-seen by the RCPsych CCQI. The principal aim of this board would be to develop and implement standards of measuring the research activeness of provider Trusts and agencies. In this an important domain could be the research roles of psychiatrists in the organisation. This Board could oversee delivery, publish an annual Academic Impact Report, and coordinate national advocacy efforts.

Implementation roadmap

The strategy will be designed to be implemented in phases. This includes considering producing a standardised job-plan template for protected research time, CCQI setting up the board and terms of reference, launch a national mentorship scheme, and promote regional hubs, expansion of Academic Clinical Fellow and Clinical Lectureship and coordinated advocacy to national funders. Delivery of this strategy will be explicitly underpinned by the OSCAR principles: Opportunity, Support, Capability, Accountability and Representation (Table 1) [10]. These principles provide a consistent framework for implementation across all seven strategic pillars, ensuring that academic excellence is strengthened while access to academic careers is broadened in a transparent, merit-based and standards-driven manner.

Risk register and mitigation

Several risks to successful implementation have been identified. NHS Trusts and other clinical employers may be unwilling to allocate job-plan time to research. This will be mitigated by using the Royal College of Physicians' resource kit to strengthen the business case and clear articulation of the clinical, organisational and reputational benefits of research-active services.

Funding scarcity remains a concern and would need active promotion with national research funders. Funding constraints remain a significant challenge and will require sustained and coordinated engagement with national research funders, government bodies and charitable organisations to ensure that investment in psychiatric research is commensurate with population need and disease burden.

It is also recognised that academic excellence in psychiatry is currently concentrated within established centres, including those within the Oxford–Cambridge–London "Golden Triangle". This strategy does not seek to dilute or divert funding away from centres of excellence. Rather, it aims to strengthen research capacity in parallel across regions that host a substantial proportion of the UK's medical schools and training programmes, thereby broadening the pipeline from which future academic psychiatrists are recruited. The RCPsych should campaign for explicit regional support mechanisms, penumbra funding for emerging centres, networks and virtual platforms to complement and connect with existing centres of excellence, while maintaining consistent national standards for academic quality, training and research governance. The lack of early career researchers, particularly female, and from ethnic minority is a major issue of concern. There is a need to develop guidance for flexible academic career pathways.

Conclusion

This strategy sets out a clear, coordinated plan aiming to revitalise academic psychiatry in the UK. By aligning the seven strategic pillars with the OSCAR principles the College aims to rebuild workforce capacity, strengthen research excellence, and broaden access to academic careers across regions and specialties. Through coordinated action with universities, NHS partners, and national funders, the strategy will ensure that psychiatry is recognised as a core clinical academic discipline, fully integrated into healthcare, training, and research structures. Its successful implementation will foster a vibrant, inclusive, and research-active workforce, drive innovation, improve patient outcomes, and secure the long-term sustainability and prominence of academic psychiatry.

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Table 1: Implementation Map for the Academic Psychiatry Strategy

OSCAR Principle	Implementation Focus	Key Actions (linked to pillars)	Primary Levers / Owners	Indicative Outputs
Opportunity	Widen access to academic psychiatry across career stages, regions and subspecialties	Reinstate vacant academic posts and secure new posts in priority subspecialties (Pillar 1) Expand Academic Foundation, ACF and ACL posts (Pillar 2). Develop regional hubs and virtual platforms (Pillar 4). Ensure psychiatrists are included as co-investigators and reviewers (Pillar 3).	RCPsych; Medical Schools; Universities; NHS Employers; NIHR	Increased number and geographical spread of academic posts
Support	Enable success and retention within academic roles	Funded research PAs in job plans (Pillar 1). National mentorship programme with protected time (Pillar 5). Regional academic networks linked to centres of excellence (Pillar 4). Support innovation and ethical industry partnerships (Pillar 6).	RCPsych; NHS Trusts; Universities; Industry Partners	Improved retention and research productivity
Capability	Maintain and strengthen academic excellence	National standards for academic roles and training (Pillars 1, 2, 7). Embed research literacy in postgraduate training (Pillar 2).	RCPsych Education & Training; Universities; Funders	High-quality, consistent research outputs

		Promote adaptive trials and real-world evidence (Pillar 6). Strengthen psychiatrist leadership in research teams (Pillar 3).		
Accountability	Ensure delivery and transparent governance	Establish Academic Strategy Board overseen by CCQI (Pillar 7). Monitor protected research time (Pillar 1). Develop metrics for research activeness (Pillar 7). Publish annual Academic Impact Report (Pillar 7).	RCPsych Council; CCQI; Academic Strategy Board	Clear oversight and measurable progress
Representation	Achieve representative participation through merit-based processes	Transparent recruitment and promotion (Pillars 1 & 2). Targeted support without quotas (Pillar 5). Engage regions hosting major medical schools (Pillar 4). Diverse stakeholder governance representation (Pillar 7).	RCPsych; Universities; NHS; Academic Strategy Board	Broader participation and strengthened legitimacy