

POSITION STATEMENT

Clinical Academic Pathways in Medicine

2025

Introduction

Clinical academics are clinicians and leaders who, through training and experience, have research and/or education as a significant part of their professional career. Their work seeks to progress innovation and evidence-based practice in health care.ⁱ

The demise of clinical academic hospital departments, decline in academic positions, and an ageing, increasingly part-time workforce has made it difficult for existing clinical academics to continue to research and meet the demand for education and training from growing numbers of medical graduates and pre-vocational and vocational trainees. Doctors in training are less inclined to consider a career in academic medicine because of the challenges associated with career progression, job security, and remuneration.ⁱⁱ

There is a need to develop sustainable training pathways, funding models and infrastructure in support of clinical academic practice and to revive the attractiveness of clinical academic medicine as a flexible career to support high quality research in Australia.

Federal and state governments, health departments, universities, medical colleges and research institutes must work together to review current policies and support structures impacting on clinical academic careers, and develop strategy to cultivate and retain a well-trained and skilled clinical academic workforce.

1. Challenges in Clinical Academia in Australia

Due to the competitive nature of entry into vocational training, producing academic articles is often used by trainees to 'CV buff' and by specialist training colleges as a criteria for entry into training. Due to pressures arising from the 'hidden curriculum' there is an expectation that trainees should endeavour to have first authorship of a published academic article within trusted journals. This academic arms race to enter training has had the unintended but not unexpected consequence of the proliferation of poor-quality research.ⁱⁱⁱ

Coupled with the expectations that potential trainees should undertake clinical academic work to enter or complete vocational training, medical students and trainees are not taught the skills and or receive appropriate support to undertake clinical academic work. This leads to poor quality or 'junk' research that contains errors in methodology, bias, and poor reporting of results. A 2025 study found that *"for trainees who undertake specialty training, the time commitment and poor quality research associated with mandatory research projects were frequently concerns. Medical colleges should focus on research training tailored to individual career aspirations and training needs."*^{iv}

2. Exposure to research should begin in medical school

Medical students have misconceptions about what a career in academic medicine involves, and there are system-based barriers to a career in research and education. Medical students cite the absence of a clear career path and time pressures as concerns when considering a research career^v

Medical schools should evaluate and adopt a range of initiatives to encourage medical students to complete research projects during their training. Examples of how this is already being achieved include:

- (a) offering research electives (in basic and clinical research), non-compulsory academic rotations, mentoring and experience in research, education and administration

- (b) intercalated research and higher degrees in related fields (such as an Honours, Masters or PhD) alongside the MBBS or MD
- (c) offering competitive scholarships for medical students who wish to pursue a higher research degree
- (d) promoting publications which showcase undergraduate student research and introduce junior authors and medical students to scientific publishing.

Models must be sustainable and should take into account the clinical, administrative, research and educational demand on medical school departments and senior clinicians.

4. Structured research opportunities must be in place for prevocational and vocational trainees

Interest in a clinical academic career usually decreases as trainees transition from prevocational to vocational training. This has been attributed to several factors including a lack of structured opportunities for research, difficulty combining meaningful research with the demands of clinical training, family and financial pressures, inadequate recognition, poorer career opportunities, financial rewards and job security when compared to clinical practice.

Creating opportunities for trainees to undertake targeted research will help them to develop research skills, improve the quality of academic work and contribute to evidence based clinical practice and improved patient care.

Autonomy in choice of academic work, relevance to vocational training, attainment of a higher degree, protected academic time and flexible entry and exit points can also positively influence a trainee's decision to combine academic study with postgraduate and specialist training.

Any clinical academic pathway must provide trainees with sufficient time to consolidate clinical skills and achieve clinical competencies whilst undertaking research or academic study.

The AMA supports the development of a range of prevocational and vocational training options in support of a clinical academic career. These include:

- (a) specific academic rotations and academic clinical internships as part of early postgraduate training with the opportunity to continue through to vocational training
- (b) junior and senior clinical academic fellowships and lectureship positions in partnership with universities and medical colleges which allow trainees to complete vocational training requirements whilst undertaking further research, teaching or post-doctoral training
- (c) medical education registrar positions, jointly funded by the university and hospital sector, which allow trainees to maintain their clinical knowledge whilst undertaking further study in medical education theory and research methods
- (d) a standardised academic training framework across medical colleges and universities to encourage, fund and support trainees to undertake relevant, high-quality research.

5. Enabling factors across career stages

The ability of early researchers to access positive academic role models has an important influence on career paths and research productivity, including publication and grant success.^{vi} Mentoring capacity, including programs that enhance and develop the skills of mentors, must be expanded and appropriately funded to ensure early career academics are supported in their endeavours.

Providing enough flexibility to allow clinical academics to achieve both clinical and academic goals as part of an integrated career development process will help retain more clinical academics in the system. Having a variety of entry and exit points during and post training will provide trainees and fellows with flexible options to pursue an academic career and similarly, a process to return to full time clinical practice. Having the flexibility to work part time or take a career break should also be an option.

6. Health and structural systems supporting clinical academia

Support for clinical academic medicine must be embedded into all aspects of the health system so that Australia can gain maximum benefit from the medical expertise that exists in its hospitals, universities and in the community.

Combining clinical training with research requires significant personal and financial commitment. Incentives that maximise recruitment and retention of clinical academic staff at all levels will help support and retain a high quality, clinical academic workforce. These include improved access to flexible or part time training, higher stipends, research grants, and competitive training and career fellowships. Programmes of continuous professional development that allow further training of academic staff commensurate with career requirements will also help reward clinical academic staff.

Aboriginal and Torres Strait Islander clinicians bring unique expertise and leadership to clinical academia. Strengthening culturally safe mentorship, expanding early exposure to academic medicine, and establishing dedicated training posts will foster their success. Embedding targeted strategies across medical schools, colleges, and health services is critical to advancing equity and ensuring Aboriginal and Torres Strait Islander voices contribute to shaping the future of academic medicine.

Incentives should be available to health service providers and universities willing to build clinical academic capacity and support research in areas and disciplines that are in line with health care priorities; this could take the form of time limited seeding grants that encourage new research and reward research outcomes.

The Australian Government Department of Health, Disability and Ageing should fund the development of a dedicated workforce plan to assess and monitor the number of clinical academic training posts required and build and retain a highly quality clinical academic workforce.

Dedicated clinical academic training posts and academic appointments must be available for trainees and fellows to provide career certainty and retain clinical academics in the system. This will require adequate funding. Funders of research, education and training must work together to develop a strategic and effective approach to investing in the workforce and infrastructure required to undertake basic and clinical research and teaching.

Equivalence of pay between clinical academics and hospital staff specialists should be attained to reward and retain the clinical academic workforce. This has been successfully prosecuted in a number of Australian states and territories and should be adopted in all jurisdictions. Other promising remuneration initiatives include health research fellowships which provide salary support to practicing clinicians to undertake clinical or health service research, and clinical academic fellowships that provide salary support for new positions funded jointly by health facilities and universities.

It is important that existing clinical academics are supported to provide leadership in clinical care, research and education. The AMA encourages the development and promulgation of specific research grants and schemes for clinicians to support them to engage in research related to their professional activities and encourage the translation of research training, mentorship and research excellence into practice.

The development of further approaches that provide an appropriate environment for clinical academics, support and strengthen the link between patient care, teaching and research, and advance the next cohort of researchers and educators, is vital. The AMA supports the development of initiatives that promote excellence in health and medical research, encourage collaboration between researchers, clinicians, health services, universities, and research institutes, and cultivate research training opportunities for all health care professionals. As the number of clinical academics increase, data should be published on the value of clinical academics to the healthcare system.

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Endnotes

- ⁱ Edelman A, Gauld R, Ovseiko PV, Murray RB. (2021). *Developing the multi-professional clinical academic workforce in Australia and New Zealand: a scoping review*. Evidence Base, Issue 1, 2021. DOI: [10.21307/eb-2021-001](https://doi.org/10.21307/eb-2021-001)
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- ⁱⁱⁱ Withers, C., Noble, C., Brandenburg, C., Glasziou, P. P., & Stehlik, P. (2021). *Selection criteria for Australian and New Zealand medical specialist training programs: another under-recognised driver of research waste*. Medical Journal of Australia, 215(7), 336–336.e1. <https://doi.org/10.5694/mja2.51250>
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