

Clinical Academic Research Careers

Clinical academic research consultants are suitably qualified doctors who combine research and academic responsibilities with their clinical practice. A career in academic medicine includes clinical care, scientific discovery, and both undergraduate and postgraduate teaching. The clinical component of the work provides the real-world questions that drive scientific curiosity. There are many models ranging from one day per week protected research time to more substantial academic appointments consisting of a 50/50 contract.

Protected time for trainee doctors must be part of their working week. It consists of a number of activities that include simulation practice, tutorials, a journal club that is consultant led, clinical-radiology and clinical-pathology meetings, and the provision of time for audit¹ and quality improvement projects. These activities provide the green shoots that act as catalyst for young doctors with a potential long-term interest in research. It is encouraging that 48 national academic track intern posts have been established and distributed across the six universities. They provide clinical rotations with protected research and academic time.

The subsequent time-honoured career pathway for the NCHD interested in an academic post is to undertake a two- or three-period in full-time research leading to an MD or PhD. This provides the recipient with a strong foundation in research methodology, be it laboratory or clinical research. This research activity and training is an important link in the chain of the critical academic pipeline. It is followed by a university academic post and ultimately a senior consultant post. Similar pathways are in place for those who pursue an academic career in general practice. Clinical academic research consultants are of fundamental importance to the advancement of medical science. Many become leaders within their field of expertise. They spearhead important scientific progress and high-quality randomised control trials leading to advances in evidence-based practice.

A recent UK report found that the number of clinical academic posts has decreased². They now only account for 3% of the senior consultant workforce, whereas in 2012 it was double that at 6%. This has long-term adverse consequences for research activity and ultimately patient outcomes. There are a number reasons for this decline. The current service model and the inflexible training programs make it difficult for trainees to combine their clinical training with research. The organization where they train may lack a research culture. Research may be incorrectly referred to as 'time off'. This demonstrates a lack of understanding of the demands that research places on the trainee. Academic training opportunities may be inconsistent and poorly signposted. Thus, promising academics miss out on the opportunity of a fulfilling career. Training should be flexible in order to incorporate research modules.

There is the need to build excellence outside the formal training programmes. It is important to accommodate different training paces and paths. Those trainees who manage to develop a solid grounding in research are often concerned that they will be unable to obtain a suitable permanent academic consultant post.

The pros of a clinical academic research post are the high intellectual stimulation, a collaborative environment, and the potential to change clinical practice for the benefit of patients both now and into the future. There are some challenges to an academic career. There is the perpetual intense competition for research grant funding. The rejection rate is high. Major funding bodies accept as little as 5-10% of submitted proposals. The preparation of an application can take one or two months and being turned down after that intense effort can be demoralising. It is more difficult for young investigators to break in as the review systems tend to favour the more senior established academics from the elite institutions. High profile areas including cancer and cardiovascular disease understandably have a higher gravitational pull for funding. Other smaller specialties, including paediatrics, have greater difficulties in securing grants. Although children make up 25% of the population, the amounts of money available for paediatric research is relatively less. Pharmaceutical and medical device companies are more likely to concentrate on the adult market where patient volumes are higher, and the return on investment is greater. The other issue for academic research clinical consultants is security of tenure. Posts may be for a fixed contract period rather than guaranteed employment through to retirement.

In general terms, the potential for academic research in Ireland has greatly improved compared with previously. Research Ireland³ is the major player in scientific and medical research funding. It manages a €610m investment in research across all fields. In 2025, €288m was committed to supporting 1,053 new awards. In June 2026, the Government announced a €460m state investment to establish seven major Rinn (Irish word meaning “point”) research hubs. The hubs more closely related to medical research are advanced therapies (€51m), medical devices (€64.5m), pharma and biopharma (€60.3m), and information and science technology (€39.6m).

The Health Research Board (HRB)⁴ focuses heavily on patient-centred research, clinical trials, healthcare delivery, and public health. It invests €50m annually in research. In September 2026, it announced a €12m investment in 29 new investigator-led research projects. The rejection rate for research proposals is 70-80%. Smaller student schemes have a higher success rate of 50%. The Board provides helpful, clear guidance for potential applicants. A research team with the necessary breadth and depth of expertise must be assembled. The research question must be timely and important. The research design must be convincing and feasible. There must be clearly identifiable deliverables. The timelines need to be set down.

Health Research Charities Ireland (HRCI) is a national umbrella organization of over 40 charities engaged in health, medical, and social care research⁵. It contributes over €20m in research funding annually. It provides matched funding through joint schemes with the HRB. The Irish Cancer Research society provides over €5m annually for cancer research. It supports over 190 researchers. The three areas of research are translational, clinical trials, and survivorship. Children's Health Foundation⁶ is an important vehicle for paediatric research. The amounts provided annually range between €2m-€4m. An RCSI research project secured €1.29m for the FLORAL study, which is examining the long-term consequences of the COVID-19 pandemic on children. The individual hospital research foundations in the large general and the major maternity hospitals provide research funding for the staff within their own organisations. A high proportion of the funds go to paying the salaries of NCHDs doing an MD or PhD, and nurses/midwives taking a postgraduate qualification.

Clinical academic research physicians bridge the worlds of treating patients and conducting high-quality innovative research. They represent the important link that ensures that medical advances and innovations reach and provide benefit for patients. It is estimated that medical research provides a 25% profit for every euro of investment. Research enables the eradication of useless therapies and the promotion of effective treatments. A research culture attracts inward investment. It is widely accepted that patients attending hospitals with a strong research programme have better outcomes. The reasons are multiple. The research environment fosters continuous learning, adherence to evidence-based practice, rapid adoption of new treatments, and the recruitment of high-quality motivated staff. The meticulous discipline required for research data collection spills over into overall patient care. This leads to higher clinical standards and better patient safety.

There are a number of key items required in order to sustain and grow the number of clinical academic research doctors. There needs to be a positive research culture, flexible training that embraces protected research time, a further expansion of research grant schemes, and an increase in the number of senior academic posts.

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Editor

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