

Mandatory research projects during medical specialist training in Australia and New Zealand

TO THE EDITOR: I would like to thank Stehlik and colleagues¹ for highlighting the important issue of mandatory research projects during specialist training and Talley for acknowledging the steady decline in interest in clinician-scientist careers in Australia.² As a specialist college trainee and concurrent PhD candidate, I have developed an appreciation of some of the challenges faced by specialist trainees and aspiring clinician-scientists and herein provide brief comment on some considerations pertaining to the role of research in trainee selection and training.

The use of research output as a selection criterion or discriminator among applicants to specialist training programs incites a research arms race, which is unlikely to provide significant patient benefit. It is unsurprising that most medical students describe career progression as their primary motivation for performing research.³ The oft-quoted words of Douglas Altman ring truer than ever: "We need less research, better research, and research done for the right reasons".⁴ Selection of trainees is undoubtedly a difficult proposition with the number of potentially suitable applicants often far exceeding the number of available positions and it would therefore be

unfair to criticise the use of research productivity during selection without proposing some alternative solutions. One measure that could be considered is limiting the number of research outputs that can be included on an application to incentivise applicants to undertake higher quality and more impactful research. Alternatively, or in combination with this approach, the adoption of objective tools to assess extent of authorship and research impact could be considered.⁵ Reducing the relative weighting of research-based selection criteria and instead placing greater emphasis on performance in workplace-based assessments, specialty-relevant prevocational examinations and interviews is another potential strategy that may more closely align selection criteria with factors predictive of satisfactory clinical performance of trainees.

The ability to interpret and interrogate clinical research underpins evidence-based practice and should inform development of clinically relevant, integrated research curricula for specialty training programs. However, requiring disinterested trainees to complete research projects in addition to the growing array of other extracurricular requirements may contribute to trainee burnout without yielding rigorous research that confers patient benefit. Transitioning towards a strengths-based opt-in approach for research project completion whereby interested trainees are provided access to

high quality supervision and protected time to complete projects is more likely to benefit trainees, supervisors, end users and patients alike.

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