

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

IN REPLY: We are grateful for the two sets of comments on our article.¹ In response to White,² we agree with the main points raised: that emphasising research productivity during the specialty training selection process introduces counterproductive competition among applicants (most of whom wish to focus on clinical practice), and that there is a need to explore alternative approaches.


Our previous work in the ENHANCE project reviewed research-related selection criteria across Australian and New Zealand medical training colleges and identified a focus on projects that an applicant had led, rather than other forms of research engagement and skills development.^{1,3} Some colleges limited the number of projects an applicant could submit, but there was little focus on research quality, impact or skills development. This pressure to publish is unproductive and can incentivise unethical behaviour such as citation misrepresentation.⁴ While we agree with White that an opt-in approach for aspiring clinician-researchers, with more suitable supports, is warranted, we should also optimise research-related training of the remaining majority of trainees to develop a larger research-ready workforce.

Ross and Day⁵ rightly point out that our study did not survey supervisors. In our research, trainees reported being generally satisfied with their direct supervision. However, many

reported a lack of broader support, including protected time and access to research expertise; almost all conducted research in their own time.¹ As Ross and Day noted, the current system is challenging for supervisors who, like the trainees, lack protected time and proper resourcing. A qualitative analysis performed as part of our project found that many trainees felt ill-prepared to become research supervisors themselves, likening supervision to “the blind leading the blind”.⁶

Ross and Day make the additional comment that biomedical research should be considered a subspecialty. This is relevant for aspiring clinician-researchers. As we note above, a larger proportion of trainees would benefit from research training that prepares them to be research-engaged during their careers. This includes participation in large collaborative research projects, the implementation of research into clinical practice, or becoming clinical leaders who support research in their department. The current system focuses on leading projects, no matter how small or unimpactful, and misses the opportunity to produce a large research-ready workforce.

In the next stages of our ENHANCE project, we plan to work with medical specialty colleges to identify alternatives to mandatory projects. By identifying a core research curriculum that acknowledges different career aspirations, we can strengthen the clinician-researcher pipeline and help develop a research-ready medical workforce.

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