

Clinical research in the NHS today

ABSTRACT—Most members of the British Medical Research Society who replied to a postal questionnaire survey think that clinical research in Britain is in decline. Research by NHS staff is being discouraged by hospital managers. Increasing service and managerial work by academic and research, staff is curtailing research activity. Recruitment of academic physicians is being adversely affected. Collaborative research between hospitals and research, made possible by tertiary referral, is under increasing threat. This impoverishes the clinical service for rare diseases and complex medical and surgical problems. Most respondents expect the situation to get worse. Ways must be found to protect clinical research before more research teams are irrevocably damaged or broken up. Commissioning of some 'new blood' senior lecturers would be the best way to improve things, and would greatly raise morale.

The NHS was by European norms already underfunded when the government introduced its latest reforms in 1990. I thought it would be worth asking members of the Medical Research Society (MRS) of Great Britain whether research has been protected, as Kenneth Clarke (the former Secretary of State for Health) had publicly promised it would be. MRS members are uniquely placed to judge the present situation. They include most professors, readers and senior lecturers in clinical medical departments, NHS clinicians active in research, and many non-clinical scientists. The MRS committee agreed to conduct a survey among the 879 UK members of the MRS, and has encouraged me to publish their views on 12 current problems. I received 294 replies, ie from about a third of all members. Some MRS members are non-medical scientists, and some have retired. The society does not have a breakdown of these different categories of membership, but it would be reasonable to estimate that about half of all MRS members in active clinical research practice returned the questionnaires.

My questionnaire read: 'Have you, or researchers who worked with you, encountered problems in any of the following areas?' The problems posed (listed in Table 1) are, of course, phrased as leading questions, but respondents were invited to identify improvement as well as deterioration. For each question there were five boxes labelled 'major problem' (boxes 1 and 2), 'no problem' (boxes 3 and 4) and 'improved' (box 5).

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Each respondent was asked to tick one box in answer to each relevant question and to add any written comments. Table 1 lists the questions in order of their apparent importance, and shows the numbers answering each question in each of the three main categories. (There seemed to be little value in distinguishing between categories 1 and 2 and categories 3 and 4, because these were not individually labelled.) A variable number of people (on average about 270) answered each question, since not all questions were applicable to everyone. Some questions were left unanswered. The percentages shown in each case relate to the total number of people answering that question. Many contributors (who were not asked to identify themselves) added comments which were both specific and general. The quoted comments have not been edited, and I have made my selection to reflect as accurately as possible all views expressed.

Specific comments

Time for research

Lack of research time was the main complaint, although one respondent thought that this was no worse than before the reforms. The main problems were escalating paperwork and management tasks, and increasing demands to see more patients. The situation is particularly depressing for NHS clinicians with research fellows. The problem seems to vary between specialties, from 'moderate' (in clinical departments) to 'catastrophic' (in laboratory departments). A few managements were seen as supportive, placing their research profile highly as long as overheads were fully funded. Increasing attention to clinical audit was commended by one respondent: 'Audit activities have proved a positive influence on clinical research'.

The great majority of respondents were concerned about present and future prospects for clinical research:

'It would be suicidal for our clinicians even to suggest they were involved in research as this would indicate that they had too much time, and their jobs would disappear.'

'In the next two to three months we will be two lecturers short with vacancy freeze, and another short with maternity leave unfunded by the college due to financial problems.'

'NHS consultant job was advertised as "research encouraged". Told by management: "We had this problem with the last one we appointed. This is a district general hospital and research isn't our aim".'

Table 1. Opinions of respondents: numbers choosing each of the three main categories of answer.

Subject of question	Seen as 'major problem'	Seen as 'no problem'	Seen as 'improved'
1. Diminished research time for NHS-funded clinicians to pursue clinical research	216 (83%)	39 (15%)	5 (2%)
2. Pressure put on academic clinical staff to undertake management roles, to the detriment of their research potential	188 (73%)	69 (26%)	3 (1%)
3. Increasing clinical demands on university-funded medical staff, severely curtailing research activity	183 (71%)	69 (27%)	5 (2%)
4. Unwillingness of management to cover minor and trivial research costs of standard investigations, simple drugs, etc (part of a clinical research investigation)	168 (63%)	98 (37%)	1
5. Diminished calibre and/or numbers of keen young researchers because of perceived reduced career opportunities	167 (61%)	104 (38%)	4 (1%)
6. Reluctance of young researchers to join clinical units under real or perceived threat of closure, reduction or amalgamation	138 (54%)	112 (44%)	6 (2%)
7. Lack of management sympathy with reasonable research activities of all kinds	145 (54%)	119 (45%)	2 (1%)
8. Diminished possibilities of research collaboration between different Trusts and districts, through commercial competition	131 (49%)	131 (49%)	3 (1%)
9. Lack of specialist or superspecialist referrals, because of cost, hampering research	96 (35%)	177 (64%)	3 (1%)
10. Unwillingness of GP fundholders to prescribe non-standard or slightly non-standard drugs, in a research context	83 (34%)	158 (65%)	2 (1%)
11. Reasonable study leave requests refused or curtailed	65 (26%)	184 (72%)	5 (2%)
12. Unwillingness of Trusts to establish, service and run ethical committees	22 (8%)	228 (86%)	15 (6%)

'I am an NHS physician (teaching hospital) with a very active programme of clinical research and a series of research fellows; I find there is no protected time for academic work in an NHS post.'

'We have more and more clinical work to do now. Registrars and senior registrars on the unit have virtually no time for meaningful research.'

Research costs

Although a few people felt that hospital managements have never covered even trivial research costs, others were concerned about growing difficulties:

'There is now a quagmire of new regulations and hurdles for any new project.'

'The management try to get clinical care paid for by research money.'

'A recent 'drug' issued by our pharmacy (a sterile water ampoule) cost £1.90 and had a levy of £5 placed on it as a handling charge by the hospital.'

Recruitment into clinical research

A few people were optimistic:

'No problem, judged by applications to British Heart Foundation Fellowship Committee.'

but most were depressed:

'We have virtually no lecturers now, due to cutbacks. Who tomorrow's academic leaders will be, I don't know.'

'I was on a respiratory research team in a teaching hospital for 13 years, but now I and five colleagues have left for industry, one for a bank, because of lack of research funds and career blight.'

'No problem getting clinical research fellows, but few wish ultimately to be academic.'

The planning blight in many places was thought to be one of the many reasons why academic medicine has lost its attraction. It was rated a particular problem in London. Although collaborative research was seen by some as always difficult, opportunities seem to be deteriorating:

'Arbitrary cutting up of cross-Trust research efforts which have previously functioned well.'

Lack of referrals

Problems with getting extracontractual and tertiary referrals are just beginning, with general practitioners taking on more specialist work and district general hospitals taking on work that has hitherto been regarded as specialist:

'Pressure from local fundholders reluctant to refer patients to us.'

'Referrals are largely telephone advice, or from patients coming by rail; there is pressure on local doctors without specific expertise to manage patients without referral.'

'Major difficulty in getting referrals of rare patients with hyperlipidaemia requiring apheresis.'

Other problems

Fundholding general practitioners have not been supportive of research, though some people thought it unreasonable to expect them to be.

Comments about study leave were philosophical:

'Not refused—but no time to go because no one available now to cover clinics, etc.'

'Money for all except senior registrars has just run out.'

Indemnity for research projects was a serious problem:

'Our Trust will not approve trials using standard drugs (ie not trial drugs) unless the drug company making the drug accepts unlimited liability.'

Insistence that clinical researchers take out separate insurance to cover adverse effects in trials; not prepared for these to be covered by Trust indemnity.'

One very disturbing comment was made:

'Our local ethics committee is unwilling to accept national or international multicentre projects such as ISIS 4.'

General comments

The most thoughtful government supporter said:

'I do not disagree with the changes in the NHS; most are very good. The research community has to come to terms with the NHS being required to treat patients, and the research side not being supported by the NHS management. However, management has been slow to realise the benefits of consultants doing research.'

Almost all general comments were highly critical of the present situation. Most respondents expected it to get worse:

'There is no doubt that the problems of increasing clinical demands with lack of research time, and lack of sympathy by management combine to make a very difficult multifaceted problem.'

'The biggest impact on clinical research has been the change in university funding related to grant income. This has led to greater pressure to acquire charity funding with increased competition and, at present, a greater emphasis on "basic research".'

'One difficulty that needs attention is that of starting a small pilot study to see if a project is worthwhile. Sometimes one can hide relevant investigations within a routine request to a laboratory, but we have run into cross-charging problems and have had to abandon a pilot study. In such cases the unwilling NHS managers are the university or department heads.'

'Our business manager is an ex-nurse who (publicly) dislikes academics.'

'Our chief executive has tried to stop NHS funding of our medical school employees who are currently NHS-funded.'

'Our Trust's stated view is that funds for research will have to come from 'cost improvement' programmes and will only support areas of activity that will have most impact on the "market".'

'There is no future for clinical research in the present marketplace.'

Conclusions

Clinical research in the UK was already in decline by the end of the 1980s, and the slow but steady fall in the total membership of the Medical Research Society (1,049 to 984 between 1990 and 1993) reflects this. The decline is mainly in new young members joining.

The present survey establishes that many clinical scientists are depressed about the present state of academic medicine and expect it to get worse. Great Britain has been a world leader in clinical research and has had the great advantage hitherto of a cooperative nationwide clinical service. Competition is now driving out collaboration. The emphasis on money has given clinical research a low priority. In the long term, the damage will be economic as well as scientific, as I have previously pointed out [1]. Clinical research improves patient care of common as well as of rare conditions. Specialist teams, the backbone of clinical research, are being destroyed or savagely curtailed. Patients with rare conditions or suffering from complicated medical and surgical problems are already finding it difficult to get appropriate specialist referrals.

This survey reinforces an independent survey in August 1992 by the Philadelphia based Institute for Scientific Information in an article entitled 'Clinical research in UK fading fast' [2], noting an accelerating decline in the citation impact of UK papers in clinical medicine over the previous 10 years.

Remedies

In a NHS broken up into small units competing for survival, clinical research must be protected. Neither this government nor its successor is likely to turn back the clock. The economic standing of the United Kingdom has fallen much too drastically for medical researchers to anticipate large amounts of new money coming into university clinical departments where most current clinical research is located. A carefully targeted injection of even a small additional resource would make a tremendous difference, and perhaps convince doubters that the government is prepared to keep Kenneth Clarke's promise to support clinical research.

In 1987 John Swales and I gave written and verbal evidence to the House of Lords Subcommittee II of

the Select Committee on Science and Technology. We suggested then that the greatest need was the addition of 250 posts at clinical senior lecturer level (costing £14.2 million per annum) and 100 posts at non-clinical senior lecturer or lecturer level (costing about £3.4 million per annum). Both these figures included a reasonable estimate of support costs. These posts would make good half the posts lost since 1979. Taking into account the general rise in salaries and costs since then (approximately 25%), these figures should be revised upwards to approximately £17.7 and £4.4 million, ie £23 million total. We concluded our evidence by saying: 'This modest proposal would bring great benefit to British medical research and to British academic prestige . . . It would give us all what we lack at present—hope for the future.' The impact of the 50 new senior lecturer posts so far endowed by the Universities Funding Council has been tremendous, but many more are needed.

Acknowledgements

I am grateful to the committee of the Medical Research Society for allowing and helping me to conduct this survey which is as accurate and fair as I can make it. My personal views should not be taken as necessarily representing the views of the MRS committee. I am also grateful to Tom Meade, John Swales and Nick Wald for helpful criticism.

References

- 1 Dickinson CJ. Stagnation and despair in medical research. *Br Med J* 1985;290:337-8.
- 2 Editorial. Critical condition: clinical research in UK fading fast. *Science Watch* 1992;3:1-8.

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