



LETTER TO THE EDITOR

**Independent clinical research:
Hobby or profession****Investigación clínica independiente: afición o
profesión**

Dear Editor,

Following the article published recently by Dr Gisbert and Dr Chaparro, in which they provide excellent exposition of the challenges involved in independent clinical research¹, I would like to offer some food for thought on the matter. As we know, medical research is important in improving people's life expectancy and quality of life. In addition to improving healthcare to the patients where the research is conducted, it delivers other benefits such as the creation of employment and also contributes to the region's development and economic growth. Research can be promoted through the pharmaceutical industry or by independent non-profit organisations and researchers. The 'non-profit' aspect must not be confused with not receiving financial remuneration for the work. Neither should it be forgotten that Spain is one of the European countries that invests least in R&D^{2,3}. There is no doubting that doctors are professionals who are aware of the areas in need of improvement in their respective fields and that they are therefore in an ideal position to conduct medical research, and that many of them are active in university hospitals where healthcare, teaching and research should go hand in hand. And not only that, as lecturers they are required to engage in research as part of their work. Thus, point 9.9 of Royal Decree 898/1985, of 30 April³, on the system governing university faculty, establishes that *"Without prejudice to the necessary fulfilment of the minimum obligations of teaching and tutoring or assistance to students, University Statutes may make provision for other activities to be carried out by the faculty during their working day, on the condition that at least one third of such activities be reserved for research"*.

Most doctors agree that they have neither the time nor the incentive to pursue extensively a teaching and research career, leading to a shortage of tenured lecturers and professors, tutors, clinical researchers, and ultimately to mediocrity in our profession and the loss of the values stated above. Working hours have become merely a question of healthcare, where all that matters to most of our

managers is the number of patients seen and the waiting lists. There is no room for self-training or for the training of others, let alone for research. Instead of promoting, stimulating and encouraging professionals to pursue excellence, we are lowering requirements and the level of quality so as not to end up without teachers or tutors. To be an associate lecturer you do not need to hold a doctorate, hence in many of our medical schools more than 40% of them do not hold a PhD. The most bizarre thing about researchers is that in addition to giving over their personal time to research, they also have to pay to publish their research in journals. Somewhat oddly, these very journals that charge us for publishing ask us to give our time to review their manuscripts for free. We have gone from free publishing to paying to publish in journals, from having time to do research to applying for grants to do research or to buying our own time to do it.

Research as a hobby no longer works, as doctors are tired after long, hard days with heavy workloads in which time is of the essence, and with tight timeslots allocated to patients (5, 10, 15, 20 min to see a patient). Conducting research or doing a doctoral thesis do not help you to further your professional career (medical directorships); you start out as an assistant doctor and you retire as one. Managerial posts have become positions to which directors and Departments of Health appoint people who will do their bidding or whom they trust. In competitive examinations or recruitment processes to obtain a position in a public health system, neither research nor having submitted a PhD thesis are afforded adequate recognition. Moreover, the top grade can be obtained by attending an online training course or by presenting several poster-type communications to a regional conference (said with all due respect). If you are interested and actually manage to secure a research grant at the end of your internship (for example, the Río Hortega or Juan Rodés grant), in addition to earning less than a fellow resident, the activity does not count as time worked when you apply for a position in the public health system. Professional career grading scales that seek to compensate doctors' salaries (among the lowest in Europe) have become a sort of keeping everyone contented affair, where seniority and getting on well with your superiors is what counts.

Do we really want to turn this situation around and aim for excellence? For research and teaching to be a profession rather than a hobby, there are two basic principles: adequate remuneration and/or having time for this activity. Some suggestions that might help are provided below:

- 1 Juan Rodés, Río Hortega or other such grants should be paid at a rate similar to the wage of a medical colleague in the same situation, with the possibility of doing shift

work, and with the time dedicated to research being on equal footing with a public system position in competitive/entrance examinations and recruitment processes.

- 2 In competitive/entrance examinations and recruitment processes, a doctoral thesis should count towards at least 20% of the score.
- 3 For the positions of associate lecturers in public or private universities, for heads of department, service and section, candidates should hold a PhD, particularly in university hospitals. For these positions, research should count for at least 50% of the total score. In this point, only publications and competitive research grants from (European, national or regional) public bodies would count. The publications to be entertained would be those in which the author appears in the byline in the last 10 years and have an impact factor of at least 1.5 in the year of publication according to the Web of Science⁴.
- 4 Associate lecturers, tenured lecturers and professors or their equivalents should have a maximum of three, six and nine hours per week, respectively, available to conduct research.
- 5 At the different stages in the professional career, a PhD thesis would count for at least 20%, and a research career for 30%, as in point 3.
- 6 All doctors who supervise residents would be given seven hours a week for these duties.
- 7 Researchers who can demonstrate excellence in the last five years, should have, regardless of their teaching duties, seven hours a week to pursue their research activity, which would be evaluated yearly for renewal by an independent commission from outside their autonomous community (region). To achieve excellence, a candidate should have authored at least 15 publications (publication byline), six of them in Quartile 1 according to the Web of Science.
- 8 An annual financial bonus would be awarded to anyone engaging in research in the public health system who has published at least five papers in journals as author in the byline. The scale to be used would be €2.000, €2.500, €3.000 and €3.500 per year for those who publish between 5 and 10, 11 and 15, 16 and 20 and more publications, respectively, in the year prior to the evaluation. They must be referenced in MEDLINE PubMed, and the researcher would need to be listed in the byline of the publication.

9 25% of the overheads of hospitals, institutes or foundations should be allocated directly to meeting the salary of the principal investigator of the project on their payroll. Another 25% of the revenue obtained from the overheads of these same organisations would be allocated to the researcher's own funds in the actual institution for it to be free to fund its lines of research at its own discretion, and which must be spent the following year.

- 10 Red-tape processes need to be simplified and streamlined, especially in independent clinical studies that have already been through other evaluation committees.

If we really want to commit to clinical research by doctors, a far-reaching change is called for in our system, otherwise it will all be simply empty words.

See related content at <https://doi.org/10.1016/j.gastrohep.2020.09.005>.

References

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