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Real-life story - out of programme (OOP)

Dr. Laura J. Savage MBChB BSc (Hons) MRCP [1] discusses the time she took out of programme to undertake research.

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Why consider undertaking out of programme (OOP)

The decision to undertake time out of programme (OOP) [2] for any reason must be very carefully considered. Delaying the attainment of the certificate of completion of training [3] (CCT [4]) has financial implications, and can constitute difficult-to-explain ?time lost? on your curriculum vitae if all does not go to plan. On the other hand, a well-devised OOP experience will obliterate these risks and disadvantages, and ultimately produce a more mature, life experienced and highly employable individual.

One of the aims of Modernising Medical Careers (MMC) was the obliteration of ?forced? research as a means of career progression. It was hoped that only those with an academic mindset would in future take time OOP to research, and as a consequence the overall quality of work published would improve. Unfortunately, it seems that at least in some specialties (and in particular within Surgery [5]), that obtaining a higher degree is still seen in some part to be ?mandatory? in order to be competitive and successful in the consultant marketplace.? However, too often I have seen projects fail or never reach completion, and this has mainly been the result of inadequate planning, waning motivation or selection of the wrong project or topic and supervisor.

However, unlike the surgical specialties, in my specialty of Dermatology, there is little pressure to undertake a substantive period of research, and this seems consistent around the UK. In any specialty, those with an academic interest may migrate to centres with a strong reputation for research, although this is increasing in

difficulty with the changes in recruitment (location and candidate ranking) and thus the restricted offer of a training number at a specific location.

Why I have considered OOP

My first ?taste? of academic research was during Medical School in Edinburgh. I decided to undertake an intercalated BSc degree in Experimental Pathology between the second and third years of my MBChB degree, and enjoyed the change from lectures and didactic teaching. I spent four days a week in the laboratory performing PCR on paraffin embedded tissue, investigating the expression of immunocytochemical markers of HIV encephalitis within the human brain. Unfortunately, although I enjoyed the experience, our results were less than impressive and poor planning meant that we ran out of time. Despite repeated assurances from my Supervisor, my work was never completed and my results were never presented or published. My natural disappointment, however, instilled in me a determination to always undertake worthwhile, relevant and well-planned projects in the future.

From the outset of my higher specialist training in Dermatology [6], I was afforded one day per week to undertake research. I was very fortunately placed in Harrogate for my first ST3 (specialty training) position, and very quickly became involved in an exceptional database project investigating the epidemiology of acne vulgaris. My supervisor was approachable, readily available and enthusiastic ? qualities that I have come to realise are invaluable in research. I am still involved in this work today, and will always be grateful to this supervisor for reinvigorating my interest in clinical research.

When considering a period of time out of programme, it is important to consider what impact this may have on your future life plans. For example, it would have been difficult for me to start a family within eighteen months of starting my project due to the need to collect data from my patients who had I started on treatment.? Another consideration for me was that dermatology training in the UK is only four years in total. I found that I was progressing rapidly, and one advantage of taking time out of programme for me was that it would delay my CCT date. The introduction of MMC and run-though training meant that I would have become a Consultant at the age of 32, and although this may be desirable for some, I am personally in no hurry to reach the career position in which I will remain for some thirty-plus years. In addition, research affords the time and opportunity to travel, with few restrictions on the amount of time taken as ?study leave?. You have a finite amount of time to undertake and write up your thesis, and how you spend your time is ultimately your choice. This requires a large amount of self-motivation, but you soon become driven once you see your work in print or being cited by others!

However, this was not my main drive to undertake time OOP, and on the flip side, the implications of ?time out? may be a consideration for those who have had a more protracted course of training (i.e. change of specialty, LAS (locum appointment for service) or LAT (locum appointment for training) posts [7], extended periods of maternity leave, time abroad etc.). Time OOP in research is usually paid at the basic rate (without a banding supplement) and should be thought of as two to four years (depending on length of OOPR) of Consultant final salary lost.

> Speaking to colleagues about their research and asking far-and-wide about potential projects is paramount before deciding on which path to take.

Chosing a project and supervisor

Deciding to undertake a period of substantive research was not, in truth, a hard decision for me. However,

choosing which project and supervisor was a more difficult process. Whilst it may seem appealing to choose a supervisor who is world-renowned in their field, you must look carefully into what proportion of their time they can genuinely dedicate to your supervision. Similarly, inexperienced supervisors may struggle to provide adequate guidance through the maze of applications to ethics and regulatory bodies or to attract funding at this time of austerity. Speaking to colleagues about their research and asking far-and-wide about potential projects is paramount before deciding on which path to take.

Medical research is broadly divided into clinical and laboratory studies. It is important to discuss in detail with your proposed supervisor the precise activities you will be undertaking on a day-to-day basis. This may seem obvious, but it is not always as easy as it seems! Academics often forget that they are experts in their field, and that at the outset, you know very little. For fear of looking stupid, it can seem difficult to ask basic questions, but in my experience, no one will ever berate you for clarifying the detail. I first learnt this lesson as an ST2 (specialty training)?when attending a THESIS course held by the British Association of Dermatologists (BAD) [8]?? one poor fellow described in detail how she hadn?t realized that she would be rearing and then dissecting mice within the laboratory setting for the bulk of her research. Whilst her thesis was of good quality, I wouldn?t be entirely certain that her experience hadn?t put her off undertaking future research!

The most valuable advice I was given when I was considering entering research was to start planning the project?early and I would recommend this to begin at least twelve months prior to the start of your time OOP. That way, you can identify and iron out any potential pitfalls and ensure that your protocol(s) are robust. You must also ensure that adequate funding is in place before starting. In the current financial climate, charitable and research funding bodies are drastically cutting back, and securing funding is becoming increasingly difficult. I have witnessed the heartbreak of rejection in a colleague who after several months of planning and dedicated hard work was turned down for funding from the Medical Research Council (MRC) [9]. Sadly, this ultimately came down to selection of the wrong project that was not deemed by the final panel to be a justifiable use of funds.

Funding

An alternative option to charitable funding is to approach the pharmaceutical industry. I am funded through a mixture of pharmaceutical sponsorship and charitable funds, and this has worked well. However, as a note of caution, there can be pressure from the Pharma companies to move rapidly with a project ? just remember that it is your name on the research, and you should never cut corners in terms of the quality of your protocol or data collection.

It is also worth bearing in mind that the process of undertaking research in itself requires a large amount of effort from others. When selecting your project, you should ensure that there is adequate infrastructure within your centre. To a more or lesser extent, you will need help with grant application and protocol writing, ethics submission, statistical analysis etc ? the list of potential hurdles in limitless. In addition, you may also need to require the time of other allied professionals to generate data, be it in the clinical or laboratory arena, and this will need to be funded.

My advice

So, substantive research is not free from pitfalls. However, with careful selection of your project and supervisor, thorough and early planning, and secure adequate funding, you can substantially minimize the chances of your project failing. That said, despite doing all of the above, I have still run into minor difficulties, but have a wonderful team around me to provide support, and I am glad to have taken my time and chosen what was the fourth project offered to me. Research can be very frustrating, particularly at the outset, but is ultimately very rewarding, and I would encourage anyone committed to go for it!

Please note the content and opinions expressed in this real-life story are those of the writer and do not necessarily reflect the views of NHS?Health Careers.

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