

From the Editor

Clinical research ... again

'The discoveries of the last ten to twenty years will remain marginal until we understand once again that discovery made by those caring for patients rather than advance in basic biological science is what is now rate limiting for medical advance.'

Jonathan Rees¹

When two distinguished research workers in genetic and molecular science independently lament the decline of clinical research and observe that medical progress cannot advance without it, then those responsible for both training and awarding research grants should take note. Professor Rees in his recent Parkes Weber Lecture at RCP, to be published in the next issue of *Clinical Medicine*, observed that 'the rate limiting factor for clinical discovery now lies in the clinic rather than in the laboratory'¹; and Professor John Todd, while presenting the case for genetic research at the recent scientific meeting of Diabetes UK (previously the British Diabetic Association), asked his audience why there were so few clinical research workers to bring genetic research to clinical relevance.

The reasons are not obscure. The lure and growth of molecular and genetic research, though important, has distorted the balance, and at present the 'genomaniacs'² are dominant. The rigid 'Calman' training programmes still make no serious provision for research in training, and tensions persist between university and NHS staff regarding the delivery of the clinical service as well as the crucial need for clinical experience in training. The decline of clinical research amongst those submitting higher degrees is well documented³, and the perception that grants for initiating clinical projects are difficult to obtain is probably right². It has been estimated that as little as 5% of research funds are allocated to clinical studies

of individual patients (as opposed to population studies).

Many encouraging developments could redress the balance. The MRC has reported innovative schemes² and the Wellcome Trust has endowed its relatively new Clinical Research Facility scheme⁴ but it remains to be seen whether they will bring progress in clinical research. Clinical academic career structures have been given a substantial impetus by reports from Arthur and Alberti⁵ and Savill⁶. The need for flexibility in training programmes is also well recognized⁷. And now, at last, specific National Training Numbers for clinician scientists are to be allocated, a scheme which is warmly welcomed. Professor Charles Pusey, Academic Registrar at RCP, will review these new developments in clinical research in an editorial in a future issue of *Clinical Medicine*.

We must not lose the 'sheer thrill of tackling the problems of human disease'⁸, and vigorously promote those in their chase – 'the chase of ideas' (David Pyke, personal communication). Will all the new schemes which are intended to promote clinical research effectively do so?

PETER WATKINS

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