



Recommendations by the Senate Commission on Clinical Research

Structuring scientific training for medical doctors

Summary of Recommendations

Clinical research is in need of research physicians. Yet the Senate Commission notes with concern that fewer and fewer young medical doctors decide to go into research. To counter an impending shortage of young clinical researchers and make medical research more attractive, the Senate Commission recommends that medical schools, to a greater extent than in the past, develop systematic and transparent career paths for young researchers.

1. Medical schools should inspire and foster talented students' interest in, and commitment to, clinical research early on, and grant them the freedom to pursue it. The Senate Commission recommends that medical schools (re-)organise their wide range of medical study programmes in a way that allows basic research training to be integrated into the more practically-oriented general medical training. Such an increased emphasis on research can lay the foundations for high quality doctoral research.
2. The Senate Commission believes that — regardless of when the “right time” is for completing a doctoral thesis — qualitative improvements in doctoral research in medicine are of paramount importance. The Senate Commission recommends that talented medical students be enabled to pursue a research-oriented doctoral thesis in parallel to their practical medical training. To improve the scientific quality of medical dissertations, this parallel research training should be structured, and, to a greater extent than in the past, should take place in doctoral research training groups. The establishment of such programmes should rely on proven quality-assurance criteria (incl. supervision policies, doctoral committees etc.) such as those enforced by DFG in its Research Training Groups.
3. To ensure the quality of medical research, doctoral researchers should be freed from study obligations for a research period of at least one year, or at least one semester including the semester breaks before and after this semester. Additionally, it is recommended that Dr. med. candidates should be able to participate in further courses offered by a doctoral research training group. The formal prerequisites for this, where they are not met yet, should be put in place: scholarships should be provided during this period; and research time in a doctoral research training group should not count against the standard study duration or the target agreements between universities and state governments. State governments should appreciate and support the commitment of medical schools to develop such programmes.
4. Further research training must be made available to resident physicians with an interest in research after they have obtained their Dr. med.. The Senate Commission recommends that medical schools systematically organise sabbaticals from clinical work, with pre-defined research topics. This can also be a way of developing structures for clinical residency training.

5. To finance such rotations, funding options offered by DFG, especially under its individual grants programme, should be utilised more than in the past. The Senate Commission recommends that DFG supports the development of rotation programmes at medical schools, especially when there are topical relationships, e.g. to a DFG-funded Collaborative Research Centre, Research Training Group, or Clinical Research Unit. The latter in particular represents ideal centres of crystallisation for young medical researchers.
6. The Senate Commission recommends that clinical researchers, more than in the past, take advantage of the option to raise funding for their own research time by requesting a DFG grant for a temporary position (possibly part-time) as principal investigator.
7. The Senate Commission suggests that DFG supports the funding of MD/PhD programmes, including more patient-oriented schemes, provided that high scientific standards are met.
8. It is essential that periods of medical research can be credited appropriately against residency training. Scientific training is a key aspect of medical care that assures quality and lowers costs. Crucially, physicians' ability to critically assess and interpret clinical studies, their contexts and results promotes their patients' safety. In a number of European countries it is now possible to credit research periods toward residency training. Therefore, the Senate Commission believes that it is appropriate to credit research periods of up to one year against residency training.
9. Medical schools should agree with their respective state medical associations on programmes for MD/PhD training and for research training in rotation schemes, and possibly implement them as pilot projects. Structuring the initial medical qualification in terms of scientific contents may also be a way of structuring further qualification processes in residency more generally. An ongoing dialogue should be initiated with the state medical associations on the possible specifics of how to recognise research training programmes.
10. The Senate Commission recommends that different funding options under various DFG programmes, especially for clinical researchers, be used and skilfully combined to improve the structure of scientific training and further qualification in medicine. It is particularly important to boost efforts, and try new ways, to increase the number of women in leading positions. The "toolbox" for DFG's research-oriented standards on gender equality offers many ideas along these lines.