

One route into academia...

Continuing our series of articles regarding research in radiography, Dr Lisa Booth asks whether a PhD is an entrée to an academic career.

The question, *what is a PhD?*, is difficult to answer. Is it a training to prepare an individual for a career in academia, or is it a journey via which students discover meaningful truths about the area under investigation?

How an individual would answer this question will depend on their reasons for undertaking a PhD, which will almost certainly influence their experience of it¹. The reasons might include: a love for a topic; discomfort with what happens in practice; enjoyment of research; career advancement; getting a better qualification; or a desire to become a university teacher^{1,2}. Nonetheless, whether the PhD is viewed as an intellectual personal voyage or an apprenticeship in preparation for an academic career, this does not change the fact that the PhD itself should *...be worthy of publication and make an original contribution to knowledge in a particular field*³.

It is 11 years since I first embarked on a full-time PhD programme of study, following directly on from a diagnostic radiography BSc. Although a PhD is still relatively uncommon in the field of radiography today, it was almost unheard of in 1996 and, as such, I was not completely sure when I set out where my career would eventually end up. That is: would the PhD simply be a journey of discovery; would it prepare me better for a career in clinical radiography; or would it secure my future as an academic?

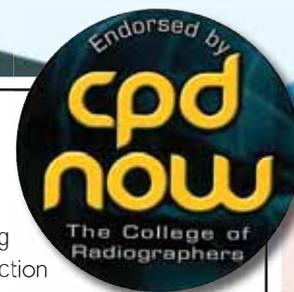
The profession has seen an increase in the number of PhDs completed in the last ten years, which is probably a consequence of the move from diploma to degree for first post qualification in the early 1990s. I believe that, at the last count, the number of radiographers holding

a PhD was approximately 60 (if you think your name might be missing from this list, the College of Radiographers would be very interested in hearing from you). But when the overall number of radiographers in the UK exceeds 22,000, it becomes apparent that the percentage of radiographers who hold a PhD remains particularly small, especially when compared to the other allied health professions.

Perhaps the increase in student bursaries and a greater acceptability about undertaking PhD study directly from BSc will result in a further increase in these numbers, but for individuals to be tempted, they will need to see some net benefit to their overall career.

This should include career advancement in the clinical arena as well as the academic one, especially since one of the objectives of a PhD is to meet the nation's future manpower needs⁴, not just the needs of academia. For example, the National Environment Research Council¹ states that: *a PhD should primarily be a training experience rather than a mechanism for generating research outputs*. However, although professional doctorates do exist for radiographers who wish to remain in the clinical setting, they are generally limited in terms of the financial support available and radiographers might still find themselves limited in terms of career choice once they have completed one.

It seems that, despite government policies, a PhD in radiography is still viewed as an academic apprenticeship, rather than a preparation for a career in clinical radiography. Therefore, the majority of PhDs in radiography are traditional ones and the radiographers who hold them work, as I do, in academia.



A key requisite for teaching

The PhD itself is an emblem of scholarship and, historically, has been a traditional requirement for university teachers and researchers, particularly in the G5 universities. However, it is now also considered a key requisite in those higher education institutions that have historically been less research-intensive and more teaching-intensive^{1,4}. This move recognises that academics *are the 'face' of an institution... not only engaged in teaching... and support of students... but are also implementers of the institution's rules and codes... and, importantly, the institution's aims and philosophy*¹.

Given that an individual who holds a PhD is prepared for an academic career, has reached the forefront of their particular discipline, and has developed transferable skills⁵, it seems that they are particularly well placed to support an institution's research philosophy through engendering an interest in research, contributing to the research culture within that institution and through supporting/supervising those researchers less experienced than themselves.

I took up my first academic post in 2000 in an institution that had traditionally been teaching focussed, rather than research focussed. There are advantages to institutions who take on PhD qualified staff, because there are some financial incentives that are based on research output, research environment and research esteem. By employing lecturers who hold PhDs, institutions go some way to ensuring future generations of PhD students and PhD qualified staff, increasing the research output of the institution and consequently increasing the research funding that is made available to it. Also, having a proportion of staff qualified to PhD level is a prerequisite of full university status.

As in the NHS, academia has its own hierarchy – lecturer, senior lecturer, principle lecturer/reader, and professor, with academics progressing through these scales should they meet the criteria necessary to do so. Of course, teaching and the marking of assessments is expected, but course/module development, supervision/management of research projects/students, and the pastoral support of students actually takes up the majority of an academic's time. Currently, I am working at the level of senior lecturer and while I undertake teaching and marking at undergraduate and postgraduate levels, this makes up a very small part of my overall responsibilities.

Is this the life for you?

The role of a radiographer in academia is quite different to that of a clinical radiographer, in that work is created by the academic for the institution, rather than being reactive to the needs of a department. This leads to a more autonomous working relationship than one might find within the clinical environment. Of course, there are always essential objectives that must be met, usually relating to teaching, marking and administration, but the academic is responsible for arranging their own working time to meet these objectives. This leads to a flexible working arrangement, which suits me because I have a young family and it means, to a large extent, I can work around them.

It is also expected, as it is in clinical radiography, that an academic spends some time developing themselves professionally and, at my institution, five weeks study time per year is worked into the annual contract to allow me to do this, with the possibility of extra time if I am working on a particular project. After unsuccessfully trying to arrange study time whilst working as a clinical radiographer, this might be an attractive proposition for others considering the move. For those radiographers who might be concerned that such a move might cause them to lose touch with clinical practice, it is worth noting that the PhD provides a unique contribution to the existing body of knowledge⁴. As such, the knowledge gained from a PhD

How to use this article for CPD

You might not, of course, be considering a PhD just yet, but useful topics for reflection and perhaps discussion can include:

- ◆ The differences between professional and the conventional research doctorate
- ◆ What application these might have within the context of your clinical services
- ◆ The overall value of research to the profession
- ◆ The use of research – whether by active involvement or as evidence to support practice – in your clinical department
- ◆ Your department's overall engagement with the research agenda.

You might visit the research section of the SoR website or download and read/discuss the policy document, *Research and the Radiography Profession – A Strategy and Five Year Plan*, (CoR, 2005).

If you haven't included any of the research outcomes in your **CPD Now** framework you can always reference these activities to outcome **02** Knowledge base.

Sean Kelly, CPD Officer

informs teaching and course developments, which subsequently impacts on clinical practice.

People are often put off an academic career because they are concerned about teaching to large groups, especially because they believe that they are expected to know everything. This is not the case: the aim of any lecture is to inspire students to read more about a topic, rather than tell them everything there is to know – of course this is easier with some students than others! But a further advantage of holding a PhD is that the task of speaking to a large group becomes easier when it is your own research that is informing your teaching, making it possible to speak with some authority on the subject.

To the future...

The PhD is not the end but simply the beginning of your research career. *It is not the research of a lifetime but rather a preparation, a first step, for a future, more grandiose research project*¹. It is training for a lifetime, aimed at giving you the expertise and the cultural values to continue your research into the future which will, in turn, secure readership and professorship positions⁵.

It is an apprenticeship that gives the individual those skills necessary to write papers for publication and to give conference presentations; to supervise other PhD students; to secure research funding/grants; and to support/motivate colleagues in their research ideas and projects. It brings you into contact with a number of external bodies, in my case the College of Radiographers, the NHS research ethics committees, and CancerCare.

Although there are times when I think about working in the clinical environment, I could not imagine working without this variety or the autonomy that I currently enjoy. Of course, an academic career isn't for everyone, but if you think it is just about teaching and marking – it might be worth thinking again.

About the Author

Dr Lisa Booth is a senior lecturer at University of Cumbria.

References for this article are at:

www.sor.org/members/pubarchive/pub_search.htm