

**1) RESEARCH IN THE
CLINIC, &
2) HIGHER DEGREE
RESEARCH**

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1) RESEARCH IN THE CLINIC

Research in our departments

- 29 publications involving members of the ACPSEM Queensland Branch listed for 2016 so far (may not be complete). Examining lead authorship:
 - 20 papers with clinical medical physicist as lead author.
 - 6 of those 20 lead authors are also enrolled as PhD students at QUT.
 - 6 of those 20 lead authors also have an academic appointment.
- At least 3 clinical departments have nominated a person responsible for a research service area (those people hold adjunct appointments at QUT).
- At least 1 clinical department provides protected time for research to physicists.
- **Question: Do you have support within your department to do research?**
- **Question: Do you have routine research meetings in your department?**
- **Question: Can QUT (or UQ, etc.) play a wider role in your research?**

Role of the ACPSEM

- The inclusion of the publication and presentation requirements in TEAP is motivated by a desire to maintain standing as scientists (as opposed to technicians).
- The requirement is contentious, and prompted a lot of feedback when the PSB Options Paper was sent out for comment. Some argue that it does not necessarily relate to ability to safely practice independently. It will remain as a certification requirement for the foreseeable future.
- **Question: Can the ACPSEM do anything more to help promote research within clinical departments? Should it be a priority?**

Ebert et al. (2016)

- Ebert et al.'s "An assessment of radiation oncology medical physicists' perspectives on undertaking research" (accepted 20 November 2016 at APESM)
 - 70% of ROMPs 'like' or 'love' research – identified benefits included skills development, job satisfaction and career progression.
 - Over half said involvement in research inspired them to stay in profession!
 - 25% had been awarded research funding as a CI/PI.
 - Lack of time was most significant barrier (also: funding, resources, education).
 - Suggests that promotion of state and/or national collaborative research culture could aid those wanting to do research, and that one mechanism would be the identification of research areas of interest (to presumably facilitate collaboration).
- **Question: Does this sound worthwhile? Do you have any other ideas?**

2) HIGHER DEGREE RESEARCH

Part time PhDs by publication

- PhD by publication is well suited to those in the clinic. Requires (in SEF, QUT) a minimum of 4 papers (in Q1 or Q2 ranked journals), with 3 published (and 1 under review). The student must be the lead author on all papers. Part time PhD is a 6 year enrolment (free for domestic students).
- We have 4 clinical physicists enrolled part time at QUT. 2 of these are at the RBWH (Diana and Sam), and they were planning on publishing at least 4 papers over the next 6 years anyway. (They've both published 2 as lead author this year!)
- **Question: Would a part-time PhD be supported by your institution? Would you be given some freedom to pursue it while working, if it had a clinical focus?**
- **Question: How feasible is it for a TEAP candidate to do a part-time PhD? How about a Chief Physicist? (Assuming they are interested and driven).**

PhD holders in the workplace

- Ebert et al. (2016) ROMP survey suggested approx. 15% of clinical ROMPs had PhDs before entering career, an additional 19% have since got PhDs.
- 2015 CAMPEP graduate report suggested 23% of MS/MSc graduates and 47% of PhD graduates obtained RT residency (equivalent to TEAP).
- NSCC advertised ROMP position that involved 0.8 FTE TEAP, 0.2 FTE post-doc.
- Med Phys point-counterpoint debated whether Medical Physics qualifications should be restricted to doctoral degree holders!
- **Question: How favourably do you view a PhD in a job candidate?**
- **Question: Would a 0.8 FTE TEAP / 0.2 FTE post-doc position be feasible in your department, and would it be worthwhile?**

PhDs for job-seekers

- QUT has had a couple of MSc graduates enrol to do a PhD when unable to find a TEAP position:
 - At least 1 of these has gone on to get a TEAP position while enrolled.
 - This MSc > PhD transition has been a trend in the US.
 - A couple of graduates I have spoken to have thought about enrolling in a PhD.
 - Senior physicists have raised concerns about PhD candidates possible commitment to TEAP, when they also need to complete their PhD; and have suggested a PhD is not necessarily a significant consideration in hiring decisions.
- **Question: What would you say to a MSc graduate, who hasn't found work yet, but wants to stay in the field, if they asked you about doing a PhD? Can a PhD be done at the same time as TEAP?**