

# **The Finnish Medical Association's science policy programme**

*Approved by the Board of the Finnish Medical Association on 11 December 2008*

**Medical education and the work of a physician are based on scientific knowledge. Physicians' opportunities to carry out scientific research must therefore be improved. The critical assessment of scientific research and the application of scientific knowledge are also an integral part of the education and professional skills of every physician.**

**Scientific research conducted by physicians is also useful for the physicians' employers. The ultimate beneficiaries are the patients.**

Finnish physicians are exceptionally active in terms of research. Twenty-two per cent of physicians have obtained a doctoral degree, which is a very high percentage compared with other science professions.

Based on evaluations made by the Finnish Medical Association, 36% of physicians report active involvement in research activities. Six per cent are full-time researchers or instructors. Ten per cent have a main occupation that involves research, 16% conduct research outside their main occupation, 16% are involved in research projects, 10% supervise research activities and 24% have been involved in the writing of a scientific article over the past three years (Finnish Physician Survey, 2006).

In addition to physicians who already have a doctorate, more than 12% of physicians were working on their doctoral thesis in 2007, and 5% planned to start doctoral studies (Finnish Physician Survey, 2007). According to the Association's statistics, the length of time between obtaining a Licentiate in Medicine and completing doctoral studies has been increasing over recent years.

The number of physicians in full-time instruction and research posts has decreased to a worrying extent. Between 1997 and 2007, their proportion decreased by 17%. At the same time, medical student intake has increased by more than 70% over recent years. This imbalance makes it difficult to maintain the quality of teaching and is a cause of concern for instructors and researchers.

The Finnish Medical Association compiled its first science policy programme in 1996. The programme has now been updated by a committee consisting of Taina Autti, Hannu Halila (chairman), Sami Heistaro, Kari Mattila, Raija Niemelä, Markus Perola, Jukka Siukosaari and Suvi Vainio-mäki. On 11 December 2008, the Board of the Association approved the updated science policy programme and the associated proposals for action. The Association considers it very important that these proposals be implemented in the future in collaboration with other parties.

The science policy programme aims to bring to the fore current obstacles to medical research and to draft proposals for development in order to solve these issues. The programme will also serve as a basis for the Association's future statements on science policy.

### **The position of the researchers**

- Physicians' opportunities to progress in research careers should be promoted by establishing new permanent research posts, particularly in the field of clinical research.
- The social security available to researchers funded by grants should be improved by making sure that they are entitled to the same social welfare benefits as those in salaried employment.
- The docentship system is a significant research and education resource that should be better utilised than it is today.
- The position of docents as an important university resource should also be ensured in the new Finnish university legislation.
- Access to researcher exchange options both within Finland and internationally should be improved.
- Research funding often focuses on supporting those working on a doctoral thesis or having a permanent research post. Increased funding should be made available for postdoctoral researchers.
- Flexible research positions should be made available to allow researchers to pursue research either as a main occupation or as a part-time one.
- Obstacles to gender equality in research should be eliminated.

### **Researcher education**

- The work of a physician is based on scientific knowledge, and education involving both research activities and the application of scientific knowledge should therefore be included at all levels of medical education, from first-degree medical education all the way to the levels of postgraduate and continuing education.
- The current research emphasis on doctoral degrees should be abandoned. High-quality research can well be produced outside the scope of doctoral degrees. Moreover, physicians should be able to continue their research careers even after completing their doctorates.
- We should try to bring down the mean age at which a doctoral degree is obtained, particularly for physicians aiming for a career in research. The interval between obtaining a Licentiate in Medicine and completing doctoral studies has been increasing over recent years.

- There should be a number of ways to enter a research career. Researcher education tracks and graduate schools are a good option, but there are also other ways of embarking on a career in research.
- Currently, first-degree medical education is largely based on an integrated, problem-based learning model, and instruction on the clinical aspects of the profession is included throughout the programme. It is therefore important that the students be always instructed by qualified physicians right from the beginning of first-degree education.
- Increasing physicians' involvement in the early stages of first-degree medical education will also make it easier for physicians to supervise research carried out by medical students.
- The opportunities to carry out research within primary health care should be improved.
- Research into cooperation between primary and specialist health care should be increased, and action research on the health care system should also be promoted.
- In the relevant specialties and in special cases, scientific research related to the specialty should be accredited for more than the current six months towards specialist education.

## **Organising research**

- Medical research should be supervised by a physician. The Finnish Medical Research Act states that medical research may be undertaken only under the responsibility of a medical doctor or dentist with the adequate professional and scientific qualifications.
- Finland has exceptionally good population registers and research infrastructure. The Finnish population also has a very positive attitude to research. Our excellent opportunities for clinical-epidemiological research and action research should therefore be utilised more effectively than what is the case today.
- Legislation on data protection and research must not hamper or impede the use of our internationally unique population and data registers in medical research.
- The utilisation of ready-to-use research material in biobanks should be permitted in the future, too, provided that the ethical principles of medical research are taken into consideration.
- Research based on Finnish national needs does not always interest international publication forums to the extent desirable. Therefore, an increased number of publication channels should be made available for national research. Finnish physicians should also be made increasingly

aware of the Finnish research that is published in international publications.

- The research traditions, research methods and resources of primary health care differ from those of specialist health care. Nevertheless, the ability of the primary health care system to generate high-quality population research should be utilised more than at present.

## **Research funding**

- Finnish medical research meets high international standards, but its resource allocations continue to be too limited.
- Research funding and grants should be organised with a longer-term perspective than what is the case today. Currently, an excessively high proportion of researchers' working time is spent on securing funding and making reports to funding bodies.
- Researchers must be helped in obtaining EU research funding.
- In addition to strategic research, the state must continue to provide research funding for investigator-driven top-quality research. Strategic research is already strongly funded by the National Institute for Health and Welfare.
- State research institutes must be encouraged to compete for external research funding and to promote investigator-driven top-quality research within the institutes.
- State research funding must provide particular support for fields that do not obtain corporate funding.
- University funding models must continue to consider the quality of research, not only its quantity. In addition to impact factors, the significance of the research in the field in question must also be taken into consideration.
- Increased efforts must be made to ensure that special state research funding is actually used on research as intended.
- In addition to funding individual researchers, separate funding for the research infrastructure must also be provided.
- The precise use of research funding must be transparent.