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National Health and Medical Research Council

Investigating clinician researcher career pathways project

Report on qualitative research about career pathways for Aboriginal and Torres Strait Islander clinician researchers

December 2021

NHMRC

ORIMA pays respect to Aboriginal and Torres Strait Islander peoples past and present, their cultures and traditions and acknowledges their continuing connection to land, sea and community.

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1.1 Background and methodology

Clinician researchers are health professionals engaged in both patient care and research. As such, they are uniquely placed to provide insights into their clinical practice and research, implementing evidence-based, best practice for their patients, and addressing clinically relevant problems through research.

The National Health and Medical Research Council's (NHMRC) Health Translation Advisory Committee (HTAC) have previously explored concerns related to clinician researcher career pathways through a research project undertaken by ORIMA Research in 2019[1]; however only 1% of research respondents identified as Aboriginal or Torres Strait Islander. As such, the NHMRC's Principal Committee Indigenous Caucus (PCIC) and HTAC identified the need to undertake a project specifically with Aboriginal and Torres Strait Islander clinician researchers, to better understand their specific career experiences, enablers and barriers, as well as supports required to attract and retain this audience as clinician researchers.

The research comprised of **in-depth interviews** with 11 participants between 7 and 27 August 2020. Research participants were:

- **Current Aboriginal and Torres Strait Islander clinician researchers** (i.e. those currently working in both patient care and research work);
- **Former Aboriginal and Torres Strait Islander clinician researchers** (i.e. those who had worked as a clinician researcher within the last five years);
- **Potential clinician researchers**, including:
    - Aboriginal and Torres Strait Islander clinicians or researchers interested in a career as a clinician researcher; and
    - An Aboriginal and Torres Strait Islander medical student interested in a career as a clinician researcher.

1.2 Awareness, understanding and perceptions of clinician researcher careers

The research found that **clinician researcher careers were not well understood by potential clinician researcher participants, and that current and former clinician researchers also had limited understanding prior to practising as a clinician researcher**. This limited awareness and understanding was found to be the result of multiple factors, including:

- The lack of a clear source of information on the topic;
- Participants' limited knowledge of, and connections to, other clinician researchers, particularly Aboriginal and Torres Strait Islander clinician researchers; and
- The limited information provided to participants about research and clinician researcher opportunities and pathways during their tertiary study.

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[1] ORIMA Research, *Survey of clinician researchers: Survey findings report*, May 2019.

Most participants perceived clinician researcher career pathways to be difficult and of limited achievability, particularly for Aboriginal and Torres Strait Islander clinician researchers. However, most felt that there **was considerable value in, and a clear need for, a strong Aboriginal and Torres Strait Islander clinician researcher workforce** as these professionals were felt to be best placed to address the health needs of Aboriginal and Torres Strait Islander people and communities.

1.3 Experiences of clinician researcher career pathways

Overall, the research found that **participants had varied and diverse career pathways**. However, the research identified two key career phases common to most participants' careers. Each phase was found to comprise several key stages. These were:

- **Phase 1: Foundations to becoming a clinician researcher** – which consisted of participants':
  - Tertiary education – however most participants were not actively considering a clinician researcher career at this stage;
  - Initial work experience as a clinician or researcher – all participants had practised as a clinician prior to becoming a clinician researcher;
  - Transition to practising as a clinician researcher (i.e. the process of identifying this as an aspiration and actively pursuing the career pathway);
- **Phase 2: Practising as a clinician researcher** – which consisted of participants':
  - Early clinician researcher career; and
  - Later clinician researcher career.

1.4 Motivators, enablers and barriers to clinician researcher careers

Overall, the research found that **most participants were highly motivated to practise as a clinician researcher, particularly due to the high perceived value of the career**. Most current and former clinician researcher participants had also experienced a variety of factors that had enabled, supported or assisted them to practise in this role.

However, the research also identified **several key barriers / challenges at each career phase**. Key barriers to **becoming** a clinician researcher included participants' limited awareness and understanding of the career, as well as the perceived lack of achievability of the career pathway. Key barriers to **practising** as a clinician researcher included challenges when conducting ethical research with Aboriginal and Torres Strait Islander communities, participants' large and competing clinical and research workloads, and racist and discriminatory attitudes towards participants' research work.

In addition, the research found that **some barriers faced by participants were compounding and intersectional in nature**. Specifically, participants reported that, as an Aboriginal and Torres Strait Islander clinician researcher, they faced additional and more complex barriers than non-Indigenous clinician researchers. In addition, female participants reported that they experienced additional barriers as women, compared with their male counterparts.

1.5 Supports and information needs

Participants suggested a variety of additional supports that would address / mitigate many of the barriers identified in the research, thereby supporting them to become, and continue practising as, a clinician researcher. In particular, participants felt it was important to have specific, tailored support and funding available for Aboriginal and Torres Strait Islander clinician researchers in recognition of the additional barriers they faced, and to ensure support was effective and culturally appropriate.

The research found that the key support required for potential clinician researchers in the '*foundations to becoming a clinician researcher'* phase was additional information and communications about clinician researcher careers and pathways. At the *'practising as a clinician researcher'* phase, the research identified a variety of supports that would be beneficial for both earlier and later career clinician researchers, including facilitating connections with senior Aboriginal and Torres Strait Islander clinician researchers, and providing support for grant and ethics processes. In addition, participants felt that a central database of information on the topic, as well as a national network of Aboriginal and Torres Strait Islander clinician researchers, would be beneficial across both career phases.

2. Introduction

2.1 Background

Clinician researchers are health professionals engaged in both patient care and research. As such, they are uniquely placed to provide insights into their clinical practice and research, implementing evidence-based, best practice for their patients, and addressing clinically relevant problems through research. A strong clinician researcher workforce is vital to the translation of research into practice and effective research impact. The National Medical Health and Research Council (NHMRC) supports clinician researchers at all stages in their career through grants funding.

The Health Translation Advisory Committee (HTAC) works alongside the Principal Committee Indigenous Caucus (PCIC) to advise the NHMRC CEO in relation to training and career pathways for Aboriginal and Torres Strait Islander clinician researchers. HTAC has identified three concerns in relation to the training and career pathways for clinician researchers more generally:

- There is a lack of information about career paths for clinical researchers in Australia;
- Clinicians appear not to be staying in research; and
- It is not known whether clinicians who do not undertake research or leave research do so by choice or because of lack of funding opportunities.

HTAC previously explored these concerns with clinician researchers through a research project undertaken by ORIMA Research[2]; however only 1% of those research respondents identified as Aboriginal or Torres Strait Islander. As such, the PCIC and HTAC identified the need to undertake a project specifically with Aboriginal and Torres Strait Islander clinician researchers, to better understand their career experiences, enablers and barriers, as well as supports required to attract and retain this audience as clinician researchers.

2.2 Research objectives

The overall objective of the research was to determine whether there were **appropriately clear and supported career pathways available to Aboriginal and Torres Strait Islander clinician researchers** in Australia. More specifically, the research sought to:

- Identify participants' awareness and understanding in relation to career pathways available to clinician researchers in Australia, and any information gaps;
- Identify participants' attitudes, behaviours and experiences in relation to the career pathways for Aboriginal and Torres Strait Islander clinician researchers;
- Identify specific enablers and barriers in relation to starting and continuing a career as a clinician researcher amongst Aboriginal and Torres Strait Islander audiences;
- Determine what supports, if any, were available and accessible for Aboriginal and Torres Strait Islander clinician researchers, and how appropriate and effective these supports were; and
- Identify key intervention points in which additional information or supports would be required, or would assist to attract and / or retain Aboriginal and Torres Strait Islander clinician researchers.

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[2] ORIMA Research, *Survey of clinician researchers: Survey findings report*, May 2019.

2.3 Research methodology

Ethics review process

This project underwent a review by ORIMA Research's NHMRC accredited Human Research Ethics Committee (HREC). The application was approved on 10 June 2020 (Reference Number: 0042020). Overall, the feedback from the HREC about the project was positive. Committee members[3] felt that application was of a "high quality", and that the research would yield "valuable" insights. The ethical risks and considerations associated with the project were felt to be "comprehensively and adequately addressed".

ORIMA Research's First Nations Principal Advisor, Dr. N'arweet Carolyn Briggs AM, was involved throughout the project to provide guidance and advice on the project, to ensure the research was conducted in an ethical and culturally sensitive manner. Specifically, Dr. N'arweet Carolyn Briggs provided insight and guidance into:

- The recruitment approach and sample list, including ongoing consultation throughout the recruitment period;
- The development of the issues guide and strategies for conducting the interviews in a culturally appropriate manner; and
- The analysis and interpretation of research findings.

In addition, the issues guide was reviewed by two members of ORIMA Research's team of Aboriginal and Torres Strait Islander community interviewers[4], who provided advice and guidance in relation to conducting the interviews in a culturally sensitive and appropriate manner.

Research design

It was initially proposed that the research would be conducted with a sample of up to n=30 participants. However, due to considerable recruitment challenges (as outlined in section D below), the final research sample comprised **n=11 participants** via 11 in-depth interviews[5]. Almost all interviews were conducted via telephone, with the exception of one interview which was conducted via Microsoft Teams due to participant preference. All interviews were up to one hour in duration and were conducted between 7 and 27 August 2020.

Research participants were:

- **4 current Aboriginal and Torres Strait Islander clinician researchers** (i.e. those currently working in both patient care and research work);
- **2 former Aboriginal and Torres Strait Islander clinician researchers** (i.e. those who had worked as a clinician researcher within the last five years);
- **5 potential Aboriginal and Torres Strait Islander clinician researchers**, comprising:
  - 4 Aboriginal and Torres Strait Islander clinicians or researchers interested in a career as a clinician researcher; and
  - 1 Aboriginal and Torres Strait Islander medical student interested in a career as a clinician researcher.

The demographic profile of research participants (refer to Appendix A) shows the demographic background of research participants.

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[3] Rob Hyatt, an Aboriginal man with over 25 years' experience in addressing issues related to cultural sensitivity amongst government stakeholders and the wider community, was part of the ORIMA HREC committee that reviewed this project.

[4] ORIMA Research has a team of over 30 trained Aboriginal and Torres Strait Islander community interviewers across 26 locations in urban, regional, and remote Australia.

[5] The NHMRC is not aware of how many Aboriginal and Torres Strait Islander people are currently undertaking careers as clinician researchers. In the absence of this number, the initial proposed research participation numbers were based on assumptions (potentially incorrect) of the audience size.

Recruitment

Participants for this project were recruited internally by ORIMA Research consultants. The recruitment process involved:

- **ORIMA Research developing a sample list of over 120 relevant organisations** with possible links to Aboriginal and Torres Strait Islander clinician researchers. This list was developed based on:
  - Suggestions provided by NHMRC, including the NHMRC Aboriginal and Torres Strait Islander Advice Section;
  - Internet searches for relevant organisations and bodies;
  - Consultation, advice and ongoing review from Dr N'arweet Carolyn Briggs AM, ORIMA Research's First Nations Principal Advisor;
  - 'Snowballing' to identify linked organisations – the website of each organisation identified through the above three approaches was searched to identify any partner or member organisations that may also be relevant;
- **A Primary Approach Letter was distributed by NHMRC** – NHMRC emailed the Primary Approach Letter to the identified organisations to authenticate the research, and provide advance notice that an ORIMA Research consultant would be in contact;
- **Phone and / or email contact by ORIMA Research consultants with all organisations from the sample list** to ask for their assistance in identifying research participants. Each organisation was contacted up to four times. Organisations assisted with recruitment by:
  - Circulating information about the research among staff, students and / or members, including via internal email mailing lists, newsletters, member bulletins, and on their websites;
  - Suggesting additional relevant organisations to contact; and
  - Suggesting, and providing contact details for, potential research participants.

2.4 Research challenges and limitations

Recruitment challenges

A number of recruitment challenges were encountered during the project. Feedback obtained from key organisations during the recruitment period, as well as the research findings, suggest that these challenges and the less-than-anticipated final sample size were primarily a result of the small size of the population (i.e. Aboriginal and Torres Strait Islander clinician researchers) rather than the recruitment methodology used, timing of the research, or cultural factors.

A full list of recruitment challenges encountered during the research project is outlined below:

- **The small size of the target audience** – given the low incidence of Aboriginal and Torres Strait Islander clinician researchers, it was challenging to identify and contact participants. This was exacerbated by the absence of a specific peak body or representative organisation for Aboriginal and Torres Strait Islander clinician researchers. The small size of the target audience of Aboriginal and Torres Strait Islander clinician researchers was evidenced by:
  - **Participants' comments on the limited size of this cohort** during their interviews – many participants noted that they knew no / very few other Aboriginal and Torres Strait Islander clinician researchers[6];

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[6] Guidance from ORIMA's First Nations Principal Advisor suggests that this is unusual in Aboriginal and Torres Strait Islander communities, where strong community ties mean people are often interconnected, and would know of others pursuing a similar career.

  - **The limited response rate from organisations and potential participants contacted despite extensive recruitment attempts** – despite contacting all identified organisations and contacts up to four times, there was limited response from potential participants. This suggests that there were very few Aboriginal and Torres Strait Islander clinician researchers who would have qualified to partake in the research;
  - **Receiving 'circular' referrals during the recruitment process** – towards the end of the recruitment period, most suggestions for other contacts to speak with were for organisations or key contact people who had already been contacted. This suggests that there were relatively few potential participants beyond those already contacted during the research;
  - **The limited response rate from Aboriginal and Torres Strait Islander clinician researchers in the previous research** – as previously stated, only 1% of respondents in the previous survey of clinician researchers identified as Aboriginal and Torres Strait Islander. This suggests that Aboriginal and Torres Strait Islander people comprise a relatively small proportion of the broader clinician researcher population;

- Inability / unwillingness of potential participants to participate in the research, particularly due to:
  - **The large workload of clinician researchers** – feedback obtained during recruitment from contacted organisations suggested that clinician researchers were busy and had a large workload, which may reduce their available time to participate in research, as well as their willingness to do so;
  - **The COVID-19 pandemic** – one organisation reported that Aboriginal and Torres Strait Islander clinician researchers in their network would be unable to participate in the research as they were currently occupied with contact-tracing or other pandemic-related work that took precedence;
  - **The highly researched nature of the target audience** – one organisation reported that Aboriginal and Torres Strait Islander health workers, including clinician researchers, were a highly researched population. Thus, this organisation felt that any potential participants in their network were likely to decline to participate;
  - **Participants not attending their scheduled interview** – two participants recruited for the research did not answer their phone at the time of their scheduled interview. Both participants received multiple follow-up telephone calls and emails in an attempt to reschedule these interviews, but to no response;

- **Work- and study-from-home arrangements** – remote working and study arrangements necessitated by the COVID-19 pandemic meant that many key organisational contacts and potential participants were working remotely. This posed challenges in terms of making direct contact with these individuals, prolonging the recruitment process. Additionally, Aboriginal and Torres Strait Islander student organisations within universities reported that they had less contact than usual with students studying from home, and therefore felt less able to encourage potential medical student participants to participate in the research; and
- **The nature of medical student career pathways** – feedback obtained during recruitment and fieldwork suggested that medical students only began to actively consider a career as a clinician researcher after their medical degree, and that for many students, the focus was to gain clinical skills and experience. Thus, these students were more likely to first consider a clinician researcher career once they were already part of the clinical workforce, posing challenges for the recruitment of medical students who were considering a career as a clinician researcher.

To help mitigate these challenges and maximise the final sample size, a flexible and adaptive approach to recruitment was taken with some adjustments made to the recruitment criteria. These adjustments included expanding the target audience criteria to include Aboriginal and Torres Strait Islander clinicians and researchers who were interested in a career as a clinician researcher, and extending the fieldwork period.

Recruitment ceased on 28 August 2020, with the decision to stop recruiting participants reached in consultation with NHMRC. In making this decision, the following key factors were considered:

- **The exhaustion of all contact lists** – all organisational contacts and potential participants had been contacted by ORIMA Research consultants during recruitment, including key contact people within organisations on the initial contact list, key contact people in organisations identified by NHMRC, and potential participants identified by the NHMRC Aboriginal and Torres Strait Islander Advice Section. This suggested that there were no new contacts or leads that could be investigated in further recruitment attempts;
- **Each organisation had been contacted several times** – each organisation on the initial contact list, as well as additional organisations identified / recommended during the recruitment process, were contacted several times via both telephone and email. Organisations identified as most promising in the desk research and / or during initial recruitment calls, were contacted up to 4 times. By the final round of contact, many organisations indicated that they had circulated the information with their staff, students and / or members, and were unable to provide further assistance. Thus, making further contact with these organisations was deemed inappropriate and of limited additional value; and
- **'Circular' referrals were commonly received**, as stated above – this indicated that a 'saturation point' had been reached, having made contact with all key organisations and people relevant to the research.

Research limitations

Due to the relatively small final sample size (n=11), caution must be taken when generalising the research findings to the broader population of Aboriginal and Torres Strait Islander clinician researchers. However, due to the amount and depth of data extracted from the interviews, as well as the consistency in the research findings between participants, we feel that this project provides valid and important research findings.

2.5 Presentation of findings

The research was qualitative in nature and hence, the results and findings are presented in a qualitative manner. This research approach does not allow for the exact number of participants holding a particular view on individual issues to be measured. This report, therefore, provides an indication of themes and reactions among research participants rather than exact proportions of participants who felt a certain way.

The following terms used in the report provide a qualitative indication and approximation of size of the target audience who held particular views:

- Most—refers to findings that relate to more than three quarters of the research participants;
- Many—refers to findings that relate to more than half of the research participants;
- Some—refers to findings that relate to around a third of the research participants; and
- A few—refers to findings that relate to less than a quarter of research participants.

Throughout the report we have respectfully referred to Aboriginal and Torres Strait Islander participants. The research team acknowledges that Aboriginal and Torres Strait Islander peoples and communities cannot and should not be treated as a single entity. While we have spoken with participants from a range of circumstances and locations, we acknowledge that these findings may not be applicable to the whole population of Aboriginal and Torres Strait Islander people. The research findings and recommendations should be considered and adapted to meet the requirements and circumstances of specific individuals and communities.

Participant quotes have been provided throughout the report to support the main results or findings under discussion.

2.6 Acknowledgement of participants

ORIMA Research would like to thank all the participants who took part in this project for their contribution to the research. This project would not have been possible without their time and knowledge, insights and perspectives.

We would also like to thank ORIMA's First Nations Advisor, Dr N'arweet Carolyn Briggs AM, who has provided guidance and knowledge throughout the project. Also, we'd like to express our gratitude to our Aboriginal and Torres Strait Islander community interviewers for their advice and guidance on our interview process.

2.7 Quality assurance

All projects are conducted in accordance with the international quality standards ISO 20252 and ISO 27001 as well as the Australian Privacy Principles contained in the Privacy Act 1988. ORIMA Research also adheres to the Privacy (Market and Social Research) Code 2014.

3. Awareness, understanding and perceptions of clinician researcher careers

This chapter outlines participants' awareness, understanding and perceptions of clinician researcher careers, including the value of Aboriginal and Torres Strait Islander clinician researchers.

3.1 Awareness and understanding of clinician researcher careers

The research found that **clinician researcher careers were not well understood** by potential clinician researcher participants, and that current and former clinician researchers also had limited understanding prior to practicing as a clinician researcher. In particular, the research found that there was limited awareness and understanding of:

- **The term 'clinician researcher'** – the research found that the title 'clinician researcher' was not well understood by potential clinician researcher participants, and that current and former clinician researchers also had limited understanding of this term prior to practicing as a clinician researcher. In addition, a couple of participants who had informally practiced in research and clinical work concurrently did not identify as a clinician researcher;
- **The career pathways available to Aboriginal and Torres Strait Islander clinician researchers** – while current and former clinician researcher participants were aware of their own pathway to practicing as a clinician researcher, most had limited awareness of alternate career pathways. Additionally, most potential clinician researcher participants had limited awareness of how to transition into this career. While these participants assumed they would need to undertake further study, they were unsure which degrees would be most appropriate or how to apply for these; and
- **The supports and funding available to Aboriginal and Torres Strait Islander clinician researchers** – while participants were aware of the support or funding they had accessed personally, most had limited awareness of other available supports and funding, including what was available for Aboriginal and Torres Strait Islander researchers.

"I didn't think of myself as a clinician researcher. I was just working and ended up involved in some research stuff"—Former clinician researcher, allied health / nursing field, male

"I don't know any other pathways. No one ever approached me to say, 'Do you want to be a clinician researcher?'"—Former clinician researcher, allied health / nursing field, male

"It's something I'd like to do, but I don't know how you end up in that kind of role"—Clinician or researcher, allied health / nursing field, female

"I would presume there might be some specific grants out there for Aboriginal researchers, but I wouldn't know what they are or who to go to"—Medical student, female

In addition, the research found that there was limited awareness and understanding among potential clinician researchers or clinician researchers at the beginning of their careers of:

- **The existence of clinician researchers, and that clinician researcher roles were available** – many participants reported that they had not been aware of what a clinician researcher was, and that dual clinical and research roles existed;
- **The value of clinician researchers** – many participants reported that they had been unaware of why clinician researchers were important and valuable; and
- **What a role as a clinician researcher entailed** – many participants reported that they were or had been unaware of what clinician researchers' roles entailed, particularly on a day-to-day basis.

The research found that the following factors contributed to participants' limited awareness and understanding:

- **Limited emphasis on research or clinician researcher pathways** during tertiary study – many participants reported that their university had not provided them with information on, or encouraged them to pursue, these pathways, instead prioritising clinical skills and pathways;
- **Lack of a central, comprehensive source of information on the topic** – many participants reported that they had not been able to find information about clinician researcher career pathways and / or did not know where to look for this information. Instead, participants reported receiving / accessing information in an ad hoc and informal manner, including via:
  - **Professional and personal networks** – most participants reported accessing information through their professional and personal networks, including colleagues, university staff, and family members and friends who worked as a clinician researcher or in research more generally;
  - **Internet searches** – some participants had looked for information through Google or job search websites (e.g. 'Seek');
  - **Universities' and medical colleges' / websites** – for one participant;
- **Limited knowledge of, and exposure to, other clinician researchers** – many participants were unaware of, and had limited contact with, other clinician researchers and / or Aboriginal and Torres Strait Islander clinician researchers.

"I didn't really understand what [a clinician researcher] was"—Clinician or researcher, allied health / nursing field, female

"It's something I want to pursue… [but] I'm still not entirely sure what a role like that would look actually look like for me"—Clinician or researcher, allied health / nursing field, female

"There's certainly no emphasis on research in my field. Training is very focussed on the clinical side of things"—Clinician or researcher, allied health / nursing field, female

"I don't think there's enough information… there's a lot of personal networking and homework you have to do"—Clinician researcher, medical field, female

"It's about personal networking in those early years… I made a lot of connections with academics through my training, then when I was in my junior doctor years I connected with research consultants"—Clinician researcher, medical field, female

"I've never met any clinician researchers… I don't know what their role would look like"—Clinician or researcher, allied health / nursing field, female

3.2 Value of clinician researchers

"I can make an impact in my community as an Indigenous woman with the skills I have as an excellent doctor, alongside my knowledge of research"—Clinician researcher, medical field, female

"You have privileged access to how the real world operates [as a clinician researcher]. You can bounce between these two worlds if you're both of those roles, you're a direct conduit for the information"—Medical student, female

"As clinicians, [clinician researchers] have the experience to identify the issue… realise that there's a gap in the knowledge and decide to do something about it"—Former clinician researcher, allied health field, male

"I want to clear a pathway for other Indigenous women and men. If more people go down a pathway then it becomes a pathway, not just a line in the dirt like it is now"—Medical student, female

Most participants felt that clinician researchers, specifically Aboriginal and Torres Strait Islander clinician researchers, **were important and valuable to the healthcare sector and the Aboriginal and Torres Strait Islander community**. In particular, participants felt that the value of Aboriginal and Torres Strait Islander clinician researchers was that they:

- **Were uniquely placed to improve patient outcomes through both patient care and research** – many participants felt that clinician researchers could make a substantial contribution to furthering patient outcomes in two key ways; on a macro level through their research work (which could benefit the community as a whole) and on an individual level through their clinical practice.
- Would have **a particular focus on research / clinical practice with Aboriginal and Torres Strait Islander audiences** – Aboriginal and Torres Strait Islander clinician researchers were seen as being best placed to address the specific health needs of Aboriginal and Torres Strait Islander peoples and communities, bringing a unique understanding and cultural perspective to this work, that may otherwise be missing from the field;
- **Conducted particularly practical and applicable research** – most felt that, as they were able to draw on both their clinical and research experience and expertise, they were better able to:
  - Identify key evidence gaps in patient care through their clinical practice, including addressing the lack of best practice research pertaining to Aboriginal and Torres Strait Islander health care;
  - Conduct research that considered the practicalities of clinical practice; and
- **Were an inspiration to other Aboriginal and Torres Strait Islander people** – participants felt that Aboriginal and Torres Strait Islander clinician researchers were valuable in that they inspired others to pursue a similar career.

4. Experiences of clinician researcher career pathways

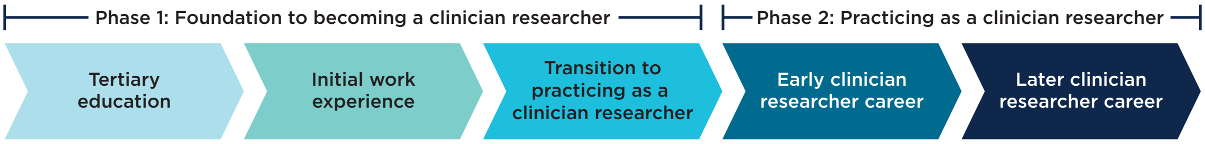
This chapter outlines the key patterns in participants' career pathways. It provides a summary of the key phases of participants' career pathways, and outlines key patterns observed across each phase of participants' careers.

4.1 Overview of typical career pathways

Overall, the research found that participants had followed varied and diverse career pathways. However, two key career phases were identified as being common to most participants' careers. These are listed below, and outlined in Figure 1 below:

- **Phase 1: Foundation to becoming a clinician researcher** – which consisted of participants':
  - Tertiary education – including both undergraduate and postgraduate study;
  - Initial work experience as a clinician or researcher;
  - Transition to practicing as a clinician researcher (i.e. the process of identifying this as an aspiration and actively pursuing the career);
- **Phase 2: Practicing as a clinician researcher** – which consisted of participants':
  - Early clinician researcher career; and
  - Later clinician researcher career.

Figure 1: Typical career phases and stages for Aboriginal and Torres Strait Islander clinician researchers



4.2 Key findings about tertiary education

Tertiary education

"In university there was more emphasis on clinician careers... there wasn't an emphasis on clinician researchers or on how to get that kind of role"—Clinician or researcher, medical field, male

"[A PhD] seems like the natural progression to take your research to the next level, and to break into academic work"—Clinician or researcher, allied health / nursing field, female

"I'd like to do [a PhD] to inspire others. If I've done it, then you can do it too"—Clinician or researcher, allied health / nursing field, female

"Doing a PhD was the most practical way to do the research that I wanted to do, but which there was no real space for previously"—Clinician researcher, medical field, female

The research found that participants had completed a varied range of tertiary degrees and qualifications prior to pursuing a career as a clinician researcher, with no clear pattern identified in the research in relation to the specific degrees and qualifications achieved.

However, overall the research found that there was **limited consideration of clinician researcher careers and career pathways** for most participants **at the tertiary education stage**. This was particularly felt to be due to the limited emphasis placed on research and clinician researcher career pathways by universities. This was found to be particularly the case in allied health undergraduate degrees. Additionally, one participant reported that, while research opportunities had been communicated to them during their study, these were primarily targeted to non-Indigenous students. This participant perceived that their institution did not encourage Aboriginal and Torres Strait Islander students to extend themselves beyond their core degree as it would be "too challenging".

The research also found that **many participants had completed a PhD or were considering undertaking one in the future**. A couple of other participants were considering undertaking alternate postgraduate study, such as a Masters degree. Participants identified the following reasons for undertaking a PhD:

- **To advance their research career** – many participants who had completed or were interested in undertaking a PhD felt that this qualification was important to enhance their research skills, knowledge and reputation, and to help them to transition into academia;
- **To be a role model** – some participants felt it was important for them to show that completing a PhD was possible for:
  - Aboriginal and Torres Strait Islander health professionals;
  - Clinicians in fields that did not prioritise research (e.g some allied health fields); and
- **To meet a research need** identified through their clinical practice – a few participants reported that a PhD had been the most accessible way for them to undertake this research.

4.3 Key findings about participants' initial work experience

Initial work experience

"I was a senior advanced trainee working full time clinically when I got the opportunity to work with some PhD students and their supervisors"—Clinician researcher, medical field, female

"In those early years you're really just focussing on getting a handle on your clinical practice and completing your specialisation"—Clinician researcher, medical field, female

"People want to do their specialisation, [because] then you can do research that has more weight to it when you're in that position"—Clinician or researcher, medical field, male

The research found that **all participants worked as a clinician before pursuing a career as a clinician researcher**. Additionally, a couple of participants had also worked as a researcher, but had never done so concurrently with their clinical practice or in a formal capacity. The research found that most participants initially practiced clinically (i.e. rather than initially practicing as a clinician researcher or researcher) due to the:

- **Desire to attain their clinical specialisation first** – participants in medical fields preferred to finalise their clinical specialisation before pursuing research, particularly due to the "long time" they had spent in their medical degree. In particular, participants wanted to avoid further study, and to earn an income; and
- **Perception that their research impact would be greater** if they were a more senior clinician – one participant felt that they needed more experience and respect as a clinician before pursuing research work.

4.4 Key findings about transitioning to clinician researcher career

Transition to practicing as a clinician researcher

"My supervisor tells me this will set the pathway for my academic career, the stuff I'm working on for my PhD"—Clinician or researcher, allied health / nursing field, female

"[My medical college] has an academic post, and they make it clear that they're interested in projects that focus on Indigenous health issues"—Clinician researcher, medical field, female

Overall, the research found that participants' methods of transitioning to a career as a clinician researcher were varied in terms of how long they had been practicing as a clinician researcher, and their key reasons for doing so. However, the research found that for many participants, the transition involved pursuing and / or completing postgraduate qualifications (commonly a PhD). Other methods of transitioning to a clinician researcher career included:

- Collaborating with researchers or clinician researchers in their workplace on research projects;
- Pursuing a formalised pathway through their medical college;
- Seeking part-time non-clinical work to balance their clinical workload and provide variety within their role; and
- Applying to be involved in a research program through a registered training organisation (RTO).

4.5 Key findings about Phase 2: Practicing as a clinician researcher

Early clinician researcher career

Later clinician researcher career

“In the last four or five years I have become focussed on Indigenous health [in my research]”—Clinician researcher, medical field, male

“It was 0.5. In the morning I would do the research component of my job, and then in the afternoon I was a clinician, so I’d do patient work in the afternoon”—Former clinician researcher, allied health / nursing field, male

At the *‘practicing as a clinician researcher’* phase, the research identified the following common features amongst participants:

- **The research topic area of Aboriginal and Torres Strait Islander health** – most of these participants were conducting research work in relation to Aboriginal and Torres Strait Islander health, a topic area of personal importance for these participants;
  - However, within this topic area, participants were found to be working in a variety of different fields and on a range of research topics; and
- About half of participants reported having an **even balance between their clinical and research workloads** – these participants reported spending roughly 0.5 full time equivalent hours (FTE) on their clinical work and 0.5 FTE on their research work. Amongst other participants, the research identified a mix of those who spent more time working clinically, and those who spent more time undertaking research.

Additionally, the research found that about half of current and former clinician researcher participants conducted their research work within a hospital setting, while a few other participants worked in a university, medical research institute or Aboriginal and Torres Strait Islander health service.

Two former clinician researchers participated in the research, both of whom had only practiced as a clinician researcher for a short time (i.e. less than two years) before ceasing to practice in this role. However, the small sample size of this cohort means that this brief tenure cannot be generalised to the population more broadly.

4.6 Key findings about identifying as Aboriginal and Torres Strait Islander throughout participants' careers

"I have no problem identifying as Indigenous. I'm proud to, and I do so actively"—Clinician researcher, medical field, female

"I haven't always identified [in the workplace]… but now I've started to so there's that visibility to show that Aboriginal people can do this"—Clinician or researcher, allied health / nursing field, female

"It's who I am. I've always been brought up as an Aboriginal person, so there's no point in not saying it"—Former clinician researcher, allied health / nursing field, male

"I've heard stories of staff members choosing not to [identify] because of the environment, it wasn't a safe place to do it… there's a lot of racism, it can be pretty judgemental"—Former clinician researcher, allied health / nursing field, male

"If I identify, am I going to be the token to get funding money?"—Medical student, female

Overall, the research found that **most participants**[7] **identified as Aboriginal and Torres Strait Islander in a professional context** and had done so throughout their career. These participants reported having done so:

- **To be a role model for other Aboriginal and Torres Strait Islander people** – many participants reported that it was important for them to identify to show other Aboriginal and Torres Strait Islander people in their community that it was possible to succeed professionally, and felt they had a responsibility to do so;
- **As it was central to their identity** – a few participants reported that they identified as Aboriginal and Torres Strait Islander in a professional context as this was an integral part of their identity; and
- **Because it was relevant to their work** – a few participants identified because they felt doing so was relevant to their work in Aboriginal and Torres Strait Islander health.

A few participants had not always identified as Aboriginal and Torres Strait Islander, particularly in their earlier career. Participants noted the following **barriers to identifying** professionally, either for themselves or other Aboriginal and Torres Strait Islander professionals they knew:

- **Workplace racism** – this was the primary reason identified by participants for not identifying, and was due to concerns about:
  - Experiencing bullying and / or discrimination;
  - Receiving less respect than non-Indigenous counterparts;
  - Limiting career opportunities;
- **Feeling it was not relevant** – a couple of participants felt that their Aboriginal and Torres Strait Islander background was not relevant to their work, and therefore saw no need or value in identifying professionally; and
- **Concern about becoming a "token" Aboriginal and Torres Strait Islander professional** – a couple of participants reported they had a family member who felt they had been hired as the "token" Aboriginal and Torres Strait Islander researcher, rather than based on their own merit.

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[7] Due to the recruitment process of inviting people who identified as Aboriginal and Torres Strait Islander to participate in the research, it was less likely that potential participants who didn't identify as Aboriginal and Torres Strait Islander would volunteer to participate.

5. Motivators, enablers and barriers to clinician researcher careers

This chapter outlines the motivators, enablers and barriers to participants becoming a clinician researcher, and continuing to practice in this role. It details overall findings from the research, before describing the specific motivators, enablers and barriers.

5.1 Overall findings

"It's science. Women don't have a space there. So how will black women have a space there?"—Medical student, female

"There weren't [supported pathways] when I started… but there are more around now than when I was young"—Clinician researcher, medical field, male

Overall, the research found that participants faced many barriers and challenges to practicing as a clinician researcher. Some of the barriers faced by participants were found to be compounding and intersectional in nature. Specifically, participants reported that, as an Aboriginal and Torres Strait Islander clinician researcher, they faced additional and more complex barriers than non-Indigenous clinician researchers. In addition, female participants reported that they experienced additional barriers as women, compared with their male counterparts. For a few participants, these barriers had stopped them from continuing their career as a clinician researcher.

However, a range of motivators and enablers to practicing as a clinician researcher were also identified by participants. In addition, one later career clinician researcher participant felt that career pathways for Aboriginal and Torres Strait Islander clinician researchers had become clearer and more supported over their career.

5.2 Motivators to becoming, and practicing as, a clinician researcher

"It's an important role… context-relevant research is more translatable, applicable and relevant. And it lifts the game of your clinical work because you're at the forefront of research"—Clinician or researcher, allied health / nursing field, female

"I like the balance. I don't see myself giving up either clinical or research work"—Clinician researcher, medical field, female

Participants identified the following **motivators** to practicing as a clinician researcher:

- **Perceiving Aboriginal and Torres Strait Islander clinician researchers to be valuable** – as discussed in Chapter 2, most participants who were aware of the career and role felt Aboriginal and Torres Strait Islander clinician researchers were important, and reported they were motivated to practice in this capacity as a result;
- **Personally enjoying research and clinical work** – many participants reported that they enjoyed both aspects of the work and / or the **variety** of being engaged in two different types of work;

"I do research because there is a profound absence of best practice for Aboriginal and Torres Strait Islander peoples, and there is no one else to do this if I step out of this role"—Clinician researcher, medical field, female

"Sometimes you can't afford to physically separate yourself from the clinical work. You can't pay your mortgage, feed your kids"—Clinician researcher, medical field, female

"Other than having evidence, you can get better jobs, better titles, more respect. Opportunities, respect and decent pay for the work you're doing is important for Indigenous staff"—Clinician or researcher, allied health / nursing field, female

- **Feeling personally responsible for improving Aboriginal and Torres Strait Islander health outcomes** – some participants reported that, due to the limited number of Aboriginal and Torres Strait Islander clinician researchers and health professionals more broadly, they felt responsible to "make a difference" to the health outcomes of the Aboriginal and Torres Strait Islander community through this role;
- **Using income from clinical work to supplement research income** – a couple of participants reported that the key reason they undertook clinical work in addition to their research work was for the "better wages" it provided them; and
- **Wanting greater respect in the workplace** – one participant felt that Aboriginal and Torres Strait Islander allied health professionals were less respected in the workplace than their non-Indigenous peers, and received lower pay. This participant hoped that by also pursuing a career in research they would be granted more respect and fairer renumeration for their work.

5.3 Enablers to becoming, and practicing as, a clinician researcher

"I've had a lot of support through the specialisation program I've entered… it's a formalised position, and the chairperson is able to provide specific support"—Clinician researcher, medical field, female

"Having sponsors involved meant we got more funding. You need people to inspire you, but you also need sponsors to get your foot in the door"—Clinician researcher, medical field, male

"I have a very good network for collaboration now… it's crucial for publishing work and being able to have your work peer reviewed"—Clinician researcher, medical field, female

Participants identified the following factors that enabled, assisted and supported participants to **become** a clinician researcher:

- **Having supported pathways** – a couple of participants reported having a formalised pathway to practice as a clinician researcher through their professional body or clinical specialisation. The research found that supported pathways tended to be more available to participants in medical fields than those in allied health fields; and
- **Having sponsors when applying for grants** – one participant reported that having a senior researcher sponsor their grant application and help to publish their initial papers had assisted in launching their academic career.

Participants identified the following enablers to **practicing** as a clinician researcher:

- Having strong and supportive professional, academic and personal networks, including;
  - Support from clinical employers to balance clinical and research workloads;

"Becoming a part of a network has made a huge difference… you're with your peers, you're with other Aboriginal people, and they've got a passion for research and improving the quality of life for the community"—Clinician researcher, allied health / nursing field, female

"It would make a big difference if the organisations involved were committed to anti-racism and cultural safety in a genuine way"—Clinician or researcher, allied health / nursing field, female

"Having an Indigenous mentor means that you can discuss issues that are specific to being Indigenous in a research or academic space… they help to navigate Indigenous-specific territory"—Clinician researcher, medical field, female

  - Networks with other clinician researchers and / or researchers to provide advice, support, and collaboration on research projects. In particular, the research found that Aboriginal and Torres Strait Islander specific networks were important and valuable for participants;

- **Working at a culturally safe workplace** that respected and supported Aboriginal and Torres Strait Islander professionals – this included workplaces that were accepting of Aboriginal and Torres Strait Islander approaches to research and clinical practice; and
- **Having funding** – participants reported that having access to funding, specifically funding for Aboriginal and Torres Strait Islander researchers and research topics, had made practicing as a clinician researcher financially viable. This included having continuous funding throughout participants' careers, to enable them to continue with their research work.

In addition, participants felt that having **clinician researcher role models and mentors** was a key enabler across both career phases. Participants who had role models and mentors reported they had been instrumental in providing advice, guidance, networking support, and examples of potential career pathways. In addition, participants felt it was important to have different role models or mentors at different stages of their career as their needs changed. While most participants felt it would be particularly useful to have **Aboriginal and Torres Strait Islander clinician researcher mentors**, many reported that they had not had these in their own careers due to the small population of Aboriginal and Torres Strait Islander clinician researchers.

5.4 Barriers to becoming a clinician researcher

"If it's difficult for non-Indigenous professionals to have knowledge of those pathways then, it's probably even more difficult for Indigenous people… you're a small group in a big field"—Former clinician researcher, allied health / nursing field, male

"I've named more challenges than enablers, because it's such a challenging thing to do"—Former clinician researcher, allied health / nursing field, male

The research identified the following barriers to **becoming** a clinician researcher (i.e. the first career phase):

- **Having limited awareness and understanding of the role**, including the existence of clinician researchers, what their role entailed, the pathways to practicing as a clinician researcher and the supports / funding available, as discussed in Chapter 2;
- **Perceiving clinician researcher careers to be less achievable for Aboriginal and Torres Strait Islander people** – many participants felt they did or would face additional barriers compared with non-Indigenous clinician researchers. This was particularly due to participants' limited exposure to other Aboriginal and Torres Strait Islander clinician researchers, which indicated to them that very few had been able to succeed in this career;

"In terms of doing postgraduate study or further research study, I'm not really sure where to go or what to look for, whether to do a masters or how to go into a straight PhD"—Clinician or researcher, allied health / nursing field, female

"I struggled for ten years before I found the degree and the people that I thought would suit me, and a place that felt safe for me"—Clinician or researcher, allied health / nursing field, female

"Some Aboriginal people may not have gone all through their schooling. I only went to Year 10… that is a barrier"—Clinician researcher, allied health / nursing field, female

  - However, the research found that younger participants felt a clinician researcher career was more achievable than older participants. This was particularly due to these participants being earlier in their career, and therefore having had encountered fewer barriers, as well as the changing cultural and social norms pertaining to the education and career expectations for Aboriginal and Torres Strait Islander people, which participants felt have become more positive and accepting over time;

- **Being unable, or unsure of how, to pursue further study** – many potential clinician researcher participants reported they were:
  - Unsure of what form of further study would be most useful / was required for their career pathway;
  - Unsure of how to apply for postgraduate courses;
  - Reliant on their clinical income, and therefore could not cease or reduce their clinical practice in order to study;
  - Unable to find a university or institution where they felt culturally safe as a someone who identified as Aboriginal and Torres Strait Islander;
  - Unable to find an institution at which they could complete a PhD with an Aboriginal and Torres Strait Islander supervisor;
  - Unable to meet inflexible course requirements – one participant had initially been unable to complete their medicine degree due to their institution not allowing students to take study breaks or study remotely; and
- **Not having finished school** – a couple of participants had not finished high school and were therefore required to spend additional time and effort learning the literacy, grammar and writing conventions required for postgraduate study and research work.

5.5 Barriers to practicing as a clinician researcher

"It was really hard to do it alone… it's lonely and it's stressful, you've got to learn all the hard lessons yourself without that support"—Former clinician researcher, allied health / nursing field, male

"It was bloody awful, incredibly stressful. The workload was obscene… I couldn't sustain it, it was too much for my own health"—Former clinician researcher, allied health / nursing field, male

Within the second career phase, participants identified barriers specific to clinician researchers, as well as barriers to conducting research more broadly.

Barriers specific to clinician researchers included:

- **Having low numbers of Aboriginal and Torres Strait Islander clinician researchers and / or researchers** – many participants reported that there were few other Aboriginal and Torres Strait Islander clinician researchers and / or researchers to collaborate with. Participants identified the following challenges as a result:
  - Having fewer peers and role models to provide advice, support and to peer review research papers;

"I'd like to have an efficient team [of Aboriginal and Torres Strait Islander researchers] that I can trust and work with"—Clinician researcher, medical field, female

"The institutional racism is a relevant and ongoing and everyday experience"—Clinician researcher, medical field, female

"I know that because of the topic of my PhD, it won't be considered 'real' clinical research… topics on Aboriginal health don't get much respect"—Clinician or researcher, allied health / nursing field, female

"They don't like the way that I write… [but] we shouldn't have to write like a white person"—Clinician researcher, medical field, female

"Communities are very used to being used and abused from research over the decades… for years people have just taken information and published it for their own purposes, and the community has lost trust"—Clinician or researcher, allied health / nursing field, female

"I had to go through a specific Aboriginal ethics committee. The stringent policies are necessary and important, but it was a hard process"—Clinician researcher, medical field, female

"I don't want to be pigeonholed in the work that I do, because it's applicable more broadly than just purely Aboriginal health"—Clinician researcher, medical field, female

"The funding for the research project I was working on took so long to come through that, in the end, I had to move onto something else where I could actually get paid"—Former clinician researcher, allied health / nursing field, male

  - Feeling "lonely" or "alone" in the position which increased the stress and emotional burden of the profession for these participants;

- **Competing clinical and research demands** – a few participants found it challenging to separate their clinical and research time, and reported that they were often addressing the needs of one role in time that was supposed to be dedicated to their other role;
- **Having a large workload** – a few participants reported that clinician researchers had large workloads with the combination of their clinical and research work hours, which negatively impacted their work-life balance;
- **Not feeling understood by non-Indigenous clinician researchers and / or researchers** – a couple of participants found it difficult and inefficient to work with non-Indigenous clinician researchers and researchers, as they felt they did not have a shared understanding and / or the same cultural norms;
- **Having unsupportive clinical employers** – one participant felt that their clinical employer did not value research, and therefore was less supportive of their clinician researcher role; and
- **Managing community expectations of clinical capacity** – one participant felt that their patients and the Aboriginal and Torres Strait Islander community had high expectations that they would serve their community in a clinical role. This participant reported that it was therefore challenging to reduce their clinical hours to undertake research work.

In addition, the following barriers were identified that primarily **related to participants' research** work:

- **Experiencing racism and discrimination** – some participants reported experiencing this in their career, including:
  - Institutional racism – i.e. whereby participants' employers, colleagues and / or academia were not accepting or respectful of participants':
    - Research topics – a few participants reported that research pertaining to Aboriginal and Torres Strait Islander health was not valued, which reduced their ability to conduct and publish research on these topics;
    - Research methods – a couple of participants reported that research methods such as randomised control trials were considered more robust and reputable than methods better suited to Aboriginal and Torres Strait Islander populations, which reduced respect for their research;
    - Academic writing style – for one participant, as they felt their writing style was not accepted by western academic institutions;

  - Discrimination and bullying from colleagues, including having research ideas “stolen” by more senior non-Indigenous colleagues;

- Experiencing **challenges conducting ethical research with Aboriginal and Torres Strait Islander communities** – including:
  - Aboriginal and Torres Strait Islander people being hesitant to participate in research due to previous negative experiences of their communities being subjects of unethical research practices;
  - The need to build genuine relationships with communities, and give back to participants through reciprocity processes, which lengthened research processes and timeframes;
  - Gaining ethics approval, which participants reported was more challenging and time-consuming for research with Aboriginal and Torres Strait Islander populations;
  - Community ownership of research data – one participant knew of a community who had not given permission for researchers to use their data which had delayed / prevented publication of the research;
- **Having difficulty taking time off from research** – a few female participants reported that they had faced difficulty taking time away from research for maternity leave in a way that did not disadvantage their career, due to the need to continuously build and maintain their track record of publications;
- **Being expected to conduct research pertaining to Aboriginal and Torres Strait Islander health only** – a couple of participants reported that Aboriginal and Torres Strait Islander researchers, particularly those working in roles / receiving grants specifically for Aboriginal and Torres Strait Islander people, were expected to only conduct research about issues pertaining to their own communities;
- **Relocating to a different State or Territory** – one participant who had moved States reported that they no longer had the community networks required to conduct research; and
- **Experiencing delays in receiving research funding** – one participant reported that an administrative delay in funding had caused them to stop practicing as a clinician researcher.

6. Information and support needs

This chapter outlines the supports that participants suggested would be useful to assist them in becoming a clinician researcher and / or continuing to practice in this role.

6.1 Overall findings

"Having something tailored [to Aboriginal and Torres Strait Islander people] would be best"—Clinician researcher, allied health / nursing field, female

While participants had limited awareness of the range of supports and funding available for Aboriginal and Torres Strait Islander clinician researchers, most participants were positive about those they were aware of and / or had used (e.g. Practitioner Fellowships and Aboriginal and Torres Strait Islander specific research grants).

Participants felt it was important to have tailored support and funding available for Aboriginal and Torres Strait Islander clinician researchers to:

- **Encourage and enable** Aboriginal and Torres Strait Islander people to **practise as clinician researchers** – this was felt to be important as participants felt there were currently only a few Aboriginal and Torres Strait Islander clinician researchers; and
- Support Aboriginal and Torres Strait Islander people in a **culturally appropriate manner**.

Participants suggested a variety of additional supports that would address / mitigate many of the barriers identified in the previous chapter, thereby supporting them to become, and continue practicing as, a clinician researcher. These are detailed in the sections below.

6.2 Support needs across both career phases

"To find information [about opportunities and funding] you're on different organisation and university websites. There's no central place you can go to get all of it... that would have been helpful"—Clinician researcher, medical field, female

"It would have been an absolutely great benefit to be a part of a community. I would love to have spoken to other people working in the area about how they do it"—Former clinician researcher, allied health / nursing field, male

Participants suggested the following support needs applicable across both career phases:

- **A centralised information source** – participants felt that there was a need for one clear source of information on clinician researcher careers, including specific information for Aboriginal and Torres Strait Islander clinician researchers. Many participants felt that the NHMRC website would be an appropriate place for this information;
- **A national network of Aboriginal and Torres Strait Islander clinician researchers** – the research found that such a network would help to raise participants' awareness of, and connections with, other Aboriginal and Torres Strait Islander clinician researchers. This network could be similar to, or a subset of, the NHMRC National Network for Aboriginal and Torres Strait Islander Health Researchers;

"The pathways need to be flexible. Not just for women and Indigenous people; people need flexibility in their life"—Medical student, female

"If you're going to take on that dual path you need flexibility. So if something goes wrong you can take six months off and it's not the end of the world, because that's what derails most students"—Medical student, female

- **More flexibility in work / study arrangements** – participants reported that this would help to facilitate an appropriate work / life balance, and reduce the disruption to study and career pathways caused by significant life events (e.g. having children). Specifically, participants felt it would be important to:
  - Have workplace arrangements that allow sufficient time for both clinical and research roles;
  - Be able to pursue further study remotely;
  - Be able to take study or career breaks; and
- **Aboriginal and Torres Strait Islander specific scholarships to complete PhDs** – to assist in offsetting the clinical income lost when undertaking this study.

6.3 Support needs at the 'foundation to becoming a clinician researcher' phase

"The NHMRC website would probably be a suitable place to have information and to list opportunities"—Clinician researcher, medical field, female

"They really need to be letting people know about this option during your undergraduate degree, having the university tell you from the start of your studies"—Medical student, female

"It would be good to have some guidance around how to go down that pathway from here… whether I need to do a research degree, or coursework in statistics, or what it is"—Clinician or researcher, allied health / nursing field, female

The research found that the key support required by participants when becoming a clinician researcher was additional information about clinician researcher careers. To reach the broad audience of potential clinician researchers, participants felt that information should come from a variety of sources, including through:

- NHMRC (e.g. on the NHMRC website);
- Universities – participants felt this would be effective to reach tertiary students, including both undergraduate and postgraduate students;
- Medical colleges and allied health professional bodies to reach clinicians; and
- Programs run with Aboriginal and Torres Strait Islander high school students.

Specifically, participants identified the need to provide potential clinician researchers with information about:

- Clinician researchers, including what the role entailed;
- The value and importance of Aboriginal and Torres Strait Islander clinician researchers – i.e. as detailed in Chapter 2;
- Possible career pathways to becoming a clinician researcher, including:
  - That there were multiple options / pathways;
  - Steps potential clinician researchers could take;
  - Information about Aboriginal and Torres Strait Islander specific options / pathways;
  - Information about what postgraduate study was required to pursue this career, and how to apply for these courses;
- The supports, grants and scholarships available for Aboriginal and Torres Strait Islander clinician researchers; and

- Where to look for more information on the topic.

In addition, many participants felt it would be important to have a **contact person available to provide information and advice** to potential clinician researchers by phone. Participants felt that this was a more effective and culturally appropriate method for providing information to Aboriginal and Torres Strait Islander people.

6.4 Support needs at the 'practicing as a clinician researcher' phase

> *"I think there should be a sponsorship program. There's some wonderful mentors out there, some wonderful Aboriginal leaders out there… they could act as sponsors for young researchers"—Clinician researcher, medical field, male*

> *"The ethics process was really hard… [mentors] have knowledge, like the logistics of institutions, and how to get research projects off the ground"—Clinician researcher, medical field, female*

> *"There should be specific supported Indigenous research positions, [but] they shouldn't need to have an Indigenous research topic… we don't have to be Indigenous doctors or researchers, we should be able to pursue our own interests and bring our cultural knowledge and heritage to this"—Clinician researcher, medical field, female*

> *"They have 'Elders in residence' at some universities now. I think that's really great, and I think there should be more of that in other places because it gives you an Elder to support what you do"—Clinician researcher, medical field, female*

Participants suggested that the following would better support Aboriginal and Torres Strait Islander clinician researchers to continue **practicing as a clinician researcher**:

- **Facilitating relationships / connections with Aboriginal and Torres Strait Islander "sponsors"** – participants felt it would be useful to make connections with senior Aboriginal and Torres Strait Islander clinician researchers and / or researchers who could vouch for early career clinician researchers (e.g. by adding their name to a grant or ethics application or helping secure publications). Participants felt that relationships with sponsors could be facilitated by NHMRC;
- **Support and assistance with grant and ethics application processes** – participants recognised that these were complex processes and felt that support could be provided to early career clinician researchers to help them navigate these applications;
- Culturally safe and sensitive research organisations and support, including:
    - **Specific research positions** for Aboriginal and Torres Strait Islander researchers in which they were **not expected to conduct research solely on Aboriginal and Torres Strait Islander health** – one participant felt these positions would be important to recognise the value Aboriginal and Torres Strait Islander clinician researchers brought to health more broadly;
    - **Having "Elders in residence" at research institutions** – so as to provide advice and guidance. In addition, one participant reported that, as an Aboriginal and Torres Strait Islander person, they were asked to perform cultural education roles for non-Indigenous colleagues, but felt that this was would be a more appropriate role for an Elder;
- **Additional funding to cover clinical hours** – one participant felt that it would be beneficial to have additional funding available to clinical employers for the expenses of employing a substitute clinician for the days / hours that the clinician researcher was performing their research role;

- **Communications** to **clinical employers** and **universities** about the **importance of clinician researchers** – one participant felt this would encourage these organisations to support and encourage their employees / students to pursue a clinician researcher career more proactively;
- **Consideration of clinical demands in the assessment of grant applications** – one participant felt that clinician researchers' competing clinical and research workloads, which reduced their academic output, should be considered when assessing their academic track record; and
- **Opportunities to collaborate with other experts** – as an example, one participant felt that NHMRC could facilitate and support connections between clinician researchers and statisticians to better enable clinician researchers to perform the complex data analysis required for robust research.

"It's not just about letting clinicians know about it, but creating a communication network with the organisations themselves so that they can see the benefit to it"—Former clinician researcher, allied health / nursing field, male

"They need to recognise the competing demands of operating in those dual roles, and that needs to be recognised and valued in the metrics"—Clinician or researcher, allied health / nursing field, female

"If clinicians had more statisticians who could work with them, they could do more of that work… it's too complex for ordinary clinicians and ordinary researchers"—Clinician researcher, medical field, male

7. Conclusions and recommendations

Overall, the research found that the role of Aboriginal and Torres Strait Islander **clinician researchers was highly valued by participants as they were seen as being particularly well placed to address the health issues facing Aboriginal and Torres Strait Islander peoples and communities**. As such, the research found that it was important for NHMRC to continue to support and promote Aboriginal and Torres Strait Islander health research being conducted by Aboriginal and Torres Strait Islander people (e.g. by continuing to providing Aboriginal and Torres Strait Islander specific research grants to support Aboriginal and Torres Strait Islander clinician researchers).

The research found that **clinician researcher careers (including the title 'clinician researcher'), and their value to Aboriginal and Torres Strait Islander communities, was not well understood** by potential clinician researcher participants. Current and former clinician researchers were also found to have limited understanding of these topics prior to practicing as a clinician researcher themselves. In addition, a couple of participants who had informally practiced in research and clinical work concurrently did not identify as a clinician researcher.

The research found that this limited awareness was particularly due to a lack of emphasis being placed on research and clinician researcher careers by universities, the lack of a central, comprehensive source of information on the topic, and the limited number of Aboriginal and Torres Strait Islander clinician researchers who could role model the career. This limited awareness was a key barrier to participants becoming a clinician researcher.

As such, the research found that it would be **important to provide additional information to the target audience about clinician researchers**, particularly about the value of the role (i.e. as outlined in Chapter 2), career pathways and available supports and funding. The research found that **this would be best communicated via a centralised database of information** (e.g. on the NHMRC website), and through the other channels, including universities, medical colleges and allied health professional bodies, as outlined in Chapter 5.

The research found that participants' career pathways to becoming and practicing as a clinician researcher were varied. However, the research found that there was **limited consideration of clinician researcher careers at the tertiary education stage**, particularly due to the limited emphasis placed on research and clinician researcher careers by universities. Furthermore, the research found that **all participants practiced as a clinician prior to practicing as a clinician researcher**. These findings, in addition with the limited awareness of, and identification with, the term 'clinician researcher', suggest that **communications about clinician researcher careers should be targeted to not only those who identify as clinician researchers, but also to students and clinicians**. In addition, communications should ideally be coordinated with universities, medical colleges, allied health professional bodies, and high school careers programs to increase the reach of this information.

The research found that **participants faced a variety of barriers to both becoming, and practicing as, a clinician researcher** – and a few participants reported that these had stopped them from pursuing or continuing their career as a clinician researcher. Some of these barriers were found to be compounding and intersectional in nature. Specifically participants reported that, as an Aboriginal and Torres Strait Islander clinician researcher, they faced additional and more complex barriers than non-Indigenous clinician researchers. In addition, female participants reported that they experienced additional barriers as women, compared with their male counterparts.

To address these barriers and support more Aboriginal and Torres Strait Islander people to become, and continue practicing as, a clinician researcher, **participants suggested a range of supports that could be implemented by NHMRC and other institutions**. These are detailed in Chapter 5.

Appendix A: Demographic profile of participants

The demographic profile of research participants shows that people from a wide range of demographic backgrounds participated in the research. The demographic profile of the research participants is presented below.[8]

Questions asked of all participants

Gender:

- Female – 64%
- Male – 36%

Age:

- 25-30 years – 18%
- 31-40 years – 27%
- 41-50 years – 27%
- 51-60 years – 27%

Cultural background:

- Aboriginal – 91%
- Torres Strait Islander – 9%

State or Territory worked / studied in:

- Victoria – 27%
- New South Wales – 27%
- Queensland – 27%
- Northern Territory – 9%
- Western Australia – 9%

Area worked / studied in:

- Metropolitan – 82%
- Regional – 18%

Degrees held / being completed:

- Bachelor of Applied Sciences
- Bachelor of Counselling
- Bachelor of Health
- Bachelor of Indigenous Studies
- Bachelor of Medicine
- Bachelor of Medicine / Bachelor of Surgery
- Bachelor of Physical Education
- Bachelor of Psychology (Honours)
- Bachelor of Science
- Certificate in Child Psychiatry

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[8] Percentages are based on the total number of valid responses made to the question being reported on. Percentages may not sum to 100% due to rounding.

- Certificate in Indigenous Research and Leadership
- Certificate in Health Service Management
- Combined Masters and PhD (psychology)
- Doctor of Indigenous Philosophy
- Doctor of Medicine
- Graduate Diploma in Psychology
- Master of Indigenous Health
- Master of International Public Health
- Master of Medicine
- Master of Public Health
- Master of Science
- PhD (in a variety of medical and allied health fields)
- Post-graduate Diploma in Psychology

Have completed / currently completing a PhD:

- Yes – 45%
- No – 55%

Institutions where degrees were / are being obtained *[asked of all]*:

- Australian College of Physical Education
- Central Queensland University
- Charles Darwin University
- Edith Cowan University
- Griffith University
- James Cook University
- Latrobe University
- Monash University
- Southern Cross University
- University of Canberra
- University of Melbourne
- University of New England
- University of Newcastle
- University of Queensland
- University of Southern Queensland
- University of Sydney
- University of the Sunshine Coast
- University of Wollongong

Advanced titles or qualifications awarded *[asked of all participants except medical student participant] [multiple response question]*:

- Associate Professor – 10%
- Clinical psychology accreditation – 10%
- Fellow – 10%
- Principal research fellow – 10%
- Senior Public Health Fellow – 10%
- None – 60%

Additional questions asked of current and former clinician researcher participants only

Main field of work / clinical specialty:

- Medical – 40%
- Allied health – 40%
- Nursing – 20%

Division of work between clinical practice and research:

- Approximately equal – 50%
- Mostly clinical work – 33%
- Mostly research work – 17%

Length of time spent working as a clinician researcher:

- <1 year – 33%
- 1-2 years – 33%
- 3-5 years – 0%
- 6-10 years – 17%
- >15 years – 17%

Setting in which research work is / was conducted:

- Hospital – 50%
- University – 17%
- Medical research institute – 17%
- Aboriginal and Torres Strait Islander health service – 17%

Funding source:

- A State / Territory Government Department or Agency – 50%
- A Commonwealth Government Department or Agency other than NHMRC – 17%
- Professional college / body – 17%
- NHMRC – 17%

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