October 2025

ECMC Network Response to the OSCHR Report: Reversing the Decline in the Clinical Research Workforce

The Experimental Cancer Medicine Centre (ECMC) Network welcomes the OSCHR report "Clinical Researchers in the United Kingdom: Reversing the Decline to Improve Population Health and Promote Economic Growth." We strongly support its call to action and recognise the urgent need to address the decline in the clinical academic workforce. This issue is particularly critical for early-phase oncology clinical research, where the availability of skilled clinician-researchers is essential to delivering innovative treatments and advancing cancer care.

At the recent ECMC Network Meeting in May 2025, Professor Patrick Chinnery, Executive Chair, Medical Research Council and Chair of the OSCHR Task and Finish Group, presented this report in further detail. This particularly highlighted:

- Systemic drivers such as financial challenges facing universities and well-known pressures facing the NHS
- Disincentives within the current pathway for clinical researchers, including the duration and time of clinical training research opportunities
- New pressures facing the junior workforce, particularly calling out challenges with personal finances and concerns around career uncertainty

Shared Concerns and Alignment with OSCHR Findings

The OSCHR report identifies several systemic challenges that resonate deeply with the ECMC Network, and echo the areas highlighted above. In early-phase oncology, these challenges are magnified due to the complexity of trials, the need for multidisciplinary collaboration, and the requirement for sustained clinical engagement. The ECMC Network has observed a growing difficulty across the UK in recruiting and retaining clinician-researchers with the necessary expertise to lead and deliver early-phase trials.

Key Priorities for the Early Phase Oncology Clinical Trials Report

The ECMC Network community is well equipped to represent the views of the UK early phase oncology clinical trials landscape – with representation from all facets of all 4 nations of the UK, those from solid tumour and hematological and researchers from the adult and children and young people's community. Following on from in-depth discussions on these challenges and the OSCHR report, the Network has highlighted the following areas as being particularly relevant to the early phase oncology community:

1. Pipeline Enhancement in Oncology

Early exposure to research is key to inspiring the next generation of clinician-researchers. Provision of adequate high quality and engaging oncology teaching from the very start of medical training is essential to foster interest and enthusiasm at the earliest stages. The ECMC Network supports initiatives that embed research opportunities into undergraduate medical education and foundation training. We also fully support well

ecmc Jointly funded by: Cancer Research UK, Little Princess Trust, NIHR National Institute for Health and Care Research, Ymchwil Iechyd a Gofal Cymru Health and Care Research Wales, Chief Scientist Office, HSC Public Health Agency Research and Development

developed partnerships with industry and charities to offer fellowships and internships that provide hands-on experience in early-phase trials. These efforts will help build a robust pipeline of oncology researchers.

However, it is clear interventions need to be made at a societal, national level to really create the step change needed to truly impact the workforce. More people are exiting medical school without the skills, experience and enthusiasm to pursue an academic career, leading to a reduction in the pool of scientifically literate and research-focused young doctors entering specialty oncology training programmes, and those wishing to do a PhD as part of a clinical academic training programme. In oncology this may be exacerbated further by the fact that medical oncology is a group 2 specialty, meaning that trainees do not have to dual train in internal medicine. This may influence decisions to pursue oncology as a career path other than a passion to become an oncologist.

The ECMC will fully support and engage in reversing the decisions made to de-prioritise intercalation during medical school. This has had an extremely negative effect on the size of the pool of medical students obtaining this crucial element of the scientific apprenticeship, one of the springboards to a potential academic medical career, and also on the motivation and ambition of medical students.

Equity of educational access is paramount but policies that result in the erection of barriers to young medics accessing additional educational opportunities outside of the strictly proscribed curricula because they are no longer incentivised or encouraged to pursue these must be avoided.

2. Creating a Common and Visible National Research Career Pathway

We support the development of a UK-wide Research Clinician Track that aligns funding schemes and provides a coherent career structure. For early-phase oncology, this should include flexible entry points, recognition of diverse clinical backgrounds, and integration with clinical training. The ECMC Network advocates for mechanisms that allow clinicians to complete PhDs during or after specialty training, and for protected time to pursue research without compromising clinical progression.

As part of the establishment of a national research career pathway, we also call for an urgent review of the provision of Internal Medicine Training Posts that take into account the enormous number of trainees that are applying for each of these posts. This demand far exceeds capacity, resulting in changes of career direction or emigration in order to pursue a medical career.

3. Addressing Gaps in Support

The transition from PhD to postdoctoral research is a critical juncture where many promising researchers leave academia. We propose targeted fellowships, bridge funding, and mentorship schemes to support this transition. Additionally, return-to-research programmes should be expanded to accommodate clinicians who have taken time away from research. Localised support models, such as institutional starter packages and flexible working arrangements, are essential to retain talent within early-phase oncology.

4. Equitable Access and Inclusivity

We advocate for equitable funding distribution across all UK nations and regions to ensure that every ECMC can contribute to and benefit from early-phase research. This includes support for centres in underserved areas, investment in infrastructure, and initiatives to diversify the clinical research workforce. Equity in opportunity is essential to harness the full potential of the UK's research talent.

5. Structural Sustainability

Joint NHS–university appointments are vital for securing protected research time and ensuring career stability. The ECMC Network supports the calls for national frameworks that incentivise and sustain these roles. In early-phase oncology, where trial delivery is resource-intensive, such roles are crucial to maintaining continuity and leadership within research teams. The Network fully supports the work of CRUK, NIHR and other funders to align Clinical Future Leaders Fellowship opportunities as 7-year programmes to improve attractiveness and stability of these career pathways.

6. Evidence-Informed Advocacy

Robust data collection and analysis are essential for effective workforce planning. The ECMC Network is committed to gathering evidence on workforce needs, barriers to progression, and the impact of interventions. This data will inform influencing, policy advocacy, and the development of support programmes, such as JING.

Additional Steps the ECMC Network Will Take

In addition to supporting and influencing national initiatives, the ECMC Network will take proactive steps to address workforce challenges within the early-phase oncology environment:

- Continue to support the early career researcher workforce through the Junior Investigator Network Group (JING) programme
- Share and showcase diverse and varied career journeys, to provide examples of different pathways and how best to take advantage of the ECMC Network infrastructure to advance careers
- Provide further opportunities for development through the ECMC Translational Research Forum, and through intra-network mentorship opportunities and cross-centre placement
- Influence local structures to leverage medical training to introduce oncology research early in clinical careers.
- Advocate for flexible fellowship criteria that accommodate diverse clinical and academic backgrounds.
- Ensure local schemes provide protected research time and starter packages for post-PhD clinicians.
- Explore co-funded roles with higher education institutions, industry, and charities to expand research opportunities.
- Monitor progress of recommendations and actions as outlined in the report to ensure the impact is being felt in the early phase oncology environment

- Emphasise the importance of cross-collaboration between all job roles across the Network and continue the essential work to support non-clinical staff, NMAHPs (Nurses, Midwives, and Allied Health Professionals) and operational staff. We recognise as a Network that the whole workforce needs to be supported to ensure delivery of high-quality experimental oncology research that delivers patient impact.

Conclusion

The ECMC Network is committed to reversing the decline in the clinical research workforce. By working collaboratively across funders, institutions, and clinical environments, we aim to build a sustainable, inclusive, and inspiring future for clinical academics. Our focus on early-phase oncology ensures that patients continue to benefit from cutting-edge treatments and that the UK remains a global leader in cancer research.