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PLENARY SESSION "Reconciling professional work and academic development: Realistic opportunities"

How to become a professor?

José Javier Aristu

University of Navarra, Spain

During the last decade a large number of physicians with the doctoral degree have had the opportunity to be evaluated of their merits and competence to access to the university faculty obtaining the certificate of accreditation through the ANECA procedure without having to pass the traditional academic court examination. The accreditation will be effective throughout the country and it is aimed at assessing the merits and competencies of the candidates in order to ensure subsequent selection of the faculty effective, efficient, transparent and objective. The only requirement to apply for the initial accreditation (Associate Professor) is to be in possession of the Doctoral Degree in Medicine. If your goal is to become a professor you need to demonstrate primarily your research activity, but you also need to prove your teaching or professional activities, academic and management experience. The research activity represents 50% of the global score. Research papers published in the top ranked international journals of our discipline have the highest consideration, specially those published in the last 5 years (postdoctoral period). Therefore, it is imperative that the candidate must be the author of a number of papers which varies depending on the kind of evaluation. The second most important aspect in the ANECA procedure is the teaching experience. The teaching activity is about one third of the overall score and includes dedication to teaching (teaching positions, doctoral theses directed), quality of teaching activity and quality of teacher training. Again it is essential to have a minimal teaching experience in the school of medicine or more frequently in the supervision and direction of the research activities of the residents in radiation oncology. Radiation oncologists with a high research and teaching profile can apply for the ANECA accreditation. Those who do not meet the requirements demanded should think about how to prepare the ground to be in a good position in the coming years.

On the other hand, radiation oncologists totally devoted to clinical care are often unable to spend time and energy to research. Radiation oncologists typically used a high percentage of their time to patient care (often about 90%) and the minority of time or time off work is dedicated to research. What can we do to improve this situation? There are four main problems with the present system for promoting and developing research in the daily clinical practice: the lack of relevant researcher training opportunities for clinician during their formative years, the lack of systematic data collection and generation of robust databases to facilitate the analysis of clinical series, the disconnection between radiation oncology services and basic research centers and the lack of protected time uninterrupted by clinical responsibilities. It is problematic in this period of economic difficulties to resolve these problems but even in these adverse conditions we must think how to improve those aspects that depend on ourselves and call for solutions to our government including fundamental changes in promotion criteria and the development of valid and feasible methods to generate the necessary tools to support research for radiation oncologists. The development of a new faculty position, as "clinician–researcher" is suggested to foster the research and clinical practice establishing the figure of translational physician that bridges between clinical and basic research.

The Spanish Society of Radiation Oncology needs more physicians with rigorous training and expertise to provide leadership in research related to medical, basic and translational research.

1507-1367/$ – see front matter
http://dx.doi.org/10.1016/j.rpor.2013.04.015