

The MD thesis in the training of a consultant physician

ABSTRACT—A postal survey was carried out among the 94 consultant physicians of the South Western region (83% response rate) to ascertain their attitudes to the tradition of obtaining an MD by thesis as part of a physician's training. Most felt that the practice was questionable, and only half felt that it made an important contribution. For some, doing an MD had been a painful experience, even a waste of time. Having an MD impressed selection committees, but did not appear to alter the length of training nor the probability of obtaining a consultant post in a teaching hospital. We suggest that the MD is of limited value in judging a junior doctor's suitability to be a consultant physician.

Most physicians in training are aware that their successful predecessors have generally undertaken research projects of some sort, and as part of their training have contributed to scientific papers and have written an MD thesis. There is no information of substance on the value of such activities in the training of a physician; indeed, such information would be almost impossible to obtain in a statistically valid way (eg by random controlled trial), such is the pressure on registrars and senior registrars to avoid being outgunned at appointments committees by those with a more impressive curriculum vitae. The problem has recently been well described by Neale [1] and Arnold [2].

We have carried out a survey of physicians in the South Western region to see how important the completion of an MD thesis was felt to be in the training of a consultant physician.

Methods

All 94 members of the West Country Physicians Club were asked to complete an anonymous questionnaire, describing their experiences of writing an MD thesis (if they had done so) and their views as to its value, both in general and to them individually. They were

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also asked for any additional general or specific comments. The West Country Physicians Club includes all the consultant general physicians in the South Western region, together with neurologists, cardiologists, rheumatologists, and renal physicians. The questionnaire also included details of year of qualification and the year the consultant post was obtained, to look for any cohort-dependent differences and to see whether the possession of an MD thesis was associated with a shorter or longer interval between qualification and obtaining a consultant post.

Results

A total of 78 replies was received, a response rate of 83%. Of the respondents, 61 (78%) had written an MD thesis and 17 (22%) had not. Those with an MD by thesis were asked for the reasons they had done one; their answers are given in Table 1. The commonest motive was as a career aid. The reasons why 17 consultant physicians did not have an MD are listed in Table 2.

The timing of the thesis and its relationship with the time of the consultant's appointment is shown in Fig. 1.

Table 1. Why did you do an MD thesis?

To help me to get a consultant post	53
Because it was standard practice	37
To answer worthwhile questions	36
To satisfy an intellectual curiosity	30
Because I thought I would enjoy it	25
Because I was told to	20
Replies from 61 consultant physicians who had written an MD thesis. Most gave more than one reason.	

Table 2. Why did you not do an MD thesis?

It just never happened	7
Work done, but not written up	4
No reason given	2
Failed	1
Did a PhD instead	1
Did National Service instead	1
Research department burned to the ground	1
Replies from 17 consultant physicians without an MD thesis. Only one reason was given by each respondent.	

The intervals from time of qualification to time of appointment as a consultant physician varied from six to 19 years (median: 12 years). The median interval was the same (12 years) whether or not the consultant had an MD by thesis. There was also a wide range of intervals between qualification and obtaining an MD (four to 15 years, median 8.5 years), and no correlation between this and the time taken to become a consultant. Only four MD theses were completed after the physician had been appointed as consultant.

A series of questions was asked about the role of the MD thesis in the training of a consultant physician, and the answers are given in Tables 3-6. They reveal a considerable ambivalence. On the one hand, the majority thought that the traditional practice of doing an MD should be questioned (Table 3), and many thought that the completion of an MD should not be essential in the training of a consultant physician (Table 4). On the other hand, most physicians felt that writing an MD thesis made a definite contribution to the training of a consultant physician (Table 5), and that they were favourably influenced at appointments committees by candidates with an MD (Table 6).

The physicians were asked to make any comments they wished about the principles and practical aspects of writing an MD thesis. A selection of these comments is shown in Table 7.

Discussion

The results of this survey reflect the fact that although most consultant physicians and senior medical registrars believe there should be some research component in the training of a physician [1], many physi-

Table 3. Should the traditional practice of doing an MD be questioned?

	Yes	Not sure	No
MD	35	10	12
No MD	12	2	0
Total	47	12	12

Replies from 71 consultant physicians, 57 with an MD, 14 without MD.

Table 4. Should all aspiring consultant physicians have to complete (or nearly complete) an MD?

	Yes	Not sure	No
MD			
With MD	24	9	28
Without MD	0	4	9
Total	24	13	37

Replies from 74 of 78 consultant physicians who responded to the questionnaire.

cians have reservations about this having to result in the production of a thesis.

Many of the physicians who took part in this survey had enjoyed completing an MD thesis, but for some it was clearly a hardship, and a waste of time for others. Young doctors in the prime of life spend a great deal of time, often at the expense of their families, in completing the thesis (as opposed to the research itself). Such expenditure of time and energy might be better employed in other ways. The thesis itself can hardly

Fig. 1. Timing of thesis and consultant appointment

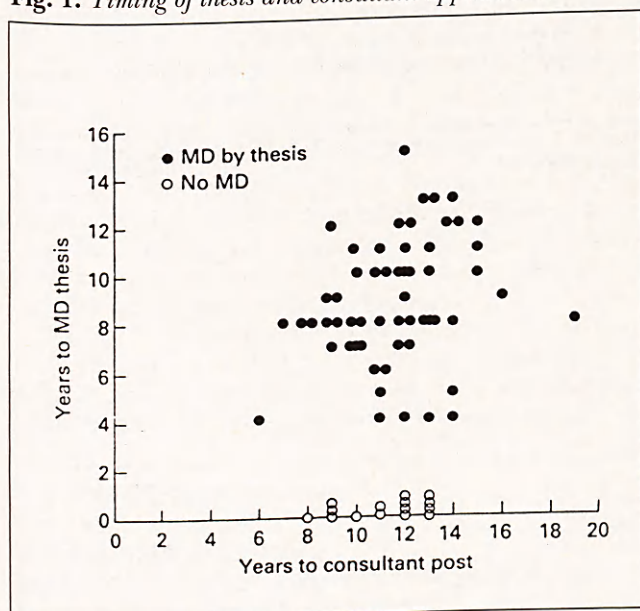


Table 5. Does doing an MD make a distinctive, useful contribution to the training of a consultant physician?

	Yes	Not sure	No
MD			
With MD	40	7	13
Without MD	1	5	4
Total	41	12	17

Replies from 70 of 78 consultant physicians who responded to the questionnaire.

Table 6. When interviewing for consultant posts are you favourably influenced by a candidate having an MD?

	Yes	Not sure	No	Total
'Yes' in Table 5	24	0	0	24
'No' in Table 5	19	5	13	37
'Not sure' in Table 5	7	4	2	13
Total	50	9	15	74

Replies from 74 of 78 consultant physicians who responded to the questionnaire.

Table 7. Selected comments.

With MD

An MD thesis is an exercise in self-discipline and organisation which individual papers cannot require. It reflects an attitude of mind that would be important to aspiring consultant physicians.

With multiple-author papers it may be difficult to assess the contribution made by an individual, but with an MD this is clear.

Physicians should do some research so that they can assess published work better, but only aspiring academics need an MD.

I published the papers before I wrote the MD. I enjoyed the research and the papers, but not the MD.

Without MD

Many MD theses are trivial. Publication in peer-review journals is the best guide to research skills.

One of the big problems is undirected, unsupervised clinical investigation, done by a bunch of amateurs.

The establishment of an interest in clinical investigation is important, but there is no evidence that doing an MD is actually helpful for that.

justify the time spent on it, as most MD theses lie largely unread in library basements, while the research work presented in the thesis is often reported in more accessible medical journals. If there is benefit, it might lie in some distinctive advantage to the writer, either by improving his or her character in some way, or else by demonstrating to the world in general (and to consultant appointments committees in particular) that the writer has the particular qualities of tenacity, drive, and single-mindedness to complete the writing of an MD thesis. Although many of the physicians in the South West felt that the completion of an MD thesis made a distinctive and useful contribution to the training of a consultant physician (Table 5), the nature of this contribution was not stated and has never been analysed or defined, as far as we are aware.

There was no evidence from this survey that possess-

ing an MD thesis resulted in an earlier appointment to a consultant post. There was also no difference in the proportion of physicians with an MD thesis between 'teaching' and 'non-teaching' hospitals. The year of qualification was, on average, the same for physicians with an MD as for those without. So (at least in the South West), there is no apparent trend for the possession of an MD to become either more or less necessary for appointment to a consultant post.

These observations show that there is a gap between what physicians believe about the value of an MD thesis and what actually happens in practice. Many physicians doubt the value of a thesis (while accepting the value of research during training), but feel trapped in a self-perpetuating system.

An alternative to producing a thesis might be to write a series of papers and get them published in peer-review journals without bringing them together in thesis form. This carries the risk of producing repetitive and low-value publications just to 'get the numbers up'. Other alternatives, such as the assessment of 'three best papers', might be better, but the relative contribution of an individual is hard to judge if a publication has more than one author.

This is an important topic which affects all physicians in training. A majority of the consultant physicians in the South West believe that the tradition of writing an MD thesis should be questioned. What, if anything, should be done instead?

Acknowledgement

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