

## Why Should SARS-CoV-2 Post-Pandemic Recovery Funding Be Used to Foster a Physician-Scientist Program?

### Porque Deve o Financiamento para a Recuperação Pós-Pandemia SARS-CoV-2 Ser Usado para Criar um Programa de Médicos-Cientistas?

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**Palavras-chave:** COVID-19; Educação Médica; Investigação Biomédica; Médicos; Portugal; SARS-CoV-2

In Portugal, as in many other countries worldwide, medical doctors are rarely allowed to have protected research time. As a result, almost all research conducted by physicians is done afterhours, thus potentially compromising the speed and quality of the work that could be achieved otherwise.<sup>1</sup> The current SARS-CoV-2 pandemic incontestably demonstrated how important it is to have physicians trained in clinical research. The greatest asset of these physicians is their ability to perform translational research, namely asking research questions that arise from direct hands-on clinical practice and being able to answer them through the analysis of meaningful data that can then be applied in the daily clinical reality. Moreover, they have the skills to deal with the amount of conflicting data generated during a crisis, thus being the perfect link between medicine and science.<sup>2</sup>

The SARS-CoV-2 pandemic has therefore shown how these physician-scientists comprise the ‘missing bridge’ between busy hospitals and full-time lab research. We need to consolidate this bridge and overcome current limitations, by: i) allowing joint clinical/research working schedules, ii) promoting physician involvement in research by providing scholarships that do not require full-time research dedication, and iii) providing specific funding to training programs for physician-scientists.

The EU funding directed to the post-pandemic recovery is an unprecedented opportunity to put in place a structural change that can revolutionize the healthcare and research landscape in Portugal: creating physician-scientist positions in the National Health Service.

There are a few good examples of countries which value and support physicians with an interest in clinical research. For instance, in Belgium, a government structure named Research Foundation - Flanders (FWO) provides funding to physicians willing to pursue a PhD or a postdoc, in which a part of their weekly schedule is ‘research-protected’ time and paid by the FWO.<sup>3</sup> Other countries (e.g. Australia, United Kingdom, and Switzerland) have also implemented policies to promote the combination of clinical and research activities.

Decisions will be made in the near future regarding the allocation of post-pandemic funding. However, the outcomes of this investment will be limited if not accompanied by a paradigm shift in the way clinicians are hired to perform research and in the development of strategies to allow them to do it with protected time. This is the only road to become competitive and to motivate more physicians to perform high-quality research.

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