The importance of medical student participation in research has been the subject of increasing scholarly research. Involvement in undergraduate medical research is associated with higher postgraduate research productivity, promotes interest in academic medicine as a career, and increases research outputs of medical institutions. Two related trends have been observed worldwide: the low involvement in voluntary undergraduate medical research, and the declining number of clinician-scientists. To combat these alarming trends, and produce a generation of capable clinical researchers, several strategies to increase student engagement in research have been established in New Zealand and abroad. One of these is the introduction of intercalated degrees.

Intercalated degrees are the most formal optional method of undergraduate medical research training in New Zealand. Two degrees are on offer in New Zealand: the Bachelor of Medical Sciences with Honours (BMedSc(Hons)) and the Doctor of Philosophy (PhD). Intercalating students are required to take a year or two off their medical course to conduct a supervised research project, culminating in a thesis. Despite the apparent benefits from medical student research, intercalated degrees are unpopular research training opportunities in New Zealand. The mean uptake rates of BMedSc(Hons) degree at the Otago and Auckland Medical Schools are 7.7 and 1.5 per annum, respectively. Allowing for differences in class number, medical students’ interest in intercalated degrees is much higher in other Western countries. In Australia, the average number of intercalating students is approximately 10 per annum. Furthermore, up to one-third of UK medical students combine their medical degree each year. Reasons for the low rates in New Zealand have been scrutinised and include: a perceived lack of research training opportunities; poor support from faculty and supervisors; financial constraints; and delayed graduation time.

While obstacles to intercalating ought to be addressed and rectified, alternative undergraduate research training opportunities need to be explored. Given the barriers posed by intercalated degrees, increasing mandatory curricular research activities seems to be a plausible alternative. Furthermore, summer studentships and independent/voluntary research involvement (such as research electives/selectives and clinical audits) are short-term endeavours which are arguably sufficient to provide interested students, unable to intercalate, with the necessary knowledge and skills to conduct research, pursue higher academic degrees and gain a foothold in academia.

New strategies to increase medical student involvement in research have been proposed. The concept of ‘student research interest groups’ have been introduced. In these student-run research-focused groups, members exchange ideas and share their research-related workload, thereby increasing their research productivity. Furthermore, a recently implemented strategy is the introduction of formal
university administered student research bodies dedicated to facilitating medical students' engagement in research. None of these strategies have been employed within New Zealand medical schools.

Despite the significance of, and benefits from undergraduate medical research, New Zealand medical schools' efforts to engage students have come a long way, but are still suboptimal. It is imperative to direct our attention to the low involvement of medical students in extracurricular research activities generally and intercalated degrees specifically. I call on the medical institutions in New Zealand to implement alternative innovative methods, compulsory or elective, to increase medical student research involvement and productivity.

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