

1 **A Renaissance for Polymaths**

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22 **Abstract**

23 In contrast to clinical medicine, there is little place for generalism in research. Rather, super  
24 specialism is lauded, and researchers tend to work in discipline siloes; encouraged to form  
25 cross-disciplinary collaborations, but without the structures and skills to do so. Research  
26 specialists, unlike clinical specialists, are not balanced by a workforce of polymaths who can  
27 assimilate diverse perspectives, take broad views, and communicate easily across  
28 disciplines. The higher someone progresses in an academic field, the more restricted their

29 field of knowledge usually becomes. However, this research super-specialism has huge  
30 disadvantages for the public's health. Solutions to the most pressing health problems require  
31 complex knowledge synthesis and compelling communication. Addressing today's diverse  
32 and multifactorial health problems requires researchers who can communicate with  
33 specialists, bring ideas together and come up with new concepts and interventions that  
34 stretch across the boundaries of traditional fields of work. Universities and funding  
35 organisations need to value this type of researcher, both in their assessment criteria and  
36 distribution of funds. Without research generalists, solutions to the most complex and  
37 important health problems will stay beyond our reach. Research polymaths offer a way  
38 forward towards helping solve the complex challenges we face to secure a healthy future.

39 In medicine, the generalist is the most common, and central, profession. Generalists are  
40 uniquely positioned to provide a comprehensive perspective, and to coordinate care for the  
41 most complex and demanding problems. Their skill is in knowing enough about everything,  
42 while keeping the central purpose and humanity of care at the heart of their work. Their  
43 importance in an ever more complex world of medicine is clear.<sup>1</sup> By contrast, generalists, or  
44 polymaths, in research and academia are rare. With increasing volumes and complexity of  
45 data and information, the sphere of specialism narrows, and the academic ivory tower grows  
46 higher and more remote from the needs and complexities of health research. The accepted  
47 narrative is that academic specialists define the cutting edge of research. Research funders  
48 generally favour supporting established world experts in their field, despite the narrowness  
49 of that field. This results in research echo chambers, where increasingly technologically  
50 sophisticated methods are applied to ever more refined questions, resulting in limited human  
51 benefit. The current model for addressing complex problems places specialists together in a  
52 multi-disciplinary approach to combat siloed thinking. Boundaries are built up and then  
53 encouraged to be knocked down. But this is not always possible. We argue that research  
54 generalists should sit at the centre of efforts to address complex problems.

55 Historically, scientific leaders worked in many different subjects. They switched from one  
56 area to another and applied their wealth of knowledge to all. Leonardo da Vinci is probably  
57 the best-known example of such a polymath, using art in his science and science in his art.  
58 Science and art may have advanced too far for any one individual to contribute as broadly  
59 but there is scope for academics who are experts in breadth; who know about many subjects  
60 but who may not know all the intricacies. There are two main advantages to this approach.  
61 Firstly, polymaths are usually good communicators. Specialist fields of work have their own  
62 lexicons of terminology and epistemologies that often exclude others. To get past this barrier  
63 requires sufficient understanding of a subject, sometimes just to participate in discussions.  
64 This is particularly important in leadership roles and in business. Chief Executive Officers of  
65 large successful corporations have long understood this. Particularly with complex problems,  
66 the polymaths connect better with the whole team enabling interactions and, as informed

67 communicators, are also probably the ones best placed to engage with the public and policy  
68 makers. For example, in a study of UK and Irish pharmaceutical firms, Kelly et al found that  
69 the generalists had a better understanding of different disciplines and were best able to  
70 communicate effectively across them. This enabled them to solve more complex problems.<sup>2</sup>  
71 Secondly, with a broad perspective, and enough depth of understanding, generalists can  
72 approach a subject from alternative angles, bringing new ideas, applying knowledge from  
73 one area to another and taking a fresh approach to the big picture that helps prevent the  
74 tendency towards the status quo, or lack of novelty in research methods. This is the policy  
75 taken by Google. As described by their former head of human resources, Laslo Bock, “by far  
76 the least important thing we screen for is whether someone actually knows anything about  
77 the job they are taking on. To get to fresh thinking, you need a more general background.”<sup>3</sup>  
78 Despite this, generalists tend to be undervalued. It is normal for a generalist to ask advice  
79 from a specialist, but how often do specialists think to ask a generalist for advice?  
80 Specialists risk seeing the world through one lens, and risk losing perspective, whereas  
81 polymaths can reframe an issue or problem in a way a specialist might not naturally do so.  
82 The need for polymaths is best displayed in the complex public health problems that we face  
83 that require systems thinking, for example in relation to obesity, migration, antimicrobial  
84 resistance and climate change.<sup>4</sup> This mismatch between scientific endeavour and health  
85 benefit, particularly regarding complex problems, prompted the European Commission to  
86 convene a Scientific Panel for Health, under the Horizon 2020 Framework Programme for  
87 Research and Innovation.<sup>5</sup> The Panel recommended a set of principles to support the best  
88 research to create value in a knowledge-based society, including creative and innovative  
89 research generating big ideas through collaborative and trans-disciplinary research.  
90 Importantly, the panel recognised that a next-generation workforce will be needed, skilled in  
91 new research strategies and able to implement and evaluate innovative health solutions.  
92 The panel concluded that innovation is most successful at the intersection of fields. They  
93 cautioned, however, that inter-disciplinary and cross-border working have particular  
94 challenges, including different and sometimes conflicting goals, expectations, and definitions

95 of success. The key to compromise, the panel state, is open and clear communication and  
96 common terminologies and goals. Research generalists are ideally suited to lead creative  
97 inter-disciplinary research to address the most complex health and care challenges.  
98 The increasing calls for multi-disciplinary working is not adequate. To answer difficult,  
99 multifaceted problems requires polymaths working at the heart of a multidisciplinary team of  
100 specialists. What needs to happen to develop such teams? Firstly, university deans and  
101 funding organisations need to appreciate the advantages that generalists bring. This should  
102 be represented at an individual level in indicators of quality and career progression that  
103 value breadth of knowledge. Diverse fields of work must be viewed as an advantage, not a  
104 lack of focus. These assessments should be mirrored at an institutional level for universities,  
105 whereby the proportion of academics who can demonstrate breadth of knowledge is  
106 measured. Secondly, training must be wide-ranging as well as deep. Admission criteria for  
107 students should not promote a narrow selection of subjects. And thirdly, funders need to  
108 value diversity and appreciate that sometimes someone without specialist knowledge can  
109 deliver better outcomes. This may be the most difficult hurdle as it requires a leap of faith  
110 but, if the right training and indicators of knowledge diversity can be put in place, the right  
111 people with a breadth of excellence can be identified.

112 In summary, diversifying the skills of the academic workforce is needed in the modern world.  
113 Polymaths may have the advantage of working imaginatively across disciplines, creating  
114 meaningful collaborations and bringing new insights, and are essential if we are to tackle  
115 complex health problems.

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