

**A 'stock-take' of the
Academic Clinical Fellowship
scheme**

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Wellcome Trust

Strategic Planning & Policy Unit

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Executive Summary

Introduction and background

This report presents the findings from a lessons learned 'stock-take' of the Academic Clinical Fellowship scheme undertaken by the Wellcome Trust and sponsored by the Department of Health/National Institute for Health Research. The aim of the study is to inform best practice and the future development of the scheme.

The stock-take was trainee focused, concentrating on the quality and experiences of the Fellows to-date. To provide a broader perspective on the implementation and operation of the Programmes, the Programme Leads and Fellows' supervisors were also asked to participate in the study.

Methodology

On-line surveys were sent out to the following groups:

- Fellows – response 60% (n=108)
- Programme Leads – response 56% (n=118)
- Additional supervisors (who were not Programme Leads) – response 36% (n=31)

All the surveys were online for three weeks in June 2008 and two reminders were sent. As contact details were available for Programme Leads, the invitation to participate in the survey was emailed out by the Wellcome Trust.

The Academy of Medical Sciences held the best quality contact details available for the Fellows and supervisors, although not fully complete, and so sent out the email invitation to participate in the survey to these groups.

Due to the lower response rate for the supervisors and the incomplete sample available for this group, these results have not been reported. 62% of Programme Leads were also supervisors and mentors and so the responses from this more robust survey have been reported instead. The supervisors' responses have been reviewed, however, to ensure that they indicate the same overall trends as the Leads.

Main findings

Setting up and administering the Programmes

Fellows

- The majority of the Fellows rated the application process, administration and leadership of their Programme positively, with 58% or more rating each aspect as good/very good.

Programme Leads

- Programme Leads were far less positive than Fellows, with over two in five saying they found the application process and set-up of the Programmes fairly or very difficult (42% and 53% respectively).
- Once the Programmes were up and running, the administration of the ACF Programmes was rated less negatively, with just 15% rating it fairly/very difficult.
- 58% of Programme Leads reported finding the recruitment of Fellows fairly/very difficult. However, the Leads had been able to fill 81% of the places available in 2006 and 2007.

- Leads felt the quality of both the applicants and the appointed Fellows was good (with 64% and 86% respectively rating them as good/very good).
- The collaboration between the NHS Trust, Deanery and Higher Education Institute were rated as good/very good by over half of the Programme Leads (56%), while around a fifth (22%) rated it as poor/very poor.

Supervision, mentorship and support

Fellows

- Nearly all Fellows (96%) had an assigned supervisor or academic contact, with the majority (62%) having two supervisors – one covering the clinical and one the research aspects of their role.
- The quality of both the clinical and the research supervision was rated highly with 77% and 93% respectively rating it as good/very good.

Research training and experience

Fellows

- Questions about the format and structure of the research training and experience found:
 - Research training was most commonly ‘on-the job training’ (80%)
 - Most Fellows (51%) have their research time in a block
 - 65% of Fellows reported that at least 25% of their time was dedicated to research
 - 68% had undertaken some teaching during their time as a Fellow. Under a third said that this teaching had impacted on their clinical training or protected research time (30% and 29% respectively)
- The majority of Fellows thought all aspects of their research training and experience was good, with at least 59% rating each aspect as good/very good. The research infrastructure available was rated particularly positively, with 81% rating this as good/very good.

Programme Leads

- Programme Leads rated both the quality of the research training and research experience made available to the Fellows highly with 75% and 79% respectively rating this as good/very good.
- Over three quarters of Leads (78%) felt that the Fellows’ research time had been protected to ‘a great extent’ (and 13% ‘to some extent’).

Fellows’ background and career aspirations

Fellows

- The main reason for Fellows choosing to apply for an ACF was to pursue a career in academic medicine (56%).
- Fellows had a range of qualifications prior to their award, with two-thirds (67%) holding a BSc or BA; nearly all of these held a 1st or 2.1 degree class (44% and 49% respectively).
- Fellows had a range of research competencies prior to starting their Fellowship, with nearly three quarters having taught or mentored students (73%), two-thirds (66%) having published a peer-reviewed article and two-thirds (66%) having carried out data interpretation and statistical analysis.
- Over four in five Fellows (81%) plan to apply for a training fellowship once they have completed their ACF, with seven already having received funding to undertake a fellowship.

Added value and improvements to the ACF Programmes

The Fellows and Leads were asked to provide open ended comments on the main benefits, and improvements and challenges related to the ACF Programmes. The themes emerging from each group are outlined below.

The Fellows

- Fellows' perceive the main benefits of the ACF Programmes to be:
 - Protected research time
 - Developing their research skills and interests
 - Developing funding applications
 - Forming contacts/networks
 - Provision of a supported/structured approach to research
 - Opportunity to start or explore an academic clinical career
- The main areas of improvement thought to be required were:
 - Better training, competencies and career guidance
 - Greater/clearer structure of the Programmes
 - Greater awareness, communication and networking
 - Improved research/clinical balance

Programme Leads

- The main benefits or added value of their ACF Programme were seen to be:
 - Trainees getting early exposure to research/an early start in academic clinical medicine
 - Building future capacity in academic clinical medicine and particularly in some more speciality areas
 - Having a clear career pathway for academic clinical medicine
 - Attracting high quality applicants
 - Raising the profile of academic clinical medicine and inspiring others to consider this area
 - Having protected research time and time and experience to develop funding applications
- The main challenges faced around the ACF Programmes were seen to be:
 - Difficulties in integrating the Fellowships with clinical work/training
 - Issues around ensuring sufficient research experience for the Fellows in the time available
 - Recruitment being difficult to administer and a lack of good quality applicants
 - Fellowships not being fully funded and a lack of clarity over administering the funds
 - Concerns that the Fellowships did not become the only route into academic clinical medicine
 - Lack of security in taking the ACF route if Fellows don't achieve a PhD/Clinical Lectureship funding

Conclusions

Generally the Fellows were positive about the administration of the Programmes, the mentorship and research training and experience they had received. However, not all Fellows are having a positive experience.

The Programme Leads have found the application stage, set-up and recruitment of Fellows challenging, but now the schemes are up and running they are finding the day-to-day administration easier. They believe the appointed applicants are high quality as is the research experience and training linked to the Fellowships. The majority feel that they are able to protect the Fellows research time.

The Fellows see the ACF Programmes as an excellent opportunity to have protected research time to develop their research skills and interests, and to develop funding applications and form networks. Programme Leads see this early exposure and ability to start a career in academic clinical medicine as an ideal method of building future research capacity by raising its profile and attracting high quality applicants.

However, a number of overarching challenges and difficulties were raised in relation to the ACF Programmes in the open ended comments provided by Fellows and Programme Leads, as outlined below:

Branding/awareness/networking

Both Programme Leads and Fellows raised issues relating to a lack of awareness and understanding of the ACFs, including poor publicity for the scheme and a lack of understanding by Deaneries, academics and clinicians about what the Fellows role should entail. Fellows suggested that greater peer networking for Fellows would be helpful.

Greater structure of the Programmes

Fellows felt there should be greater clarity about the structure and format of the Programmes, for example, how protected research time, training and financial issues would be handled. There was some feeling that greater standardisation or clearer guidance on requirements could be useful. Programme Leads mentioned that there was a lack of guidance on the requirements, objectives and logistical issues around the Programmes.

Research experience and training

Fellows were keen for more structured research training, clearer guidance on careers, goals and required competencies. Some Programme Leads raised concerns as to whether the research time available to the Fellows was sufficient to give them time to develop adequate research competencies and develop funding applications.

Integrating the ACFs into the NHS

Programmes Leads raised issues relating to the challenges in integrating the ACFs into the NHS, while trying to minimise the impact on service delivery and protecting the Fellows' research time. Some Fellows expressed difficulties in protecting their research time. Some Programme Leads and Fellows expressed concerns about the Fellows being able to meet their clinical competencies in the time available to them.

1 Introduction and Background

1.1 Background and aims

1. The Department of Health/National Institute for Health Research (DH/NIHR) launched the Academic Clinical Fellowship scheme in October 2005. The aim of the scheme was to help implement a clear integrated path through which junior doctors and dentists can combine research and education with a clinical career.
2. National competitions took place to host the ACF Programmes which are run via partnerships between NHS organisations, Higher Education Institutions and Deaneries. Two recruitment rounds to recruit Academic Clinical Fellows have now been completed, one in 2006 and a second in 2007. The third round of recruitment is now running (late 2007/early 2008).
3. It is intended that the Academic Clinical Fellows (ACFs) have twenty-five percent of their time during the Fellowship dedicated to academic activities and that after completion the Fellows are able to compete for PhD funding and apply for four-year Clinical Lectureships.
4. The Wellcome Trust, sponsored by the DH/NIHR, has undertaken a lessons learned stock-take of the ACF scheme to date. The aim of the study is inform best practice and future development of the scheme.
5. The stock-take is trainee focused, concentrating on the quality and experiences of the Fellows to-date. To provide a broader perspective around the implementation and operation of the Programmes the Programme Leads and Fellows' supervisors were also asked to participate in the study.
6. This report outlines the findings from the stock-take.

1.2 Methodology

7. On-line surveys were sent out to the following groups:
 - Academic Clinical Fellows (in England only)
 - Programme Leads
 - Additional Fellows' supervisors (who were not also Programme Leads)
8. All the surveys were online for three weeks in June 2008 and two reminders were sent to optimise the response.
9. As contact details were available for Programme Leads, the invitation to participate in the survey was emailed out by the Wellcome Trust. This survey was launched first to alert the Leads of the 'stock-take' and to ask them to encourage their Fellows to respond.
10. Acquiring contact details for the Fellows and their supervisors was more problematic as National Coordinating Centre for Research Capacity Development (NCCRCD) did not have full contact details available at the time of the survey launch. The Academy of Medical Sciences (AMS) held the best quality contact details available on the Fellows,

though not fully complete, and some details of Fellows' supervisors. As a result the email invitation to the survey for Fellows and supervisors was sent out by the AMS.

Table 1: response rates

	Contact details available (A)	Adjusted number contacted (B)	Survey respondents C	Response (C/B)
Fellows	183	181*	108	60%
Programme Leads	210	210	118	56%
Supervisors	86	86	31	36%
<i>*Two Fellows contacted us to say they could not take part in the survey as they had not started their Fellowship yet.</i>				

11. Due to the lower response for the supervisors and the incomplete sample available for this group, these results have not been included in this report. Over three in five (62%) Programme Leads were also supervisors and mentors and so the response from this more robust survey have been reported instead. The supervisors' responses have been reviewed, however, to ensure that they indicate the same overall trends as the Leads.
12. It was initially intended that follow-up qualitative work with the Fellows and Programme Leads would be conducted. However, due to the number and detailed responses to the open-ended questions in the surveys this has been postponed to allow for the full analysis of these comments to be undertaken.

1.3 Notes on interpreting data

13. Where appropriate, and for illustrative purposes, 'verbatim' comments have been included to support the data; these are a sample of all comments received and are anonymised. In addition these comments have been thematically coded and where appropriate the number of comments related to each theme is shown (n=x). However due to the overlapping nature of these comments, and that not all respondents provided open comments, these numbers are indicative only.

2 Setting up and administering the Programmes

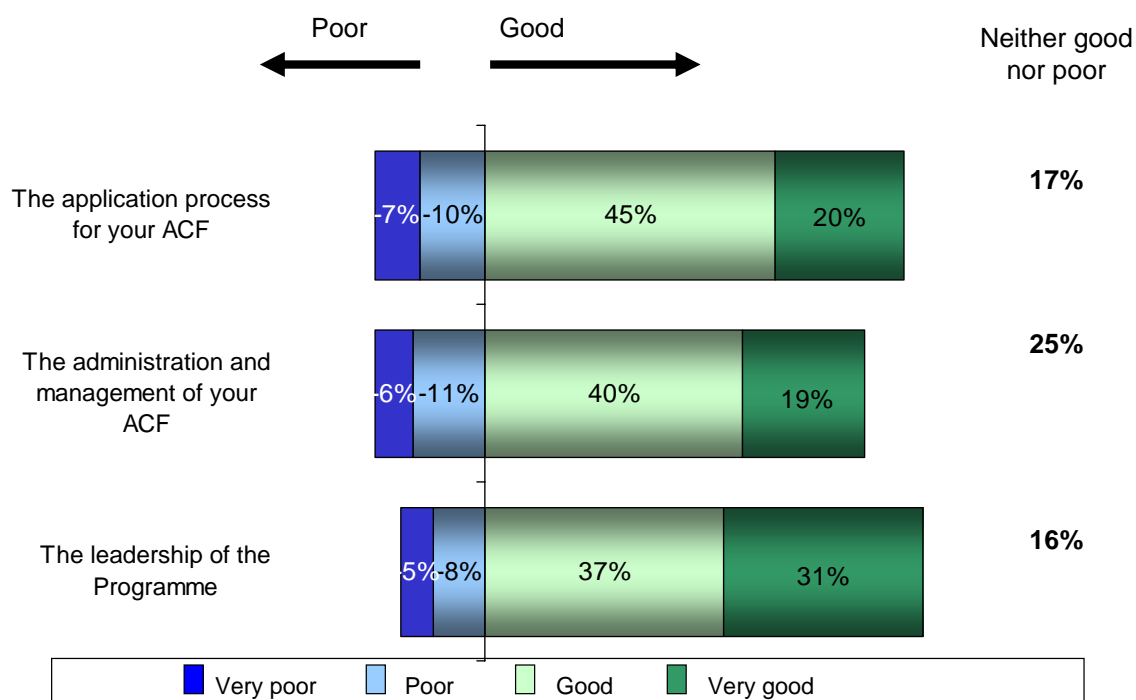
2.1 Introduction

14. This section describes feedback from the Fellows and Programme Leads about the administration of the Programmes, specifically:
- The Fellows' views on the application, administration and leadership of their Programme
 - Programme Leads' views on the set-up, administration and recruitment of the Programme, and collaboration between the between the NHS Trust, Deanery and Higher Education Institute

2.2 Fellows' views on the administration of their Programme

15. The majority of Fellows rated the administration of their ACF programme as good/very good (see Figure 1 below), with the leadership of the Programme being rated highest (69% rating this as good or very good).

Figure 1: The Administration of their Programme



Base: All Fellows (n=108)

Q. Overall how would you rate the...?

Not shown: Don't know, Not applicable

16. Over half of the Fellows (n=66/108) provided a range of qualitative comments around the administration of the scheme. Many of these comments were positive, articulating that they were happy with the application process, administration and local leadership. It was also recognised that as a new scheme it was not surprising if there were some initial teething troubles.

17. However, a number of specific issues were raised by the Fellows as listed below:

Application Process

- Problems with Medical Training Application Service (MTAS)/Modernising Medical Careers (MMC)
- Badly organised/last minute interviews

Administration

- Lack of clarity or structure around the Programmes. Including confusion around how the training and protected research time would be handled by the Programme.
- Poor awareness/understanding amongst the Deanery, clinicians and academics of what a Academic Clinical Fellowship is
- Lack of time for research/research training
- Confusion over financial issues

Leadership

- Lack of leadership or unclear roles at the Programme
- Lack of careers guidance
- Poor National leadership

Box 1: Fellows' comments on administration of the Programmes

Applications (positive comments n=16, negative comments n=12)

'Interviews poorly arranged (they didn't seem to know I was being interviewed for an ACF!). Insufficient specific guidance on application for ACF via MTAS.'

'The application process was fine (I have one of the final NTN numbers, and applied just prior to the MTAS process). The interview was fair and well-structured and, indeed, assessment over a variety of tasks is a good idea.'

'I applied before MMC and the process was transparent and simple.'

Administration (positive comments n=20, negative comments n=38)

'Very little was defined prior to starting the programme. It wasn't clear how long the job was for. Salaries were only paid after fighting our case with the Deanery and the NHS trust. Fortunately the colleagues of mine at the academic centre at which I am employed are very approachable and helpful, however it seems that little effort has been made to dovetail the ACF programme with local hospitals. Seniors at the local hospitals were clueless as to what the ACF programme entailed (not for any fault of their own but because nothing had been done to explain exactly what it involved).'

'As a group we don't feel like we have had much guidance, no-one seems to know what we should be doing now, next month, next year, after the ACF, how we will be paid or any of the details of training or assessment. We have had numerous stumbling blocks and fights along the way.'

'I joined at a time when ACF programmes were completely new and no one had much idea of what it involved. Given the relative inexperience of the staff involved in the programme, I would say that my experience has overall been good: however there are many areas to be improved.'

'Well-organised, very structured and both clinical and academic leads available for support.'

Leadership (positive comments n=21, negative comments n=11)

'Locally the management and the administration are helpful and supportive.'

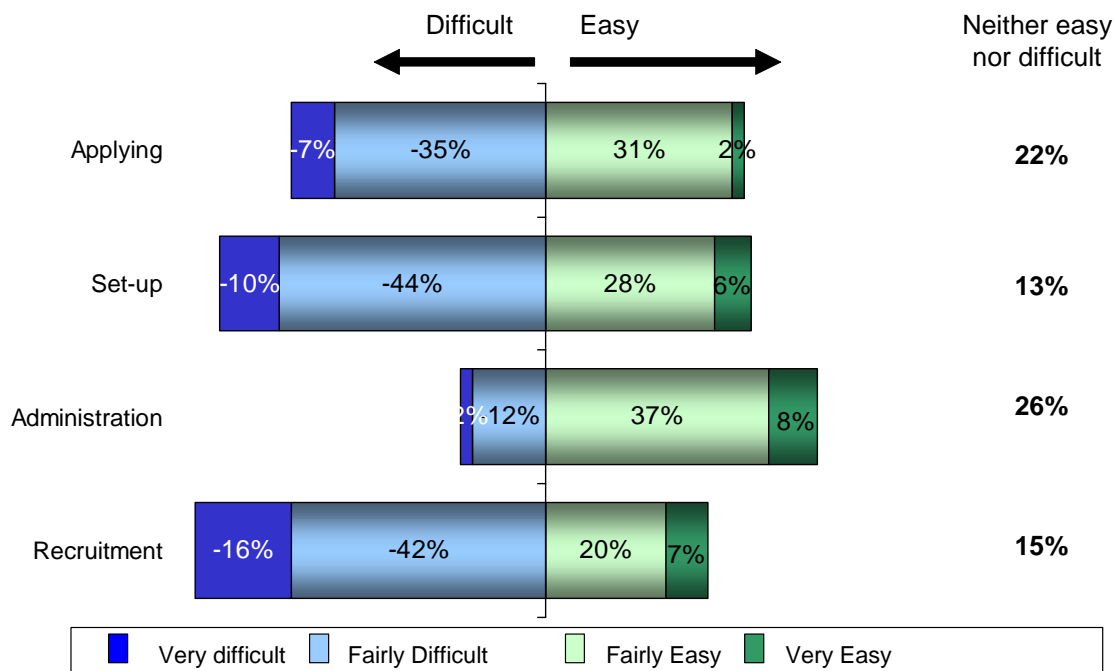
'I don't know who the 'leader' is. I've a very good academic supervisor but he and I seem to be pushed and pulled by an assortment of others.'

'The leadership afforded has been of a very high standard, with a lot of support from the programme leader to get the ACF's on the local and national map.'

2.3 Programme Leads' feedback on application, set-up, administration and recruitment

18. Programme Leads were less positive than the Fellows with high proportions saying they found the application, set-up and administration of the Programme and recruitment of the Fellows difficult (see Figure 2 below). Once the Programmes were in place the administration seemed less problematic, with just 15% saying it was difficult.

Figure 2: Ease of set-up and implementation



Base: All Programme Leads involved in activity (n=86-103)

Q. How easy or difficult would you rate?

Not shown: Don't know, Not applicable

19. The Programme Leads were asked to provide comments around each area to explain the ratings they had given. The main themes emerging around each area are outlined below¹:

Application issues

- The process was reasonable/appropriate
- Lack of clarity and guidance about the Programmes' requirements, strategic objectives and success criteria
- The challenge of organising multiple stakeholders with diverse needs
- The importance of co-ordinating the funding application
- Difficulties around finding matched funding

Set-up issues

- Difficulties around integrating the Programmes into the NHS: balancing clinical and academic requirements and time, fitting into existing clinical rotas and filling posts/providing cover
- Lack of awareness and lack of understanding of the scheme and what the posts entailed
- The importance and difficulties around working in partnership

¹ Further comments and details of numbers of comments per theme can be found in Appendix B.

- Difficulties in finding funding for posts and confusion around funding arrangements and contracts

Administration

- The programme was running smoothly and they were receiving good support from colleagues
- Existing training/training infrastructure had proved useful
- Challenges in balancing protected research time and clinical service requirements including arranging clinical placements
- It was too early to say yet

Box 2: Programme Leads' comments on application, set-up and administration

Application process (n=76)

'Interpretation of the implementation of the programme was different across the UK, and this made process of writing the application fairly difficult. What level of trainee was is aimed at and how was it going to fit in the existing training. It was also difficult to easily establish whether these posts were supernumerary if not whether we could gain them as addition posts'

'Forms were OK and helped by a workshop held to explain the process in London.'

'The application process was well coordinated centrally within the School, Deanery and Trust and we had sufficient guidance as to what was expected.'

'It was also difficult to dovetail each specialty's ideas or needs with more generic training.'

'The main difficulty relates to funding - given the constraints on funding available, it is difficult to raise the 75% needed for fellows and 50% for lecturers. Hospital trust finances are so stretched that it is difficult to get any help from them.'

Set-up Issues (n=88)

'NHS stakeholders have varying degrees of engagement. Some may perceive a conflict between academic and 'service' commitments.'

'There has been little flexibility from the Trust and the ACF programme has resulted in much difficulty for the department - we find it hard to get back fill locums in micro and viro. My clinical colleagues have found the programme difficult to accommodate mainly because locum cover has been difficult to find.'

'Main issues related to all surgical staff (consultants and surgeons-in-training) being made fully aware that the ACF was not a 'service post'.'

'Our Deanery was very enthusiastic & supportive, while the local vocational training scheme organisers have found the integration of ACFs more challenging.'

'Understanding the rules and processes as the ground rules changed over time was the worst. The worthwhile end point was the best bit.'

Administration (n=73)

'After initial problems of setting up these posts, the programme is now up and running well.'

'Good relationships between Academics, Clinicians and Training supervisors have made this work smoothly so far.'

'We already had a strong infrastructure for academic training, a research team that is accustomed to supporting, training and mentoring new-experience researchers, and working relationship with our Deanery and local NHS partner.'

'Academic timetable has been more challenging - ensuring ACF 'protected time ' vs the busy NHS service issues.'

2.4 Recruitment

20. As outlined above, Programme Leads found recruitment of the ACFs to be the most difficult aspect of running the Programmes, with 58% rating this as being either very or fairly difficult.

21. Sixty seven Programme Leads provided comments around recruitment. The main issues raised were:

- Problems caused by MTAS/MMC
- Poor quality candidates
- Poor advertising of the scheme
- Lack of certainty/understanding of the ACFs
- Lack of support or organisation by the Deanery
- Could have appointed more posts

Box 3: Programme Leads' comments on the recruitment of Fellows

Problems caused by MTAS/MMC (n=13)

'Modernising Medical Careers was a nightmare - but I guess you know that already.'

'The link to MTAS was an unmitigated disaster.'

Issues around the candidates (n=11)

'Many applicants were not really interested in research and were ill-suited to the programme seeking in reality to obtain a training number only.'

'The 2008 entry recruitment has been most difficult and there is an impression that the overall standard of applicant was not as high.'

Poor advertising of the scheme (n=8)

'The 2008 advertising for the ACFs was very poor which led to an initial response that was inadequate and no one was appointed at the first interview. There were many other admin problems in Deanery including failure to put the job description on the web site etc.'

'Chaotic recruitment during 2007 due to MTAS. Most trainees were unaware of academic posts and unwilling to apply in the scramble for ST positions. This has only marginally improved subsequently, and there remains poor awareness of the academic track. Most trainees do not read full page advertisements in the BMJ and Lancet, and now rely on deanery websites.'

Lack of certainty/understanding (=6)

'Varying entry requirements across 2006 and 2007 cohorts coupled with MMC chaos has led to significant programme instability and a problem in marketing the programme to trainees who feel the goalposts are always being moved centrally. Difficult to establish a stable 'identity' and market it. Not the fault of NIHR, but a period of stability for 3-4 years is now essential.'

Lack of support or organisation by the Deanery (n=6)

'The Deanery don't really have a distinct mechanism or always understand the nature of the programme.'

Excellent applicants/could have appointed far more (n=6)

'We have had excellent candidates both in 2007 and 2008 for our ACF posts and were frankly spoilt for choice. I wish I could have taken more!'

22. Programme Leads involved in recruitment in 2006 and 2007 had been able to fill 81% of the places available on the programme. Reasons given for not being able to fill the places were similar to the issues raised more generally over recruiting candidates to the scheme.

Table 2: Whether able to fill all places available (in numbers and percent)

Whether places filled	2006		2007	
	No.	%	No.	%
Yes	42	81	65	81
No	10	19	15	19
<i>Base: All involved in recruitment and recruiting in that year (2006 n=52, 2007 n=80)</i>				
<i>Q Have you managed to fill all the places that were available for the Programme(s)?</i>				

23. Just seven percent (n=6) of Programme Leads involved in recruitment had had experience of a Fellow dropping out of their Programme, with one seeing two Fellows drop out. The reasons for them dropping out are listed below:

- Personal reasons (n=3)
- Moved to a job in a related area (n=3)
- Changed ACF specialities (n=1)

24. All Programme Leads were asked to rate the quality of both the applicants and the appointed Fellows. Sixty four percent (n=76/118) felt that the applicants were good or very good. Nearly nine out of ten (86%, n=102/118) felt the appointed Fellows were good/very good, with approaching six in ten (57%, n=67/118) rating them as very good.

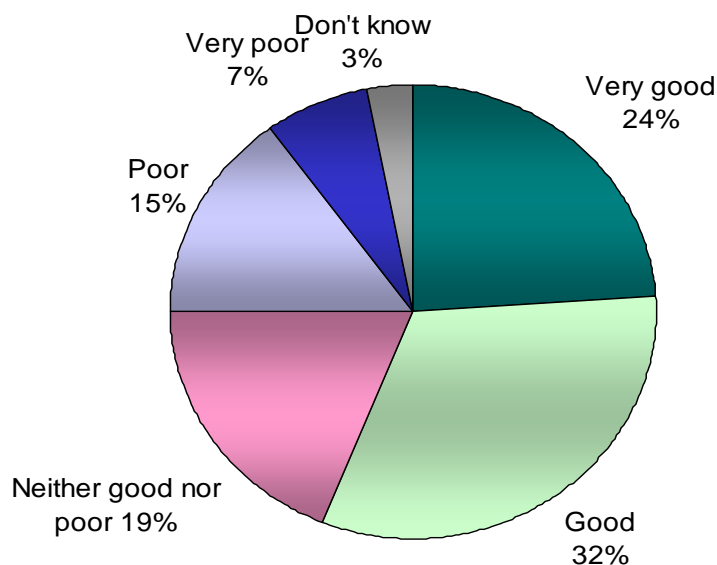
2.5 Collaboration between hosting partners

25. The collaboration between the NHS Trust, Deanery and Higher Education Institute were rated as good or very good by over half of the Programme Leads (56%), while around a fifth (22%) rated it as poor or very poor. (See Figure 3).

26. Nearly all Programme Leads provided comments around how the collaboration was working (n=89/118). The main issues raised were:

- Positive comments that the collaborations were working well or excellently and various partners were working well together
- Negative comments centred around a lack of clarity over the Programme, particularly in relation to financial issues and its implementation and where particular partners had been difficult to work with

Figure 3: Collaboration between NHS Trust, Deanery and Higher Education Institute



Base: All Programme Leads (n=118)

Q. Overall how would you rate the collaboration between the NHS Trust, Deanery and Higher Education Institute?

Box 4: Programme Leads' comments on collaborations

Excellent collaboration/Working well (n=48)

'Slightly tricky at first but now excellent. There are three training programmes - and three training programme directors, who are very different in their degree of flexibility, but overall, it seems to be working well.'

'Real synergy, shared aims and ambitions for the programme. A collective recognition that the decline in academic medicine needed to be reversed.'

'Willingness to try to make this work despite many practical challenges'

'The Deanery coordinator has done an outstanding job in promoting the scheme in all disciplines not least xxx and ensured candidates selected fulfil NHS criteria for appointment.'

Issues raised (n=31)

'The Deanery are too based on clinical matters; not academic issues.'

'While the Deanery understands the importance of these posts, as does the University, the main stumbling block has been the hospital trusts.'

'Total confusion reigned - and still does with regard to the salary. The Deanery have been particularly unhelpful.'

'Trainees have had problems with their pay the xxx Deanery communication has been extremely poor despite attempts by xx to communicate with them neither trusts / Deanery or college have a comprehensive understanding of these posts there is a lot of confusion out there and the process has to be driven by very persistent, tenacious programme leaders.'

3 Supervision, mentorship and support

3.1 Introduction

27. This section gives details and levels of satisfaction with the supervision, mentorship and support received by the Fellows, both from the perspective of the Fellows themselves and from Programme Leads who were acting as their supervisors.

3.2 Fellows' perspective

28. Nearly all Fellows said they had an assigned supervisor or academic contact, with majority (62%) having two supervisors – one covering clinical and one research aspects of their role. In some cases, where Fellows were working in blocks of research or clinical work, they only had one supervisor (clinical or academic) as appropriate to the focus of their current work.

29. The frequency of how often they met with their supervisor varied across supervision type (see Tables 3-4).

Table 3: Type of supervision

Type of supervision	No.	%
Two different supervisors – one for clinical and one for research	67	62%
Just a research supervisor/mentor	16	15%
One supervisor who covers both clinical and research	12	11%
Just a clinical supervisor/mentor	9	8%
No, I don't have an assigned supervisor/mentor	3	3%
Don't know	1	1%

Base: All Fellows (n=108)
Q 'Do you have an assigned supervisor or designated academic contact?'

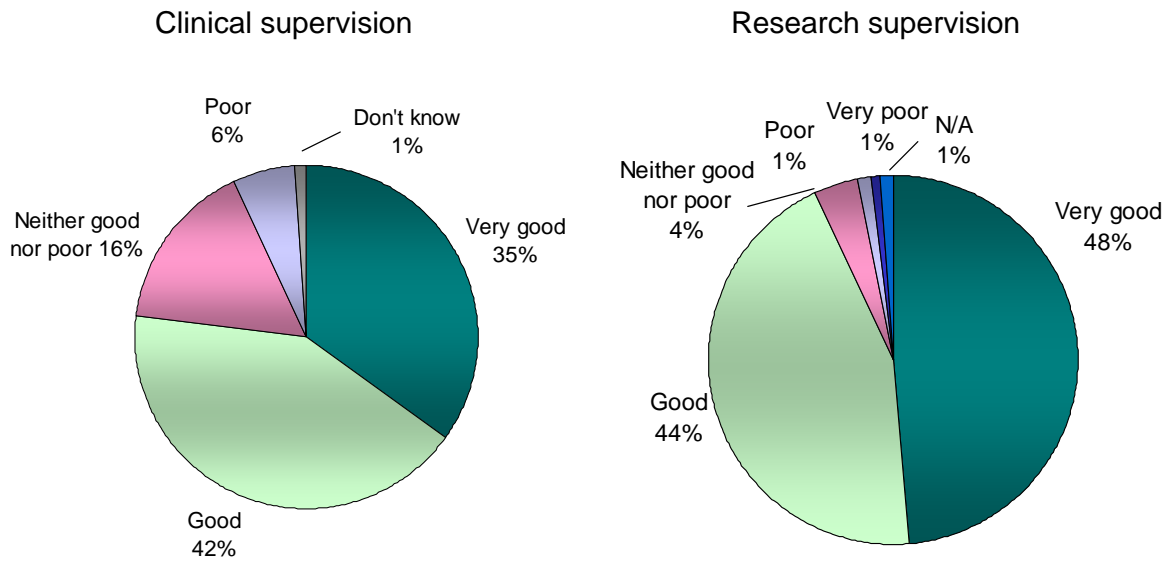
Table 4a: Frequency of seeing supervisor by type of supervision

	Clinical Supervision		Research Supervision		Joint Clinical and Research Supervision	
	No.	%	No.	%	No.	%
Once a week or more often	14	18	19	23	6	50
Twice a month	6	8	21	25	2	17
Once a month	12	16	16	19	1	8
Once every couple of months	34	45	18	22	3	25
Less than once every couple of months	10	13	9	11	0	0
Total	76	100	83	100	12	100

Base: All Fellows with an assigned supervisor or designated academic contact (n=104)
Q Which of the following best describes how often you meet with your supervisor(s)/ mentor(s)?

30. The quality of the supervision received was rated highly, particularly the research supervision where 93% of Fellows rated this as good or very good (see Figure 4).

Figure 4: Quality of supervision



Base: All Fellows receiving supervision (clinical supervision n=88, research supervision n=95)
Q. Overall how would you rate the clinical/research supervision you have received

Table 4b: Frequency of clinical supervision by rating given (shown in numbers)

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know	NA	Total
Once a week or more often	9	8	2	1				20
Twice a month	3	5						8
Once a month	7	3	2	1				13
Once every couple of months	11	19	7					37
Less than once every couple of months	1	2	3	3		1		10
Total	31	37	14	5	0	1		88

Table 4c: Frequency of research supervision by rating given (shown in numbers)

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know	NA	Total
Once a week or more often	19	6						25
Twice a month	14	9						23
Once a month	5	10	1				1	17
Once every couple of months	7	13	1					21
Less than once every couple of months	1	4	2	1	1			9
Total	46	42	4	1	1		1	95

A number of issues were raised about supervision, with the main themes arising:

- Lack of understanding or support by clinical supervisor for the ACF role (n=4)
- Lack of time (either theirs or their supervisors) for adequate supervision (n=4)
- Poor organisation/assignment of supervision (n=3)
- Poor supervision (n=3)
- Lack of guidance (n=3)

Box 5: Fellows' comments on supervision

Positive comments on supervision (n=30)

'Fantastic cross disciplinary and profession supervision'

'My supervisor has been incredibly supportive, taking my career personally and thinking of how I can do well, not just in research and clinically but what will help me to evolve as an academic.'

'Excellent supervision leading to the collection of good quality pilot data, skills necessary to start a PhD and successful grant application.'

Issues raised around supervision (n=17)

'My clinical supervisor thinks all things academic are a waste of time and spends all his time telling me to leave the ACF. My research mentor lost interest when he realised I wasn't interested in his particular very narrow area (even though I discussed this before I even applied) and offers me no support.'

'It can be difficult to get time from my academic supervisor who sometimes struggles to adequately supervise myself and other members of the lab due to busy clinical commitments. At times I have felt like I drifted along on my own due to a lack of supervision.'

3.3 Programme Leads' perspectives

31. Sixty two percent of Programme Leads (n=73/118) said that they had acted as a supervisor or mentor for an ACF to-date.

Support in taking on supervision role

32. The majority of Programme Leads who gave details said that they did not receive any support in conducting their supervision/mentorship (n=41/59), however some of emphasised that they did not need any support (n=6).

33. Those who had had some form of support mentioned support from the departmental head, departmental support, support from the Deanery or NHS (n=10). Some had received support from a training committee (n=2) and some had either been on specific training or previous training (n=9).

Institutional support made available to the Fellows

34. Programme Leads were also asked what institutional support was made available to Fellows (n=85/118) responded. The main support mentioned is outlined below:

- Access to university resources, such as library and electronic journals and IT facilities and support
- A supervisor for research projects and/or academic mentorship or mentor scheme set up within the university
- Access provided to training programmes within the University
- Provision of funding by the university for consumables or conference attendance
- Running seminar, tutorial or lecture programmes for the Fellows

4 Research experience and training

4.1 Introduction

35. This section gives details of the Fellows' research experience and training to-date, specifically:

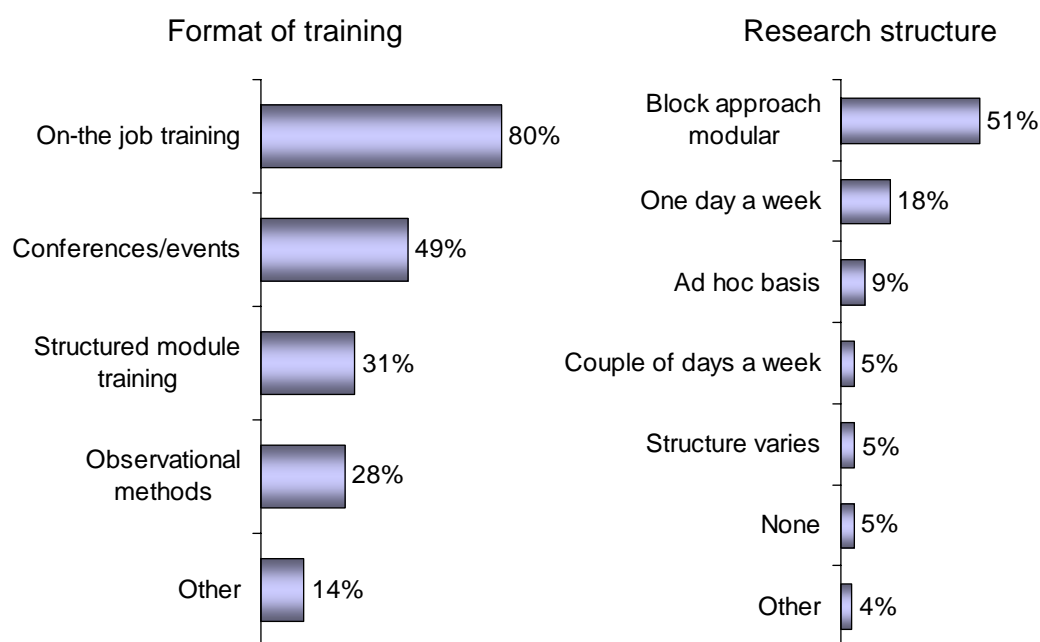
- Details of the format and structure of their training, competencies gained and training received
- Involvement in teaching and the impact of this on their training and protected research time
- The amount of protected time for research
- Fellows' and Programme Leads' views on the quality of the research experience

4.2 Training received

36. The most commonly received type of research training was 'on-the job training' described by 80% of Fellows (see Figure 5). Around half of Fellows had also been to conferences/events as a means of research training (49%). Of those who had received structured module training, around two-fifths (n=13/34) said that the module(s) counted towards credits that could lead to a Masters.

37. Around half of the Fellows (51%) have their research time in a block, while approaching one in five (18%) have it structured as one day a week.

Figure 5: Research training format and structure



Base: All Fellows (n=108)

Q. What format has this training taken so far?

Q How has the research component of the ACF Programme been structured?

38. The Fellows had undertaken a range of training and gained a variety of competencies as part of their fellowship, as outlined in Tables 5 and 6 below.

Table 5: Research training received

Training	No.	%
Researching your particular specialist area	68	63%
Presentation and communication skills	60	56%
Laboratory training	56	52%
Clinical research design and methods	54	50%
Statistics and/or interpreting data	48	44%
Research design	47	44%
Research ethics	45	42%
Good Clinical Practice (GCP) in trials	31	29%
Research governance and the regulatory framework for research	28	26%
Legislation, regulations and good practice in clinical research	25	23%
Education theory and practice	22	20%
Clinical trial management	18	17%
Patient and public involvement in research	17	16%
Writing funding applications	3	3%
Drug development	1	1%
Other (please specify)	6	6%
None or not started yet	4	4%
<i>Base: All Fellows (n=108)</i>		
<i>Q What sort of research training/experience have you received so far?</i>		

Table 6: Research competencies gained

Competencies	No.	%
Developed a research proposal	61	56%
Taught or mentored students	47	44%
Designed an observational and/or experimental research project	42	39%
Delivered an educational lecture or seminar	42	39%
Presented work at a UK research conference or meeting	37	34%
Published a peer-reviewed article	34	31%
Received research funding	26	24%
Presented work at an international research conference or meeting	22	20%
Carried out data interpretation and statistical analysis	55	15%
Been awarded a prize	12	11%
Other	8	7%
None of the these	16	15%
<i>Base: All Fellows (n=108)</i>		
<i>Q Have you gained any of the following competencies as a result of participating in the Academic Clinical Fellowship?</i>		

4.3 Teaching

39. Just over two-thirds of Fellows (68%) said that they had undertaken some teaching during their time as a Fellow. Under a third said that this teaching had impacted on their clinical training or protected research time (30% and 29% respectively), with 23% and 27% respectively saying it had impacted 'to some extent' (see Table 7).

Table 7: Impact of teaching

Level of impact	Protected research time		Clinical training	
	No.	%	No.	%
To a great extent	2	3 %	4	5 %
To some extent	20	27 %	17	23 %
Not at all	48	66 %	51	70 %
Don't know	3	4 %	1	1 %
<i>Base: All Fellows who teach (n=73)</i>				
<i>Q To what extent, if at all, has this teaching impacted on...</i>				

4.4 Amount of protected research time

40. Overall around two thirds of Fellows (65%) reported that at least 25% of their time was dedicated to research since they had become a Fellow (see Table 8).
41. However, one in eight Fellows (13%) indicated that to-date they had spent less than 5% of their time on research. Amongst those who provided comments explaining this (n=12/14), 11 of these will be undertaking the research component of their Fellow in a block and have not started this yet and one said they had not been allowed off clinical duties.

Table 8: Proportion of time dedicated to research

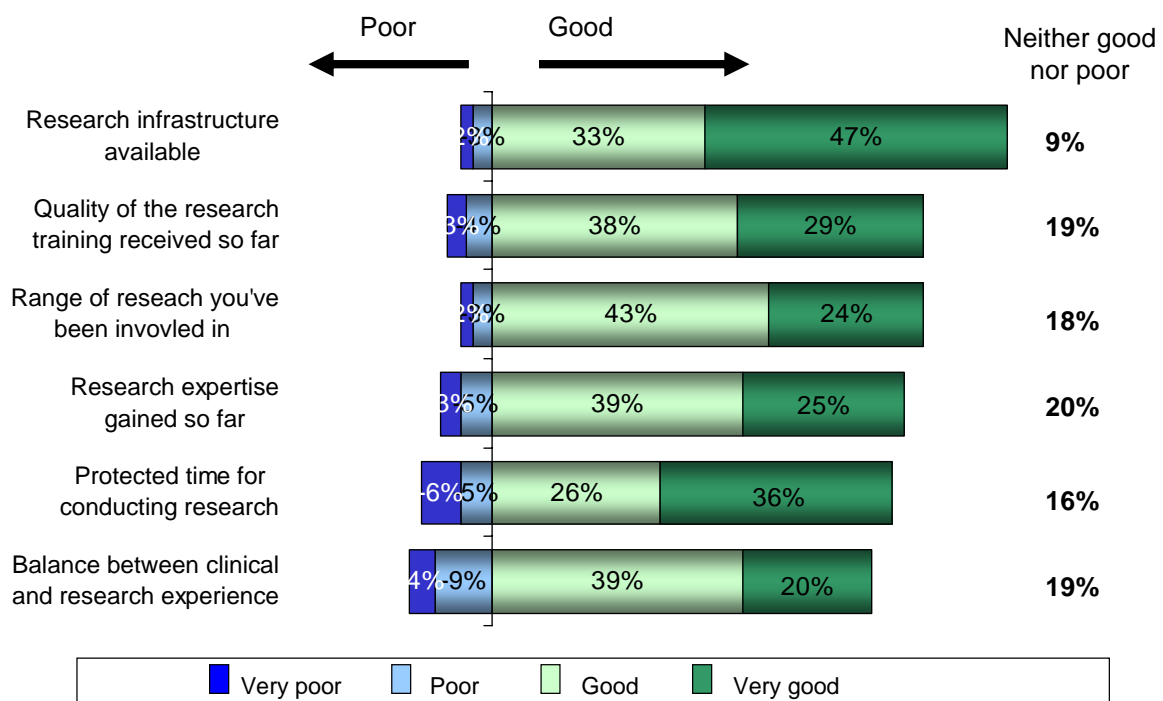
Proportion of time	No.	%
Less than 5%	14	13%
Around 5%	4	4%
Around 10%	6	6%
Around 15%	4	4%
Around 20%	9	8%
Around 25%	40	37%
Around 30%	11	10%
Around 40%	8	7%
More than 40%	11	10%
Don't know	1	1%
<i>Base: All Fellows (n=108)</i>		
<i>Q Since becoming an ACF what proportion of your time has been dedicated to research?</i>		

4.5 Rating of the research experience

Fellows' perspectives

42. Fellows were asked to rate various aspects of their research experience to-date. All aspects were rated positively with each aspect rated as good or very good by 59% or more (see Figure 6). The research infrastructure available was rated particularly positively, with 81% rating this as good.

Figure 6: The research training and expertise



Base: All Fellows (n=108)

Q. Overall how would you rate the...?

Not shown: Don't know, Not applicable

43. Around half of Fellows (n=54/108) provided comments explaining the rating they had given. A number of positive comments were made either generally about their satisfaction with the research/training they were receiving and/or that having a block of research had worked well in protecting their research time.

44. More negative comments provided by small numbers of Fellows around the research experience (n=11) were around:

- Clinical duties impacting on their research time and their academic time was not well protected
- Concerns around the impact of the research on their clinical training or the lack of clinical training they had received

Box 6: Fellows' comments on the research experience

Positive comments on research experience (n=16)

'My time has been spent in a very supportive and helpful environment doing good quality work with good supervision. I have had the opportunity to be part of a larger project and subsequently in presenting the work and submitting it for publication'

'I believe that the local support and opportunities to immerse myself in the kind of research I find exciting, all the while maintaining a solid foothold in clinical exposure and training have been great.'

'I have had regular access to my research supervisor and been involved in writing case reports, posters and a book chapter as well as attended teaching and statistics courses alongside my clinical training. Having a dedicated block of 9 months research time has made it considerably easier to do my ethics submission and background lab training, that would otherwise have been difficult to coordinate around my clinical commitments.'

Negative comments on research experience (n=11)

'I have not been allowed off clinical duties at all. When I have asked I have just had hurdles put in my way. No one cares what my academic interests are. I think the only reason that applied to host the ACF was so that they could get the extra time to make me do more clinical time.'

'It is really difficult to undertake research tasks with a pile of time-sensitive case-notes for action sitting next to one's computer'

'I was put with a researcher who clearly resented me being there; I had no training and have gained no expertise. Although I am given time, there is no realistic advice/infrastructure/support to achieve anything in research work.'

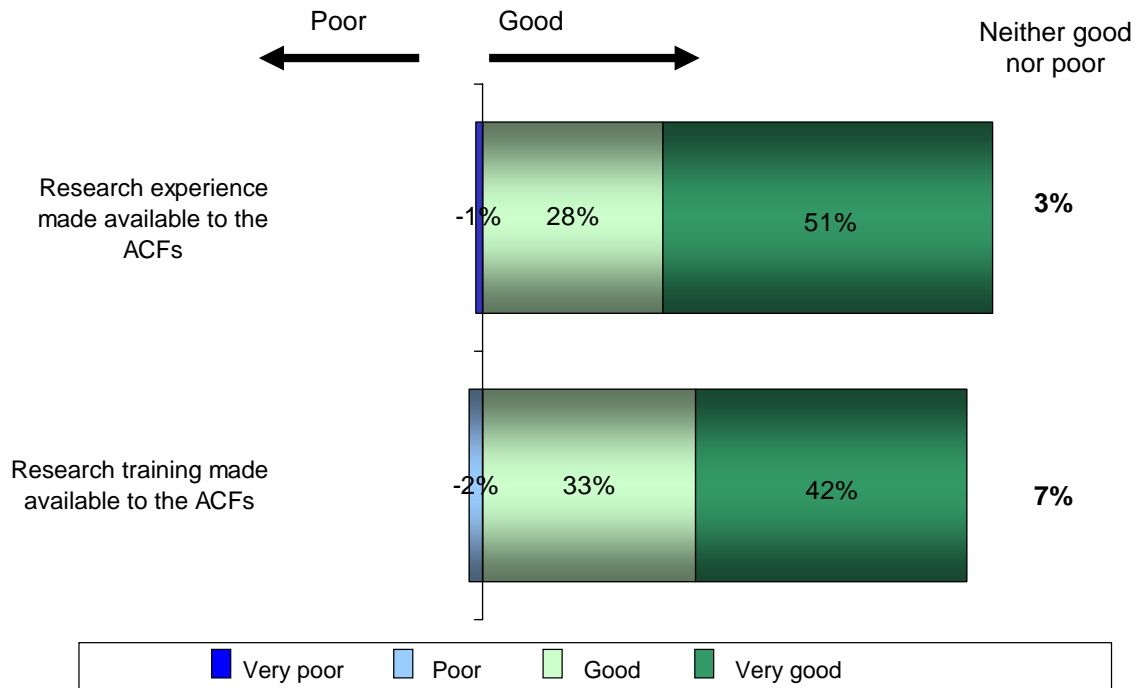
'Largely the research experience has been good but often it has been at the expense of considerable loss of clinical experience.'

'No thought given to clinical training and left to own level of expertise as was experienced coming into job'

Programme Leads' perspectives

45. Programme Leads rated the quality of the research experience and training made available to the Fellows highly (see Figure 7).

Figure 7: Quality of research training and experience



Base: All Programme Leads (n=118)
 Q. Overall how would you rate the...?
 Not shown: Don't know, Not applicable

46. Programme Leads were also asked to what extent the Fellows' research time had been protected. Over three quarters 78% (n=92/118) thought it was protected to a great extent, while 13% (n=15) thought it was protected to some extent. Just three percent (n=4) said it wasn't protected at all.

5 Fellows' background and career aspirations

5.1 Introduction

47. This section outlines the Fellows' background and aspirations, specifically:

- Motivations for undertaking their Fellowship
- Qualifications and previous experience
- Career aspirations

5.2 Motivations for undertaking an ACF

48. The main reasons the Fellows gave for deciding to apply for an ACF were:

- The desire to pursue a career in clinical academic medicine (56%, n=61)
- Interest in the speciality area they have chosen (20%, n=22)
- Having designated time to do research (12%, n=13)

49. The main reason for applying to the specific Programme were:

- The reputation of the centre (26%, n=28)
- The areas of research expertise at the Programme (25%, n=27)
- They were already based at the centre (17%, n=18)
- Geographical location of the centre (16%, n=17)

5.3 Qualifications and previous experience

50. Fellows had a range of qualifications prior to their award, with two-thirds (67%) holding a BSc or BA; nearly all of these held a 1st or 2.1 degree class (44% and 49% respectively). See Tables 9-11 for further details.

Table 9: Qualification details

Qualification	No.	%
BSc/BA, please specify class awarded	72	67%
Masters	13	12%
Diploma	8	7%
PhD	5	5%
MBPhD	4	4%
Other, please specify	36	33%
<i>Base: All Fellows (n=108)</i>		

Table 10: Degree class

BSc/BA degree class	No.	%
1 st	32	44%
2:1	35	49%
2:2	2	3%
Did not say	3	4%
<i>Base: All Fellows with a BSc/BA degree (n=72)</i>		

Table 11: 'other qualification' details

'Other' qualification details	No.
MB	5
MBBS	7
MBchB	3
MD	4
MFDS	2
Mphil	1
MRCP	11
MRCS	3
TOTAL	36

51. Fellows had a range of research competencies prior to starting their ACF (see Table 12), with nearly three quarters having taught or mentored students (73%), two-thirds (66%) having published a peer-reviewed article and two-thirds (66%) having carried out data interpretation and statistical analysis.
52. Fellows had published in a wide range of different journals prior to taking up their fellowship, including the BMJ (n=6), British Journal of Dermatology (n=2), Journal of Clinical Microbiology (n=2) and the Journal of Physiology (n=2).

Table 12: Competencies prior to starting the Fellowship

Competencies	No.	%
Taught or mentored students	79	73%
Published a peer-reviewed article (please specify which journal(s))	71	66%
Carried out data interpretation and statistical analysis	71	66%
Delivered an educational lecture or seminar	64	59%
Been awarded a prize (please specify)	55	51%
Presented work at a UK research conference or meeting	51	47%
Designed an observational or/and experimental research project	50	46%
Developed a research proposal	42	39%
Presented work at an international research conference or meeting	41	38%
Received research funding (other than the ACF award)	26	24%
None of the these	4	4%
<i>Base: All Fellows (n=108)</i>		
<i>Q Prior to becoming an ACF had you done any of the following?</i>		

53. When asked which of their previous experience or qualifications had been most useful to them during their ACF, out of those responding approaching three fifths (n=42/73) mentioned previous research experience and or knowledge of research design and methods.

5.4 Career aspirations

54. Over four in five Fellows (81%, n=87) plan to apply for a training fellowship once they have completed their Fellowship; the majority intend to seek funding from organisations such as the Medical Research Council, Wellcome Trust or National Institutes of Health or from their university. Seven had already received funding to undertake their fellowship.
55. Six percent (n=7) planned to go back to work in medicine saying that they were either already doing a PhD or that they just preferred clinical work. Ten percent (n=11) were unsure what they would do next.

6 Added value and drawbacks of the ACF Programme

6.1 Introduction

56. This section presents Fellows and Programme Leads overall assessment of the ACF Programme(s), specifically:

- Fellows' views on the main benefits and issues associated with their ACF Programme
- Programme Leads' views on the benefits/added value and the main drawbacks of the ACF Programmes

6.2 Fellows' perspective

Main benefits

57. Nearly all Fellows (n=102/108) described the main benefits of participating in an ACF Programme, with the most frequently mentioned benefits including:

- Protected research time
- Developing their research skills and interests
- Developing funding applications
- Forming contacts/networks
- Structured supported approach to research
- Opportunity to start or explore an academic clinical career

Box 7: Fellows' comments on the benefits of participation in the ACF programme

Protected research time (n=40)

'Protected research time to research an area I am growing to love more and more. Opportunities to attend and present at meetings and meet peers and people I'd like to be one day'

'The protected research time. It allowed me to gain valuable lab experience and to collect preliminary data.'

'Dedicated time to think, go to modules of teaching programme, meet people, read.'

'Having the opportunity for some dedicated research time aside from standard clinical commitments has been a unique benefit and given me encouragement to continue to pursue a career in academic medicine.'

Developing research skills and interests (n=32)

'Being able to plan my own research project, develop the skill required to 'hit the ground running' now that I have funding for PhD.'

'It has provided me with dedicated time to learn about my area of interest, to be part of good quality research and to experience getting this work published'

'Good opportunity to learn research techniques and develop greater understanding of experimental methodology and design.'

Developing funding applications (n=15)

'Substantial support from local senior staff within the centre on research development and assistance in writing external funding proposals.'

'Time to spend actually writing the application for PhD funding - I really don't think I could have done it otherwise.'

'Dedicated time to deepen background scientific knowledge, develop specific project ideas and prepare to apply for a Research Training Fellowship. Would be very difficult to work on preliminary data, ethics proposals etc without it. Crucial other resource is access to University library/online facilities, without background reading would be almost impossible'

Forming contacts/networks (n=13)

'It has been great to have the opportunity to meet and work with the local academic community (both medical and basic science) on a research area I am very excited about.'

'Useful to be under 'umbrella' of academic medicine in terms of contacts, immersion in the field and development of opportunities.'

Structured supported approach to research (n=11)

'Close and individualised supervision by a leading academic physician in my field'

'Being supervised, motivated to learn and accomplish more'

'Structured, supported approach to research training. Inspiration and encouragement.'

Opportunity to start or explore an academic clinical career (n=10)

'I believe that the ACF scheme is offering me an opportunity to pursue work and a career in what I have always wanted: exciting research with a direct effect on human lives.'

'Good start for a further career in academia'

Areas of improvements

58. The majority of Fellows (n=93/108) described improvements that could be made to the ACF Programme. The most frequent improvements suggested were themed around:

- **Training, competencies and career guidance**
 - More structured teaching of core research competencies/skills
 - Clearer career guidance
 - Clearer goals and competencies for Fellows
 - Better mentorship and supervision
- **The structure of the Programmes**
 - Greater clarity on the structure of the programmes and the ACF role
 - More organised formal structure for the programmes
 - Greater standardisation and quality control across the Programmes
 - A dedicated induction for Fellows
- **Greater awareness, communication and networking**
 - Peer mentorship/links with other Fellows
 - Increase awareness/understanding
 - Better integration with Royal Colleges
- **Research/clinical balance**
 - Clarity of the fit with clinical work/greater flexibility
 - Need more protected time
 - Want block research time
- **Research funding**
 - More funding to research/consumables
 - Clarity over funding

Box 8: Fellows' comments on the improvements which could be made to the ACF programme

Training, competencies and career guidance (n=36)

'Much of the success of the programme depends on the individual supervisors. This is unavoidable, and I was just unfortunate to end up with someone who was not really interested. The programme itself is not to blame. It may help, however, to have some structured training in generic research skills to provide back-up.'

'Structured support for learning research techniques and supporting us in acquiring research experience- taking the mystique and secrecy out of research work.'

'A clear set of goals identified to have achieved by the end of each year. This would help me know if I am achieving what is required.'

'Give more clarity to candidates and more security as when and what would be the possible outcomes of a candidate in ACF pathway.'

The structure of the programmes (n=20)

'More clarity on how programme is structured and role of ACFs'

'More structure at beginning - when I started no-one knew what I was supposed to be doing in the labs so I just watched whatever experiments happened to be going on that day'

'Provide more structure to those who are not in such good units.'

'There appear to be some discrepancies between how different centres organise their ACFs i.e. some centres putting on a structured programme of teaching while others don't. This should be standardised.'

Greater awareness, communication and networking (n=16)

'Peer mentorship program, would be helpful to link with other ACFs and share ideas'

'Further ACF Away Days to meet other ACFs in your region and perhaps some local research training for ACFs as an organised block of teaching.'

'Improve awareness amongst clinicians. Emphasize the need for clinical training programmes to adapt for ACFs rather than just slot them in.'

'More cooperation between ACF programmes and the Royal Colleges for further clarity on the structure of attaining ones CCT and research qualifications.'

Research/clinical balance (n=18)

'Need clinicians to be more receptive to our needs especially when it comes to hospital placement'

'Not really enough time protected to get all research work done.'

'Much more support and advice in the process of negotiating research / clinical programme with hospital trusts and research departments. Ideally ACFs should be placed in research-active clinical settings so that both aspects of training can be combined and truly integrated.'

Funding (n=10)

'Funding needs to be provided for research as well as salary.'

'There should be better funding available for things like consumables/conferences/ courses.'

6.3 Programme Leads' perspective

Main benefits/added value

59. The majority of Programme Leads described the main benefits or added value of their ACF Programme (n=109/118). The main themes emerging were:

- Trainees getting early exposure to research/an early start in academic clinical medicine
- Building future capacity in academic clinical medicine and particularly in some more speciality areas
- Having a clear career pathway for academic clinical medicine
- Attracting high quality applicants
- Raising the profile of academic clinical medicine and inspiring others to consider this area
- Having protected research time and providing time and experience to work up funding applications

Box 9: Programme Leads' comments on the main benefits of their ACF Programme

Early exposure to research (n=22)

'We get bright young applicants early in the course of their career - previously most approaches to do academic attachment were from people at the end of training when there is limited time to plan for a higher degree etc.'

'Fantastic to see junior doctors motivated towards an academic career. Clinical colleagues also say wards are benefiting from their translational approach.'

'Attracting keen young trainees to a growing and exciting xxx department. Focused the key goals of the department and the interdependence of the laboratory and clinical parts of the department.'

Future capacity/more applications (n=19)

'We have identified two SpRs who are potentially excellent researchers and who might not have had the opportunity to do research. This has been especially important for specialties such as micro and viro which have lost research critical mass.'

'Re-vitalisation of the clinical academic process. This is vital for the continued excellence of UK clinical medicine research.'

'I think it is an excellent scheme and that it will be successful in increasing the number of clinical academics in the future.'

Clear career path (n=17)

'The main benefit is that there is a clear career track for these individuals. Provides an early opportunity for those who want to pursue this career track to be able to experience it.'

'Ensure good candidates in established research programmes who have numbers and have more security in career progression than previous research fellows.'

'Early entry into academia, with a clear career pathway, where before it was very unstructured. [I am] a strong supporter of this scheme.'

Attracting high quality applicants (n=13)

'An opportunity to attract bright SpRs into the lab for training in translational research. A clear signal to other SpRs that quality and application is rewarded in terms of academic careers.'

'Has attracted some bright, academically motivated trainees to the scheme.'

Raising the profile of academic clinical medicine (n=13)

'There is increased interest in Academic Clinical Research Careers and a rise in the numbers joining the programme and reinvigorating cardiovascular research.'

'Developing research orientated and questioning radiologist, also added value of inspiring others to think about research.'

Protected research time (n=11)

'It is a great opportunity for the right person to get some dedicated research time.'

'Protected research time during junior clinical rotation.'

Having integrated research and research training (n=9)

'Benefits to ACF: integrated research & education training in busy, achieving environment. Benefits to academic Unit: too early to say, but development of integrated post graduate education programme with non-clin colleagues.'

Main drawbacks

60. Nearly all Programme leads (n=103/118) provided comments around the drawbacks to the ACF Programme(s). The main issues were.

- Difficulties in integrating the Fellowships with clinical work/training, particularly:
 - Having sufficient time to meet their clinical competencies
 - Fitting ACF training in alongside current clinical training programmes
 - Impact on service and providing backfill
- Issues around the research/research experience, specifically:
 - Achieving research competencies in the time available
 - Gaining sufficient experience to develop a funding application
 - Protecting research time
 - Challenges in ensuring a high quality research experience
- Fellowships not being fully funded and a lack of clarity over administering the funds
- Recruitment being difficult to administer and a lack of good quality applicants
- Concerns that the ACFs did not become the only route into academic clinical medicine
- Lack of security in taking the ACF route if Fellows don't achieve a PhD/Clinical Lectureship funding

Box 10: Programme Leads' comments on drawbacks of the ACF Programmes

Integration with clinical work (n=25)

'Surgical specialities have concerns re acquiring technical competencies within the 3 year time frame, given that nine months will be spent in a lab. This discourages surgical ACFs from pursuing a career in lab based research which is potentially a great loss to the future of academic surgery.'

'ACFs will complete clinical training more slowly- overall this may slow down career progression for academics- they will have to do an ACF post and then a PHD- ie- at least 3.5 years instead of 3.'

'Need to find 75% of a clinical job'

'Loss of clinical time, extra costs for the trust from on-call pay (always a big problem).'

'Arranging back fill is complex and the 'tension' filters back to the trainees who are concerned that they are upsetting senior clinical colleagues.'

'It will be difficult to achieve both clinical and academic competencies in the available time, potentially undermining clinical credibility of the trainee.'

Problems with research experience (n=16)

'Protecting research time.'

'In 3 years to achieve all the clinical competencies, masters modules, post grad clinical exams and research output (papers) and apply for a training fellowship is a big ask.'

'I don't think 25% of time dedicated to research/research training is sufficient.'

'It has been more difficult to structure the ACF timetable for those at ST1 level who need to develop core clinical competencies early on; there is then a real time pressure to develop a research portfolio that puts them in a competitive position for fellowship PhD funding.'

Funding issues (n=9)

'The major drawbacks are two both financial: 1) for the fellow - as they take a considerable financial loss by not being paid for on-call during the periods of research - this can be a burden when fixed financial commitments can increase. 2) the lack of support for consumables. Other fellowship programmes would normally be accompanied by an application for such costs.'

Recruitment issues (n=8)

'Chaos of MMC has led to significant programme instability, multiple changes of entry criteria set centrally and has completely prevented integration of the programme across multiple specialties as originally planned. Not really NIHR's fault though.'

'Less flexible recruitment so recruits are probably of poorer quality than previously - but this reflects MTAS rather than the ACF programme in itself.'

Important that ACFs don't become the only option (n=7)

'I really worry that ACFs might be seen as 'the only show in town' when it comes to young doctors getting research training, There are simply not enough ACFs around to fill the pipeline for clinical academia.'

'People don't all realise they want to be academics this early. However, provided there remain other (later) ways in, this is no reason to abandon this approach.'

Lack of security (n=6)

'Uncertainty for the ACF about continuation phase should the fellowship application be unsuccessful.'

Appendix A: Respondent demographics

Fellows

Table 1: Date started ACF	No.	%
2006	40	38%
2007	61	58%
2008	3	3%
Not started yet	2	2%
<i>Base: All Fellows answering (n=106)</i>		

Table 2: Institution based at	No.	%
Imperial College London	13	13%
Newcastle upon Tyne	12	12%
Royal Free and UCL	11	11%
Sheffield	8	8%
Nottingham	7	7%
Leeds	6	6%
Barts &The London, QMUL	5	5%
Cambridge	5	5%
Manchester	5	5%
Oxford	5	5%
Bristol	4	4%
Leicester	4	4%
Southampton	4	4%
King's College London	2	2%
St George's, London	2	2%
Warwick	2	2%
Birmingham	1	1%
Peninsula Medical School	1	1%
<i>Base: All Fellows answering (n=97)</i>		

Table 3: Programme speciality	No.	%
Paediatrics	12	12%
Public Health Medicine	9	9%
General Practice	6	6%
Endocrinology and Diabetes Mellitus	5	5%
General Psychiatry	5	5%
Gastroenterology	4	4%
Geriatric Medicine	4	4%
Infectious Diseases	4	4%
Obstetrics and Gynaecology	4	4%
Medical Microbiology and Virology	3	3%
Medical Oncology	3	3%
Neurology	3	3%
Respiratory Medicine	3	3%
Rheumatology	3	3%
Chemical Pathology	2	2%
Clinical Genetics	2	2%
Clinical Oncology	2	2%
Emergency Medicine	2	2%
General Surgery	2	2%
Otolaryngology	2	2%
Trauma and Orthopaedic Surgery	2	2%
Urology	2	2%
Allergy	1	1%
Anaesthetics	1	1%
Child and Adolescent Psychiatry	1	1%
Clinical Pharmacology and Therapeutics	1	1%
Forensic Psychiatry	1	1%
General (Internal) Medicine	1	1%
Genito-urinary Medicine	1	1%

Programme speciality (cont.)	No.	%
Haematology	1	1%
Histopathology	1	1%
Neurosurgery	1	1%
Oral and Maxillo-facial Surgery	1	1%
Paediatric Cardiology	1	1%
Rehabilitation Medicine	1	1%
Renal Medicine	1	1%
<i>Base: All Fellows answering (n=98)</i>		

Programme Leads

Table 4: Involvement in the Programme	No.	%
Applying for the Programme(s)	95	81%
Setting-up of the Programme(s) (e.g. organising the structure, establishing partnerships)	103	87%
Administration of the Programme(s) (e.g. the day-to-day running of the Programme, organising training/research experience/clinical placements)	89	75%
Recruitment of the ACFs	105	89%
None of the above	1	1%
<i>Base: All Programme Leads (n=118)</i>		

Table 5: Institution	No.	%
Royal Free and UCL	17	15%
Newcastle upon Tyne	12	10%
Manchester	11	9%
Cambridge	10	9%
Imperial College London	10	9%
King's College London	7	6%
Oxford	7	6%
Liverpool	6	5%
Birmingham	5	4%
Bristol	5	4%
Nottingham	4	3%
Southampton	4	3%
Barts &The London, QMUL	3	3%
Sheffield	3	3%
Keele	2	2%
Leeds	2	2%
Leicester	2	2%
St George's, London	2	2%
Brighton and Sussex Medical School	1	1%
Institute of Cancer Research	1	1%
Peninsula Medical School	1	1%
University of the West of England	1	1%
<i>Base: All Programme Leads answering (n=116)</i>		

Table 6: Programme(s) speciality supervised	No.	%
Anaesthetics	1	1 %
Audiological Medicine	1	1 %
Cardiology	3	3 %
Cardio-thoracic Surgery	1	1 %
Clinical Genetics	3	3 %
Clinical Neurophysiology	1	1 %
Clinical Oncology	1	1 %
Clinical Pharmacology and Therapeutics	3	3 %
Clinical Radiology	2	2 %
Dermatology	2	2 %
Emergency Medicine	3	3 %
Endocrinology and Diabetes Mellitus	3	3 %
Forensic Psychiatry	1	1 %
Gastroenterology	2	2 %
General Practice	6	5 %
General Psychiatry	2	2 %
General Surgery	6	5 %
Genito-urinary Medicine	1	1 %
Geriatric Medicine	1	1 %
Haematology	2	2 %
Histopathology	5	4 %
Immunology	2	2 %
Infectious Diseases	3	3 %
Medical Microbiology and Virology	2	2 %
Medical Oncology	4	4 %
Neurology	2	2 %
Neurosurgery	2	2 %
Obstetrics and Gynaecology	1	1 %
Occupational Medicine	1	1 %
Ophthalmology	3	3 %
Otolaryngology	2	2 %

Programme(s) speciality (cont.)	No.	%
Paediatric Cardiology	1	1 %
Paediatric Surgery	2	2 %
Paediatrics	7	6 %
Plastic Surgery	1	1 %
Public Health Medicine	6	5 %
Rehabilitation Medicine	1	1 %
Renal Medicine	2	2 %
Respiratory Medicine	3	3 %
Rheumatology	2	2 %
Urology	2	2 %
Dentistry	6	5 %
Other	8	7 %

Base: All Programme Leads answering (n=113)

Appendix B: Programme Leads' additional comments

Box 1: Programme Leads' comments on application Process

Process was reasonable/appropriate (n=19)

'It was a reasonable size application form with appropriate questions'

'Forms were OK and helped by a workshop held to explain the process in London.'

'The forms were straightforward. The only difficulty was ensuring all partners were satisfied.'

Lack of clarity/guidance (n=17)

'Uncertainty was over the rules and how specific or broad the training programme should be.'

'Interpretation of the implementation of the programme was different across the UK, and this made process of writing the application fairly difficult. What level of trainee was is aimed at and how was it going to fit in the existing training. It was also difficult to easily establish whether these posts were supernumerary if not whether we could gain them as addition posts'

'The format and goals did not seem very clear; that is, what exactly was wanted and why.'

'I applied in the 2nd wave. We had been unsuccessful in the first round, the rules had changed but it was difficult to fully understand the new terms. I attended the workshop, but still had outstanding queries that were not addressed.'

Trying to organise multiple stakeholders with diverse needs (n=12)

'It has got easier I have to say and I hope that this year it will be easier still. The main issues that underlie the 'very difficult' badge have been the need to co-ordinate the applications with the clinical selection for GP training, and the need for close liaison with individual deaneries to ensure that we were not disadvantaging trainees who applied for academic posts from gaining a clinical job if they were unsuccessful with the academic application.'

'It was difficult to know what was required and also we were organising a group submission for the different medical specialties which led to several difficulties'

'Whilst some elements were in place the scheme had to be established across the region with close liaison between the University and the Specialist Training Committee in Cardiology and the Deanery'

'It was also difficult to dovetail each specialty's ideas or needs with more generic training.'

Importance of the co-ordination of the application within the institution and help from colleagues (n=12)

'The application process was well coordinated centrally within the School, Deanery and Trust and we had sufficient guidance as to what was expected.'

'Considerable pressure from University to apply but very difficult to negotiate with University to develop overall structure.'

Difficulties around finding matched funding (n=8)

'Identifying matching funding was a challenge.'

'The main difficulty relates to funding - given the constraints on funding available, it is difficult to raise the 75% needed for fellows and 50% for lecturers. Hospital trust finances are so stretched that it is difficult to get any help from them.'

Box 2: Programme Leads' comments on the set-up of the Programmes

Issues around integrating the Programmes into the NHS (n=19)

'In short, it is integrating these trainees into the NHS that is a challenge despite the funding being NHS driven and the trainees being NHS employees.'

'NHS stakeholders have varying degrees of engagement. Some may perceive a conflict between academic and 'service' commitments.'

'Practical obstacles marrying up full time NHS clinical staff rotas to ones requiring protected research time which leave a gap in service.'

'There has been little flexibility from the Trust and the ACF programme has resulted in much difficulty for the department - we find it hard to get back fill locums in micro and viro. My clinical colleagues have found the programme difficult to accommodate mainly because locum cover has been difficult to find.'

Lack of awareness/understanding of the scheme (n=11)

'We did in fact fail to recruit in year one because of the extent of difficulties caused by sheer lack of clarity and publicity for the scheme, and we therefore lost this post as a result.'

'Main issues related to all surgical staff (consultants and surgeons-in-training) being made fully aware that the ACF was not a 'service post'.'

'Main problem was in getting non-clinical scientists to understand the requirements and why this was being done.'

Partnership, co-ordination and multiple stakeholders (n=36)

'A fair amount of work required, but good communication between the Deanery, University and NHS Trusts resulted in it being fairly easy.'

'Our Deanery was very enthusiastic & supportive, while the local vocational training scheme organisers have found the integration of ACFs more challenging.'

'The deanery seem suspicious of the whole process and have been quite difficult to get moving.'

Involved liaison with multiple researchers, the NHS clinicians, paediatricians, Postgraduate dean, Medical School dean - a nightmare!

Funding issues/contracts (n=13)

'Lack of clarity with Deanery and NHS re funding of posts for salaries caused problems. Specifically the NHS thought this was new money rather than re-badging current posts.'

'Sorting out the rest of the funding was a major headache.'

'At the time there was no coordination of funding and NHS Trusts were very anxious about possible cost pressures.'

'Multiple challenges in local implementation due to lack of clarity locally regarding funding of the posts and how clinical service would be provided while academic trainees were in research.'

Box 3: Programme Leads' comments on the administration of the Programmes

No particular problems/the programme was running smoothly (n=18)

'After initial problems of setting up these posts, the programme is now up and running well.'

Good support from the deanery/university/NHS Trust (n=10)

'Good relationships between Academics, Clinicians and Training supervisors have made this work smoothly so far.'

Existing training/training infrastructure had proved useful (n=7)

'Once the trainee is allowed to opt out there are no huge problems as we can place them within existing programmes to pursue some very good research. Organising training and research is thus not a problem at all.'

'We already had a strong infrastructure for academic training, a research team that is accustomed to supporting, training and mentoring new-experience researchers, and working relationship with our Deanery and local NHS partner.'

Problems/challenges in balancing protected research time and clinical service requirements (n=9)

'Combining NHS Service needs, Deanery requirements, Royal College and SAC - as well as looking after Academic needs of trainees is a major challenge'

'Academic timetable has been more challenging - ensuring ACF 'protected time ' vs the busy NHS service issues.'

Problems/challenges with the clinical placements, particularly in sorting out the rotations (n=4)

'The main issue is filling the 3 months holes in the clinical service while the ACF is in research.'

'Adjusting the rotation of SpRs duties to allow proper research time for the ACF has been difficult and has meant that some of the other SpRs in the rotation can not complete their expected components of the rotation.'