



## **BEST RESEARCH FOR BEST HEALTH IMPLEMENTATION PLAN 3.2c**

### **NIHR INTEGRATED ACADEMIC TRAINING PATHWAY: ACADEMIC CLINICAL FELLOWSHIPS AND CLINICAL LECTURESHIPS**

*Best Research for Best Health*<sup>1</sup> set out a 5-year Research and Development Strategy for the NHS in England. This plan provides more details on one of the key components of that strategy: NIHR Integrated Academic Training Pathway. This document will be regularly updated. The latest version should be used.

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#### **Aim**

- A vibrant academic community is essential for first class healthcare. The NIHR Integrated Academic Training Pathway includes the NIHR Academic Clinical Fellowships (ACFs) scheme and NIHR Clinical Lectureships (CLs) scheme. The schemes are intended to provide research exposure and experience for academically gifted medical and dental trainees with the potential to be the independent researchers of the future, whilst allowing them to continue their clinical training to achieve full specialist registration.

#### **Purpose**

- The purpose of the NIHR ACF and CL schemes in England is to provide opportunities for medical and dental trainees to combine research training with their clinical training so that they can prepare themselves, initially, to compete for a Research Training Fellowship leading to a PhD and then to develop their postdoctoral research whilst completing their specialist clinical training.
- NIHR ACFs are funded to spend 25% of their time over a period of up to three years (up to four years for GP trainees) in a formal programme of research preparation,

<sup>1</sup> *Best Research for Best Health: A New National Health Research Strategy*. The NHS contribution to health research in England. Department of Health. 2006.

research training and research activity, whilst continuing with their clinical training and achieving the required clinical competencies.

- NIHR CLs are aimed at trainees who are advanced in their specialty training, have completed a research doctorate or equivalent and who show outstanding potential for continuing a career in academic medicine or dentistry. CLs are funded to spend 50% of their time undertaking specialist clinical training and 50% undertaking postdoctoral research. The duration of a CL appointment is for a maximum of 4 years and ends at the point of award of a Certificate of Completion of Training (CCT). Alongside clinical training, CLs are able to develop further their academic skills and are encouraged to apply for funding to provide further support for their postdoctoral training.

### **NIHR ACFs and NIHR CLs**

- The NIHR ACFs and NIHR CLs can be funded in two ways:
  - by the DH R&D Directorate as part of its commitment to a strong academic clinical community; or
  - by universities and/or partner trusts, which may themselves fund matched or additional posts from their core funds with approval from NIHR and to the same standards as NIHR-funded posts.
- The arrangements, requirements and benefits described in this Implementation Plan apply to all NIHR ACFs and CLs, whatever the source of funding.
- There are also ACF posts, CLs funded by universities, other than those matched with NIHR funded posts, and other parallel academic training opportunities funded through other sources where the arrangements and conditions are different from those set out in the following paragraphs.

### **Allocations to Partnerships 2009-2010**

- The allocation of NIHR ACFs and CLs is administered by the NIHR Trainees Coordinating Centre (NIHR TCC – formerly NIHRCCRCD).
- In 2008, each medical school in England was given a two-year allocation of a number of NIHR ACF and CL posts for appointment in 2009 and 2010. Medical schools manage their allocation in partnership with their Postgraduate Deanery and local trusts, in order to synchronise and deliver the academic and clinical training. The allocations consisted of a formula-based quota (80% of available posts) with the remaining 20% of posts distributed so as to smooth the transition from the pre-2009 position, respecting the commitments already made to the partnerships. The formula is described in the next section.
- A total of around 250 NIHR ACF posts per year and 100 NIHR CL posts have been available each year. These posts are for medical trainees.
- Arrangements for the allocation of around 20 ACF and 10 CL places to dental schools are described in a separate section, below.

### **Allocations to Partnerships 2011-2013**

- Allocations will be made for three years, to provide continuity and flexibility.
- The allocation system will operate as follows:
  - as before, allocation of 80% of the posts available (around 200 ACFs and 80 CLs per annum) will be determined according to a formula based on NIHR funding;
  - however, the formula has been modified to reflect the current range of NIHR funding schemes, and has been re-run to take account of the latest pattern of income across the country;
  - the remaining 20% of posts (around 50 ACFs and 20 CLs per annum) will be awarded in response to bids from partnerships, to support capacity in areas in need of academic strengthening or to support novel and innovative training opportunities;
  - the allocations continue to offer local flexibility in determining which specialties should be supported for clinical academic training.

### **Formula-based allocations**

- The 2010 formula, for 2011-2013, remains very similar to the 2008 formula that covered the 2009-2010 allocations. Eligible funding counting towards the formula includes NIHR funding to the medical school, their partner universities and partner trusts, for specific types of NIHR support.
- The elements of NIHR-funding that go into the formula and their weightings (intended to reflect evidence of significant clinical, applied and translational research infrastructure and strong local partnership arrangements) are as follows:
  - Comprehensive Biomedical Research Centres (each Centre's weighting factor = 6)
  - Specialist Biomedical Research Centres (weighting factor of 3 for each Centre)
  - Biomedical Research Units, Research Centres for Patient Safety & Quality, Collaborations for Leadership in Applied Health Research and Care (weighting factor of 1 each)
  - Accredited Clinical Trials Units and Clinical Research Facilities (weighting factor of 1)
  - Programme and project awards (weighting factor of 1 for every £1M received in the 2009 calendar year (rounded))
  - Other funding (CRDC, Cochrane Centre, both with a weighting factor of 1; and the National School for Primary Care, factor of 4 spread between participants)
  - Senior Investigator numbers (weighting factor of 0.2 each).
- Each medical school receives a minimum of 2 ACFs per year.
- The formula-based allocations for 2011-2013 will be notified to partnerships in February 2010 in order to help partnerships prepare bids for additional posts.

## Competition for additional ACFs and CLs

- Bids will be sought from medical school-deanery partnerships<sup>2</sup> for the award of the remaining ACFs and CLs (around 50 and 20 respectively per year). A Panel chaired by the Dean for NIHR Trainees will review the overall numbers and spread of existing ACF and CL posts, and the pattern of clinical academic strengths and weaknesses. Additional posts will be awarded to those partnerships with an exceptional track record of developing ACFs/CLs, and who:
  - have credible proposals for attracting ACFs/CLs to specialities where there are recruitment challenges, and which are in need of academic strengthening; and/or
  - have proposals for innovative or interdisciplinary training programmes.
- Decisions on which specialties need particular support will take account of the recommendations of the Academy of Medical Sciences Report<sup>3</sup> to consider:
  - the overall 'direction of travel' of a specialty;
  - predicted healthcare needs and disease prevalence;
  - therapeutic challenges raised by these diseases and healthcare needs;
  - technical developments likely to impact on the specialty;
  - research skills required; and
  - evidence that clinical academic training is valued and supported within the specialty at national level.
- The bidding process will be launched on 2 March 2010 with a closing date of 1 June. Details of the application process and requirements can be obtained from NIHR TCC ([www.nihrtcc.nhs.uk](http://www.nihrtcc.nhs.uk)). Guidance will be provided about those specialties where the NIHR is particularly keen to stimulate academic capacity building.
- Partnerships will be notified about the outcome of the bidding process in September.

## Specialty Guidance

- Alongside the notification of the final post allocation, following consideration of bids for additional ACFs and CLs, there will be guidance to each medical school about the speciality areas in which they might be expected to recruit ACFs and CLs.
- This guidance will be informed by:
  - A national oversight of the broad balance across specialties and over time, both historic recruitment and future plans, in the context of the need to provide opportunities to develop future clinical academics across the full spectrum of specialties.
  - Areas where there are particular training strengths, opportunities, or needs (and reflected in the results of the bidding process).

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<sup>2</sup> Competition is only open to Medical Schools that award degrees in Medicine. Other Medical Schools may partner with an eligible Medical School.

<sup>3</sup> *Building clinical academic capacity and the allocation of resources across academic specialties* published 2007 by the Academy of Medical Sciences: <http://www.acmedsci.ac.uk/p48prid61.html>

- Training capacity and academic track record at the host partnership including the track record of the medical school in successfully developing ACFs/CLs.
- The overall guidance will allow room for some local variation. It is expected that medical schools will work with other medical schools in their region and with their Deanery to achieve a range of complementary research training opportunities.
- In some specialties, for example general practice, it is expected that medical schools will work together nationally, and with the NIHR National School for Primary Care Research, to ensure there are appropriate high quality research training opportunities across England.

## Plan

- Following the allocation exercise, each medical school will be asked to submit a plan, with full partnership sign-up. The plans will propose, in the light of the national guidance and regional approaches, how the partners intend to utilise their ACF and CL allocation, together with any additional posts funded locally, and how they will make use of the flexibility given them. The plans cover:
  - Proposed numbers by speciality and by year of entry in the context of regional plans (with confirmation of PMETB approval).
  - Local contribution/funding.
  - Names of key supervisors and their areas of responsibility.
  - Details of the research training programme - see below.
  - Details of the Annual Review of Competence Progression (ARCP) arrangements – see below.
  - Details of regional partnership arrangements – see below.
- For 2011 entry, a 3 year plan will be required. Full approval of the complete three year plan must have been granted before local recruitment processes can commence.
- Exceptionally, transfer of posts between yearly allocations will be permitted, subject to the agreement of the partnership and approval from the NIHR (through NIHR TCC), if this will enable the best candidates to be appointed.
- It will be for medical schools to determine the appropriate stage of clinical training from which to recruit ACFs and CLs and whether each wishes to establish a standard model or to be flexible specialty-to-specialty, consistent with the eligibility set out in the paper 'Academic Clinical Fellowships: Entry Eligibility and Exit Points for Appointments Made in 2009' and published NIHR guidance on CL appointments at [www.nihrtcc.nhs.uk/](http://www.nihrtcc.nhs.uk/).
- In this way, it is expected there will be a spread of arrangements, if not within a single medical school, then nationally, so that ACF and CL opportunities will be available to those who decide at a later stage of their clinical training to explore opportunities in academic medicine.

## Appointment Arrangements

- The NIHR ACF and CL posts, whether funded by the NIHR or funded locally in conjunction with NIHR, must be clearly advertised as an 'NIHR Academic Clinical Fellowship' or 'NIHR Clinical Lectureship' opportunities to avoid confusion with other ACF or CL posts, which may not provide the same training.
- The precise criteria for appointment will be agreed by the partners based on current national guidance:
  - Priority should be given to those candidates with the greatest academic potential provided they are clinically competent.
  - It is expected that the partners involved in the recruitment process will recognise and value researchers as a key component of their commitment to evidence-based healthcare.
  - Diversity and equality must be promoted in all aspects of the recruitment process including opportunities for part-time working.
- Provided the appropriate clinical training placement can be organised and the necessary funding is in place, there will be no constraints on *when* ACFs and CLs can be appointed, provided this is within the recruitment rounds in which they are allocated. The exception to this will be in General Practice where there is a specific timetable for clinical training recruitment. This is in order to provide the maximum flexibility for partnerships to attract the very best candidates and in order that ACFs and CLs in post can be treated flexibly (transfers, unpaid leaves of absence etc.). However, it is assumed that normally there will be a recruitment round in November for ACFs, ahead of the national clinical training process, in order to attract outstanding candidates.
- Partnerships will have flexibility to make appointments that are at variance with the suggested speciality spread, subject to approval by NIHR TCC, if this enables them to recruit candidates of the highest calibre. It is expected that there will be a consequent rebalancing in subsequent years.
- Further detail on the appointments process is on the NIHRTCC website.

## Employment Arrangements

- For NIHR ACFs, the Trusts in which the clinical training takes place will normally be the employer.
- Each ACF will also have an honorary contract with the University setting out the Fellow's rights and obligations whilst undertaking research and broader academic activities, as well as information about access to university facilities. Where research activity takes place in a Science Park or independent research establishment, there must be appropriate confirmation of health and safety arrangements etc.
- For NIHR CLs, the employer is normally the University.
- Because of the complex supervisory arrangements for different parts of the programme, each ACF and CL must be given clear information about who is responsible for which aspects of the programme.

### **Research Training Programme for NIHR ACFs**

- For each ACF, there must be a clear personalised academic training plan that articulates with the clinical training plan.
- Each ACF will have a timetable that establishes protected time for research and taught modules (day and/or block release). The balance of clinical and academic training periods should be designed to meet overall training goals.
- Each ACF should be seen by their academic supervisor at least monthly.
- Each host medical or dental school must have in place a research training programme available to ACFs, that covers at least the following areas:
  - Statistics, bioinformatics, trial design
  - Epidemiology
  - Ethical aspects of clinical research
  - Project design, planning, costing and management
  - Research governance & the regulatory framework for research
  - GCP
  - Patient and public involvement in research
  - Refereeing of papers and grant applications
  - Diversity and equal opportunities in research, and cultural competence
  - Time management and personal effectiveness
  - Leadership: Practitioner, Partner and Leader roles.
- Access to relevant modules in fields such as sociology, ergonomics, engineering etc. to develop multi- and inter-disciplinary thinking is encouraged.
- Where the focus of the research is education research, or where otherwise appropriate, the ACF should have opportunities to develop learning and teaching skills as part of the taught programme.
- Each ACF Research Training Programme (which may include research elements as well as taught elements) must be credit bearing and capable of leading to a Masters level qualification (eg MRes or MEd) or of gaining exemption from corresponding elements of a Masters level qualification, especially where such a qualification is a precondition to pursuing research leading to the award of a PhD. Although gaining a Masters level qualification is not a compulsory part of the ACF research training programme, NIHR does encourage this where possible.
- Regional collaboration across medical and dental schools is encouraged.
- It is expected that training elements made available to ACFs will also be made available to other mainstream clinical trainees on related NIHR academic training programmes who wish to explore these subject areas. (This would include nurses, midwives, allied health professionals, and healthcare scientists.)

### **The NIHR Trainee Experience**

- ACFs and CLs value being part of a cohort. It is expected that medical and dental schools in which there are relatively small numbers of ACFs and/or CLs will partner with other regional medical or dental schools, with the support of their Postgraduate

Deanery, to provide common training opportunities and joint events at which trainees can share their research experience and progress.

- The principles of the Concordat to Support the Career Development of Researchers <http://www.researchconcordat.ac.uk/> must be followed in relation to ACFs and CLs.
- If an NIHR ACF or CL has difficulties with their academic training or research experience that cannot be resolved within their medical or dental school, postgraduate deanery or trust, concerns should be raised with the NIHR Dean for Training.

### **Career Development**

- The planning, assessment and appraisal arrangements for ACFs and CLs will follow Academy of Medical Sciences (AMS) guidelines (the Supplementary Guidelines for the Annual Review of Competence Progression for Specialty Registrars undertaking joint clinical and academic training). In keeping with Follett principles, the Annual Review will include a single meeting covering jointly the clinical, educational and academic progress of the trainee, as part of the ARCP process.
- Additionally, the Academic Supervisor is responsible for discussing with the trainee longer term career aspirations and opportunities and for ensuring that appropriate careers advice is provided.

### **Quality Assurance**

- The Annual Report for each ACF and CL will be submitted to the Deanery. Where there are any problems associated with the progress of a trainee, the Report will be copied to the NIHR TCC for the Dean for NIHR Trainees.
- The annual review arrangements by which a Deanery reviews clinical training programmes must be explicitly extended to include the research training arrangements for ACFs and CLs. These will involve the medical or dental school and will form part of PMETB ongoing review of postgraduate training.
- NIHR works closely with English postgraduate deans, through the lead postgraduate dean for academic training (currently) Dr Michael Bannon, and meets regularly with PMETB.
- Where quality assurance processes and/or the outcomes for individual ACFs or CLs suggest a partnership is failing to provide excellent development opportunities for their trainees, allocated numbers may be withdrawn. Partnerships will be given an opportunity to address weaknesses in their arrangements before such action is taken.
- The progress of ACFs and CLs following their period in post will be monitored by NIHR TCC, with the assistance of deaneries, as part of ongoing review of the Integrated Academic Training Pathway.

### **Recognition of Completion of ACF Training**

- Successful completion of the ACF period will be measured by meeting annual learning objectives and by either successfully securing a Research Training Fellowship, or by successful completion of the training period and a return to clinical

training. The NIHR wishes to recognise successful grounding in research techniques and basic research skills whether the ACF secures a Research Training Fellowship or returns to clinical training.

### **Bursaries for NIHR ACFs and CLs**

- Each NIHR ACF and CL is eligible for an annual bursary to enable them to attend conferences, workshops and research visits, which are designed to enhance their research awareness. They can use the bursary, for instance, towards the costs of attending the annual NIHR Trainees Conference.
- A bursary of £1000 per year will be held by the host medical school against approved claims from the Fellow for fees and travel.

### **Dental ACFs and CLs**

- The clinical training pathways for dentistry and the linkages between dental schools and hospitals differ from those in medical training to an extent that justifies some differences of approach for NIHR dental ACFs and CLs.
- From 2009, 21 ACF and 11 CL posts were made available to dental schools on a formula basis that provided one ACF post to each dental school with further numbers allocated to reflect research strength as measured by outcomes in the 2008 RAE exercise. This allocation mechanism is currently being reviewed.
- Like medical schools (see page 5), dental schools are expected to submit a plan that identifies key supervisors and their responsibilities, provides details of the research training programme, and explains the arrangements for appraising trainee progress. These plans must indicate how the dental school would achieve a cohort experience for the ACFs, either through joint working with their medical school and/or by working with other dental schools.
- Dental schools that are allocated one or more posts will be expected to follow the guidance given in earlier sections on appointments, training and quality assurance.
- Like medical ACFs, dental ACFs can also be considered for NIHR Doctoral Research Fellowships. Further details are published on the NIHR TCC website.

### **Funding Arrangements**

- Funding for NIHR ACF and CL posts (other than those funded by universities or trusts) will be directed from DH, through the appropriate SHA/Postgraduate Deanery, to the employing organisation.
- An SLA between DH and the SHA covers the conditions and arrangements for the transfer of funds.

### **Governance**

- The Dean for NIHR Trainees will exercise oversight of the ACF and CL schemes on behalf of the NIHR.

- An Advisory Panel that meets at least annually enables the Dean to consult with key stakeholders over the performance and development of the scheme. Membership includes:
  - NIHR Dean for Training
  - 2 nominees of the Medical Schools Council
  - 1 nominee of the Dental Schools Council
  - 2 nominees of CoPMED/COPDEND
  - 1 nominee of CoGMED
  - 2 nominees of the Association of University Hospitals
  - 1 nominee of PMETB
  - 1 nominee of the Academy of Medical Sciences
  - 1 nominee of the Academy of Medical Royal Colleges
  - 1 NIHR ACF
  - 1 NIHR Clinical Lecturerwith nominee Observers from the BMA and the BDA, and in attendance, the DH Deputy Director – Research Faculty, and the Director, NIHR TCC.
- The Panel's terms of reference are to advise, through the Dean for NIHR Trainees, on arrangements for ensuring the success of schemes within the Integrated Academic Training Pathway, including:
  - The appropriate spread of ACFs and CLs, by specialty
  - Arrangements for monitoring the progress of trainees
  - NIHR Award Schemes for trainees.

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