

# **Guidance for Recruitment and Appointment**

## **2018 NIHR Academic Clinical Fellowships (Medical)**

August 2018

# Contents

<b>Introduction</b> .....	<b>3</b>
Table 1. 2018 ACF timetable .....	3
<b>Recruitment</b> .....	<b>3</b>
Advertised ACF posts .....	4
Eligibility .....	4
Application.....	5
Job Description .....	5
Shortlisting .....	5
ACF Interviews.....	5
ACF Interview Selection Criteria .....	6
The Selection Process .....	6
Offers .....	7
Clinical Benchmarking .....	7
Figure 1. Schematic of NIHR ACF recruitment process .....	7
<b>Flexibility</b> .....	<b>8</b>
Changes to Allocated ACF Posts.....	8
<b>Providing Information</b> .....	<b>8</b>
<b>ACF Appraisals</b> .....	<b>8</b>
<b>Completion of an ACF</b> .....	<b>8</b>
<b>Early Exit from Academic Training</b> .....	<b>9</b>
<b>Appendices</b> .....	<b>10</b>
<b>Appendix 1 – 2018 NIHR ACF Recruitment FAQs:</b> .....	<b>11</b>
FAQs Round 1 2018 NIHR ACF – Recruiter .....	11
FAQs Round 1 2018 NIHR ACF – Applicants .....	15
FAQs Re-advertisement 2018 NIHR ACF .....	18
<b>Appendix 2 - 2018 NIHR ACF Academic Person Specification</b> .....	<b>20</b>
<b>Appendix 3 - 2018 NIHR ACF Advert Guidance</b> .....	<b>21</b>
<b>Appendix 4 - Shortlisting Guidance Notes</b> .....	<b>22</b>
<b>Appendix 5 - Interview Guidance Notes</b> .....	<b>25</b>

## Introduction

NIHR Academic Clinical Fellowship (ACF) posts are allocated annually to Integrated Academic Training (IAT) partnerships comprising a Health Education England local office (HEE local office), Higher Education Institute (HEI) and NHS organisation.

Each NIHR ACF post may be advertised in up to three GMC specialties and at multiple specialty training levels equating to ST1, 2, 3, (or 4 in Emergency Medicine, Psychiatry or Paediatrics).

This guidance is intended for IAT partnerships appointing ACF posts in 2018. Recruitment to all ACF posts needs to adhere to this guidance. This document sets out the broad framework regarding the eligibility for ACFs; however, organisational partnerships will identify at what level or levels each ACF is being offered. A summary of the 2018 NIHR ACF timetable may be found in Table 1.

The primary purpose of an ACF is to provide a clinical and academic training environment for a doctor in the early stages of specialty training to prepare an application for a Training Fellowship leading to a PhD (or equivalent) or if applicable a postdoctoral fellowship.

The recruitment process is managed by the relevant HEE local office in the IAT partnerships. The principles set out in the Gold Guide (<https://www.copmed.org.uk/publications/the-gold-guide>) will still apply.

2018 ACF Round 1 Timetable			
Applications Window	09/10/2017	to	06/11/2017
Interview Window	08/11/2017	to	22/12/2017
Initial Offers Issued	08/01/2018		
Hold Deadline	15/01/2018		
Return 2018 ACF recruitment status updates to NIHR TCC	18/01/2018		
<b>No upgrades</b>			
2018 ACF Re-advert Timetable			
Recruitment window	22/01/2018	to	31/03/2019*
Return 2018 ACF recruitment status updates to NIHR TCC on the <b>1st of the month</b> until all posts are unconditionally filled			
*2018 NIHR ACF Trainees must be in post by <b>31/03/2019</b>			
Optional - 2018 ACF Re-advert timetable allowing clinical benchmarking			
Applications Window	22/01/2018	to	09/03/2018
Interview Window	11/03/2018	to	09/04/2018

**Table 1. 2018 ACF timetable**

## Recruitment

- Recruitment is managed by HEE local offices using National Guidance and the National Application Form on Oriol (<https://www.oriol.nhs.uk/Web/Vacancies>). Recruitment to all 2018 ACF posts should follow the 2018 ACF Round 1 timetable. Please note this now includes posts in General Practice and Cardio-thoracic surgery. The recruitment process is summarised in the “NIHR Academic Clinical Fellowship (ACF) 2018: Applicant FAQs” and “NIHR Academic Clinical Fellowship (ACF) 2018: Recruiter FAQs” in Appendix 1.
- The award of a **National Training Number (a) (NTN (a))** will be made to applicants who are successful in the appointments process. Since NTN (a)s are awarded by Postgraduate Deans, the HEE local offices will lead the appointment process. Panels **must** ensure that both clinical and academic standards for appointment are met.

3. Applicants deemed appointable at the ACF interviews, who do not hold an NTN/Deanery Reference Number (DRN) in the associated clinical specialty, will need to be assessed/interviewed subsequently through the relevant national process for the specialty.
4. ACF applicants will be ranked on their performance at the ACF interview not the national clinical interview.
5. Applicants must meet the requirements of the national person specifications for entry into specialty training at the advertised level or levels.
6. Entry into ACFs may be at 4 different levels equating to ST1, 2, 3, and/or 4 (for Emergency Medicine, Psychiatry and Paediatrics).
7. Specialty-specific ACFs are considered as run through posts for the duration of the ACF and beyond. Clinical progression is based on the achievement of competencies. The Programme Board of Modernising Medical Careers agreed in October 2007 that ACF training should remain run-through even if the trainee was appointed to a training position in an uncoupled specialty; this remains the case for 2018.
8. For specialties without a core training period the ACF will enter directly into the specialty programme.
9. For specialties with core training the ACF will have direct appointment to a specialty-specific academic programme (e.g. Gastroenterology) even if they are appointed at ST1, ST2, ST3 (or ST4 in Emergency Medicine, Psychiatry or Paediatrics). Progression will be directly into the advertised specialty as long as core competences are obtained.
10. Medical Education ACFs may be based on specialties with or without a core training period. The ACF can enter into an academic core training programme for 2-3 years during which clinical and academic specialisation would occur according to individual preferences and local academic opportunities.
11. Specialty specific ACF posts awarded through the IAT competition, where the academic component is associated with a NIHR Research Theme have run through into the advertised specialty, as long as clinical competences are obtained.

### **Advertised ACF posts**

12. All ACF posts must be advertised on Oriel by 9 am on 9<sup>th</sup> October 2017 and open for applications for at least 4 weeks. The recommended minimum content for the advert can be found in Appendix 3.
13. Posts should be advertised as GMC specialty specific e.g. Gastroenterology or Immunology, regardless of the level. The ACF would have direct appointment to a specialty-specific academic programme such as Gastroenterology, Immunology etc. Progression will be directly into the advertised specialty as long as clinical competences are obtained.
14. Posts can be advertised at a specific entry level or at multiple levels. IAT partnerships will need to make it clear at what level or levels each ACF is being offered.
15. The list of 2018 NIHR ACF posts will be available on the NIHR website (<http://www.nihr.ac.uk/acfs>), where NIHR TCC will direct ACF applicants to the relevant HEE local office websites and Oriel.
16. ACF posts may be advertised in up to 3 specialties. IAT partnerships will need to make it clear that the multi-specialty options are in competition for a single post.
17. The NIHR Research Themes and proposed research associated with the 2018 NIHR ACF competition posts must be clearly described in the competition post advertisements.

### **Eligibility**

18. ACF posts are open to individuals entering specialty training and those who are currently in Specialty training Registrar (StR) posts and hold a NTN (whatever the specialty or locality).
19. ACF applicants would not normally be expected to hold a PhD or other higher degree, but applicants may include:
  - MB PhD graduates and those with an intercalated PhD obtained during medical undergraduate training (to enable postdoctoral research applications);

- Doctors who have previously undertaken an MD or PhD may apply to continue postdoctoral research as long as they possess the other entry requirements for the specialty. They will need to show that they have a commitment to academic medicine; and
- Medical graduates who obtained PhDs prior to medical undergraduate training – their PhD may or may not be considered relevant by the appointments committee.

## Application

20. The National Application Form on Oriel (<https://www.oriel.nhs.uk/Web/Vacancies>) should be used for 2018 ACF recruitment.
21. HEE local offices should use the new 2018 person specifications for the relevant specialty and level of entry and the generic academic person specification (Appendix 2).
22. An academic reference must be provided for applicants applying for ACF posts in addition to clinical references. The structured reference form, for specialty training and academic training programmes, is provided in Appendix 3.

## Job Description

23. The job description must be agreed by both the academic and clinical leads involved in the scheme and include the following information, as a minimum:
  - Job title, level and name of the specialty the post will run into;
  - Duration of the post, and what happens at the end of the post if a candidate is successful or unsuccessful in obtaining a research fellowship;
  - NHS organisation(s) in which training will take place;
  - Research institution(s) in which training will take place;
  - Whether day release or block release will be used for protected research time;
  - Description of the research component of the programme (minimum 250 words);
  - Description of the clinical training component of the programme (minimum 250 words);
  - Academic Programme Director name;
  - Clinical Programme Director name;
  - Programme contact for further information (phone or email);
  - HEE local office contact for further information (phone or email);
  - A link to the NIHR website (<http://www.nihr.ac.uk/acfs>) for further information; and
  - Confirmation that the post attracts a NTN (a).

## Shortlisting

24. Applicants applying for ACF posts should have their application forms scored against the shortlisting template (Appendix 3). Shortlisted applicants should provide evidence of clinical competency appropriate for the specialty training level of the ACF. Shortlisting must be undertaken by at least one clinician and one academic, both of whom should have received training in fair recruitment and selection and equal opportunities in the last 3 years.

## ACF Interviews

25. The duration of the ACF interview should be at least 30 minutes and follow the interview evaluation form in Appendix 4.
26. Applicants will be ranked on their academic scores.

27. The appointment panel should have both clinical and academic representatives that reflect the IAT partnership offering the ACF programme and specialty. It is expected, in addition to the clinical and academic representative, that the panel should include:
  - a. The lead of the ACF training programme or their representative;
  - b. Additional representation from the relevant academic community, if required;
  - c. An independent academic member (wherever possible, from outside the HEE local office boundary);
  - d. A lay representative or lay chair.
28. The academic referee's comments should be available to the appointment panel if required. The recruiter should request paper versions of the academic references if required at the ACF interview.
29. The appointment panel members should have received training in fair recruitment and selection and equal opportunities (equality and diversity training) in the last 3 years
30. A successful appointment will result in the appointee being allocated an NTN (a) at entry.

### **ACF Interview Selection Criteria**

31. The criteria at interview for assessing candidates should be derived directly from the person specification, including academic aptitude, commitment to an academic career, and the training and service requirements.
32. The NIHR ACF interview evaluation form and guidance may be found in Appendix 4.
33. The following should be remembered when formulating the assessment criteria:
  - a. NIHR ACFs are intended to offer training to those who can demonstrate outstanding potential for development as a clinical academic in research and/or educational research;
  - b. The training will require the ACFs to spend 25% of their time undertaking academic training combined with clinical training in the remaining 75%;
  - c. The expected outcome of an NIHR ACF is the preparation of a successful application for a research training fellowship or educational training programme leading to a higher degree, or if applicable a postdoctoral fellowship;
  - d. Progress will be monitored, but in the event that an individual is unsuccessful in obtaining a research training fellowship/place on an educational training programme within three years, they will join a standard clinical training programme; and
  - e. HEE local offices should consider having representatives of the relevant training committee involved in the selection of individuals for core medical training programmes.
34. The selection criteria should require applicants to demonstrate:
  - a. High-level interest in the proposed academic field, backed up if possible by relevant publications, prizes or distinctions;
  - b. Their potential as a doctoral or post-doctoral researcher; and
  - c. Clarity about longer-term career aspirations and how the ACF will provide opportunities for career development.
35. To assess the candidates' prior research experience, it is essential that the appointment panel have the candidates' application forms, including publication record, on the day of interview.

### **The Selection Process**

36. Applicants may be assessed against the criteria in the appropriate clinical programme person specification for that specialty as well as against the appropriate academic person specification (Appendix 2) at the ACF interview.
37. Applicants for ACF posts will be assessed for their potential as a clinical academic at ACF interview.
38. The ACF applicants with an appropriate NTN/DRN will have previously demonstrated their clinical competencies in the appropriate GMC specialty and level for the ACF post.

39. Applicants without an appropriate NTN/DRN with need to demonstrate their clinical competencies for the ACF post at clinical benchmarking.

## Offers

40. The top ranked applicant at the ACF interview will either be given an unconditional or conditional offer. Conditional offers will be given to successful applicants at the ACF interviews that do not already hold a NTN/DRN in the GMC specialty and level to which they are applying. The condition of the offer relates to clinical benchmarking in the GMC specialty of the ACF post to which they are applying: please see Appendix 1 for a summary of recruitment and clinical benchmarking requirements.

## Clinical Benchmarking

41. Clinical benchmarking relates to applicants reaching the threshold of appointability at the national standard clinical interviews/assessments for the GMC specialty and level of ACF post to which they are applying. Only applicants successful at the ACF interviews that do not hold an NTN/DRN in the GMC specialty to which they are applying need to be clinically benchmarked.
42. Further details about recruitment for the applicant and recruiters can be found in the following documents “NIHR Academic Clinical Fellowship (ACF) 2018: Applicant FAQs” and “NIHR Academic Clinical Fellowship (ACF) 2018: Recruiter FAQs” in Appendix 1
43. Applicants who already have an NTN/DRN in the specialty they are applying for do not need to participate in national recruitment as they have already been benchmarked for clinical ability/potential. A schematic of the recruitment process may be found below in Figure 1.

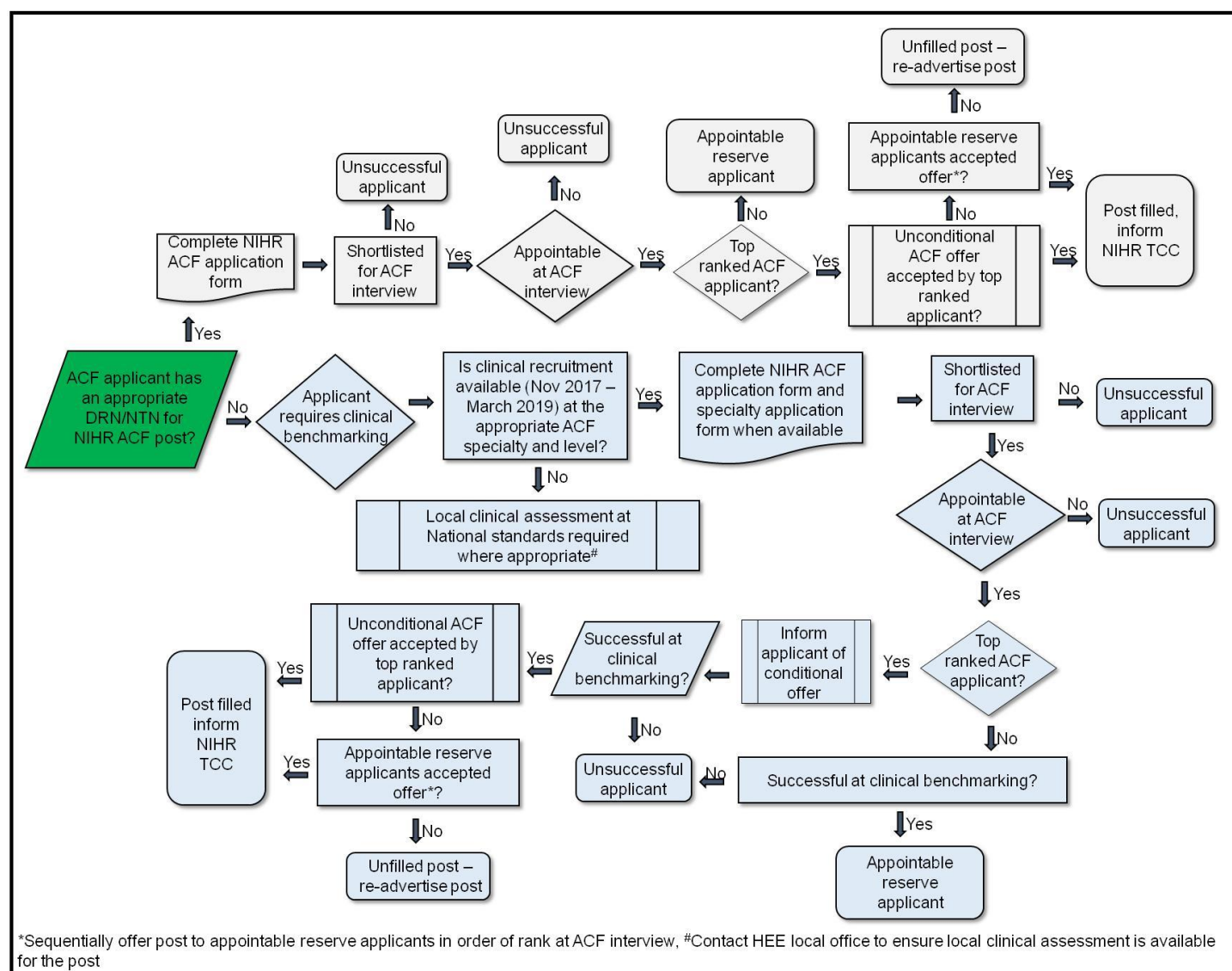


Figure 1. Schematic of NIHR ACF recruitment process



## Flexibility

44. NIHR wishes to see full appointment to posts. Deferment should only occur rarely and in exceptional circumstances. The NIHR objectives of reviving clinical academic medicine and making the NHS an internationally-recognised organisation of excellence for patient-based research are not furthered by having vacant training posts.
45. The deadline for successful applicants to be in post for NIHR ACFs allocated in 2018 is 31<sup>st</sup> March 2019. Where possible, recruitment to unfilled posts should continue until the post is filled. If the post is unfilled on 31<sup>st</sup> March 2019 then the NIHR ACF post will be withdrawn from the IAT partnership's allocation.
46. In order to re-advertise NIHR ACF posts, the NIHR needs to be made aware of status changes in NIHR ACF post offers in round 1. e.g. awarded, conditional offer or unfilled posts. Emails should be sent to [IAT.Management@nhrfcc.org.uk](mailto:IAT.Management@nhrfcc.org.uk) for permission to re-advertise posts and provide information regarding recruitment status of posts. (Further details maybe found in the "NIHR Academic Clinical Fellowship (ACF) 2018: ACF Re-advertisement FAQs").

## Changes to Allocated ACF Posts

47. You should only recruit to specialties as they are profiled in your approved 2018 specialty spread.
48. No changes in specialty are permitted for ACF posts awarded via the IAT competition.
49. If difficulties arise in recruitment or with capacity, for example, a request to change a formula-allocated ACF post may be made in writing to NIHR TCC ([IAT.Management@nhrfcc.org.uk](mailto:IAT.Management@nhrfcc.org.uk)) stating the reason for the change. All necessary approvals must be in place from the College and/or Lead Dean to recruit to the posts in the GMC specialties and that the relevant Programme Leads are happy with this process and decision.
50. If a specialty is changed without prior written approval from NIHR TCC this may impact funding.

## Providing Information

51. IAT Partnerships are expected to provide up to date information on NIHR ACF posts. Funding in 2018 will come from the DH Science, Research and Evidence Directorate funding stream and not through the workforce funding streams. It is important that HEE local offices provide information on available and filled posts in a timely manner to ensure that applicants and potential applicants can have accurate information.

## ACF Appraisals

52. There should be joint academic and clinical appraisal according to Follett principles with assessment, according to College and HEE local office recommendations for ACFs. A general overview for reviewing the progression of trainees undertaking joint clinical and academic training programmes is provided in the Gold Guide. The Academy of Medical Sciences has formulated supplementary guidelines to aid trainees, supervisors, and assessors in reviewing academic training and progress. These are available at: <http://www.acmedsci.ac.uk/policy/policy-projects/guidelines-for-monitoring-academic-training-and-progress/>

## Completion of an ACF

53. The duration of an ACF will be for a maximum of 3 years (or 4 years in General Practice). During this time the trainee combines clinical specialty or core training with academic training, which is geared towards competing for a training fellowship.
54. When trainees successfully obtain a fellowship, they normally spend 3 years outside of their clinical programme in Out of Programme Research (OOPR) working towards the completion of an MD or PhD (or equivalent). The trainees will need to obtain agreement from their HEE local office to take the time out of their clinical programme. This will not normally be refused. Agreement to taking time out of programme will require confirmation from the relevant HEE local office that the trainee has achieved relevant clinical competences and is ready to leave the clinical programme, and ideally that the research project has been peer reviewed and approved.



55. Upon completion of a training fellowship, the trainee will return to their clinical programme and at an appropriate point may competitively apply for a Clinical Lectureship, provided appropriate academic and clinical competences have been obtained, or they may continue in clinical training.

### **Early Exit from Academic Training**

56. There are several points at which an ACF may decide, or be advised, to leave the academic training pathway. As long as clinical competences have been successfully achieved, the trainee would be able to re-join the standard clinical specialty training programme, retaining their NTN, relinquishing the (a) suffix and losing their entitlement to run-through. In all instances, it is important to remember that the Clinical Training Programme Director (acting on behalf of the Postgraduate Dean) would have to identify a suitable placement in the clinical programme, and that in some cases this could take up to one year. It is therefore important to give warning to the Postgraduate Dean as soon as the possibility of early exit from the programme arises. It is hoped that it will not occur, but it is possible that the individual leaving the academic training programme might have to wait for a suitable clinical placement while retaining their NTN. During this time, they may have to find other work. It is essential, therefore, that the trainee gives as much notice as possible of their intentions to avoid this situation arising.

57. Early exit might occur at the following points:

- a. During the course of the 3 year ACF programme (4 years in General Practice) the funding should continue until exit from the programme to allow “seamless” return to the clinical programme;
- b. At the end of the ACF, the fellow may fail for whatever reason to obtain, or may decide not to pursue, a training fellowship award for PhD or MD studies. Academic funding could not be guaranteed to continue beyond 3 (or 4 in General Practice) years, so as much warning as possible is needed if the fellow wishes to continue in a clinical programme;
- c. After completing a training fellowship and obtaining a PhD/MD (or equivalent), a trainee may decide, or be advised, not to pursue academic training any further. Hopefully, this decision will have been arrived at over a period of time, so that maximum warning can be given to the HEE local office in order to avoid or minimise any wait to re-enter the clinical programme with their NTN; and/or
- d. Early exit might occur due to the trainee going Out of Programme (OOP) for non-statutory reasons, such as OOPE, where the OOP experience is not related to the ACF.

## Appendices

# Appendix 1 – 2018 NIHR ACF Recruitment FAQs:

## FAQs Round 1 2018 NIHR ACF – Recruiter

<b>2018 NIHR ACF Recruitment window 9<sup>th</sup> October 2017 – 31<sup>st</sup> March 2019</b>	
<b>2018 ACF Timetable Round 1</b>	
<b>Applications Window</b>	9 <sup>th</sup> October 2017 to 6 <sup>th</sup> November 2017
<b>Interview Window</b>	8 <sup>th</sup> November 2017 to 22 <sup>nd</sup> December 2017
<b>Initial Offers Issued</b>	8 <sup>th</sup> January 2018 <b>Hold Deadline</b> 15 <sup>th</sup> January 2018
<b>No upgrades</b>	
<b>2018 ACF Re-advert timetable – <u>January 2017 – 31<sup>st</sup> March 2019</u></b>	
<b><i>Optional 2018 ACF Re-advert timetable enabling clinical benchmarking:</i></b>	
<b>Application window</b>	22 <sup>nd</sup> January 2018 to 9 <sup>th</sup> March 2018
<b>No upgrades</b>	

The following guidance is for NIHR ACF recruitment into all General Medical Council (GMC) specialties. Please note this now includes posts in General Practice and Cardio-thoracic surgery.

### 1. What is the process for applicants applying for an NIHR ACF to commence in 2018?

NIHR ACF posts are allocated annually to Integrated Academic Training (IAT) partnerships comprising a HEE local office, Higher Education Institute (HEI) and NHS organisation. The recruitment process is managed by the relevant HEE local office in the IAT partnerships and advertisements will appear on their websites and Oriel from October 2017.

**ACF application form:** applicants will need to complete the ACF application form for the ACF posts advertised in the relevant specialties and levels through Oriel.

**Specialty Training application form:** ACF applicants who require clinical benchmarking if they were successful at the ACF interview will need to complete the relevant specialty training application, when the national application window opens. \*Specialty training application form options and a definition of those applicants requiring clinical benchmarking is detailed in FAQs 2 and 7.

Following assessment of the ACF applications, shortlisted applicants will be invited for ACF interviews by the HEE local office hosting the ACF post. The ACF interview has several components assessing the clinical–academic potential of the applicant. Appointable applicants at the ACF interviews will be ranked and the top ranked applicant will be offered the ACF post when the offers window opens. This is summarised in Figure 1 the schematic of the NIHR ACF recruitment process.

Offers, or an indication of interview performance, are not to be released to applicants (either officially or unofficially) before the offers date. This ensures that applicants are given a fair opportunity to attend all of the

ACF interviews they have applied for without undue pressure to accept a post they interviewed for at the start of the window. This also ensures that IAT partnerships are able to make full use of the interview window.

Conditional offers will be given to successful applicants at the ACF interviews who do not already hold a NTN or Deanery Reference Number (DRN) in the GMC specialty and level to which they are applying. The condition of the offer relates to clinical benchmarking in the GMC specialty of the ACF post to which they are applying. *\*Clinical benchmarking is defined in FAQ 2.*

If the top ranked applicant at the ACF interviews requires clinical benchmarking, then reserve appointable applicants from the ACF interview will also be invited for clinical benchmarking, if required. An unconditional offer to the reserve applicants, who passed clinical benchmarking, is dependent on the applicants ranked higher at the ACF interviews withdrawing or failing clinical benchmarking. *\*Reserve appointable ACF applicants attending clinical benchmarking is detailed in FAQ 5.*

ACF applicants will be ranked and offered on their performance at the ACF interview and not the national standard clinical interview where they just need to pass the clinical benchmark. If applicants require clinical benchmarking then the HEE local office hosting the ACF post will need to ensure that the HEE national recruitment team are made aware of this in a timely manner.

## **2) What is clinical benchmarking?**

Clinical benchmarking relates to applicants reaching the threshold of appointability at the national standard clinical interviews/assessments for the GMC specialty and level of ACF post for which they are applying. Only applicants successful at the ACF interviews that do not hold an NTN/DRN in the GMC specialty to which they are applying need to be clinically benchmarked.

Applicants in training who hold a DRN in a core specialty who are applying for an ACF at ST3/4 will be required to attend clinical benchmarking at the higher level. The clinical interview that resulted in the award of the DRN will not be acceptable for clinical benchmarking.

Applicants who fail to reach the appointability threshold at clinical benchmarking will be ineligible for appointment to the ACF post in that recruitment round. Under these circumstances, the conditional ACF offer will be withdrawn. If applicants require clinical benchmarking then the HEE local office hosting the ACF post will need to ensure that the HEE national recruitment team are made aware of this in a timely manner.

Applicants who fail clinical benchmarking and become ineligible are still able to reapply in future recruitment rounds.

## **3) How will clinical benchmarking be coordinated?**

It is the responsibility of the HEE local office hosting the ACF post to provide HEE, and thus the lead recruiter for national clinical interviews, the following information:

- A. how many candidates will require clinical benchmarking; and
- B. details of candidates requiring benchmarking (e.g. forename, surname, GMC number, Oriel applicant PIN, ranking, top candidate / reserve candidate etc.).

## **4) Who is responsible for releasing the outcome of clinical benchmarking?**

The recruiting organisation responsible for clinical benchmarking should inform the HEE local office administering the ACF interview (original recruiter). The clinical benchmarking outcome is dependent on the national standard clinical offers window.

## **5) How many appointable applicants, following ACF interviews are put forward for clinical benchmarking?**

If the top ranked applicant at the ACF interview requires clinical benchmarking, then all appointable applicants (up to a maximum of 5 per post) at the ACF interview without an NTN/DRN in the specified specialty should attend clinical benchmarking.

The top ranked applicant at the ACF interview should be informed that the ACF offer is conditional on attaining the required standard at the national clinical assessment/interview. The reserve ACF appointable applicants should be informed of their appointability at the ACF interview and of their reserve status.

Offers and notification of reserve status, where necessary, should be provided from 8<sup>th</sup> January 2018.

**6) Will all applicants need to attend clinical benchmarking?**

No. If the applicant already holds a NTN/DRN in the same GMC specialty as their NIHR ACF application, there is no need for them to attend a national clinical assessment/interview as they will have previously met the required clinical standard.

Applicants holding a DRN for core training (e.g. in Core Medical Training) who are applying for academic training in a linked specialty at the same level (e.g. Cardiology ST1) will not be required to undergo clinical benchmarking. However, applicants holding a DRN applying for academic training at higher specialist level (i.e. ST3/4) will be required to attend clinical benchmarking at the appropriate level.

**7) What are the options for applicants filling out the standard clinical training application form?**

Applicants who have applied for or are intending to apply for an ACF will be asked to answer an additional question within the clinical specialty application on Oriel. This is to determine whether they are attending academic recruitment only (i.e. clinical benchmarking only) or whether they wish their standard clinical application to be considered for both academic and clinical appointments; the two options are described below. Once they have made their selection and submitted the standard clinical application form they will not be able to change this decision.

**Standard clinical application form options:**

- A. Academic Recruitment only:** This option informs the HEE local office that an applicant wishes for their standard clinical application form to be used for clinical benchmarking for the ACF post they have applied for only. They will only be invited to standard clinical interviews if they were appointable at the ACF interviews and thus invited for clinical benchmarking. This selection informs the HEE local office that they should remove the applicant from the offers process for the standard clinical training post. Their score will only be used to assess whether they reached the level of appointability and they should be informed of the outcome as soon as possible.
- B. Academic Recruitment and Specialty Training:** This option advises the HEE local office that in addition to using the standard clinical application for clinical benchmarking as part of the ACF recruitment process (option A), they would also like to be considered for a standard clinical training post in the related specialty. Their score will be used to assess whether they reached the level of appointability for the ACF post offer and they should be informed of the outcome as soon as possible. If their score is high enough to be appointed to a standard clinical training post then they will receive this offer when the national standard clinical training offers window opens. *\*Guidance on accepting posts is detailed below.*

**8) Will applicants who hold a NTN in a different GMC specialty to the ACF they are applying for be required to attend clinical benchmarking?**

Yes. Although they have met the required standard in a national clinical interview previously, it was not in the same GMC specialty. Different specialties assess different skills and competences at interview and therefore it should not be assumed that success in one clinical interview is appropriate for all specialties.

**9) As applicants now attend a separate clinical interview, can the NIHR ACF interview now cover academic topics only?**

This is at the interview panel's discretion. The NIHR ACF interview should cover clinical-academic and academic elements. The addition of clinical specific questions is at the interviewing panels discretion.

**10) Do we need to set up separate clinical benchmarking interviews for those that have applied for NIHR ACF posts?**

No. It is expected that applicants will attend the specialty-specific national clinical interviews that already take place between January and May.

**12) How do we manage the offers process?**

Offers to NIHR ACF posts should be made in line with the published academic recruitment timeline, through Oriel. Following ACF interviews if the preferred applicant holds a NTN or equivalent in the same GMC specialty they should be offered the ACF post.

A conditional offer should only be given if the top ranked applicant at the ACF interview requires clinical benchmarking. The conditional offer relates to the applicants reaching the required standard at clinical benchmarking.

It is the responsibility of the HEE local office that has been allocated the ACF post to release applicant offers/conditional offers, not the HEE local office responsible for clinical benchmarking.

The applicants will be ranked based on the ACF interviews regardless of their ranking in the national clinical interview. If the top ranked ACF applicant fails clinical benchmarking, then the 2<sup>nd</sup> reserve applicant should be given an unconditional/conditional offer, dependent on the requirement for clinical benchmarking, where relevant.

Where possible the change in offer from conditional to unconditional/withdrawn following clinical benchmarking should occur as soon as possible and is not dependent on the national standard clinical offers window, as it relates to the ACF round 1 offers process not the national standard clinical timeframes.

**13) Do applicants receive a rank at clinical interviews when being clinically benchmarked?**

It depends on the option selected in the standard clinical application form.

ACF applicants who select:

- A. Academic Recruitment only** will not receive a rank at the standard clinical assessments/ interviews.
- B. Academic Recruitment and Specialty Training** will receive a rank at the standard clinical assessments/interviews.

**14) What happens if an applicant, who we make an academic offer to, fails to reach the required standard at clinical benchmarking?**

Their conditional academic offer will need to be withdrawn by the HEE local office where the ACF will be based and this will need to be communicated to the applicant.

Under these circumstances, if the second ranked applicant already has the relevant NTN/DRN or has passed clinical benchmarking they may be offered the ACF post. If the post is rejected, then offers should continue through the ranking to the other ACF applicants deemed appointable at the ACF interview and who have been successfully clinically benchmarked (where required).

**15) What is the required standard for NIHR ACF candidates undergoing clinical benchmarking?**

Applicants who do not hold an NTN/DRN will need to be assessed and interviewed through the relevant national process for the specialty. The applicant will be required to reach the threshold of 'appointability' at national selection assessment/interview. They do not need to have been ranked high enough to have received a specialty training post i.e. 'appointed'.

Applicants that do not reach the appointable score threshold at national selection assessment/interview will have their ACF offer (or place on reserve list) withdrawn.

All ACF offers to applicants not holding an NTN/DRN must clearly state that this is a conditional offer subject to passing the threshold of appointability in the national process and that offers will be withdrawn from candidates that are unsuccessful in that process.

It is important that specialties clearly determine their appointable threshold in a way that is transparent, fair, and equitable to all ACF applicants. It is recommended as best practice that cut-off scores are agreed prior to interviews.

**16) What is the timescale for an applicant accepting an ACF post after clinical benchmarking?**

It depends on the level of the NIHR ACF post that you are applying, round 1 NIHR ACF interviews will take place in November/December 2017. Standard clinical assessments/interviews for ST1 specialties will take place between December 2017 and March 2018. ST3/4 standard clinical assessment/interviews take place between March and April 2018.

## FAQs Round 1 2018 NIHR ACF – Applicants

2018 NIHR ACF Recruitment window 9<sup>th</sup> October 2017 – 31<sup>st</sup> March 2019

### 2018 ACF Timetable Round 1

<b>Applications Window</b>	9 <sup>th</sup> October 2017 to 6 <sup>th</sup> November 2017	
<b>Interview Window</b>	8 <sup>th</sup> November 2017 to 22 <sup>nd</sup> December 2017	
<b>Initial Offers Issued</b>	8 <sup>th</sup> January 2018	<b>Hold Deadline</b> 15 <sup>th</sup> January 2018
<b>No upgrades</b>		

### 2018 ACF Re-advert timetable – January 2017 – 31<sup>st</sup> March 2019

#### *Optional 2018 ACF Re-advert timetable enabling clinical benchmarking:*

<b>Application window</b>	22 <sup>nd</sup> January 2018 to 9 <sup>th</sup> March 2018
<b>Interview window</b>	11 <sup>th</sup> March 2018 to 9 <sup>th</sup> April 2018
<b>No upgrades</b>	

The following guidance is for NIHR ACF recruitment into all General Medical Council (GMC) specialties. Please note this now includes posts in General Practice and Cardio-thoracic surgery.

### 1) I wish to apply for an NIHR ACF post to commence in 2018. What is the process?

NIHR ACF posts are allocated annually to Integrated Academic Training (IAT) partnerships comprising a HEE local office, Higher Education Institute (HEI) and NHS organisation. The recruitment process is managed by the relevant HEE local office in the IAT partnerships and advertisements will appear on their websites and Oriel from October 2017. You will need to apply for NIHR ACF posts using the Oriel online application system (<https://www.oriel.nhs.uk/Web/>). The 2018 NIHR ACF recruitment window runs from October 2017 to 31<sup>st</sup> March 2019, this is divided into round 1 (October 2017 – December 2017) and re-adverts (January – 31<sup>st</sup> March 2019).

**ACF application form:** Applicants will need to complete the ACF application form for the ACF posts advertised in the relevant specialties and levels through Oriel.

**Specialty training application form:** ACF applicants who would require clinical benchmarking, if they were successful at the ACF interview, will need to complete the relevant specialty training application, when the national application window opens. *\*Specialty training application form options and a definition of those applicants requiring clinical benchmarking is detailed in FAQ 2 and 3.*

Following assessment of the ACF application forms, shortlisted applicants will be invited for ACF interviews (November - December 2017) organised by the HEE local office hosting the ACF post. The ACF interview has several components assessing the clinical–academic potential of the applicant. Appointable applicants at the ACF interviews will be ranked, with the top ranked applicant being offered the ACF post (conditionally if clinical benchmarking is required) when the offers window opens on 8<sup>th</sup> January 2018. This is summarised in Figure 1 the schematic of the NIHR ACF recruitment process.

Conditional offers will be given to successful applicants at the ACF interviews that do not already hold a National Training Number (NTN) or Deanery Reference Number (DRN) in the GMC specialty and level to which they are applying. The condition of the offer relates to clinical benchmarking in the GMC specialty of the ACF post for which you are applying.

*\*Clinical benchmarking is defined in FAQ 2.*



If the top ranked applicant at the ACF interviews requires clinical benchmarking then reserve appointable applicants, at the ACF interview, will also be invited for clinical benchmarking if required. An unconditional offer to the reserve applicants, who pass clinical benchmarking, is dependent on the applicants ranked higher at the ACF interviews withdrawing or failing clinical benchmarking.

## 2) What is clinical benchmarking?

Clinical benchmarking relates to reaching the threshold of appointability at the national standard clinical interviews/assessments for the GMC specialty and level of ACF post for which you are applying. Only applicants successful at the ACF interviews that do not hold an NTN/DRN in the GMC specialty and level to which they are applying need to be clinically benchmarked.

For example:

- Applicants who hold a DRN in a core specialty, who are applying for an ACF at ST3/4 will be required to attend clinical benchmarking at the higher level. The clinical interview that resulted in the award of the DRN will not be acceptable for clinical benchmarking.
- Applicants who hold an NTN at ST3 in Cardiology, who are applying for an ST3 cardiology post do not need to attend clinical benchmarking as they would have already passed the clinical benchmarking for this post.

Applicants, who fail to reach the appointability threshold at clinical benchmarking, will be ineligible for appointment to the ACF post in that recruitment round. Under these circumstances the conditional ACF offer will be withdrawn. If applicants require clinical benchmarking at national clinical assessment/interviews then the HEE local office hosting the ACF post will arrange this.

Withdrawal of a conditional ACF offer does not prevent the affected applicants from reapplying in future recruitment rounds.

## 3) Do I need to submit a separate application for standard clinical training in that specialty in order to be able to attend an interview for clinical benchmarking?

If you require clinical benchmarking then you **must** also complete a separate standard clinical application form. You will be asked on your standard clinical application form whether you wish to be considered for academic recruitment only (i.e. clinical benchmarking only) or whether you wish your standard clinical application to be considered for both academic and clinical appointments. The two options are described below, once you have made your selection and submitted the standard clinical application form you will not be able to change this decision

### Standard clinical application form options:

- **Academic Recruitment only:** This option informs the national recruitment office that you wish your standard clinical application form to be **only** used for clinical benchmarking for the ACF post you have applied for. You will only be invited to standard clinical interviews if you were appointable at the ACF interviews and thus invited for clinical benchmarking. This selection informs the national recruitment office that they should remove you from the offers process for the standard clinical training posts. Your score will only be used to assess whether you reached the level of appointability, you should be informed of the outcome as soon as possible.
- **Academic Recruitment and Specialty Training:** This option advises the national recruitment office that in addition to using the standard clinical application for clinical benchmarking as part of the ACF recruitment process, (option 1), you would also like to be considered for a standard clinical training post in the related specialty. Your score will be used to assess whether you reached the level of appointability for the ACF post offer and you should be informed of the outcome as soon as possible. If your score is also high enough to be appointed to a standard clinical training post, then you will receive this offer when the national standard clinical training offers window opens. *\*Guidance on accepting ACF posts is detailed below*

## 4) I currently hold a clinical NTN in the GMC specialty associated with the ACF I am applying for. Do I need to be clinically benchmarked?

No. You will have already passed the assessment at the national clinical interview for this GMC specialty and therefore will not have to do so again.

**5) I currently hold a Deanery Reference Number (DRN) having previously successfully applied for core level training. Will I still need to be clinically benchmarked?**

It depends on the level of training of the ACF that is being applied for.

If you hold a DRN whilst applying for a post linked to a GMC specialty that has relevant core level training (e.g. core trainee in Anaesthetics, Core Medical Training for medical specialties and Core Surgical Training for surgery), then you will have already passed the assessment at the clinical interview previously and therefore will not have to do so again.

However, if you hold a DRN for core training but are applying to academic training at a higher training level (i.e. ST3/4) you will need to attend a national clinical assessment/interview at the appropriate level.

If the core level training you are undertaking is not relevant to the GMC specialty you will be applying for in the NIHR ACF round, then you will need to undergo clinical benchmarking.

**6) I hold a National Training Number, but not in the same GMC specialty that I am applying for academic training. Will I still need to be clinically benchmarked?**

Yes. Although you have met the required standard in a national clinical interview before, it was not in the same GMC specialty. Therefore, to ensure a consistency of approach with all applicants, you will need to undergo clinical benchmarking for this GMC specialty.

**7) When will ACF offers be released?**

Academic round 1 offers will be released in January 2018. If you already hold an NTN in the relevant GMC specialty and are the preferred candidate following the ACF interview, then you can be offered the post. If you require clinical benchmarking, then the offer will be conditional upon meeting the required standard in the clinical assessment/interview.

**8) What is the process of accepting an ACF post after clinical benchmarking?**

If, after confirmation of clinical benchmarking you choose to accept your ACF post, you must ensure that you withdraw from all other applications that you have submitted. It is your responsibility to contact the appropriate lead recruiter(s) and inform them that you would like to withdraw your application. This should be done within 5 working days of confirmation of clinical benchmarking. Withdrawal from other applications will not automatically occur through Oriol.

**9) What happens if I do not reach the required standard at clinical benchmarking?**

Your NIHR ACF offer will be withdrawn by the relevant HEE local office.

**10) Would I receive a rank at clinical interviews when being clinically benchmarked?**

It depends on the option selected in the standard clinical application form.

ACF applicants who select:

- **Academic recruitment only** will not receive a rank at the standard clinical assessments/interviews.
- **Academic recruitment and specialty training** will receive a rank at the standard clinical assessments/interviews.

**11) What will be the likely delay between my round 1 ACF interview and clinical benchmarking?**

It depends on the level of the NIHR ACF post that you are applying for. Round 1 NIHR ACF interviews will take place in November/December 2017.

Standard clinical assessments/interviews for ST1 specialties will take place between January and March 2018. ST3/4 standard clinical assessment/interviews take place between March and April 2018.

# FAQs Re-advertisement 2018 NIHR ACF

**2018 NIHR ACF Recruitment window 9<sup>th</sup> October 2017 – 31<sup>st</sup> March 2019**

**2018 ACF Timetable Round 1**

<b>Applications Window</b>	9 <sup>th</sup> October 2017 to 6 <sup>th</sup> November 2017	
<b>Interview Window</b>	8 <sup>th</sup> November 2017 to 22 <sup>nd</sup> December 2017	
<b>Initial Offers Issued</b>	8 <sup>th</sup> January 2018	<b>Hold Deadline</b> 15 <sup>th</sup> January 2018
<b>No upgrades</b>		

**2018 ACF Re-advert timetable – January 2017 – 31<sup>st</sup> March 2019**

***Optional 2018 ACF Re-advert timetable enabling clinical benchmarking:***

<b>Application window</b>	22 <sup>nd</sup> January 2018 to 9 <sup>th</sup> March 2018
<b>No upgrades</b>	

**1) What is the process for re-advertising and recruiting to unfilled NIHR ACF posts from academic round 1?**

In order to re-advertise NIHR ACF posts, NIHR needs to be made aware of recruitment outcomes in round 1. For example: Accepted unconditional offer, Conditional offer or Unfilled posts. The 2018 NIHR ACF recruitment window runs from October 2017 to 31<sup>st</sup> March 2019, this is divided into round 1 (9<sup>th</sup> October 2017 – 23<sup>rd</sup> December 2017) and re-adverts (January – 31<sup>st</sup> March 2019).

Recruitment outcomes, specialty change requests and general queries should be sent to [IAT.Management@nihrtcc.org.uk](mailto:IAT.Management@nihrtcc.org.uk). This will allow accurate re-advertised posts to be shown on the NIHR website and provide information regarding the current status of posts.

Unfilled ACF posts, requiring re-advertisement, are published on the NIHR website. In order to keep the document up to date NIHR needs to be made aware of any changes in ACF post status from unfilled to accepted/conditional etc. An update should be sent as soon as the individual post's status has changed.

Re-advertising unfilled posts, should commence as soon possible after the posts have been confirmed as unfilled and NIHR has been notified. NIHR need to be made aware of unfilled NIHR ACF posts as soon as possible. The deadline for successful applicants to be in post for 2018 allocated NIHR ACFs is 31<sup>st</sup> March 2019. Where possible recruitment to unfilled posts should continue until the post is filled. If the post is unfilled on 31<sup>st</sup> March 2019 then the NIHR ACF post will be withdrawn from the IAT partnership's allocation.

**2) How can applicants for re-advertised ACF posts attend clinical benchmarking?**

To facilitate successful ACF applicants attending clinical benchmarking, where possible, re-advertised ACF posts should follow the following timetable:

**ACF Timetable Re-adverts**

<b>Application window</b>	22 <sup>nd</sup> January 2018 to 9 <sup>th</sup> March 2018
<b>Interview window</b>	11 <sup>th</sup> March 2018 to 9 <sup>th</sup> April 2018

Please note following the above timetable is advised to maximise the availability of clinical benchmarking interviews. However, it is not mandatory and recruitment to unfilled posts should continue until the post is

filled (up to 31<sup>st</sup> March 2019), assuming the applicants have already been or scheduled to be clinically benchmarked in the current round or already hold an appropriate NTN/DRN.

Successful applicants at the ACF interview should be notified of their offers as soon as possible. If the successful applicants at the ACF interviews require clinical benchmarking then this should be coordinated through Health Education England (HEE) local offices and the lead recruiter for the related specialty as soon as possible to ensure placement at the national clinical training interviews, as per round 1.

**3) What is the process if the ACF applicant has not applied for standard clinical training in addition to the ACF?**

Where clinical recruitment at the appropriate level and specialty as the re-advertised ACF post is available in the 2018 NIHR recruitment window, applicants **must** also complete the clinical application form. If the clinical application is not completed, then the ACF application may be withdrawn by the lead recruiters.

**4) What happens if national clinical training interviews are unavailable for clinical benchmarking?**

Where standard clinical training interviews are unavailable then only the following applicants will be eligible for re-advertised ACF posts:

- applicants that are scheduled to be clinically benchmarked in the current round;
- applicants who have been successfully clinically benchmarked in the current round;
- applicants who hold an appropriate NTN/DRN are eligible for the post.

**5) When are the national clinical training interview windows for clinical benchmarking?**

National clinical interview windows, for specialty training and clinical benchmarking:

Round 1 - CT1/ST1 and Run-Through	27 <sup>th</sup> December 2017 to 5 <sup>th</sup> March 2018
Round 1- CT1/ST1 Re-adverts	10 <sup>th</sup> April 2018 to 27 <sup>th</sup> April 2018
Round 2 - ST3/ST4+ Recruitment	5 <sup>th</sup> March 2018 to 25 <sup>th</sup> April 2018

**6) What if the ACF post is unfilled following the re-advertisement timetable?**

Re-advertising unfilled NIHR ACF posts should continue beyond the re-advert time line, where necessary to ensure the posts are filled by 31<sup>st</sup> March 2019. However, the NIHR ACF adverts should state that the following applicants are eligible:

- applicants that are scheduled to be clinically benchmarked in the 2018 NIHR ACF recruitment window;
- applicants must have been successfully clinically benchmarked in the 2018 NIHR ACF recruitment window;
- applicants who hold an appropriate NTN/DRN are eligible for the post.

**7) Do successful ACF applicants, for re-advertised posts, who have passed clinical benchmarking in academic round 1 have to be clinically benchmarked again?**

If the ACF applicant has been clinically benchmarked, in the same GMC specialty and level, as their NIHR ACF application (since 2018 ACF recruitment opened) then the applicant will not require further clinical benchmarking. However, HEE local office recruitment teams will need to confirm evidence of clinical benchmarking from the relevant national recruiter.

When applicants are invited to the ACF interview, the HEE local offices will be responsible for ascertaining if they require clinical benchmarking for that specialty. If the applicant has previously been deemed appointable and may even have been offered a post, they must inform the HEE local offices and provide evidence. They will not be required to undertake further clinical benchmarking.

## Appendix 2 - 2018 NIHR ACF Academic Person Specification

	ESSENTIAL	DESIRABLE	WHEN EVALUATED <sup>1</sup>
<b>ELIGIBILITY</b>	Evidence of achievement of Foundation competences	Evidence of commitment to the specialty- Intercalated honours for BSc and/or additional qualifications e.g. MSc etc Distinction or honours during MBBS programme Completion of Academic Foundation Programme or equivalent	Application Form
<b>KNOWLEDGE &amp; ACHIEVEMENTS</b>	Demonstration of acquisition of the level of knowledge and skills necessary for the completion of F2 Demonstration of, understanding of, and commitment to, an academic career	Demonstration of good general knowledge / broad interest in science and academic medicine Prizes or distinctions Presentation of work at a national or international meeting Publications in peer reviewed journals Additional degree or MSc in relevant subject area Research experience Demonstration of knowledge of the clinical academic career pathway	Application Form and selection centre
<b>EDUCATIONAL &amp; PERSONAL ASPECTS</b>	Demonstration of understanding and commitment to academic career Support of an academic referee for this application	Demonstration of educational reasons for applying for this Academic Clinical Fellowship programme Demonstration of personal reasons for applying for this Academic Clinical Fellowship programme	Application Form and selection centre
<b>COMMUNICATION SKILLS</b>	As for standard person specification criteria	Evidence of team working skills Evidence of leadership potential Evidence through scientific publications and presentations	Application Form and selection centre

Please note that candidates with MB/PhDs or other relevant higher degrees are eligible for the scheme.

<sup>1</sup> 'when evaluated' is indicative, but may be carried out at any time throughout the selection process

# Appendix 3 - 2018 NIHR ACF Advert Guidance

## Minimum content for 2018 NIHR ACF adverts:

**Post type:** NIHR Academic Clinical Fellowship

**GMC Specialty and level(s):**

If a multi-specialty option available then include the following post information statement:

Please note that an appointment may not be made in this specialty. There will be 1 ACF post in either <GMC Specialty 1 and levels> OR <GMC Specialty 2 and levels> OR <GMC Specialty 2 and levels>.

**Host integrated academic training partnership details:**

**HEI:**

**NHS Organisation:**

**HEE local office:**

**\*NIHR Priority Research Theme (where appropriate):**

**Proposed Research:**

Outline the proposed research associated with this post and how it will support the NIHR priority theme.

**Outline the clinical and academic programme post (either web link or provide details).** Include details of protected academic time.

NIHR ACF Person specification – either attached or a link to the document on the NIHR ACF webpage

Link to further information regarding NIHR ACF post on the HEE local office webpage and NIHR ACF webpage.

Job description – an attachment to the advert or link.

*\*The 2018 NIHR priority Research Themes are:*

- i. Platform Science and Bioinformatics*
- ii. Therapeutics or Clinical Pharmacology*
- iii. Older People and Complex Health Needs*
- iv. Dementia*
- v. Medical Education*
- vi. Acute Care*

# **Appendix 4 - Shortlisting Guidance Notes**

## **2018 NIHR Academic Clinical Fellowships**



## **Introduction**

The shortlisting assessments for NIHR ACF posts should be appropriate for appointment to the ACF in the specialty and at the training level advertised. Each application should be rated as either "Shortlisted" or 'Not Shortlisted' for interview to the particular Integrated Academic Training post.

<b>Clinical experience:</b> Select appropriate evidence of experience relevant to ACF post entry level						
Criteria	No evidence	Minimum relevant clinical experience	Average relevant clinical experience	Above average relevant clinical experience	-	
Score	0	1	2	3		

<b>Degree in a relevant subject area:</b> Only score the highest degree awarded * BSc/BA/MSc/MRes or equivalent						
Criteria	No evidence	2-1 Intercolated Degree*	1st Intercolated Degree*	MPhil/PhD/MD in a relevant subject area	-	
Score	0	1	2	3		

<b>Prizes:</b> Awarded appropriate prizes						
Criteria	No evidence	One or more undergraduate	One or more post-graduate	-	-	
Score	0	1	2			

<b>Teaching experience:</b> Score formal teaching role where evidenced or higher education teaching qualification such as a FHEA						
Criteria	No evidence	Formal teaching role	Any higher education teaching qualification	-	-	
Score	0	1	2			

<b>Evidence of Scientific publications</b>						
Criteria	No evidence	Good quality published abstract(s) as a co-author	Several good quality published abstracts as a first author	Publication(s) in a major journal as a co-author	Publication(s) in a major journal as a first-author	
Score	0	1	2	3	4	

<b>Evidence of Scientific Presentations</b>						
Criteria	No evidence	Limited to local/regional levels	National level	International level	Several presentations at international level	
Score	0	1	2	3	4	

<b>Language Skills and content of evidence:</b> Assess the written English and how applicants link their experience to the post they are applying for						
Criteria	No evidence of competence in written English	Competence in and reasonable use of written English	Competence in and reasonable use of written English some evidence relevant linked application	Clear and concise use of appropriate written English, provides relevant evidence throughout	-	
Score	0	1	2	3		

<b>Academic experience:</b> Rate a subjective assessment of academic experience balancing achievements with career stage. For example, an applicant currently in their FY2 year with the same quantifiable academic achievements (publications, prizes, degrees etc) as an applicant at ST3 level would score highly						
Criteria	No evidence of relevant academic experience	Evidence of minimum relevant academic experience	Evidence of average relevant academic experience	Evidence of above average academic experience	-	
Score	0	1	2	3		

<b>Academic potential:</b> Rate a subjective assessment of academic potential balancing achievements with career stage.						
Criteria	No evidence of relevant academic potential	Evidence weak	Evidence limited	Evidence ample	Evidence outstanding	
Score	0	1	2	3	4	

**Shortlisting Outcome**

**Total score = /28**

Select:	Not Shortlisted for ACF Interview	Shortlisted for ACF Interview
---------	-----------------------------------	-------------------------------

## **Appendix 5 - Interview Guidance Notes**

2018 NIHR Academic Clinical Fellowships

## **Introduction**

The interview for NIHR ACF posts should be at least 30 minutes long and appropriate for appointment to an ACF at the training level advertised. Each candidate should be rated as either 'Appointable' or 'Not appointable' to the particular Integrated Academic Training post. In addition, candidates should be ranked based on their total scores, with the highest scoring candidate being offered the post, dependent on clinical benchmarking. The remaining appointable applicants will be notified that they are appointable but are reserve applicants.

'Average', 'Good', 'Very good' and 'Exceptional' relate to comparison with ACFs already in the programme where appropriate (at the time of their appointment).

## **ACADEMIC: SCIENTIFIC**

### **Understanding of data**

Applicant provided with a generic dataset/publication (e.g. outcomes following an intervention) to consider for 10 minutes immediately prior to being interviewed.

### **Ability to explain a dataset concisely to a scientific audience**

"Please explain the data you have been shown"

<b>Negative indicators</b>			<b>Positive Indicators</b>			
Little appreciation of issues such as experimental design, statistics, power calculations, appropriate controls.			Clear communication; Ability to summarise data/design succinctly. Discussion of relevant controls and confounders; discussion of statistical analysis			
Outcome	Little or no evidence	Acceptable	Average	Good	Very good	Exceptional
Score	0	2	4	6	10	16

### **Ability to explain the result to a lay audience**

"Please briefly explain this data for a lay audience"

<b>Negative indicators</b>			<b>Positive Indicators</b>			
Inappropriate use of technical terms, technical language and complicated sentence structures.			Clear communication; clear, plain English summary; able to explain significance in lay terms.			
Outcome	Little or no evidence	Acceptable	Average	Good	Very good	Exceptional
Score	0	1	2	3	5	8

### **Evidence of academic achievements to date**

This should reflect demonstrable achievements rather than 'just' posts held.

"Please summarise your academic achievements and your personal contribution"

<b>Negative indicators</b>			<b>Positive Indicators</b>			
Little demonstrable academic activity; academic activity without productivity			Degrees; publications; prizes; posters; presentations; projects completed*			
Outcome	Little or no evidence	Acceptable	Average	Good	Very good	Exceptional
Score	0	1	2	3	5	8

\*Scoring should reflect whether prizes etc. were at a local, national or international setting.

### **Knowledge of science/academic medicine related to the advertised ACF post**

“Can you tell us what area of research linked with this/these ACF post interests you?”

<b>Negative indicators</b>			<b>Positive Indicators</b>			
Little evidence of prior thought about specific projects; little evidence of knowledge of local expertise; little knowledge of relevant methodological approaches that might be relevant			Knowledge of area of endeavour; Knowledge of local expertise; appropriate ideas for a possible project*; Understanding of relevant methodological approaches (e.g. strengths and limitations)			
Outcome	Little or no evidence	Acceptable	Average	Good	Very good	Exceptional
Score	0	2	4	6	10	16

\*candidates are not expected to have planned a specific research project/programme since this will be achieved during the ACF time, but should be able to discuss possible themes, ideas, or research questions relevant to the academic/research environment.

### **Experience of research**

“Can you describe your personal practical experience of research (in any form)?”

<b>Negative indicators</b>			<b>Positive Indicators</b>			
Little experience; little or superficial understanding of challenges, pitfalls, need for funding			Relevant practical experience; understanding of the pitfalls and limitations from practical experience; ability to discuss how research activities proceed in principle (in any field); ability to discuss PPI/PPE (patient/public involvement/engagement)			
Outcome	Little or no evidence	Acceptable	Average	Good	Very good	Exceptional
Score	0	1	2	3	5	8

### **General/broad knowledge of other areas of science/academic medicine**

“Can you share with us some aspect of academic medicine/clinical or basic research that you have read recently that excited you, outside of your immediate area of interest?”

<b>Negative indicators</b>			<b>Positive Indicators</b>			
Little evidence of reading or exploration; little understanding of relevant methodological approaches available across biomedicine			Knowledge and understanding of new findings in their field; evidence of reading across fields outside their immediate interest; evidence of ability to identify a research development outside their field which could be utilised in their area of interest. Understanding of relevant methodological approaches; (e.g. strengths and limitations)			
Outcome	Little or no evidence	Acceptable	Average	Good	Very good	Exceptional
Score	0	1	2	3	5	8

### **ACADEMIC: TEACHING**

Communication skills demonstrated through this description of teaching.

“Give an example of teaching performed, explaining the approach used.”

<b>Negative indicators</b>			<b>Positive Indicators</b>			
----------------------------	--	--	----------------------------	--	--	--

Inappropriate level / content; spoon-feeding rather than active learning; lack of evaluation or quality improvement. Poor communication.			Evidence that the level/content was appropriate for the learners; evidence of an approach that involved active learning; evidence of evaluation, feedback and quality improvement			
Outcome	Little or no evidence	Acceptable	Average	Good	Very good	Exceptional
Score	0	1	2	3	5	8

### **BALANCING YOUR CLINICAL AND ACADEMIC RESPONSIBILITIES**

“What do you see are the challenges to balancing the clinical and academic roles? Give an example of how you have overcome similar career challenges so far. What skills will you need and how will you develop them?”

<b>Negative indicators</b>			<b>Positive Indicators</b>			
Little appreciation of issues such as time management, clinical / externally driven pressures, recourse to the support of others in protecting academic time			Clear communication; example of time management/ protecting time given; clear on need for skills to protect academic time; recourse to academic supervisor/programme director			
Outcome	Little or no evidence	Acceptable	Average	Good	Very good	Exceptional
Score	0	1	2	3	4	5

**Total score = 177**

### **APPOINTABILITY TO INTEGRATED ACADEMIC POST**

The panel should consider the local academic research training environment and any academic research aspirations of the candidate and determine whether those aspirations can be fulfilled through appointment to this post.

Outcome	No	Yes
Score	Unsuccessful	0

Interview panel to determine whether candidate is appointable to the ACF post in the institution in which it is to be held

Academic Outcome	Unacceptable for appointment to ACF at training level advertised	Acceptable for appointment to ACF at training level advertised
Select	Unsuccessful	Successful