

IAT Guide

1. INTRODUCTION AND BACKGROUND

This guide outlines the arrangements for the National Institute for Health Research (NIHR) Integrated Academic Training (IAT) Programme in England. NIHR launched the IAT Programme in 2005/06 following recommendations from the report “Medically and dentally-qualified academic staff: Recommendations for training the researchers and educators of the future”.

The programme supports the training of doctors and dentists in England to develop their clinical academic careers and is delivered through a number of schemes that rely on close partnership between the NIHR, Health Education England (HEE), medical schools and NHS organisations.

NIHR allocates NIHR Academic Clinical Fellowships (ACFs) and NIHR Clinical Lectureships (CLs) to partnerships of organisations comprising medical schools/dental schools (and their partner universities), HEE local offices and partner Trusts. These posts fit within the specialty training period and allow trainees to combine clinical and academic training.

NIHR also offers a range of personal awards that support different levels of training:

- NIHR Fellowship Programmes are open to applicants from all professional backgrounds including medics and dentists and are targeted at individuals with different levels of both pre- and post-doctoral experience;
- NIHR In-Practice Fellowships (IPF, pre-doctoral) are available to fully qualified General Practitioners (GPs) and General Dental Practitioners (GDPs) who wish to enter academia whilst maintaining clinical positions;
- NIHR Doctoral Fellowships follow an ACF or IPF and support trainees to undertake a PhD either full-time or part-time;
- NIHR Advanced Fellowships offer doctors and dentists, both pre- and post-CCT/CCST, up to a total of eight years postdoctoral support to develop a substantial piece of research in a combined clinical academic role at Higher Education Institutes (HEI) or NHS organisations.

Figures 1a and 1b show simplified overviews of the IAT pathways for doctors and dentists, respectively, indicating the range of awards available to support clinical academic training and facilitate career progression.

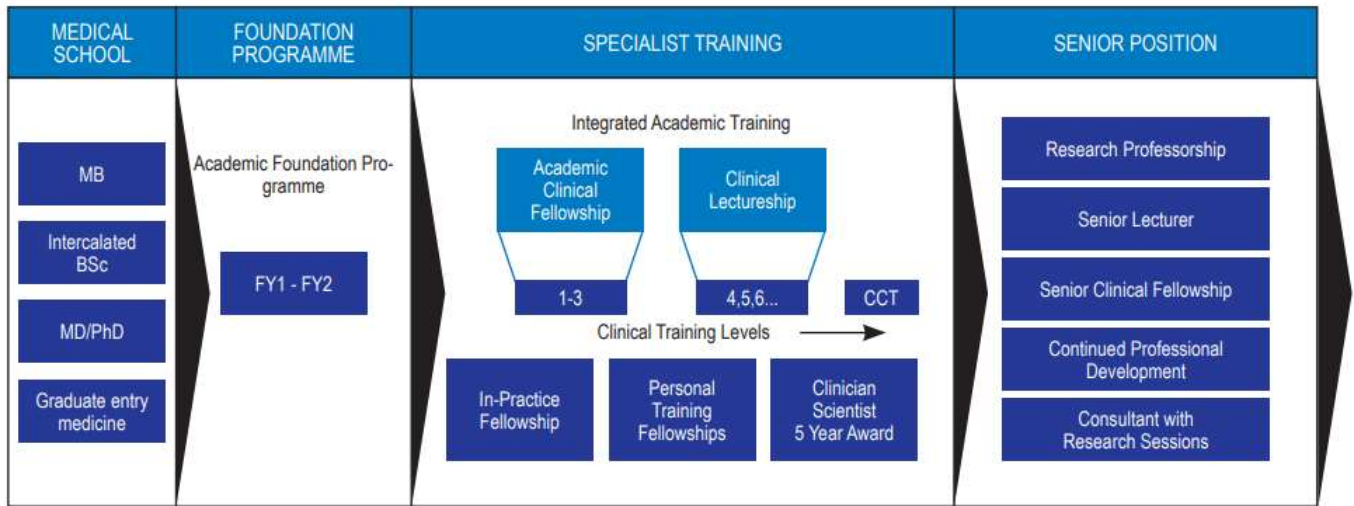


Figure 1a. Integrated Academic Training Pathway (Medicine)



Figure 1b. Integrated Academic Training Pathway (Dentistry)

The NIHR provides national oversight for the IAT programme through the NIHR Academy. The NIHR Academy works closely with partners to develop and manage the programme to ensure it successfully delivers an academic training pathway that is attractive and supportive for doctors and dentists in England.

2. THE NATIONAL INSTITUTE FOR HEALTH RESEARCH (NIHR)

The NIHR was established in 2006 to improve the health and wealth of the nation through research.

Its mission is to provide a health research system in which the NHS supports outstanding individuals working in world-class facilities, conducting leading edge research focused on the needs of patients and the public.

Established by the Department of Health, the NIHR:

- funds high quality research to improve health
- trains and supports health researchers
- provides world-class research facilities
- works with the life sciences industry and charities to benefit all
- involves patients and the public at every step

The NIHR supports research from bench to bedside for the benefit of patients and the economy. It works with patients and the public to shape the research agenda, finding new ways of preventing, identifying and treating ill health, evaluating the effectiveness and impact of new healthcare treatments, and ensures that the best possible evidence is available to inform decisions about health and social care. Funding comes from the Department of Health Science, Research and Evidence Directorate and its activities are managed through coordinating centres, which include NIHR Academy.

3. PRINCIPLES AND OBLIGATIONS

The NIHR has worked with other funders including Wellcome, MRC, and Cancer Research UK, to create new guidance for UK institutions and clinical trainees in receipt of nationally competitive funding for clinical academic research training. A set of principles and obligations have been developed to support trainees progressing through the IAT pathway.

Aim/Purpose

This section sets out principles and obligations of all UK institutions and clinical trainees in receipt of nationally competitive funding for clinical academic research training.

Background

Almost all of the great advances in modern medicine have been the product of wide-ranging and collaborative expertise. The UK has a strong tradition of clinicians who combine treating patients with academic research. Positioned at the cutting edge of medicine and science, academic clinicians act as a bridge between the two, pushing forward the frontiers of medical and dental innovation.

Aspiring medical and dental academics face a range of challenges with a need to balance research, postgraduate training and the pressures of clinical service. Careers therefore require careful and sustained support. The development of clinical academics is of strategic importance to all funders of health related research.

This statement sets out the key principles and obligations for those responsible for clinical training, trainees and funders across the four nations in the UK to ensure clinical academic researchers are appropriately supported at critical stages and through the most difficult transitions in their careers.

These requirements are informed by recent reviews including a [cross funder review of early career clinical academics](#) which addressed enablers and barriers to progression; recommendations made in the recent [Shape of Training report](#) on the structure of postgraduate medical education and training across the UK; existing guidance (including RCUK's Statement of Expectations for Postgraduate Training), recommendations and statements of best practice. Discussions also took place at the [Walport 10th Anniversary Symposium](#) organised by the British Medical Association (BMA) in October 2015. This agreed a number of shared concerns and possible means of addressing them.

However, it is noted that clinical academic training sits within an evolving landscape and, therefore, this statement will be reviewed and updated on an on-going basis.

The outcome of academic training should be that trainees graduate as highly skilled and competent clinicians with the ability to deliver cutting edge research with impact, as well as acting as an inspirational teacher and role model.

The principles and obligations outlined below have been developed with input from a number of stakeholders. The following organisations have signed up to these;

The Academy of Medical Sciences, The British Heart Foundation, Cancer Research UK, Conference of Postgraduate Medical Deans of the United Kingdom, Integrated Academic Training Advisory Committee, Medical Schools Council, Medical Research Council, Health Education England, National Institute for Health Research, The Royal College of Physicians.

Principles

Clinical academic training¹ must operate within a trainee centred and mentored framework jointly overseen and implemented by the University Medical or Dental Dean, through a designated academic lead, and the Postgraduate Dean². It is noted that rarely clinical trainees will not be employed by an academic institution and will be conducting their academic research within a NHS Trust/ Board/ local authority. This training tripartite³ structure involving the academic institution (where appropriate), the NHS and the trainee is responsible for ensuring high quality clinical academic training with the following key features:

Obligations of those responsible for clinical academic training

- Clinical academic training must be personalised, planned and integrated across both clinical and academic areas. Immersion in academic research for periods of time should be valued and appropriately approved. Although this is time away from clinical training, it is a key aspect of career development. Trainee-centred flexibility in training should be the norm with sufficient protected time for research, to support the research competencies required in all clinical training curricula.
- The University Medical or Dental Dean, Postgraduate Medical or Dental Dean and academic lead should work collaboratively to ensure barriers to integration across academic bodies and deanery functions are addressed.
- Where individuals, on nationally competitive training awards, are required to change employers to pursue their clinical academic career pathway certain accrued employment rights, which are linked to continuous service of employment, must be protected. This includes any changes in employer from a NHS Trust/board to an academic institution or vice versa; in principle there should be no detriment to moving in either direction. These include as a minimum all family and care-related leave and pay (not limited to gender or sexual orientation) and sick leave and pay (irrespective of disability status or health history).
- Institutions must have a clear plan for promoting and achieving a diverse clinical academic workforce, along all protected characteristics and in all clinical specialties. Similar plans must exist with respect to the composition of the supervisory and mentoring pool as well as the management structure.
- Trainees must be provided with clear expectations on performance. These expectations should form the basis of assessments of progress. Tools used to manage and assess performance must meet the relevant professional regulator's statutory requirements for the approved clinical training e.g. General Medical Council (GMC) or General Dental Council (GDC) and local academic assurance systems.
- Trainees must have access to high quality mentorship, leadership and support to help the trainee pursue their next career steps.
- Where relevant, trainees must have access to appropriate programmes of research and management skills training including but not limited to informatics, robust research methods, experimental design, statistics, data analytics, ethics and core aspects of management and leadership training relevant to career stage.
- The clinical component of training should remain competency-based rather than time-based and must be managed appropriately by a postgraduate dean and be subject to the usual governance, quality management and quality assurance processes.⁴
- To participate in and facilitate the collection and sharing of data tracking the careers of academic trainees and those that have passed through academic training.

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¹Including population and public health clinical academic training.

²The Postgraduate Dean is directly responsible for the management of the trainee's clinical training programme, in line with criteria and standards defined by the General Medical Council (GMC) and other healthcare regulators.

³The training tripartite must consist of: (i) strong academic oversight via a designated clinical academic training lead to the University Medical or Dental Dean, or NHS Trust/ Board/ local authority equivalent, (ii) the Postgraduate Medical or Dental Dean who is directly responsible for the management of the trainee's clinical training programme, in line with criteria and standards defined by the GMC and other healthcare regulators, and (iii) the trainee.

⁴As laid down in the relevant Royal College and GMC guidelines e.g. Promoting Excellence.

Obligations of Trainees

- To take responsibility for their career development and performance academically and clinically through attainment of clinical competencies.
- To fully engage with the clinical academic training programme and, in particular, together with advice from supervisors, manage and direct their research project and training in line with their funder's guidance on good research practice.
- To fully engage with the professional responsibilities laid out by the professional regulator e.g. Good Medical Practice.
- To achieve the professional learning outcomes, to participate in local quality management and statutory quality assurance of clinical training.

- To provide feedback to enable effective monitoring and assurance of the application of these principles on request.
- To assist in the collection of data necessary to track their careers.
- Trainees are expected to provide support and guidance to medical/dental students and more junior trainees on the clinical academic training pathway.

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- To ensure that their approach to funding clinical academic careers is appropriately tailored to career stage, clear, accessible and easy to engage with.
- To support trainees during this period of training, consistent with the principles outlined in this section.
- To develop a meaningful approach to assurance of clinical academic training and ways to facilitate and share best practice. Detailed guidance will be developed in partnership across funders to enable effective monitoring of progress with the translation of these principles into practice.
- To include these principles and obligations in their terms and conditions of award

The British Medical Association and the British Dental Association were consulted on and provided input to this section and are supportive of the principles it contains.

4. RELATIONSHIP WITH GOLD GUIDES FOR CLINICAL TRAINING

This guide is designed to complement the Reference Guides for Postgraduate Specialty Training in the UK ([Medical Gold Guide](#) and [Dental Gold Guide](#)).

Trainees who are appointed to NIHR ACFs or NIHR CLs are undertaking clinical training and will therefore need to meet the clinical requirements for appointment and demonstrate appropriate clinical progression as well as academic progression.

5. DEVOLVED NATIONS

This guide covers the NIHR IAT Programme for doctors and dentists in England. Scotland, Wales, and Northern Ireland also support integrated academic training programmes and details may be found through the following websites:

- [NHS Scotland | Scottish Academic Training \(SCREDS\)](#)
- [Wales Deanery | Academic Medicine](#)
- [Northern Ireland Medical and Dental Training Agency \(NIMDTA\) | Academic Training](#)

6. NIHR DEAN FOR FACULTY TRAINEES' ADVISORY PANEL SUBGROUP

Oversight of the NIHR IAT Programme is through a Subgroup of the NIHR Dean for Faculty Trainees' Advisory Panel, which provides coordination of the training offered to those who move through the NIHR IAT Programme. The group is chaired by Professor Dave Jones, the NIHR Dean for Faculty Trainees, and brings together NIHR, research funders, HEE, medical and dental schools and other stakeholders, including trainees. The Subgroup:

- Advises and supports hosting organisations and relevant stakeholders on the quality and delivery of training programmes;
- Advises on opportunities and monitors inconsistencies across training posts, including locally funded posts;
- Promotes and disseminates best practice regarding supervision and mentorship;
- Provides a steer and coordinating role in supporting a balanced skill mix in training; and
- Brings together information and outcome data relating to training from funders and host organisations.

7. OTHER GROUPS RELATED TO INTEGRATED ACADEMIC TRAINING

Health Education England Clinical Academic Careers Stakeholder Group

The Health Education England Clinical Academic Careers Stakeholder Group (CACSG) has been established to set the strategic direction for delivery of the HEE Mandate. This supports clinical academic careers for health professionals and increases numbers of staff across all clinical and public health professions with a proper

understanding of research and its role in improving health outcomes; including an ability to participate in and utilise the results of research.

The scope of the work of the CACSG includes oversight of delivery of the HEE/NIHR Integrated Clinical Academic (ICA) Programme for non-medical healthcare professions, and how it best interfaces with the NIHR Integrated Academic Training (IAT) programme. The Stakeholder Group is chaired by the Chief Operating Officer of HEE. Membership includes representation from the HEE Director of Nursing and a Director of Education & Quality, Department of Health, NIHR (namely the Director of NIHR Academy and the NIHR Dean for Faculty Trainees), the Council of Deans, Chief Professional Officers, the Council for Allied Health Professions Research, and the Association of UK University Hospitals.

The CACSG also helped to develop HEE's Research and Innovation Strategy and the Clinical Academic Careers Framework.

NIHR IAT Operational Advisory Group

The group is chaired by the CEO of NIHR Academy and co-chaired by the English Postgraduate Dean for Academic Affairs. For each IAT Partnership that hosts ACF and CL programmes, there is both a nominated IAT lead who acts as the key point of contact for NIHR Academy and an IAT lead for each HEE local office. A list of these IAT leads can be found in Appendix 1. NIHR Academy and the IAT leads meet biannually to share knowledge and promote best practice about the management of IAT programmes. The aims of the IAT Operational Advisory Group are:

- To advise and support NIHR Academy in the national delivery of the NIHR IAT Programme;
- To share knowledge, promote closer working between partners and strengthen operational interfaces;
- To share best practice in the management of the IAT pathway and support for IAT trainees;
- To identify key changes/influences in the training landscape that may impact on IAT and consider how such changes might be managed;
- To identify other challenges and barriers that might impact on the delivery of IAT;
- To disseminate key information to IAT stakeholders; and
- To support NIHR Academy in its plans for national engagement with NIHR IAT trainees.

Beta

The group reports to the Dean for NIHR Trainees' Advisory Panel Subgroup and will also provide updates to the CACSG (as above).

Integrated Academic Training Advisory Committee (InterACT)

The role of InterACT is to provide input to the strategy for development of the Integrated Academic Training (IAT) pathway at a national level, to aid understanding of the challenges of academic training within the current training environment, and to engender a supportive environment in clinical departments and research institutions where clinical academic training takes place.

Membership of the InterACT group includes IAT leads for universities and HEE local offices, senior administrators from universities and HEE local offices who manage the programmes, representation from NIHR Academy, the Postgraduate Dean for Academic Affairs, the Chair of the Academy of Medical Sciences Careers Committee, representatives from devolved nations (Scotland, Wales and Northern Ireland), trainee representation and representation from funding bodies (MRC and Wellcome Trust). Meetings are held biannually and precede the NIHR IAT Operational Advisory Group. The aims of this group are:

- To provide input to the strategy for development of the IAT pathway and clinical academic training in general at a national level. This involves interactions with NIHR Academy and with other groups who oversee and/or advise on clinical training in general, including the General Medical Council (GMC), the Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD), the Academy of Medical Sciences, relevant Royal Colleges, HEE, and others;
- To provide coordinated feedback of local progress and issues relating to the IAT pathway to the NIHR Academy and, where appropriate, to other relevant bodies;
- To aid understanding of the challenges of academic training within the current training environment and to engender a supportive environment in clinical departments and research institutions where clinical academic training takes place;
- To provide a forum for sharing best practice in management on the IAT pathway by academic leads;
- To engage with funders of the clinical and/or academic components of clinical academic training as appropriate;

- To interact with relevant bodies in the devolved nations (Scotland, Wales, Northern Ireland) where it is considered that a unified, coordinated approach involving those organisations would benefit clinical academic training in England and the UK; and
- To interact with other organisations that encourage and/or support the clinical academic training agenda.

8. INTEGRATED ACADEMIC TRAINING POSTS

What is a NIHR Academic Clinical Fellowship (ACF)?

NIHR Academic Clinical Fellowships (ACFs) are specialty training posts that incorporate academic training. Both medical and dental ACFs spend 75% of their time undertaking specialist clinical training and 25% undertaking research training.

ACF posts are only available to medically- and dentally-qualified candidates and are aimed at those who, during the early stages of their specialty training, show outstanding potential for a career in academia. ACF posts have a maximum duration of three years, or four years for GPs and GDPs. During this time, alongside clinical training, ACFs will be able to develop their academic skills and be supported in preparing an application for a research training fellowship (to undertake a higher research degree). Success in these applications is defined as the endpoint of an ACF.

NIHR does not see immediate success of obtaining a PhD (or postdoctoral) fellowship as the only successful endpoint to an ACF. Trainees may need to continue in clinical training before applying for, or taking up, such a training fellowship, dependent on their current situation. The uptake of a fellowship, either immediately, or a later date is considered to be a successful ACF outcome.

The arrangements regarding clinical and academic time for ACF posts are agreed at a local level with academic and clinical leads and should be organised to ensure trainee-centred flexibility with protected time for research. Academic time can be organised in various ways including:

- One day per week;
- One week in four;
- One month blocks;
- One three-month block per year;
- A six-month block in the second year; or
- One nine-month block.

There are also options for Less than Full Time working (see Section 14).

ACFs are usually employed by an NHS organisation and hold an honorary contract with the university in which they work. The NIHR pays the full salary cost of the trainee (for both clinical and academic elements), a bursary for conference and travel (see Section 21) and funding for the formal taught Research Training Programme (RTP; see Section 11).

What is a NIHR Clinical Lectureship (CL)?

NIHR Clinical Lectureships (CLs) are specialty training posts that incorporate academic training. CLs spend 50% of their time undertaking specialist clinical training and 50% undertaking research training. The majority of CLs are employed by a university and hold an honorary contract in the NHS organisation in which they work; however it is also possible for CLs to remain employed by their existing NHS organisation and hold an honorary contract with the university. The NIHR will provide funding, via the Service Level Agreement with HEE, for the full salary costs of the trainee (for both clinical and academic elements) and a bursary for conference and travel (see Section 22).

The arrangements regarding clinical and academic time for CL posts are agreed at a local level with academic and clinical leads, as well as the HEE local office. Academic time can be organised in various ways including, but not restricted to:

- 2 ½ days per week
- Monthly or yearly blocks

Banding is not dictated by the NIHR and is negotiated locally with the NHS organisation. There are also options available for Less than Full Time working (see Section 14). Medical CLs are aimed at those who are relatively

advanced in their specialty training, dental CLs can allow entry to specialty training. CL applicants will have completed a research doctorate or equivalent and show outstanding potential for continuing a career in academic medicine or dentistry. The duration of a CL is for a maximum of four years or until CCT/CCST is reached (see Section 27), and it is expected that CLs will complete or be close to completing their specialty training during this period. Progression to CCT/CCST is competency based (not time-based) so having time protected for academic training should not affect CCT/CCST date provided the required clinical competencies are met. However, for some craft specialties clinical training may take longer (see Section 19).

Alongside clinical training, CLs will be able to further develop their academic skills and will be encouraged to apply for funding to support further post-doctoral training, e.g. AMS Starter Grants (see Section 22) and intermediate fellowships such as the NIHR Advanced Fellowship.

9. ALLOCATION OF POSTS

Allocations of medical ACF and CL posts are made to partnerships of organisations comprising medical schools (and their partner universities), HEE local offices and partner NHS organisations. Posts are allocated via a funding formula that, in part, takes into account NIHR funding awarded to the partners for specific types of NIHR support. In addition, further ACF and CL posts are allocated through competition. Competition ACFs and CLs are awarded in research theme areas that have been identified as priority areas by the Department of Health and NIHR. ACFs and CLs subsequently appointed into these competition posts will be expected to develop a research programme in that theme area. Importantly, these themes, which are multi-disciplinary in nature, all cover a wide spread of potential clinical specialities and appointees can train in one of a number of such specialities. This revised model for competition posts has been designed to address the challenge of cross-disciplinarity, and represents a significant opportunity for innovative thinking by partnerships.

Each year NIHR offers partnerships of dental schools, HEE local offices and NHS organisations two ACFs and one CL. The partnerships must demonstrate that they have the academic and clinical training capacity to accommodate any new posts.

Satisfactory progress by the trainee requires that both clinical and research training time are properly ring-fenced, but there can be flexibility in how time is allocated. It is the responsibility of supervisors, training programme directors and IAT leads to ensure that trainees are not pressured unfairly. For some trainees, research is best undertaken in blocks of three or six months; for others, research and clinical training is best integrated on a sessional basis each week. Just as the arrangements for timing clinical and research training are best made on an individual basis, so too should be the location of training. For many clinical academic trainees, clinical training is best arranged entirely in an academic centre where both clinical and research activities occur; for others, it may be useful to rotate to other clinical centres to acquire additional skills or experiences.

Allocation of Medical Posts by Formula

Each year, partnerships are informed of the number of posts allocated by formula and invited to propose their preferences for medical specialties based on academic strengths and ability to support each specialty clinically. Postgraduate Deans, Medical School Deans and IAT leads take collective responsibility for the specialty spread being proposed to the NIHR. All ACFs and CLs are specialty specific.

Competition for Additional Medical Posts

Partnerships are invited to submit a bid to compete for posts in priority areas. The local Postgraduate Dean, lead Postgraduate Dean, Medical School Deans, and IAT Leads are key in preparing the partnership bids for additional ACF and CL posts to support NIHR priority research themes. The following research themes have been selected for the 2021 and 2022 IAT Competition:

- i. Platform Science and Bioinformatics
- ii. Epidemiology and Public Health
- iii. Therapeutics or Clinical Pharmacology
- iv. Health Needs of Older People
- v. Dementia

vi. Medical Education

vii. Acute Care

viii. Mental Health

ix. Multimorbidity at Any Age

Eligible partnerships of medical schools, HEE local offices and NHS organisations may apply for up to 8 ACFs and 4 CLs to support research in any of the themes listed above. For each research priority, successful partnerships are able to advertise their agreed competition post in up to 3 different GMC specialties. For example an ACF in the “Dementia” Theme many include geriatric medicine, old age psychiatry and neurology. Candidates are selected on the basis of quality and fit with the research and training being proposed.

Applications are assessed by an expert selection committee chaired by the NIHR Dean for Faculty Trainees and recommendations are made to the Department of Health Science, Research and Evidence Directorate.

Approval of Medical Posts

In June each year, NIHR considers the overall allocation (formula and competition) of ACF and CL posts at its NIHR Dean for Faculty Trainees’ Advisory Panel to ensure the specialty spread being proposed will deliver a good balance of academic training across England. Following a funding decision by the Department of Health partnerships are informed of their final allocation of formula and competition posts.

The NIHR submits details of the allocation to the HEE Central Workforce Planning team who informs NIHR of any potential pressures in relation to workforce planning. Where pressures exist, NIHR may liaise with partnerships and lead Postgraduate Deans to explore the possibility of adjusting the profile of posts.

Clinical academic posts that are not funded by the NIHR should be subject to the same permissions outlined above, with Postgraduate Deans liaising with HEE Central Workforce Planning where necessary.

Approval of Dental Posts

In November each year NIHR offers each partnership of dental schools, HEE local offices and NHS organisations an allocation of two ACFs and one CL. The partnership must demonstrate that they have the clinical and academic training capacity to accommodate any new posts. The Postgraduate Dental Dean must also consider regional and national workforce needs and distribution of specialists, and may advise if a post is appropriate. Once agreed by the Head of the Dental School and the Postgraduate Dental Dean, NIHR is informed and the posts may be formally allocated and funded. Posts are then advertised and filled in the following year.

10. FUNDING ARRANGEMENTS

The NIHR funds approximately 250 medical ACF, 100 medical CL, 23 dental ACF, and 11 dental CL posts per year. The system of funding has changed more than once since the scheme was first established in 2006. With current arrangements, 100% of funding for each post comes from the DH Science, Research and Evidence Directorate budget that is supported directly by funding from the Treasury. Current funding arrangements do not require HEE to part-fund posts, switch funding from standard clinical training posts, or arrange back-fill. ACF and CL posts exist in addition to the normal complement of clinical training posts. They may be seen as supernumerary to HEE-funded posts.

Funding for IAT posts is covered by a Service Level Agreement (SLA) between the DH for England and HEE. This funding supports both academic and clinical components of training (but does not include banding). The funding package also covers management costs of the scheme locally, a yearly bursary for the trainee to attend scientific meetings, and funding for ACFs to access locally-organised academic training programmes. Clinical training courses should be funded by HEE as for any other clinical trainee. Funding for research expenses and other additional costs associated with the academic component of the posts must be provided where necessary by members of the host partnership.

NIHR funding for ACF and CL posts is not subject to Full Economic Costing.

As part of the funding agreement, HEE local offices are responsible for leading the recruitment for ACFs and CLs in partnership with the universities and NHS organisations in their area and must ensure that research time is protected. HEE local offices also provide monitoring information to NIHR Academy, which is responsible for providing national strategic oversight as well as monitoring at a national level and evaluation of the IAT Programme.

11. RESEARCH TRAINING PROGRAMME FOR NIHR ACFs

Each medical and dental school must provide a formal taught Research Training Programme (RTP) to all ACFs, which aims to provide NIHR ACFs with generic research training. For each ACF there must be a clear and 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. It is recommended that each ACF should be seen by their academic supervisor at least monthly.

Each host medical or dental school must have in place a RTP available to ACFs, which covers at least the following areas:

- Statistics
- Clinical trial design
- Epidemiology
- Ethical aspects of clinical research
- Project design, planning, costing and management
- Research governance and the regulatory framework for research
- Good Clinical Practice (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
- Genomics
- Bioinformatics.

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Access to relevant modules in fields such as sociology, ergonomics, engineering etc. to develop multi- and interdisciplinary thinking is encouraged as is regional collaboration across medical and dental schools.

Each ACF RTP (which may include research elements as well as taught elements) must be credit bearing and capable of leading to a Masters-level qualification (e.g. 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 RTP, NIHR does encourage this where possible and feasible.

Training elements made available to ACFs should also be open 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.

12. RECRUITMENT OF NIHR ACF AND CL POSTS

The recruitment process for ACF and CL posts is managed by HEE local offices, university medical and/or dental schools, and their partners to select the best clinical academic trainees. Monitoring information about recruitment is sent to NIHR Academy.

The timing of recruitment rounds and the processes for recruitment are different for ACF and CL posts. There are also differences between medical and dental recruitment, both in terms of the timetables and the processes.

Detailed guidance for recruitment and appointments are provided as Appendices at the end of this guide. The following sections provide an overview of the timings, processes, and eligibility requirements for ACF and CL posts.

ACFs

Trainees appointed to ACF posts must show potential to become both able clinicians as well as excellent researchers. Applicants to ACF posts undertake a joint clinical and academic interview to assess their suitability for the post. The ACF application is additional to applications for clinical-only specialty training posts.

ACF Recruitment Window

The recruitment window for ACF posts in medicine can be found in Appendix 2a. The recruitment window for ACF posts in dentistry can be found in Appendix 2b.

ACF Entry and Eligibility

ACF posts are open to individuals entering specialty training and those who are currently in a Specialty training Registrar (StR) post and hold a National Training Number (NTN) (whatever the specialty or locality).

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 or dental undergraduate training (to enable postdoctoral research applications);
- Those 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 a clinical academic career; and
- Graduates who obtained PhDs prior to undergraduate training – their PhD may or may not be considered relevant by the appointments committee.

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Applicants deemed appointable at the joint clinical and academic ACF interviews, who do not hold an NTN/Deanery Reference Number (DRN), will need to be assessed/ interviewed subsequently through the relevant national process for the specialty. NIHR expects that the standards that are exercised for national selection to clinical training posts are applied locally to ACF appointments.

ACF Application Process

The National Application Form on [Oriel](#) should be used for ACF recruitment.

HEE local offices should use the current person specifications for the relevant specialty and level of entry and the generic academic person specification (Appendices 2a and 2b).

ACF Shortlisting

Applicants applying for ACF posts should have their application forms scored against the shortlisting template within the guidance for recruitment and appointment. 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 three years.

ACF Selection Process

Applicants will be assessed against the criteria in the appropriate clinical programme person specification for that specialty as well as against the appropriate academic person specification. They will be assessed against these in the same interview. Applicants for ACF posts must be deemed clinically appointable (see Clinical Benchmarking, below) at their ACF interview(s). If academic interview scores are tied, clinical performance at the ACF interview will determine ranking.

ACF Offers

The top ranked applicant at the ACF interview will either be given a non-conditional 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 or GDC specialty and level to which they are applying. The condition of the offer relates to clinical benchmarking in the GMC or GDC specialty of the ACF post to which they are applying. Please see Appendices 2a and 2b for a summary of recruitment and clinical benchmarking requirements.

ACF Clinical Benchmarking

NIHR has agreed that applicants who are identified by appointment panels as the best candidate, but who do not yet have an NTN or core training equivalent, should be assessed for 'appointability' by national clinical training appointment procedures for the relevant specialty. The favoured candidate will only be offered the ACF post if they are deemed 'appointable' on clinical training admission criteria.

Clinical benchmarking relates to applicants reaching the threshold of appointability at the national standard clinical interviews/assessments for the GMC or GDC 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 or GDC specialty to which they are applying need to be clinically benchmarked.

Applicants who already have an NTN/DRN in the specialty they are applying for do not need to participate in national clinical training appointment procedures as they have already been benchmarked for clinical ability/potential.

Advertisement of ACF Posts

All ACF posts must be advertised, and open for applications for at least four weeks.

Posts should be advertised as GMC or GDC specialty-specific e.g. Gastroenterology or Immunology regardless of the appointment level. The ACF would have direct appointment to a specialty-specific academic programme such as Gastroenterology, Immunology etc. For medical ACFs, during the early years the core competences will be obtained. Progression will be directly into the advertised specialty as long as core competences are obtained.

Medical ACF posts can be advertised at a specific entry level or at multiple levels. IAT partnerships will need to make clear at what level or levels each ACF is being offered. ACFs appointed at core level will progress to specialty level, having been benchmarked at the equivalent clinical appointment level.

The list of medical and dental ACF posts will be available on the [NIHR website](#), where NIHR Academy will direct ACF applicants to the relevant HEE Local Office websites and Oriol.

CLs

CL posts are available to individuals who already hold a higher research degree (MD/PhD or equivalent) in a relevant subject area. Individuals with specialist/ty experience who meet the entry criteria for entry into specialty training and who have completed a PhD/MD (or equivalent) in a relevant subject area are also eligible.

Medical CLs are designed for those that have already had a substantial period of clinical training, therefore appointments are to be made at ST3 or above. Candidates with less than one year to CCT may be more suited to a Clinician Scientist Award or other postdoctoral fellowships, rather than a CL. Dental CLs may be offered with ST1 entry ([Appendix 3b](#))

CL Recruitment Window

The recruitment window for CL posts runs from 1 March each year until 31 March the following year. Recruitment to the posts may occur at any time during the window, as long as the successful candidate is able to be in post by the 31 March deadline (including notice periods).

CL Entry and Eligibility

Candidates may only apply for a CL if they have already submitted their PhD/MD thesis at the time of application. CLs are also open to GPs and GDPs who have completed a PhD/MD (or equivalent) and have

completed their clinical training. Exceptional candidates who are nearing the end of their vocational training may be considered.

The four year duration of the CL may mean that a period of dedicated clinical training may be undertaken prior to application or upon completion of the CL. This must be taken into account by the individual and their Training Programme Director and the appropriate arrangements put in place to accommodate this. Clinical rotations may need planning at the time of appointment.

CL Application Process

CL posts are recruited via the HEE local office/university partnership at any point during the 13-month window. The application forms must assess both clinical and academic competence.

The person specifications for the training programme as a whole (both clinical and academic), and a description of the training and service requirements for the rotational placements should be formulated prior to advertisement.

Training programme descriptions should provide suitable detail of the academic training component with an indication of how this is protected from clinical service.

CL Selection Criteria and Process

The criteria at short-listing and interview for assessing candidates should be derived directly from the person specification, including academic aptitude and commitment to an academic career, and the training and service requirements.

Applicants for CLs will hold a PhD/MD (or equivalent) in a relevant subject area and questioning of their academic and research commitment and skills should reflect this.

Applicants currently undertaking a PhD/MD must have already submitted their thesis at the time of application. If the candidate's thesis has not been submitted by the application closing date for the CL post, then they are ineligible to apply in the current round.

Successful candidates may not take up their post until their PhD/MD has been fully awarded. If it will not be awarded until after the 31 March deadline, then the candidate is ineligible to apply for a CL in the current round.

NIHR funds GP CL and GDP CL posts at 100%. The maximum amount of funding available is equivalent to the top of the pre-2003 consultant contract pay scale. Should partnerships wish to offer more than this amount, they may do so from their own funding sources.

GPs/GDPs will have completed their clinical training. Their academic training (50%) will be combined with clinical service (50%), as a salaried or self-employed GP/GDP.

GPs/GDPs will be expected to engage in appropriate continuing professional development. Further details can be found in the medical and dental CL guidance for recruitment and appointment (Appendices 3a and 3b).

CL Appointments

Post holders may be employed either by HEIs or NHS organisations or both through joint contracts. Details of how the employing partnership will manage the appointment should be agreed with the trainee and each appointment should be managed according to the established practices and needs of individual HEIs and local NHS organisations. It is anticipated that appointments will reflect the principles outlined in the Follett Review report of September 2001 (available on request from NIHR Academy).

In cases where formal A+B joint contracts have not been put in place, honorary appointments should be made at one organisation to complement the substantive contract at the other; i.e. if the CL is employed at a HEI, an honorary appointment should be made at the partner NHS Trust.

Advertisement of NIHR CL posts

The launch of the recruitment round will be advertised nationally by NIHR Academy. Details of the available posts will also be available on the NIHR website.

CL posts may not be advertised and closed before the national launch on the first of March, and successful candidates may not take up their post until at least one month after the round launch, i.e. after 01 April in the respective recruitment round.

Organisational partnerships must inform NIHR Academy when they are planning to advertise their posts and provide details of where their adverts will be placed. This should be done via email to iat@nihr.ac.uk. All posts must be advertised nationally; local advertisements are also allowed should partnerships wish to do so.

For medical posts partnerships may only advertise and recruit to the GMC specialties agreed with NIHR for the ongoing recruitment round. Should it not be possible to recruit to one of the GMC specialties associated with a post, a specialty change may be requested by writing to NIHR Academy. If changes to specialties are made without written authorisation from NIHR, then this may lead to the post being reclassified as a locally-funded CL and the associated NIHR funding removed.

Successful applicants must be able to take up post before the 31 March deadline, therefore enough time must be provided to advertise, shortlist, interview and where required, allow for notice periods to be given.

13. AWARD OF A NATIONAL TRAINING NUMBER (NTN)

ACF applicants without an appropriate NTN/DRN will need to demonstrate their clinical competencies for the ACF post at clinical benchmarking to be awarded a NTN.

Please note that applications for Academic Clinical Lecturer posts (including NIHR Clinical Lecturer posts) require candidates to hold a current NTN. If a number is not held the candidate would need to clinically benchmark to be able to take up the post. Clinical benchmarking can be achieved through application for specialty training within the national recruitment window where the minimal appointable score must be achieved. Trainees are responsible for ensuring that their clinical application is submitted within the appropriate recruitment round to ensure that they are benchmarked before the date that the post needs to commence.

For further information please visit: <https://specialtytraining.hee.nhs.uk/Recruitment>.

14. OPTIONS FOR LESS THAN FULL TIME (LTFT) WORKING

NIHR ACFs

ACFs comprise 25% academic and 75% clinical training for up to three years (or four years for GPs and GDPs). LTFT ACFs can be extended up to a maximum of five years (up to a maximum of six years for GPs and GDPs), with a stipulation that the academic component remains at 25% of full-time equivalent. Please note, the maximum duration of both full time and LTFT ACF posts stated above does not include any periods of statutory leave taken during the post.

NIHR CLs

CLs comprise 50% academic and 50% clinical training for up to four years.

Funding for LTFT CLs can be extended up to a maximum of six years, with a stipulation that the academic component must not fall below 33% of full-time equivalent. The trainee would also have input into how they would arrange the balance between academic and clinical training. Local selection committees should be able to advise on this matter should suitable candidates be identified.

The [GMC has issued guidance](#) with respect to academic trainees.

Please note, the maximum duration of both full time and LTFT CL posts stated above does not include any periods of statutory leave taken during the post.

15. ACF RUN-THROUGH

Medicine

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. ACFs with NTN are not required to undergo competitive application to enter specialty training at ST3 or ST4.

For specialties without a core training period, the ACF will enter directly into the specialty programme. For specialties with a core training period, there are two types of academic programmes:

- Those which are advertised as not specialty specific e.g. Genomic Medicine or Medical Education. The ACF could enter into an academic core training programme for two to three years during which clinical and academic specialisation would occur according to individual preferences and local academic opportunities. A generic medical programme might lead to PhD proposals in, for instance, Cardiology, Endocrinology or Gastroenterology.
- Those which are advertised as specialty specific e.g. Gastroenterology. The ACF would have direct appointment to a specialty-specific academic programme (e.g. Gastroenterology) even if they were appointed at ST1, ST2, ST3 (or ST4 in Emergency Medicine, General Psychiatry or Paediatrics). For CT1 appointments progression would be directly into the advertised specialty as long as core competences and the relevant requirements for the speciality training programme were obtained. Specialty specific ACFs are therefore considered as run through posts for the duration of the ACF.

ACFs supporting research themes, such as medical education and genomic medicine, can either be based on specialties with or without a core training period. The ACF can enter into a core training programme for two to three years during which clinical and academic specialisation would occur according to individual preference and local academic opportunities.

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Dentistry

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. ACFs who go out of programme to undertake a PhD or postdoctoral fellowship will follow the process as outlined in Section 25.

16. SPECIALTY CHANGE REQUESTS

Recruitment may only be to GMC specialties as they are profiled in the NIHR-approved specialty spread.

If difficulties arise, for example in recruitment or with capacity, a request to change an ACF and/or CL post may be made in writing to NIHR Academy (iat@nihr.ac.uk) stating the reason for the requested 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 the relevant programme leads must be happy with this process and decision. Requests to change the specialty of a post would normally be granted; however if a specialty is changed without prior written approval from NIHR Academy this may impact funding.

17. FLEXIBILITY AND REFILL REQUESTS

The NIHR wishes to see full appointment to posts. The NIHR's aim of reviving clinical academic medicine and dentistry and making the NHS an internationally-recognised organisation of excellence for patient-based research are not furthered by having vacant training posts.

The deadline for successful applicants to be in post for ACFs and CLs allocated each year is 31 March. Where possible, recruitment to unfilled posts should continue until the post is filled. If the post is unfilled by the 31 March deadline then the post will be withdrawn from the IAT partnerships' allocation. Once an ACF or CL is appointed, statutory deferments and LTFT options are available (see Section 14).

Where a trainee (either ACF or CL) vacates their post within the first 12 months, it is possible for the institutional partnership to request a refill. Beyond 12 months, the post cannot be refilled. In order to request a refill, please complete the form in Appendix 6 and return to NIHR Academy

18. MONITORING

HEE local offices are required to provide up-to-date information on NIHR ACF and CL posts. Funding comes 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 have accurate information.

Recruitment Monitoring

For each new trainee, the HEE local office must return a recruitment monitoring form (RMF) to NIHR Academy (Appendix 7). This form contains information about the trainee, including contact details, and will also be a trigger for the funding to be released in the next quarter. RMFs can be returned at any time during the year. If NIHR Academy does not receive recruitment monitoring forms from the HEE local offices, then trainees may miss out on the opportunity to attend NIHR events.

Quarterly Monitoring

Quarterly monitoring forms are required to be returned at the end of June, September, December and March each year (Appendix 8). These forms contain details of all trainees in post, as well as those who have recently completed their ACF or CL.

The return of both the quarterly monitoring forms and the RMF are required as part of the Service Level Agreement with HEE.

19. ACADEMIC APPRAISALS AND CCT/CCST DATE

The Annual Review of Competence Progression (ARCP) should, for the clinical academic trainee, involve review of both clinical and academic progress and therefore be undertaken by clinical and academic staff together. A general overview for reviewing the progression of trainees undertaking joint clinical and academic training programmes is provided in the [Medical Gold Guide](#) and [Dental Gold Guide](#). The Academy of Medical Sciences has formulated [supplementary guidelines](#) to aid trainees, supervisors, and assessors in reviewing academic training and progress.

Although progress on both clinical and academic fronts should be documented, and future training needs for both identified, a single outcome should be determined, with patient safety a dominant consideration. Postgraduate Deans have agreed to consider an ACF's and/or CL's overall progress and take account of the time spent in research (if necessary) before issuing an ARCP Outcome 3.

The NIHR expects assessment of clinical progress by academic trainees to be competence-based rather than simply time-based. The NIHR also recognises that in, for example, craft specialties, trainees do need to undertake procedures on a number of occasions to become competent to perform the procedure independently, and that these require a variable period of time to complete. After discussions with the GMC, Postgraduate Deans and others, the NIHR stance is that setting a target CCT/CCST date is best determined flexibly, and tailored to the needs of the individual trainee. The target date is best determined (as agreed by the GMC) at the first annual ARCP for CLs when the trainee and supervisors can take stock of initial progress in post. The target CCT/CCST date may be exactly the same as it would be for a non-academic trainee, or it may be later than it would be for a non-academic trainee. Once set, the CCT/CCST date can be extended further through the use of an ARCP Outcome 3. If there is a need to extend clinical training this should not necessarily be regarded as a failure.

In the event that an individual is unsuccessful in progressing academically, they will re-join a standard clinical training programme or in the case of GPs or GDPs or for those who have completed clinical training, return to clinical service.

20. LOCALLY-FUNDED POSTS AND REQUIREMENTS AROUND MATCHING

In response to the success of the NIHR IAT scheme, a number of partnerships expressed an interest in developing their own, locally-funded ACF and CL posts. The NIHR welcomes and encourages all opportunities for expanding clinical academic training, and will extend the NIHR branding to such posts providing they meet stringent criteria relating to the processes for appointment of, and support for, trainees in such schemes:

- Appointment through national competition;
- Three year (ACF) and four year (CL) appointments with 25% and 50% academic training respectively;
- Access to formal training in research methods and research governance;
- Joint clinical and academic ARCP;

- Similar supervision/mentorship arrangements for ACF and CL appointees, and;
- Access to a locally-funded £1k per annum travel bursary to attend conferences.

Forms are provided for NIHR recognition of locally-funded ACF and CL posts (Appendix 4). These should be completed and signed by the local Postgraduate Dean, with an electronic version of the pro-forma and up-to-date training and development plan sent to NIHR Academy via: iat@nihr.ac.uk

CL Matching

The development of clinical academic training capacity requires local, as well as NIHR, investment. CL posts are awarded on the basis that partnerships will provide funding for matched posts. A partnership is defined as a HEE local office, a university/medical or dental school and at least one NHS organisation.

Matched CL posts are to be provided on an institutional basis, rather than by individual specialties. This means that there should be an overall balance of matched posts across the institution, thereby relieving the pressure on those specialties with restricted numbers. It is the number of posts that is expected to be matched, e.g. if an institution receives 10 CL posts then it is expected that 10 locally-funded CL posts will also be created.

If the partnership chooses a specialty that has not previously had an Integrated Academic Training CL programme, then the responsibility for ensuring the quality of training provision lies with the partnership.

The number of matched posts created by each partnership will be taken into account by the selection committee assessing IAT competition bids, and will have a greater influence on the funding decision.

Matched CL posts fall into two categories:

1. Locally-funded NIHR-recognised CLs

- Locally-funded posts that have been advertised and recruited to in exactly the same way as the NIHR posts, e.g. the trainee has completed their PhD or MD before they take up their post and is at ST3 or above. These posts will have the same terms and conditions as the NIHR CL posts and will have access to an equivalent annual bursary provided by the partnership.
- Recognition can be prospectively or retrospectively applied for. If a post is recognised by NIHR, then the trainee will become eligible to use the NIHR logo and attend NIHR only events, such as the NIHR Academy Members' Conference.
- Should a partnership wish to apply for NIHR recognition of a locally funded CL post, a form is available in Appendix 4 for completion. Applications for recognition should be coordinated through the HEE local office

2. Locally-funded CLs (not recognised)

- These are locally-funded posts that don't quite meet the same requirements as an NIHR post; e.g. they don't fully meet the recruitment criteria for a CL, or aren't subject to the same terms and conditions, but are sufficiently close enough to be regarded as a CL. Where this is the case, these posts cannot apply for NIHR recognition and the trainees within them cannot attend NIHR-only events.
- Locally-funded ACF posts cannot be used for matched CL purposes.

There is currently no specific requirement for partnerships to provide matching for ACF posts.

21. SUPPORT FOR TRAINEES

NIHR recognises that clinical academic training, though varied and rewarding, is also challenging and requires hard work and commitment for success. NIHR expects its trainees to be well-supported by supervisors and mentors, by medical schools, HEE local offices and by NHS organisations.

The GMC has undertaken a review of clinical academic training and made a number of helpful recommendations to ensure best practice. [The report](#), which was published in 2014, had two aims:

1. To provide assurance about the quality of academic training in the UK.
2. To support improvement of the training experience and outcomes, share good practice and show the importance and benefits of effective integrated training programmes.

Local points of support for academic trainees can include:

- Academic supervisor(s)
- Educational supervisor(s)
- Clinical supervisor(s)
- College tutor(s)
- Programme director
- Integrated Academic Training Leads (see Appendix 1)
- HEE local office contact(s)

Trainees should have access to high quality mentorship and career guidance, either through locally available mentoring schemes for early career researchers, or through national schemes such as the [one-to-one mentoring scheme](#) provided by the Academy of Medical Sciences.

Trainees should be able to meet with their academic and educational supervisors on a regular basis in order to discuss their progress and any concerns that they may have in managing their academic and clinical training needs or requirements.

NIHR is keen that unnecessary obstacles are not placed in the way of trainees – by 2018, medical schools that host IAT programmes have been expected to have Athena SWAN Silver Status, or better.

Clinical academic training can involve multiple changes of employer (universities and NHS) and NIHR expects local partner organisations (universities, NHS organisations and HEE local offices) to ensure that trainees are not disadvantaged by such changes e.g. over access to employment rights such as maternity, and other types statutory leave.

The NIHR is committed to ensuring that the Principles and Obligations of Integrated Academic Training (see Section 3) are upheld. Trainees should seek local resolution to any training issues encountered, via their Academic and Clinical Leads. NIHR trainee representative contact information can be provided by NIHR Academy on request. NIHR trainee representatives are responsible for representing trainees' views to the Dean's Advisory Panel Subgroup (see Section 6). If concerns cannot be addressed at a local level, trainees should contact the NIHR Academy (iat@nihr.ac.uk or 0113 532 8444).

Bursary

The NIHR bursary provides ACF and CL trainees with a source of funding to attend meetings and conferences that are relevant to academic training.

The NIHR provides £1,000 per financial year per trainee to the host medical or dental school. The relevant school is responsible for managing the bursary fund and is therefore responsible for approving expenditure against the bursaries. Unclaimed bursary funds currently remain with the medical or dental school for use on activities that benefit the academic development or training of the NIHR trainees.

The bursary cannot be used for consumables.

Attending academic meetings and conferences is an important part of NIHR training and if trainees do not attend meetings or conferences in any particular year this does not mean the money can be spent on something else.

NIHR Academy Members' Conference

Each year the NIHR Academy hosts a two-day event for approximately 250 Academy Members. The event is open to all ACFs and CLs and is an opportunity for them to meet and learn from their peers, present their research, discover more about the NIHR, hear from inspirational speakers, and receive training on a variety of topics to further their research careers. The meeting takes place in November or December each year. Registration opens in September.

22. SPECIFIC SUPPORT FOR NIHR CLS

The NIHR Leaders Support and Development Programme

The NIHR Leaders Support and Development Programme seeks to maintain and improve the quality of leadership in health and social care research. We aim to do this by meeting the development needs of current leaders and early to mid-career researchers within the NIHR, whose focus is aligned with the strategic priorities of the NIHR.

More information on the Future-Focused Leadership Programme can be found [here](#).

Academy of Medical Sciences (AMS) Starter Grants

[AMS Starter Grants for CLs](#) offer funding of up to £30,000 to cover the cost of research consumables. The grants allow research-active CLs to gather data to strengthen their bids for longer-term fellowships and funding.

To be eligible applicants must:

- Be a research-active CL and hold an NTN.
- Have a PhD or MD.
- Hold a medical or dental undergraduate degree and be registered with the GMC or GDC.
- Be within higher specialty training.
- Have secured protected research time throughout the proposed project.

Full details of eligibility for this scheme are outlined in the guidance, which can be downloaded from the AMS website when the scheme is open for applications. Please read the guidance carefully before applying.

CLs in General Practice are awarded post-CCT/CCST. Applications are welcomed from this group, as are applications from GDP CLs, however, for all other specialties, trainees are not eligible to apply if they have already attained CCT/CCST.

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23. INTER-DEANERY TRANSFERS

Please note there is a formal [Inter-Deanery Transfer \(IDT\) process](#) for trainees currently administered by HEE on behalf of the four nations, which must be followed. Further details can be found in the [Medical Gold Guide](#) and [Dental Gold Guide](#).

NIHR funded academic trainees who wish to move between HEE local office partnerships should contact NIHR Academy if they wish to move as an academic trainee.

For all posts, whether medical or dental ACFs or CLs, please contact iat@nihr.ac.uk.

24. STATUTORY LEAVE GUIDANCE

Statutory leave such as maternity, paternity and sick leave can be taken as per the terms and conditions stated within the individual ACF or CL contracts. Where statutory leave is taken during either an ACF or CL, the time out of post will be added onto the end. Statutory leave is funded by the employing institution, not NIHR. Please see Section 3, Principles and Obligations, for further details.

25. OUT OF PROGRAMME (OOP)

The term Out of Programme (OOP) for clinical academic trainees refers to a period of activity where the trainee leaves their agreed specialty training programme at their locality. OOP falls into the following categories:

- Time Out of Programme for approved clinical training (OOPT);
- Time Out of Programme for clinical experience (OOPE);
- Time Out of Programme for research (OOPR); and
- Time Out of Programme for career breaks (OOPC).

Further details regarding OOP can be found in the [Medical Gold Guide](#) and [Dental Gold Guide](#).

NIHR ACFs

If the trainee leaves the ACF programme to undertake a PhD Fellowship (OOPR), then the ACF post will finish and they will return to clinical training following completion of the PhD Fellowship. Trainees will continue in run-through training in the specialty in which the ACF post was advertised when they return to clinical training at the end of the PhD Fellowship. The HEE local office will manage specialty training and run-through to CCT/CCST.

If other types of OOP are undertaken, during an ACF then normally the ACF will come to an end; however, this is at the discretion of the HEE local office and NIHR Academy.

NIHR CLs

CLs may choose to apply to the HEE local office to go OOP; however, this will end their CL post and the trainee would re-join a clinical-only training programme on their return. Any OOP activity must also be agreed with the employing organisation. OOPE must not be used to delay CCT/CCST dates.

Obtaining relevant experience at another institution

CLs may wish to obtain relevant research experience at another institution. This is not the same as OOP.

Obtaining relevant research experience elsewhere is acceptable if it can be accommodated within the 50% academic time of the post and has the agreement of the Academic Programme Lead and Postgraduate Dean. Time spent at another institution to gain clinical experience is also possible; however, permission must be sought from the relevant authorities in order for this to count towards CCT/CCST.

Funding from NIHR will continue to be paid as per normal during any time taken at another institution. Should the trainee obtain external funding to cover this period of time away, then this would be regarded as being the same as gaining another fellowship and the CL post would come to an end.

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26. COMPLETION OF AN ACF

Post Completion: ACF

The duration of an ACF will be for a maximum of three years (or four 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 research training fellowship.

When a trainee successfully obtains a fellowship, they normally spend three years outside of their clinical programme in Out of Programme Research (OOPR) working towards the completion of a PhD (or MD, 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.

Upon completion of a period of OOPR (PhD for example), the trainee will return to their clinical programme and at an appropriate point may competitively apply for a CL, provided that appropriate academic and clinical competences have been obtained, or they may continue in clinical training.

At the end of the post the ACF may not, for whatever reason, obtain or may decide not to undertake a training fellowship award for PhD or MD studies. ACF funding will not continue beyond three (or four in General Practice) years, so the Postgraduate Dean needs to be given as much warning as possible if the ACF wishes to continue in a clinical programme once the ACF post ends.

Early Exit: ACF

There are several points at which an ACF may decide, or be advised, to leave the academic training pathway. Ending an ACF early, apart from going out of programme to undertake a research training fellowship (OOPR), would usually lead to a loss of run-through into higher specialty training.

As long as clinical competences have been successfully achieved, the trainee would be able to re-join the non-academic specialty training programme, retaining their NTN, relinquishing the (a) suffix and losing entitlement to run-through into higher specialty training where relevant.

Trainees must attain the relevant competencies to pass the joint clinical and academic ARCP, failure to meet these criteria may lead to the trainee leaving the ACF post and returning to standard specialty training. Under these circumstances the trainee would no longer have run-through into higher specialty training.

Continued commitment to the integrated academic pathway is determined by the IAT partnerships who manage the posts. A lack of commitment may lead to the ACF post ending and thus loss of 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.

Early exit from an ACF might occur at the following points:

- During the course of the three year ACF programme (four years in General Practice) the funding should continue until exit from the programme to allow “seamless” return to the clinical programme.
- Early exit might occur due to the trainee going OOP for non-statutory reasons, such as OOPE, where the OOP experience is not related to the ACF.

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Loss of Run-Through: ACF

Ending an ACF early, apart from going out of programme to undertake a research training fellowship (OOPR), would usually lead to a loss of run-through into higher specialty training.

Reasons for ending an NIHR ACF post early may include going OOP for reasons unrelated to their research.

Trainees must attain the relevant competencies to pass the joint clinical and academic ARCP, failure to meet these criteria may lead to the trainee leaving the ACF post and returning to standard specialty training. Under these circumstances the trainee would no longer have run-through into higher specialty training.

Continued commitment to the integrated academic pathway is determined by the IAT partnerships allocated the posts. A lack of commitment may lead to the ACF post ending and thus loss of run-through.

27. COMPLETION OF A CL

Post Completion: CL

The duration of a CL will be for a maximum of four years or until CCT/CCST is reached. During this time the trainee combines 50% clinical specialty training with 50% academic training to complete a substantial piece of postdoctoral research.

It is expected that a substantial number of the trainees will, where appropriate, apply for a further peer reviewed, externally-funded postdoctoral training award (such as the Clinician Scientist Award) or an award to support further research training.

For trainees who will not reach CCT/CCST within the maximum four years of the CL, arrangements will need to be put in place locally to enable the trainee to return to clinical training after the completion of CL and reach CCT/CCST.

Early Exit: CL

Take up of another Fellowship/Award

If the trainee is successful in obtaining a further intermediate fellowship before the scheduled end of the CL, then their post will end.

Should there be any clinical training still outstanding, then this will either need to be accommodated within the next fellowship or the trainee will return to full time clinical training upon completion of the fellowship.

If CCT/CCST is reached before the maximum time allowed The CL phase will normally end at the Completion of Clinical Training (CCT/CCST).

Extensions Beyond CCT

Recommendation 11 from the [NIHR Strategic Review of Training](#) allowing NIHR CL posts (including badged/match-funded CL posts) to span CCT/CCST has now been implemented.

The guidance and application process for extensions beyond CCT is applicable for **all NIHR CLs** that are in post on or after 1 April 2019. NIHR expects the extension process to be followed for NIHR-recognised, locally-funded (badged) CL posts.

Extensions are not automatically given; they are considered on a case-by-case basis and are not guaranteed to be granted.

Please note: The process for extending a CL post beyond CCT does not apply to GP CLs, as they are fully qualified. Full details regarding the extension process can be found on the following page www.nihr.ac.uk/CLextensions

To discuss extensions further on a case by case basis, trainees should contact NIHR Academy via: iat@nihr.ac.uk.

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28. TRACKING AND CAREER PROGRESSION

Career Tracker

[Researchfish](#) is an external system used by the NIHR to collect information on the research activities that are undertaken by its award holders. On an annual basis, all NIHR researchers including ACF and CL trainees are asked to submit data about their research outputs, outcomes and impacts. This will continue throughout their award and for up to three years after its completion.

New award holders will be invited by the NIHR to create a Researchfish account or to link a new NIHR award to an existing Researchfish account. ACFs and CLs are free to only complete the sections that are relevant to their research. In some cases, there may not be anything to report and trainees can simply log in during the official NIHR submission period and complete any mandatory sections. NIHR Academy will work with IAT Leads to encourage a high level of submissions from both ACF and CL post holders.

ORCID iD

The NIHR is an [ORCID](#) member and encourages researchers and trainees to obtain this persistent digital identifier, namely an ORCID iD that distinguishes individuals from other researchers. The aim is that the ORCID iD will help enable career tracking. ACFs and CLs have the opportunity and are encouraged to enter their ORCID iD within their annual Researchfish submission.

Progression of ACFs and CLs within NIHR

The NIHR tracks trainees as they progress and access wider funding opportunities from NIHR and other funders. Data relating to NIHR grants from other NIHR coordinating centres also shows that those applications that have one or more current or previous trainees are nearly twice as likely to be funded compared to applications without a trainee.

Doctoral Fellowship (DF) Success

One of the measures of success for the ACF scheme is how well it prepares the trainee for the next phase of their integrated clinical and academic career, usually a doctoral fellowship or PhD. Application data shows that doctors and dentists who have completed an ACF are generally more successful at obtaining an NIHR DF than their clinically qualified peers who have not held an ACF.

Career Progression

Data on the first career destination of ACFs and CLs is collected from the HEE local office via quarterly monitoring and allows an important analysis of the career progression of these post holders. The majority of ACFs progress to roles with an academic component. For those who initially go to a clinical post, there is evidence from continued career tracking that this cohort also moves into clinical academic posts at a later point in their career. The majority of CLs also progress into a position with some academic component after their NIHR award, with just under a third heading to a clinical post as their first destination. From follow up survey data it is now known that the majority of previous ACFs and CLs, regardless of their current role, spend some proportion of it on research activities.

29. APPENDICES

[Appendix 1: NIHR IAT Leads](#)

[Appendix 2a: ACF Guidance for Recruitment and Appointment \(Medical\)](#)

[Appendix 2b: ACF Guidance for Recruitment and Appointment \(Dental\)](#)

[Appendix 3b: CL Guidance for Recruitment and Appointment \(Dental\)](#)

[Appendix 4a: Locally Funded ACF Recognition Form](#)

[Appendix 4b: Locally-funded CL Recognition Form](#)

[Appendix 5: Refill Request Form](#)

[Appendix 6: Recruitment Monitoring Form](#)

[Appendix 7: Quarterly Monitoring Form](#)

[Appendix 8: Training and Development Plan](#)

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