



Senate

Paper title	New award title of Clinical Doctorate (DClin)
Outcome requested	<p>Senate is asked to approve the introduction of the new award title of Clinical Doctorate (DClin) on the recommendation of the Faculty of Medicine and Dentistry, and with the approval of the Research Degrees Programmes and Examinations Board (RDPEB) and the Education Quality and Standards Board (EQSB).</p> <p>If approved, Council will be asked to approve the addition of the award of Clinical Doctorate to Ordinance A16, section 1.6 denoting research degrees (FHEQ level 8) awarded by Queen Mary.</p>
Points to note and further information	<p>The Faculty of Medicine and Dentistry plans to introduce new professional clinical doctorates. These programmes are designed for practicing clinicians and will be delivered through the Queen Mary International Clinical Academy (QMICA). The vision for the Academy is to establish a first-in-UK world-class International Clinical Academy specialising in clinical postgraduate education for international students.</p> <p>The new Clinical Doctorate programmes, together with the existing suite of Doctor of Clinical Dentistry (DClinDent) programmes, will form a core offering at level 8 doctoral study to fulfil part of the following underpinning aims of the Academy to provide:</p> <ul style="list-style-type: none">• a varied portfolio informed by market research and “global” need;• exposure to a different health system and culture, gaining insights into medical ethics, regulation, inclusive medicine, the management and finance of healthcare, and the role of government in healthcare;• the opportunity to develop and professionalise students’ experience of medical education as an academic discipline;• an agile portfolio that is responsive to population health needs in the next century, particularly in the context of increased global warming and conflict;• flexibility in offering pathways for specialized clinical areas as well as in health infrastructure, e.g. health leadership, medico-legal, etc.;• flexible learning approaches and levels, including Clinical CPD, Clinical MScs, and Professional Clinical Doctorates;• high quality placements with partner NHS organisations with a clear reciprocal benefit. This ‘hands on’ opportunity will make this programme unique (to the best of FMD’s knowledge) and will be the principal reason for its international attractiveness. FMD has already ensured that this will be an attractive approach to NHS partners at the level of delivery teams as well as Trust leadership.

	<p>The Clinical Doctorate programmes will be key elements in the QMICA plans as:</p> <ol style="list-style-type: none"> 1) an enabler for developing specific cohorts of clinicians and clinical academics at Queen Mary. This has been initiated as part of conversations with institutions in the Middle East (such as in Qatar) but also builds on previous discussions, such as in Malaysia. These degrees may also potentially provide a route for UK clinical trainees, raising the FMD faculty profile and reputation; 2) an enabler for the development and enhancement of relationships with NHS partners; 3) a means of developing a route to delivery of elements of the QM Strategy 2030, by providing at the highest levels the possibility of ‘integrated placements, internships and research projects’ embedded in the programme curriculum and linked to the real-world NHS experience. <p>The Research Degrees Board has seen detailed papers presenting a template for the structure of the DClin full-time and part-time awards. The Board commends the Faculty for the significant investment of effort and careful consideration put into the development of the new programme offering and the discussion about the most appropriate award titles.</p> <p>The Faculty proposal paper is annexed for information. The initial proposal was to create two new Professional Doctorate award titles of Doctor of Clinical Medicine and Doctor of Clinical Surgery. Following discussion with RDPEB and EQSB about concerns over a potential proliferation of award titles and regulations as more specialisms were developed, it has been agreed to propose the more generic award title of Clinical Doctorate that could be applied across multiple programmes. The development of new programmes and specialisms will be accommodated in the programme name, for example Clinical Doctorate in Medicine, Clinical Doctorate in Surgery. The paper has been updated to refer only to the Clinical Doctorate</p>
<p>Questions to consider</p>	<p>(i) Does Senate approve the establishment of the new award of Clinical Doctorate (DClin) to support the underpinning aims of the postgraduate Queen Mary International Clinical Academy?</p>
<p>Regulatory/statutory reference points</p>	<p>New programme proposals will be considered jointly by the Research Degrees Programmes and Examinations Board and the Taught Programmes Board.</p>
<p>Strategy and risk</p>	<p>Queen Mary Strategy 2030 This proposal supports the following components of the 2030 strategy:</p> <ul style="list-style-type: none"> • Education • Research and Innovation • Global Engagement <p>Risk The QMICA Operations Board meets regularly to discuss and monitor progress in addressing the key factors underpinning the proposals e.g. NHS placements, new posts, development of partnerships and funding streams. Progress is being made in these key areas:</p>

	<ul style="list-style-type: none">• Placements. Barts Health NHS Trust has agreed to provide placement opportunities for DCLin students to enable them to gain the experience required as the basis for work toward modules in years 2 and 3 of the programme. QMUL are working towards drafting a placement agreement with the Barts Health Education Academy.• Programme staff. The Faculty has approved the business plan including new roles to support QMICA and the Clinical Doctorate programmes. The QMICA project manager has been appointed and the plans include funding for a programmes manager and academic lead/director.• Funding. The Faculty is discussing plans with potential overseas bodies.
Reporting/ consideration route for the paper	Approvals: <ol style="list-style-type: none">1. Subject to approval by Senate, the proposal will be recommended to Council's Governance Committee to approve the addition of the new award title to Ordinance A16 1.6– Research Degrees (FHEQ level 8).
Sponsors	Vice-Principal (Health) Deputy Vice-Principal (Health) Dean for Education, Faculty of Medicine and Dentistry
Contact	Professor Maralyn Druce, Deputy Dean for Education, Faculty of Medicine and Dentistry m.r.druce@qmul.ac.uk Mary Childs Research Degrees Office, for the Research Degrees Board m.childs@qmul.ac.uk

Proposal for Professional Clinical Doctorate (DClin)

Consultation: QMICA Operations Board Chaired by Professor Irene Leigh

Prior to convening the QMICA group various discussions had taken place around this within a working group comprising:

- Professor Anthony Warrens (co-Chair of the Curriculum Workstream): Dean for Education
- Professor Maralyn Druce (co-Chair of the Curriculum Workstream): Deputy Dean for Education
- Professor Irene Leigh: (Lead for Queen Mary International Clinical Academy Operations Board)
- Professor Paul Chapple: Deputy Dean for Postgraduate Research
- Professor Paul Anderson: Professor of Oral Biology
- Mary Childs: Assistant Academic Registrar
- Alice de Havillan: Academic Quality and Standards Officer
- Adam Wilkinson: Faculty Strategy Officer (Research)
- Philip Gill: Faculty Strategy Officer (Education)
- Zi Parker: QMUL Doctoral College Manager
- George Borrie: Faculty Education Manager

Approval of award title of DClin for addition to Ordinances:

Timeline for hurdles to be cleared identified as:

Board / Committee	Target Meeting Date for DClin Proposal Submission	Completed
Phase 1 – approval of degree title		
FMD TLC for discussion of paper and part one	April 20 th 2023	√
FMD VP Health Executive Board	May 11 th 2023	√
QMUL Research Degrees Programmes and Examinations Board (RDPEB)	June 7 th for June 21 st 2023	√
QMUL Education Quality and Standards Board (EQSB)	July 26 th 2023	√
Phase 2 – approval of specific programmes		
FMD TLC for Part one	June 8 th 2023	√
FMD VP Health Executive Board	June 2023	√
FMD TLC for consideration of full proposal	September or latest October 2023	
QMUL Professional Doctorates Committee	November 2023	

BACKGROUND

This proposal is for the incorporation of the Professional Clinical Doctorate award at Queen Mary. Queen Mary has recently introduced several professional doctorates for example: DPsych and DClinDent in the Faculty of

Medicine and Dentistry; and an Engineering Doctorate ([EngD](#)) within the Faculty of Science and Engineering. Adding Professional Doctorates in Medical and Surgical disciplines would position the university to offer a higher level of educational development in our disciplines and would meet a need outlined by partners in other health systems. This proposal has been initiated as part of conversations with institutions in the Middle East (such as in Qatar) but also builds on discussion with institutions with whom we have had previous discussions such as in Malaysia. It would increase the range of research options available for senior clinicians and provide opportunities to develop professional skills at a high level for UK trainees and international graduates.

The Queen Mary International Clinical Academy (QMICA) group have been scoping and developing a 'map' of the relevant educational offering around CPD and taught postgraduate programmes, and on the basis of the experience in other disciplines, market research and working with international partners in the healthcare space, the addition of Professional Doctorates would form a cornerstone of higher-level research training and educational programming and promote opportunities within and together with our NHS clinical partners.

ACADEMIC CASE FOR THE PROFESSIONAL CLINICAL DOCTORATE

CURRENT OFFER

TAUGHT PROGRAMMES:

Currently, for clinicians and clinical academics wishing to study at Queen Mary, we offer a number of taught (Level 7) programmes at PgCert, PgDip and MSc level as well as MRes programmes which provide a greater emphasis on – and more time spent in – research projects and dissertations. Some of these programmes provide a relatively broad basis for further development (healthcare research methods for example) while others are very focussed on the development of professional skills (such as genomics, gastroenterology and so on). There are some 1+3 programmes that provide research training as a base for a lab-based PhD. However, there is a gap for clinicians who would like to develop their clinical research skills to a higher level while incorporating professional development in their given field in a way that would best further career progression.

Research Programmes (PhD and MD(Res)):

Many clinicians take ‘time out’ of their clinical training to pursue a period of formal research training. This is limited by and large to students able to find funding either from grant awarding bodies or from funds held by the project supervisor. On occasion, commercially sponsored or pharmaceutical research may form the basis for such a research degree. Traditionally PhD programmes are completed full time (for UK clinicians this requires special permission for time out of training programmes, in order to pursue the research degree); MD(Res) programmes may be pursued full time or sometimes part time alongside a reduced level of clinical commitments. Both qualifications are looked upon favourably by employers and by clinicians wishing to build careers in clinical academia, although in general the numbers of UK students registered for MD(Res) has declined, in favour of PhD. There is scope for utilising the higher-level professional research requirements incumbent on doctors to build towards a more professionally-relevant research qualification for practicing clinicians.

BENEFITS OF INTRODUCING PROFESSIONAL DOCTORATE PROGRAMMES IN MEDICINE AND SURGERY

Enhancing the capacity to build and offer a more professionally-relevant research qualification for practicing clinicians.

A Professional Doctorate programme such as this is designed to deepen research knowledge, skills, attitudes, and practices. Hence, graduates from these programmes will be better equipped to develop educational practice, curricula, and policies to shape reform efforts and to drive innovation. Completion of a professional doctorate via this process supports clinicians to continue a research programme alongside work or training roles. It may also allow engagement with industry partners for example for support in pharma-funded studies. Such a programme allows students to undertake relevant training to support their research programmes rather than follow a wholly prescriptive direction. The relationship with our NHS partners will also be a significant training ‘draw’ for international candidates and the

clinical exposure in turn is utilized in the various Level 8 modules offered.

For too long, the postgraduate training on offer from UK universities which has often been a required threshold for career progression within the NHS has been of limited relevance to the future careers of the clinicians involved. These degrees are designed to provide training of lifelong relevance to clinicians, whether they work in the UK or abroad and in 'traditionally' academic or non-academic centres.

Increasing reach to a broader range of international students

Introducing this route to further study provides a progression opportunity for existing clinical MSc students but also provides an opportunity for clinicians working at senior levels to develop a portfolio of high level clinical and research skills as well as to complete projects that are of benefit to their countries and institutions as well as supporting their own career development. Evidence from the success of the suite of DClintDent programmes on offer have shown these kinds of professional research programmes to be both attractive to and valued by international learners. The DClint programmes are designed to enable students to access suitable elements of their learning remotely in a blended learning format (enabling some of their time to be spent off campus or even in their home countries which should make this particularly attractive to individuals who wish to spend some time in the UK but for practical reasons are unable to relocate. In line with the PGR regulations, the programme length for full time students would be 3 years and part time would be 6 years of study.

Offer for Professional Development for clinicians from Partner Institutions (TNE enabling plan)

This proposal supports the TNE plans for the university as, once established, may function as a basis for further development of specific programmes which could offer a higher level of professional development to partner institutions with whom we are having discussions. The university has ambitious plans for expansion in TNE and to have this opportunity within our offer will strengthen Queen Mary's position as a leader in this area, building on the excellent international reputation of the Faculty of Medicine and Dentistry. Working with UK training deaneries it is possible that the part time option would be well supported by the Deaneries responsible for oversight of UK higher medical training and the part time option could be managed alongside the 'less than full time training' processes in place in Deaneries whereby it is possible to apply to reduce overall hours of NHS work. Anthony Warrens and Maralyn Druce have already had preliminary discussions with HEE about this.

STRUCTURE OF PROPOSED CLINICAL DOCTORATE

Credits

The proposed credits for the Clinical Doctorate degree programmes will be aligned to the existing university regulations for Professional Doctorates (see page number 117 onwards).

Duration

The duration of the programmes will align with the minimum and maximum duration in the current university regulations (see page 115).

Pathways and Exit awards

The design of any programme would have to explore different pathways and consider that Professional Doctorates may experience a certain attrition rate, given the demands of undertaking significant postgraduate study alongside a busy professional role. There are suitable early exit points at PgCert, PgDip and MSc levels and these will be indicated in the specific programme proposals. Students exiting at an even earlier stage will receive a transcript indicating the number of completed taught module credits, which could be used via the usual credit transfer/APL arrangements towards another relevant programme at Queen Mary or elsewhere.

Design and Delivery

The DClin will encompass programmes designed and delivered through a collaborative effort. They will incorporate taught modules provided in 'suites' by teams used to delivering these groupings of modules within existing taught provision or will incorporate new 'suites' of taught modules to meet particular learning needs. There are two new modules designed to be taught centrally. Level 8 module topics will be selected according to the interests of the student to allow the development of suitable and discipline-specific knowledge and research projects. Supervisors will therefore be drawn directly from the relevant clinical and academic areas with oversight by dedicated programme and module leaders. The design will be based on our educational approach but will certainly use the latest approaches including blended learning.

Principles of Programme Structure

The Professional Doctorate should equip clinicians with generic and specialty-specific clinical expertise including up to date knowledge and, where practicable, clinical skills and understanding. The design is modular and comprises 540 credit-equivalents with a maximum of 180 credits at Level 7 and the remainder at Level 8. The bulk of the taught modules and perhaps some of the research components could be studied off-campus with appropriate governance arrangements in place, including programme and module leadership as well as appropriate levels of professional service staff support to ensure optimal oversight and management of the programme delivery, as outlined in the business case.

120 credits (generally eight elective modules of 15-credit Level 7 material) are drawn from a portfolio of specialty-relevant education within FMD – there are a number of possible tracks, each with a different learning style but which both favour generic research-relevant areas. A further 60 credits are drawn from bespoke modules for this programme. These Level 7

modules are followed by a number of research and professional modules to complete the Professional Doctorate. In the future, new programme proposals could offer alternative specific suites or tracks or the development of specific and further bespoke modules; an example would be 120 credits plus the 60 bespoke credits to comprise an initial MSc in Advanced / Clinical Medicine.

Formal structure in detail

The structure of the programme has been considered at TLC and RDPEB including notes on modules that already exist that are incorporated into the diet and new modules to be proposed and approved in order to create a complete programme. The aims / areas covered as well as assessment type are noted in each of the modules but more detailed information about aims, learning outcomes, teaching methods and formative and summative assessment will be outlined in the further and detailed module and programme proposal documentation for review at TLC and joint ad hoc committee of TPB and RDPEB as part of standard governance processes.

Relationship of Clinical Activity and the Educational Programme

The structure of the programme anticipates that students will be engaged in clinical activity to support the level 8 elements of the programme. It is anticipated that some or all of this time may be undertaken as clinical placements with NHS partners in the specific specialties of interest to the students. Barts Health Trust are aware of the proposal and supportive of its development and we are working towards the development of Service level agreements as part of the development of such placements. Entry requirements for students would therefore include eligibility for GMC registration to enable them to fully participate in clinical departments to support the development of their research and professional portfolio activity.

CASE FOR CLINICAL DOCTORATE INCLUDING MARKET ANALYSIS

Home students

It is likely that initially the pool of internal students will be small and limited to the part time option to ensure that salaried work can continue during ongoing studies. Commitment to a 6-year part time programme is likely to extend beyond training years and therefore this is likely to further limit the pool of individuals.

International / External students

A professional education doctorate offer by Queen Mary will be a novel offering for clinicians from both the UK and internationally. External students will be able to join from international healthcare organisations, including our TNE partners. It is likely that numbers will be small and from selected partner markets initially and as more organisations express interest in enrolling their doctors in our programme, the more we will be able to modify the components of the programme (for example the specialty areas for research and portfolio development) to meet the needs of the specific cohorts of applicants. Overall, we might anticipate a cohort of around 5 students in the first intake. The choice of 'track' for the taught modules will not impact on the funding or support required as 6 of the modules are already taught as part of existing PgDip provision and do not require additional teaching support to accommodate these students, while the two new modules are common to both 'tracks'. Given that

the first year of the programme (full time) or first two years (part time) comprise taught modules, this early phase gives time for DBS and OH checks prior to any activities within the NHS Trust and applications for research ethics approval (in UK and home country if research is conducted overseas) for later project work, likewise for applications to Partnerships Board for approval of partners if required.

Specific Market reports

An extensive market research report has been provided by the marketing team and is included in Appendix Two (not enclosed).

Choice of award title

The use of DCLin is in line with our existing suite of DCLinDent programmes and have greater market recognition within the clinical world that the more generic DProf used in a wider and less focussed range of disciplines.

The use of an alternative option for a single degree classification that could be used across the university and indeed that may already be in existence and could be used instead of the current proposed new award titles was considered (such as Doctorate in Professional Studies). However, it was not felt that the applicants or possible partner institutions would have the same level of recognition of a more generic award title and that this would impact recruitment. As precedent, it was noted that the university already has some differentiated Professional Doctorates such as DCLinDent and EngD, which have been able to recruit well within a highly specialised market.

The offering of programmes Clinical Doctorate in Medicine, Clinical Doctorate in Surgery etc. is relevant to the applicants who have already differentiated in terms of clinical career (physician-specialties or surgery) at the time of undertaking the research degree and who will therefore anticipate an award in line with the nature of their research activity, despite a similar programme structure.