

# UK clinical academic training in medicine and dentistry: principles and obligations

## Aim/ purpose:

This document 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 training<sup>1</sup> 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 Dean<sup>2</sup>. 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 tripartite<sup>3</sup> 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.

1 Including population and public health clinical academic training.

2 The 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.

3 The 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.

- Where individuals, on nationally competitive training awards, are required to change employers to pursue their clinical academic career pathway certain occupational benefits, which have accrued as a result of 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.<sup>4</sup>
- 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.

<sup>4</sup> As 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.

### Obligations of the Funder:

- 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 document.
- 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 was consulted on and provided input to this document and are supportive of the principles it contains.



**NHS**  
*Health Education England*



**NHS**  
*National Institute for  
Health Research*



**CANCER  
RESEARCH  
UK**



**Royal College  
of Physicians**



**msc** Medical  
Schools  
Council  
*For the future of medicine*

 **The Academy of  
Medical Sciences**

## UK clinical academic training in medicine and dentistry: principles and obligations

### Frequently Asked Questions

1. What is the 'UK clinical academic training in medicine and dentistry: principles and obligations' document?

The document sets out principles and obligations for institutions, funders and clinical trainees, in receipt of nationally competitive funding for clinical academic research training, 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.

2. Is the Guidance only for those undertaking clinical training? What is the position of consultants with academic research training awards?

They are also covered.

3. When was it released?

It was launched in January 2017 and is available on the websites of all the stakeholders involved in the development of the document.

4. Who was involved in the development of the document?

The principles and obligations document was developed with input from a number of stakeholders, including medical and dental trainees. The following organisations have signed up to the principles that the document contains: 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, Wellcome Trust.

The British Medical Association and the British Dental Association were consulted on and provided input into the document and are supportive of the principles it contains.

5. Which funders have signed up to these principles and obligations?

The British Heart Foundation, Cancer Research UK, Medical Research Council, National Institute for Health Research, Wellcome Trust.

6. Has it been updated?

Yes, in December 2017.

7. Why was it updated?

The stakeholders involved in the development of the document have been working with colleagues at NHS Employers and the Universities and Colleges Employers Association (UCEA) to provide clarity on the funders' expectations with regards to the occupational benefits for clinical academic trainees.

8. What has been updated?

The section on occupational benefits has been updated and now states that: 'Where individuals, on nationally competitive training awards, are required to change

employers to pursue their clinical academic career pathway their ability to receive certain occupational benefits, which have minimum service requirements, must be protected. This includes any changes in employer from a NHS trust/board to an academic institution or vice versa. These include as a minimum all family and care-related leave and care-related pay (not limited to gender or sexual orientation) and sick leave and sick pay (irrespective of disability status or health history).

9. Which occupational benefits are included in the principles and obligations?

As a minimum all family and care-related leave and care-related pay (not limited to gender or sexual orientation) and sick leave and sick pay (irrespective of disability status or health history) are to be covered. Redundancy benefits are not expected to be covered.

10. Which clinical academic schemes are covered by these principles and obligation?

All nationally competitive funding for clinical academic research training provided by the funders signed up to the principles and obligations document. Specifically:

- British Heart Foundation.
- Cancer Research UK.
- Medical Research Council.
- National Institute for Health Research.
- Wellcome Trust.

11. How many clinical academics are covered by these principles and obligations each year?

In total, there are expected to be new awards made to up to 1550 clinical academics, per annum, encompassed by these principles and obligations.

- British Heart Foundation.
  - Clinical Research Training Fellowships (up to 20).
  - Intermediate Clinical Research Fellowships (up to 5).
- Cancer Research UK.
  - Clinical Research Training Fellowships via training accounts (up to 25).
  - Clinician Scientist Fellowships/Advanced Clinician Scientist Fellowships (8-10).
- Medical Research Council.
  - Clinical Research Training Fellowships (up to 50 trainees).
  - Clinician Scientist Fellowships (up to 12 fellows).
- National Institute for Health Research.
  - Fellowship Programme (up to 158 trainees across all levels)
  - Clinician Scientist Fellowships (up to 32 trainees)
  - Integrated Academic Training:
    - Academic Clinical Fellows (up to 750 NIHR ACFs)
    - Clinical Lectureships (up to 400 NIHR CLs)
- Wellcome Trust.
  - Clinical PhD Programmes (up to 60 trainees).
  - Clinical Research Career Development Fellowships (up to 25 fellows).

12. When are host institutions expected to adhere to these principles and obligations?

This has been in Wellcome's and CRUK's award letters since January 2017 and in the MRC's award letters and terms and conditions since June 2017. This is from immediate effect for NIHR, however, the first scheme to benefit will be the NIHR Clinician Scientist Fellowship and contracts will be negotiated in March 2018. NIHR is also adding it to the Service Level Agreement with HEE to cover all the ACFs and CLs which will be advertised in October 2017 but will not be in post until August 2018.

All funders are sympathetic to the fact that it will take time to align the HR processes necessary and will address any issues on a case by case basis, but expect a clear plan from the research office concerned that they would be able to meet the NIHR deadline for compliance with their new contracts at the latest (in March 2018).

13. How are the employers working together to adhere to these principles and obligations?

All of the stakeholders have been working with colleagues at NHS Employers and the Universities and Colleges Employers Association (UCEA), to share examples of good practice and to develop templates which will enable, in the short and medium term, for beneficial private contractual rights to be agreed locally over and above statutory rights.

There are other solutions, but one example of best practice has been developed by HEE Yorkshire and the Humber has worked with local HEIs and Trusts to draw up an agreement covering clinical academic trainees.

It is acknowledged that whilst regional agreements are a way of ensuring that in the short to medium term Trusts and HEIs can adhere to the principles and obligation document, it is expected that in the longer term these fundamental occupational benefits will not depend on local agreements but will be a part of the normal way of operating. Statements from senior leaders and diversity and equality champions would go some way to reassure funders that this is a priority longer term.

To help employing organisation, the Funders have developed the following:

- a very light touch letter to be sent to trainees at the point they move from the NHS to a fellowship in a university letting them know that their family friendly rights are being protected by reason of a formal agreement between the university and the NHS/Deanery.
- a template agreement between HEIs and Trusts along the lines of the Yorkshire and Humber document.

14. Will the new standard contract clause be included in NHS contracts?

No, NHS Employers is not currently able to negotiate with the BMA.

15. Will the funders reimburse the higher education institutions and NHS Trusts to cover any additional occupational benefits as a result of adhering to the principles and obligations?

The funders have different policies with regards to the supplementation of awards to cover occupational benefits. The policy of each funder is listed below:

- **British Heart Foundation.**  
BHF will cover the actual costs incurred by the employing institution in meeting an individual's salary while on maternity, paternity, adoption or sick leave (less any

recoverable statutory pay). This entitlement is open to all individuals who take such leave while their salary is being funded by a BHF Fellowship. BHF will also consider requests for fellowships to be placed in abeyance during the leave of absence, and the end date of the grant may be extended for the period equivalent to the leave taken, providing salary is covered by the institute during the period of abeyance. Additionally, BHF will consider requests to retain support staff working on the grant and associated consumables and at the same time extend the end date of the grant for the period of leave taken by the fellow. These arrangements will need to be discussed with and approved by BHF, and the fellow will need to provide assurance that there will be adequate supervision for support staff during this period.

- **Cancer Research UK.**

The Host Institution may not use the salary allocation for that individual (or any other part of the Grant) to fund the individual's paid leave entitlements and may only use it to pay for cover for the vacant position. The Host Institution must ensure that the individual receives paid parental or other long-term leave entitlements in accordance with its policies for all employees, and must bear the costs of those paid leave entitlements regardless of the fact that the employee's salary is paid from the grant.

- **Medical Research Council.**

The Research Organisation will be compensated at the end of the grant to cover any additional net costs that cannot be met within the cash limit, of paid sick leave for staff within the Directly Incurred and Exceptions fund headings. The Research Organisation will be compensated at the end of the grant to cover any additional net costs that cannot be met within the cash limit of paid parental leave (ie maternity, paternity and adoption leave) for staff within the Directly Incurred and Exceptions fund headings

<http://www.rcuk.ac.uk/documents/documents/termsandConditionsofResearchCouncilfECGrants-pdf/>

- **National Institute for Health Research.**

HEIs can draw on indirect costs, and NHS bodies on Research Capability Funding (RCF) to cover the costs of family related/sick pay for NIHR trainees. If total salary costs increase compared to the costs originally budgeted for (as a result of the end date changing and hence additional increments and pay awards being incurred), NIHR will cover the difference. Additional pay or salary costs incurred as a result of a trainee taking a period of family-related/sick leave, that can't be covered from the budget of the award, *may* be claimed from NIHR, and provided the Host Organisation, can demonstrate that it can't meet these costs from any other sources. For example, from indirect costs, RCF or the allocated budget for ACF and CL posts managed at the HEE local office in the case of IAT posts.

- **Wellcome Trust.**

Wellcome will supplement grants by the actual costs incurred by the employing institution in meeting an individual's salary while on maternity, paternity, adoption or sick leave (less any recoverable statutory pay). This entitlement is open to all individuals who take such leave while their salary (or studentship stipend) is being funded by a Wellcome grant. The official end date of the grant may also be extended for the period equivalent to the leave taken. In addition, for all grantholders, irrespective of whether Wellcome pays their salary, Wellcome will also consider requests for supplements to cover additional direct research costs (such as research staff and expenses) that may be incurred due to the grantholder taking maternity, paternity, adoption or sick leave.

16. Who should I speak to if my host institution is not adhering to the principles and obligations document?

ACFs and ACLs should contact their IAT leads in the HEE local offices across England in the first instance or NIHR if issues are not resolved. Other academic trainees should contact their funders.

17. Will funding be withdrawn and what will happen to future funding if institutions or trainees do not adhere to the principles and obligations contained within the document?

Funders will monitor adherence to the principles and obligations and may withdraw funding where adherence is poor, but this will be considered on a case by case basis. For new NIHR contracts and the IAT SLA, adherence will be a condition of funding. Future funding may be affected but this is likely to vary between funders.