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


Principles:

Clinical academic training 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. 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 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 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.

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.

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