

Association of Medical Research Charities

National Institute for Health Research

NHS Employers

Post Graduate Deans Liaison Group

Dear colleagues

7 May 2020

Supporting clinical academic trainees return to research

Following the RCP's work with major research funders and the wider research community to produce a [consensus statement for clinical academics](#), we have gathered views on how we can best support clinical academic trainees who have been redeployed to the frontline to return to their research work.

This feedback was gathered in consultation with our Trainees Committee, Research and Academic Committee, and the Academy of Medical Royal Colleges' Academic Leads group. A summary of the key points is below, with more detail in the appendix:

- The statements of support from NIHR, HEE and many major funders for clinical academics returning to their research work is welcome.
- The key issues to address are the need for additional time and funding for clinical academics to complete their research work, which may be longer than their clinical redeployment. In all cases it is important a flexible approach is taken, taking into account individual circumstances of trainees.
- Extensions for Out of Programme (OOP) academic trainees is vital, with innovative models like "phased return" needing consideration. Specific thought is needed on how to support those in their final year who will theoretically exit their academic programmes in August.
- The commitment by many funding bodies to fund extensions is necessary and welcome. In addition, clear communication is needed between NHS trusts and universities to ensure academic trainees are paid according to the correct banding in addition to unbanded salary.
- The issue of whether (and how much) full-time clinical practice counts towards training also needs to be considered carefully.

I am sure that the whole research community will collaborate to make this transition as smooth as possible, while ensuring the NHS remains adequately equipped through this difficult time. I look forward to working with you on it.

Best wishes

Professor Cheng-Hock Toh

Academic vice president, Royal College of Physicians

Appendix

The right time to return to research

- While recognising the situation will be very different depending on the type of research being undertaken and the stage of research training, more than 5-6 months away from research is likely to lead to significant atrophy of research skills and dislocation from clinical academic training.
- Those nearing the end of a planned research period face particular challenges, as they may have little flexibility to make up academic time after August. Trainees involved in clinical trials will also be particularly affected as they are unable to conduct follow-ups with patients. Trainees approaching points of career progression (eg PhD funding applications) are also likely to be affected earlier than others.
- Consideration needs to be given to the fact that many universities and their lab facilities may be closed beyond the ideal “return to research” date. Trainees would be unable to return to non-clinical research training even if other factors allow.
- Management of a possible post-COVID surge needs to be part of this discussion. As core services resume, clinical demand will increase in many specialties, especially oncology services. Academic boards can support planning by outlining the anticipated contribution of clinical academics to this effort.

The need for additional time and funding

- Clinical academic trainees will need additional time and funding to complete their research work, which may be longer than their deployment to clinical work due to set-up times. For example, resuming clinical trials will be particularly difficult as trial recruitment and follow-up may have closed.
- Extensions for Out of Programme (OOP) clinical academics are vital. This should be sensitively planned with input from clinicians, trainees, trusts, universities, HEE, funders, and royal colleges.
- The commitment by many major funding bodies to fund extensions is welcome, and we also suggest they review the application windows for clinical research training fellowships to minimise disadvantaging applicants.
- Any approach needs to be flexible and based on individual circumstances, and we encourage continuing dialogue between service, deanery, research teams and redeployed researchers. We

also welcome the fact that universities are already issuing local guidance on funding and research degree extensions.

- Consideration needs to be given to the knock-on effect of trainees currently in clinical training who had planned to start a period OOP or on an academic training programme later this year. It may be their OOP period needs to be delayed to allow others to finish.

Managing extensions

- In all cases it is important that there is a flexible approach, taking into account the individual circumstances of trainees. But there are a number of ideas for further discussion, as we consider how extensions should be managed.
- A “phased return” model to blend academic time with periods of high clinical demand, agreed at a local level with educational and clinical supervisors. RCP’s Trainees Committee provided an illustrative example of a trainee going back full time to research for 15 months instead of 12, incorporating two clinics a week to support an urgent care or cancer pathway.
- Review each individual’s situation at three month staging posts, assessing whether there is a clinical need for them to remain on the frontline or whether they could return to research.
- HEE can assist planning by collaboratively developing a framework guidance document - including a consultation checklist, clinical activity log, research and funding details, personal statements - that could be tailored by for each royal college, and then used by their trainees.

Counting of clinical work towards training

- The issue of whether, and how much, full-time clinical practice counts towards training needs to be considered carefully, working closely with trainees.
- Assuming curriculum competencies are met, the Training Programme Director is in agreement, and the trainee wishes to count this time towards their Certificate of Completion of Training (CCT), this seems like a sensible way forward. This will help avoid a delay in new consultants being appointed in years to come.
- Specific consideration needs to be given to how we specifically support those in their final year who will theoretically exit their academic programmes in August back into clinical training posts.