NIHR Academic Clinical Fellowships:
Entry, Eligibility, and Exit Points for Appointments made in 2015

Introduction

1. This guidance note relates to recruitment to NIHR Academic Clinical Fellowships (ACFs) allocated in the 2015 selection round. This document sets out the broad framework regarding the eligibility for ACFs; however, organisational partnerships will identify at what level or levels each ACF is being offered.

2. The primary purpose of an ACF is to provide a clinical and academic training environment for a doctor in the early stages of specialty training to prepare an application for a Training Fellowship leading to a PhD (or equivalent) or if applicable a postdoctoral fellowship.

Recruitment to NIHR ACF and the award of a National Training number (NTN) (a)

3. The award of a NTN (a) will be made to applicants who are successful in the appointments process. Since NTNs are awarded by Postgraduate Deans, the Local Education Training Board (LETB) will lead the appointment process. Panels must ensure that both clinical and academic standards for appointment are met.

4. Local NIHR ACF interviews will continue to agreed timescales, with both academic and clinical representation.

5. Appointable applicants at the ACF interview, 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.

   - ACF applicants, without NTN/DRN, will be required to reach the threshold of ‘appointability’ at national selection assessment/interview. They do not need to have ranked high enough to have received a post i.e. ‘appointed’.

   - All ACF appointment offers to applicants not holding a NTN/DRN are conditional offers subject to passing the threshold of appointability in the national process and offers will be withdrawn from candidates that are unsuccessful in that process.

   - Further details about recruitment for the applicant and recruiters can be found in the following documents “NIHR Academic Clinical Fellowship (ACF) 2015:
6. Applicants who already have an NTN/DRN in the specialty they are applying for do not need to participate in national recruitment as they have already been benchmarked for clinical ability/potential.

7. ACF applicants will be ranked on their performance at the ACF interview not the national clinical interview.

Appraisal for ACF

8. There should be joint academic and clinical appraisal according to Follett principles with assessment, according to College and LETB recommendations for ACFs. A general overview for reviewing the progression of trainees undertaking joint clinical and academic training programmes is provided in the Gold Guide, though to aid trainees, supervisors and assessors in reviewing academic training and progress, the Academy of Medical Sciences has formulated supplementary guidelines available at: http://www.acmedsci.ac.uk/policy/policy/guidelines-for-monitoring-academic-training-and-progress/

Entry Points and Run Through Training

9. Applicants must meet the requirements of the national person specifications for entry into specialty training at the advertised level or levels.

10. Entry to ACFs may be at up to 4 different levels equating to ST1, 2, 3, and/or 4 (for Emergency Medicine, Psychiatry and Paediatrics).

11. 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. The Programme Board of Modernising Medical Careers agreed in October 2007 that ACF training should remain run-through even if the trainee was appointed to a training position in an uncoupled specialty; this remains the case for 2015.

12. For specialties without a core training period the ACF will enter directly into the specialty programme.

13. For specialties with core training the ACF would have direct appointment to a specialty-specific academic programme (e.g. Gastroenterology) even if they are appointed at ST1, ST2, ST3 (or ST4 in Emergency Medicine, Psychiatry or Paediatrics). Progression would be directly into the advertised specialty as long as core competences were obtained.

14. Medical Education ACFs can either be based on specialties with a core training period or specialties without. The ACF could enter into an academic core training
programme for 2-3 years during which clinical and academic specialisation would occur according to individual preferences and local academic opportunities.

**Eligibility**

15. NIHR ACF posts are only available to medically qualified candidates

16. Open to all doctors who can meet the entry requirements for entry into specialty training at a particular level.

17. Open to individuals in StR posts (those currently holding a national training number).

18. FTSTAs are also eligible to apply.

19. 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 undergraduate training (to enable postdoctoral research applications).

- Doctors 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 academic medicine.

- Medical graduates who obtained PhDs prior to medical undergraduate training – their PhD may or may not be considered relevant by the appointments committee.

**Completion of an ACF**

20. The duration of an ACF will be for a maximum of 3 years or 4 years in General Practice. During this time the trainee combines clinical specialty or core training with academic training which is geared to competing for a training fellowship.

21. When trainees successfully obtain a fellowship, they normally spend 3 years outside of their clinical programme in Out of Programme Research (OOPR) working towards the completion of an MD or PhD (or equivalent). The trainees will need to obtain agreement from their LETB 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 LETB 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.

22. On completion of a training fellowship, they will return to the clinical programme and at an appropriate point may competitively apply for a Clinical Lectureship provided
that appropriate academic and clinical competences have been obtained or continue in clinical training.

Early exit from Academic Training

23. There are several points at which an ACF may decide, or be advised, to leave the academic training pathway. As long as clinical competences have been successfully achieved, the doctor would be able to rejoin the non-academic specialty training programme, retaining their NTN, relinquishing the (a) suffix and losing entitlement to 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 in that in some cases this could take up to a year. It is therefore important to give warning to the Postgraduate Dean as soon as the possibility of early exit from the programme. It is hoped that it will not occur but it is possible that the individual leaving the academic career 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.

24. Early exit might occur at the following points:

a. During the course of the 3-year ACF programme (4 years in General Practice) the funding should continue until exit from the programme to allow “seamless” return to the clinical programme

b. At the end of the ACF, the fellow may fail for whatever reason to obtain, or may decide not to pursue, a training fellowship award for PhD or MD studies. Academic funding could not be guaranteed to continue beyond 3 (or 4 in General Practice) years, so as much warning as possible is needed if the fellow wishes to continue in a clinical programme.

c. After completing a training fellowship and obtaining a PhD/MD (or equivalent), a trainee may decide or be advised not to pursue academic training any further. Hopefully, this decision will have been arrived at over a period of time, so that maximum warning can be given to the LETB in order to avoid or minimise any wait to re-enter the clinical programme with their NTN.