

Clinical Academic Training Forum: Guidance to support returning clinical academics during future COVID-19 pandemics

Addressing the challenges of Omicron and future COVID-19 pandemics

Aim:

This document sets out overarching principles and practical actions in response to future significant disruption to clinical academic training due to the Omicron variant of COVID-19 or future waves of COVID-19, locally or nationally, or due to a future pandemic. All UK institutions and organisations responsible for supporting and progressing the careers of healthcare trainee clinical academics should consider their future response to these issues.

Background:

The career development of clinical academics is of strategic importance to the NHS and to all funders of health-related research; an importance that has been underlined by the recent and current challenge of Omicron and COVID-19. It is accepted that developing a clinical academic career is challenging, with a need to balance research with postgraduate clinical training. It is, therefore, essential that clinical academic trainees are appropriately supported at critical stages and transitions in their careers. (Ref: <https://mrc.ukri.org/documents/pdf/review-of-early-career-clinical-academics/> and <https://www.nihr.ac.uk/documents/clinical-principles-and-obligations-march-2018/22067>).

The COVID-19 pandemic has resulted in extraordinary challenges for medicine and healthcare in the UK and worldwide. Clinical academic trainees, both those in full-time research and those in posts combining clinical and academic training, e.g. clinical lecturers and academic clinical fellows, responded to the health emergency in large numbers by voluntarily returning to full-time clinical duties. Many have made exceptional contributions to service and/or to COVID-19 related research.

The UK Clinical Academic Training Forum (CATF) and Conference of Postgraduate Medical Deans (COPMeD) established a working group to bring together representatives of postgraduate training, research funders, medical and dental schools, nursing, midwives, allied health professionals, clinical scientists and others across the UK to agree high-level principles to support future decision making and to support a consistent approach across the United Kingdom. Our aim was to enable local, practical and timely advice for academic trainees, their clinical and research supervisors, HEI and their postgraduate deanery/HEE regional office.

Principles:

All clinical academic trainees will benefit from a considered and co-ordinated approach to managing any potential disruption to their research and clinical training needs due to Coronavirus or a similar situation.

All parties must undertake the discussions needed in a transparent manner, following a process for a return to clinical service agreed by the Postgraduate Deanery.

It is emphasised that the return of academic trainees to support the clinical service is on a voluntary basis.

Due consideration should be given to issues of equality, diversity and inclusion and, specifically, to health, shielding or caring issues relevant to individual trainees.

Following a period of disruption trainees should be supported in their future planning and to make any adjustments to their academic and clinical education appropriate for their stage of training.

Actions for Postgraduate Deans and Training Programme Directors:

To provide oversight of the process, with the aim of balancing the optimal research and clinical outcomes for trainees against the need to support exceptional NHS clinical service need.

To provide a framework for maximum flexibility for periods of academic/research training where possible.

The Postgraduate Dean, or nominated deputy, should have oversight of the process and be in discussion with training programme directors, directors of medical education and HEI leads to determine whether, when and where academic trainees who volunteer should be supported to return to clinical service. This will include consideration of their specific specialty, skills and level of experience and also the time needed to suspend their research without unnecessary loss of research resources.

All trainees will be allocated an educational supervisor and receive any required skills training during their clinical placement.

At the end of the emergency period the Postgraduate Dean will ensure that clinical academic trainees are returned to research training in a timely way, bearing in mind research training capacity in universities as well as any exceptional ongoing service need.

Actions for Universities and Research Institutes:

To provide clear host support and mentorship and infrastructure to all academic trainees to continue their career pathway with the minimum possible interruption.

To optimally manage opportunities for those on time-limited research funding and depending upon access to research infrastructure, whether laboratory or clinical.

Where a return to clinical service is anticipated, to support the trainee to suspend their research programme so as to minimise loss of data and resources.

To give particular attention to the consequences of caring responsibilities and any potential gender disadvantages in advising and supporting individual trainees.

To advise and support trainees following a period of disruption to ensure successful completion of research training.

Actions for Funders:

To work together from a very early stage and provide consistent communications messages.

Funders will endeavour to provide support to ensure successful completion of research training, recognising that research plans may need to change to accommodate individual and local constraints.

To support those trainees who are their fellows and provide advice on who best to contact.

Actions for Trainees:

Not to arrange any clinical placements outside of the agreed local deanery process. Neither the return to clinical service nor the subsequent return to research should occur without the approval of the Postgraduate Deanery.

To carefully plan, in discussion with the Postgraduate Dean (or their nominated deputy), TPDs and research supervisors, any voluntary return to clinical service and then back to academic roles.

To discuss with their research funder regarding changes to research plans as soon as possible.

To consider whether some research activity can be continued that can add value to research experience and training.

Clinical academic nurses, midwives, allied health professionals and clinical health scientists:

Whilst structures for clinical academic nurses, midwives, allied health professionals and clinical health scientists vary, the same principles and actions should also be applied by universities, funders and trainees.

Sigantories:

These recommendations are from members of the Clinical Academic Training Forum as well as representatives from the Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD), Medical Schools Council (MSC), National Institute for Health Research (NIHR), Medical Research Council (MRC) and Clinical Academic Roles & Careers Pathways Implementation Network (CARIN within the UK Council of Deans of Health):

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Professor Bill Irish, Postgraduate Dean HEE and COPMeD

Professor Waljit Dhillon, Dean for NIHR Academy

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