Appointment and Management of Integrated Academic Trainees (IAT)

Standard Operating Procedure

##### Speciality Training Programmes (STP) Directorate, Yorkshire and the Humber Deanery

##### March 2025

*(To be reviewed March 2026)*

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### Document Status

This is a controlled document. Whilst this document may be printed, the electronic version is the controlled copy. Any printed copies of this document are not controlled.

This document is not intended to be interpreted as a policy statement. This is a local guidance document for faculty and staff in the Yorkshire and the Humber region to enable consistency of application; it is recognised there may be exceptional circumstances when deviation from this guidance may be required.

1. Purpose of the Guidance
   1. Scope

The following SOP outlines the relevant steps that should be followed in relation to the appointment of Academic Clinical Fellows (ACF) and Academic Clinical Lecturers (CL) within the Specialty Training Programmes (STP) Directorate in Yorkshire and the Humber.

This document originated within the School of Medicine working with TPDs and Academic Leads, and following input from other heads of School and Academic leads, forms the basis for collaborative working across all stakeholders in order to facilitate the delivery of high quality integrated academic training.

Academic Clinical Fellow (ACF) posts are currently offered at CT1/ST1-ST4 grades to Postgraduate Doctors in Training (PGDiTs).

Clinical Lecture (CL) posts are currently offered at ST3 grade and above.

**1.2 Allocation Process**

There are two mechanisms for the award of funding for academic placements (ACF & CL):

1. Through a formal bidding process undertaken every 2 year. Coordinated by NHSE YH (Academic Faculty/Clinical Faculty) and the local HEIs
2. NIHR awarding direct funding for academic training in specific specialties, based on identified national need

In relation to the annual bidding process (point 1), these bids are ‘non-specific’ as NIHR do not ask for designated specialties at this point. The HEIs however will know which specialties they are to be based in and would subsequently approach the relevant Clinical TPDs accordingly. Given the very short time between the notification of the outcome of bids and the commencement of ACF recruitment, having this pre-agreement in place is of a critical importance.

**1.3 Post Allocation submissions**

NIHR inform the HEIs of the outcome of their bids in June or July. In August/ September HEIs have to submit confirmation of the GMC specialty spread for their ACF and CL posts for the next year to NIHR. This submission confirms that **clinical TPDs have agreed** to host ACF and/or CL posts, providing an equivalent training environment to non-academic resident doctors. This includes an appropriate on call rota commitment, including pay supplements. Faculty members may be away over the summer and obtaining the agreements may be difficult at this point. Early conversations between academic and clinical faculty will facilitate the timely submission of these forms to NIHR.

1. Pre-advert Process

The Academic lead must liaise with the Clinical TPD (in writing) BEFORE the post is released for recruitment purposes.

* The Academic lead will confirm the grade of training being advertised to ensure there is sufficient space within the clinical training programme to accommodate the ACF or CL. Where the curriculum requires out of hours on-call duties, this would also need to be confirmed.
* As these posts are funded supernumerary (unless agreed otherwise between both Academic lead and Clinical TPD), they will not form part of the established figures and will require bespoke arrangements.
* For ACF recruitment, the HST TPD (as well as the Core/IMT based equivalent) must be advised as they will be required to accommodate the ACF in their HST programme either during or on completion of this academic programme.
* The Academic lead will alert the clinical teams as to the suggested research timetable and whether the ACF or CL is planning to conduct research as three-month blocks (in each year), as a day release, or if any other pattern is being considered, plus the site of the research. This will assist in ensuring that placements are allocated appropriately.
* The Clinical TPDs will confirm, in writing, following review of the training establishment, the capacity for the placement at both Core/IMT and HST level. where appropriate.
* The Clinical TPD will identify an appropriate training rotation (if available) spanning the three or four years of clinical training that the ACF/CL will receive, and will produce a three/four-year planner, incorporating the proposed academic training requirements (e.g. if three monthly blocks of training are required). This plan will ensure that the ACF/CL has the best opportunity to achieve CCT in an appropriate timeframe.
* The Academic lead and Clinical TPDs will coordinate obtaining the formal agreement, in writing, of funding agreements from the HR department at any Local Education Provider (LEP) that the ACF/CL will be attending to ensure that out of hours (OOH) opportunity and funding is available.  
  **Note**: These posts are NIHR funded so only OOH financial agreements are required.
* For IMT the process may differ, so please consult the School of Medicine Senior Faculty (HoS & Deputy HoS) for confirmation.
* The Academic lead and Clinical TPDs will coordinate obtaining the formal agreement, in writing, from LEP Clinical Directors of each allocated placement to ensure there is sufficient training capacity for the ACF/CL at the proposed location. Should any location decline to take the ACF/CL as supernumerary, the Academic lead will advise the Clinical TPD who will look to identify an alternative post.
* Once the placement and HR agreements are confirmed, Academic leads will advise the Programme Support Teams in the Deanery (both clinical and academic), at which point the advert can be released to the Deanery Recruitment team for ACF appointments. CL recruitment is managed by the relevant HEI; however, the above steps should still be progressed in full.

1. Recruitment Rounds 2, 3 and re-advertisement

It is acknowledged that given the national timescales, there is a significant likelihood that Code of practice deadlines will be breached.

However, the same principles as described above should still be adhered to before progressing to advertisement, most notably the Academic lead confirming with the Clinical TPD that there is still capacity within the training programme to facilitate the additional academic trainee, and that the relevant funding agreements are still in place.

This discussion should also again take place should a situation arise where the originally appointed PGDiT resigns from the programme either before commencing in post or shortly after, rather than the next highest-ranking candidate being automatically appointed to replace them within the ACF post.

1. Post-interview Process

* Following interview and appointment, the Clinical TPDs must be advised of the name and grade at entry to the post of the ACF (copying in the Programme Support and Academic Team) by the Deanery Recruitment team in a timely manner, in keeping with the national [Code of Practice](https://www.bma.org.uk/media/1985/code-of-practice-2017.pdf) guidance (3 months’ notice) in order that LEPs can then be advised. The HEI should do the same for a CL appointment.
* This is the opportunity to raise any special circumstances, e.g. previous experience, less than full time working patterns etc. that might affect the agreed placements.  
  **Note**: CCT dates can only be amended at ARCP.

1. After training has commenced

An ARCP is required for all PGDiTs. For Integrated Academic trainees there is the requirement for BOTH a Clinical TPD and Academic TPD/ supervisor to be on the ARCP panel (GG10 4.147). Both a clinical and educational supervisor are required to offer evaluations of training and progression to assist with the ARCP process.

At the start of the academic placement and annually [or more frequently if necessary] thereafter, the PGDiT and the named clinical and academic supervisor should meet to review and agree the objectives for the year (GG4.146)

The [Gold Guide - 10th Edition](https://www.copmed.org.uk/publications/gold-guide/gold-guide-10th-edition) and NIHR recommendations are as below:

4.145 Assessment of clinical progress of academic postgraduate doctors in training should be capability-based, rather than time-based. Setting a target date should be determined flexibly and tailored to the needs of the individual academic postgraduate doctor in training. The target date for achieving a CCT for an academic postgraduate doctor in training who continues beyond a doctorate degree (MD or PhD) should be determined at the first ARCP for clinical lecturers...after which time it can only be adjusted through the usual ARCP processes

NIHR also recognises that in, for example, craft specialties, trainees do need to undertake procedures on a number of occasions to become competent to perform the procedure independently, and that requires a variable period of time to complete.

The target CCT date may be exactly the same as it would be for a non-academic trainee, or it may be later than it would be for a non-academic trainee. Once set, the CCT date can be extended further through the use of an ARCP Outcome 3. If there is a need to extend clinical training this should not necessarily be regarded as a failure. Further information regarding the [assessment of academic progress (.PDF)](https://acmedsci.ac.uk/file-download/34676-Guidelin.pdf) is available from the AMS.

4.147 An annual assessment of academic progress must be undertaken and should take place at least one month before the joint academic/clinical ARCP panel convenes. Those present at this assessment should include the **trainee** and **educational supervisor**, together with the **director of the academic programme** [or deputy] and other members of the academic unit as appropriate.

4.149 The named academic supervisor is required to complete the ‘**Report on Academic Trainees**’ Progress’ form (GG9 Appendix 5), which needs to be signed by the trainee for submission to the annual joint academic/clinical ARCP panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic capabilities achieved.

4.151 The trainee should not attend the panel meeting. Plans for academic trainees to meet with members of the panel following the ARCP should only be made if the TPD or the named academic supervisor/lead for academic training indicates that **Outcomes 2, 3 or 4, for either clinical or academic components (or both)**, are a potential outcome from the panel. The ARCP outcome is a global assessment of progress, dependent on both clinical and academic reports to assess achievement.

**7. Post CCT Extensions**

There is a formal process in place with NIHR for applying to extend a CL placement. Details can be found at the following:

[Extension process for Clinical Lectureship posts | NIHR](https://www.nihr.ac.uk/extension-process-clinical-lectureship-posts)

The process involves a number of submissions of support from both the Academic/HEI and Clinical TPDs. The Academic lead should also ensure that the Revalidation Officer at the employing LEP has confirmed that they will accept the responsibility for this role (transferred from the PG Dean) if the extension is approved. Academic trainees who have taken up a post CCT extension are no longer part of the clinical training programme.

8. Resignations

In the event that an individual resigns or is unsuccessful in progressing academically, they will rejoin a standard clinical training programme.

If a PGDiT resigns from the academic component of their training earlier than anticipated, the Clinical Training Programme Directors and Academic lead will need to discuss how best to facilitate a return to an established training post, based on NIHR funding guidance, rotational information and individual circumstances.

A PGDiT in an ‘uncoupled’ specialty who leaves the academic programme during core training will forfeit their access to automatic run-through training.

1. Useful Links and Information

ACF: [Academic Clinical Fellowship | NIHR](https://www.nihr.ac.uk/career-development/research-career-funding-programmes/predoctoral/academic-clinical-fellowship)

ACF *Indicative* timelines (the exact dates will be subject to change on an annual basis):

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| --- | --- |
| **Academic Clinical Fellowship Timetable (England only)** | |
| Submission of bids by HEIs | March 2024 |
| Notification of outcome of bidding process | July 2024 |
| Confirmation of posts and approved specialties received from NIHR | 10th September 2024 |
| Vacancy levels and Job descriptions confirmed | 23rd September 2024 |
| Website and Job descriptions published | 30th September 2024 |
| Applications open | Thursday 3 October 2024 |
| Applications close | Thursday 31 October 2024 |
| Interview window | Monday 11 November 2024 to Friday 17 January 2025 |
| Initial Offers out from | Tuesday 21 January 2025 |
| Hold deadline | Tuesday 28 January 2025 |

CL: [Clinical Lectureship | NIHR](https://www.nihr.ac.uk/career-development/research-career-funding-programmes/postdoctoral/clinical-lectureship)

CLs are recruited by the local HEI at various points in the year. A general outline of the steps is included.

* Existing ACFs/ OOPR sounded out on an annual basis regarding their career plans.
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* Discussion about potential for CL 12 months before end of PhD. CL posts are open to external candidates and are appointed in open competition and no person is guaranteed a post.
* Discussion with clinical TPD, potential start dates, requirements for placement, potential start date to allow accommodation into programme.
* HEI advert goes out – open nationally
* Interviews (local HEI - appointment panel includes clinical TPD)
* Offers and acceptance
* Confirmation with clinical TPD and discussions around work patterns etc, placement confirmation and start date
* Starts CL placement.

An indicative timeline would be 10 months from point 3 to starting in post, and about 4 months from point 8 (confirmation with clinical TPD) to starting in post.