

Royal College of Anaesthetists



GUIDANCE FOR SUPERVISION OF NEW ACADEMIC TRAINEES

Academic & Research Committee

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Ratified by

National Institute of Academic Anaesthesia

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Categories of Trainee: New Academic Training Posts

The Walport Report¹ has led to a tranche of new categories of trainee on a dedicated academic training path. They are appointed by United Kingdom Research Collaboration (UKCRC) in collaboration with partner organisations such as Deaneries, universities and teaching Trusts. The new categories include:

- A. Academic Foundation Trainees: individuals appointed to a discrete academic Foundation (F) program and who have either a ~4 month block of pure research in F2 year, or day-release research training spread over their F1 and F2 years. Although strictly this category is 'pre-anaesthetic', these trainees will be supervised in academic anaesthetic departments and it is to the advantage of the specialty that they are embraced early. Many will ideally apply for Academic Clinical Fellowships (ACF);
- B. Academic Clinical Fellows (ACF): a 2-3 year contract of which 25% of the time is dedicated to academic work; 75% is clinical training. The main aim is that the ACFs acquire funding to support their subsequent 3 years in pure research and lead to a higher degree (ie, a PhD);
- C. Clinical Lecturers (CL): these are post-doctoral posts (ie, after PhD) with a 4-year contract (minimum), with 50% of the time academic; 50% clinical training. The emphasis is on post-doctoral research training, designed to place candidates in a position to (a) take up a senior clinical academic position and (b) become Principal Investigators in major grants and projects. They will also complete clinical training and obtain CCT.

The Royal College of Anaesthetists (RCOA) supports anaesthetists in acquiring these new posts, and intends to facilitate the training of anaesthetists who enter this new academic pathway. RCOA also wishes to develop and support alternative pathways for academic training within the specialty. Further details are found in the RCOA report *A National Strategy for Academic Anaesthesia*².

This paper provides guidance for the practical management of training in these new posts, focussing on advice relating to their *clinical*, as distinct from *academic* training. RCOA expects that the latter will devolve in the main to academic mentors of these trainees. The principles are as follows:

1. The core clinical competencies required for the award of the CCT are defined in the RCOA's '*The CCT in Anaesthesia*'³. Academic trainees following the new pathway (or any alternative pathway as defined by RCOA) will need to fulfil all the required competencies.
2. RCOA recognises that academic trainees may face a particular challenge in achieving these same clinical competencies within a nominally much shorter timescale. The indicative time available to trainees on the conventional clinical path is 7 years (ie, years ST1-7); the nominal clinical training time available to trainees on the new academic path is ~4 years. RCOA recommends that Schools of Anaesthesia adopt the following strategies to manage this challenge:

- a. the clinical training of new academic trainees is best arranged *ad personam*, with a view to ensuring that clinical competencies can be achieved within the shorter timescale available. This may involve more focussed blocks of training, or dedicated didactic teaching sessions, or more flexibly-managed training – all directed to the specific needs of the academic trainees;
 - b. conventional expectations with respect to ‘training milestones’ (eg, the timing of obtaining parts of the FRCA) may need to be revised in respect of academic trainees. These ‘milestones’ may acceptably be attained at different times by different academic trainees in a manner that is necessarily much more flexible than are the expectations for trainees following the conventional clinical path;
 - c. failure to achieve all clinical competencies within the foreshortened time available should not of itself warrant forfeiture of an academic training post. If it is judged necessary that more clinical training time is needed to achieve competencies, Schools should seek and support extensions to the contracts of academic trainees to increase the clinical training time available;
 - d. academic trainees may require periods of secondment to centers outside their home School in order to obtain necessary academic training or special academic resources. Schools of Anaesthesia are advised to support and facilitate such movement, where it is judged academically necessary. Secondments are most efficiently coupled to carefully-planned clinical training, so that both academic and clinical training objectives can be met.
3. The twin objectives of the academic training program – clinical training and academic training – require mentoring of academic trainees jointly by Schools of Anaesthesia and host academic departments. The process of regular in-training assessments are best conducted jointly between the two, in a manner similar to joint appraisals for senior academics as recommended by the Follett Review⁴.
 4. This method of joint mentoring/appraisal will be particularly important if an academic trainee chooses to leave the academic path and re-enter the clinical path (or need to do so because of failure to obtain a post or grant funding for the next level of academic training). The level at which they re-enter the clinical path will need to be carefully considered by both clinical and academic trainers.
 5. If questions arise in respect of the supervision of academic trainees (eg, not anticipated by the above advice), RCOA encourages both trainers and trainees to seek further advice from *both* the National Institute of Academic Anaesthesia *and* the Training Committee at RCOA. These bodies will work together to provide guidance on a case-by-case basis, as is needed.

Alternative Pathways to an Academic Career

While the new academic pathways defined by the Walport Report will form the main - and desirable - training model for an academic career, RCOA recognises that anaesthetic trainees may not have the same opportunity to obtain the key academic training posts as trainees of other specialties. RCOA therefore has a stated policy of developing and supporting alternative routes to obtaining the necessary training leading to an academic career.

Conventionally, anaesthetic trainees seeking to acquire a higher degree have done so in their more senior training years (equivalent to ST5,6,7), supported through 'extended' Out-of-Program Experience OOPE (ie, one lasting >1 year, one year of which is counted as training towards the CCT). This may remain the chosen path for a few trainees.

However, because the main research funding bodies now expect academic trainees to undertake a PhD at earlier stages of their training, RCOA recommends that the option of an 'extended OOPE' is also made available (under the same terms and conditions) to more junior trainees (ST1-4) who have made the necessary arrangements (including obtaining funding support) to undertake research leading to a higher degree (ie, MD or PhD)

RCOA also recommends that, once a trainee (at whatever stage of their career) has obtained a higher research degree, and has made clear their intention to follow an academic career path (the latter interpreted in its broadest sense), the method of managing their remaining training should be as close as possible to the principles outlined in points 1-4, above.

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References

- 1.Modernising Medical Careers, UK Clinical Research Collaboration. *Medically- and dentally-qualified academic staff – recommendations for training the researchers and educators of the future*. (The Walport Report). March 2005.
- 2.Royal College of Anaesthetists. *A National Strategy for Academic Anaesthesia*. (Pandit Report), December 2005.
- 3.Royal College of Anaesthetists. *CCT in Anaesthesia, 2007 Curriculum* (April 2009) and *2010 Curriculum* (August 2010) at: www.rcoa.ac.uk
- 4.Department for Education and Skills. *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties*. Follett B, Paulson-Ellis M, September 2001