

## **SuppoRTT during Covid**

It has been recognised that the Covid-19 pandemic has resulted in two groups of trainees who it is felt warrant specific support through the Supported Return to Training scheme. These would not otherwise necessarily meet the eligibility criteria for SuppoRTT. It is proposed that three categories of SuppoRTT be established to accommodate these additional demands arising as a result of the Covid-19 pandemic:

1. 'Traditional' SuppoRTT (the standard groups eligible for SuppoRTT will remain included as previously identified)
2. Covid – SRTT for Shielding (see attached paper)
3. Covid – SRTT after Redeployment

## **SuppoRTT for Trainees Redeployed due to Covid**

A significant number of trainees have been redeployed to alternative clinical environments to support the response to the Covid-19 pandemic. It is anticipated that in the majority of cases these doctors will not require any specific support to return to their 'host' placement. It is likely that they will either not have been redeployed for a long enough period nor to have been working in a sufficiently different setting to feel they have significantly de-skilled. However, in certain circumstances it may be felt that a degree of de-skilling or loss of confidence may have occurred, which will be dependent on the individual trainee's situation. Examples may include any trainee due to RTT during the pandemic who returned to another setting other than their 'host' specialty who is now returning to their originally planned destination - for example a paediatric trainee returning from maternity leave to general ICU to support the pandemic who is now returning to general paediatrics; a surgical trainee redeployed to a general medicine unit who is going back to a highly specialized area of surgery having not performed a particular complex procedure for several weeks or months having previously not fully gained competence; an academic trainee on OOPR returning early to support the Covid response into a different specialty, now moving back into their usual training programme. This is not intended to be an exhaustive list and each individual doctor's situation must be taken into account.

NOTE:

1. It is important to recognise that this special category of SuppoRTT is NOT intended to be used to resource all development needs identified under ARCP 10.1 and 10.2 outcomes for all trainees receiving these outcomes. This should be decided locally on an individual basis in each trainee's case.
2. All academic trainees must have completed a 'Checklist for Discussion' developed by the CATF, in conjunction with reading the CATF Subgroup Covid-19 Return Principles document (see Appendices 1 & 2) to facilitate planning of the next steps of their academic/clinical training.

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Appendix 1:

**Clinical Academic Training Forum: Subgroup to support returning clinical academics from the COVID-19 front line**

## **Progressing UK clinical academic training in 2020: Addressing the challenges of COVID-19**

### **Aim:**

This document sets out overarching principles and practical actions in response to the disruption to clinical academic training by COVID-19 to be addressed by all UK institutions and organisations responsible for supporting and progressing the careers of trainee clinical academics.

### **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 current challenge of COVID-19. It is widely recognised that developing a clinical academic career is challenging, with a need to balance research, postgraduate training, and the pressures of clinical service. 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://wellcome.ac.uk/sites/default/files/clinical-principles-and-obligations-plus-faqs-2018-08.pdf>)

The COVID-19 pandemic has resulted in extraordinary challenges for medicine in the UK and worldwide. Clinical academic trainees, both those in full-time research and those in posts with both clinical and academic training, e.g. clinical lecturers, have responded to the health emergency in large numbers by returning to full-time clinical duties.

Preliminary estimates suggest that over 1,500 academic trainees in England alone have been deployed to clinical duties, representing over 90% of all trainees on the Integrated Academic Training (IAT) pathway. Similar responses have been seen from those in out of programme research and across the four nations. Many have made exceptional contributions to service and/or to COVID-19 related research and these contributions should be celebrated. These contributions and other commitments such as childcare have, however, resulted in considerable disruption to the research plans of many individuals. This has been further exacerbated by closure of most university research facilities and suspension of non-COVID-19 clinical trials and experimental medicine studies within hosting NHS organisations.

Academic trainees, their HEI mentors and supervisors and those responsible for their clinical training are being asked to rapidly assess the consequences of the

often-substantial disruptions to training and develop an action plan to achieve optimal overall career progression for each individual.

The major challenges to be addressed are:

- Restarting research effectively, especially where there is significant delay anticipated due to stalled clinical trials, rebreeding for animal experiments, closed research facilities, on-going restrictions to access to laboratories, etc
- Developing plans for project evolution where original plans may no longer be feasible
- Delivering effective 're-entry' mechanisms for individuals who have needed to take particularly prolonged periods away from clinical training and research due to clinical service needs or other reasons.
- Allowing new applications for OOP(R) whilst granting permissions to extend periods of out of programme for research for those whose plans have been disrupted by these exceptional circumstances.
- Ongoing need to support the COVID-19 response in the possible scenario of multiple waves of infection across the UK
- Retention in the NHS to manage the backlog of non-COVID-19 cases
- Funding for necessary extension of research or clinical training arising because of the COVID-19 pandemic

These challenges need to be considered in the coming days and weeks, especially for the cohort of individuals scheduled to return to clinical training in August 2020 following a period of research training. The effects on individual trainees are variable and non-linear, but careful consideration should be given to the individual circumstances of all trainees.

The Clinical Academic Training Forum (CATF) has established a working group (membership below) to bring together representatives of postgraduate training, research funders, medical schools and others across the UK to produce guidelines on a way forward. The aim was to provide practical and timely guidance to academic trainees, their clinical and research supervisors, HEI and postgraduate deanery/HEE regional office.

**Principles:**

All clinical academic trainees, whether currently OOP or in mixed clinical/research roles, e.g. Academic Clinical Lecturers and equivalent posts across the four nations of the UK, should have a bespoke assessment of the disruption to their research and clinical training needs led by an experienced member of the local academic partnership or equivalent.

The assessment should include structured input from the trainee, their academic and clinical supervisors, and representatives of the relevant HEI and postgraduate deanery who are empowered to make relevant recommendations. An individual action plan to optimise overall career progression should be agreed by all parties.

The assessment should be timely for all, but priority will need to be given to those for whom opportunities to make up lost academic opportunities are time limited and those at career transitions. For those due to complete their PhD within the next 6 months then a local process should be put in place as a matter of urgency and jointly overseen by the HEI/NHS training partnership with appropriate academic representation. For many the assessment could occur as part of the annual ARCP process.

All parties should undertake to conduct these discussions in a transparent manner.

**Actions for Postgraduate Deans and Training Programme Directors:**

To assess educational needs with the aim of facilitating the optimal research and clinical outcomes for trainees.

To provide maximum flexibility for periods of additional research training where possible, either as an extension to current placements or through a further placement(s) in the future, and in facilitating transitions between clinical and research roles.

Wherever possible to support the release from clinical training of academic trainees who are close to completion of OOP(R), allowing them to write up their thesis and complete necessary experimental work if feasible. Conversely where possible to retain in clinical training those who cannot yet return to, or start, research.

Where possible to accredit competences gained during the COVID-19 service towards specialty training.

Where an extension to academic training is required, this should be discussed with the academic/OOP lead for the postgraduate deanery/HEE local office and agreement reached. In the rare situation where the academic trainee is not content

with the decision made, this should be raised with the local post-graduate Dean who can take advice from the relevant Lead Academic National Dean where appropriate. For new OOP(R) requests – there should be a conversation with the academic/OOP lead for the postgraduate deanery/HEE local office and individual trainees as soon as possible. Funders can also be brought into these discussions where plans may need to be modified.

**Actions for Universities and Research Institutes:**

To provide support and mentorship to all academic trainees in the current situation.

To provide timely and realistic schedules for re-starting research and prioritise opportunities for those on time-limited research funding.

To facilitate access to additional salary support where needed, whether from the funder, the NHS, consideration of the Government's Job Retention Scheme where appropriate or internal resources.

To accommodate any higher degree extensions without financial penalty to the trainee.

To ensure the challenges faced by trainees are recognised in assessment of their higher degree and any future retention or promotion decisions.

**Actions for Funders:**

To be flexible where trainees require changes to projects and to their training and development plans, noting that funders will want the original objectives of the funded project to be achieved as far as possible.

In cases where there is no alternative, to consider applications for salary and other financial support for trainees to cover the costs of an extension to their funding period where it is essential for successful completion of their research training (noting that for some funders, particularly medical research charities, costed extensions may not be an option).

If granted, funders will endeavour to permit additional support to be used as flexibly as possible according to the needs of the trainee, and for delivery of the project. This might include, for example deferring the funding if experimental work cannot be undertaken, until a clinical study can restart, or mouse lines are again available.

To recognise the challenges faced by trainees in this cohort by considering revisions to future fellowship competitions.

**Actions for Trainees:**

To plan, in discussion with research supervisors, a realistic and achievable research strategy, considering whether an extension to their research time would or would not make a “step-change” to the academic outcomes achieved

To work constructively with training programme directors and clinical educational supervisors to plan re-engagement with clinical training

Fully inform current NHS employers of plans to return to academic training, giving due notice as required

Fully inform funders about changes to research plans and log time spent in clinical service as a consequence of COVID-19

Engage with professional support and wellbeing services if required, and to constructively engage with occupational health if needed

To use their time as productively as possible, including thesis writing and preparation of manuscripts and review articles, where their experimental work cannot progress currently

To prioritise completion of research, in particular the timely writing up of a thesis before the end of OOP, accepting that a complete or “perfect” PhD is not always achievable

Working Group members included representatives from: The Academy of Medical Sciences, Association of Medical Research Charities, Cancer Research UK, Conference of Postgraduate Medical Deans of the United Kingdom, Medical Schools Council, Medical Research Council, Health Education England, National Institute for Health Research, The Royal College of Physicians, The Wellcome Trust.

**Supporting information**

Framework for restarting NIHR research activities paused due to COVID-19:

<https://www.nihr.ac.uk/documents/restart-framework/24886>

An online AMS support space has been co-developed with early career researchers and will continue to evolve with feedback over time, and can be found here:

<https://acmedsci.ac.uk/grants-and-schemes/whats-available-to-me/career-support-space>

Appendix 2:

**Check list for discussion with academic trainees:**

- ACFs
- CLs/ACLs
- Those on OOP(R) studying for a doctorate
- Others.

This document is simply produced to help support a useful discussion between a senior educator and academic trainee. The aim is to support each academic trainee as far as we are able, given the complexity of the current situation relating to Coronavirus.

It is not a box-ticking exercise, simply a list of key areas that might be usefully considered when making a supportive plan for the academic trainee.

Name of Trainee	Name of ES/TPD/APD leading the discussion	Date of discussion	AFP/ACF/CL or ACL/OOPR/Other
<p><b>Coronavirus deployment. Experiences (positive and negative). What learning from this is transferable to clinical/academic training?</b></p>			
<p><b>Stage and narrative around <u>clinical</u> training</b></p>			
<p><b>Stage of <u>academic</u> training and narrative around training to date and antipated future need.</b></p> <ul style="list-style-type: none"> <li>• If OOP(R) studying for an PhD/MD, is the trainee near completion/in the “writing up” stage?</li> </ul>			
<p><b>Note of discussion with TPD:</b></p>			

<p><b>Note of discussion with DME/service lead at current trust:</b></p>	
<p><b>Note of any discussion with funder (NIHR, Wellcome, CRUK etc):</b></p>	
<p><b>University/research institute – plans and impact on research training. Are there any work arounds/alternatives?</b></p>	
<p><b>Note of discussion with academic supervisor:</b></p> <p><b>Is there a need/opportunity to re-focus research plans?</b></p>	
<p><b>Personal/Family/Financial needs – shielding/childcare etc</b></p>	
<p><b>Summary of recommended plan</b></p>	

Please ensure that the recommendations are shared with senior business manager, and academic APD as well as other relevant parties.