
Integrated Academic Training (IAT) and the 2021 Anaesthetics Curriculum

Authors

Dr Jon Chambers, RCoA Training Committee

Dr Chris Carey, RCoA Training Committee

Professor Daniel Martin, RCoA Bernard Johnson Adviser for Academic Training

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Introduction

This update is written in conjunction with the following documents which outline the principles of academic training within anaesthesia and intensive care medicine. This guidance is not designed to replace these detailed documents but to provide some clarity on how the NIHR Integrated Academic Training (IAT) programme best aligns with the [2021 anaesthetic curriculum](#).

If you are an anaesthetist in training interested in undertaking academic training, or you are an educational supervisor, College Tutor or Training Programme Director who has an anaesthetist in training who is interested, we would encourage you to look through the guidance in the links below.

National Institute for Academic Anaesthesia – [Academic Training Guidance 2018](#)

National Institute for Health and Care Research – [Integrated Academic Training Guide](#)

Faculty of Intensive Care Medicine – [Academic Training in ICM](#)

Doctors in training who are considering a career in academic anaesthesia can compete for the opportunity to enter an NIHR IAT programme. Each of the four UK nations has its own arrangements for administering IAT posts. Please see these useful websites section for further details:

- [Academic Recruitment – Northern Ireland Medical & Dental Training Agency](#)
- [Scottish Academic Training \(SCREDS\)](#)
- [Integrated Academic Training, National Institute for Health and Care Research \(NIHR\)](#)
- [NHS Wales: Academic Medicine](#)

It is vital for those considering an academic pathway to look at the entry requirements for each programme. It is worth noting that entry into IAT may not suit all clinicians with an interest in research. Alternative options are available to doctors in training include taking time out of programme to focus entirely on research with the aim of completing an MD or a PhD or to undertake a Specialist Interest Area (Stage 3 training) in research or a local research fellowship post.

Overview of Integrated Academic Training in Anaesthesia

The College is committed to the academic advancement of doctors in training. The College supports involvement in academic activity as a key component of anaesthetic training. Ensuring input and engagement in academic anaesthesia is vital for the future and development of the specialty of anaesthesia. The anaesthetic IAT pathway has been specifically designed to enable doctors in training to develop a career in academic anaesthesia. It is important to understand that NIHR academic clinical fellow (ACF) and clinical lecturer (CL) posts exist in addition to the normal complement of clinical training posts, with the specific aim of ensuring that the clinical training for these individuals is delivered in a flexible way, so as to ensure that they emerge as well-trained clinicians, while still allowing them to pursue their academic training. The funding model reflects this, with the anaesthetist in training's salary covered by NIHR during ACF and CL posts.

The IAT programme comprises two distinct posts:

Academic Clinical Fellow (ACF)

The purpose of the ACF scheme is to gain pre-doctoral exposure to research and acquire the skills and experience necessary to achieve funding for a higher degree (MD or PhD). This is undertaken during clinical training and is designed to avoid compromising concomitant clinical training. ACF posts are usually awarded in the early stages of training (CT1-3) and will progress to ST4 without the need for further recruitment. The post lasts for a maximum of three years, the idea is that the anaesthetist in training uses their allocated research time (25% of total) to make the necessary preparations for undertaking a higher degree. Of note, ACF posts can also be undertaken as a post-doctoral appointment.

Academic Clinical Lecturer (CL)

CL posts are usually awarded to those at ST4 and above. Candidates applying for a CL will have, or be close to achieving, a higher degree. These posts can be held for a maximum of four years and consist of 50% clinical training time that is automatically counted towards CCT. The time should be used to allow an individual to develop their research ideas and aim to secure funding for the next stage of their academic career. In exceptional circumstances, the NIHR will allow allocated time to lapse beyond CCT (ie when the individual takes up a consultant post) at the discretion of the local institution. Therefore, in some circumstances, with local approval, research funding and time can be carried over post-CCT to allow completion of the CL post as a consultant.

Key Principles for IAT under the 2021 Curriculum

General principles common to all IAT posts

- Anaesthesia remains an indicative seven-year training programme.
- Scope has been built in to allow for flexibility within the clinical component including:
 - recognition of prior learning
 - flexibility between stages of the curriculum
 - ability to expedite CCT date by up to three months whole time equivalent (WTE) if supported by appropriate evidence.
- IAT posts can be undertaken on a Less than Full Time basis (see [NIHR IAT Guide - Section 14](#)).
- A fundamental feature of the IAT programme is that the overall duration of training should not necessarily be made longer just because the scheme blends a mix of research and clinical training. This is based on the concept that training is capability-based:
 - for ACFs, the overall duration is three years. Anaesthetists in training should be supported with a more bespoke clinical training which enables them to finish the three years at the same capability level as non-academic trainees
 - for CLs, there is a bit more trainee-centred flexibility built into the programme. Some in a CL post may wish to aim to complete training without delaying their CCT date, while others may choose to use the full four years of CL funding to complete their training.

- In light of the above it is important to emphasise that at every stage, *everyone* (both anaesthetists in training and their trainers) must be satisfied that the doctor in post is ready to progress to the next level of training. Support should be provided to enable academic anaesthetists in training to progress in the suggested time frames by encouraging flexibility and considering case-by-case training needs from the clinical training programme. If at any point a doctor on an IAT pathway does not feel confident that they are ready for the next stage of clinical training, they should be supported in the provision of more time. The addition of time to focus on an area of clinical competence should not be seen as a failure. Whilst being cognisant of the challenges, a growing number of anaesthetists in training on the IAT pathway have successfully progressed through the programme without needing to extend training time. This must be assessed on an individual basis.

Academic Clinical Fellow (ACF) posts

- ACF is a three-year programme.
- 75% clinical/25% academic split.
- An ACF will usually start within Stage 1 and run into Stage 2.
- Successful completion of both academic and clinical components is subject to achieving all learning outcomes and assessed as part of the usual ARCP review process.
- ACF academic time can be organised in various ways including: one day per week, one week in four, one-month blocks, one three-month block per year, a six-month block in the second year or one nine-month block.
- For those new to anaesthesia, it may be important to have an initial period of pure clinical time, ideally 12 months, to get familiar with the basics of anaesthesia and to gain the initial competencies. It can be hard to know what to start researching until an anaesthetist in training understands more about the clinical speciality. This first year is also valuable for an ACF to get to know the local academic department and becoming familiar with their supervisor and research area.

Clinical Lecturer (CL) posts

- CL posts can be started from ST4 onwards. In reality, when following an ACF post and completion of a PhD, CLs usually aim to start at ST6, following completion of Stage 2 of the 2021 curriculum.
- Candidates applying for a CL post will have, or be close to achieving, a higher degree.
- CL posts are funded for four years.
- The College supports the view that, if taken during Stage 3, CL posts should be achievable in a two to three-year period at 50% clinical time in a single specialty programme. If undertaking a dual training programme with Intensive Care Medicine, a minimum of three years would be required to complete all of the clinical requirements of two curricula to an appropriate standard.
- Academic time can be organised in various ways including, but not restricted to, 2½ days per week or monthly/yearly blocks.
- Satisfactory progress by the trainee requires that both clinical and research training time are properly ring-fenced, but there can be flexibility in how time is allocated.
- It is the responsibility of supervisors, training programme directors, and IAT leads to ensure that anaesthetists in training are not pressured unfairly in either aspect of their IAT post.
- The four-year duration of the CL may mean that a period of dedicated clinical training may be undertaken prior to application or upon completion of the CL. This must be considered by the individual and their Training Programme Director and the appropriate arrangements put in place to accommodate this.

- Clinical rotations will need planning at the time of appointment.
- Time spent undertaking a PhD or in research within a CL post could be counted for 6–12 months as an equivalent to Special Interest Area (SIA) in stage 3.
- If counting 12 months of research within PhD/CL post as an SIA any additional clinical SIAs (eg cardiothoracics/paediatrics/neuro) will need to be completed in addition to the IAT post.
- The College supports and encourages those on the CL pathway to develop a credible career in research alongside a successful career in clinical anaesthesia. We would encourage both trainers and anaesthetists in training to give careful thought into both the time available within training and the focussed clinical activity required before commencing a CL post alongside dual accreditation in anaesthesia and intensive care medicine (ICM). It is a requirement for the dual trainee undertaking a CL post to meet the clinical requirements of both curricula at 50% clinical time. This statement is not to dissuade applicants who wish to embark on this path but purely to ensure that all appropriate plans are in place coordinated through the TPD in anaesthesia, the TPD in ICM and the CL supervisor prior to embarking on the post. Within these discussions, it may be appropriate to aim to complete the CL post within two years (if started at ST6) but it also may be more beneficial to an anaesthetist in training to utilise more of the available CL funding and extend their CCT to maximise clinical exposure. As stated previously, a number of clinicians have successfully navigated the IAT scheme and attained dual CCT. Along with their trainers, they may be a useful source of advice. The College can be contacted (training@rcoa.ac.uk) if trainees or trainers wish to be put in touch with those who have undertaken or supervised a CL post alongside dual training in anaesthesia and ICM.

Completion of MD and PhD

- Within the structure of the 2021 anaesthetics curriculum it is advisable that completion of a higher degree is planned during Stage 2 training.
- This can be flexible and could either be done in parallel – as an Out of Programme Research (OOPR) – or outside of a training programme.
- Completion of all capabilities within Stage 2 will be required but consideration can be made for up to six months of research time to count towards training during this period, alongside any prior clinical experience.
- Of note, the NIAA recommend that it is highly advisable for ACFs to obtain their Final FRCA before starting their doctoral research training, both because this allows consolidation of clinical skills before a period of predominantly non-clinical training, and also because it can be difficult to prepare for the exam during the course of a PhD training Fellowship.

Additional key principles

Planning of IAT posts

- Guidance for Training Programme Directors and Academic Supervisors planning programmes for ACFs and CLs emphasise the need for a trainee-centred approach to planning the balance of research and clinical time. It is essential that the correct proportion of protected research time is observed:
 - 25% research time for ACFs is equivalent to nine months for a full-time trainee doing a three-year ACF post.
 - 50% research time for CLs, which can run for a maximum of four years.

Annual Review of Competence Progression (ARCP)

- The Annual Review of Competence Progression (ARCP) should, for the clinical academic trainee, involve a review of both clinical and academic progress and therefore be undertaken by clinical and academic staff together.
- Although progress on both clinical and academic fronts should be documented, and future training needs for both identified, a single outcome should be determined, with patient safety a dominant consideration.
- The NIHR expects assessment of clinical progress by academic trainees to be competence-based rather than simply time-based. The 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 these require a variable period of time to complete. In addition, the College recognises the importance of anaesthetists in training finishing the programme with the required level of confidence and experience as well as competence. The final ARCP panel will be looking for evidence that a clinician who has undertaken either the traditional training pathway or the integrated academic pathway is performing at the level required to undertake a consultant appointment and enjoy a successful clinical career.

Setting of CCT dates

- The duration of a CL is for a maximum of four years or until CCT is reached (see [NIHR IAT Guide – Section 27](#))
- It is expected that CLs will complete or be close to completing their specialty training during this period. Progression to CCT is capability-based (not time-based) so having time protected for academic training should not affect CCT date provided the required clinical competencies are met.
- It is recognised by NIHR that for some craft specialties (including anaesthesia and ICM) clinical training may take longer (see [NIHR IAT Guide Section 19](#)).
- Setting of a target CCT date is best determined flexibly and tailored to the needs of the individual trainee. The target date is best determined (as agreed by the GMC) at the first annual ARCP for CLs when the trainee and supervisors can take stock of initial progress in post.
- 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.
- The purpose ACF or CL posts is to ensure that individuals have protected research time, and doctors in training who are appointed to these posts must have their research time protected so that an ACF gets 25% of time for research and a CL 50% time for research, averaged over the duration of the post. Indeed, where these posts are funded by the NIHR, this is the absolute minimum that will be accepted.

Acknowledgements

This training update has been produced by the RCoA Training Committee (Dr Jon Chambers and Dr Chris Carey) in conjunction with Professor Daniel Martin (RCoA Bernard Johnson Adviser for Academic Training).

Figure 1 Single CCT IAT pathways for anaesthesia

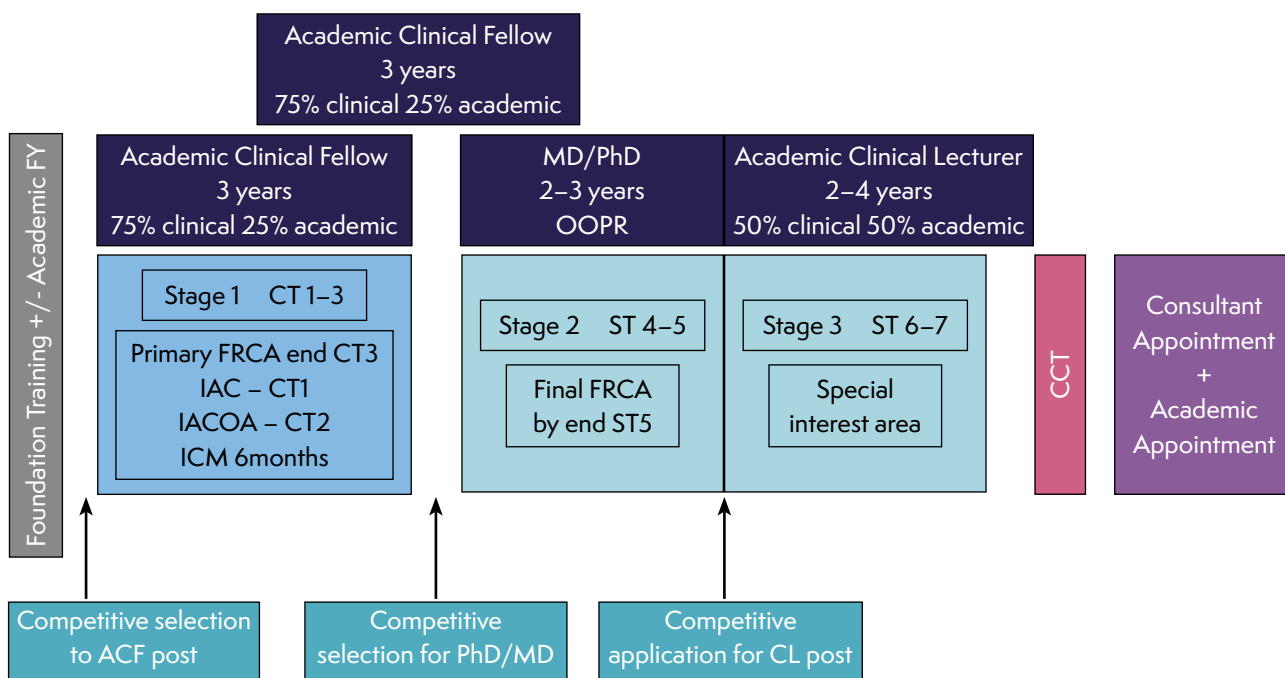
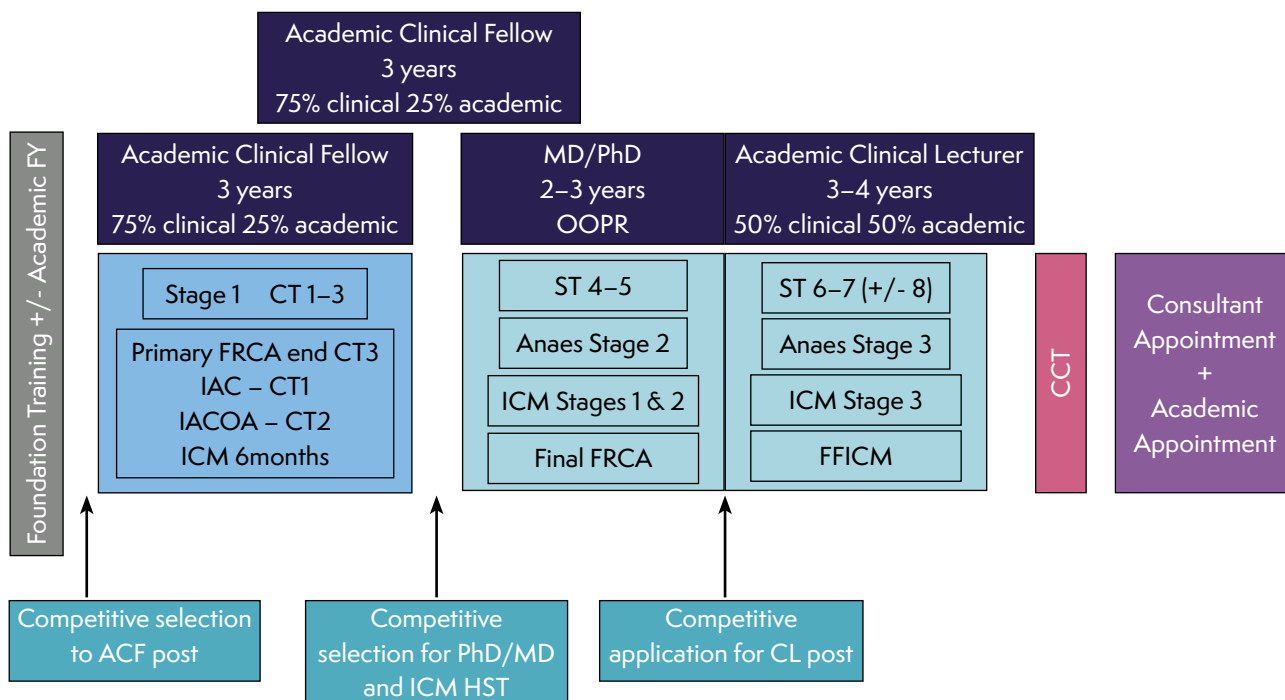


Figure 2 Dual CCT IAT pathways for anaesthesia and ICM



Royal College of Anaesthetists
 Churchill House, 35 Red Lion Square, London WC1R 4SG
training@rcoa.ac.uk

rcoa.ac.uk

