



# **University of Exeter NIHR Integrated Academic Training programme:**

**Handbook for Academic Clinical Fellows,  
Clinical Lecturers and Academic Supervisors**

**January 2026**



**University  
of Exeter**

# Contents

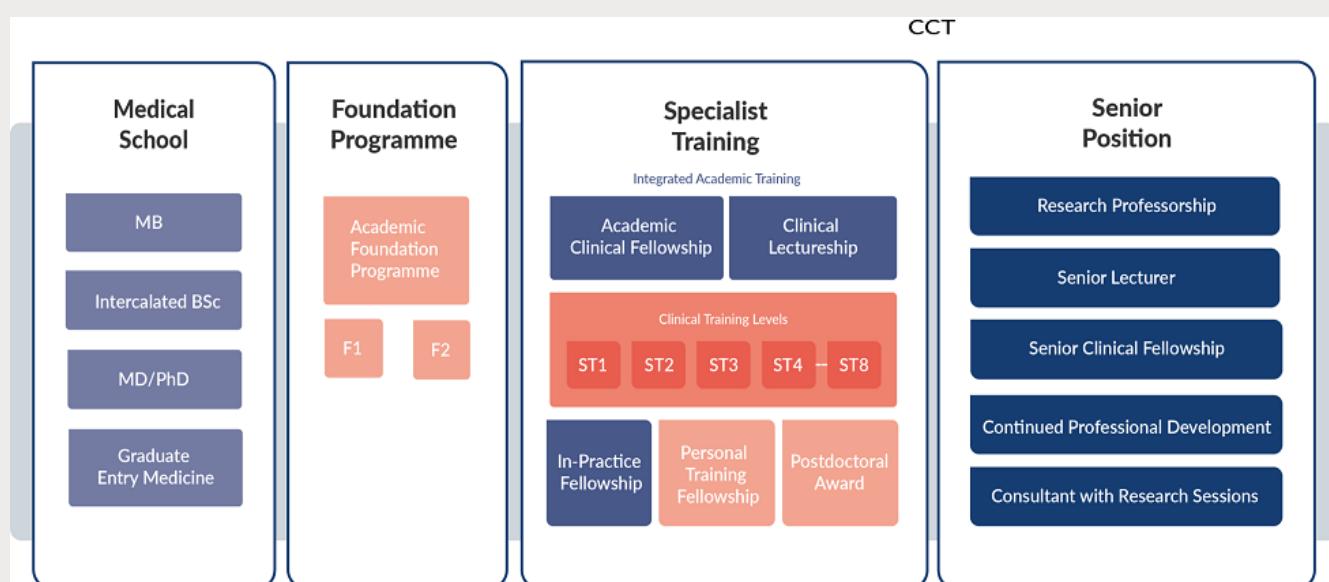
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# Introduction to the NIHR Integrated Academic Training scheme (IAT) at the University of Exeter

## Background

The NIHR IAT scheme is intended to provide a pathway for combined clinical academic training from Foundation through to a post-CCT senior position, though Academic Clinical Fellow (ACF) and Clinical Lecturer (CL) posts. This Handbook covers the arrangements for ACF and CL posts at the University of Exeter, for ACFs, CLs, and supervisors.

**Figure 1: NIHR Integrated Academic Training pathway**



NIHR allocates Academic Clinical Fellowships (ACFs) and Clinical Lectureships (CLs) to partnerships of organisations comprising medical schools/dental schools (and their partner universities), NHS England Workforce and Training local offices and partner Trusts. These posts are then made available for people to apply to, through the [Oriel system](#).

The University of Exeter IAT scheme includes more than 30 ACFs and CLs across our Medical School and partner Trusts. Each year, posts are advertised through the Oriel system in partnership with the Peninsula Deanery.

## Overview of Academic Clinical Fellow posts

The NIHR ACF programme lasts for a maximum of three years (for all trainees other than GPs). ACFs spend 75% of their time undertaking clinical training and the remaining 25% of their time is protected for research activities. Depending on the specialty, ACFs can begin anywhere between ST1 and ST4. Part time trainees are welcomed, and research time remains available in the same proportion (25%) but offered pro rata and for a longer, equivalent training period, depending on hours worked.

**For GPs**, appointments can be made at ST1, ST2 or ST3 level. GP ACFs will spend 4 years in training rather than 3 and with ST3 and ST4 split equally between clinical training and academic activities. GP ACFs will undertake ST1 and ST2 in the same way as their non-academic colleagues and may use this time to work with supervisors to begin to work up academic activities.

ACFs are employed by the NHS. However, ACFs also hold an honorary contract with the University of Exeter which provides access to the University's resources (library, laboratory space, IT support etc). The usual intention of the ACF post is to equip clinical academic trainees with the skills to develop an application for a PhD fellowship for the next step in their clinical academic career (see Expectations section). However, those who have previously undertaken an MD or PhD may apply to continue postdoctoral research as long as they possess the other entry requirements for the specialty. They will need to show that they have a commitment to a clinical academic career.

## Overview of Academic Clinical Lecturer posts

Academic Clinical Lecturer (ACL) posts are higher level research training posts that are intended for doctors who have a PhD or MD and who are already undertaking a higher specialist training programme (with the exception of GPs).

**GP ACLs** are slightly different - these posts also require a PhD or MD, but are only open to doctors who have completed their GP training (or will have done so in the near future).

The positions last for up to four years and provide 50% protected research time and 50% clinical training (clinical service provision for **GPs**) which will take most people to their Certificate of Completion of Training (CCT) or thereabouts. ACLs are employed by the University of Exeter and as such they have full access to the research resources the University of Exeter has to offer. In addition, ACLs must have an honorary contract with the NHS Trusts (or practice, in the case of GPs) in which they work to enable them to conduct clinical work.

In addition to an MD or PhD, successful applicants for ACL posts usually have an established area of research interest and a track record of successfully completed research that has led to research publications and presentations at national and international conferences. Some applicants have a track record of grant funding; though not essential to apply for an ACL post, this is a distinct advantage for the selection process.

During the ACL appointment, trainees are expected to continue to work in their chosen research area and to develop towards an independent researcher and leader in that research area. As such, ACLs are usually expected to develop their own research ideas, design their own research studies, convene teams with the appropriate expertise, apply for funding and lead in the conduct of the research and the dissemination of the research findings.

It should be noted that about half of our ACL positions are funded by the National Institute for Health Research (NIHR), with the rest funded from a variety of local sources.

## Recruitment

ACF and CL posts are allocated to the University and partners by competition by NIHR. We are therefore required to write and submit a bid to NIHR every two years. The IAT team at the University work closely with our partner Trusts and NHS England to recruit to our allocation of posts.

Posts are allocated against a) research theme and b) specialty (usually each post is against 3 clinical specialties). Each summer, the IAT team will consult with Medical School research leads and senior clinical academics to determine which areas are keen and suitable to host an ACF or CL, and whether there are any known potential candidates. Posts must also be approved by relevant Training Programme Directors/Heads of School to ensure there is capacity on the specialty training scheme.

**Recruitment to ACF posts:** Applications usually open in October to start the following August. There is a written application and an interview. Applicants are also required to clinically benchmark for their specialty. However, should we fail to recruit, additional rounds may be held later in the year. Posts are advertised on the Oriel system, and publicised via clinical academic networks, including our website: [Pathways for doctors | Clinical Academic Training Hub | University of Exeter](#)

**Recruitment to Clinical Lecturer posts:** Timings for CL recruitment vary as there is a wide window of timing for selection and appointment. Eligibility criteria for these posts are narrower. Applicants must have submitted their MD/PhD in order to apply, and be awarded their PhD/MD by the time they start in post. They should also usually have more than 12 months to CCT. Posts are advertised on the Oriel system, and publicised via clinical academic networks, including our website: [Pathways for doctors | Clinical Academic Training Hub | University of Exeter](#)

## Structure and expectations for Exeter Academic Clinical Fellow posts

### Academic time

Each ACF has **25%** protected academic time over the three years (with the exception of GPs, see below). The split of clinical to academic time is likely to vary according to stage of clinical training, clinical specialty, and type of research. It will also depend on stage of academic training; for example, most ACFs in their first year will be expected to use their academic time in 'day release' format to allow them to attend modules of the PGCert in Health Research Methods. ACFs in their second and third years may prefer to take their academic time as a concentrated block to work on a research project and to prepare their doctoral research fellowship application.

**GP ACFs** also have 25% academic time, but spend 4 years in training as a GP ACF, rather than three, and with ST3 and ST4 split equally between clinical training and academic activities (50/50). GP ACFs will undertake ST1 and ST2 in the same way as their non-academic colleagues and may use this time to work with supervisors to begin to work up academic activities.

The balance of clinical and academic training periods should be designed to meet overall training goals, and the trainee should discuss and agree their plans with both their academic and their

educational supervisor. Academic time should be facilitated and protected, and any concerns regarding this should be discussed with the clinical supervisory team initially, but if this cannot be resolved, with the academic supervisory team, and then with the IAT Lead if required.

## **Expectations and outcomes**

For most ACFs, NIHR's expectation is that their post will lead to the submission of an application for a PhD studentship/fellowship at the end of the three years or shortly afterwards. However, we recognise that this may not be the right route for everyone, and so our minimum expectation is that an ACF will use their post to develop their skills in health research methods and gain an insight into research, which they can bring to their clinical practice.

Our usual expectations of an ACF post are as follows:

### **1. Formal Masters level research methods training**

Most ACFs (*with some exceptions – see below*) are expected to attend masters level modules from Exeter's Masters in Health Research Methods, usually in their first and / or second year covering basic research methods, leading to a PGCert in Health Research Methods, ensuring that all have an excellent grounding in methods.

These modules are funded by the medical school and funding is not taken from trainees' training budget or travel bursary (see below for more details). Modules include: Fundamentals of Research Design; Systematic reviews for Policy and Practice; Statistics as Applied to Health; Qualitative methods and process evaluation. These modules, when completed successfully, entitle trainees to a Postgraduate Certificate in Health Research Methods.

Trainees with extensive previous research methods training, or those with an existing relevant PhD or masters may develop an alternative training plan with their supervisor and would not be required to complete the PGCert. In some cases, modules from an alternative programme within the Medical School may be more appropriate, such as the Health Data Science masters. Where this applies, trainees should firstly discuss with their supervisor, and then with the IAT Lead.

Trainees are fully supported to take further modules to achieve the full Masters, for which some funding can be taken from the training budget provided by the NIHR. When making this decision, it is important to consider the overall time available during the ACF and where academic time is most productively spent for the individual ACF (e.g., other priorities may include collection of pilot data, other research methods training, and preparation of a PhD fellowship application).

### **2. To gain experience and skills in a wide range of relevant research methods and competences**

ACFs will do this in two main ways:

- by undertaking the recommended **PGCert in Health Research Methods** modules and/or other suitable courses, depending on their training needs.
- AND
- by working with their supervisor to gain experience of 'real-life' research, for example by assisting with existing projects or in the set-up of new research.

In the second and third years (or 3<sup>rd</sup> and 4<sup>th</sup> for GPs), ACFs are expected to be developing research ideas themselves and to be engaging in small projects of their own, under the guidance of their academic supervisor. This will lead to outputs such as publications and presentations which can strengthen future applications for funding and/or PhD fellowships. In the final year, these smaller projects should lead to trainees developing their own PhD application (see below).

We encourage ACFs to apply for small pots of funding to support their research activities where appropriate and feasible. Relevant funding opportunities are circulated via the IAT mailing list and will also be added to our website. Supervisors are also able to provide guidance on possible sources of funding. See Training Budget for more information.

**3. To participate in our active peer network with other clinical academic trainees, and develop networks with the broader internal and external academic community**

Currently Exeter hosts two mandatory meetings per year, which allow clinical academic trainees to meet each other, to undergo required training (induction etc) and to have the opportunities to present and discuss their research. Trainees are strongly encouraged to join our active peer network, which includes ACFs and ACLs in all years of their training. They may also wish to be part of other relevant early career researcher networks at the University or in their specific field. This provides an important resource for advice and support.

We also recommend that ACFs build wider links with the academic community at Exeter and beyond. All ACFs will be 'homed' in an appropriate Medical School department (usually the Department of their academic supervisor), and we encourage supervisors to highlight relevant departmental, Faculty and University events, seminars or networks to their ACFs.

**4. To prepare an application for a PhD fellowship or studentship**

ACF posts are designed to equip clinical academic trainees with the skills to develop an application for a PhD fellowship for the next step in their clinical academic career. Whilst not all ACFs decide to study for a PhD immediately, those wanting to continue on the clinical academic career pathway are supported to write an excellent PhD fellowship proposal during their time as an ACF.

For ACFs with an existing relevant PhD, we would expect them to use their ACF time to build their track record as a postdoctoral researcher by increasing publications, gaining research funding and presenting their work externally at national and international meetings, building towards an ACL post, intermediate fellowship, or other appropriate outcome.

## Top tips for Academic Clinical Fellows

Sophie Goodrum, ACF Representative

### *Supervision:*

- Identify your academic supervisor early
- Discuss with various academics in the research field you are interested in; it may be worth exploring different kinds of research and think about what kind of project you would like to be involved with – i.e. systematic review, qualitative, big data etc.

### *Embracing opportunities:*

- NIHR Academy Members' Conference is a great introduction to your ACF which takes place in the Autumn. As a new ACF you will be prioritised for an in-person place and this is a good opportunity to meet ACFs around the country
- Remember to use your study budget each year to help with conference fees, travel etc
- Look for funding opportunities such as conference attendance awards, relevant charity bursaries etc.
- Starting research projects can be daunting: keep talking to people in your clinical and research department and take things one step at a time.
- If looking for peer support, we have a dynamic Whatsapp group with lots of real-time, practical help from other current ACFs

### *Rota:*

- Chat with your rota co-ordinator early on and liaise with them frequently
- Identify the PGCert university module days early on (this will be sent in an email when choosing your modules). Then request academic/study days in advance, which will help with your completion of the university modules

If you would like more information or have any questions, please contact your ACF reps

# Structure and expectations for Exeter Academic Clinical Lecturer posts

## Academic time

Each ACL has **50%** protected academic time over their CL post. As with ACFs, the split of clinical to academic time is likely to vary according to stage of clinical training, clinical specialty, and type of research. Some may prefer to split their week, (e.g. 3 days/2 days; 2 days/3 days) and others may prefer to take academic blocks, especially if they are preparing applications for intermediate fellowships, for example.

As with ACFs, the balance of clinical and academic training periods should be designed to meet overall training goals, and the CL should discuss and agree their plans with both their academic and their educational supervisor. Academic time should be facilitated and protected, and any concerns regarding this should be raised firstly with the supervisory team, and then with the IAT Lead if not resolved.

**GP CLs** have already completed their clinical training and so spend 50% of their time in clinical service provision rather than clinical training.

## Expectations and outcomes

CL posts allow clinical academics with a PhD to develop as an independent researcher. A CL has a greater percentage of time allocated to research (50%) and it is generally possible to conduct more substantial research in parallel with clinical training. However, the posts do not provide funding for consumables or laboratory costs and so bespoke arrangements must be made for each Clinical Lecturer depending on their situation. In most cases, it will be an excellent experience for CLs to apply for their own funding to support their research, through various internal and external funding opportunities (See Training budget and research funding), such as the Academy of Medical Sciences Starter Grant scheme.

Expectations for a CL post vary on field and stage of training but may include:

- Developing independent research projects
- Building track record of publications and impact (e.g. ensuring papers from PhD are published)
- Gaining experience in supervision e.g. of student projects, Masters dissertations etc.
- Applying for own funding – e.g. through the AMS starter grant scheme
- Acting as a co-applicant and/or collaborator on larger grants
- Building skills in research management and leadership
- Growing networks and profile internally and externally e.g. through membership of networks and societies, conference attendance and presentation
- Further development of research skills and methods, according to training needs
- Development and submission of application for intermediate fellowship

As future clinical academic leaders, ACLs should be encouraged to feel part of the community at Exeter. They should develop their understanding of relevant research vision and strategy within the Medical School and their Trust, and of the wider funding landscape. They should also be

supported to gain familiarity with the management and leadership expectations of a more senior clinical academic role, and it may be appropriate for them to attend or shadow relevant group, department or faculty meetings or committees.

#### *Education and teaching*

Although the post is named 'Lecturer', these are NIHR-funded research posts. There is no expectation from NIHR that CLs will provide teaching delivery for their university, and CLs at Exeter **should not be 'allocated'** teaching by their departments. However, involvement in planning and delivery of teaching and training is an important part of the clinical academic role, and CLs should be encouraged to gain experience in these areas. Where appropriate, CLs may also be encouraged to consider gaining appropriate educationalist accreditation or qualification, e.g. via the AdvanceHE fellowship schemes.

#### *CL length and outcomes*

CLs are appointed for 4 years, or until CCT, whichever is sooner. Please note that there is no automatic extension to CCT date for Clinical Lecturers despite the 50/50 split of clinical and academic time. NIHR guidance states that progression to CCT is competency based (not time-based) so having time protected for academic training should not affect CCT date provided the required clinical competencies are met. However, NIHR recognise that for some craft specialties, clinical training may take longer, and the target CCT may need to be adjusted to take account of training needs. This should be discussed with supervisors, TPDs etc., on a case by case basis.

CL posts may lead to a range of outcomes. The general expectation is that CLs are aiming for a longer-term clinical academic career and will develop and submit applications for an intermediate level fellowship, such as an NIHR Advanced Fellowship. ACLs may decide to take up a research active consultant post in the NHS. If circumstances and track record permit, some may also be in a position to apply directly for senior clinical academic positions (e.g., Senior Clinical Lecturer) focussed on research and teaching, or be considered for bridging funding.

The IAT team will support ACLs with advice and guidance about post-CCT career development and opportunities. CLs approaching their final 18 months on the programme should proactively discuss their options with their supervisors, relevant senior academic staff (e.g. senior academic lead/Head of Department) and with the IAT Lead.

#### *CL Extensions*

The option to apply for an extension post-CCT is open to CLs in specialty training provided they are within the 4 year's funding for the award and they were appointed to their CL post with at least 12 months remaining before CCT.

Note the following:

- Applications for extension must be made at least 6 months prior to CCT. This deadline is strictly applied by NIHR.
- A trainee that wishes to apply for an extension must have more than 12 months remaining of their training at the time of appointment to the NIHR CL post
- GP CLs are ineligible for a post-CCT extension, as they have already gained CCT and are fully qualified.

A CL extension is for a maximum of 24 months beyond CCT, or until the 4 year funding maximum is reached. For example, a CL who uses 3.5 years of the funding to reach CCT will be offered a 6 month extension.

NIHR set a range of eligibility criteria which can be found on their website, as well as stipulations regarding the amount of clinical time that can be taken post-CCT: [NIHR Clinical Lectureships \(Medical\) Guidance for Recruitment and Appointment 2024 | NIHR](#). **CLs wishing to apply for a post-CCT extension should first discuss with their supervisors and the IAT Lead at the earliest opportunity.**

## Assessment and progression

### Annual Review of Competence Progression (ARCP)

The Annual Review of Competence Progression (ARCP) for ACFs and CLs involves review of both clinical and academic progress and is therefore undertaken by clinical and academic staff together.

ACFs and CLs are required to provide additional documentation for consideration at their ARCP panel:

- Academic supervisor report – with external academic review completed (see below)
- **Personal Development Plan**, as agreed with academic supervisor. The PDP should be agreed at the start of each academic year between supervisor and registrar, and updated prior to ARCP.

Details of the process and copies of the forms are available in the Gold Guide: [Gold Guide - 9th Edition - Conference Of Postgraduate Medical Deans \(copmed.org.uk\)](#)

It is the trainee's responsibility to ensure all their paperwork is in good order for the ARCP, and they should ensure that their supervisor is given sufficient notice to complete their forms etc.

#### *The external academic review*

At Exeter, the IAT team arrange for each trainee to have an external academic review prior to their ARCP and for the 'external academic review' section of the form to be completed.

The purpose of the review is to check that all is going smoothly, and to provide an additional external perspective on the trainee's progress. The external review should cover: 1) discussion of the trainee's current projects, academic split and supervision arrangements; 2) current and planned outputs 3) training and development 4) future career plans including plans for PhD or other fellowship applications.

External review should be carried out by a senior Exeter clinical academic who is not part of the trainee's research team/group and does not work with the trainee. They do not need to be an expert in the trainee's specialty or research area.

The procedure for this is:

1. IAT administrator liaises with Deaneries/training programmes re ARCPs upcoming
2. IAT Lead allocates an external academic to each trainee.
3. Academic supervisor completes academic supervisor report

4. Trainee shares the academic supervisor report with their external academic, and arranges for a short meeting
5. Following the meeting, the external academic completes the rest of the form and shares with the trainee and with the IAT Administrator.
6. The external academic also completes a brief form capturing data on trainee's achievements and outcomes, to return to the IAT Administrator. This informs our biennial bids to NIHR for IAT posts.
7. If possible, the external academic then attends the ARCP panel. If this is not possible, the external reviewer should ensure they are available to be contacted if the panel have any questions or concerns.

If the external academic has **any significant concerns** about the ACF or CL's progress, they should firstly discuss this with the IAT Lead before returning the form to the Deanery or attending the ARCP panel. Similarly, if any concerns over support or wellbeing arise, these should also be raised with the IAT Lead.

#### *Time in training and CCT date*

Clinical academic trainees have less clinical training time, but this does not mean that clinical training time is automatically extended in terms of CCT date. 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. After discussions with the GMC, Postgraduate Deans and others, the NIHR stance is that setting a target CCT/CCST date is best determined flexibly and tailored to the needs of the individual trainee. If there is a need to extend clinical training this should not necessarily be regarded as a failure.

In the event that an individual is unsuccessful in progressing academically, they will re-join a standard clinical training programme or in the case of GPs or for those who have completed clinical training, return to clinical service.

#### **Performance Development Review (PDR) – Clinical Lecturers only**

Clinical Lecturers are employed by the University (although funded by NIHR). It is therefore appropriate for them to have a 'light touch' PDR in line with current PDR processes, <https://www.exeter.ac.uk/staff/employment/hrpoliciesat0z/pdr/#a4>. This also provides a useful opportunity to discuss broader aspects of personal and professional development and wellbeing. The most efficient way to conduct the PDR may be in conjunction with the annual ARCP cycle, to avoid duplication. If the line manager and academic supervisor for the CL are different, then the PDR conversation should include both.

#### **Events, training and community**

ACFs and CLs are an important part of our University community. We encourage ACFs and CLs to join relevant networks, events and training across the University, Faculty and Medical School, and recommend keeping an eye on relevant events pages, and/or asking to be added to relevant mailing lists.

IAT-specific events are advertised on our website and via our mailing list. Each year we hold joint events with colleagues in Plymouth, including an Autumn Induction and Networking Day, and a Spring Research Day, as well as an Exeter Welcome Event evening every August. Please see the website for more details: [Events | Clinical Academic Training Hub | University of Exeter](#)

### **WhatsApp Group**

Our ACFs and CLs have set up clinical academic WhatsApp groups for peer networking and support. Please ask the relevant representatives to be added.

### **NIHR Academy**

All ACFs and CLs are members of the NIHR Academy: <https://www.nihr.ac.uk/explore-nihr/support/academy.htm> and eligible to attend Academy events and training. The annual NIHR Academy Members' Conference provides NIHR Academy Members the opportunity to network, hear from a variety of inspirational speakers and develop their skills in a series of workshops. It is usually held in November.

A variety of other events are also held throughout the year to provide support and development opportunities for NIHR Academy Members and prospective applicants to our awards. These include webinars, workshops and other meetings

### **Other training opportunities**

In addition to research methods training offered through our Masters modules, ACFs and CLs should look to take advantage of other training offered by the University and NIHR. Please discuss with your supervisors about being added to relevant mailing lists or for signposting to relevant training. Useful websites for Exeter training opportunities are listed on our webpage: [Training and support | Clinical Academic Training Hub | University of Exeter](#).

### **Mentoring**

ACFs and CLs can sign up to the University's [All-Staff Mentoring Scheme](#), and CLs are encouraged to sign up for mentoring via the [Academy of Medical Sciences](#) mentoring scheme.

### **Research Culture**

The Royal Society defines research culture as follows: "Research culture encompasses the behaviours, values, expectations, attitudes and norms of our research communities. It influences researchers' career paths and determines the way that research is conducted and communicated." Research culture includes aspects such as research integrity and inclusion, as well as how researchers experience working in our University. You can find out more about the University's approach to positive research culture here: [Research culture | University of Exeter](#).

Related to this, the University and the IAT partnership are an inclusive community. We will not tolerate bullying, harassment or discrimination. You can find out more about our approach and how to report any concerns confidentially here: [Exeter Speaks Out | Exeter Speaks Out | University of Exeter](#)

## The Academic Supervisor role

All ACFs and CLs are allocated an academic supervisor at the start of their post. Some may already have identified a supervisor through their existing research or contacts, and others may require some signposting and guidance. The IAT Lead will meet with each trainee prior to their start date to ensure an appropriate supervisor is allocated. A list of current supervisors is then kept by the IAT Administrator.

In some cases, it will be appropriate to have a “supervision team” in place of more than one supervisor to ensure that all angles are covered. However, there should be a named supervisor available to be a main point of contact and to ensure relevant processes are completed (e.g. paperwork for ARCP).

### Eligibility

There is no formal NIHR guidance about who can be an academic supervisor, other than this should be a ‘senior academic’. However, at Exeter we would expect that academic supervisors meet the following criteria:

- Experience of supporting applications for PhD studentships and doctoral fellowships (*for ACF supervisors*), or of applications for intermediate/advanced fellowships or other significant grants and awards (*for CL supervisors*)
- Experience of supervising and line managing others at the appropriate level
- Expertise in the relevant research area sufficient to provide guidance to the trainee and/or to link them with other appropriate sources of expertise internally and externally
- Able to offer trainees a welcoming and positive environment for their research experience where they can feel part of a team – ideally as part of a research group, collaboration or other grouping.
- Be broadly familiar with the requirements and demands of clinical academic training including processes such as the Annual Review of Competency Progression (ARCP).
- Be up to date with relevant mandatory training, including on equality, diversity and inclusion

In most cases, academic supervisors are likely to be clinical academics working in a related area or specialty to the trainee. However, the most suitable supervisor may not always be a clinical academic. In these cases, if the academic supervisor is not a clinical academic, it would be good practice to ensure there is a suitable clinical academic on the wider supervision and support team (e.g. as a co-supervisor, mentor, or other role).

Clinical Lecturers are employed by the University, and as such also require a Line Manager. The line manager will often be the academic supervisor, but this is not mandatory, as long as there are good lines of communication between those involved in supervising and managing the CL.

## **Responsibilities**

Responsibilities of the academic supervisor include:

- Work with the trainee to complete their Personal Development Plan at the start of each year
- Monitoring progress against the trainee's PDP
- Ensuring ACFs and CLs are provided with an induction to their 'home' research team or group, and are orientated to their 'home' Department, the Medical School and the Faculty.
- Providing access to appropriate working space, ideally co-located with the rest of the team or group (see Practicalities). Again, this is especially relevant to CLs, who should have access to dedicated desk space.
- Providing high-quality academic supervision, through being available for regular meetings. We would recommend these take place monthly on average, but meetings may be more frequent during research blocks.
- Discuss research ideas and projects, give advice on these and signpost to appropriate expert skills when needed
- Complete the ARCP academic supervisor report and any other requested paperwork in a timely fashion, with sufficient notice from the trainee.
- Signpost the ACF or CL to relevant training, networking or funding opportunities in their research area
- Support the ACF or CL with relevant funding applications including for small grants and fellowships, including providing guidance on key processes and contacts (e.g. for costings, internal review, host support statements etc.)

## **Training and support for supervisors**

The IAT team run yearly training and Q&A sessions for academic supervisors. New supervisors are required to complete a training session before taking on their first ACF or CL.

Supervisors are also invited to IAT programme events including the Spring Research event and the Autumn Induction and Networking event.

Supervisors are welcome to get in touch with the IAT Lead or IAT Administrator at any time with questions, concerns or feedback. The current HLS Workload Policy suggests that the Academic Supervisor role comes with 50 SWARM hours: [SWARM | Planning team | University of Exeter](#).

## IAT Programme Team and Governance

The IAT team at Exeter includes:

- IAT Lead: Associate Professor Tamsin Newlove-Delgado: [t.newlove-delgado@exeter.ac.uk](mailto:t.newlove-delgado@exeter.ac.uk)
- IAT Administrator: Miss Katie Briggs [k.briggs@exeter.ac.uk](mailto:k.briggs@exeter.ac.uk)
- ACF Representatives: Dr Sophie Goodrum, Dr Ben Geers and Dr Sarah Chowienczyk
- ACL Representative: Dr Ravi Poorun/TBC
- Senior IAT Advisor: Professor Angela Shore
- Senior IAT Advisor: Professor Chris Dickens
- Specialty Lead for Primary Care: Professor Richard Neal

## IAT Programme Management

Oversight of the IAT Programme is provided by the IAT Management Board who meet three times a year. The Management Board membership includes members of the IAT team, the Dean of the Medical School, the Faculty Pro-Vice Chancellor, the Lead for the Specialised (Academic) Foundation Programme at Exeter, the Programme Director for the Masters in Health Research Methods and representation from the Exeter NIHR Biomedical Research Centre (BRC) and partner Trusts, as well as the Peninsula Deanery.

The IAT Lead sits on the Medical School Capacity Building Committee, which is chaired by the Dean, Professor Richard Holland. The Medical School Capacity Building Committee includes representation from our Department for Health and Care Professions, ensuring that links are made with clinical academic training for other health and care professions and practitioners. It is also attended by representatives from key Exeter infrastructure (e.g. NIHR Schools for Public Health and Primary Care at Exeter, NIHR BRC etc.), heads of department, and partner Trusts. The Medical School Capacity Building committee ensures that capacity development efforts are joined up across the Medical School and wider University.

## Practicalities for ACFs and CLs

### Employment and Pay

#### *ACFs*

ACFs are employed by their host Trust (with funding coming via NIHR through NHS England) with an honorary contract with the University of Exeter.

#### *CLs*

As a CL you will be employed by the University and hold an honorary contract with the Trust (or your GP practice) for the full duration of your post, e.g. 4 years. The NIHR (through NHS England) pays the university employer for your full basic salary costs (for both clinical and academic elements) but does not pay for out of hours/banding payments.

Your out of hours commitment should be discussed with your educational supervisor and then negotiated locally with the Trust. Exeter pays these costs and recharges the Trust. You will need a recharge letter from the Trust confirming your out of hours/banding payments.

As a CL you will remain on your NHS pension. If you have any questions about your pension, please discuss this with the appropriate team at your Trust and/or contact University of Exeter HR Pensions. Your NHS rights to maternity/paternity leave and sick pay are also protected as a CL.

For any initial queries about your employment as an ACF/CL, please contact Katie Briggs ([k.briggs@exeter.ac.uk](mailto:k.briggs@exeter.ac.uk)) Integrated Academic Training Programme Administrator, in the first instance.

### Study Leave

There is **no additional study leave** in terms of study leave days for ACFs or CLs, but you can of course undertake academic training courses or conferences in your academic time allocation, if these are agreed with your academic supervisor. Otherwise, the usual procedures for study leave would apply. ACFs and CLs are entitled to clinical study leave. For guidance on clinical study leave, please see the Peninsula Deanery website here: <https://peninsuladeanery.nhs.uk/about-us/fdls/education/doctors-in-training/study-leave-guidance-southwest-2025/show/exceptions>, and contact the NHSE SW Study Leave Team if in doubt. Please note that the NHS including the Deanery apply a strict time limit of 3 months for reimbursement.

### Academic Study Budget

All ACFs and CLs have an academic study budget to be used to support their academic training. It should not be used for clinical courses or training. The study budget should be used to support the objectives within the agreed Personal Development Plan, and study leave forms (available from Katie Briggs) need to be signed by the Academic Supervisor and then approved by the IAT Lead.

Please also follow University guidance on allowable expense amounts (e.g. for hotels etc.) available here, to ensure best value:

<https://www.exeter.ac.uk/departments/finance/aboutus/policies/expenses/>

We also ask that you submit your academic study leave claims as soon as possible on completion of the activity. **All claims should be submitted within 90 days of the activity, in line with University policy, unless exceptional circumstances apply.**

#### *ACFs*

ACFs are allocated the following budget:

- Allowance of up to £4500 over your 3 years training (4 years for GPs) to attend Masters-level modules relevant to your training needs (for example, additional Masters level modules that can contribute to the full Master degree). This should be discussed with your academic supervisor and subsequently with the IAT Lead.
- £1000 per year to attend conferences, meetings, training, and travel etc. **This cannot be used for consumables.** When you do wish to claim from your annual bursary, please complete the 'Study Leave Form' and send to Katie Briggs who will then arrange for approval from the IAT Lead. Once all approved you may then claim. Please do contact Katie for any further information.

#### *CLs*

CLs also receive £1000 per year to attend research-related conferences, training, meetings, travel etc. **This cannot be used for consumables.** When you do wish to claim from your annual bursary, please complete the 'Study Leave Form' and send to Katie, who will then arrange for approval from the IAT Lead. Once all approved you may then claim.

#### **Research costs and consumables**

Costs for conducting research (e.g. fees for databases, costs for lab work etc.) are not covered by the NIHR bursary for ACFs or CLs. Costs of projects should therefore be considered when planning your research for your ACF or CL and discussed with your supervisor.

Many ACFs and CLs undertake research which: a) does not incur costs, such as a systematic review b) uses previously collected data, c) uses data which is available under an institutional licence or is otherwise freely available or d) forms part of a wider project which has existing funding.

However, applying for funding is an important academic skill and will enhance your CV. We therefore encourage ACFs to consider applying for funding to support their research if appropriate, and expect CLs to do so. Supervisors are usually best placed to assist trainees with finding appropriate funding. Suitable sources of funding may include:

- Small grants or prizes from the relevant Royal College or the British Medical Association
- Funding from relevant charities e.g. Diabetes UK
- Internal funding opportunities, for example, through the Exeter NIHR BRC
- Academy of Medical Sciences Starter Grants (for CLs only)

Internal funding is often also available to support patient and public involvement and engagement activities, or impact and dissemination.

CLs are also encouraged to consider acting as co-applicants or collaborators on larger grants, which offers excellent experience. Where appropriate, CLs may also consider applying as

Principal Investigator. However, involvement in larger applications should form part of the agreed PDP and must be discussed with the supervisory team.

All funding applications need to be costed and developed according to Faculty guidance and notified to Research Services within the required timescales, or it may not be supported. Where the application includes salary costs for the CL, or where the application runs beyond the end of the CL, this should be discussed early on with Research Services and the relevant Head of Department and notified to the IAT lead.

### **Fellowship applications support**

The University are committed to supporting ACFs and CLs to gain personal fellowship awards. Academic supervisors should provide support and signposting with the application process. Research services for the relevant Department should be involved at an early stage. For certain Fellowship awards, the funder may require certain types of institutional support, such as match-funding. This may require approvals at Faculty level, and again, should be discussed with Research Services early on to ensure the application can be supported appropriately by the University and give you the best chance of success.

There is a range of support available for fellowship applications and interviews, dependent on the funding scheme, including:

- Access to current and previous fellowship holders for advice
- Mock interview panels
- Seminars on fellowship schemes held by the Medical School, the funder, or by other organisations (e.g. NIHR ARC)

These are usually publicised via our [Clinical Academic Training website](#) and mailing lists.

The IAT team are also available for general guidance and signposting for fellowship support.

### **Office space and working from home**

ACFs and CLs should discuss and agree working arrangements with their supervisors. Whilst much academic work could be done working from home, regular face to face contact or office days are helpful to feel part of the team and build connections. The proportion of time spent in office or lab will also vary by research type and project stage.

Both ACFs and CLs should have access to space to work on campus, ideally co-located with their academic supervisor or research team where possible. Given their academic time commitment, there is a clear expectation that CLs are given access to appropriate desk space, which could be a bookable or hot desk (Please note that much of the Faculty is moving towards bookable office/desk space for most staff due to space constraints, so a permanent desk may not be available).

Supervisors should ensure that trainees are added to any booking systems and made aware of any additional relevant bookable or meeting spaces (e.g. Giraffe House at St Luke's Campus: [Individual Study - Accessing and Using Study Spaces - LibGuides at University of Exeter](#)).

### **IT and equipment**

Please discuss with your supervisor about arrangements for computing equipment, and any data security requirements for projects you will be working on in relation to your ACF. It is **essential** that you follow University guidance on information security and data governance and undertake the relevant training. For example, if you are working with sensitive or identifiable data, this must not be stored on a personal laptop.

If you require access to a university laptop, please discuss this with your supervisor in the first instance to see if they have equipment available for you to use. If this is not possible, please approach the IAT office, who will be able to assist with sourcing equipment.

### **Mandatory training**

All staff and those working as associates (i.e. **both ACFs and CLs**) are required to complete four basic mandatory training modules:

- Safeguarding on our Campuses
- Diversity in the Workplace
- Health and Safety Introduction
- Information Governance and Security

These are available in your LearnUpon account. Please see more information here: <https://www.exeter.ac.uk/staff/learning-and-development/mandatory-training/>.

### **Other Frequently Asked Questions (more to be added)**

Our Clinical Academic Training website includes some [Frequently Asked Questions](#). We also include several further FAQs and responses below.

#### *How do I best structure my research blocks?*

For ACFs, how your research time is organised is likely to depend on your stage of training and your specialty. You should discuss this with your academic supervisor and the Integrated Academic Training lead. In some cases, ACFs may wish to take their academic time as part of their usual clinical week (for example, taking a day a week or similar). In others, organising a 'block' of academic time will be more appropriate (for example, whilst working on a lab project). For ACLs, the structure of research blocks can be variable, but many are organised in 6-month or one-year blocks. In all cases, you should keep a record of your academic time, to ensure that you are taking the full amount.

#### *Who do I contact about UoE and NHS Trust contracts?*

Contract arrangements are different for ACFs and ACLs. ACFs remain employed by the NHS with an honorary University contract, whereas ACLs are usually employed by the University with an honorary NHS Trust contract. For any queries, please contact the Integrated Academic Training Programme Administrator, in the first instance.

#### *How do I make an Out of Programme (OOP) request?*

There is information on the process on the Deanery website here:

<https://peninsuladeanery.nhs.uk/about-us/policies-and-guidelines/severn-out-of-programme-experience/> Please ensure you have discussed requests well in advance you're your

Training Programme Director. You should also discuss any Out of Programme requests with the IAT training lead (Dr Tamsin Newlove-Delgado, [T.Newlove-Delgado@exeter.ac.uk](mailto:T.Newlove-Delgado@exeter.ac.uk)).

#### *Am I supernumerary as an ACF or CL?*

ACFs and CLs are intended to be supernumerary posts, to ensure they are able to take their 25% or 50% academic time. However, ACFs and CLs will still be expected to achieve the relevant clinical competencies, through the appropriate mixture of training and service delivery.

#### *What happens if I have problems taking my academic time?*

We appreciate that occasional urgent and unforeseen service pressures may require some flexibility from clinical academics in training. If you do 'lose' any academic time due to unforeseen circumstances, you should ensure that you 'take back' the time at a suitable point, in discussion with your educational supervisor. If this becomes a regular occurrence, or if you find yourself unable to 'take back' time, please discuss with your clinical supervisory team in the first instance. If you are not able to resolve the problem, please do contact the IAT Lead.

#### *What about on-call commitment?*

**ACFs:** Your on-call arrangements and payments are negotiated and organised through your host Trust, who holds your contract of employment. In general, as 25% of your time is academic, you should not be on call during this time (e.g., during a research block) to avoid interfering with your academic time. This may, however, vary by clinical specialty. As a general principle, on-call during academic time (whether scheduled or locum/ad-hoc) should not detract from academic work and should be limited. On-call also needs to be sufficient for training progression requirements, may vary from specialty to specialty. Please discuss with your supervision team, Training Programme Director, or, if necessary, the IAT Lead, if you have further questions.

#### **CLs**

Whilst CLs are employed by and paid via the University for their basic salary, on-call is paid by the Trust. On call requirement varies and needs to be negotiated by the CL on a case by case basis. Some prefer to keep full rate of on call to protect their pay; some to reduce pro-rata. There may also be a minimum on call commitment for clinical training. We suggest the best way forward is for CLs to discuss their preference with their NHS educational supervisor (to get approval) and then to contact NHS HR to get that written onto their NHS contract.

CLs in General Practice are already fully qualified GPs, and any arrangements for out-of-hours work can be negotiated by the CL with their host practice.

