

# The UK Foundation Programme

## Rough Guide to the Academic Foundation Programme



March 2013

The information contained in this Rough Guide is intended for medical students and foundation doctors considering an academic career. Academic supervisors may also find this resource useful.

The information herein is correct at the time of printing and may be subject to change. This is not intended as legal guidance, but instead is intended as a training aid. For policy guidance please go to the Foundation Programme Reference Guide which is available at [www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk).

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# Rough Guide to the Academic Foundation Programme

Second edition, March 2013

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## Foreword

# ROUGH GUIDE

### Welcome from Professors Derek Gallen and Stuart Carney

Curiosity, determination and courage are among the essential attributes of an academic. Academics need to be curious, push the boundaries of knowledge, generate hypotheses and test them. Scientific rigour demands perseverance and tenacity, whether this means spending many hours in a laboratory, recruiting patients and following them up, gathering sufficient qualitative data to reach saturation, or disseminating findings. Courage is also required - as the inspiring testimonies in this Rough Guide attest, many leaders in research, education and management have followed non-linear career paths.

The Academic Foundation Programme provides an excellent opportunity for you to test out whether an academic career is for you; to see whether this is a “good fit”. There are many ways to make a difference as a doctor and we hope that some of you will choose to excel as researchers, educators or medical managers/leaders. However, you should remember that there will be other opportunities during your careers to develop your academic skills and that an academic foundation programme is not a pre-requisite for securing a research fellowship or other academic post.

We hope that you find this Rough Guide useful. It is aimed at medical students, foundation doctors and academic supervisors. The Guide includes many useful tips from academic foundation doctors, recent “graduates” of the Foundation Programme and leaders from the exciting fields of research, education and medical management.

So if you're curious, determined and courageous, perhaps an academic career is right for you...



#### **Professor Derek Gallen**

National Director,  
UK Foundation Programme Office



#### **Professor Stuart Carney**

Deputy National Director,  
UK Foundation Programme Office



Foreword	4
Welcome	6
Chapter 1: The Academic Foundation Programme (AFP)	7
What is the AFP?	8
Why choose an AFP?	11
Is the AFP right for you?	13
Chapter 2: Applying for the Academic Foundation Programme	15
Who can apply & the application process	16
Choosing a programme	16
Completing the AFP application form	18
The interview	19
Chapter 3: Making the most of your academic foundation programme	21
General advice	22
Before the programme begins	22
During the programme	23
Chapter 4: After the Academic Foundation Programme	28
Post-AFP information	29
UK Academic Training Pathways:	
• England	30
• Northern Ireland	34
• Scotland	35
• Wales	37
Other opportunities after the Academic Foundation Programme	39
Chapter 5: Interviews with academics	41
Leading academics:	
• Professor Dame Sally Davies	43
• Professor Sir Mark Walport	45
Insights into a career focusing on research:	
• Professor Geraint Rees	48
• Dr Ioannis Spiliotis	50
Insights into a career focusing on medical education:	
• Prof Sean Hilton	52
• Dr Jamie Read	55
Insights into a career focusing on medical management and leadership:	
• Mr Peter Lees	56
• Dr Anna Moore	58
Useful links	60



Welcome from the editing team

## Welcome to the second edition of the Academic Rough Guide 2013.

This practical, easy to follow book is aimed at anyone interested in the Academic Foundation Programme. Key target audiences include:

- Medical students considering an academic foundation programme.
- Foundation doctors who have been successful in securing a place on an academic foundation programme.
- Foundation doctors interested in research, teaching or medical leadership and management.
- Academic Foundation Programme supervisors.

The Academic Foundation Programme (AFP) is a fantastic opportunity for all those interested in research, teaching and management. If this includes you then we would strongly advise you to consider applying for a specific AFP. It will give you dedicated time to explore your interests, to focus on academic work and to make a positive impact locally, nationally and potentially internationally.

We hope you find this guide useful and are happy to receive any comments<sup>1</sup>.

Best wishes,

**Thomas Kelley\*, Matko Marlais, Sara Scott and Jamie Read.**

UKFPO Academic Advisor\* and Academic Foundation Doctors

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<sup>1</sup>To provide feedback please email: [enquiries@foundationprogramme.nhs.uk](mailto:enquiries@foundationprogramme.nhs.uk)

Chapter 1:  
The Academic  
Foundation Programme  
(AFP)



# Chapter 1

## The Academic Foundation Programme (AFP)

What is the AFP?

Why choose an AFP?

Is an AFP right for you?



## Chapter 1: The Academic Foundation Programme (AFP)

### What is the AFP?

The AFP is a fantastic opportunity. Broadly, it helps foundation doctors develop:

- research skills; and/or
- teaching skills; and/or
- medical leadership and management capabilities.

These are all enormously useful in a wide range of medical careers.

There are currently around 450 AFPs available each year across the UK, which accounts for just over 5% of UK Foundation Programme places.

There is great variety between AFPs, with some focusing on traditional academic pathways such as research and teaching, while others focus on different areas like leadership and management, quality improvement and even health informatics.

All programmes have the same common purpose; they enable foundation doctors to develop their clinical skills whilst simultaneously supporting the development of key skills in other areas of medicine.

### How does an AFP differ from the 'standard' Foundation Programme?

Foundation doctors following an AFP have dedicated time set aside for academic activities, the nature of which will depend on the AFP itself.

AFPs vary significantly between foundation schools. Most of the dedicated academic time will be during the second year of foundation training (F2), but some programmes arrange additional activities during the first year (F1). Trainees may have a four-month academic placement in F2, day-release throughout the year, or a combination of the two.

**ADVICE: Research the structure of the different AFPs on offer and apply to those that best suit you.**

The academic placement is typically co-ordinated by a local university. This gives academic foundation doctors access to additional resources such as research methodology, teaching and statistics courses. You may also have access to libraries, electronic journals, computer rooms and other university facilities. Having a university role also offers potential to get formally involved with teaching both clinical and pre-clinical students.



## Chapter 1: The Academic Foundation Programme (AFP)



Most foundation doctors organise a project for their academic placement, which forms the main focus of the AFP and provides the opportunity to develop and demonstrate academic competences. There is an enormous range of possible projects that you could undertake. You could carry out a lab-based project leading to a scientific publication, or it could be a clinical quality improvement project which leads to better patient care for example. Having time to develop a project, to carry it out and to present the results is also an excellent opportunity. It leads to the development of key capabilities, the potential to improve patient outcomes, and the enhancement of your CV/portfolio for future job applications.

AFP doctors have a dedicated academic supervisor to oversee academic work and to provide constructive feedback. The academic supervisor will be able to provide advice about academic careers in general, and if they are not an expert in the specific area that interests you, then they will be able to link you with someone who is!



## Chapter 1: The Academic Foundation Programme (AFP)

### CASE STUDY: CLINICAL RESEARCH

Dr Ajay Gandhi

Academic F2 Doctor,  
Imperial College Healthcare NHS Trust,  
North West London.

“ An AFP allows you to dedicate time to clinical research. This protected time allows you to truly immerse yourself in meaningful projects in research, audit and teaching.

You could consider starting a small teaching course for medical students or you could obtain experience in pure science with a laboratory group. You can attend networking events and conferences to help further your academic future and recognise career aspirations earlier. Essentially, you can increase your skill set, not only as a researcher but also importantly, as a doctor.”



CASE  
STUDY

## Chapter 1: The Academic Foundation Programme (AFP)



### Why choose an AFP?

Here are some reasons why you might want to apply for, and undertake an AFP:

#### ***“I want to know more about medical research.”***

An AFP can help you understand the basis of medical, lab-based, clinical and population-based research. A project, combined with good research methods teaching and good academic supervision will prepare you well for the next step in your academic career.

#### ***“I want to become a better medical teacher.”***

You can gain further teaching experience through an AFP and you may be able to take part in a formal teaching course, giving you the skills necessary to start your career in medical education.

#### ***“I am interested in business and I would like management to be a part of my working life.”***

There are many AFPs that give you the opportunity to learn about leadership and management in healthcare. Some AFPs will have projects dedicated to the development of these skills; this may be of particular interest to those aiming for a career in medical management.

#### ***“I want to get more exposure to a particular specialty.”***

Most AFPs will be associated with one specialty, which may help guide your future career choices by giving you intensive exposure to a specialty. Often there are additional clinical opportunities even during the academic placement for keen and interested AFP doctors.



## Chapter 1: The Academic Foundation Programme (AFP)

### CASE STUDY: WHY I CHOSE THE ACADEMIC FOUNDATION PROGRAMME

Dr Kushala Abeysekera

Academic F2 Doctor  
Barts Health NHS Trust,  
North East London Foundation School.

“ I really enjoyed my intercalated BSc, during which I carried out clinical research in Gastroenterology. During my final year I wasn't sure whether I was purely a clinician, an academic or both. The AFP offered an opportunity to incorporate research into my foundation training and also to expose me to both laboratory and clinical work. I also thought that the relatively short placement of 4-6 months could shape thoughts on whether I would apply for an ACF, an MD or a PhD in the future.

I applied to specialities that I enjoyed at medical school, which included Academic Medicine and Academic Obstetrics & Gynaecology. I was subsequently offered a Diabetes/GUM programme at the Royal London. My opinion on what I found interesting changed and by the end of FY1, it was Hepatology that interested me the most. I was able to organise an Academic Hepatology placement; my supervisor was extremely flexible and understanding.”



CASE  
STUDY

## Chapter 1: The Academic Foundation Programme (AFP)



### Is an AFP right for you?

Do you have, and can you demonstrate to a panel of interviewers that you possess the following qualities?

#### **1. A desire to pursue a career that relates to the AFP for which you are applying.**

You must be able to demonstrate that you understand what the career involves and you should be able to show your interest in this through some of the work you have completed at medical school.

AFPs are competitive and successful candidates often have something on their CV that stands out (e.g. distinctions, prizes, presentations, scientific publications, etc).

#### **2. An interest in your chosen specialty.**

Although many AFPs are generic and the specialty itself is not the main focus of the programme, it is advantageous if you can show a genuine interest in the academic focus of the programme.

#### **3. Good clinical abilities.**

AFP trainees are expected to gain all of the FP outcomes in reduced time. You therefore need to demonstrate that you have a strong clinical base and that you are committed to actively managing your learning from the moment you start the programme.

#### **4. Passion.**

Most importantly of all, can you convey your passion for the programme and do you possess a genuine desire to take full advantage of the great opportunity to benefit the patients that we are all here to serve?



## Chapter 1: The Academic Foundation Programme (AFP)

### CASE STUDY: HOW THE AFP IS SUITED TO ME

Dr. Brian Johnston

Academic F1,  
University Hospital Wales.

“ My F1 job contains three placements: Intensive Care Medicine; Cardiology; Trauma and Orthopaedics. I decided to choose this particular academic post at the University Hospital Wales, as the job contains dedicated academic days, each week, throughout the year. I felt I would be able to achieve far more than would be possible during a dedicated four-month academic placement.

Despite a busy clinical rota, I have managed to successfully carry out research into optimising fluid resuscitation in critically ill patients in the intensive care unit (ICU).

At times, progress has been slow but I have gained much experience not only in research ethics and the communication involved with patient recruitment, but in many practical skills too, such as arterial cannulation and setting up cardiac output monitors.

The flexibility of the Academic Foundation Programme has also allowed me to spend time getting involved in clinical audits into Clostridium Difficile infection and in a healthcare quality improvement programme to improve sedation practice in the ICU. ”



CASE  
STUDY

Chapter 2:  
Applying for the  
Academic Foundation  
Programme



# Chapter 2

## Applying for the Academic Foundation Programme

Who can apply and the application process

Choosing a programme

Completing the AFP application form

The interview



## Chapter 2:

# Applying for the Academic Foundation Programme

### Who can apply?

The eligibility criteria for the Foundation Programme and the Academic Foundation Programme (AFP) are the same. All final year UK medical students are therefore eligible to apply. For non-UK applicants and UK applicants who graduated more than two years ago, you will first need to submit an eligibility application to the UKFPO.

Please refer to the eligibility criteria on the UKFPO website:

**[www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk).**

### The application process

Applying for an AFP is a competitive process.

Typically, if you wish to apply for an AFP then you will need to complete an application form similar to the Foundation Programme application, plus an additional section to demonstrate your academic achievements to date.

If your AFP application is unsuccessful, you will remain eligible to undertake a 'standard' Foundation Programme and will automatically be entered into the allocation process.

**IMPORTANT:** The AFP application process is constantly evolving and so we suggest you refer to the UKFPO website for the latest information ([www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)).

**ADVICE: Before completing an AFP application form, make sure you fully understand which programme you are applying for, what the programme offers and what it is they want from you.**

### Choosing a programme

There are two principal ways in which academic programmes vary:

- Academic theme
- Structure of the programme.



## Chapter 2:

# Applying for the Academic Foundation Programme



### **Academic theme:**

Most programmes will have a theme which can generally be grouped into one of four categories:

- Research
- Medical education (including teaching)
- Leadership and management
- Other (for example, informatics).

It is important that you thoroughly investigate the programmes on offer and apply to the programmes that most interest you. There is often little point in applying to a programme that focuses on medical research if your real interest is in developing skills in medical leadership and management.

**QUESTION: What happens if you get an AFP, which has a particular focus, and you later decide that you want to do a different project?**

**ANSWER: You should discuss your interests with your academic supervisor. There may be some flexibility. However, even if the specific project does not align with your interests or career ambitions, you will be developing valuable skills.**

There may be a degree of flexibility when considering the theme of an AFP. Here are two scenarios:

**Scenario 1:** Your career preferences change between applying for the AFP and commencing the post. For example, you may have a themed AFP in surgery and later decide that you are more interested in a different medical specialty. You should speak to your academic supervisor to see if there are any opportunities, which may support this preferred focus.

**Scenario 2:** You want to apply to school X but they do not offer a programme that fits your area of interest. You should speak to the school in advance and investigate what can be accommodated. There may be flexibility within the programmes but it is advisable to investigate this before the interview!



## Chapter 2:

# Applying for the Academic Foundation Programme

In general, we would recommend researching the posts on offer and applying for those that match your interests. It is also vital that you can demonstrate your interest and passion in the area that the programme offers.

### ***Structure of the programme***

The structure of academic foundation programmes can vary widely.

Variation is normally based around the following four areas:

- Length of the academic component
- A dedicated placement versus an integrated programme
- Funding
- Supporting structures.

Taking each of the above points in turn:

- Some academic foundation posts cover the whole two years whereas others focus primarily on the F2 year.
- Some programmes have a single academic placement that typically lasts four months whereas others will have academic time spread throughout the two years. These typically still have a dedicated placement but there may also be a day allocated each week during the other placements, for example.
- Some foundation schools will allocate funding for academic foundation doctors. This is very useful for attending meetings/courses/conferences and even for covering costs such as statistics support.
- It is also worth checking what support structures are in place for academic foundation doctors. Some foundation schools and universities offer excellent administrative support and well structured academic mentoring. There may also be dinners and social events, which can be a great way to get to know other academic doctors in training.

### **Completing the AFP application form**

When completing the AFP application form, you must demonstrate your interest in, and aptitude for the programme for which you are applying. Demonstrating academic excellence provides a distinct advantage.

This can be demonstrated through the following:

- Academic papers
- National/international presentations

## Chapter 2:

# Applying for the Academic Foundation Programme



- Prizes
- Courses that you have attended
- Intercalated BSc or other degrees
- Additional experiences that you have organised e.g. your elective, student selected components etc.

### ***Tips for successful form completion:***

- Keep your answers concise, specific and complete – you must avoid making vague statements.
- Do not exceed the word count as anything over this will not be considered.
- Make sure you actually answer the question being asked and not the question that you would like them to ask!
- Use relevant personal examples to demonstrate your skills, interests and abilities.
- Make sure you have demonstrated how you meet every point on the person specification.
- Ask a friend or colleague to proof read your completed form.
- Print a hard copy of the completed application form – you may need to refer to it in your interview.

## **The interview**

### *Before the interview*

- Ensure you have fully researched the programme.
- Refresh and make sure you know everything about the research projects that you have already carried out (even if they were three years ago!).
- Talk to people who are currently doing the role for which you are applying.
- Arrange practice interviews.

### *During the interview*

- Make sure you are on time and dressed appropriately – first impressions count.
- Make sure you answer the question that is being asked.
- Before starting to answer a question take a few seconds to think about the way you are going to structure your response.
- Always try to give a response that is structured and logical.
- If you don't know an answer, say so, but volunteer working it out from first principles.



## Chapter 2:

### Applying for the Academic Foundation Programme

#### CASE STUDY: MY ACADEMIC FOUNDATION PROGRAMME APPLICATION

Dr Laura Derbyshire

CT1, Surgery.

North West Deanery.

“ I applied for an AFP because I wanted to ensure I had dedicated time to pursue research in my specialty of interest (Urology). I also wanted to know exactly which jobs I would be doing to make sure that I had a programme that would support my application to surgical training.

My application used white space questions and involved an interview. Having not had an interview for six years, it was very nerve-racking! My advice would be to think about what projects you could do, to know the previous research you have done inside out and to have a grasp of current developments in research. You need to prove you have done some research before and are able to make the most of the academic job! ”



CASE  
STUDY

Chapter 3:  
Making the most of your  
academic foundation  
programme



# Chapter 3

## Making the most of your academic foundation programme

General advice

Before the programme begins

During the programme



## Chapter 3:

# Making the most of your academic foundation programme

## General advice

Undertaking an AFP provides a great opportunity to become more involved with medical research, education, management and much more. While the structure and content of each individual programme varies, all programmes will provide you with an opportunity to develop your research, teaching and/or leadership skills.

More information about the generic outcomes of the Academic Foundation Programme can be found in the *Academic Compendium* ([www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)).

Making the most of an AFP is much like any project; the more that you put in, the more that you will be able to achieve. Previous foundation doctors who have completed AFPs have published work and/or spoken at national and international conferences. Others have even organised their own conferences to allow people to present and display their work.

There are many different opportunities that can arise from undertaking an AFP. Having protected time as part of the programme is a real benefit and one that should be seen as a huge opportunity to begin to establish yourself as a medical educator, researcher, leader/manager or an expert in any other area.

The advice that follows is by no means exhaustive. The guidance is based on the experiences of supervisors and doctors in training and aims to help you achieve the most from the two-year AFP.

## Before the programme begins

### *Mapping the AFP to your future*

Think about where you see yourself in 5, 10, or 15 years time. Once you have a broad plan or vision, think about how your academic foundation programme can best support these aims. Once you have ordered your thoughts, you are ready to engage with and explore these further with your supervisor.

### *Liaise with your supervisor*

Every AFP requires an academic supervisor. Having someone with experience to guide you is a vital part of the programme. Some programmes will assign you an academic supervisor whereas others will expect you to identify your own academic supervisor as you see appropriate. Where possible, make sure the expertise of your academic supervisor matches your interests.

## Chapter 3:

# **Making the most of your academic foundation programme**



Your supervisor will be able to point you in the right direction, to give you advice about what has worked (and perhaps what has not) with previous foundation doctors and to explain what they feel you should achieve over the course of the programme.

Importantly, they may also be able to put you in contact with doctors who held the AFP post before you; not only is this useful in terms of advice, tips and pointers but they may well have started on-going projects that you could continue to develop.

### **During the programme**

*Try to achieve something transferable*

Aim to publish a paper, present a poster or deliver an oral presentation. Attend events related to your area of interest, for example, academic conferences and skills-based seminars (such as a workshop on how to perform critical appraisal). All of these activities will help to develop key academic skills and will enable you to network with interesting people within your field. It is also a great way to spread your message and vision. This has two benefits:

1. It means your work may have an impact beyond the confines of your university or local hospital; and
2. It can increase your own personal profile within your particular area.

*Consider additional qualifications*

Some institutions offer the opportunity to undertake further associated qualifications; these can be challenging, enjoyable and importantly can increase your chances of securing the next job. In some cases, these qualifications may be funded as part of your programme.



## Chapter 3:

# Making the most of your academic foundation programme

### *Teach medical students*

Whatever your programme, get involved with teaching medical students. Teaching is a very important skill and is normally very enjoyable. It is also a good way to maintain and indeed develop your own medical knowledge.

## CASE STUDY: EXPERIENCE OF TEACHING

**Dr Catherine Price**

Academic F2,  
Torbay Hospital

“ My main motivation for applying for an academic medical education post was the fantastic opportunity to have dedicated time to pursue my passion for teaching. This FY2 job has enabled me to continue my role as a clinical tutor for a large array of multi-disciplinary team members throughout the year. I have had the opportunity to improve and develop teaching skills with private study towards a diploma in medical education alongside my clinical work. At Torbay Hospital I have been part of the teaching team involved in the delivery of exciting and innovative simulation sessions. This experience has not only improved my own skills and knowledge for work on the wards but has enabled me to inspire others. ”



CASE  
STUDY



## Chapter 3:

# Making the most of your academic foundation programme



### *Networking*

Network with your academic foundation doctor colleagues and academics in the hospital, university and further afield, all who may have similar or different areas of interest. This is an excellent way to find and create new opportunities.

### **ADVICE: Be open minded**

**Although it is important to have a plan and a vision, be open-minded and try new things; explore possibilities wherever you can.**

### *Attend conferences*

As discussed previously, presenting at conferences is a fantastic experience, yet attending can also be of great benefit to you. These conferences can provide guidance about specific areas within your broad area of interest that are attracting the most funding and they can also help you create links with those individuals and groups who have similar interests. This scenario is not only potentially stimulating, but it can also help with your future career prospects. You could meet a group where you will complete your future PhD, or perhaps meet a service improvement team who has innovative ideas that you could take to your institution.

### *Research and utilise available materials to support your academic progression*

There is a wealth of information, material and online resources available to support your academic progression. Two organisations which provide a good steer and an abundance of information relevant to research are the Wellcome Trust ([www.wellcome.ac.uk](http://www.wellcome.ac.uk)) and the National Institute for Health Research (NIHR) ([www.nihr.ac.uk](http://www.nihr.ac.uk)).

### *Join professional organisations*

There are a number of professional organisations that may be of interest to you. Joining an organisation will increase both your profile and your chances of meeting likeminded people to discuss and share ideas, to identify new opportunities and to receive advice and support from experts.

Organisations specialising in medical research:

As a medical researcher, you may want to consider signing up to the Academy of Medical Sciences (ACMEDSCI) outreach scheme.



## Chapter 3:

# **Making the most of your academic foundation programme**

Organisations specialising in medical education (teaching):

There are two key organisations within the world of medical education: the Academy of Medical Educators (AoME) and the Association for the Study of Medical Education (ASME).

- The Academy of Medical Educators is the professional body for those involved with education and has produced professional standards for medical educators. Meeting these standards can allow you to become a member or fellow of the academy, gaining recognition for your experience in education.
- The Association for the Study of Medical Education supports those involved in medical education and holds regular events and conferences to allow people to present and demonstrate their achievements within medical education. ASME also offer a special interest group which aims to support trainee involvement in teaching - TASME (Trainee Association for the Study of Medical Education).

Both AoME and ASME provide support for medical educators at a junior level with special interest groups that you can join for further help and support.

Organisations specialising in medical management and leadership:

If you are interested in medical management and leadership then you may consider joining the Faculty of Medical Management and Leadership (FMLM). The FMLM has some great online resources and organises some excellent networking events ([www.fmlm.ac.uk](http://www.fmlm.ac.uk)).

## Chapter 3:

# MAKING THE MOST OF YOUR ACADEMIC FOUNDATION PROGRAMME



### Keep on top of things:

Remember that you also have the outcomes of the Foundation Programme to achieve, often in less time than your colleagues. Keeping on top of assessments, clinical practice, engagement with the educational process (e.g. completion of work-based supervised learning events etc.) and evidencing all of this within your e-portfolio is vital in ensuring a (relatively) stress free approach to sign off!

## CASE STUDY: MANAGING YOUR TIME DURING THE AFP

Dr Laura Derbyshire

CT1 Surgery

North West Deanery.

“ My academic placement was a four-month placement dedicated to research. From the very beginning of the two-year programme, I was working with my supervisors to plan and set up projects, including getting ethical approval and arranging funding. This was key to getting the most out of my time, so that when my four-month placement arrived, I was straight into collecting samples from patients for my project.

After my four-month placement was over, I still had work to do to complete my research project. You should expect to be involved in your academic projects for at least the two years you are a foundation doctor.

I did not feel that the reduced clinical experience was an issue, in fact, the academic placement enabled me to improve my surgical experience both on the ward and in theatre, and it also enabled me to get involved in teaching medical students locally. ”



CASE STUDY

### Careers management

Throughout the AFP, think about what you want out of your career and the opportunities that may be available and most suited to you. When it comes to successful completion of the AFP and time to consider job applications, apply for the post that is most likely to support your future ambition and long-term career prospects.

Chapter 4:  
After the Academic  
Foundation Programme



# Chapter 4

## After the Academic Foundation Programme

Post-AFP information

UK Academic Training Pathways:

- England
- Northern Ireland
- Scotland
- Wales

Other opportunities after the Academic Foundation  
Programme

## Chapter 4: After the Academic Foundation Programme



### Post-AFP information

Throughout your AFP you will have been thinking about 'what/where next' for your career. There are many options available, including core and specialist clinical training, medical education, medical management and continuing research opportunities.

Working in research, medical education or management are all highly rewarding career paths with excellent opportunities available. If you are interested in pursuing a career in these fields there are a number of factors to consider before applying for further academic training posts:

- **Competition:** posts are often competitive so it is essential that your CV/ portfolio highlights why you are suited to your chosen post and what you can bring to the role. You must also demonstrate your commitment to this particular career – why should we appoint you? How do you stand out and how can you demonstrate your passion and enthusiasm for this particular area?
- **Time:** as with the Academic Foundation Programme, you will still need to achieve the same clinical outcomes as your peers when following specialty training; this is however easily achievable with a bit of organisation and forward planning!
- **Location:** each region/nation will offer a variety of training programmes and posts, but not all areas offer all specialties; this may mean moving to another location for some of your training.

**ADVICE: Post-AFP academic training varies between and within the four UK countries.**

**Check what is available by following the 'useful links' in this guide.**

### Academic programmes

Academic programmes vary between the four UK countries and there is even significant variation between specialties within each country. It can be quite complicated but the following pages provide an overview of what is on offer in each country.



## Chapter 4: After the Academic Foundation Programme

### England

The post-Foundation integrated academic training programme in England is co-ordinated by the National Institute for Health Research (NIHR).

#### **Academic Clinical Fellowship (ACF)**

Duration: Up to three years

Point of entry: Varies ST/CT1 – ST4

These are specialty-training posts where your time is split between specialty clinical work and research or educational training. The time split varies from post to post but is usually 75% clinical and 25% academic. This can be divided into placements of time out, for example, three months per year or one to two days per week or an entire nine months dedicated to research (25% of three years). By the end of the ACF post, you should be well placed to make a successful application to a Research Training Fellowship or an educational programme for funding to undertake a MD or a PhD.

There are a wide variety of ACFs on offer in research and medical education. The entry points vary; some are aimed at CT1 trainees, others begin at ST3 or above (NB only psychiatry and paediatrics allow ST4 entry). It is worthwhile looking at each deanery and at the specific posts that interest you to check the eligibility criteria.

#### **Clinical Lectureship (CL)**

Duration: Up to four years

Point of entry: ST3 or above

These are academic posts for doctors in advanced specialty training, ST3 or above, who have already completed a PhD or MD. These posts last up to four years with time divided between clinical and academic work to allow trainees to complete clinical training and to pursue postdoctoral research. Like the ACF phase, there is a competitive application process for CLs. If you are unsuccessful in securing a CL or choose not to continue in academia, you can revert to a specialty training programme, as long as you are meeting the required competences of the clinical programme.

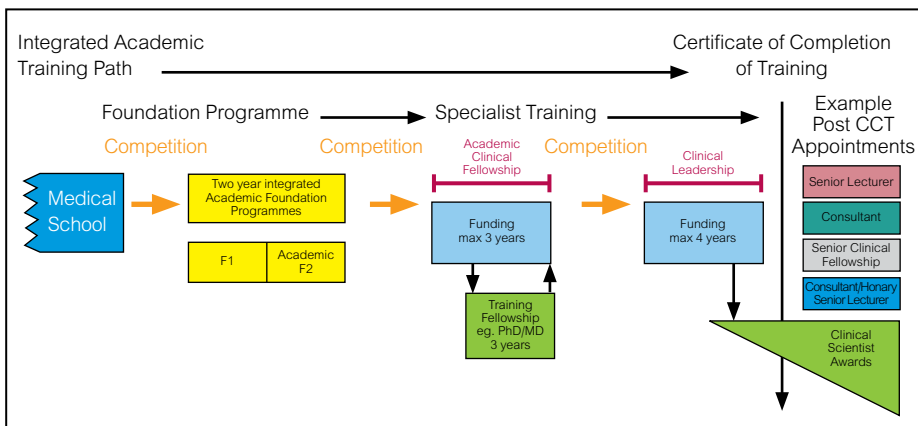
## Chapter 4: After the Academic Foundation Programme



### Recruitment to these programmes

ACFs are typically advertised during the autumn. It is worth remembering that ACFs and CLs are not aligned to specialty recruitment timetables and that posts offered within each region of England vary from year to year. Keep an eye on job adverts and deanery websites for most up-to-date information on how and when to apply for these programmes.

### The clinical academic training structure in England



## Chapter 4: After the Academic Foundation Programme



### CASE STUDY: MY EXPERIENCE OF AN ACADEMIC CAREER IN ENGLAND

Dr Zita-Rose Manjaly

Academic Clinical Fellow and D.Phil. Candidate,  
Oxford University.

“ After completing an AFP in London in 2010, I moved to Oxford for a run-through clinical academic programme. My ST1 year was clinical, allowing me to complete the MRCP before commencing my research placement. I have just completed a year as a NIHR funded ACF during which I have been engaged in full-time research in the TB vaccine group. I have now started my DPhil in the research group in Oxford where I spent my ACF and I have been granted time out of programme (OOPR) by the Oxford deanery to do this.

My long-term career goal is to become a clinician scientist engaged in both clinical work and translational research in respiratory medicine. I enjoy clinical medicine too much to do full-time research but I am hoping to strike a healthy balance with dual work as well as personal commitments.

Up until this year most ACFs in Oxford returned to their clinical rotation after their research year before applying for a DPhil. However, I applied to the deanery to do the PhD straight after my research year as my field is fast moving and delaying this would have meant someone else doing my project. Having just completed the research year, I was able to design, develop and write my PhD proposal with input from my supervisors.

The AFP taught me that a combined clinical academic career really is for me and that it is possible to combine clinical and academic training. When applying for the ACF my application looked favourable as I had already spent dedicated time in research and teaching. Most importantly, the AFP, alongside my research experience as an undergraduate, made me realise what my research interests were and what I was looking for in a group. The group I chose in Oxford has been perfect and has had everything that I initially wanted - I was only able to make this informed choice because of my past experiences.



CASE  
STUDY



## Chapter 4:

# After the Academic Foundation Programme



Make the most of your research placement to discover if academia is really for you and if so what your research interests are - I realised I love immunology from a research point of view, for example, and at the same time took a real interest in respiratory medicine from a clinical perspective.

Try and figure out what sort of researcher you are and with what type of group and supervisor you would like to work. You can then visit a few supervisors and groups before your ACF application and choose the group that is right for you.

Get your postgraduate exams out of the way as early as possible, so that you can make your academic placement "academic".

Choose the ACF in a place where you know you will get good academic and clinical support. For me, Oxford was a great place to do PACES and at the same time I knew that it was academically strong. ”

## Chapter 4: After the Academic Foundation Programme

### Northern Ireland

Clinical academic training in Northern Ireland is co-ordinated by the Northern Ireland Medical and Dental Training Agency and Queens University, Belfast.

#### **Academic Clinical Fellowship (ACF)**

Duration: Two years

Point of entry: ST3 or above

These posts are two years in length and aim to develop doctors' clinical and academic skills. 25% of the doctor's time will be sent carrying out research.

#### **Academic Clinical Lectureships (ACL)**

Duration: Two years

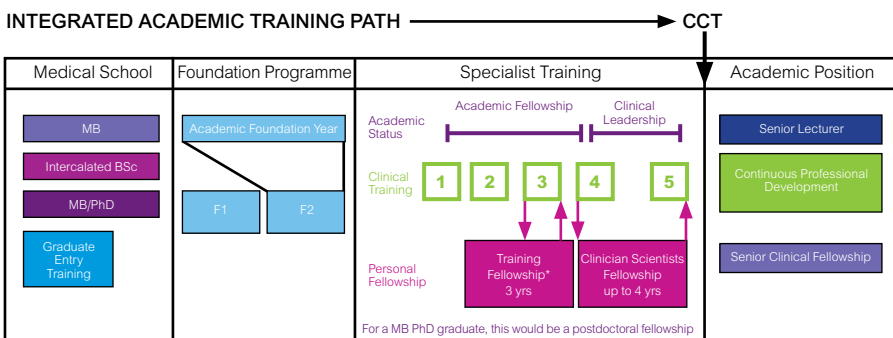
Point of entry: ST3 or above

Doctors will normally have completed a PhD/MD prior to applying for an ACL. Doctors complete their clinical training whilst carrying out postdoctoral research.

### Recruitment to these programmes

Trainees already appointed at ST3 or above are eligible to apply. ACFs are typically advertised during late spring/early summer, usually around May.

### Clinical academic training structure in Northern Ireland



## Chapter 4: After the Academic Foundation Programme



### Scotland

Post-AFP academic training opportunities in Scotland are badged under the umbrella of the Scottish Clinical Research Excellence Development Scheme (SCREDS). SCREDS provide outlets for doctors and dentists wishing to pursue a career as a clinical academic or in medical education.

#### ***Clinical academic training in Scotland***

Duration: Up to entire duration of specialty training

Point of entry: From ST1/CT1

There are no ACF or equivalent posts in Scotland, but a series of SCREDS opportunities to develop academic skills through all aspects of medical training post-foundation.

These Scottish posts provide integrated clinical academic training and are funded by NHS Education for Scotland (NES) and Scottish universities. They typically average 80% clinical time and 20% academic time, with flexibility according to career stage reached.

Generally year one would prepare a lecturer to go out of programme in year two, returning post-PhD into a guaranteed clinical lectureship position. NES Clinical Lectureships are organised regionally, with very close liaison between deaneries and universities, and vary slightly depending on the university with which they are affiliated.

There are many sources of information on exciting Scottish clinical academic opportunities – some of the links below should guide you in making the right choice:

- NES website, outlining & signposting most of the sites you should visit: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/careers-and-recruitment/scottish-academic-training-%28screds%29.aspx>
- Most recent SCREDS annual report, outlining the strength of Scottish Clinical Academic Training:  
[http://www.nes.scot.nhs.uk/media/13713/SCREDS%20Annual%20Report%202012\\_FINAL.pdf](http://www.nes.scot.nhs.uk/media/13713/SCREDS%20Annual%20Report%202012_FINAL.pdf)

### Recruitment to these programmes

Academic trainees are appointed after going through the national recruitment process, leading to the award of a National Training Number (NTN).



## Chapter 4: After the Academic Foundation Programme

Everyone applies for NTN in open NHS competition. Once you hold a NTN, no matter what specialty you are in you can apply to join a pre-doctoral academic scheme such as the ECAT Lectureship scheme, STMTI scheme, MRCCP3 scheme or you can apply for PhD funding from the Wellcome Trust, MRC and other charitable foundations.

The posts are very flexible and can be obtained at any point between finishing foundation and CCT. Posts are advertised on individual university websites, medical journals and on the NES website.

Other useful links to the Scottish University academic schemes include:

<http://www.abdn.ac.uk/acat/> - University of Aberdeen

<http://www.dundee.ac.uk/dcat/> - University of Dundee

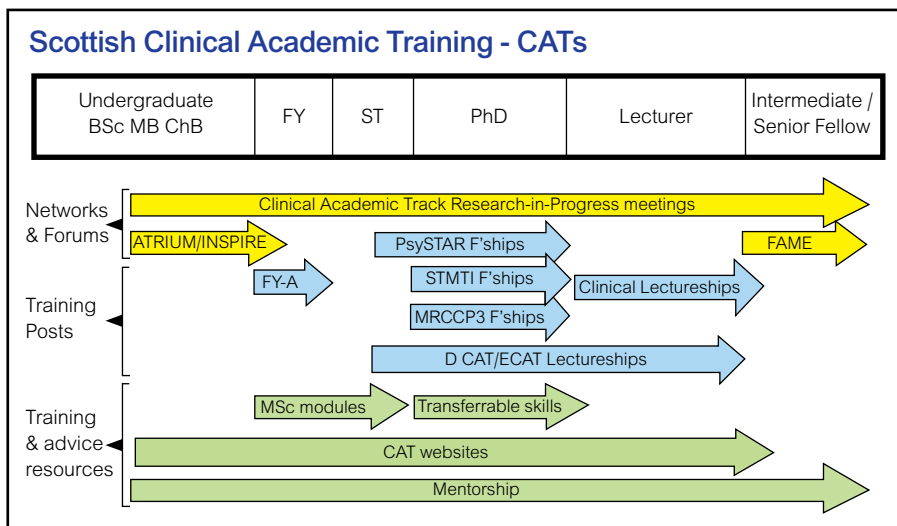
<http://www.ecat.ed.ac.uk/> - University of Edinburgh

<http://www.gla.ac.uk/colleges/mvls/graduateschool/academicandclinicaltraining/> - University of Glasgow

<http://www.st-andrews.ac.uk/> - University of St Andrews

<http://www.clinicalacademicjobs.org/medical/> - MSC site on which many posts are advertised.

### Clinical academic opportunities in Scotland



## Chapter 4: After the Academic Foundation Programme



### Wales

The Wales Deanery, in association with the major Welsh Universities and the Welsh Government coordinate the Welsh Clinical Academic Training Fellowship (WCAT) programme for medical and dental trainees. WCAT posts are run-through Lectureship training positions.

#### ***Clinical academic training in Wales***

Duration: Eight years

Point of entry: F2/ST1+

Posts last for eight years with the first year spent preparing for a PhD project to be undertaken in years two to four. In years five to eight, your time is spent between clinical and academic work in order to complete clinical training and continue post doctoral research.

### Recruitment to these programmes

Applications are welcome from clinical academics in all specialties, including dentistry and medical education. Clinicians already engaged with core or specialty training (e.g. having completed CT1/ST1 and CT2/ST2) are best placed to apply however, foundation doctors with a very strong academic portfolio are also eligible to apply.

Interested applicants are advised to contact supervisors in the relevant specialty to discuss potential research projects prior to making an application.

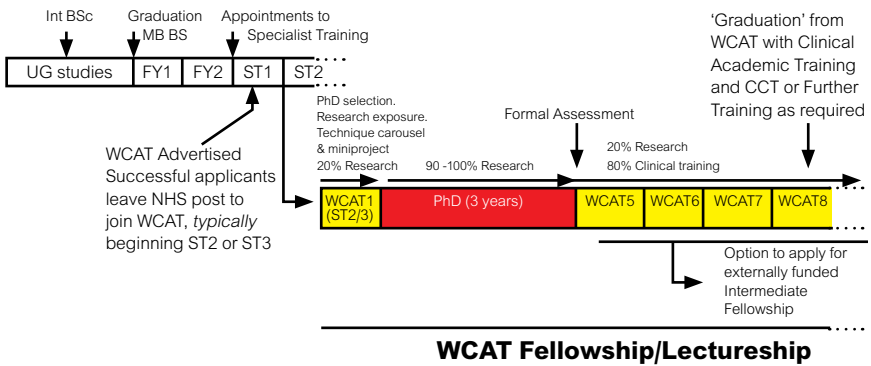
Posts are typically advertised in December with up to five posts available per year. For further details, please visit the WCAT website: <http://www.walesdeanery.org/index.php/wcat.html>.

## Chapter 4: After the Academic Foundation Programme

### Clinical academic training structure in Wales

Figure 1: The Wales Clinical Academic Track (WCAT) Lectureship Scheme

'Standard' Post MMC NHS Specialist Training  
Funded NHS etc



## Chapter 4: After the Academic Foundation Programme



### Other opportunities after the Academic Foundation Programme

If you choose not to apply, or are unsuccessful in obtaining an academic post directly after foundation, but are still interested in continuing in academia, do not despair!

Firstly, if possible, continue to maintain links with your academic team from your AFP. If, however, you are moving to a new hospital or region, get in touch with the local Research and Development office and find out what research is going on within the Trust/local education providers. You could also contact the local university and get involved with a project that matches your interest.

Many ACFs are available for entry at/from ST3 trainees so you have time to strengthen your portfolio and apply/try again. You could also organise your own research project whilst completing clinical training and perhaps even work towards completing a PhD at a time that suits your clinical development. While academic posts are great, they are not the only way to construct an academic career.

#### *Continuing your interest in research*

If you wish to continue in research, it is worth visiting local university websites as they often advertise funded research posts which may lead to higher degrees.

Major organisations such as the Wellcome Trust offer funding to support the brightest minds in biomedical research and medical humanities, with the aim of improving health. Please visit their website for details on the wide variety of funding schemes, Investigator Awards, fellowships and Strategic Awards.

#### *Continuing your interest in medical education*

Firstly, many deaneries offer ACFs and CLs or similar, specifically in medical education. Alongside these education/teaching clinical training posts, there are a number of distance learning programmes leading to certificates, diplomas and masters in medical education that may also be completed along the way. In addition, many universities advertise teaching posts for post-foundation doctors.

#### *Continuing your interest in medical leadership and management*

The Faculty of Medical Leadership and Management (FMLM) offer Clinical Fellowships in a variety of settings in London and Manchester for those interested in management. This is an 'Out Of Programme' experience for post-foundation doctors and those in specialty training. This is a fabulous opportunity to work with senior healthcare leaders. For details, please see: <http://www.fmlm.ac.uk/clinical-fellow-scheme/about-nhs-medical-directors-clinical-fellow-scheme>.



## Chapter 4: After the Academic Foundation Programme

If the above 'Out Of Programme' experience does not work for you, there are a number of postgraduate certificates, diplomas and masters courses aimed at clinicians who want to move into health and social care management which can be undertaken as distance learning alongside your clinical work.

The Institute of Healthcare Management ([www.ihm.org.uk](http://www.ihm.org.uk)) is another useful resource if you are considering this career path.

### *Continuing your career outside the public sector*

Of course there are many other opportunities available in the private sector from management consulting to working for pharmaceutical companies. There is no doubt that an academic foundation programme is good preparation for opportunities in these sectors too.

### *Ongoing academic support (mentoring)*

Irrespective of your training grade and which path you choose to follow, it is important to have a good support network during your academic career. The Academy of Medical Sciences coordinates a highly regarded mentoring and outreach scheme for all academic trainees. Their website has a lot of useful information and specific details of the mentorship service can be found at: [www.acmedsci.ac.uk/index.php?pid=55](http://www.acmedsci.ac.uk/index.php?pid=55).



## Chapter 5: Interviews with academics



# Chapter 5

## Interviews with academics

Leading academics:

- **Professor Dame Sally Davies**
- **Professor Sir Mark Walport**

Insights into a career focusing on research:

- **Professor Geraint Rees**
- **Dr Ioannis Spiliotis**

Insights into a career focusing on medical education:

- **Prof Sean Hilton**
- **Dr Jamie Read**

Insights into a career focusing on medical management and leadership:

- **Mr Peter Lees**
- **Dr Anna Moore**



## Chapter 5: Interviews with academics

There are clearly a huge range of options available following an academic foundation programme. We have spoken to eight leaders in medical research, medical education and medical management/leadership at different stages in their careers. They discuss their journeys and provide valuable advice for medical students and foundation doctors alike.

We begin by exploring the views of Professor Dame Sally Davies (Chief Medical Officer for England) and Professor Sir Mark Walport (Director, Wellcome Trust) on the current state of academic medicine in the UK and where it is likely to go in the future.

Further interviews with other key academic contacts are provided and have been themed in the following order:

Insights into a career focusing on research:

- Professor Geraint Rees
- Dr Ioannis Spiliotis

Insights into a career focusing on medical education:

- Prof Sean Hilton
- Dr Jamie Read

Insights into a career focusing on medical management and leadership:

- Mr Peter Lees
- Dr Anna Moore

**We that hope you find reading these interviews as useful and inspiring as we did conducting them!**

## Chapter 5: Interviews with academics



### Professor Dame Sally Davies Chief Medical Officer.

#### What are the highlights of your career?

“ I graduated at the age of 22 and completed my house officer and first SHO year. By the end of that, I felt quite bruised by medicine - we were very poorly supported at that time. I then took the opportunity to opt out - I married a diplomat and went to Madrid for four years, where I was an unpaid clinical assistant for two mornings a week in paediatric cardiology. This break made me realise that I really did want to practise medicine and I wanted to come back really motivated; I also learnt an enormous amount about how the civil service works and how you influence people. It is now clear to me that if you are open to different experiences, then all of these “odd” experiences enrich you, and make you a better leader later on. I then came back and started to train as a paediatrician. I found this very broad and the hours were not compatible with my marriage. I switched to haematology, which I loved. Ultimately, I ended up focussing on sickle cell disease.



Post CCT I got an MRC PhD studentship to do some basic molecular biology - I tried to clone the Rhesus gene. I was then appointed to Central Middlesex as a consultant; this was a very innovative place to be - in fact it was famous for innovative service delivery. As clinical staff, we had a very close relationship with the management - in year one as a consultant, I would go and sit down on a regular basis with the CEO and ask “why aren't we doing this...?” We established the best sickle cell service in the UK and we started the first regional neonatal screening programme for sickle cell disease. In my second year as a consultant, I became the deputy medical director.

After a few years, I was asked to sit on the regional research funding committee. For the first year, I just watched - I listened. A few years later I was asked to chair it, which I subsequently did. Later, the position of regional director of R&D opened up - the sitting director called me and said that he had passed my name to the headhunters. Nothing happened, and then one evening I was called by the public health director for the region and was later interviewed for the position of R&D regional director and got the job! I did this part-time and sickle part-time. I then went on an amazing course at INSEAD on leadership and emotional intelligence - this really was



## Chapter 5: Interviews with academics

a life changing experience. It developed my assertiveness and it gave me lots of self-confidence. I also learnt to trust my instincts about emotional intelligence. I learnt that I needed to be authentic and "me" and not try to be someone else. I then went from strength to strength. Next, I was appointed as director general for research - I reformed the system, setting up NIHR and doubled the budget. We now have £1 billion, with a serious focus on delivery.

A couple of years ago the CMO post became vacant and I thought it would be really interesting and challenging to do this job - to have a go at improving the nation's health. Importantly, I also want to try to bring science and evidence into public health because the academic and service delivery parts of public health are currently quite separate.

### **From your perspective, what are the positive and negative aspects of clinical academic training in the UK for foundation doctors?**

It is better than it has ever been - we have ACFs; we have many funded PhDs, clinical lecturers, clinician scientists and NIHR funded research professors. I think the opportunities are massive. However, I think clinical training is too siloed by specialty, too long and too bound by bureaucracy.

### **What is your view on flexibility?**

Without doubt, clinical academic training needs to be more flexible. If you look at most of the leaders in medicine, they have all had very varied careers.

### **What do you think about the Academic Foundation Programme?**

I think it is very exciting but clearly some programmes are more successful than others.

### **What will the future trained doctor look like?**

I think they will have a core discipline and an additional range of competencies. They will be open to change. We are going to have to be much more flexible. We must train people to have a core set of skills/knowledge and then be able to adapt and continue learning in order to weave through what the future needs.

### **Knowing what you know now, what would you advise academic foundation doctors?**

It is a wonderfully exciting time: science, genomics etc. It is a great time to be starting in medicine. We take into medical school, the brightest and the best; the most entrepreneurial. Do not let the system beat this out of you - never stop questioning. Always question what you do yourself and what the team does because it is only by doing this that you will improve things and change things for the better. Have the courage to question and have the courage to try different things. ”

## Chapter 5: Interviews with academics



### Professor Sir Mark Walport Director, Wellcome Trust.

**Prior to heading the Wellcome Trust, you were head of the Division of Medicine at Imperial College, London. Why did you move?**

“ I had a fantastic time at The Hammersmith Hospital, leading my own research programme and training academic leaders. The work of the Wellcome Trust, however, influences research at a very high level. Trust funding can have an enormous local, national and international impact, from supporting many young researchers as they set out on their careers, to funding research projects all over the world that can truly alter the way we diagnose, treat and manage disease. For example, the Trust has contributed to funding the Human Genome Project as well as funding pioneering research into malaria in South East Asia.



**What jump out as the most satisfying parts of your distinguished career?**

While practising medicine, it was hugely satisfying to help individual patients manage their rheumatic diseases. In the laboratory, investigating the relationship between the innate immune system and an individual's propensity to rheumatic disease was equally rewarding.

At the Wellcome Trust, it has been deeply satisfying to contribute to the development of a more coherent career structure for academic doctors. I have also been very gratified with the consequences of funding particular streams of research, such as the Human Genome Project.

**Your next challenge is being the government's Chief Scientific Advisor. Do you have any key aims for this post?**

My overall aim is to ensure that the Government gets the best advice on science, engineering and technology for the many policy decisions that depend on it.

I would also say that a scientific training gives you the rigour to gather evidence, collate it and communicate it clearly to others – that training will be invaluable in my role as Chief Scientific Advisor.



## Chapter 5: Interviews with academics

**How would you describe the current landscape for academic foundation doctors and how do you think that is going to change as we go forwards over the next 10 years?**

The opportunities in academic medicine today are absolutely extraordinary. Recent advances in imaging, for example, enable us to look at specific organs in incredible detail, while we can also look at expression patterns in cells of huge numbers of proteins. So academic medicine is at a truly exciting stage and the opportunities for foundation doctors are huge.

However, we do need to continue to work on the training structure. Clinical academic training is very inflexible at present: it is based on time rather than competence, it does not recognise that people do very different things in their clinical careers, and it reinforces the idea that training finishes at the point of CCT. I think we will move towards shorter, more flexible training programmes, recognising that training continues throughout life.

**What is the rationale behind the design of clinical academic training in the UK?**

Academic programmes aim to provide integrated clinical-academic training environments. Clinical training in an academic context is very important. The right environment encourages a questioning, curious mind, which is vital given that there is so much that we do not know in medicine.

My view is that there should always be flexibility in an academic career. Academic training programmes are available at different stages of clinical training, enabling people to move in and out of academic training through their career. The Academic Foundation Programme and academic clinical fellowships are excellent but they are not absolute requirements for becoming an academic.

**What would you say to those doctors and medical students interested in these posts?**

- Academia is not for everyone, but if you do want to pursue an academic career then the rewards are potentially exceptional.
- Well-constructed academic foundation programmes and ACFs provide a fantastic grounding for someone interested in pursuing an academic career in a particular discipline. However, it is not the end of the world if you do not get one or both of these. You can still get involved with research and apply for training fellowships.



## Chapter 5: Interviews with academics



- Funding is always going to be competitive; it is an immense privilege to find out things that were previously unknown and, potentially, to improve the way we diagnose and treat disease. There are always ways through the system for people who want to do research, and I would really encourage them to go for it.

### **What are the key challenges for academic medicine today?**

Academic medicine is increasingly a team activity - it is about working with engineers, physicists, chemists and so on. I think a big challenge lies in building the right teams to perform research.

Research is about identifying important questions and then answering them using the most appropriate tools. Good research, therefore, is about learning to identify an important research question; again, this is a challenge.

### **Going forwards, what is your prediction of where the big developments are going to be?**

I think we are going to realise the power of big data - using electronic patient records and our ability to look at whole populations. Using this data will enable us to enhance what we do for patients.

Ultimately, I think the opportunities in academic medicine are enormous, and I would strongly recommend a career in academia for anyone with a real interest and passion. ”



## Chapter 5: Interviews with academics

### MEDICAL RESEARCH

#### Professor Geraint Rees

Professor of Cognitive Neuroscience,  
University College London.

##### Why did you decide to become an academic?

“ My interest in being a clinical academic began whilst I was a preclinical medical student. I had the opportunity to learn about the brain in humans and other animals – developing an understanding of how the brain develops and works and how it goes wrong was then, and is now, fascinating.

Whilst a clinical medical student I was not particularly inspired by my neurology or psychiatry consultants and I became confused about my future. During my house jobs, I was clinically very interested in intensive care medicine as it was challenging, technical, and involved a lot of multi-professional working. However, I then went on to do a fabulous neurology SHO job at the National Hospital for Neurology & Neurosurgery – after this I decided that I wanted to become a clinical academic neurologist.

I became particularly interested in cognitive neuroscience. I completed a PhD in cognitive neuroscience at UCL, followed by postdoctoral training funded by the Wellcome Trust at the California Institute of Technology. I was subsequently awarded a Senior Clinical Fellowship by the Wellcome Trust when I was a Specialist Registrar. I was then appointed to the specialist register without a CCT, which means that my practice is restricted. I built an internationally competitive research group and became a Professor of Cognitive Neurology.

As my career continued to develop, I became interested in strategic leadership as well as clinical academic research and was appointed Director of the UCL Institute of Neuroscience and Deputy Head of the Faculty of Brain Sciences at UCL. Outside UCL, I pursued leadership positions in the British Medical Association and as Deputy Head of the Medical Academic Staff Committee developed and led on clinical academic training policy.

##### What does your job involve at the moment?

I have a large number of different roles! First and foremost, I run a research group that studies the neural basis of consciousness and I am a consultant neurologist. I am the Director of the UCL Institute of Cognitive Neuroscience, an institute at UCL that seeks to understand mental processes





## Chapter 5: Interviews with academics



in the human brain during health and disease. I am also the Deputy Head of the Faculty of Brain Sciences at UCL. I am very interested in clinical academic careers, running the Academic Careers Office at UCL and sitting on the Medical Professional Board for England as a representative of the British Medical Association.

### **Talk us through the highlights of your career. What have been the low points?**

I have had inspirational undergraduate teachers, fantastic support from the Wellcome Trust and the London Postgraduate Deanery, excellent colleagues, and an amazingly stimulating and interesting place to work at UCL.

There have been false starts and confusion at times but ultimately I have ended up working in an area that is fantastically interesting and stimulating.

### **Would you do it all again?**

Of course! I would not do anything differently, as all of my experiences have enriched my thinking. Clinical training was useful not only for its perspective on neurological disease but also it gives you a range of additional skills like negotiation, leadership and time management. It also gives you a very rich experience of people and enriches your view of life.

### **What would be your advice to young, budding academics today?**

- Academic practice provides flexibility and personal autonomy at an early stage of your career. You can do amazing things with your time with the right support.
- Relish the enjoyment of an open-ended goal that research provides - every researcher finds out something new every day that no-one knew before. This can be immensely rewarding!
- Find out what you are really passionate about and follow that passion. Do not worry about CV building but enjoy yourself. Think and feel what you would be most interested in from a scientific perspective.

### **Where do you hope your career will go in the future?**

I hope that I will continue to enjoy myself, finding out new information and using that knowledge to transform society and deliver new ways of diagnosing and treating disease. I have a young family and therefore, hope that I will be able to continue to balance my life and work successfully while continuing to achieve at a high level. I also enjoy strategic leadership, particularly designing systems and helping the next generation come along. The only things that you leave behind as a clinical academic are the papers that you have published and the people that you have trained so it is important to develop the latter not just personally but on an institutional and national scale. ”



## Chapter 5: Interviews with academics

### MEDICAL RESEARCH

#### Dr Ioannis Spiliotis

Academic Clinical Fellow, Oxford Deanery.  
Academic interest: Diabetes & Endocrinology.

#### What are you currently doing?

“ I am an academic clinical fellow in Endocrinology and Diabetes in the Oxford deanery.

#### How did the Academic Foundation Programme help you get this particular position?

During my AFP, I was able to identify a supervisor and start some of the ground-work for my current ACF project: looking at the effects of hyperglycaemia on pancreatic islets in vivo. My four-month academic placement was in my FY2 year, followed by four months of GP with academic day release. I decided that I wanted to apply for an ACF post and, in discussion with my supervisor, chose to focus on learning some new techniques, which can take time to master. I was also able to get some preliminary data that I could build on during an ACF project.

The AFP was really helpful in setting all this up. I was also able to buy some of the equipment I needed for my experiments and attend conferences. When I eventually applied for an ACF post, I felt in a strong position.

#### What are your future plans?

Next year I will return to full-time clinical work but I hope to have some preliminary data so that I can apply for a training fellowship to start a PhD. If I am successful then I could start working on that once I complete CT2.

#### What would be your advice to current academic foundation doctors?

Think about what you want to achieve during your academic rotation and plan a project around that.

If you want to try to get publications during this time then it might be worth focusing on data-analysis or systematic reviews. Otherwise, you might want to invest the time to learn new techniques or attend certain courses.



## Chapter 5: Interviews with academics



Finally, find a good academic supervisor. Most heads of labs will be very happy to have you there (especially as they do not have to pay your salary) - speak with them and see whether you're interested in what they plan to do over the next two - three years. Speak with others who work in the lab to get their point of view - particularly if you are planning on being there in the long term. If you are planning on moving to a different area once you finish your project then it is worth being open with your supervisor as they may be able to connect you to their collaborators.”

## Chapter 5: Interviews with academics

### MEDICAL EDUCATION

#### Professor Sean Hilton

Professor of Medical Education and  
Clinical Dean at the University of Nicosia.  
President of the Academy of Medical Educators.  
Past Vice Principal, St Georges Medical School.

#### Could you provide an overview of your career?

“ I began my career studying medicine at King's  
and I completed my clinical studies at St. George's.

The curriculum at the time did not really include exposure to primary care. I started working in pathology but after a couple of years missed the patient contact and so, I changed course and began to train as a GP in South London. I became a junior partner of my practice in 1979. I performed research at the cardiothoracic unit at The Brompton, spending half a day a week on asthma - my specific interest was in patient education. I established a collaboration with St George's and became an honorary research fellow - I then went on to complete an MD based on a controlled trial of patient education in general practice asthma patients and looking at its impact on morbidity - at the time this was the largest trial worldwide in patient education in asthma. After 9-10 years, an opportunity arose for a senior lecturer post at St. George's - this was part-time and so I reduced my GP hours. I gradually increased my academic activity such that I became the chair of the academic department of primary care at St George's in 1993. I became active in the Association of University teachers in General Practice, becoming the secretary in 1990 and later the chairman - this is now known as the Society for Academic Primary Care (SAPC). I continued to be the Professor of General Practice at St George's until I retired in 2012.

Increasingly, my activities were dominated by medical education. Within a short time of becoming chair of the department of primary care, I was elected chair of the undergraduate curriculum management group, charged with delivering the 1993 changes to undergraduate medical education - the implementation was successful and I was later appointed Dean of undergraduate medical education. During my time as Dean, St George's was the first medical school in Europe to introduce a bespoke graduate



## Chapter 5: Interviews with academics



programme - we designed a curriculum for all graduates i.e. humanities or science could enrol.

I later became the Vice Principal for teaching and learning across the faculty at St George's. I had a spell as acting principal and then subsequently became the deputy principal for three years until my retirement.

### **What are the highlights of your career so far?**

- Getting a MD from full-time general practice.
- Being the founding member of the primary care respiratory society (six of us that set this up) - now a flourishing society in primary care.
- Getting the graduate entry programme started and established at St. George's.

### **Why did you go into medical education?**

I wanted to positively influence undergraduate medical education. I also wanted to introduce greater general medicine/general practice/public health into the curriculum.

### **What would you say to trainees that are interested in medical education?**

There are now opportunities to get involved right from the beginning of medical school - so, get involved! Many years ago, we were not even able to think about peer tutoring but now this is well established.

There is great flexibility - no single path that you have to pursue. There are many ways to get involved.

Begin to get into the literature and educational theory and consider doing one of the diplomas/Postgraduate Certificates. I do not have a formal educational qualification but I did get involved with the literature and educational theory.

If you are not interested in medical education...that is fine, but don't forget your role as a doctor in teaching others even if it is not formally part of your job plan.

### **What does your role currently involve?**

Professor of Medical Education and Clinical Dean at the University of Nicosia - St. George's has worked to set up the first medical school in Cyprus. Most of the consultants in Cyprus have trained in the UK.



## Chapter 5: Interviews with academics

Therefore, there is a St. George's degree being delivered in Cyprus. Clinical placements are in Cyprus, Israel and Chicago. The second cohort has just started - 73 students from a very wide range of countries. It is graduate entry only and follows exactly the same programme as St. George's.

I am also the President of the Academy of Medical Educators and work with the General Medical Council (GMC) and the Royal College of General Practitioners (RCGP).

### **Where do you see medical education going?**

- Internationally and inter-professionally.
- The curriculum will become far more responsive to global health issues.
- The workforce will change radically - we will continue to see new professions in healthcare.
- There will be enhanced evidence based curricula.
- Technology driven learning - learners will truly own their curriculum.”



## Chapter 5: Interviews with academics



### MEDICAL EDUCATION

Dr Jamie Read

CT1, Core Medical Training, Plymouth.  
Academic interest: Medical Education.

#### What are your research interests?

“ I undertook an academic foundation post in Torbay during 2011/12, focussing on medical education. Whilst I currently have a full-time clinical contract I am still heavily involved in medical education through my work with the Academy of Medical Educators (I chair the Early Careers Group) and my involvement in medical education and research through the Peninsula Medical School in Exeter and Plymouth.

#### How was the AFP useful?

My AFP allowed me to complete a PGCert in Clinical Education and I am just about to start the Diploma stage of the course, which I hope will eventually lead to a Masters in clinical education.

The AFP opened many doors for me. It allowed me to become more involved in teaching and research within my local medical school as well as allowing me to complete the PGCert. It has also put me in contact with a large number of helpful and enthusiastic medical educators.

The AFP also helped me find my niche in medicine. This is more and more important in a workplace environment that demands increasing skills in addition to the clinical and communication skills that we are all expected to have to practise medicine.

#### What is a key piece of advice for future applicants?

Make sure that you demonstrate your enthusiasm from an early stage. Becoming involved in education and teaching whilst at medical school can be a great place to start. You must also ask for help and advice from those with roots in education.”



## Chapter 5: Interviews with academics

### MEDICAL MANAGEMENT AND LEADERSHIP

Mr. Peter Lees

Founding Director,  
Faculty of Medical Leadership and Management.

**What has been your journey?**

“ I have always had an enquiring mind and an interest in changing things. At the beginning of my career, I completed a two-year research degree and won the European research prize for neurosurgery. Although this was fantastic, I quickly realised that I didn't want to establish a research empire.

The Griffiths report, commissioned by Margaret Thatcher, stated that there was a need to bring general management into the NHS. I thought that it was logical for doctors to get involved and be the decision makers. Following this, I jumped into management within 12 months of being appointed as a consultant. Prior to this, I completed a Kings Fund course for managers. This led me to understand a whole world of management about which most doctors knew nothing.

I became a clinical director way before I was ready. Looking back, I have always had a huge amount of enthusiasm, which has sometimes been confused for ability! As doctors, we lacked management expertise and leadership development and therefore, I have been the first person into many, many different roles. I now realise that with training and development I would have done many of these jobs better than I was able to.

I then became the director of R&D at a teaching hospital - I really enjoyed corporate level action. My next job was the medical director. When you carry out a corporate role your impact is smaller per individual but the number of individuals on which you impact is far greater. During this time, I was also the chairman of the British Association of Medical Managers.

I stepped down from my post as medical director and worked to create the NHS leadership institute, which no longer exists (closed during the "bonfire of the quangos"). I then went on to run the leadership and management course in my deanery. I developed a programme, which focussed on leadership training for junior doctors at all levels. There are now approximately 10,000 alumni. It continues to run and I am still involved with it today.





## Chapter 5: Interviews with academics



I then became head of leadership for my Strategic Health Authority (SHA). Later, I became the SHA medical director. It is important to take senior positions because it can make you more effective at driving a particular agenda. As time went by, I had managed to get five jobs all with the title of director, including the director of the FMLM. I have always had a passion for education and so I decided to focus on the FMLM, stepping down from all NHS commitments.

### **What have been the highlights of your career?**

I think there have been quite a few. The greatest highlight was combining a leadership development role with a senior operational role. In other words, it's about having the opportunity to impact on patient care through effective leadership education of individuals (doctors and others) and to impact on healthcare professionals through operational leadership.

### **What does your role currently involve?**

I am currently the director of the FMLM. I am very proud to say that the faculty has recruited over 2,000 members, from medical students, to college presidents, to chief medical officers during its first year. I am also delighted that 700 people came to our first annual conference.

Our ultimate aim at the FMLM is to greatly enhance the quality of medical leadership across the UK and to get doctors playing a central role in the design of our healthcare systems. I passionately believe that this will materially benefit patients.

### **What would be your advice to young trainees, on an AFP, interested in medical management/leadership?**

Medicine is still a wonderful career and will be forever more but there are so many other things that go alongside. In fact, being a great clinician means that you have to have many other skills. Leadership and management are absolutely essential skills required to be a good clinician.

I have been in operational management, training and education, national leadership; as a doctor, you can stray into many interesting fields.

Two abiding philosophies:

1. The sky is your limit - if you really want to do something, then in general the NHS will support you - but you have to really want it.
2. You have to work hard to get there - I don't know anyone who is successful who doesn't work their socks off! ””

## Chapter 5: Interviews with academics

### MEDICAL MANAGEMENT AND LEADERSHIP

**Dr. Anna Moore**

Immediate past Clinical Fellow to  
Professor Sir Bruce Keogh and Mr. Peter Lees.

**What are you currently doing?**

“ I am the immediate past Clinical Fellow to  
Professor Sir Bruce Keogh (NHS Medical  
Director) & Mr. Peter Lees at the Faculty of  
Medical Leadership and Management (FMLM).

I am now working as Director of Operations for the Integrated Mental  
Health Programme at UCLPartners, with Professor Peter Fonagy, where we  
are working to establish this programme. At the same time I am completing  
a PhD in Improvement Science at UCL looking at the most effective way  
of applying the principle of 'value' to mental health across the programme's  
partnership.

**Why did you complete the clinical fellow's programme?**

- To broaden my perspective.
- I very much enjoy clinical medicine but felt I needed something in addition  
that enabled me to be creative.
- It provided an opportunity to get a national perspective of the health  
system, including the development of policy.
- To get experience in starting a new organisation.

I am interested in how to make health systems more effective and efficient  
while also retaining and improving essential qualities like remaining ethical and  
compassionate.

**What projects have you completed over the past 12 months?**

A few of the projects with which I have been involved:

- Project manager for the clinical transitions programme, 'Quality'. The  
aim of the project is to describe how the NHS Commissioning Board  
will discharge it's duty to ensure continuous improvement in quality and  
outcomes across a comprehensive service.
- Worked with the NHS outcomes framework analytical team as a clinical  
advisor.



## Chapter 5: Interviews with academics



- Central team role in the launch and establishment of the FMLM. One of the projects was starting and leading the FMLM 'Trainee Steering Group' (TSG).

### **What would be your advice for current academic foundation doctors?**

- Do not be afraid of taking alternative career paths. Many people advised me to get my Certificate of Completion of Training (CCT) as soon as possible. However, I now think my career options are much more interesting. I also now have a strong CV with a diverse skill set for consultant interviews.
- Do what you enjoy rather than what you (or others!) think you should be doing. For example, if you are interested in service development as a F1 - do not worry about people saying you are too early in your career to worry about that. You are going to spend a large proportion of your life working - make sure it is in something you enjoy. Many projects and jobs have helped me later in ways I could not have planned/ imagined and many of the skills are transferrable - and I did them mainly because they interested me or I thought they were important.
- Get stuck in - the projects I did on the side early in my career paved the way later on and demonstrated that I am a 'do-er'. Take as many opportunities to 'get involved' as you can manage.
- Work clever - use down time during on-calls and study days well & do not waste your time on pointless projects. If you have to do audits, choose decent ones (not the UTI audit). Plan them well, give them enough time & write them up. Publishing your audits is an efficient use of time when they are compulsory anyway! It is easier than many people think and your consultant/supervisor will appreciate the publication, so ask them to help you write it up.
- Try to negotiate to swap a compulsory audit for a service improvement project/ education project.
- Keep paperwork & portfolios up to date & be fastidious about this - I was not always in the early days and it created a lot of work later on.
- Do not be shy to network - most of the opportunities I have had came from discussions with people.
- Get at least one mentor. ”



## Useful links

### Useful links

#### **Academy of Medical Educators**

<http://www.medicaleducators.org/>

#### **Academy of Medical Sciences**

<http://www.acmedsci.ac.uk>

#### **Association for the Study of Medical Education**

<http://www.asme.org.uk/>

#### **British Medical Association**

<http://bma.org.uk/developing-your-career>

#### **BMJ Careers article**

<http://careers.bmj.com/careers/advice/view-article.html?id=20009022>

#### **Career Planning**

<http://www.medicalcareers.nhs.uk/>

#### **Faculty of Medical Leadership and Management**

<http://www.fmlm.ac.uk>

#### **Institute of Healthcare Management**

<https://www.ihm.org.uk/>

#### **Medical Education England**

<http://www.mee.nhs.uk/>

#### **Medical Research Council**

<http://www.mrc.ac.uk>

#### **Medical Schools Council: Clinical Academic Jobs**

<http://www.medschools.ac.uk/AboutUs/Projects/clinicalacademia/Pages/Clinical-Academic-Jobs.aspx>

#### **National Institute for Health Research**

<http://www.nihrtcc.nhs.uk/>

#### **Northern Ireland Medical and Dental Training Agency**

<http://www.nimdtta.gov.uk>

#### **Scotland Careers and Recruitment**

<http://www.nes.scot.nhs.uk>

## Useful links



### **Scottish Clinical Research Excellence Development Scheme**

[http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/careers-and-recruitment/scottish-academic-training-\(screds\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/careers-and-recruitment/scottish-academic-training-(screds).aspx)

### **Trainee Association for the Study of Medical Education**

<http://www.asme.org.uk/tasme/>

### **UK Clinical Research Collaboration**

[www.ukcrc.org](http://www.ukcrc.org)

### **UK Foundation Programme Office**

[www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)

### **Wales Deanery**

<http://www.walesdeanery.org>

### **Welsh Clinical Academic Training Fellowship**

<http://www.walesdeanery.org/index.php/en/wcat.html>

### **Wellcome Trust**

[www.wellcome.ac.uk](http://www.wellcome.ac.uk)



## Notes

ROUGH GUIDE



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[www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)