

The NIHR Academy and What it Means for Statistics

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Background

- NIHR Strategic Review of Training:
 - Evidence based
 - Identifies new and evolving challenges through consultation
 - Sets out a vision and recommendations for the next 10-15 years

Key Findings

Vision

Recommendations

Progress in Implementation





NIHR Trainees

- Next generation of health researchers
- 5,000 trainees across NIHR including those funded through
 - NIHR Integrated Academic Training Scheme
 - NIHR/HEE Integrated Clinical Academic Programme
 - NIHR Personal Awards Schemes
 - NIHR-funded students based in the infrastructure (BRCs, BRUs, CLARHCs, Schools etc)
 - The research programmes





Key Findings

Mapping of Trainees

- Wide variation in funding, selection and on going support
- Confusion about terminology such as the terms 'fellowship' and 'trainee'
- Lack of access to consistent information

Feedback from consultation

- Good breadth and support for diversity
- Engagement and support for trainees
- Simplification and increased flexibility
- Support for under-represented groups
- Bridging at transition



Key Findings



Current perceived skills shortages



Key Findings

• Future perceived health challenges





Key Findings

Application and success rates

- Success rates are equal for both sexes but as personal awards become more senior men become dominant
- Application numbers for personal awards are greatest from the 'golden triangle' and Russell Group institutions but success rates are similar for all settings.





Key Findings

Application and success rates

- Medical trainees put forward the largest number of applications but success rates vary between professions with nurses and nonhealthcare professions the least successful.
- Applications from GPs for the IPF scheme show higher success rates for those settings where the host institution is a member of the School for Primary Care Research.



Key Findings

- Allied health professions (AHPs) are well represented compared to nursing and midwifery but further breakdown shows wide variation between the AHP groups
- Under-represented disciplines include pharmacy.



Key Findings

- Medical trainees are by far the largest group (40%) and more likely to be located in 'golden triangle' and Russell Group institutions
- NIHR Research Professors are predominantly male, medical and based in London.



Key Findings

- Outside the 'golden triangle' and Russell Group institutions, the range of professions are more evenly distributed and less dominated by medicine.
- Generic health, mental health and cancer are the three most awarded health categories and represent the highest financial spend, aligning well with NHS.



Key Findings

- Personal award activity is predominantly focused on treatment evaluation, disease management, detection and services
- There is variation in the training being requested, for example, there is a lack of interest in clinical trials.



Key Findings

Barriers and Facilitators to Career Progression

IAT Pathway

- Next destination data for doctors and dentists for majority of award holders is carrying straight on with a clinical academic track, with many who initially take up a clinical post return to an academic path in the future
- For Clinician Scientist award, over 95% progress to academic posts including professorial chairs.



Key Findings

Barriers and Facilitators to Career Progression ACFs

- Common barriers to a clinical academic career included: organisational support, balancing clinical and academic commitments, personal, and financial areas.
- An attractive, visible route for early career clinicians to clinical academia, enabling them to be more successful for doctoral level research awards and to continue in a clinical academic career.



Key Findings

Barriers and Facilitators to Career Progression

ICA

 Progression from the Masters level to the doctoral level is disappointing but this improves significantly as trainees move from a clinical doctorate into an academic role

All

 Surveys of previous award holders have highlighted the importance of research funding, personal mentorship and tailored careers guidance in facilitating aspiring clinical academics to progress.



Vision

NHS National Institute for Health Research

A modern NIHR academic faculty has/is:

- The key skills to meet future challenges
- Balanced in terms of discipline:
 - clinical profession
 - clinical discipline
 - non-clinical professions
 - research methods
- Balanced in terms of demographics
 - geography
 - gender



Vision

NHS National Institute for Health Research

A modern NIHR academic faculty has/is:

- Attractive, intelligent and genuinely flexible career opportunities
- Attracting outstanding individuals
- High quality training and support
- Clear routes for progression
- Working in partnership to benefit the health and care system.







Structure and Organisation:

- NIHR training activity should be coordinated under a new entity called the NIHR Academy to replace the NIHR TCC and the term 'NIHR Trainee' should be replaced with NIHR Academy
 Members. Research staff supported by the NIHR to contribute to studies will become Associates of the NIHR Academy.
- Launch of the NIHR Academy planned for October 2018





Structure and Organisation:

- Following the launch, TCC will become the **Executive** for the NIHR Academy
- The existing Dean for NIHR Trainees will become the **Dean for the NIHR Academy** supported by the Executive and a new **Associate Dean for the NIHR Academy**
- An **NIHR Academy Strategy Group** be developed within the Academy to develop the **Academy Strategy**
- An annual NIHR Academy Forum will bring key stakeholders in implementation and the Strategy Group.





Structure and Organisation:

- A **Guide to the NIHR Academy** will be developed to support appointment and ongoing management of NIHR Academy Members
- Career support activities are harmonised across all programmes open to all Members of the NIHR Academy
- Continual data collection and career progression should be tracked annually on an individual basis
- Bring SIs into the NIHR Academy as senior figures.





- **Personal awards** will have three tiers: pre doc, doctoral and post doc
- Response mode for the majority of awards, but will also support strategic themes
 - eg leadership, entrepreneurship, economics and bioinformatics
- Launch planned for new Fellowship
 Programme in October 2018
 - Pre-Doctoral Fellowship
 - Doctoral Fellowship
 - Advanced Fellowship
 - Development and Skills Enhancement Award
- Opportunities for partnership and co-funding
- Pre-doctoral Clinical Academic Fellowship launched February 2018 to replace ICA Masters





- For IAT, modify the balance between the allocation of IAT posts via "formula"
 (where decisions about speciality are made at the local partnership level) and "competition" which will be aligned to NIHR Strategic Priorities and in areas where capacity remains weak
- Develop IAT "research themes" linked to complex challenges rather than speciality
- Allow NIHR CL posts (including badged/match-funded) to span CCT (planned for posts allocated in 2019)





- Provide opportunities for working with/in or meeting the needs of the life science industry through partnership within the new Personal Awards Programme and the research themes of IAT.
- Linked fellowships (20%GSK funded and 50% NIHR) being appointed in 4 BRCs (EMINENT Programme with MRC)
- Proposals with Astra Zeneca for a cofunded doctoral fellowship are being developed





- Develop a small number of networking structures – 'NIHR Incubators' to support capacity building and multidisciplinary career development in priority areas where critical mass is low
- These will be multi-site, virtual structures linked to existing NIHR Schools or *de novo* structures in priority areas (such as bioinformatics)
- Provide targeted high level career development support for a limited number of pre-doctoral posts in priority areas where progression to PhD will be 'run-through'.
- Workshops with NIHR Schools March & June
- Incubator in Health Data Science being developed in partnership with HDRUK





- Provide targeted 'seed-corn' funding (on a matched-funding basis with universities and other partners) to support pre-recruitment activity in priority areas
- Explore a bridging scheme for Members who fall between schemes (part of new Fellowships Programme – launch October 2018)
- Extend the availability of bespoke training programmes to include all post-doctoral level NIHR Academy Members
- Work with existing stakeholders and in new settings to increase awareness of academic career opportunities in priority areas.





Further recommendations

- A cross-funder review group led by HEE and NIHR be established to address career pathways for academic non-medical clinicians
- A working group be convened to draft a strategy for developing academic skills and realising research opportunity for clinicians
- Working Group with CRN, HEE, GMC, RCP and Funders under discussion
- Establish a cross-funder approach to address gender issues which build on evidence and understanding through a systematic review (funders have agreed to co-fund a systematic review - currently being commissioned)

- Implementation Groups have been established since October 2017:
 - Stakeholder representation including HEE and other funders
 - Work underway to establish new NIHR Academy structure
 - Governance to be agreed
 - Improved data collection working across NIHR and outside
 - Implementation plans published May 2018
- New programmes are being launched in sequence with managed transition from legacy training programmes

Further information

- The Strategic Review of Training Report and implementation plans are available online
- Regular updates will be posted on this page:

https://www.nihr.ac.uk/srot



NIHR Academy Capacity Development Group

Opportunity Identification

Scoping Exercise

Task and Finish Group involving KOL



Statistics

"NIHR Methodologists"

Academy structure extended to including hosting of professional "communities!

Fits well with academy model

Need to be clear what it is "for"

Incubator