



Mitigating the impact of COVID-19 on research and clinical academia

Academic Leads Group statement on behalf of the Academy of Medical Royal Colleges

November / 2020

Our healthcare system faces an unprecedented winter in 2020, as it manages a second COVID-19 surge while seeking to maintain the delivery of core services. The Academy of Medical Royal Colleges (the Academy) recognises the huge collective effort during the first wave, which will continue to be needed in the difficult months ahead. As we assess the right steps to mitigate the impact of the pandemic, the Academy remains deeply concerned about the impact of COVID-19 on research and innovation and on all clinical academic disciplines.

This document articulates the consensus view of the Academic Leads Group about the significant impacts already felt as well as those anticipated as the COVID-19 pandemic continues. Some of these impacts on the research undertaken by clinicians and their careers will be transformative.

Alongside the issues, this document sets out consensus recommendations for actions from key stakeholders to mitigate these impacts. Key stakeholders include clinicians, the constituent bodies of the Academy of Medical Royal Colleges, the UK Government, the Conference of Postgraduate Medical Deans of the United Kingdom, Medical Schools Council, Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA).

Background

The impact of COVID-19 has already been keenly felt across the full spectrum of laboratory, clinical, population and public health research, and by all academic trainees and established academic clinicians.

In some clinical specialties it has been possible for some clinical academics, including trainees, to reposition and redirect some of their research to COVID-19-related areas. This has allowed some clinical academics to pursue the opportunities presented by the significant pivoting of scientific research funding to this area by redirecting their research facilities and resources. This is not the norm however, and not possible in some academic clinical specialties.

It will not be feasible to resume all interrupted research, due to the shortfall in funding and/or delays in research activities. Inevitably this will leave gaps in scientific evidence to inform clinical practice, service provision and policies. Equally, some academic trainees will not be able to complete the research intended to be the vehicle for their academic training.

The impact of the COVID-19 pandemic on research and academic clinical specialties is being felt most notably in the following five ways:

- 1. Closure of research facilities / academic institutions, initially to all but COVID-19-related laboratory research or repurposing for COVID-19 research.**

While phased reopening of Higher Education Institutions (HEIs) and other research facilities is underway, the requirements of 'COVID-19 secure' environments means full capacity cannot be reached. Laboratory-based research, which cannot take place remotely, will continue to be prioritised. Thus many areas of research will continue to be impeded for the foreseeable future.



2. **Pausing of non-COVID-19 patient-facing or healthy volunteer research, including shielding / clinically extremely vulnerable patients.**
Although some clinical research studies, including trials, have resumed alongside resumption of non-COVID-19 related NHS services, many are still paused and some studies will never resume
3. **Loss of dedicated research time and training that requires research facilities in HEIs/research institutes or NHS facilities and / or recruitment of patients.**
Academic trainees at all levels have been affected, including pre-doctoral trainees who lost the opportunity of an Academic Clinical Fellow post, clinical research training fellows and other doctoral-level trainees whose PhD studies and time Out of Programme for Research (OOPR) has been interrupted, as well as post-doctoral/intermediate clinical fellows including those on personal awards. Tenured academic clinicians and those on advanced/senior personal research awards have been affected both directly and through interruptions to the trainees they supervise. There is a risk of significantly reduced capacity and a gap in the academic clinical workforce as a result of a depleted COVID-19 generation.
4. **Interruptions to research and/or academic training due to increased clinical duties as many academic clinicians, at all career stages, redeployed to support frontline NHS services, including academic trainees encouraged to do so by HEE/NES/HEIW/NIMDTA and funders.**
Some academic clinicians, including trainees, remain redeployed to NHS provision, for example public health academics. Others are likely to be recalled if second and subsequent acute phases of the pandemic require this collective effort.
5. **Specific personal circumstances related to COVID19 including shielding due to increased risk or family caring responsibilities.**
Like their NHS colleagues, some groups of academic clinicians face additional challenges as the pandemic continues and this is likely to impact on the future composition of the academic clinical workforce.

Current status and actions taken to mitigate impacts

As the NHS continues to restore clinical services in the face of the second acute phase of the pandemic, HEIs are also implementing an extended phased return to work within the constraints of the 'COVID secure' environment.

The bringing forward of the £100 million of [Quality-related Research \(QR\) funding](#) to eligible institutions by UK government is a welcome emergency measure but does not constitute additional funds to support the COVID-19 recovery for HEIs.

Addressing the funding gap through costed extensions of either research grants or personal fellowships is complex, given that research funding is not limitless. Commitments and guidance about costed extensions were issued and are being processed by the largest funders such as [UK Research and Innovation \(UKRI\)](#), [National Institute for Health Research \(NIHR\)](#) and [Wellcome Trust](#). Smaller research funders have struggled to make similar commitments, due to shortfall in their income from charitable donations. The only guaranteed mitigation has been for clinical academics on personally funded research fellowships, which were suspended with agreement with the funder and assurance of resumption without any reduction in resource.

Guidance from NIHR about clinical research within the NIHR portfolio articulates that, unlike in the first phase of the pandemic, every effort should be made to continue studies by avoiding diversion of staff and other resources, unless NHS priorities make it impossible.

Academic trainees returning to frontline clinical duties were [given assurances by HEE, NES, HEIW and NIMDTA](#) about OOPR extensions commensurate with time spent back in clinical practice and that appropriate pauses and extensions to academic deadlines would be guaranteed. [Guidance from the Clinical Academic Training Forum](#) to current academic trainees within the NIHR framework has been issued and advises that it may be necessary to redirect research and training significantly. While it is important to consider the knock-on effect on future academic trainees, training or funding extensions to those whose opportunities have already been curtailed should be considered on their own merits.

There has been no national guidance for tenured clinical academics, including those whose research was or remains paused because of the closure of HEI or other research facilities. It



is important that clinical academics are not disadvantaged and that their posts will continue unchanged, in a climate where many HEIs are facing significant loss of teaching and research income and are already limiting expenditure on staff and facilities. It is clear that all academic staff will be expected to increase their contributions and commitments to income generating teaching. This will pose particular challenges for clinical academics with fixed clinical commitments.

The Academy Academic Leads Group commits to working through its constituent bodies to monitor systematically and advise key stakeholders about the impacts on research undertaken by clinicians at all career stages as the pandemic unfolds.

We recommend the following ten actions to address the two key issues – time and funds – that will remain relevant to all clinical academic disciplines:

1. Academic trainees, with their academic supervisors, to continue to communicate proactively with Postgraduate Deans, Training Programme Directors and their funders to develop and monitor individualised plans for resumption and reconfiguration, if required, of their research and training.
2. Academic clinicians and other clinicians in the NHS who are Principal Investigators to continue to proactively communicate with their funders, HEIs and Trust R&I leads, as appropriate, to develop plans for resuming/reconfiguring their research.
3. Academic clinicians to engage with the development and implementation of the Government's UK Research and Development Roadmap.
4. NHS trust boards and chief executives to continue to include research and lessons learned from the COVID-19 pandemic in their planning for resuming and reconfiguring NHS services.
5. Postgraduate Deans and Training Programme Directors to continue to agree Out of Programme Research (OOPR) extensions for trainees undertaking higher degrees, in line with individual needs and prior assurances given.
6. Postgraduate Deans and Training Programme Directors to accommodate, where possible, equivalent academic 'time back'. This should be in line with individual needs for pre-doctoral and post-doctoral trainees, who were unable to have their dedicated academic/research time due to redeployment to NHS services or other interruption to research.
7. HEIs, trusts and other employers and HEE, NES, HEIW and NIMDTA to continue upholding established guidance set out in the UK clinical academic training in medicine and dentistry: principles and obligations document
8. HEIs and other employers to assess and redress any differential impacts on academic clinicians experiencing specific additional COVID-19 related challenges due to their health or personal circumstances.
9. Major funders, in particular UKRI, NIHR and Wellcome Trust, to remain receptive and flexible to the need for costed extensions to research grants where there is no other way to complete the intended/awarded research.
10. UK government to work with Academy and other key stakeholders to review the core funding model for research in HEIs to protect it from anticipated diminished education income to universities and research institutes, as it operationalises the UK Research and Development Roadmap. Implementing this roadmap should also include consideration of how to preserve and protect NHS and public health research and academic medicine in future pandemic planning.