

The background of the slide is a blurred photograph of a hospital hallway. Two healthcare professionals in blue scrubs are walking away from the camera towards the end of the hallway. The hallway has white walls, a polished floor that reflects the overhead lights, and an 'EXIT' sign above a doorway in the distance. The overall color palette is dominated by light blues and whites.

Transforming healthcare through clinical academic roles in nursing, midwifery and allied health professions

A practical resource for healthcare provider organisations

AUKUH Clinical Academic Roles Development Group



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Foreword

'Data! Data! Data!' cried Sherlock Holmes impatiently. 'I can't make bricks without clay.'

If only I had remembered this when I started nursing. My fondness for reading Sherlock Holmes as a youngster did not translate into a craving for evidence to support my nursing practice. When I started as a nursing auxiliary, I was, like so many of my generation, brainwashed into treating pressure sores with a mixture of brandy and egg white dried off with oxygen because the received wisdom from those far more experienced was that this treatment was effective. And I have to agree that it did appear to achieve results: some skin damage healed under this regimen but was that more to do with the ritualized and frequent relief of pressure rather than the application of ingredients that should be confined to a kitchen? Where was the evidence? I have long since been persuaded that evidence should underpin practice.

Clinical academics generate evidence and improve practice. Without them our practice would have remained the stuff of myth and old wives' tales. Their leadership role combines the creation of



research and application of evidence to improve outcomes and inspire others to achieve greater excellence.

This resource assists healthcare provider organisations in developing, supporting and sustaining research-focused clinical academic roles in nursing, midwifery and allied health professions.

Through practical information, case studies and templates, it offers important guidance and insights from those who have pioneered these roles in our professions. The impact and benefits of this resource will themselves be based on evidence and supported by national policy. The most important benefit will be in the development of clinical academic roles, which will improve clinical outcomes and experience for the patients in our care.

I support and highly recommend this guide to you.

Dr David Foster November 2016
 Head of the Nursing, Midwifery and Allied Health Professions Policy Unit, Department of Health, April 2015 – September 2016



◀ About the guide ▶

- Purpose**
- Who is it for?**
- How to use it**
- Developing the guide**

Purpose

A rich and diverse health research environment helps patients and invigorates the workplace. A number of nurses, midwives and allied health professionals (NMAHPs) are pursuing a clinical academic career, which means that, alongside their designated clinical role, they conduct research that helps to shape practice.

The aim of this guide is to provide healthcare provider organisations with practical advice to develop and sustain NMAHP clinical academic roles.

In particular, we focus on the development of research-focused clinical academic roles; however, we note that clinical academics also make a valuable contribution to the development of knowledge and skills through teaching, and we consider the advice in this guide to be relevant to teaching-focused clinical academic roles.

Although responsibility for instigating and developing NMAHP clinical academic roles often lies with the Chief and Deputy Nurses, the guide is intended for all who have an interest in fostering NMAHP clinical academic roles.

Finally, although the guide is focused on development and supporting clinical academic roles within the healthcare provider setting, we acknowledge that clinical academics of the future need to adapt and operate across different sectors and with other members of multidisciplinary teams.



Who is it for?

This guide will be of interest to:

- health and social care provider executive board members
- chief and deputy chief nurses
- allied health professional leads
- health and social care research leads
- health and social care provider senior managers
- higher education institution (HEI) partners

As a Chief Nurse, I feel the guide is valuable, informative and practical. It will help our organisation develop and sustain research clinical academic roles, which I am sure will make an important contribution to improved care, patient experience and workforce retention.'

Sam Foster Chief Nurse, Heart of England NHS Foundation Trust



How to use it?

If the concept of the research focused clinical academic is new to you, then it is recommended that you read the guide in full. Others may wish to select individual relevant sections depending on the stage of your organisation.

A useful companion to this guide is the [NIHR 'Building A Research Career' guide](#), published in February 2016, which focuses on individuals and their manager.

Structure

The guide is structured into five key sections:

1. Role, context and benefit
2. Organisational readiness
3. Identifying, enthusing and supporting
4. Impact and evaluation
5. Implementation of the guide

Each section has an introduction and a main body following a 'what', 'why' and 'how' format. The 'what' aspect defines the concept; 'why' focuses on its importance in the context of healthcare

organisations and describes what success looks like; 'how' is intended to provide practical easy steps for organisations to follow. Finally, where appropriate, case studies illustrate examples of key learning points, top tips and how others have achieved success.

Though this guide is a valuable and important step in the right direction, we acknowledge that significant gaps remain, including examples and case studies relating to the social care and independent sector, cross-boundary working, and service user impact. We would warmly welcome any additional information or case studies for inclusion in a future revised edition. Please contact admin@aukuh.org.uk with suggestions.



Developing the guide

This guide was developed in response to a need identified by the AUKUH Chief Nurses' network to provide practical advice on the development and implementation of NMAHPs clinical academic roles.

A variety of stakeholders have contributed to the production of this guide through a series of workshops and consultation events. These include representatives from acute tertiary care, secondary care and primary care, mental health and social care, and professional bodies.

For more information on the guide's contributors and advisors, see [appendix 2](#).

For more information on the development of the guide, see [appendix 3](#).





Role, context and benefit



- What is a clinical academic?**
- Why are they important?**
- What are the benefits?**
- The career pathway**
- Achieving organisational success**

What is a clinical academic?

Clinical academics are clinically active health researchers. They work in health and social care as clinicians to improve, maintain, or recover health while in parallel researching new ways of delivering better outcomes for the patients they treat and care for. Clinical academics also work in higher education institutions (HEIs) while providing clinical expertise to health and social care. Because they remain clinically active, their research is grounded in the day-to-day issues of their patients and service. This dual role also allows the clinical academic to combine their clinical and research career rather than having to choose between the two.'

Building a research career handbook,
p11. National Institute for Health Research (NIHR)
2016 ¹

The NIHR further suggests that 'a researcher immersed in a clinical setting is in an excellent position to identify what research questions matter to the patient or service user, to the NHS, and to the profession. They are also in a position to ensure that those questions are applicable in day-to-day practice and care, and to interpret and apply research findings in a practical and useful way.'

Clinical academic roles are joint appointments between a healthcare provider and a HEI, in which both organisations support the post. One organisation typically holds the substantive contract of employment, with an honorary appointment in the other, therefore bridging 'the bench to the bedside'. A successful clinical academic will be able to demonstrate not only that they are an excellent researcher but also that they can lead and inspire others in the clinical field.



Why are they important?

Within the UK health service, research is now considered core business.

There is increasing evidence that research-active healthcare provider organisations provide better quality care, increased treatment options and monitoring as well as improved clinical outcomes.^{2,3} Research is also increasingly important to patients and the public, who recognise its importance and want to access quality research in order to benefit from new treatments, interventions and medicines.

Patient and public involvement in research is central. Often patients and members of the public who become involved in research are motivated by a desire to help others who share the same condition. Research within the NHS has direct benefits to all partners involved. The Department of Health demonstrates the UK's commitment to health research through its support for the NIHR, whose mission is 'to provide a health research system in which the NHS supports outstanding individuals working in world-class facilities, conducting leading-edge research focused on the needs of patients and the public'.⁴

In terms of care, the 2016 nursing framework for England, 'Leading Change, Adding Value', highlights the importance of evidence in closing the care and quality gap by 'practising in ways which provide safe evidence-based care which maximises choice for patients'.

Other health and social care policies have identified and endorsed the development of clinical academic roles and evidence-based practice. These include but are not limited to:

- *Modernising nursing careers: setting the direction*, Scottish Executive (2006)⁵
- *Front Line Care*, Prime Minister's Commission (2010)⁶
- *Midwifery 2020: Delivering expectations*, Scottish Government, Department of Health, Welsh Assembly Government, Department of Health Social Services and Public Safety (2010)⁷
- *Developing the Role of the Clinical Academic Researcher in the Nursing, Midwifery and Allied Health Professions*, Department of Health (2012)⁸

- *Delivering high quality, effective, compassionate care*, Department of Health (2013)⁹
- *Developing the best research professionals*, UK Clinical Research Collaboration (2014)¹⁰
- *Research and Innovation Strategy: delivering a flexible workforce receptive to research and innovation*, Health Education England, 2014¹¹
- *Health Education England Strategic Framework*, Health Education England (2015)¹²

Despite the important contribution that NMAHPs make towards this important agenda, the number of senior NMAHPs clinical academics is woefully low. Only an estimated 0.1% of the current NMAHPs workforce is a clinical academic.¹³ AUKUH is determined that significantly more people in the NMAHPs workforce will be working in clinical academic roles by 2030.¹⁴ Throughout this document there are a number of case studies that illustrate the positive benefits research can bring to an organisation, a service, the people who work in it and the patients who utilise it.



What are the benefits?

The benefits of research through clinical academic roles for patients, service and the individual are multiple and clear: they include improved clinical outcomes, increased treatment options, increased evidence-based care, effective utilisation of resources, increased reputation, income generation and increased engagement with staff.

Evidence confirms that clinical academics (see figure 1):

- Lead and contribute to new knowledge about care and treatment to improve patient outcomes.¹⁵
- Advance practice and improve care through research^{16,17}
- Pursue evidence-based healthcare, improving quality, safety and effectiveness¹⁸
- Support research capacity and capability building, thus encouraging a research-rich environment¹⁹
- Contribute to a well-rounded clinical research community, supporting the development of a healthcare workforce that actively seeks out the best evidence to help improve outcomes and experiences for patients²⁰

- Contribute to the health promotion and prevention agenda and support clinical decision-making in partnership with patients²¹
- Facilitate the adoption and spread of best practice, innovation and new technology²²
- Contribute to the recruitment and retention of high quality staff through increased engagement, investment and support.

It is recognised that clinical academics have the potential to generate income and make significant economies. However, more work needs to be done to fully demonstrate the economic impact of clinical academic roles.

From a manager’s perspective, joint clinical academic posts allow us to recruit and retain highly motivated clinicians, who often become the leaders of tomorrow. To the NHS and the academic world, they bring both the clinical questions that need asking in our challenging healthcare environments as well as the evidence needed by our health service to reduce clinical variation, improve clinical outcomes for patients, and prove cost effectiveness’.

Helen Duffy NHS Partnerships & Engagement Manager, Keele University



The career pathway

There is no one road to a clinical academic career: not all staff will or should progress from the same starting point to a designated end point, on the same timescale.

One aim is to create research leaders who will conduct high-quality research and inspire, encourage and support others as well as develop organisational strategies and action plans to increase research capacity and capability. Others will attain research competency at a lower level and return to full time clinical practice, taking with them their newly acquired research knowledge and skills and taking advantage of the opportunities available to lead and support the delivery of research across the NHS. There is value in investing in short-term clinical academic roles as well as in the creation of research leaders.

It is important to understand the difference between a training route and career pathway. In the context of this guide, training is defined as acquiring research knowledge and skills to enable one to undertake research activity. In comparison, a career pathway may be defined as a series of structured and connected education programmes and support services that enable people to advance over time to better jobs and higher levels of education and training.

Figure 2a shows an NMAHPs clinical academic training route and figure 2b shows a possible NMAHPs clinical academic careers pathway capability framework, as developed by AUKUH.



Achieving organisational success

Organisational success is measured by how well objectives are met. Defining an organisation’s vision and measure/s of success are critical. Strong leadership is crucial.

Why is it important?

Within a resource-scarce environment, it is easy for organisations to focus more on day-to-day operational priorities and targets than on long-term developments. However, investment and innovation are key to avoid missing the opportunities of tomorrow.

How to do it?

The goal is to increase NMAHPs’ research capacity, capability, and profile through the development of clinical academic roles. There are a number of possible routes to this end (see [table 1](#)). Individual organisations should consider and agree quick wins, and short, medium and long-term objectives that are a good fit for their organisation. These may include: external funding, fellowships, working with existing workforce who engage in research activity within their roles, development of

a clinical academic centre, bringing people onto the clinical academic pathway, and retaining them by the development of ‘bridging schemes’, e.g. Degree to Masters and/or Masters to Doctorate. **We strongly suggest that organisations decide and focus on a small number of objectives to start with.**

The following organisational case studies illustrate that there is no single fixed way to succeed or single model to use; a combination approach may be more appropriate for some organisations. However, the majority of successful organisations have focused on and invested in one or two areas rather than trying to develop everything at all levels at the start. Organisations may wish to consider use of a [template](#) to articulate to others how they have developed clinical academic roles.



Case studies – organisational success: How we did it at...

The following organisation ‘How we did it at’ case studies illustrate how a number of organisations have approached the development of clinical academic roles and measured success:

1. Heart of England NHS Foundation Trust

This case study highlights moving forward within a particularly challenged large and complex NHS organisation, using the notion of nursing excellence as a core driver.

2. University Hospital Southampton NHS Foundation Trust

This case study illustrates multiple successes since its inception in 2009, including an increase in doctorate capacity building, achieved by working in close partnership with a dedicated and committed HEI.

3. Nottingham University Hospitals NHS Trust

This case study highlights progress made particularly at early career (Masters level) and attributes success to a committed and passionate nominated research lead within the clinical setting and a focus on use of nursing excellence ‘Magnet’ principles.

4. University College London Hospitals NHS Foundation Trust

This case study describes how to secure funding for start-up and suggests early activities to focus on.

5. University Hospitals Coventry and Warwickshire NHS Trust

This case study illustrates the use of the CARE model to build research capacity and attributes success to the creation and development of areas based on available local expertise.

6. Newcastle Upon Tyne NHS Foundation Trust

This case study illustrates activity and achievements within a large successful tertiary organisation with a focus on strategic development, baseline activity assessment and promotion of external funding opportunities.



7. NHS Greater Glasgow and Clyde

This case study encourages organisations to consider building a firm foundation by involving and gaining approval at board level.

8. NHS Lothian

This case study describes steady progression through building a small cadre of well-supported early individuals to attain success and undertaking regular evaluation of impact.

9. Portsmouth Hospitals NHS Trust

This case study illustrates benefits of good partnership working to attain success particularly at doctoral level, across multiple organisations.

10. Western Sussex Hospitals NHS Foundation Trust

This case study provides valuable information about starting out within a secondary care NHS organisation.

11. Leeds Teaching Hospitals NHS Trust

This case study illustrates development of a strategic framework to aid executive board buy-in to promote sustainability.

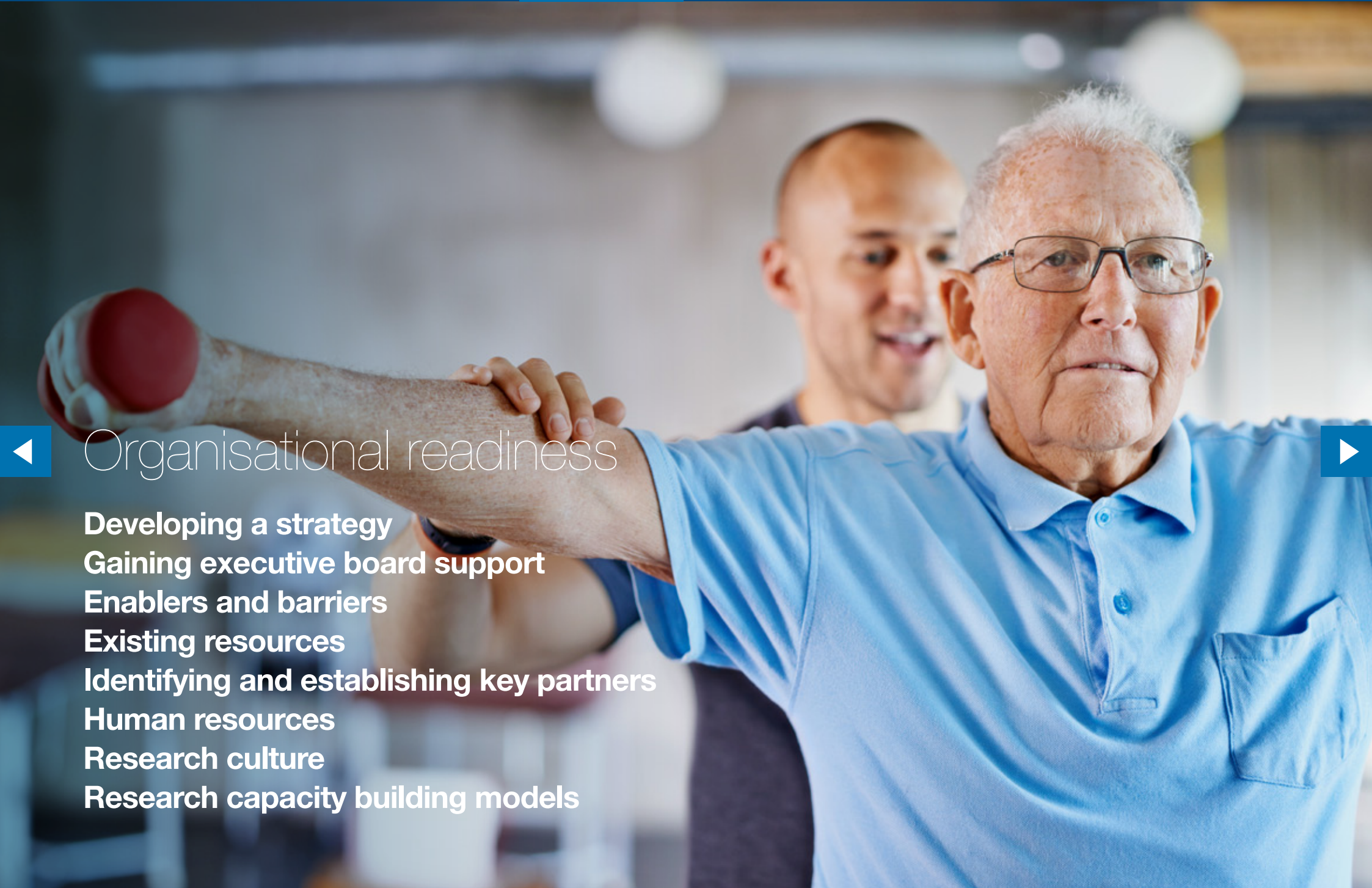
12. The University of Manchester and The Christie NHS Foundation Trust

This case study focuses on starting from scratch, building slow yet steady progress within a short period of time. It highlights the importance of mentorship, development of a strategy, gaining board support and some tips on securing pump priming funding.

13. Keele University

This case study demonstrates how a university identified and worked with a healthcare provider organisation. It describes the multiple benefits but also challenges.

Three main themes emerge from these case studies: a need for senior/management support, recognition that developments take time to yield results, and the importance of partnership working.



Organisational readiness



- Developing a strategy**
- Gaining executive board support**
- Enablers and barriers**
- Existing resources**
- Identifying and establishing key partners**
- Human resources**
- Research culture**
- Research capacity building models**

Developing a strategy

A simple definition of strategy is a careful plan or method for achieving a particular goal, usually over a long period of time.

Why is it important?

A strategy provides direction, focuses priorities and sets the parameters to measure success. Within large organisations, multiple interlinked strategies often exist, such as a strategy for nursing and midwifery, allied health professionals, education, research, service improvement, practice development and clinical corporate organisation.

How to do it?

There are advantages and disadvantages in having a separate defined strategy for the development of clinical academic roles within professions, compared to incorporating the key issues into an existing strategy. The advantage of having a separate strategy includes increased priority and better focus of resources. Advantages of an embedded strategy include integration and

wider engagement, which are likely to enhance sustainability. The more aligned the strategies, the more cohesive this will make action planning and more effective the use of resources. One or more of the [research capacity and capability building models](#) may inform a strategy.

It is recommended that development of a strategy should include:

- Executive buy-in to the principle that clinical academic careers have intrinsic value and will bring value to the organisation.
- A unified understanding within the executive team of the purpose and benefits of introducing clinical academic roles.
- Identification of the level of investment that the organisation will make, and at what level, on the chosen clinical academic training pathway (e.g. pre-Masters, pre-PhD, doctoral).
- A commitment to role development and succession planning.
- A decision about the value and use of

clinical academics at various stages of their development (e.g. role reward versus pay reward; a commitment to the ongoing development of clinical academic roles).

- Articulation of the overall aims and objectives of the organisation in terms of clinical and research excellence.
- Articulation of research expertise and research priorities.
- A plan to develop and support clinical academic roles via appointments/partnership working etc.

Example:

An NMAHPs' research strategy

NMAHPs' research strategies have been developed by [Newcastle Upon Tyne Hospitals NHS Foundation Trust](#) and the [Christie NHS Foundation Trust](#).

Gaining executive board support

An executive board can be defined as a board of directors who are elected or appointed members to jointly oversee the activities of a company or organisation. A formal business case is usually required to fully understand and underpin proposed developments, which informs a brief board paper.

Why is it important?

Due to the complexity and size of healthcare organisations and resource restraints, there are usually multiple formal governance and complex structures and processes in place. Communication and approval in this context is often difficult, lengthy and bureaucratic. Development of new and amended strategies and action plans usually requires executive board approval. Engagement and approval from the executive board to develop clinical academic roles is key and fundamental to success.

How to do it?

- Prepare to sell the concept to your board by harnessing the arguments for an embedded NMAHPs' research culture, including

improving performance, quality, safety and cost effectiveness, and enhancing reputation. Frame the arguments around the benefits accruing to any major challenges and priorities facing your organisation.

- Present your proposal to relevant bodies and the board. Make the case that non-medical clinical practice, like medical practice, must be evidence-based, and show why embedding a research culture by building NMAHPs' research capacity and a clinical academic career pathway framework in partnership with an HEI should be a strategic priority. If you are unsure about writing a board paper, the [Department of Health](#) provides valuable advice. Your organisation may have an agreed organisation board paper template.
- Create an outline business case for your organisation, linking to any appropriate existing model in partner organisations. Refer to the [British Heart Foundation](#), which has a useful guide to developing one that can be adapted to fit your needs.
- Speak with your research-focused medical colleagues on the board on how best to pitch

the benefits in terms relevant to board members. Brief other key voices to make sure that they do not come to the issue 'cold' or uninformed. Try to have at least two allies who will speak up in support of the proposal.

- If possible, make links with and ask for support from senior colleagues in other Trusts/HEIs which have gained executive board buy-in for an embedded research culture and clinical academic career pathways for NMAHPs. Learn from and exploit their successful tactics and arguments.

Example: Executive Board Paper

An example of a template for a board paper has been developed by the [Christie NHS Foundation Trust](#).

Enablers and barriers

An enabler can be defined as something or someone that makes it possible for a particular thing to happen or be done, whereas a barrier can be defined as anything serving to obstruct passage or to maintain separation.

Why is it important?

Understanding your local enablers and barriers will assist progress and success. It is useful to look at barriers from the point of view of different stakeholders and to highlight enablers that help people overcome the real or perceived barriers. Linking these to benefits can be useful to help people see the value in stepping up the effort required to overcome the barriers. Based on a stakeholder consultation, what follows is a list of perceived barriers and enablers faced at national, organisation and individual levels.

Perceived enablers of success

- Strong national directives and policies for clinical academic careers
- Making clinical academic careers a priority and giving them a high profile nationally and locally

- Sustained support and funding for clinical academic career training programmes – masters to post-doctorate – from education commissioners
- Strong collaborations/partnerships between NHS/HEI organisations, with appropriate joint NHS/HEI job profiles and descriptions with links to appraisal and revalidation
- Shared commitment and sign up to evidence-based practice and clinical academic careers at very senior and management levels in NHS/HEI partnerships
- Shared research culture and environment and, possibly, strategies between partners
- Focusing research effort on enhancing areas of local research strength
- Evidence of the link between clinical academic roles and improved outcomes/ patient benefit/ research activity etc.
- Access to high-quality, national clinical academic training programmes
- Access to a coherent career pathway with embedded roles at different levels and ongoing support for staff on completion of fellowships etc.

- Visibility of and access to existing strong role models providing examples of genuine integration of clinical and academic activities
- Flexible employment models and opportunities
- Flexible approaches to funding between NHS and HEI partners
- Access to local and national mentoring/ support networks/communities of practice – multidisciplinary if possible
- Clinical academic career leads in partner organisations
- Clinical academic career development being part of local research and development strategies

Perceived 'higher order' barriers

- Lack of visible national policy, guidance, drivers or incentives for local education and training boards (LETBs), HEIs or NHS Trusts on the urgent need to create an integral NMAHPs clinical academic workforce
- Lack of clearly defined post qualification career pathways or benchmarks
- Lack of existing national capacity and capability – starting from low/zero base
- Lack of mainstream, sustained funding mechanisms

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- Lack of visible NMAHPs' research priorities
- Lack of compatibility between academic and service salaries and no clinical academic pay scale, as there is in medicine
- Lack of transferability of pensions
- Lack of support for sessional contracts
- Lack of generic template for job profiles and descriptions for joint appointments

Perceived organisational-level barriers

- Lack of management understanding (and therefore support) of the need for and benefits of research and clinical academic career pathways and roles
- Perceived conflict with service delivery demands at a time of increasing demands on practitioners and chronic staff shortages
- Lack of realistic expectations between NHS/HEI partners of joint posts
- Lack of understanding of the importance of clinical experience in faculty members
- Limited access to funding and support, especially beyond PhD
- Lack of access to job profiles and job descriptions for joint clinical academic roles
- Lack of flexibility and clinical opportunities when main contract held in HEI

As a midwife who has pursued a clinical academic career, I hold senior positions of Consultant Midwife with Cardiff & Vale University Health Board and Reader in Midwifery with Cardiff University. It remains a real frustration that, despite many policy documents and years of discussion, a career structure for NMAHP clinical academics is still largely lacking. Although my line managers for each employment tolerate the required flexibility, my two employments are completely separate, without formal links or recognition of my overall clinical / academic role. The small numbers of joint posts that have been created are of course welcome, but for me the only option has been to follow separate clinical and academic career paths.'

Dr Julia Sanders Reader in Midwifery and Consultant Midwife, Cardiff University and Cardiff & Vale University Health Board

Throughout my whole career I have always felt it was so important to focus research activity and capacity building within the clinical setting. Despite the journey being difficult, complex and long, my current post as a Florence Nightingale Foundation Clinical Chair is a fantastic opportunity. To work within the clinical setting conducting my research and capacity building with frontline staff ensures that patients and patient care remain the core focus of everything I do and influence.'

Professor Debbie Carrick-Sen

Florence Nightingale Foundation Clinical Professor of Nursing and Midwifery Research, University of Birmingham and Heart of England NHS Foundation Trust

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Existing resources

A key element of establishing organisational readiness is developing awareness of existing research within your organisation and identifying who can support or champion NMAHPs' research activity and the clinical academic role.

Levels of research activity will vary between organisations. However, most organisations will have some existing activity and support for this, so finding out about it and any existing research priorities within your organisation is important. Key individuals/teams that may be important in facilitating and championing research include:

- Library service
- Research and development
- Quality, governance and organisational development
- Education and training
- Operational leads
- Communications
- Information technology
- Governors (especially lay governors)
- Professional bodies / associations

Patient-led groups (e.g. support organisations and patient and public engagement groups) can often be enthusiastic supporters of NMAHPs' research and can sometimes provide valuable links with charities or funding opportunities.

Research-active medical colleagues make valuable allies. They can be valuable champions of NMAHPs' research at different levels in the organisation; can assist in developing networks with HEIs and identifying funding opportunities; can aid in talent-spotting; and may be able to offer opportunities for NMAHPs to collaborate or undertake research training within their existing projects.

Clinical research is important and makes a substantial difference to improved outcome and high-quality patient experience. To be done well it often requires a multi-disciplinary team, not only to produce high quality research, but to

provide support to the clinical researcher when things get challenging. That support can come from many places but medical colleagues are an easily accessible and often an under-used resource. I would encourage organisations and individuals to identify medical colleagues that are supportive, understand and value the NMAHPs contribution to clinical research. They can provide immense benefit in terms of support and advice to develop and critically refine your research question. They can also make an important contribution to the research supervision team and/or provide important mentorship to help you and your organisation attain your goal.'

Professor Lorraine Harper Professor of Nephrology, University of Birmingham

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As NIHR Dean for Faculty Trainees I am delighted to support this exciting and important initiative. At NIHR we support all clinicians, regardless of their professional background, to do high-quality research, which involves and benefits their patients. Clinical researchers are a community and communities thrive on their members helping each other regardless of their background. I have mentored and supervised doctors, nurses, dentists, occupational therapists and physiotherapists amongst others and it is a pleasure to learn from them about their professions and help them realise their dream. My advice to NMAHP clinicians interested in research is to go for it and to use the experience and advice of colleagues around you from all backgrounds.'

Professor Dave Jones Dean for Faculty Trainees, NIHR

Another key element is to scope activity of NMAHPs who may already be engaged with research. These individuals can include NMAHPs who hold or are undertaking higher degrees; who are already involved in research projects (as principal or co-investigators or in support capacities); who already have links with HEIs (e.g. through teaching on their courses) or who have 'research', 'evaluation', 'innovation', 'improvement' or 'audit' in their job description. Though important, this is often surprisingly challenging information to collate.



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Identifying and establishing key partners

Clinical academic roles involve multiple key partners: at a minimum there will be partners within healthcare and with one or more HEIs. Other organisations that can be involved include charities.

One example is the recent development of the [Florence Nightingale Foundation Clinical Chairs](#), whereby Clinical Professors have been appointed throughout the UK to bring their individual and collective expertise to bear on increasing research activity within the clinical setting. Each chair is employed by a university and is financially supported by and partnered with one or more NHS organisations and the Florence Nightingale Foundation.

Why is it important?

Clinical academic roles by definition involve cross-organisation relationships. Different partners bring different qualities and, together, they can create synergy, quicken progress, and enhance sharing and the development of high-quality, meaningful partnerships with mutual benefit. Many different organisation partners may be involved. These

may include key partners representing acute care, community or primary healthcare, independent organisations (for example care homes), HEIs, charity organisations, pharmaceutical companies or research organisations.

Nonetheless, as pointed out by the [OECD Forum on Partnerships and Local Development](#), ‘partnerships face several obstacles: they are often difficult to set up and maintain, they require political will and resource and results are not likely to come overnight’.²³

What does a good partnership look like?

An effective partnership has:

- Shared values, interests and goals
- Shared risk, responsibility, accountability and benefits
- Equality in required resources, expertise and power
- No hidden motives
- Authentic and genuine reasons to establish the partnership
- Effective and appropriate knowledge and skills to identify issues and resolve internal conflicts

- Been carefully considered and chosen (as it can be difficult to de-partner)²⁴

In terms of research capacity building, a good partnership will:

- Have a shared joint commitment to develop and implement a strategy to increase research capacity and capability
- Make reference to each partner’s strategy and goals
- Have regular meaningful communication to enhance a good working relationship
- Jointly fund pump-priming posts and projects
- Have joint realistic criteria concerning objectives, milestones and achievements for the organisations and individuals
- Develop jointly agreed guidance and process to support funding applications for fellowships and scholarships
- Both encourage and support motivated practitioners to apply for research funding opportunities – e.g. charities and NIHR

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How to do it?

Choosing a good partner

- Identify your key HEI/Trust partner(s) – best to limit the number as you get started: choose one that has a robust research track record in research related to NMAHPs practice and/or strong clinical practice/links
- Secure their commitment to developing a partnership approach to building research capacity and develop a joint plan for creating or furthering a clinical academic partnership based on shared resourcing of posts and infrastructure
- Agree key areas of focus (e.g. cancer care) to reflect HEI strengths and Trust priorities – we recommend starting with just one or two areas

Other considerations

- Have a nominated lead with accountability within each organisation
- Find out about what has worked successfully in other organisations
- Ensure that the organisation research strategy acknowledges and links to other strategies within the organisation
- Develop and agree shared expectations regarding funding income and ranking of peer review publications

Non-HEI partner

You may consider other multi-organisation collaborations, for example Collaborations for Leadership in Applied Health Research and Care (CLAHRCs), or your local hospital charity or trustees.



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Human resources

Human resources are critical for success in developing new roles or enhancing existing ones. Elements to consider are the appointment process, remuneration, responsibility, processing of expenses, pensions and pay progression, contract of employment, appraisal, study leave, disciplinary procedure, annual and other leave and absence management.

Why is it important?

A defined NMAHPs' career pathway has been developed and agreed (see figures 2a and 2b). However, the pathway contains macro-level detail and focuses predominately on required research competency as well as educational attainment and qualification. A gap remains in its application within the clinical setting. For example, what happens to a clinical academic between formal funding awards and returning to full time clinical practice? In addition, there are a number of HR issues that need to be considered to enable seamless progression, success and maximum benefit for all involved.

Clinical academics generally will fall into the category referred to as 'joint staff'. Terms such as joint staff, joint working and joint management do not necessarily mean that a joint contract of employment exists between the relevant NHS organisation and the university. However, it is important that the administration of joint appointments follows the Follett principles (see [here](#)). In addition, cooperation between the NHS organisation and the university is required to ensure that proper working arrangements are in place to manage the teaching and/or research aspects of the job alongside delivery of patient care, as well as to administrate other aspects of the individual's employment.

Key HR challenges include:

- Deciding on the exact nature of employment arrangements. Some organisations opt for two separate contracts, others a substantive and honorary contract as the means to manage employment relationships
- Harmonising expectations and protocols across organisations that relate to joint management of a 'shared' employee

- Arrangements for line management and supervision across both organisations, including joint job planning and appraisal
- Managing expectations about contribution across two organisations, ensuring objectives are doable and meet the needs of both organisations, given that personal and organisational metrics by which performance is monitored differ between the HEI and the practice setting
- What to do in instances where the volume of work or need for input increases in one organisation, putting at risk fulfilment of contribution in the other
- How to manage the process of promotion, given that there will be two different sets of criteria for the clinical and academic components of the job
- Securing office accommodation and resources (e.g. access to computer, printer, voicemail, mobile phone, IT systems) to do the job in both organisations on appointment of a new clinical academic, especially in the organisation where the person works in an honorary capacity

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- Managing the transition from the end of a training fellowship to a substantive position and securing a budget for this
- Ensuring a ‘shared’ employee gives appropriate credit to both organisations in any public delivery (whether in print or other media)
- Managing clinical CPD requirements, as they are likely to be working as a clinician only part of the time

Follett principles

A joint appointment should follow the Follett principles, which means that the role will be seen as one employment (albeit with two employers). This ensures that transfer of funds between employers will not be subject to VAT. The principles are as follows:

- Appraisals are normally jointly undertaken by the University and the partner NHS organisation
- The express written permission of the member of staff involved is obtained for the exchange of both personal data and sensitive personal data between University and partner NHS organisation

- Honorary contracts should have an ‘interdependency clause’ triggering a review if a substantive contract is terminated and vice-versa
- The partner NHS organisation and university develop strong, co-partnership relations with each other and ensure jointly agreed procedures are in place for dealing with any concerns

How to do it?

The partner NHS organisation and university need to work hard to develop strong relationships. Consider establishing a memorandum of understanding (MOU) or some other type of formal device, such as a protocol, to record arrangements and to overcome common challenges.

Example: Joint protocol

The [University of Southampton](#) and [UCL](#) have developed helpful guidance regarding a joint protocol for managing clinical academic appointments.

Key elements of such protocols/MOU might include:

- The process for agreeing a new joint post and recruiting to it
- Arrangements for the line management and supervision of the individual. Note that appraisals and job planning should be jointly undertaken by the university and the NHS organisations (using the system employed by the substantive employer)
- Joint procedures and provision for cooperation in dealing with employee relations issues such as grievance, disciplinary issues, sickness absence, process for requesting, agreeing and recording professional and study leave, redundancy and termination of contract
- Review and adaption of honorary contracts used for other purposes in conjunction with HR and legal officers across both organisations
- Where possible, the use and adaptation of systems, processes and practices already developed within the Medical Faculty, if this is present within the HEI in question, to manage joint posts

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Guidelines and guidance

Guidelines and guidance designed for doctors can be useful source documents. These include:

- [Joint university and NHS Appraisal Scheme for Clinical Academic Staff](#)
- [Joint NHS and University Procedures for Appointment of Senior Staff with Clinical Academic Duties](#)
- Guidance notes for employment of consultant clinical academics
- Honorary consultant contract
- [Consultant clinical academic substantive contract](#)

They cover all the major issues that need to be thought about and the local arrangements that need to be agreed upon.

Next steps:

- Explore, think through and discuss potential employment models across both organisations that might work best for the individual and organisations as they progress their career

- Develop a set of template job descriptions that cover the different grades of staff and different professions that most frequently occupy joint posts and get them reviewed by HR in both organisations
- Set out a clear schedule ahead of appointment, setting out who will be responsible for what in terms of resources. This should extend to things like reimbursement for travel connected with employment, funds for continuing professional development, parking charges (will they be expected to pay for parking at both sites of work?), office equipment, including access to a computer, voicemail, printer, bleep and mobile phone.
- Develop a policy on procedures governing the submission of grant applications, publication of research findings and public speaking that makes provision for joint notification of both organisations and stipulates expectations about how both organisations should be credited and how the individual represents their dual affiliation.
- Build a relationship with your senior HR and legal officer at the University and NHS organisation.

Example:

Job description

Example job descriptions have been collated by Southampton NHS Foundation Trust and can be accessed [here](#).

Research culture

‘Research culture’ is a frequently used term. However, the definition and interpretation remain ambiguous and unclear. Hauter (1993) interprets research culture as: ‘the many, often subtle, “point-sized” rules and customs of research activity picked up and repeated by organisation members until their actions “blend” into a collective attitude’.²⁵ In simple terms, ‘research culture’ recognises research as a core activity within health and social care.

AHPs are the third largest health professional group. Despite being slower to develop research capability and adopt evidence-based practice than nursing and medicine, there has been an increasing commitment to and interest in research in recent years. In 2000, the Research Forum for Allied Health Professionals (now part of CAHPR) was established. Now, it is common place to have AHP staff with PhDs wishing to follow academic careers.

The link between research and better patient care is firmly establishing itself within therapy services. It is essential that as clinical leaders we continue to find a place for research, evaluation and audit. Through awareness, training and support, all clinicians should be able to create and apply an evidence base to further improve their patients care and the development of their profession.’

Suzanne Nicholls Head of AHP, Heart of England NHS Foundation Trust

Why is it important?

There are clear individual and organisation benefits of research activity within healthcare (see [organisational](#) and [individual](#) impact case studies). Within education, research activity tends to be referred to as ‘research power’, whereas in health it is referred to as ‘research intensity’. In the UK, clinical research activity is competitive and centrally funded. Research-active organisations can receive

substantial amounts of funding, up to several millions pounds per annum.

The most important reason to undertake research is to increase evidence-based healthcare, therefore developing treatment and care options, improving outcomes and experience, and maximising the use of available resources. Developing and enhancing a research culture, and embedding and sustaining a change in organisation culture, takes a long time; it is often five to ten years before a tangible benefit is seen. Therefore, assessment and measurement of culture is important both in terms of baseline assessment and in monitoring and reporting progress. Agreeing on a small number of measures is important, and would assist in national benchmarking of progress between and within organisations.

In order to achieve the culture change and sustainability required to embed routine evidence-based practice, it is recommended that the UK should develop a critical mass of NMAHPs who are clinical academic leaders.²⁶ Such clinical academics have a valuable role in supporting and

leading an evidence-based culture across their organisations. They can apply their questioning and critical thinking skills gained through their research training and experience to the clinical setting and challenge the evidence-base for practice. They are expert in accessing and appraising evidence and in identifying new research questions and gaps in evidence. Clinical academics can act as role models for evidence-based healthcare as well as being an expert resource for clinical colleagues across an organisation.

Role descriptors developed for each level of a clinical academic career by Coombes et al. (2012) clearly set out contributions to an evidence-based practice culture.²⁷ Whilst these descriptors were developed for nursing, the principles of supporting and leading on developing the evidence-base within the clinical academic's organisation apply to midwifery and AHPs too.

How to do it?

Assessment and measurement of research culture is complex and often difficult to achieve. Use of a validated (tried and tested) tool or questionnaire is recommended. However, if your organisation uses an organisation culture tool already then you may wish to consider adding a small number of research culture questions. A number of organisations have used non-validated (organisation-developed but not scientifically tested) tools or questionnaires. All have value especially in terms of assessment of culture and progress over time. We recommend annual assessment of organisational research culture.

There are at least three options to consider. These include:

- Use of a [validated research culture tool](#)²⁸
- Use of an existing validated tool that measures culture (for example King's College London's '[Culture of Care](#)' Barometer) to which we recommend adding additional research-specific questions
- Use of a non-validated but research-focused evaluation questionnaire such as the [Guys and St Thomas Research Capacity Organisation Questionnaire](#)



Research capacity building models

Use of a research capacity building model may provide a mechanism by which to develop and enhance a research-rich culture.

We present four research capacity building models, which can be used by organisations to implement, measure, and articulate research activity (see figures 3–6). The four models are in development and offer different perspectives. One or more model may be a good fit for your organisation. Use of a model is not critical in terms of success: Nottingham University Hospitals NHS Trust, Glasgow and Caledonian NHS Foundation Trust have increased research capacity and capability without one.

1. The Designated Research Team model (see figure 3). This is the most established model and was originally developed for use within a community setting; however, it has recently been modified for use within the acute care setting.²⁹ It is based on a four-tiered approach, focused on the individual, team, organisation and supra-organisation. More information can be found [here](#).

2. The Improving Care through Evidence (ICE) model (see figure 4). This was developed in Heart of England NHS Foundation Trust and Newcastle Hospitals NHS Foundation Trust. This has five levels, with the top three levels focusing on the individual and attainment of knowledge and skills to increase research awareness, research activity and research leaders. The lower two tiers represent organisation research culture and supra-organisation impact and influence. For more information, email Professor Debbie Carrick-Sen: d.carrick-sen@bham.ac.uk

3. The Person, Place and Partners (3P) model. This was developed at Southampton (see figure 5), based loosely on the NIHR work strands of Faculty, Research, Infrastructure and Systems. These represent targets for action whilst building clinical academic capability. For more information, email Professor Alison Richardson: alison.richardson@soton.ac.uk

4. The Care Action through Research and Evidence (CARE) model (see figure 6). This was developed at Coventry and Warwickshire NHS Foundation Trust. This describes the development of research activity based on available expertise and interest at varying intensity within different clinical specialities.



◀ Identifying, enthusing and supporting ▶

- Identifying clinical academics and high fliers**
- Enthusing**
- Supporting and guiding**
- Mentoring**
- Funding success**
- Funding sources**
- Visibility and marketing**

Identifying future clinical academics and high fliers

Identifying and enthusing potential clinical academics within the workforce is vital if we are to increase the number of NMAHPs holding a clinical academic role. This section provides examples of actions you may wish to consider to capture interest, what you need to do to signpost, and how you identify high fliers.

Finding individuals with an interest in, and potential to become a clinical academic among the new and existing workforce should be central to any action plan. While all NMAHPs need to be proficient users of research, only a minority will be involved in generating research, and an even smaller proportion of these will lead research studies or programmes.

Individuals who have the potential to become a future research leader need to be identified so that they can be developed and nurtured. This subsection draws together examples of actions and activities that could prove useful in identifying people you will want to keep track of and engage with.

Why is it important?

Having an appreciation of those considering a clinical academic career and tracking individuals as they progress along their career pathway will enable you to target information about funding opportunities, training and development activities, and other activities designed to bring together and sustain a community of interested and like-minded clinicians.

How to do it?

There are a number of things you may wish to consider:

New workforce

- Expose students in the workplace to clinical academics
- Work with your HEI(s) to identify those soon to graduate who have achieved good marks in both the clinical and academic dimensions of their programmes
- Hold events in partnership with the HEI to introduce these people to the opportunities a clinical academic career opens up and information and advice on next steps
- Keep a mailing list of individuals who express an interest

Existing workforce

- Gather intelligence through colleagues, e.g. education and training leads and departmental/divisional/service leads, to flag those interested in higher degrees to the person with responsibility for clinical academic workforce development in your organisation
- Find out who in the organisation is currently undertaking a postgraduate qualification (Masters and above)
- Encourage individuals to come to you, e.g. by advertising opportunities and holding events to introduce people to the opportunities a research-related career opens up, including clinical academic roles and research support roles
- Signpost people to events held by [Research Design Service](#) and [NIHR](#) on research-related career opportunities
- Establish career advice clinics and/or drop in sessions where interested clinicians can find information and advice on next steps
- Keep a mailing list of individuals who express an interest, which can be used to distribute opportunities and check in with them from time to time on progress with realising their career aspirations

- Develop mechanisms to stay connected with people in your organisation with the desire to pursue a clinical academic pathway. Consider forming a forum and/or action learning group that provides regular opportunities to bring aspiring clinical academics together with established post-holders to provide support, maintain enthusiasm and offer advice and explore challenges (see later section on [mentoring](#))
- Identify individuals whose role description already includes research or service evaluation/development (such as nurse and therapy consultants) and meet with them to explore career aspirations
- Seek out individuals who win awards and commendations

‘Our Centre for Nurse and Midwife-led Research has a database of staff who are interested in a clinical academic career and/or are already on this pathway. We regularly contact them through a newsletter, Twitter and special mail-outs.’

Professor Lesley Baillie Florence Nightingale Foundation Chair of Clinical Nursing Practice, London South Bank University and University College London Hospitals NHS Foundation Trust

‘As a Florence Nightingale Foundation clinical chair with the University of Glasgow and NHS Greater Glasgow and Clyde, I have the opportunity to build capacity in nursing research and evidence-based practice and develop clinical academic careers. In recent years in nursing, the further up the career ladder you go, the further away you move from the patient. I have an opportunity now to practice what I preach and influence patient care with clinical nurses.’

Professor Bridget Johnston
 Florence Nightingale Foundation Chair in Clinical Nursing Practice Research, University of Glasgow and NHS Greater Glasgow and Clyde

Enthusing

Why is this important?

Instilling enthusiasm for research amongst clinicians and recognition of its place in improving healthcare is vital and needs to be sustained. Appreciating the contribution that those who hold clinical academic roles make to patient care is essential for several reasons. For those potentially attracted to pursuing a clinical academic career (both new and existing workforce) they will want to understand what the role can entail, how to build a career, what kind of training and development are needed in order to progress along the pathway and what can be achieved in this type of role. Equally, managers need to understand the benefits of supporting the development and employing a clinical academic as part of a care team.

How to do it?

- Hold workshops on essential skills such as ‘searching the literature’, ‘developing good research questions’, ‘how to develop a grant application’, ‘writing for publication’, ‘preparing and presenting posters’
- Keep staff regularly informed through various communications channels about research projects that are due to start, in progress and

recently completed, which involve members of staff; emphasise their relevance to practice. These might include project launch events, blogs, briefings from the R&D office, newsletters, web posts, presentations and posters at internal conferences and events.

- Use material from the [NIHR guide](#) to hold workshops on building a research career.
- Develop web pages where people can access information about the Trust’s strategy, learn about events, funding opportunities, training and development activities; highlight people working in clinical academic roles and showcase their achievements (see later section on [visibility and marketing](#)).
- Create opportunities for interested individuals to shadow established clinical academic post holders, to help them become familiar with the role and what it entails.

“We hold an annual event for undergraduates who are expected to graduate with a professional qualification in the next 18 months. We ask the relevant Programme Directors to actively promote

the event to those expected to graduate with a good upper second or a first class honours degree. The purpose of this event is to introduce the concept of a clinical academic career, provide information on the clinical doctoral fellowship scheme established in partnership with a number of Trusts in Wessex and identify those with an interest. We collate the names of those who attend and actively follow them up after the event, targeting information on opportunities.’

Professor Alison Richardson

Clinical Professor in Cancer Nursing and End of Life Care, University of Southampton and University Hospital Southampton NHS Foundation Trust

Supporting and guiding

If they are to flourish, be retained on the pathway, and deliver a return on investment to their organisations, clinical academics need a supportive infrastructure. This section addresses the kinds of support infrastructure needed for new and existing clinical academics. The next section describes what mentoring can offer and why it is important to pay attention to these aspects.

There are various sources of help and support available. The NIHR is a rich source of supervision, mentorship, and training opportunities. It provides the NHS with the infrastructure to support first-class research by funding a range of facilities committed to building research capacity. Examples include Biomedical Research Centres (BRCs), CLAHRCs and Clinical Research Facilities for Experimental Medicine.

Through the NIHR you can access a cohort of [Training Advocates](#). Advocates are a group of passionate and proactive researchers who can help you to encourage, support and promote non-medical academic clinical careers with your

staff, and offer help to those from the non-medical clinical professions who wish to begin or continue a research career. The advocates are drawn from a range of professions including nursing, occupational therapy, podiatry, clinical psychology, nutrition and dietetics. The NIHR website lists the details of lead training advocates and individuals by profession. The advocates are a great resource and will come and talk to groups of staff, provide advice on relevant training and funding opportunities, provide access to role models and link people into local networks.

The [NIHR Clinical Research Network](#) supports research delivery and has responsibility for workforce, learning and organisational development in this context. Talk to your Local Clinical Research Network (LCRN) about the opportunities it provides to support future principal investigators and develop career pathways for professionals.

The [Council for AHP Research \(CAHPR\)](#) was established in 2014 to support the development of research capacity in the Allied Health Professions.



The [Contact, Help, Advice and Information Network \(CHAIN\)](#) is an online mutual support network for people working in health and social care. It was established 17 years ago to enable people in health and social care to exchange ideas and knowledge, to support getting research evidence into practice, and to facilitate networking between those who have common interests or complementary aspirations. The “Nurses, Midwives and AHPs in Clinical Academic Research” sub-group has been formed within CHAIN with support from the NIHR Clinical Academic Training Advocates. This encourages greater linkage across the NMAHPs communities to promote clinical academic research and to help and support those wanting to apply for NIHR awards and other sources of research funding. The sub-group operates for the benefit of the membership. It seeks to extend formal and informal links, and facilitate the sharing of intelligence and access to advice across and within the NMAHPs professional groups. CHAIN has 15,000 members from the UK and beyond. [Membership](#) of CHAIN and the “Nurses, Midwives and AHPs in Clinical Academic Research” sub-group is free.



Mentoring

Because of the dynamic and multi-faceted nature of the role, there are many demands placed on clinical academic staff and mentoring is an important mechanism in working towards success. The Academy of Medical Sciences and HEE (Health Education England)/NIHR mentorship schemes provide mentorship to a range of trainees and fellows to inspire, guide and, most importantly, act as a role model for aspiring future clinical academics. Good-quality mentoring provides support throughout the career.

Why is it important?

Talent management is an important part of any workforce development initiative, and mentorship has a key role to play. Mentored researchers have been demonstrated to be more productive.³⁰ Clinical academics are in the minority in the workforce in both the NHS and HEIs and face a unique set of challenges during their careers to balance the required clinical and academic demands. They are more likely to flourish if they have a sustained relationship with a mentor who can support them in finding solutions to the issues they face.

Mentorship can never be offered too early. Pre-registration students should be introduced to potential careers in research and encouraged to negotiate clinical research placements during their pre-registration training.

Benefits of mentoring

The benefits of good mentoring for the mentee, the mentor and the organisation have been well documented.³¹

Benefits to mentees

- Improved performance and better career planning
- Increased confidence, motivation and self esteem
- Broader network of contacts
- Support through difficult times, dealing with conflict
- Access to meaningful role models
- Access to sounding board for testing new ideas

Benefits to mentors

- Skill development – coaching, nurturing
- Broader network of contacts
- Chance to give something back

- Further opportunities for reflection
- A new challenge

Benefits to the organisation

- Capturing and transferring new skills and knowledge
- Visible and high profile role models
- Increased recruitment, retention and productivity
- Expanded networks
- Creation of a developing, nurturing culture

How to do it?

- Identify individuals in your organisation who could act in the capacity of mentor across the professions
- You could also consider mentors at a distance from the organisation. With tools like Skype it is not always necessary for the mentor to be local to the mentee
- Establish the mentorship system for those who have expressed an enthusiasm and commitment to pursuing it, are already on a clinical academic pathway, and/or are in a clinical academic role

Our Centre for Nurse and Midwife-led Research (CNMR) has web pages featuring nurses, midwives and AHPs who have clinical academic roles and are willing to mentor others. As CNMR Director I meet with staff interested in these roles and put them in touch with staff who can offer mentorship.'

Professor Lesley Baillie

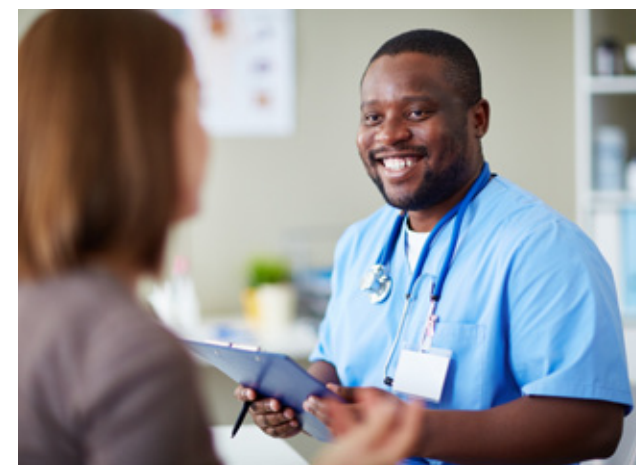
Florence Nightingale Foundation Chair of Clinical Nursing Practice, London South Bank University and University College London Hospitals NHS Foundation Trust

As part of a partnership between Imperial College Healthcare NHS Trust and Imperial College London, an office for Clinical Academic Training has been set up, with the support of the Trust Board and CEO and University. This office, the Clinical Academic Training Office (CATO) is

responsible for facilitating support, co-ordinating locally funded fellowships and organising networking and training events. The office supports both medical and non-medical staff from all professions including AHPs, nursing, healthcare scientists, midwives and pharmacy. Anyone interested in developing a research career can get help and advice or they will be put in touch with the best person to help. This has been a great step forward as we now have a central point and dedicated personnel who focus activities to help all interested staff. It has also been crucial that this initiative has the top level support within the Trust and university.'

Dr Mary Hickson

Honorary Senior Lecturer, Adjunct Professor of Nutrition and Dietetics, Imperial College London and Imperial College London Healthcare Trust



The kinds of experience and skills that are useful when mentoring clinical academics include:

- Previous experience of acting as a career development mentor
- Enthusiasm for developing the potential of others
- Experience of leadership in the field of health and research, and ability to link the territories of research and practice

They should have the skills to:

- Challenge assumptions
- Stimulate creative thinking
- Act as sponsors and network guides
- Work with other agencies and networks to access potential mentors

Sources of mentors include, but are not confined to: your local [Research Design Service](#); professional networks, e.g. [CAHPR](#); NMAHPs consultant practitioners; and doctors who have an interest in and enthusiasm for building research capacity across the health professions.

There are several established national mentorship schemes; some are only available to those who have particular types of award:

- Individuals in receipt of an HEE/NIHR Integrated Clinical Academic (ICA) fellowship at doctoral level and above will be offered a designated mentoring programme through the NIHR. A statement from the NIHR relating to mentoring is offered below. The Mentorship Programme is open to doctoral and postdoctoral award holders of the new ICA programme and to current award holders that applied under the CAT and HCS programmes. It provides the opportunity for award holders who are developing an independent research career to experience ‘one-to-one’ academic mentorship with appropriate mentors. More information and contact details are available on the [HEE/NIHR ICA Programme website](#).
- The Academy of Medical Sciences provides mentoring information on its [website](#) for postdoctoral biomedical trainees. The Academy has a 900 strong Fellowship, located across the UK, allowing trainees to have access to independent research leaders and role models able to inspire and guide those embarking on an academic career.



Funding success

Funding can range from: awards for individuals to be released in order to undertake research; small grants for research costs; fees to support education and training; bursaries for conference attendance and visits to national and international centres of excellence; and access to administrative support to manage communications about opportunities, organising events and promoting achievements.

Funding can come from a range of sources, including: your own organisation (from budgets that include an element of research capacity building, education and training, service improvement and service development); NIHR; HEE (both national and local teams); industry, national and local charities that support research, education, training/ personal development of health professionals, and service innovation/improvement; and professional organisations.

Why is it important?

Securing funding to support clinical academic role development is an important part of any implementation plan. Even relatively small sums

of money can open up significant development opportunities for people who aspire to and/or are enrolled on a clinical academic career pathway. Obviously, securing time in any clinical academic's job plan is important, as without sufficient time it is impossible to undertake high quality research, but resources for research infrastructure and activities such as education, training and development are also important.

How to do it?

Funding will inevitably be a challenge, but there are often unexpected opportunities. Healthcare organisations are interested in ideas and projects that can improve care and decrease costs, and often have a list of priorities which will indicate the type of project more likely to obtain funding. It is vital to address benefits to patients, healthcare and the organisation if looking for support from your institution. Constantly ask the question: how can this research activity or education opportunity align with the Trust's priorities and needs, and how will it bring about patient benefit? Funding is always limited and competitive, but chances of success can be increased by: being alert to opportunities; being prepared; and being persistent.

Being alert to opportunities

- Sign up for alert services regarding funding opportunities and calls for applications. These can be done through research funding websites and often through organisations such as the Royal College of Nursing (RCN). Most university departments and NHS R&D departments also send out regular notices of funding opportunities.
- As many calls for grant applications are cyclical, you can target specific dates. People need to be encouraged to be flexible, as some opportunities may require re-shaping, re-designing or emphasising certain aspects of a proposal to fit a particular call.
- Attend research seminars and keep up with research happening in your organisation as there may be opportunities to link with people in teams already undertaking studies. The [Association of Medical Research Charities' website](#) allows you to search charities and their specific research interests and funding calls.

Being prepared

- Deadlines are often short so don't wait until the call for an application comes out to communicate the range of opportunities. If you do not already have one, develop a local database of dates of expected calls for funding and examples of successful applications for others to view.
- Develop mechanisms whereby prospective applicants can discuss and develop the questions and methodology for research even if they are not sure where to submit or are waiting to hear about a particular call for applications. People need to develop a degree of flexibility: proposals can often be refined or 'shaped' to fit a particular call while still remaining true to the research aim. A large study can also be broken down to a series of smaller components if there is an opportunity for limited funding for some part of the research. The research team is an important consideration for funders, especially when the principal investigator is junior.
- Develop mechanisms for ensuring that those early in their clinical academic careers can access a range of research support and

successfully navigate to senior investigators who have relevant expertise and experience and are prepared to offer support and supervision.

- Encourage people to take advantage of programmes and workshops that are mounted to improve the likelihood of grant success and/or hold some local workshops. [The NIHR Research Design Service](#) offers regional workshops and support for grant development.
- For personal fellowship applicants, develop a programme of application support. For example, identify members of a support team, organise review of the application, provide interview training and conduct practice interview panels.

Being persistent

- The biggest factor in success is persistence. If grants are rejected, encourage people to use the feedback provided to improve the grant application and re-submit either to the same funding body or another one. Sometimes feedback encourages re-submission to the same funder, but not always.
- Ask senior researchers to review part or all of grant applications if possible, and consult the [NIHR Research Design Service](#).



Funding sources

Over the last decade there has been some investment to support the establishment of an NMAHPs clinical academic training pathway. In England, annual awards are run by Health Education England (HEE) and the National Institute for Health Research (NIHR) and are advertised on the NIHR website. The programme is a valuable, competitive and generous funding scheme and is considered the gold standard award. Funding is available to support training at internship, Masters, doctoral, early and late postdoctoral levels. Similar schemes are available in Scotland and could be developed in Wales and Ireland.

Inevitably, funding at the national level is limited and there is a need to establish local schemes to supplement available formal training programmes and to access other available funding sources.

A growing number of organisations have developed successful local schemes. The majority have been initiated and led by healthcare provider organisations with one or more education provider and are aimed at early career attainment at

pre-Masters and/or Masters level qualification. Funding sources for schemes vary and are often based on Continuing Professional Development and/or Learning Beyond Registration funding. In all schemes, candidates are expected to undertake an applied project based on identified local priorities and research questions, ensuring maximum organisation and patient benefit, as well as investing, engaging and valuing the workforce, thereby contributing to quality staff retention.

Stages of research training

Very early career research training comprises the period from post registration to completion of a Masters qualification. The early research career stage can be defined as pre doctoral to completion of a doctorate; the mid stage involves the years that follow the award of a PhD; and the senior career stage is marked by the transition to a professorial post.

Internships

Staff at an early stage in their research career can benefit from internships, which are a short-term (usually up to one year) opportunity to be involved

in a research project/literature review and gain some skills and increased awareness of research activity and knowledge. In 2013 HEE/NIHR introduced an internship programme to encourage and support clinicians at pre-Masters level to expose them to a clinical academic research rich environment, provide them with practical skills to undertake a small research project and access support from an expert academic supervisor. These internships are administered regionally through HEE's local teams: for a specific example, see the scheme offered by the [East Midlands](#).

Internship schemes may be also available within your area through the [CLAHRC regional internships](#) or [Arthritis Research UK](#), who fund NMAHPs internships through a collaboration of five universities. Other locally funded internship opportunities may exist or could be created within your locality.

Birmingham Health Partners (BHP) funded by HEE/NIHR offer a Clinical Academic Internship Programme (CAIP) for pre-Masters training. Further details can be found on the [website](#).

‘My role has had a strong clinical focus over many years. However, I realised I wanted an answer to an important clinical question. I was awarded an internship during which my post was backfilled one day a week for 6 months. During this time, I developed a bespoke programme with access to academic supervisors, attendance at relevant lectures and modules to enhance my knowledge and develop my research question. The internship gave me the confidence to write for publication and get involved in research on a wider level.’

Laura Finucane Consultant physiotherapist, Sussex MSK Partnership

Masters-level funding

Masters level funding is widely available; however, there is no centralised source and therefore funding can appear limited and difficult to identify.

The HEE/NIHR offer one hundred salary-funded places per year. There are ten universities offering approximately ten places (full or part time) each per year. The call for applications is usually made in the spring, in preparation for a September start.

To enable people to progress beyond Masters level and develop a high quality PhD proposal several HEE local offices now offer a ‘Masters to Doctorate Bridge’ scheme. Examples include:

- [HEE working across Wessex](#) offers a transitional fellowship of up to £10k that can be used to support release from practice, further research training, academic supervision and attendance at conferences
- [HEE working across the East Midlands](#) offers a ‘Silver award’. This comprises a 48-day bespoke educational programme tailored to a person’s learning needs
- [Birmingham Health Partners \(BHP\)](#) funded by HEE/NIHR offer a Clinical Academic Masters to PhD Bridging Programme

Doctoral-level funding

The number of doctoral places available is more limited than at Masters level. However, a well-prepared, good-quality application focused on an important question, supported by a strong research-focused university and a committed healthcare environment may well be successful. It is worth noting that a high-quality research application often takes 12–18 months to develop, even within a supportive and knowledgeable supervision team.

Opportunities available for doctoral-level funding include:

- The HEE/NIHR Integrated Clinical Academic (ICA) programme provides a valuable but competitive opportunity at doctoral-level. The NIHR also has a doctoral fellowship scheme open to all professions (not just NMAHPs) which usually opens in the autumn and closes in January. Information about all of the training programmes can be found on the [NIHR website](#). The ICA programme offers opportunities for funded clinical research, research training and professional development at different levels, with

the advantage that staff are able to maintain their clinical practice and salary, thereby benefitting both individuals and the organisation.

- The [Association of Medical Research Charities](#) lists charities whose work involves funding medical research
- Disease/condition-specific funding, e.g. [Diabetes UK](#), [ARC](#)
- [Wellbeing of women](#), a charity that invest in women's health research

Postdoctoral-level funding

Funding for postdoctoral-level and beyond is available, but again the number of places available is very limited. The HEE/NIHR ICA programme provides funding at a Clinical Lectureship (early postdoctoral) and Senior Clinical Lectureship (senior postdoctoral/professor).

For all the ICA programmes, applicants must belong to one of the [eligible professions](#). Awards run annually and are advertised on the NIHR website approximately three months prior to the submission deadline. The [Research Design Service](#) is funded by the NIHR to provide design and methodological support to applicants for

fellowships as well as other grants. Advice is free and confidential.

Project grants (rather than a fellowship) could be considered as an alternative source of funding. The NIHR has a number of project grant schemes including [RfPB](#) and [HSDR](#). Local hospital Trustees or your local R&D department may have further opportunities.

Project-specific and personal development support

A number of other funding opportunities are available from charities and professional organisations for study in the form of small grants, bursaries, travel and scholarly fellowships for professional development. These include the following:

- The Royal Colleges, including the [Royal College of Nursing \(RCN\) Foundation](#) and Royal College of Midwives (RCM), have small grants available for up to £5000
- The General Nursing Council Trust has a funding scheme for up to £20k
- The [Florence Nightingale Foundation](#) provides

scholarships that can be used to undertake research coursework, modules and academic qualifications

- The [Association of UK Dieticians BDA](#) General and Education Trust fund makes grants to individuals or organisations engaged in dietetic research
- The [College of Occupational Therapists](#) offers BAOT members annual awards for education, research and CPD, and research grants via the UK Occupational Therapy Research Foundation
- [British Association of Music Therapy](#) and the [Chartered Society of Physiotherapy](#) also offer a range of educational and research grants

Industry and the third sector

Industry and the third sector can be a source of funding but their interest may be fairly narrow. Industry can support research into topics such as medicines and treatment adherence, medical devices, nutritional supplements, development of new health technologies, and health services research (e.g. systems for use and patient use of technology such as mobile-health or tele-health);

care services such as care homes or care in the home). Industry may also support specific research projects or provide access to funds to support learning and development as part of their public service remit. The [Academic Health Science Networks](#) are a good source of information on how to establish relationships with industrial partners and the third sector. The development of [Sustainability and Transformation Plans \(STP\)](#) in England will identify potential local services and may be a good local resource.

Funding success stories

University College London Hospital NHS Foundation Trust accessed charitable funds to establish fellowships for people intending to apply for funded Masters in Research, PhD or Postdoctoral Fellowship Awards.'

University Hospital Southampton NHS Foundation Trust has established non-medical clinical fellow posts, similar to those available to doctors, with the support of the NIHR Wellcome Trust Clinical Research Facility. The funding has enabled two individuals to combine the role of research nurse or research AHP with that of developing and conducting their own research, whilst also allowing them to work part-time in a clinical area practising as a nurse or AHP.'

Leeds Teaching Hospital NHS Trust and the University of Leeds have historically invested in medical clinical academics through Honorary Clinical Associate Professor appointments. These are supported by the Trust's Charitable Foundation



who offer funding for one PA (four hours) backfill salary to support research activity. In 2015 these HCAP appointments were open to non-medics and four appointments were made.'

In partnership with the University of Southampton, the University Hospital Southampton NHS Foundation Trust has secured funding for a PhD Fellowship from the industry partners Medirest. The focus of the PhD fellowship is on the evaluation of the usefulness of finger food for older people in hospital.'

University of Southampton, in partnership with University Hospital Southampton and several other NHS Trusts across Wessex, have established a clinical doctoral research fellowship scheme. This is funded from a variety of sources, for example Trust Research & Development Directorates.'

Some of staff at University College London Hospital NHS Foundation Trust have successfully gained Florence Nightingale Foundation scholarships to fund Masters or PhD study. We have a Trust charitable fund that will provide 50% of Masters or PhD fees. We have recently obtained funding through the Trust charity and a University College London endowment for fellowships to support staff in developing competitive NIHR applications for MRes/PhD/Postdoctoral study.'

A legacy left to London South Bank University, with the expressed wish for it to be used for nurse education/research to benefit care for older people, has been used for a full-time PhD

scholarship for an early career nurse. The package includes: fees paid for four years), a £15,000 p.a. tax free stipend, an annual allowance for training/conferences/research support, and support to continue clinical work part-time (rather participating in university teaching as other full-time PhD students usually do). The successful applicant had seen the opportunity in the RCN's Research and Innovation bulletin. She has negotiated a new part-time post that will increase clinical experience and aligns well with her research topic.'

Leeds Teaching Hospitals NHS Trust (LTHT) and University of Leeds submitted a successful business case to LTHT Charitable Foundation to fund two Nursing PhD Fellowships. A Matron and a Clinical Nurse Specialist are currently part way through their studies. Topics are clinically focused. Both individuals are good leaders and role models within the organisation.'



Visibility and marketing

Good work not only needs to be done, it needs to be seen. Raising the profile of the clinical academic role is important for attracting good candidates, building institutional support, and opening funding opportunities. Achieving this involves both publicity and marketing.

Why is it important?

Bringing the activities and impact of your clinical academic workforce to the attention of senior staff and organisations that have a stake in clinical academic developments is a critical part of any implementation plan. Widely disseminating the message that investing in clinical academics brings significant benefits to the Trust is vital if managers are to continue to support development. Celebrating the success of individuals demonstrates how the organisation is supporting, motivating and developing staff, and encourages others to consider getting involved.

Dissemination and celebration can occur across various forms of media, from a simple letter or email of congratulations to someone recently

awarded a fellowship copied in to the Chief Executive, to holding an annual conference to showcase achievements with invitations to representatives of local and national organisations who influence and support research and training activity.

How to do it?

- Ensure relevant information is submitted for inclusion in relevant annual reports, including Trust reports, Divisional Education & Training reports, Research & Development reports and Service Transformation reports
- Develop sections of relevant websites and intranet sites to post notices of achievements of individuals and teams
- Highlight achievements to the Trust executive and relevant managers, for example noting grant and fellowship successes, enrolment on MSc and PhD programmes, recipients of poster and presentation prizes at local, national and international meetings, first time in print, mentions in the local and national press
- Develop a policy on the acknowledgment of institutional affiliation (to be used in situations



- in which the Trust, HEI and source of funding need to be acknowledged; for example, when presenting at conferences on behalf of organisations. Make available templates for presentations and posters so that a consistent style is used to promote a consistent visual identity
- Create awards/prizes related to Research & Development as part of any Trust award portfolio
 - Establish standing agenda items on Research & Development at service-orientated strategic and operational committees

- Keep relevant metrics collated and up to date so you can respond quickly to requests for information
- Encourage people to submit relevant posters and oral presentations to Trust conferences and audit meetings
- Consider establishing a regular lecture or seminar series to showcase the research programmes and achievements of staff members and the work of those who have recently finished Masters or PhD training
- Consider some form of media training for those pursuing a clinical academic pathway to ensure that no opportunity is lost to promote the work and benefits individuals bring to the organisation and healthcare environment more generally

University Hospital Southampton NHS Foundation Trust holds an event called the Spotlight Lecture up to three times a year in the Trust. This lecture series is designed to showcase the research programme of an individual NMAHPs clinical academic, outline their career to date and demonstrate the relevance of their work to patient care and the everyday practice of health professionals. It is designed to celebrate those who have recently been awarded a PhD or a major research award.'

The Centre for Nursing and Midwifery Research website at University College London Hospitals NHS Foundation Trust features nurses, midwives and AHPs who are research active and/ or currently studying for PhDs. They put announcements of successes (e.g. PhD completion, successful funding application) on our website, in our newsletter and in the Chief Nurse's bulletin. There is a quarterly report on research on the Nursing & Midwifery Board agenda.'

University Hospital of Coventry and Warwickshire NHS Trust uses a nurse with a PhD in advertising campaigns.'

University Hospital Southampton NHS Foundation Trust has developed a set of profiles that depict the work of our NMAHPs clinical academics which can be accessed through a dedicated website. In a section named "Our Clinical Academics" there are sketches of the individual and what they do.'

Nottingham University Hospitals NHS Trust has developed a number of high quality posters to communicate their strategy, opportunities and successes.'



Impact and evaluation



- Key performance indicators**
- Organisational impact and evaluation**
- Individual impact**
- Identifying research impact using REF template**

Impact and evaluation

Evaluation is key to the process of research, and its effectiveness, in turn, needs to be evaluated. In making the case for the value and benefits of clinical academic roles, assessing and measuring the impact and outcome of these roles is vital.

The aim of this section is to enable individuals and organisations to consider broadly, as well as specifically, the value, effectiveness and impact of these roles on: patients, staff, departments, the organisation, policy makers and potentially other stakeholders. It includes consideration of appropriate organisation key performance indicators (KPIs), and how to identify and measure organisation and individual effectiveness, impact and benefit.

There are numerous definitions of evaluation but in the context of this resource, evaluation can be defined as the process of judging something or someone's quality, importance or value. An outcome can be defined as the result or effect of an action, situation or event.

According to the Research Excellence Framework – 2014, **impact** can be seen as ‘an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life’. Furthermore, ‘it includes an effect on, change or benefit to: the activity, attitude, awareness, behaviour, capacity, opportunity, performance, policy, practice process or understanding of an audience, beneficiary, community, constituency, organisation or individuals in any geographical location, whether locally, nationally, or internationally’. Impact includes the ‘reduction or prevention of harm, risk, cost or other negative effects’.³²

In relation to NMAHPs, there are a number of research impacts that will be relevant to clinical academics from these professions, such as impacts on:

- health and welfare
- society, culture and creativity
- the economy
- commerce
- production
- public policy and services
- practitioners and services
- the environment

Key performance indicators

Key performance indicators (KPIs) are measures that an individual, department or organisation uses to define success and track progress to meet strategic goals. Within this guide the focus is on organisation KPIs.

Why are they important?

KPIs are only of value when they are a part of the organisation and unit strategy. It is therefore imperative that an organisation strategy is clearly articulated before KPIs are defined and agreed.

A well-designed set of KPIs facilitates:

- Establishment of baseline information or current performance
- Setting standards and targets
- Measurement and reporting of improvement
- Comparison of performance with other agencies
- Benchmarking performance
- Internal and external scrutiny of performance

How to do it?

- KPIs should be aligned to the unit's or the department's strategic plan, or to the overall plan for the development of clinical academic capacity and capability
- Each KPI should be described as a SMART objective
- Targets need to be related to the resources available in order to be achievable; conversely, the budget needs to match the desired targets
- Progress towards a target does not always happen at a fixed rate
- Consider using your KPIs to develop a minimum data set
- Define the reporting structure for KPIs
- Define the frequency at which the organisation will report on KPIs

Table 1 gives some examples of KPIs but there may be a range of KPIs already in existence in your organisation, which may be relevant to clinical academic roles.



Key performance indicators

Organisational impact and evaluation Individual impact Identifying research impact using REF template

Table 1: Examples of KPIs relevant to clinical academic roles

Topic	KPI	Measurable outcome
Building skills and confidence	Support systems and resources provided for staff	'Introduction to research' workshops for NMAHPs provided quarterly
Developing links and collaborations	Links forged between NMAHPs undertaking research and appropriate organisations or named staff mentors, supervisors and advisors	Each Masters- or PhD-level staff member is listed on a database and has a named mentor
Developing dissemination	Online resource developed, to act as central point of information for those interested in further study or NMAHPs' research	Presence of website or webpage
Building sustainability and leadership	Research established as an essential component of all clinical roles	Workforce participates in the development of new job descriptions, with explicit reference made to research duties
Investing in infrastructure	Clinical academic leadership group with senior representation from key stakeholders is established	Monthly meetings held for one year to establish team communication strategy and links

Organisational impact and evaluation

Organisational evaluation can be described as a systematic endeavour to assess and evaluate a larger framework of organisation activities; in other words, the collective benefit rather than benefit from one individual or project.

Why is it important?

It is important to distinguish between the impact on the organisation as a whole, the effectiveness of an individual clinical academic, and the impact they have on patient care, as this could involve setting different measures of success. What measures you choose will depend on what is important to you locally. It is important to choose realistic, achievable and measurable indications of success. It may be difficult to set specific goals in advance, but you should aim to demonstrate that the introduction of clinical academic roles has made a clear difference to the organisation.

Having a clinical academic within your organisation will provide benefits. With support, they will encourage their peers to have an interest in research and apply it to practice. This will affect the research culture within your organisation. The grant funding that they attract, whether it be through a charity, the NIHR or other funding body, will bring research money into the organisation and raise the profile of research. Their grants may also attract support funding for your organisation from the NIHR clinical networks.

When clinical academics are successful in obtaining grant funding, this usually provides money to the organisation to backfill all or part of their post. These extra funds can help an organisation with building a future workforce and with succession planning. Those organisations which have been most successful in creating clinical academic roles have created a critical mass of NMAHPs researchers, able to foster collaborative multidisciplinary research, which

has challenged the culture of their organisation, changed attitudes and made it easier to attract further grant funding. Though this takes time and effort, it is well-rewarded.

What to measure?

Below are examples of measuring and evaluating impact that may be appropriate:

- The number of NMAHPs who have attended research training in the organisation
- The number of clinical academic NMAHPs within your organisation, from internships to professorial roles
- The number of joint HEI/NHS appointments
- The number of publications generated by the clinical academics
- The number of citations to research papers
- The number of research studies being led by that organisation
- The number of research studies in which the organisation is participating

- The amount of grant funding that the clinical academics have bought to the organisation, including the funding they have attracted through support from local NIHR networks
- The number of invitations to disseminate their research findings at national and international meetings
- Participation in collaborative research studies with other research centres
- Local improvements made to patient care as a direct result of research findings
- Improvements in service users' treatment outcomes
- Measures of patient satisfaction
- Changes or efficiencies made to service delivery as a direct result of research findings
- Changes made to the organisation's guidelines, national guidelines or health policy due to research findings
- Cost savings that the research has bought to the organisation or to the wider NHS
- The reduction in the number of adverse events due to research findings

- The effect that the researcher has had within (and beyond) the organisation, by being a role model and increasing research awareness within (and beyond) the organisation
- Any prizes or awards granted to individual researchers
- Press coverage devoted to research outcomes or clinical academics

You don't have to evaluate all of the above measures. Some research may be related to more than one of the above but it is important to be realistic.

How to do it

We recommend that you record details of research impact in a case study using a [template](#).

- Clinical academic career post holders should plan to capture the impact of their research activities on their practice, on their colleagues' practice, on their department, on their organisation and in particular on service users
- Encourage post holders to think carefully about

- the potential impact of their research very early on in the process
- Develop a steering group to include representatives of all potential stakeholders and beneficiaries who can identify potential impact at an early stage of research plans (the identified impact at this stage may not be exhaustive)
- Plan to capture impact in the early stages of role and project development
- Plan to capture impact throughout research activities and beyond the conclusion of a research project
- Capture both the impact that the clinical academic role has had and the specific impact of the research undertaken
- Use appropriate mechanisms to capture impact, e.g. valid and reliable outcome measures, good-quality data sets, qualitative data from interviews or surveys, verbal feedback from patients, service users, staff and or managers as appropriate

For other ideas on how to demonstrate the impact of research, you may wish to look at the [research excellence framework guidance](#). It may also be useful to explore some of the impact case studies submitted to the Research Excellence Framework (REF) 2014 [panel A3](#). See examples [here](#).

Examples of impact indicators for NMAHPs include:

- Evidence of enhanced patient experience
- Measures of improved wellbeing
- Measures of improved clinical outcomes
- Changes in public behaviour or health services
- Documented changes to clinical/public health guidelines
- Information from practitioners/literature as to how findings have been applied in practice
- Evidence of adoption of best practice

Case studies – organisation impact and evaluation

The following case studies illustrate organisation impact and evaluation.

Dr Heather Iles-Smith, Leeds

This case study illustrates the impact a doctorate study can make to reduce anxiety symptoms in cardiac patients using a mixed method study. It demonstrates the added value of increased research methodology knowledge, as well as increased availability of coaching and mentorship.

Dr Sally Fowler Davis, Sheffield

This case study illustrates the development of a theoretical model that increased research activity, involvement and support resulting in a positive change in the organisation research culture.

Dr Jacqui Prieto, Southampton

This case study clearly demonstrates major financial savings following a post-doctoral study that identified optimal numbers and optimum management of portable bladder ultrasound scanners. The study resulted in policy and practice change.

Kevin Hall, Western Sussex

This case study demonstrates the influences of early stage research on clinical and research activities in a departmental setting and highlights the potential for economic savings.

Further HEE case studies about the ICA programme can be found [here](#).



Individual impact

In the context of clinical academic roles there is likely to be a range of outcomes and impacts and therefore a range of evaluation processes will be appropriate. For example, a clinical academic role may have value to the individual clinical academic themselves, their colleagues, their line manager, the organisation as a whole, patients and carers, service users and students.

The research that is undertaken may have value to the organisation, profession and clinical/ research communities in general. It is important that both the organisation (senior management) and the individual themselves carry out evaluation/ assessment of the impact and outcomes of the individual's clinical academic role.

Why is it important?

To persuade key individuals to support clinical academic roles, it is vital to demonstrate the value/ importance of these roles to the organisation. Depending on who you are trying to influence,

you may want to highlight different aspects of the roles. For example, junior management may be more interested in the financial benefits, whereas others may be more interested in the potential improvements to patient care. Senior personnel may be more impressed with the kudos these roles will bring to the organisation and the possibility that they may influence health policy by changing guidelines at a local or national level. Demonstrating value in these ways will also encourage other employees to follow clinical academic careers.

How to do it?

A good method by which to demonstrate value is to use case studies.

HEE and NIHR have been involved in highlighting clinical academics' case studies through publication in the [Health Service Journal](#).³³ The special supplement features NMAHPs at different stages of their clinical academic careers, their experience and their views about the benefits

to healthcare. The NIHR has also featured case studies from AHP clinical academics in its [Faculty World](#) magazine.

Use KPIs to write up your own case studies. To be of greatest use in seeking funding and raising awareness, it is important that case studies consider any potential or actual cost savings to the patient, organisation or NHS. If your organisation is trying to establish new roles, then it might be best to use examples from other organisations.

The following case studies illustrate individual impact:

	Pre-masters, masters and pre-doctorate	Doctorate	Post-doctorate	Professoriate
Nurse	<p>Caroline Coulson, Nottingham This case study illustrates the journey of an early career Clinical Research Nurse when developing an important research question and project at Masters level.</p> <p>Karen Heslop-Marshall, Newcastle This case study articulates progression from Masters to completion of a high quality PhD study, which developed and tested an important RCT study focused on nurse-led CBT to reduce anxiety in patients with COPD.</p>	<p>Sarah Lea, London This case study demonstrates identifying and supporting an early career 'bright star'.</p>	<p>Emma Murphy, Southampton This case study describes the success of a nurse from the point of her being awarded a PhD.</p>	
Midwifery	<p>Kerry Evans and Sophie Keely, Nottingham This dual-person case study provides insight into gaining external funding and organisation impact when building capacity.</p>		<p>Vikki Snaith, Newcastle This case study demonstrates progression from PhD to Post Doctorate Research within an important emerging clinical and research area, involving telemedicine to identify and reduce risk of foetal abnormality and stillbirth.</p>	<p>Debbie Carrick-Sen, Birmingham This case study illustrates progression from early career to late senior career as a Nurse and Midwife. The case highlights the importance of perinatal mental health. It describes key attributes to role success.</p>
AHP	<p>Jed Jerwood, Birmingham This case study demonstrates career progression from Pre Masters to a Masters qualification and identifies the importance of good role models.</p>	<p>Kevin Hall, Western Sussex This case study demonstrates benefits to the individual of the clinical academic training pathway.</p>	<p>Kate Reid, Birmingham This case study demonstrates the importance of developing and building a research topic storyline, where one continues to explore and develop a programme of research.</p> <p>Kika Konstantinou, North Staffordshire This case study clearly describes progression from mid to early senior career with a focus on the care and management of chronic low back pain and sciatica.</p>	<p>Rebecca Kearney, Warwick This case study describes a career pathway from pre doctorate to clinical professor and highlights the need to undertake rigorous research and achieve a work-life balance.</p>

Identifying research impact using REF template

The Research Excellence Framework (REF) was introduced in 2014 and was the successor to the Research Assessment Exercise (RAE). REF is led by many organisations and includes Higher Education Funding Council for England (HEFCE), Scottish Funding Council (SFC), Higher Education Funding Council for Wales (HEFCW) and Department for Employment and Learning in Northern Ireland (DEL). The next REF will take place in 2020/21.

The purpose of the REF is to assess the quality of research in HEIs in the UK, and to inform the allocation of funds to support research in the institutions. It also provides accountability for public investment in research and comparison between HEIs.

There are four main REF panels and 36 sub panels of experts in relevant fields, who conduct the assessments. Panel A3 for Allied Health Professions, Dentistry and Nursing is most relevant for NMAHPs. The panels assess the quality (significance, originality and rigour) of research

publications, outputs, research environments and impact case studies – submitted using impact-case study templates. Being part of an HEI REF submission is an important achievement for academic staff and researchers. When staff who have clinical academic posts jointly funded by an HEI and NHS trust are submitted for the REF this can help to raise the research profile of both the organisations concerned. Part of a REF submission involves the development of thematic impact case studies, often collated from a series of individual case studies.

The following case studies are examples of individual impact using the REF template:

Alison Bruce, Bradford

This case study focuses on the exploration of factors which influence the occurrence of poor vision in young children using a mixed methods approach and is likely to have significant implications in resource design for the provision of optometric and ophthalmic services provided by the NHS.

Alys Mathers, Buckinghamshire

This case study focuses on how Skype can be utilised to deliver speech and language therapy for school children, showing benefits for patients, their families, education settings and speech and language therapists with potential benefits also for other health professions.

Jo Patterson, Sunderland

This case study focuses on cognitive behavioural enhanced swallowing therapy by Speech and language therapists for patients with head and neck cancer related swallowing difficulties and demonstrates benefits to patients and also increased awareness of clinicians to the difficulties faced by these patients.

The template can be found on the [REF website](#).³⁴

Planning, capturing and evaluating research impact can take considerable amounts of time but the actual process and outcome of creating a full impact case study can also be very fulfilling for the individual concerned. In time it will become part of everyday procedures.



Implementation of the guide

Network

In parallel to this guide, AUKUH has established a virtual network of organisational leads with responsibility for developing and implementing clinical academic roles within their health and social care setting. The network is free to join. Joining will enable you to:

- Seek advice and support from experts
- Share knowledge, experience, templates and case studies

- Contribute to comments regarding things that are working (and not)
- Become part of a UK-wide implementation programme
- Be part of a formal UK-wide evaluation programme

To join, please contact admin@aukuh.org.uk.

All organisations joining the network will be expected to provide a brief annual progress report.





Case studies



- Organisation success case studies**
- Organisation impact case studies**
- Individual impact case studies**
- Individual impact REF case studies**

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies									
Heart of England NHS Foundation Trust	University Hospital Southampton NHS Foundation Trust	Nottingham University Hospitals NHS Trust	University College London Hospitals NHS Foundation Trust	University Hospitals Coventry and Warwickshire NHS Trust	Newcastle Upon Tyne Hospitals NHS Foundation Trust	NHS Greater Glasgow and Clyde	NHS Lothian	Portsmouth Hospitals NHS Trust	Western Sussex Hospitals NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	The University of Manchester and The Christie NHS Foundation Trust	Keele University

How we did it at... Heart of England NHS Foundation Trust

This case study highlights moving forward within a particularly challenged large and complex NHS organisation, using the notion of nursing excellence as a core driver.

Project lead: Professor Debbie Carrick-Sen, Florence Nightingale Foundation Clinical Chair of Nursing and Midwifery Research, University of Birmingham and Heart of England NHS Foundation Trust. Email: d.carrick-sen@bham.ac.uk

Drivers and partners: As a very large, complex NHS organisation, it was important to align clinical aspirations and priorities with innovation and research evidence. An aspiration for the Trust Nursing corporate team was to implement the principles of the American Nursing Excellence Model called **Magnet** to achieve Care Excellence and contribute to increased recruitment and retention of high-quality staff.

What we did and achievements:

- Aligned the ICE model to a number of proposed research actions at each stage, e.g. engaged with external organisations, built on the existing research-rich culture, increased research awareness, increased research action through new and existing roles, identified and supported research leaders
- Set up a research group aligning and coordinating NMAHPs research activity to Magnet principles
- Set up a local clinical academic training scheme at Masters level, using learning-beyond-registration funding. This was developed in partnership with University of Birmingham.
- Set up an NHS-based PhD interest and support group
- Identified existing NMAHPs who wanted to undertake a PhD and offered 1:1 mentoring to develop personal profile and a high-quality project focused on an important clinical question
- Set up a serial writing-for-publication programme

- Within the first 18 months, supported eleven clinicians in applying for external funding worth £67k
- Co-developed a Masters-to-doctorate bridging programme and contributed to a National funding application for an Intern (Birmingham Health Partners Clinical Academic Intern Programme) programme, which attracted a funding grant of £263k
- Led on the development of this resource guide, implementation network and evaluation

Outputs:

- Profession practice model incorporating evidence and research
- Oral presentations at RCN International conference (May 2016), Florence Nightingale Foundation (March 2016)

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies									
Heart of England NHS Foundation Trust	University Hospital Southampton NHS Foundation Trust	Nottingham University Hospitals NHS Trust	University College London Hospitals NHS Foundation Trust	University Hospitals Coventry and Warwickshire NHS Trust	Newcastle Upon Tyne Hospitals NHS Foundation Trust	NHS Greater Glasgow and Clyde	NHS Lothian	Portsmouth Hospitals NHS Trust	Western Sussex Hospitals NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	The University of Manchester and The Christie NHS Foundation Trust	Keele University

Biggest challenge: Aligning clinical priorities to research priorities within a complex and evolving organisation.

Advice to others:

- Remember that it takes 12–18 months to develop a high-quality doctorate fellowship application
- Try and identify quick wins
- Engage Trust Executive awareness and support
- Be focused when starting off
- It takes time to succeed – articulate expectations to all partners

Year commenced: 2015

Funding: Internally supported

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies
Heart of England NHS Foundation Trust	University Hospital Southampton NHS Foundation Trust	Nottingham University Hospitals NHS Trust	University College London Hospitals NHS Foundation Trust
		University Hospitals Coventry and Warwickshire NHS Trust	Newcastle Upon Tyne Hospitals NHS Foundation Trust
			NHS Greater Glasgow and Clyde
			NHS Lothian
			Portsmouth Hospitals NHS Trust
			Western Sussex Hospitals NHS Foundation Trust
			Leeds Teaching Hospitals NHS Trust
			The University of Manchester and The Christie NHS Foundation Trust
			Keele University

How we did it at... University Hospital Southampton NHS Foundation Trust

This case study illustrates multiple successes since its inception in 2009, including an increase in doctorate capacity building, achieved by working in close partnership with a dedicated and committed HEI.

Project lead: Alison Richardson, Clinical Professor of Cancer Nursing and End of Life Care, Trust lead for non-medical research.

Drivers and partners: In 2009, with start-up investment from the Strategic Health Authority, as part of a broader scheme to support clinical academic developments (including a series of doctoral and postdoctoral fellowships), the Trust and university established a post (Clinical Professor) with a remit to develop non-medical research capacity and capability. A Trust strategy was developed (Connecting with Excellence in Care), underpinned by four pillars that act as a focus for implementation – people, partners, place and research priorities. Working closely with the Associate Director of Nursing (workforce development) and Director of Research & Development, an implementation

group was established, consisting of postdoctoral clinical academic staff that represent the non-medical professions, a nurse consultant, and a representative from education and training. The Trust lead has worked to co-ordinate activities, develop essential relationships (e.g. with Directors of our Biomedical Research Centre and Unit and the divisional R&D leads, members of the executive nursing team) and be a key contact for individuals who have an interest in developing a clinical academic career. More recently, a website has been developed (navigated from the Trust research webpages and linked to the Faculty of Health Sciences pages on training programmes), which provides information on clinical academic careers, sources of support and advice and funding opportunities.

Biggest challenge: Getting managers on board, in particular releasing staff to take advantage of internship opportunities offered by HEE Wessex, and recognising that research is essential to the core business of the Trust.

Advice to others: develop an active engagement strategy with managers.

Top tips:

- Constantly pay attention to explaining and constantly demonstrating through outcomes the contribution that clinical academics make to developing and delivering excellent patient care
- Bring together a small group of committed individuals who are willing to work together to advocate for change and drive through developments

Impact/outcome: We have grown the number of individuals registered for a PhD, and supported by the Trust, from four to 24 in five years. Our senior clinical academics occupy significant clinical leadership roles and have effected change in care pathways. Our early career clinical academics propagate evidence-based practice in their area of practice and research interest.

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies
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Heart of England NHS Foundation Trust	University Hospital Southampton NHS Foundation Trust	Nottingham University Hospitals NHS Trust	University College London Hospitals NHS Foundation Trust	University Hospitals Coventry and Warwickshire NHS Trust	Newcastle Upon Tyne Hospitals NHS Foundation Trust	NHS Greater Glasgow and Clyde	NHS Lothian	Portsmouth Hospitals NHS Trust	Western Sussex Hospitals NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	The University of Manchester and The Christie NHS Foundation Trust	Keele University
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Outputs:

- A [webpage](#) that provides information on clinical academic careers, sources of support and advice and funding opportunities.

Publications:

- Westwood, G., Fader, M., Roberts L., Green, S., Prieto, J., Bayliss-Pratt, L. (2013) 'Clinical academics can transform care', *Health Service Journal*, 27th September 2013, pp28-29.
- Latter, S., Macleod Clarke J., Geddes, C., Kitsell, F. (2009) 'Implementing a clinical academic career pathway in nursing; criteria for success and challenges ahead', *Journal of Research in Nursing*, 14(2), pp137-148.
- Coombs, M., Latter, S., Richardson, A. (2012) 'Developing a clinical academic pathway for nursing', *British Journal of Nursing*, 21(18), pp1084-1090
- 2012 *Health Service Journal* award in the 'Progressive Research Culture' category for significant advancement and progression of clinical research activity at Trust level.

Year commenced: 2009

Funding source: Various, supported by investment from University Hospital Southampton and University of Southampton. Individuals have accessed funding from various sources (too numerous to mention), but principally Health Education Wessex and NIHR.



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How we did it at... Nottingham University Hospitals NHS Trust

This case study highlights progress made particularly at early career (Masters level) and attributes success to a committed and passionate nominated research lead within the clinical setting and a focus on the use of nursing excellence ‘Magnet’ principles.

Project lead: Dr Joanne Cooper, Head of Nursing & Midwifery Research Joanne.cooper3@nuh.nhs.uk

Drivers and partners: In July 2011, the first Head of Nursing & Midwifery Research post was appointed at NUH to lead the development of clinical academic careers and a supportive evidence-based practice infrastructure. This was aligning with an active medical research culture and key national drivers supporting the positive impact of N&M research on patient outcome and staff development (e.g. Finch Report). Key collaborations were further established with HEI partners (notably University of Nottingham and Coventry University), regional leaders (e.g. HEEM) and change leaders

within NUH’s Better for Your Programme, Research and Innovation Department and NUH Charity.

Strategic commitment has been sustained through active support of the Nursing and Midwifery Board and Chief Executive Board. Initiatives building evidence-based practice and clinical academic roles were supported, including commitments to joint appointments, training and mentorship, and new role development within workforce planning. From a baseline position of one doctorally prepared nurse (the Head of Nursing and Midwifery Research) and limited clinical academic commitment, there is now a burgeoning research culture.

For individuals, there is now clearer pipeline for aspiring clinical academics, including tangible examples of job descriptions and development opportunities that maximise academic, clinical and personal development skills/knowledge.

For service users, we work closely with patient and public groups on all research priority themes and broader evidence-based practice activity (within EBP course work and Shared Governance councils). We have examples of novel work informing national policy/practice (e.g. cleft lip; frailty; self-harm in children and young people; skin integrity).

At organisation level, clinical academic career opportunities have impacted positively on recruitment and retention of staff, also our reputation for innovation and leadership.

At the NHS/healthcare level, clinical academics and aspiring clinical academics form key roles within our aspiration to nursing excellence ‘Magnet’ principles and in our role within the UK ‘Magnet’ Alliance Group. Our work has also informed NIHR/ Department of Health (DH) work on clinical academic careers.

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies
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		Newcastle Upon Tyne Hospitals NHS Foundation Trust	Newcastle Upon Tyne Hospitals NHS Foundation Trust
		NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde
		NHS Lothian	NHS Lothian
		Portsmouth Hospitals NHS Trust	Portsmouth Hospitals NHS Trust
		Western Sussex Hospitals NHS Foundation Trust	Western Sussex Hospitals NHS Foundation Trust
		Leeds Teaching Hospitals NHS Trust	Leeds Teaching Hospitals NHS Trust
		The University of Manchester and The Christie NHS Foundation Trust	The University of Manchester and The Christie NHS Foundation Trust
		Keele University	Keele University

Nottingham University Hospitals Nursing now has one of the most highly cited publications of all Trusts.¹

Biggest challenge: Without existing roles, showcasing what clinical academics can contribute to N&M. We have only recently been able to tangibly show to operational leaders the vital role these play (and why we need to workforce plan for them).

Advice to others: Begin collaborative discussions with operational leaders at the outset, rather than waiting until a strategy is totally clear. Don't wait for national funding or guidance; rather be comfortable in being locally creative around what a CAC 'looks like'.

Impact/outcome: The impact of achievements outlined in the abstract include:

- NUH lead of regional CAC mentorship programme with HEI partners
- Invitation to present and contribute at national level on Trust-led CAC development strategy

- Seven doctorate-prepared staff (two formal clinical academic appointments and CAC framework)
- 15 doctoral students
- 16 completed NIHR Masters in Research students (including qualitative research currently under analysis)
- Established CAC mentorship and evidence in practice courses
- Established new band five entry CAC roles – Chief Nurse Excellence in Care Junior Fellows
- Multi-professional NUH online publication group

Outputs:

- Invited speaker: NIHR meeting for aspiring clinical academics (February 2016, London)
- Invited speaker: The NIHR at 10 (pre-conference CAC workshop) (May 2016, London)
- Invited keynote: Health Education England across the East Midlands Scholarship event (June 2016, Leicester)

Funding source: Joint funding for the lead post initially by corporate nursing and R&I department. Now funded solely within corporate nursing. Funding for CAC posts jointly with HEI partners (hosted by one partner).

1. Gunashekar, S. et al. (2015), Bibliometric analysis of highly cited publications of biomedical and health research in England, 2004–2013, RAND Corporation [online] available [here](#). [Accessed 5 Oct 2016]

Organisation success case studies

Organisation impact case studies

Individual impact case studies

Individual impact REF case studies

Heart of England NHS Foundation Trust

University Hospital Southampton NHS Foundation Trust

Nottingham University Hospitals NHS Trust

University College London Hospitals NHS Foundation Trust

University Hospitals Coventry and Warwickshire NHS Trust

Newcastle Upon Tyne Hospitals NHS Foundation Trust

NHS Greater Glasgow and Clyde

NHS Lothian

Portsmouth Hospitals NHS Trust

Western Sussex Hospitals NHS Foundation Trust

Leeds Teaching Hospitals NHS Trust

The University of Manchester and The Christie NHS Foundation Trust



How we did it at... University College London NHS Foundation Trust

This case study describes how to secure funding for start-up and suggests early activities to focus on.

Project lead: Professor Lesley Baillie, Director, Centre for Nurse and Midwife-led Research. Lesley.Baillie@ucl.ac.uk

Drivers and partners: In 2010, UCLH and UCL secured funding from the NIHR for a Comprehensive Biomedical Research Centre (CBRC). The Chief Nurse asked the CBRC's Research and Development Director to consider allocating financial support to develop research capacity and capability amongst UCLH's nurses and midwives. A CBRC Flexibility and Sustainability grant supported a senior research nurse (Kay Mitchell) to develop a Centre for Nurse and Midwife-led Research (CNMR) in collaboration with the UCLH Deputy Chief Nurse for R&D. The CNMR's current staffing is a 0.2WTE Academic Director, a 0.5WTE research facilitator and a 0.5WTE administrator. The CNMR provides

coordination and leadership for research capacity, with accessible support for nurses and midwives to engage in research and build clinical academic careers. The CNMR website provides a virtual 'one stop shop' and we run a programme of events: an annual conference that showcases nurse and midwife-led research, monthly research workshops, quarterly leading-light lectures and one-to-one appointments. The website features research active NMAHPs, thus promoting visibility and mentorship opportunities. We have a large database of research-interested staff and we advertise internal and external events and opportunities through a newsletter, email, Twitter and the Chief Nurses' bulletin, which has a section for research. We support a doctoral forum (peer support for UCLH NMAHPs studying doctorates), the UCLH's research strategy group and the clinical research nurses' forum. We administer a recently launched Trust fellowship scheme to support NIHR application development.

Biggest challenge: UCLH is a large, multi-sited central London NHS Trust and there are new staff continually joining the Trust. A big challenge is therefore ensuring awareness of the CNMR and identifying staff who are interested in developing a clinical academic role. We promote the CNMR and research-related activity in a range of ways: a regular slot on the preceptorship course, the Chief Nurses' bulletin, information sessions on different Trust sites, and our research theme leads. However, there continue to be staff that are unaware of the CNMR and support and opportunities available. It is a continual challenge to identify the staff that are embarking on a clinical academic career or are interested in doing so.

Advice to others: Set up the centre jointly for nurses, midwives and allied health professionals from the start, rather than focusing on nurses and midwives separately. Since 2015 we have been more actively working with allied health professionals

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies
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and now feature several in the CNMR website's mentorship section. We are running joint events with AHPs to support clinical academic careers and this improved collaboration is proving beneficial.

Top tips:

- Essential to have senior Trust support
- Communicating the message about clinical academic career pathways and NMAHPs leading research needs continual reinforcement
- Find ways of identifying and involving those NMAHPs who are really interested in a clinical academic career

Impact/outcome: We have increasing numbers of staff involved in research activity, studying for MRes and PhDs, and their research is closely related to their professional practice and aims to improve care. We have five research themes with UCLH nurses/midwives leading these and staff linking into these themes for their Masters or doctoral study and we are starting to build groups of staff at different points on a clinical academic career pathway. Many UCLH staff present their research nationally and internationally and publish widely and some are part of national expert groups, linked to

their research. We have recently gained support from a UCL endowment and a UCLH Charity to support fellowships to support NMAHPs to develop competitive applications for funded MRes/PhD/postdoctoral study.

Outputs:

- CNMR [website](#)

Publications:

- Mitchell, K., Baillie, L., Phillips, N. (2015) 'Increasing nurse and midwife engagement in research activity', *Nursing Standard*. 29(23), pp37-42
- Baillie, L., Mitchell, K., Phillips, N. (2015) 'Applying a facilitative model for increasing research capability and capacity of nurses and midwives', Royal College of Nursing International Research Conference, Nottingham (Symposium paper)

Year commenced: The CNMR was launched in 2010. The annual 'Research in Clinical Practice' conference has been held annually since 2011.

Funding source: The Comprehensive Biomedical Research Centre.

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How we did it at... University Hospitals Coventry and Warwickshire NHS Trust

This case study illustrates the use of the CARE model to build research capacity and attributes success to the creation and development of areas based on available local expertise.

Lead contact: Gillian Arblaster, Associate Director of Nursing – Education and Research, University Hospitals Coventry and Warwickshire NHS Trust, 5th Floor Room ACJ 50005 East Wing Clifford Bridge Road, Walsgrave, Coventry, CV2 2DX. Direct Line: 024 7696 6176 ext 26176 Email: gillian.arblaster@uhcw.nhs.uk

Drivers and partners: University Hospitals Coventry and Warwickshire NHS Trust (UHCW) set out a vision to be a national and international leader in healthcare research. Part of this ambition includes the development of research leaders among NMAHPs. The objective of the project was to increase research capacity and capability and develop a number of collaborative research themes that could produce defined measurable outcomes. The solution involved increasing capacity through

developing clinical academics who take a leading role in research and increasing capability to ensure that more staff are able to apply research findings to inform and change practice.

It commenced with the development of a collaborative research model called CARE – Clinical, Academic, Research & innovation, Environment. The model identifies four levels of research activity, each with metrics to demonstrate the level achieved and progress achieved for each workstream. Research themes were identified with the academic and clinical leadership and evolved into the following workstreams: Women’s Health and Maternity, Child Health, Cancer and Oncology, Older People, Dignity and Dementia, Workforce innovation, Health Technology in Practice, Infection Prevention and Control, and Trauma and Orthopaedics. Collaborative partnerships have been developed with Coventry University, University of Warwick and Birmingham City University and formalised with quarterly strategic partnership meetings. Four clinical academics were appointed and provide the lead for four of the

strategic themes. These are a Professor in Nursing and three clinical research fellows: a midwife, a nurse and a physiotherapist. An INCA (Interdisciplinary Non-medic Clinical Academic) Research training programme has been developed by Coventry University and UHCW to support our staff.

Biggest challenge: It was thought that developing academic partnerships would be a barrier to progressing the project but once we identified individuals who engaged we were knocking at open doors. Initial conversations were held with the three universities. There was strong commitment to be involved and an initial meeting was held in April 2014 with key academic staff from the universities. At this stage, the care model was selected, proposed workstreams were shared, and discussions held relating to existing projects and further work that could be undertaken or links with other departments. It was recognised that through collaborative working there could be significant advancements made.

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			Western Sussex Hospitals NHS Foundation Trust
			Leeds Teaching Hospitals NHS Trust
			The University of Manchester and The Christie NHS Foundation Trust
			Keele University

Advice to others:

- Secure identified income and dedicated resources. This initiative has largely been achieved due to the commitment, leadership and enthusiasm of existing staff
- Include healthcare scientists and other non-medical professions from the outset. While it helped us to have a focused start, we could have secured greater engagement from a broader range of staff groups at the outset. That said, the success of the programme has meant that most staff groups want to be involved
- Provide engagement opportunities for non-clinical staff

Top tips:

- Secure real and active senior commitment from all organisations
- Collect data and evaluate – we run annual surveys of staff to identify those involved and those who want to become involved to develop a pipeline of candidates
- Raise the profile – ensure regular board reporting and frequent ‘good news’ stories

Impact/outcome:

Staff opportunities – retention and engagement: Through our staff survey and partnership working, it was identified that there was a skills gap in relation to staff embarking on and sustaining a clinical academic pathway and a requirement to ‘grow our own’. The INCA Research programme emerged from these discussions, a collaborative development with Coventry University. It sets out a pathway to support graduate level non-medical clinical staff wishing to pursue academic careers or gain a greater understanding of clinical research.

INCA consists of three award levels:

- Bronze: builds on undergraduate research knowledge and achieves postgraduate accreditation; enables students unsure of a clinical academic career ‘to test the water’
- Silver: students gain a greater understanding of clinical research and can prepare either MRes/ PhD applications. The Silver Award started in January 2016 and 7 staff are currently involved
- Gold: a postdoctoral award that will commence in September 2016

Six staff secured posts on the NIHR MRes to start in September 2016 at Coventry University. To increase exposure to research as a career, a bespoke pathway is also offered to student nurses as part of a clinical placement.

Collaborative working with academic partners:

The programme has had wider benefits in raising the profile of the Trust with our academic partners, leading to additional collaborations in other areas such as healthcare modelling, exercise science and engineering.

Through the CARE Model, UHCW is making step changes to enable non-medics to lead future research projects and pursue clinical academic careers. This will ensure future care at UHCW is based on innovative and ground breaking research while continuing to be patient focused.

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Outputs:

- Increased research capability – two UHCW students on the 2015 NIHR MRes intake, six UHCW applicants on the 2016 intake, 11 UHCW students on the Clinical Academic Internship Programme in 2014 and 2015, seven staff on the INCA Silver programme
- Increased grant applications – number of grant applications from non-medics increased from seven in 2011–2012 to 43 in 2015–2016
- Increased grant income – the value of successful non-medic research grants in 2014–2015 (the last financial year the outcome of all grant applications is known) was £923,495
- Increased support for research-interested staff – five dedicated non-medic research peer support workshops have been held since January 2015 and two weekly writing groups aim to give non-medics time in a supportive environment to write up their research
- Increased outputs and recognition – publications, presentations (oral/poster) increased by 50%

Commenced: November 2013

Funding source: Time and commitment of staff at all organisations was absorbed within existing staffing (Chief Nurse, Associate Director of Nursing Education and Research, clinical workstream leads, clinical academics, admin support staff at UHCW and academics and admin staff from the university partners). Appointments of clinical academic posts were achieved by securing external grant funding, use of research capability funding to pump prime, and commitment to 50:50 funding from academic partners. Additional direct costs – consumables, travel/refreshment costs associated with meetings and conferences and dissemination costs and backfill for UHCW staff engaged on training programmes – were met from the trust’s research, development and innovation budget.

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			Keele University

How we did it at... Newcastle Upon Tyne Hospitals NHS Foundation Trust

This case study illustrates activity and achievements within a large successful tertiary organisation with a focus on strategic development, baseline activity assessment and promotion of external funding opportunities.

Lead contact: Helen Lamont, Nursing and Patient Services Director, The Newcastle upon Tyne Hospitals NHS Foundation Trust. Email: Helen.Lamont@nuth.nhs.uk

Miss Elaine Coghill, Trust Lead NMAHP Research, Education & Practice Development and Dr Niina Kolehmainen, Honorary Consultant Allied Health Professional & Senior Clinical Lecturer, The Newcastle upon Tyne Hospitals NHS Foundation Trust. Email: Elaine.Coghill@nuth.nhs.uk; Niina.Kolehmainen@newcastle.ac.uk.

Drivers and partners: As an outstanding and very successful organisation, and in order to provide care to patients and families that is consistent with the

best available evidence and to continuously improve patient experience, the Trust published its first NMAHP Research Strategy in 2015. This NMAHP Strategy sets out our vision for improving NMAHP research capability and capacity at the Trust over a five year period.

What we did and outcome:

- Undertook a survey across the Trust to ascertain the level of the Trust's research activity across the professional groups, whereby 1,163 NMAHPs responded
- Established two NMAHP Senior Research Leadership Groups (Operational and Strategic)
- Developed information about NMAHP research on the Trust web pages
- Developed a central database to capture NMAHP research activity
- Supported and worked to increase research applications to various awards, publications and conferences
- Implemented a process to identify talented

individuals who can develop an application for NIHR awards through research workshops and drop in clinics

- Undertook various Research workshops and drop in clinics to develop NMAHPs in research including clinical academic careers workshops, Master Workshop Series for NMAHPs applying for funding and a managers' workshop
- Produced Guidance for NIHR ICA Fellowship and Clinical academic expertise information
- Developed and published a flowchart with the Joint Research Office, to assist staff who are submitting an application for a Grant or Fellowship via Newcastle University or the Trust
- Contributed in the NIHR Guide: Building a Research Career, and undertook a workshop to support managers' understanding
- Developed new relationships and partnerships

Output/s:

- Successful RCF bids to support staff
- 6 PhD awards

Organisation success case studies	Organisation impact case studies		Individual impact case studies		Individual impact REF case studies							
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- 2 NIHR Fellowship
- 3 HEE NIHR Internships + 3 in 2017/18
- 1 Clinical Research Network (CRN) NIHR Research Champion Award
- 18 external speaking invitations
- 2 Florence Nightingale Research Awards
- 1 Trust N&M Annual Achievement Award for Research
- 1 Nursing Time Nurse of the year shortlisting
- 1 RCoR Award

Biggest challenge: Releasing staff from clinical duties to support submissions of application, and having only a limited number of identified academics to support staff with their applications.

Advice to others:

- Executive support is vital
- Having a clear strategy that sets out objectives with targets to achieve over a time period
- Clinical engagement and buy in
- Establish a baseline from which to measure your progress

Year commenced: 2015

Funding: Internally supported

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies									
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How we did it at... NHS Greater Glasgow and Clyde

This case study encourages organisations to consider building a firm foundation by involving and gaining approval at board level.

Project leads:

- Dr Rhona Hogg, Clinical Nurse Lead, Applied Research and Development, NHS Greater Glasgow & Clyde (Scotland UK).
Email: rhona.Hogg@ggc.scot.nhs.uk
- Professor Lawrie Elliott, Department of Nursing and Community Health. Glasgow Caledonian University, Scotland UK.
Email: lawrie.elliott@gcu.ac.uk

Drivers and partners: Our aim is to develop stronger relationships between academia and clinical practice. What we have achieved:

- Three two-year Clinical Academic Research Fellowships (CARFs) have been established, funded jointly by GCU and NHSGGC. The CARFs work two days per week at the university, with their professional appraisal and development plan undertaken jointly with university and clinical

managers. Mechanisms are in place to facilitate communication, joint planning and evaluation of the posts among the CARFs, their academic and clinical managers and organisation leads.

- Research apprenticeships have also been established to allow practitioners to work with research teams at GCU, usually for two days/month for six months. This enables practitioners to develop research skills and also provides academics with insight into current concerns around patient care and service delivery.
- In addition to the above, a Research Group has been set up in each clinical area within NHSGGC to establish research priorities, co-ordinate research activities and maximise implementation of research findings to improve patient care. This facilitates joint working between research active/interested practitioners and academics.

Biggest challenge: Lack of long-term funding and thus future clinical academic career progression.

Advice for others:

- Ensure there is a clear exit plan that fosters career progression.

Top tips:

- Early clarification on the clinical and academic components of each aspect of the programme
- Secure buy-in from senior managers in the NHS and academic partners at an early stage
- Promote and celebrate success
- Impact/outcome: Too early to comment on impact/outcomes. The evaluation should allow us to comment on this when it is completed in 2017
- Outputs: RCN International Research Conference oral presentation – May 2016
- GCU presentation May 2016

Year commenced: 2015

Jointly funded: by Glasgow Caledonian University and NHS Greater Glasgow and Clyde

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies
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How we did it at... NHS Lothian

This case study describes steady progression through building a small cadre of well-supported early individuals to attain success and undertaking regular evaluation of impact.

Lead person: Dr Juliet MacArthur, Chief Nurse Research and Development
Juliet.macarthur@nhslothian.scot.nhs.uk

Drivers and partners: Drivers came from the publication of the Finch Report (2007) and the desire to extend capacity-building work undertaken by a consortium for NMAHPs research in South-East Scotland, the 'Centre for Integrated Healthcare Research'. The Lothian Clinical Academic Research Careers (CARC) Scheme was established involving partnerships between NHS Lothian, University of Edinburgh, Edinburgh Napier University, Queen Margaret University and NHS Education for Scotland (NES). The initial model involved three 'demonstration sites' built around a defined research programme and funding to support salaries,

employment on-costs, tuition fees, conference attendance, travel and support costs for the following two research posts in each which would be combined with the post holder's existing clinical appointment:

- 0.5 WTE Advanced Practitioner: a post-doctoral Clinical Research Fellow for three years fixed term (with possibility of extension to five years) (Band 7)
- 0.5 WTE Senior Practitioner: registering for five year part-time PhD (Band 6)
- Following the appointment of the three demonstration sites (critical care, substance misuse and weight management) two other CARC Schemes have been established in dementia and midwifery (this site includes a third post, part-time Masters in Research (Band 6)). In total, 11 NMAHPs CARC practitioners have been appointed
- The CARC Scheme sits within an overarching Lothian NMAHPs Research Framework involving the NHS and three universities. Since the

launch of the Framework in 2011 the number of NMAHPs doctoral students in the NHS, supported through CARC and other funding routes, has increased from eight to 26 at any one time, with 22 postdoctoral practitioners currently employed by the NHS.

Impact:

The Lothian CARC Scheme has undergone two independent evaluations:

- Phase 1 evaluation was undertaken by the University of Worcester in 2013
- Phase 2 evaluation was undertaken by Ekosgen 2016²

Key findings

Impact on individual researchers

Opportunities for research training, research career development (grant applications, working as the principal investigator), involvement in policy making and other strategic work, publishing and presenting at national and international

2. Ekosgen (2016) *Final Evaluation of Lothian's Nursing, Midwifery and Allied Health Professions (NMAHP) Clinical Academic Research Careers (CARC) Scheme for NHS Lothian*, Ekosgen

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies
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Heart of England NHS Foundation Trust	University Hospital Southampton NHS Foundation Trust	Nottingham University Hospitals NHS Trust	University College London Hospitals NHS Foundation Trust	University Hospitals Coventry and Warwickshire NHS Trust	Newcastle Upon Tyne Hospitals NHS Foundation Trust	NHS Greater Glasgow and Clyde	NHS Lothian	Portsmouth Hospitals NHS Trust	Western Sussex Hospitals NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	The University of Manchester and The Christie NHS Foundation Trust	Keele University
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events, profile as clinical academic researcher (pioneering role within the organisations), award winners based on presentations at postgraduate research conferences. Based on first eight post holders (critical care, substance misuse, weight management and dementia) the following have been undertaken/achieved:

- 77 conference attendances
- 45 conference papers presented
- 106 training courses completed
- 17 publications
- 14 grant proposals written (some in progress)
- Grant income to date ~ £911,000
- Membership of 20 research groups
- Post holders involved in teaching/supervision of 41 students/researchers

Impact on service users

Including workforce – involvement in research studies, building research culture, role modelling of potential career opportunities.

Impact on service/department

Development of new services based on output of research, e.g. critical care – recovery from critical

illness involving generic assistant supporting patients post discharge from ICU, development and use of [web-based resource](#) for patients and families following critical illness.

Impact on organisation

Raising profile of NMAHPS research within a highly research-active organisation (clinical research).

Impact on NHS/healthcare

Testing of a potential model for clinical academic research careers for NMAHPs, contribution to local and national planning.

Outputs:

- A [website](#) for the Lothian Clinical Academic Research Career (CARC) Scheme

Publications:

- [Weir, A. & Ozga J. \(2011\)](#) ‘Clinical Academic Posts for Nursing: NHS Lothian Case Study’
- [University of Worcester \(2013\)](#) ‘Phase 1 evaluation of Lothian’s Nursing, Midwifery and Allied Health Professions (NMAHP) Clinical Academic Research Careers (CARC) Scheme’

Presentations:

- [MacArthur, J. & McCulloch, C. \(2012\)](#) ‘Lothian’s embedded nursing, midwifery and allied health professions (NMAHP) Clinical Academic Research Careers (CARC) Scheme: Reflections on the first year’, RCN International Research Conference London

Biggest challenge: Dealing with issues of sustainability of appointments at the end of the CARC funding, particularly as the launch of the Scheme coincided with the recession and a period of austerity impacting on the NHS.

Advice for others:

- Have stronger engagement with NHS managers in the planning and implementation of CARC schemes – ensuring each site has an advisory group which involves the researchers, supervisors and managerial stakeholders from the NHS and higher education
- Increase publicity about the nature of the CARC scheme and its contribution to health service research and capacity building – both internally and externally

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Top tips:

- Engage with R&D Director, Nursing Director and Heads of School at an early stage to develop shared vision to promote the value of NMAHPs capacity building
- Have a fully costed proposal to share with stakeholders – liaise with NHS & HEI finance departments to do this
- Develop robust governance mechanisms as part of your toolkit (Operational Group meetings, progress reviews, finance updates)

Year commenced: 2009

Milestones:

- 2009 to 2010: Development of model, agreement of funding, establishing Service Level Agreement between all parties
- 2011: CARC Scheme launched
- 2011: Critical Care (NHS Lothian/University of Edinburgh)
- 2011: Substance Misuse (NHS Lothian/Edinburgh Napier University/University of Edinburgh)
- 2013: Weight Management and Telehealth interventions (NHS Lothian/Queen Margaret University/Edinburgh Napier University)

- 2014: Dementia – discharge from acute hospital (NHS Lothian/University of Edinburgh/Alzheimer Scotland)
- 2016: Midwifery – reducing health inequalities (NHS Lothian/Edinburgh Napier University)

Funding source:

Total funding ~ £1.38m since 2011

- NHS Lothian – £640,000
- University of Edinburgh – £155,000
- Edinburgh Napier University – £290,000
- Queen Margaret University – £100,000
- NHS Education for Scotland – £190,000
- Alzheimer’s Scotland – £5,000

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			The University of Manchester and The Christie NHS Foundation Trust
			Keele University

How we did it at... Portsmouth Hospitals NHS Trust

This case study illustrates benefits of good partnership working to attain success particularly at doctorate level, across multiple organisations.

Project leads:

- Vanora Hundley, Deputy Dean for Research and Professional Practice and Professor of Midwifery, Bournemouth University
- Gill Walton, Director of Midwifery, Portsmouth Hospitals NHS Trust
- Greta Westwood, Deputy Director of Research & Innovation, Portsmouth Hospitals NHS Trust

Drivers and partners: Bournemouth University offers employers the opportunity to design and match-fund doctoral studentships with the intention of using knowledge exchange to solve real-world problems. These three-year fulltime PhD studentships work well for traditional subjects, but for many clinicians stepping away from practice in order to study full-time brings significant challenges,

including loss of clinical skills and confidence, and deprives practice of a valuable resource. We therefore created a pragmatic four-year clinical doctorate model to enable midwives to remain in practice while conducting a piece of research to meet clinical priorities.

The four-year clinical doctorate is a joint development involving academics at Bournemouth University and clinical colleagues at three NHS trusts, similar to the joint University of Southampton-Wessex NHS model. The doctorate is structured to enable students to spend two days a week in clinical practice and three days conducting research. All research projects are jointly developed to meet an identified clinical need. The model originated for midwives in Portsmouth Hospitals NHS Trust, where we have eight fellows, and has now been adopted by the Isle of Wight NHS Trust, University Hospital Southampton NHS Foundation Trust, and we will shortly have fellows in Poole Hospitals NHS Trust and Dorset County Hospitals NHS Trust.

Biggest challenge: persuading potential students that this is a viable career option.

Advice to others: Getting our doctoral students in to meet student midwives and demonstrate that this is a meaningful and viable career option has been important. Encouraging our completing student midwives to spend six months in practice to consolidate their skills before taking on the studentship has also helped them adapt to the demands of the clinical academic studentship.

Top tips:

- A good working relationship between the HEI and the NHS Trust is vital. The research proposal is jointly developed; studentships are advertised nationally; applicants are shortlisted and interviewed through a joint panel; and there is co-supervision.
- A small cohort of fellows at a similar stage in their research is important to provide support to each other

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		Newcastle Upon Tyne Hospitals NHS Foundation Trust	Newcastle Upon Tyne Hospitals NHS Foundation Trust
		NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde
		NHS Lothian	NHS Lothian
		Portsmouth Hospitals NHS Trust	Portsmouth Hospitals NHS Trust
		Western Sussex Hospitals NHS Foundation Trust	Western Sussex Hospitals NHS Foundation Trust
		Leeds Teaching Hospitals NHS Trust	Leeds Teaching Hospitals NHS Trust
		The University of Manchester and The Christie NHS Foundation Trust	The University of Manchester and The Christie NHS Foundation Trust
		Keele University	Keele University

- Flexibility is important in the implementation of the two days clinical, three days research split, so when data collection, for example, is intense, a brief period of five days of doctoral work a week is helpful, which is then matched by an equivalent time in practice a bit later

Impact/outcome: There are research, education and practice benefits.

Research – Clinical doctoral research fellows are vital to growing research and future researchers. They also provide an opportunity to conduct research that will have a direct impact on the community. All research projects are jointly developed to meet an identified clinical need. This link to impact on a non-academic audience has become an important component of the research assessment exercise and is therefore key in attracting funding to higher education.

Education – The model brings student midwives directly into contact with midwives undertaking research at doctorate level. It is showing them, in a real and tangible way, what research is and how it is done. They can also see the direct impact the outcomes could potentially have on improving high

quality care to women and their families. The fellows also share their learning on the undergraduate programme and it is an excellent way of bringing together research, education and clinical practice.

Practice – The fellows discuss their research and challenge the wider evidence underpinning practice with their clinical colleagues, all in a day’s work. They are demystifying research in practice and enhancing care through transformation and quality improvement. The main advantage of this new midwifery role for practice is to provide an attractive career option to recruit and retain talented midwives who wish to stay in clinical practice whilst researching areas that matter to the NHS, mothers and midwives.

Output: Way, S., Hundley, V., van Teijlingen, E., Walton, G., and Westwood, G. (2016) ‘Dr Know’. *RCM Midwives Journal*, Spring, pp66 - 67

Year commenced: First studentship commenced in 2013 – due to complete in 2017. We will take on five new students (four midwifery and one in nursing) in September 2016.

Funding source: Studentship are match-funded by Bournemouth University (£7000 per year) and an NHS Trust (£7000 per year). Students also receive field expenses (£1000 per year) from the Trust.

Funders include: Portsmouth Hospitals NHS Trust, Isle of Wight NHS Trust, University Hospital Southampton NHS Foundation Trust, Poole Hospitals NHS Trust and Dorset County Hospitals NHS Trust.

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			Keele University

How we did it at... Western Sussex Hospitals NHS Foundation Trust

This case study provides valuable information about starting out within a secondary care NHS organisation.

Project leads:

- Vivienne Colleran, Director of Clinical Effectiveness, Research and Innovation, Western Sussex Hospitals NHS Foundation Trust, CMEC, St Richard's Hospital. Phone 01243 788122 ex 35033. Mobile: 07766 364618. Email: Vivienne.colleran@wsht.nhs.uk
- Dr Maggie Davies, Deputy Director of Nursing, Western Sussex Hospitals NHS Foundation Trust, 2nd Floor Washington Suite, Worthing Hospital. Email: maggie.davies@wsht.nhs.uk

Drivers and partners: Western Sussex Hospitals NHS Foundation Trust aims to deliver high-quality care through innovation and continuous quality improvement, education and research. The Trust established its Patient First Programme in 2014, a programme of work supporting continuous improvement in the care we provide. The

programme focuses on enabling front line staff to initiate and lead improvements in services and care by building continuous improvement culture and capacity.

This year the Trust has focused on developing a new Research and Innovation Strategy through engagement with staff and patients. Key goals of this strategy are the development of clinical academic roles within the Trust to promote best care, and attract and retain staff focused on providing high-quality care to patients within our hospitals.

Our work on 'Organisational Readiness' for developing clinical academic roles has included:

- Engaging with staff and patients regarding the goals of the new Research & Innovation Strategy and how they will impact both staff and patients
- Securing Executive Sponsorship (Medical Director and Director of Nursing) and board-level support for the development of clinical academic roles within the Trust

- Developing a Clinical Academic Pathway Steering Group with our NMAHPs leaders and a governance structure to lead the development of the programme, reporting to our Trust Quality Board
- Developing a programme plan clearly linked to our strategic priorities for quality and the Patient First Programme to prepare to embed roles in clinical practice and improvement structures such as our Kaizen Office
- Clearly linking the programme to integrated education developments and workforce recruitment and retention strategies
- Linking with the AUKUH Clinical Academic Role Development Group and other leaders to ensure we are learning from others in thinking through our model
- Visiting examples of clinical academic models in practice
- Scoping our current workforce and levels of interest in clinical academic roles,
- Mapping potential HEI partners

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- Holding a workshop for interested staff and Heads of Professions to come and help shape our vision for clinical academic roles locally – facilitated by Professor Carrick-Sen
- Holding initial conversations to explore shared opportunities with HEIs and HEE regionally
- Developing a two-page proposal articulating the vision for clinical academic roles, key impacts, what the pathway might look like, etc.

Biggest challenge: Maintaining momentum and engaging all the partners and groups needed to make this a success is time-consuming. Don't underestimate the co-ordination required; develop a robust project plan.

Advice for others:

- Develop a two-page proposal articulating the vision for clinical academic roles, key impacts, what the pathway might look like etc. at an earlier stage
- Focusing on a short visual description of the programme helps clarify thinking and get everyone on the same page; as discussions with partners develop, the proposal can develop

Top tips:

- Ensure early Trust executive sponsorship and support
- Clearly link your vision to Research and Innovation and Quality improvement strategies within the organisation and improving patient care
- Engage – talk with staff, heads of NMAHPs within the Trust to help shape plans and prepare for implementation, involve these groups in steering the programme

Impact/outcome: The outcome of the first years' work is organisational readiness for the implementation of clinical academic roles within the Trust, including board and wider staff support for the development of the programme.

Output: West Sussex Hospitals Foundation Trust Research and Innovation Strategy – Stakeholder Engagement Document.

Year commenced: Organisational readiness work 2015/16.

Funding: Organisational readiness work internally supported.

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			Keele University

How we did it at... Leeds Teaching Hospitals NHS Trust

This case study illustrates development of a strategic framework to aid executive board buy-in to promote sustainability.

Project lead: Dr Heather Iles-Smith, Head of Nursing Research and Innovation. Phone: 0113 206 6836. Email: heather.iles-Smith@nhs.net

Drivers and partners: A NMAHPs research leadership group reporting to the Trust research, education training board was established in 2015 to drive the research agenda at strategic level. Membership of the group includes operational heads of non-medical professions, clinical academic researchers and senior academics from the University of Leeds (UoL). A number of task-and-finish groups, including research capacity building (RCB), research delivery workforce, communications and supporting NHS managers in research, were also commissioned.

The RCB group aims to increase and sustain research capacity for NMAHPs health professionals.

The group includes key representatives from both Trust and UoL, and the local NIHR Research Design Service and CLAHRC, as well as Human Resources in both organisations. An ‘RCB Pathway’ has been created that includes negotiating the support of NHS managers to identify and direct staff who are interested in becoming research active. The pathway includes key enablers such as coaching, mentoring and identifying resources to undertake clinical research activity and/or develop clinical academic careers.

Current work includes the development of NMAHPs clinical academic job profiles and job descriptions and the creation of a memorandum of understanding (MoU) between the Trust and UoL to support clinical academic roles. Other work has led to identification of the current clinical academic workforce and those on an established clinical academic pathway, and those who wish to develop as a researcher or to support research. Additionally, a central researcher email list has been created to improve communication.

The supporting NHS managers (in research) group is currently working with LTHT general managers to identify barriers and enablers and appropriate support mechanisms to facilitate research within the non-medical professions.

Biggest challenge: Identifying the complex infrastructures and available resources offered to various groups across the HEIs and NHS organisations is most challenging. Additionally, determining the various routes that staff navigate in establishing a research career, which are often opaque and set in a constantly changing environment, adds a further challenge. Moreover, negotiating and implementing systems and processes in collaboration with multiple HEIs adds complexity.

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			Western Sussex Hospitals NHS Foundation Trust
			Leeds Teaching Hospitals NHS Trust
			The University of Manchester and The Christie NHS Foundation Trust
			Keele University

Advice to others:

- Communicate across all organisations across all levels
- Keep it small initially and do more individual stakeholder management before establishing a working group. This will help ensure the right people of influence are members of the group

Top tips:

- Ensure there is high-level engagement at board/faculty level across all participant organisations
- Consider the role that middle managers play in creating/negotiating a clinical academic career Equip them with the knowledge and the skills required to make informed decisions
- Create a usable visible pathway suited to your organisation to help ensure clinical/research parity. Include a range of individuals (HR, finance, managers, operational staff as well as academics and clinicians) in creating such a pathway

Impact/outcome:

Individual

- Identifiable, accepted, visible career pathway
- Clarity and parity related to clinical academic career progression
- Job satisfaction

Service users

- Increased research opportunities
- Evidence-based practice
- Research as part and parcel of practice including planning service

Service/department/organisation

- Increased staff satisfaction and retention
- Increased credibility and visibility
- Potential cost savings through refined service/treatment provision based on evidence
- Increased research income
- Staff able to determine and answer purposeful practice based questions
- NHS healthcare
- A well-educated, critically thinking, engaged workforce
- Increased use of evidence
- Increased research opportunities for patients/service users

Outputs:

- Increased research culture
- Research theme will be included in the Trust's Professional Commitment for Nurses, Midwives and AHPs
- 50% increase in abstracts submitted for 2016 the Nursing, Midwifery and Allied Healthcare Professional conference compared to previous years
- Additionally, a research theme was included in the conference with a breakout session that was very well attended
- Creation of a number of research clinics, journal clubs and clinical research subject groups across the Trust
- Five new clinical academic posts established or in the process of being established
- A 50% increase in the number of internship, Masters and doctoral fellowship applications with a 75% success rate
- Increased numbers and breadth of applications to fellowships across the professional groups. Additionally, interest in research careers generally (including research delivery) has increased across all professional groups during the course of the last 12 months

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Year commenced: June 2015

Funding has been from multiple sources:

- Research and innovation department budget
- Leeds Teaching Hospitals Charitable Trustees
- Clinical Service funding to support staff time and a number of pilot schemes (including posts)
- HEE/NIHR internship, Masters, PhD fellowships and postdoctoral fellowship funding
- HEI funding-in-kind, senior academic staff time
- HEI funding for developmental posts
- NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Yorkshire and Humber – in kind for staff time and also access to an internship scheme
- Charities – fellowship funding

Organisation success case studies

Organisation impact case studies

Individual impact case studies

Individual impact REF case studies

Heart of England NHS Foundation Trust

University Hospital Southampton NHS Foundation Trust

Nottingham University Hospitals NHS Trust

University College London Hospitals NHS Foundation Trust

University Hospitals Coventry and Warwickshire NHS Trust

Newcastle Upon Tyne Hospitals NHS Foundation Trust

NHS Greater Glasgow and Clyde

NHS Lothian

Portsmouth Hospitals NHS Trust

Western Sussex Hospitals NHS Foundation Trust

Leeds Teaching Hospitals NHS Trust

The University of Manchester and The Christie NHS Foundation Trust

How we did it at... The University of Manchester and The Christie NHS Foundation Trust

This case study focuses on starting from scratch, building slow yet steady progress within a short period of time. It highlights the importance of mentorship, development of a strategy, gaining board support and some tips on securing pump priming funding.

Project lead: Janelle Yorke, Professor of Cancer Nursing, Lead: Christie Patient Centred Research (CPCR)

Drivers and partners: Professor Yorke was appointed as a Joint Chair in May 2015 to develop and lead the initiative. This was a difficult task as it was unknown territory and little was information available on research activity of clinical staff.

Actions: We undertook a Trust-wide scoping exercise to explore the current landscape and identify research priorities. We then met with teams/divisions/individuals including R&D, nursing, allied health and medicine (Medical Director/Deputy and cancer group leads) and patients. Next we collated

metrics on clinical staff with post graduate research qualifications and then revisited groups/individuals to present the picture of 'where we are now' and 'where we want to be.' Finally, the results and future plan were presented to the Christie Research Strategy Committee.

A new Trust research group, CPCR, was established and a business case developed. The new research group required funding to support early development for two years to pump-prime three research fellow posts. A decision was made to focus on three strategic areas that mirrored the Trust's strategy: Cancer prevention and early detection, Living with and beyond cancer and Cancer and older people. Support and financial contribution was sought from Christie R&D, University (teaching fellow post), Christie clinical cancer groups and experimental medicine, and Christie Charitable Funds.

Biggest challenge: The Christie's has a long standing history of being at the forefront of

innovative research in clinical trials for new cancer treatments. Being the first appointed Professor of Nursing at the Trust, there was a real opportunity to develop nursing and allied health professions research but finding a way through the arena of clinical trials was a challenge. Once the gap in the Trust's research portfolio was identified (i.e. limited amount of quality patient-centred research) it was important to present this as an opportunity, not just for nursing and allied health, but also for medical colleagues and the whole Christie organisation. This necessitated a change in language from saying 'nursing/allied health research' to 'patient-centred research' which also reflects the Trust's strategic vision. That approach provided a positive narrative about research that aims to better understand and improve patient experience and patient-centred health outcomes. However, it was important to ensure that the development of research capacity and capability of the nursing and allied health workforce featured prominently in the strategy and specific metrics set accordingly.

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Advice to others: Engage with and involve patients from the beginning – they can be your greatest advocate. I have patient representation on the CPR strategic committee and invite patients to come along and be involved with all our activities; this ensures that what we do is truly patient-centred.

Engage early and frequently with an external mentor – someone who also has a joint appointment with a Trust and HEI – so someone who understands and can offer practical advice on related opportunities and challenges. So my advice is – find a good mentor and make sure you use them!

Top tips:

1) Spend time getting to know the organisation and its people at all levels of the hierarchy. You need be visible and accessible. Identify your strongest supporters and keep them engaged – you will need them to help implement your strategy.

2) Identify the gap/s in the current research portfolio but present this positively and as an opportunity for exciting growth and development – not as a separate entity. Demonstrate how you can bring a new element to the research profile that

complements rather than competes with current research activity.

Impact/outcome:

Since May 2015 CPR have led the following developments:

Students:

- One successful HEE/NIHR Research Internship in 2015 and 3 in 2016
- One internal scholarship to undertake MClRes in 2015 and 2 in 2016
- Specialist registrar training – project supervision through CPR
- Regular CPR placements for Year 3 and Year 4 Medical student project supervision

Project awards to CPR and clinical staff supported by the group to develop grants:

- NIHR RfPB – RCT to determine the clinical and cost effectiveness of a self-management intervention for breathlessness-cough-fatigue in lung cancer
- Manchester Institute for Collaborative Research in Aging – A study to explore the information needs and decision making preferences of people with cancer-dementia and their families

- National Lung Cancer Nurses Forum – Support and information needs of patients undergoing curative intent chemo-radiotherapy for lung cancer
- School of Oncology, The Christie – Feasibility and acceptability of training non-health care professionals to lead a programme of cancer prevention and early detection
- Roche – Improving experiences for women with secondary breast cancer
- Macmillan – Evaluation of North Manchester enhanced community palliative care
- Vanguard – Goals of care in progressive cancer

Promotional/engagement activity:

- CPR launch event, February 2016 – standing room only in the Trust auditorium with over 140 people including patients, clinicians, clinical trials and R&D personnel, board members and university colleagues
- CPR promotional table held in the Trust restaurant/cafe, lunchtime July and October 2016
- Workshop – Navigation research opportunities, July 2016
- Workshop – Patient-centred research in the clinical setting, September 2016

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Outputs since May 2015:

- CPCR recognised as a Trust level research group and included in R&D metrics and reports
- Four HEE/NIHR internships
- Ten staff members supported to develop conference abstracts – all accepted
- Increasing number of staff across all professional groups supported with publications
- Working with different clinical teams on audits with the potential to develop further
- Developed a web page and paper pamphlet

Year commenced:

Post commenced in May 2015: CPCR established in February 2016 – eight months; confirmation of business case approval in June 2016 – 12 months. Recruitment for the newly created Research Fellow posts September 2016.

Funding: The Christie Charity, Christie Cancer Group Funds, Christie R&D, UoM

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How we did it at... Keele University

This case study demonstrates how a university identified and worked with a healthcare provider organisation. It describes the multiple benefits but also challenges.

Organisation: Research Institute for Primary Care and Health Sciences, Keele University.

Lead contact: Mrs Helen Duffy, NHS Partnerships & Engagement Manager, email: h.c.duffy@keele.ac.uk.

Drivers: The Research Institute for Primary Care and Health Sciences (iPCHS) has a strong track record in delivering a programme of clinical musculoskeletal research with its local NHS partners. This partnership is formalised through the Primary Care Research Consortium which includes membership from local clinical commissioning groups (CCGs), local community provider Trusts, local community hospital and the iPCHS.

The Primary Care Research Consortium's remit is to:

- ensure full engagement of primary care clinicians and patients in the development and delivery of a shared Keele / NHS research strategy
- develop the capacity for research across the Keele/NHS interface
- support the dissemination and implementation of research outputs across the NHS
- support evidence-based practice and commissioning

Process: In order to continue to deliver a programme of relevant clinical research, the University was keen to work with its NHS partners to develop a career pathway to support clinicians in joint clinical academic roles. Over the last 10 years we have worked to develop strategies for engagement including the establishment of multidisciplinary evidence-based practice groups, clinical advisory groups and joint clinical academic posts (across medicine, physiotherapy, nursing). These support the development, delivery and implementation of clinical research locally.

Partners: NHS North Staffordshire and NHS Stoke on Trent CCGs, Staffordshire & Stoke on Trent Partnership Trust, Haywood Hospital and patients.

Biggest challenge: continues to be the pressures within an ever changing NHS – changes in NHS structures and management frameworks, challenge partnership working when service pressures prevent development opportunities.

Top tips:

- Don't give up
- Relationships are key
- Keep promoting the benefits of joint partnerships working and clinical academic posts – in terms of supporting CPD, recruitment and retention strategy

Impact/outcome:

- For researcher: a varied, challenging role that combines both clinical and academic interests – being able to raise questions of clinical uncertainty and to access sources of funding and expertise available from both university and NHS

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies
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Heart of England NHS Foundation Trust	University Hospital Southampton NHS Foundation Trust	Nottingham University Hospitals NHS Trust	University College London Hospitals NHS Foundation Trust	University Hospitals Coventry and Warwickshire NHS Trust	Newcastle Upon Tyne Hospitals NHS Foundation Trust	NHS Greater Glasgow and Clyde	NHS Lothian	Portsmouth Hospitals NHS Trust	Western Sussex Hospitals NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	The University of Manchester and The Christie NHS Foundation Trust	Keele University
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- For service users: improving evidence-based practice, reduced clinical variation, strong programme of research that is relevant to local population and services
- For the service: ability to recruit and retain strongest candidates into clinical services. Ability to deliver against service/national agendas – developing new models of care, evidence-based clinical services, supports quality agenda and underpins CPD requirements for staff
- For the department / organisation: as above – able to demonstrate active engagement in delivery of evidence-based services, reducing clinical variation and ensuring value for money in service delivery. Opportunity to ‘minimise’ financial risk by creating joint posts to recruit into
- For the NHS / healthcare: as above and early implementation of research outputs – delivering innovative evidence-based services

Year commenced: 2006

- Funding:** various sources of funding have supported the development of these posts:
- University/NHS joint funding of posts with ‘matched funding’ to create new roles
 - pump priming of posts by NHS/University has allowed capacity to develop and new sources of funds to be accessed
 - NIHR fellowships/grant funding opportunities.

Dr Heather Iles-Smith, Leeds Nurse

This case study illustrates the impact a doctorate study can make to reduce anxiety symptoms in cardiac patients using a mixed method study. It demonstrates the added value of increased research methodology knowledge, as well as increased availability of coaching and mentorship.

Title: A mixed methods study investigating re-presentation, symptom attribution and psychological health in primary percutaneous coronary intervention patients.

Key findings: In st-elevation myocardial infarction (STEMI) patients treated with primary percutaneous coronary intervention (PPCI), the gold standard treatment for STEMI, anxiety was predictive of re-presentation within 6 months of PPCI to acute services with potential ischaemic cardiac symptoms (similar to their original STEMI). Qualitative interviews on one occasion involving 25 participants suggested that anxiety was related to fear of dying due to a

further heart attack and inability to understand and determine symptoms.

Impact: This is the first study to show that raised anxiety levels, measured using the Hospital Anxiety and Depression Scale (HADS), predicts re-presentation due to potential ischaemic cardiac (PIC) symptoms in STEMI patients. It is also the first study to highlight that this cohort of patients experience fear of death due to a further IC event and anxiety due to inability to determine symptom cause. The impact of this research relates to the increased knowledge and understanding of this cohort of patients, which enables the development of targeted interventions to help patients understand their symptoms and to address anxiety at an appropriate stage of their recovery.

For the local multidisciplinary team, the results of the study created greater understanding of the need to identify and address psychological as well as physical comorbidities. Service users also found

participating in the qualitative aspect of the research cathartic and voiced a need to de-brief following PPCI. Post PPCI follow-up clinics have since been set up at a number of Trusts across the UK to address the requirements of patients during early follow up. Discussions are also taking place regarding the need to adapt cardiac rehabilitation services to meet the specific needs of PPCI patients. This study was conducted as part of a PhD. The benefits to the organisation and NHS have been far reaching, including opportunities to use analytical skills in a multitude of contexts and a broader understanding of research methodologies. This has led to the coaching and mentorship of others, influencing the evidence-based practice and research culture of organisations and increasing partnership working between Higher Academic Institutions and the NHS.

The study was carried out between 2006 and 2012 at five sites across the Manchester conurbation.

Dr Sally Fowler Davis, Sheffield AHP

This case study illustrates the development of a theoretical model that increased research activity, involvement and support resulting in a positive change in the organisation research culture.

Title: Boundary spanning leadership: an aid to enhance organisation culture and networking

Background: A Partnership between Sheffield Hallam University and Sheffield Teaching Hospital resulted in the development of a role to navigate and develop clinical academic practice within the Hospital. The initial pilot was undertaken in a single directorate and then spread to four directorates within a care group. The pilot involved 2000 staff representing nursing, AHP and medicine.

The project was based around the development of a research strategy and a specific ambition to embed research into clinical practice and pathways, to become a research-active environment, and to become an ‘Academic Directorate/ Care group’. This status within the organisation is measured

through a range of metrics including grant applications, grant capture, research income, patient recruitment and CRN portfolio sites. Additional ambitions generated within the strategy included the development of a new organisational capacity to generate and deliver research with key investment in research co-ordination and leadership, and PPI infrastructure. Significantly, an ambition of 10% participation in research within the clinical workforce was also generated.

The Research Development Post was instigated in the Trust and jointly funded by the university. The Trust wanted a ‘navigator’ to build knowledge and expertise through systems change and a devolved leadership and infrastructure to support research activity. This required a commitment to boundary-spanning and investment in leadership that could develop the organisational systems and processes to achieve academic activity through services and in collaboration with patients and practitioners. Boundary-spanning leadership is specifically important to research.

The project was strengthened by the policy backdrop relating to clinical academic careers for nurses, midwives and AHPs that has recently been further reinforced by NIHR pathways development and training advocacy. A programme theory was used to underpin the changes instigated within the research strategy and included:

- Recognition of the benefits to organisations resulting from research engagement (Hanney et al 2013, Ferlie et al 2015, Buxton & Hanney 1996)
- Evidence supporting positive effects on patient outcomes of engaging in research (Ozdemir et al 2015, Thonon et al 2015, Hanney et al 2007, Hanney et al 2003)
- Improvement science and the usefulness of improvement methods in making cultural change, especially recognising the boundary-spanning role in research capacity and a commitment to a resource-based view to achieve research ambitions

Dr Heather Iles-Smith, Leeds Nurse	Dr Sally Fowler Davis, Sheffield AHP	Dr Jacqui Prieto, Southampton Nurse	Kevin Hall, Western Sussex AHP
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Impact: The profile of the work was recognised in STH with recognition of the research strategy as a template for other directorates and with academic status for achievement of research activity in 2014 and 2016. The care group is a case study site for CLAHRC Y&H.

Three types of research are undertaken in the care group as a result of the leadership and organisational development that has been undertaken:

- HEE/NIHR awards: pre-Masters through to clinical and doctoral fellowship. Over 20 clinical staff have taken the HEE/NIHR Masters in Clinical Research. Over two years, two HEE/NIHR doctoral fellowships have been successful with a further four applications going to interview and other high-quality applications. There are research champion roles, and research secondments have been developed within the CRF
- Clinically focused grant applications in partnership with academic colleagues and focused around a number of themes and areas of speciality: over 20 bids to NIHR and charities based on clinical staff identifying and co-designing bids and retaining Principal (PPI) and Co-Investigator (Co-I) roles

- CLINICAL Research Network portfolio sites: 25 sites are open, recruiting a total of 250 patients to studies to date

Impact on patients: Patient representatives have reported high levels of satisfaction and a ‘therapeutic effect’ with the principal investigator role and a strong willingness to develop research alongside clinicians.

Impact on clinical services: Across directorates and care groups, 25 principle investigators and co-investigators are leading and/or recruiting to studies. We have two HEE/NIHR clinical fellows and a range of research forums to reflect specialty interest. These active researchers are champions for research activity and they have spread a strong level of involvement and ‘permission’ to engage in research at every level. This means that there is an adequate rationale for clinical managers to support the backfill and management of researchers within their services.

Impact on service managers: Academic care-group status has made it possible to engage with a wide range of ‘research-friendly’ service managers and to discuss the return on investment that will

be achieved through a research active culture. Senior managers are informed about research and knowledgeable about the potential funding streams to support research and they have been willing to undertake the HR processes to achieve a more flexible workforce.

Date: The Project started in September 2013 and is ongoing.

An improvement process with several cycles of evaluation was used to develop and sustain the ‘academic status’ of the care group. See [this publication](#).

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Dr Heather Iles-Smith, Leeds Nurse	Dr Sally Fowler Davis, Sheffield AHP	Dr Jacqui Prieto, Southampton Nurse	Kevin Hall, Western Sussex AHP
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Dr Heather Iles-Smith, Leeds Nurse	Dr Sally Fowler Davis, Sheffield AHP	Dr Jacqui Prieto, Southampton Nurse	Kevin Hall, Western Sussex AHP
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Dr Jacqui Prieto, Southampton Nurse

This case study clearly demonstrates major financial savings following a post-doctoral study that identified optimal numbers and optimum management of portable bladder ultrasound scanners. The study resulted in policy and practice change.

Title: Optimising the use of bladder ultrasound scanners to improve the quality and safety of patient care and reduce costs.

Background: Portable bladder ultrasound scanning technology is a fast, painless and non-invasive way to measure urine volume in the bladder. As an alternative to bladder catheterisation, it has been shown to significantly reduce urinary tract infection (UTI), and increase patient satisfaction. Bladder scanning has become routine in acute care, but despite its availability to the NHS for more than two decades, adoption has been slow and inconsistent. In order to optimise use in Southampton, Jacqui undertook an economic assessment to establish a strategy for future use.

Impact: Jacqui put forward a compelling case. The amount of money saved by using the scanner and avoiding catheterisation was estimated to be around £1.2m per year. This did not include the cost of bacteraemia attributed to urinary tract infections. Savings associated with using a scanner, such as fewer treatment delays and overnight stays in hospital, were recognised as additional savings. The set up and running costs of a scanner were estimated to be met within six months to two years, after which significant ongoing cost efficiencies would be realised over its eight to ten year lifespan. Co-ordinated management of the Trust's bladder scanners was considered advantageous in order to create efficiencies within the system, improving access, use and training across the Trust. Jacqui's case study was completed in March 2016 and reflects 2016 prices.

Dr Heather Iles-Smith, Leeds Nurse	Dr Sally Fowler Davis, Sheffield AHP	Dr Jacqui Prieto, Southampton Nurse	Kevin Hall, Western Sussex AHP
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Kevin Hall, Western Sussex AHP

This case study demonstrates the influences of early stage research on clinical and research activities in a departmental setting and highlights the potential for economic savings.

Title: POST Trial; Posterior Shoulder Tightness in Subacromial Pain Syndrome. A Randomised Controlled Feasibility Study.

National Institute of Health Research (NIHR) Funded Clinical Trial. Funded in part-completion of the NIHR Clinical Doctoral Research Fellowship Award.

Background: Shoulder impingement syndrome is the most common musculoskeletal shoulder condition. It is commonly treated with physiotherapy or surgery. Many authors recommend the treatment of posterior shoulder tightness in the management of shoulder impingement syndrome and believe that when untreated may present a barrier to recovery. There is currently a lack of clinical research to support this perspective.

Patients who have been referred to a shoulder surgeon will be recruited to the trial and will receive a specific multidimensional physiotherapy intervention for their condition. Outcomes will include pain, disability and the surgical need. Recruitment for the study will run from August 2016 to March 2019.

Impact: The potential benefits to the organisation and NHS include reduced treatment costs. Surgical treatment for this condition costs approximately £5500, compared with £300 for physiotherapy. This cost does not include sick leave in the post-surgical phase or the cost of managing surgical complications.

Other benefits include the training of the trial physiotherapists; 4 physiotherapists received 27 hours of training for the management of this condition over the duration of the trial. Considerable time was spent developing high quality interventions that will benefit all aspects of these clinicians' practice; this training was funded by the CRN. The training included a particular focus on the patient

perspective and patient education. Physiotherapists found the session where patients attended to discuss their experience of being a physiotherapy patient particularly inspiring.

As the fellowship is a clinical doctoral fellowship, clinical time in the physiotherapy department is funded by the NIHR. In the first 3 years this time will be spent developing high quality clinical skills in the physiotherapy department and over the final 2 years this time will be spent mentoring physiotherapists in the assessment and treatment of shoulder patients in the physiotherapy department. This time is fully funded by the NIHR.

Other benefits include the promotion of evidence-based practice within the department, the integration of research skills into practice (including the health economic perspective) and the promotion of the clinical academic careers through relationships with the research and innovation department and mentoring other allied health professionals.

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies
Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters
		Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate
			Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD
			Vikki Snaith, Newcastle Midwife, Post-doctorate
			Debbie Carrick-Sen, Birmingham Midwife, Professor
			Caroline Coulson, Nottingham Nurse, Masters
			Kevin Hall, AHP, Doctorate
			Emma Murphy, Nurse, Post-doctorate

Jed Jerwood, Birmingham AHP, Masters

This case study demonstrates career progression from pre Masters to a Masters qualification and identifies the importance of good role models.

Jed Jerwood is an art therapist who undertook a clinical academic internship programme in the West Midlands hosted by Birmingham Health Partners. He works for Birmingham and Solihull Mental Health Trust and John Taylor Hospice. His research interest is in access to and provision of good palliative and end-of-life care for people with severe and enduring mental health problems, and in the role of art psychotherapy in improving practice.

Since undertaking his CAIP programme Jed has gone on to work with Health Education England: West Midlands and taken up a fully funded HEE/NIHR place on the Masters in Clinical Research

at Coventry University. The programme has been invaluable in helping Jed understand his own potential to develop a strong academic and clinical network, and to identify support for him and his research in a number of organisations. His skills in advocacy and negotiation have developed alongside his research knowledge and skill and he now has a sense of his value to the field in which he works. His research helps him to influence organisational priorities in order to ensure that the care he knows his clients need becomes an established part of their pathway, with a solid evidence base to back it up. He also acts as a fantastic role model for others in his organisation and his profession, and is a supporter of the CAIP programme, helping others realise their potential.

Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters	Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate	Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD	Vikki Snaith, Newcastle Midwife, Post-doctorate	Debbie Carrick-Sen, Birmingham Midwife, Professor	Caroline Coulson, Nottingham Nurse, Masters	Kevin Hall, AHP, Doctorate	Emma Murphy, Nurse, Post-doctorate
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Kate Reid, Birmingham AHP, Post-doctorate

This case study demonstrates the importance of developing and building a research topic storyline, where one continues to explore and develop a programme of research.

Kate Reid is a speech and language therapist at the University Hospitals Birmingham NHS Foundation Trust. She completed her PhD study in 2013. In this work, she explored the patient experience of head and neck cancer, specifically investigating how patients understand their disease and treatment. This led her to develop a framework that allows clinical staff to more accurately predict the patient's probable response to diagnosis and treatment, allowing a more targeted and helpful approach to communication and management.

This framework is now being applied in other areas of the Trust in which she works and is being used to train staff who deal with challenging and complex communications, for example in the complaints department. Kate was also awarded funding driven by the clinical academic lead to allow her to dedicate one day a week to developing her proposal and application for an HEE/NIHR Clinical Lectureship, submitted to the 2016 round. Kate's influence is felt throughout the Trust as she demonstrates how clinical and research activity are mutually beneficial. She is a founder member of two research clusters for NMAHPs staff and an active mentor and research champion. Being 'found' by an active clinical academic team has not only allowed her to progress her application more rapidly but has given her the support and guidance she needed to develop her personal and organisational network.

Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters	Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate	Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD	Vikki Snaith, Newcastle Midwife, Post-doctorate	Debbie Carrick-Sen, Birmingham Midwife, Professor	Caroline Coulson, Nottingham Nurse, Masters	Kevin Hall, AHP, Doctorate	Emma Murphy, Nurse, Post-doctorate
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Sarah Lea, London Nurse, Doctorate

This case study demonstrates identifying and supporting an early career 'bright star'.

Sarah Lea is a registered children's nurse and an early career clinical academic who is concurrently studying for a PhD at London South Bank University and undertaking a rotational Band 5 post within the children's and young people's cancer care services at University College London Hospitals NHS Foundation Trust.

In an article in the Journal of Research in Nursing, Lea discusses how the skills and experience she gains during her research activity benefit her clinical practice and contribute to the clinical environment. In turn, her clinical skills assist her research and her experience feeds directly into the research team that she is working with. Sarah has been able to act as an advocate for junior nurses interested in research and to enthuse her clinical colleagues about research.

Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters	Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate	Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD	Vikki Snaith, Newcastle Midwife, Post-doctorate	Debbie Carrick-Sen, Birmingham Midwife, Professor	Caroline Coulson, Nottingham Nurse, Masters	Kevin Hall, AHP, Doctorate	Emma Murphy, Nurse, Post-doctorate
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Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters

This dual-person case study provides insight into gaining external funding and organisation impact when building capacity.

Following successful completion of the MA Research Methods (Health Pathway), Kerry Evans, was awarded the Wellbeing of Women / RCM Early Career Award that enabled protected time for research and PhD proposal development. Kerry is now in the second year of her fulltime doctorate, also supported by the Wellbeing of Women and RCM PhD studentship. Kerry continues to work clinically and also in the role of research champion for midwifery in her Trust whilst carrying out her doctoral study to develop and conduct feasibility testing of a midwifery-led intervention for pregnant women with mild-moderate anxiety.

Sophie Keely was awarded a Bronze Scholarship funded by Health Education England working across the East Midlands. This enabled protected time for her literature review on the transitional phase of labour and development of her application and proposal for the MA in Research Methods (Health Pathway). Sophie's application for the programme was successful and she is currently on the MA programme.

Kerry and Sophie have achieved this through the support of their employing organisation (NUH Trust), their own pursuit of funding opportunities, and the funded study opportunities described above. Academic supervision has been provided by the University of Nottingham's Division of Midwifery and School of Health Sciences, one of the accredited centres for the provision of Clinical Academic training.

Organisation success case studies	Organisation impact case studies	Individual impact case studies	Individual impact REF case studies
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Rebecca Kearney, Warwick

AHP, Associate Professor (Clinical)

This case study describes a career pathway from pre doctorate to clinical associate professor and highlights the need to undertake rigorous research and achieve a work-life balance.

From an interest in research working with an academic orthopaedic team to Associate Professor – and still a way to go! It's all down to teamwork with patient involvement. The research Associate Professor Rebecca Kearney participated in 8 years ago has defined a standard of care for patients with an Achilles tendon rupture. This achieved research-impact locally through collaborative working with patients, clinical colleagues, Arthritis Research UK, The University of Warwick and The University Hospitals of Coventry and Warwickshire (who have recently invested some of their research impact funding in her salary), resulting in the production of lay materials and the translation of this research into a clinical pathway. During her Doctoral Fellowship from Arthritis Research UK, research impact has

been realised nationally through further development of collaborative working with organisations including the British Foot and Ankle Society, the British Orthopaedic Association and Joint Action. These organisations recommended this topic as a research priority, and supported her post-doctoral research as part of a HEE/NIHR ICA Clinical Lectureship.

This research involved a feasibility study for a randomised controlled trial of the developed functional bracing protocol versus plaster cast for the management of a torn Achilles tendon. This feasibility trial showed that a full randomised controlled trial was possible and gave a clear pathway to a full definitive trial, which is now under way. Rebecca is now a co-applicant on the full trial being led by Professor Matthew Costa, which began in April 2016, funded through the NIHR HTA programme. It is a pragmatic randomised controlled trial comparing the functional bracing protocol versus plaster cast. The results of this trial will provide, for the first time, high quality robust

evidence-based care for patients, clinicians and other stakeholders when trying to make informed decisions about rehabilitation following an Achilles tendon tear.

Associate Professor Kearney's career demonstrates what can be achieved with determination, grasping opportunities, hard work and, most importantly, teamwork. Starting from an interest in research working with an academic orthopaedic team and now as an Associate Professor, helped hugely by Arthritis Research UK and by various NIHR opportunities, she now leads a research team (50%) and is an independent expert practitioner, consulting with all patients at trauma clinics, three sessions per week. She feels it to be a huge privilege to be a clinical academic, supported by the university and the NHS Trust, both in orthopaedics; this enables a work-life balance at home with her husband and two small children. The rewards from this – helping the patient's lot – are, she says, a wonderfully fulfilling job.

Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters	Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate	Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD	Vikki Snaith, Newcastle Midwife, Post-doctorate	Debbie Carrick-Sen, Birmingham Midwife, Professor	Caroline Coulson, Nottingham Nurse, Masters	Kevin Hall, AHP, Doctorate	Emma Murphy, Nurse, Post-doctorate
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Kika Konstantinou, North Staffordshire AHP, Post-doctorate

This case study clearly describes progression from mid to early senior career, with a focus on the care and management of chronic low back pain and sciatica.

Dr Kika Konstantinou is a physiotherapist specialising in spinal musculoskeletal pain and a senior clinical academic. She completed her PhD in 2003. Following a number of years in full-time clinical practice, she applied for a clinical academic post in North Staffordshire. This is a joint post between the Arthritis Research UK Primary Care Centre at Keele University (three days per week) and the Spinal Interface Service at the Haywood Hospital in Stoke-on-Trent (two days per week). The post was jointly created and funded by the NHS and the Research Centre at Keele. Support of both organisations was crucial in the development and support of the post.

Kika's research interests include the epidemiology and clinical treatment of patients with low back

pain and sciatica. She undertook a three year NIHR Clinical Lectureship between 2010 and 2013. This was followed by a five year HEFCE/NIHR Senior Clinical Lectureship between 2013 and 2018. Both opportunities provided stability and funding for the research programme focused on low back pain and sciatica and facilitating the transition to a senior clinical academic post. NIHR fellowship schemes are critical to build further AHP research capacity for the future.

During the programme of research, Kika has led studies that investigated the epidemiology of sciatica in primary care, and tested a novel care pathways for patients. She contributes to National guidelines regarding the assessment and treatment of low back pain and sciatica. Kika is building a research team and currently supervises Masters and PhD students who also investigate important research questions focused on low back pain, its epidemiology and management.

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			Vikki Snaith, Newcastle Midwife, Post-doctorate
			Debbie Carrick-Sen, Birmingham Midwife, Professor
			Caroline Coulson, Nottingham Nurse, Masters
			Kevin Hall, AHP, Doctorate
			Emma Murphy, Nurse, Post-doctorate

Karen Heslop-Marshall, Newcastle

Nurse Consultant, Masters and PhD

This case study articulates progression from Masters to completion of a high quality PhD study, which developed and tested an important RCT study focused on nurse-led CBT to reduce anxiety in patients with COPD.

Dr Karen Heslop-Marshall is a Nurse Consultant in Respiratory Medicine at The Newcastle upon Tyne Hospitals NHS Foundation Trust. In 1999, as part of an MSc Research Programme, Karen identified that there was no psychological input for patients with COPD within respiratory care. Karen trained in Cognitive Behavioural Therapy (CBT), and developed a nurse-led CBT intervention. Karen has published a number of papers and reports including a Lung Manual for staff. She developed a CBT training program and gained funding from the NIHR ICA Doctorate Scheme in 2011.

The findings from the study showed that anxiety levels were reduced in patients with COPD receiving CBT compared to patients who received a leaflet. Karen continues to develop this work at an international level.

She is an inspiration to all Nurses at Newcastle Hospitals where the Trust's core value is to put patients at the heart of all that we do, providing the safest and highest quality healthcare. This can only be achieved through understanding and the development of new ideas and best practice, ensuring research is integral to our practice to further improve the patient experience. Karen does this and goes above and beyond her role to improve care for patients and develop our Nurse Research Leaders of the future. Karen is helping to increase the capability of our current and future NMAHP workforce to apply research findings to inform and change clinical practice.

Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters	Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate	Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD	Vikki Snaith, Newcastle Midwife, Post-doctorate	Debbie Carrick-Sen, Birmingham Midwife, Professor	Caroline Coulson, Nottingham Nurse, Masters	Kevin Hall, AHP, Doctorate	Emma Murphy, Nurse, Post-doctorate
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Vikki Snaith, Newcastle

Midwife, Post-doctorate

This case study demonstrates progression from PhD to Post Doctorate Research within an important emerging clinical and research area, involving telemedicine to identify and reduce risk of foetal abnormality and stillbirth.

Dr Vikki Snaith is a midwife sonographer at The Newcastle upon Tyne Hospitals NHS Foundation Trust. She completed a PhD in 2012. It explored the psychological and clinical outcomes of a telephone support intervention and uterine artery Doppler ultrasound screening for primiparous women. The findings of the study demonstrated the emphasis that woman place on the interactions they have with midwives and their perceptions of using ultrasound during pregnancy.

Vikki's role involves exploring new approaches to the delivery of pregnancy ultrasound and training of staff. She has been involved in setting up an innovative ultrasound telemedicine service linking the Foetal Medicine Unit, Newcastle with the ultrasound department in Whitehaven, Cumbria.

This has included up skilling, qualified sonographers in advanced Doppler ultrasound and undertaking an evaluation of women's views of the service. She also works within the Northern England Clinical Networks to support the implementation of the Saving Babies Lives care bundle (NHS England, 2016), of which ultrasound is an integral part, to reduce the rate of stillbirth across the region. Her future plans include submission of an application for an HEE/NIHR Clinical Lectureship in 2017.

Vikki is passionate about the development of a clinical academic career pathway for midwives. She is a member of clinical academic leadership groups within the Trust and is one of five national NIHR Midwifery Clinical Academic Advocates. She is a mentor and academic supervisor to NMAHPs, supporting clinical academic development and progression.

Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters	Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate	Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD	Vikki Snaith, Newcastle Midwife, Post-doctorate	Debbie Carrick-Sen, Birmingham Midwife, Professor	Caroline Coulson, Nottingham Nurse, Masters	Kevin Hall, AHP, Doctorate	Emma Murphy, Nurse, Post-doctorate
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Debbie Carrick-Sen, Birmingham

Midwife, Professor

This case study illustrates progression from early career to late senior career as a Nurse and Midwife. The case highlights the importance of perinatal mental health. It describes key attributes in achieving role success.

Professor Debbie Carrick-Sen is a Florence Nightingale Foundation Clinical Chair of Nursing and Midwifery at University of Birmingham and Heart of England NHS Foundation Trust. Debbie has previously worked at Newcastle University and Newcastle Hospitals NHS Foundation Trust. She is passionate and committed to the development of research capacity and capability through Clinical Academic Roles.

One of her key research areas is maternal health with a particular focus on perinatal mental health and new role development. Her PhD completed in 2006 and published in a high quality journal, was

an RCT study concerning the role of the specialised midwife for parents expecting multiple infants to improve parental psychological health. Findings from the study highlighted a 50% reduction in maternal and paternal depression post birth. The impact of the study resulted in a National change in NICE guidelines, a citation in the most frequently purchased book by parents and a National introduction of the role of the specialist midwife for multiples. Important post doctorate work included a prevalence study of maternal and paternal PTSD following high risk birth. Results from the study suggest that 1:2 mothers and 1:4 fathers have PTSD symptoms following high risk birth. Perinatal mental health is an important clinical issue that requires further research, so we can improve the outcome during such a critical life event.

Debbie received a NIHR doctorate award to complete her PhD and is a panel member of the NIHR doctorate ICA programme and the NIHR

trainee group. She is the co-chair of the AUKUH NMAHP Clinical Academic Role Development Group and has worked continually as a clinical academic since qualifying as a nurse and midwife. In 2013 she was awarded a Florence Nightingale executive scholarship and was nominated as one of the top 100 leaders in nursing. For Debbie, mentorship (from nursing, midwifery and medical colleagues), determination, tenacity, resilience and serendipity have been key factors in achieving success.

Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters	Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate	Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD	Vikki Snaith, Newcastle Midwife, Post-doctorate	Debbie Carrick-Sen, Birmingham Midwife, Professor	Caroline Coulson, Nottingham Nurse, Masters	Kevin Hall, AHP, Doctorate	Emma Murphy, Nurse, Post-doctorate
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Caroline Coulson, Nottingham Nurse, Masters

This case study illustrates the journey of an early career Clinical Research Nurse when developing an important research question and project at Masters level.

I have been a registered nurse for 12 years with experience in various specialities including trauma orthopaedics, burns and reconstructive plastic surgery.

Over the last five years I have worked in oncology clinical research. Within my current role I work as a clinical academic research nurse within the Nottingham Cancer Clinical Trials Team at the University of Nottingham and a research sister at the Royal Derby Hospital.

My role as a clinical research nurse involves the recruitment of patients into oncology clinical trials, care and support of this patient group, safety reporting, data collection, follow up of patients and

also the administration of chemotherapy and novel drugs in our research treatment room.

In 2015 I enrolled onto the MRes in Clinical Health Research at the University of Birmingham. The course allows me to continue in my role as a research nurse and to study part time. The course has been beneficial to my clinical practice in many ways; it has helped me to become a better research nurse by improving my knowledge of the set up process and regulation of clinical trials and I have also gained experience of the practicalities of designing, planning and carrying out my own research. Through the course I have gained knowledge of other research methods that I would not normally experience in my current clinical role.

My Masters project will explore patients' experience of taking part in oncology double blind and placebo controlled clinical trials in breast cancer. It is a phenomenological study which aims to gain an

insight into how patients feel and understand their experience of taking part in a clinical trial. Through the dissemination of findings from the study, I hope to promote and encourage clinicians' (including research nurses') understanding of the patients' perspective of what is important when taking part in a clinical trial. Through this project it is hoped that clinicians will be better placed to provide more support to patients when they are taking part in a double-blind or placebo controlled clinical trial.

Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters	Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate	Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD	Vikki Snaith, Newcastle Midwife, Post-doctorate	Debbie Carrick-Sen, Birmingham Midwife, Professor	Caroline Coulson, Nottingham Nurse, Masters	Kevin Hall, AHP, Doctorate	Emma Murphy, Nurse, Post-doctorate
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Kevin Hall

AHP, Doctorate

This case study demonstrates benefits to the individual of the clinical academic training pathway.

As a physiotherapist at Western Sussex Hospitals Trust, I completed my NIHR research internship at the University of Brighton in 2013 and went on to secure an NIHR Clinical Doctoral Research Fellowship in 2015. The clinical academic journey so far has given me experience in developing and running a clinical trial, and built my knowledge and skills relating to the management of shoulder pain with physiotherapy.

The fellowship provides me with protected time to develop specialist knowledge and skills relating to treating shoulders as well as the opportunity to develop high-level clinical reasoning skills through patient contact, which has revived my interest and enthusiasm for clinical practice. Other opportunities that have arisen from the fellowship include invitations to teach on Masters programmes for two major UK universities, and to teach at international conferences.

Jed Jerwood, Birmingham AHP, Masters	Kate Reid, Birmingham AHP, Post-doctorate	Sarah Lea, London Nurse, Doctorate	Kerry Evans and Sophie Keely, Nottingham Midwives, Doctorate and Masters	Rebecca Kearney, Warwick AHP, Associate Professor (Clinical)	Kika Konstantinou, North Staffordshire AHP, Post-doctorate	Karen Heslop-Marshall, Newcastle Nurse Consultant, Masters and PhD	Vikki Snaith, Newcastle Midwife, Post-doctorate	Debbie Carrick-Sen, Birmingham Midwife, Professor	Caroline Coulson, Nottingham Nurse, Masters	Kevin Hall, AHP, Doctorate	Emma Murphy, Nurse, Post-doctorate
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Emma Murphy

Nurse, Post-doctorate

This case study describes the success of a nurse from the point of her being awarded a PhD.

Emma Murphy is a clinical lecturer in the Faculty of Health Sciences at the University of Southampton and honorary advanced nurse practitioner at University Hospital Southampton NHS trust. In 2015 she was awarded her PhD in palliative medicine from King’s College London. This focused on understanding dialysis withdrawal mortality in patients with chronic kidney disease stage 5 (CKD5) and was supported by a Biomedical Research Centre (BRC) clinical doctoral fellowship. In 2016 she was awarded a HEE/NIHR Clinical Lectureship, which will enable her to build her post-doctoral programme of research and continue to develop palliative care within the context of the critically ill.

As a result of her work, Emma has been invited to collaborate at a national level, developing

translational research grants. This includes a recently funded Health Technology Assessment (HTA) study, preparing multi-morbid frail older people for end-stage kidney disease with the UK Renal Registry. Her systematic review, published in the journal “Nephrology Dialysis Transplantation”, resulted in work as a member of a European working group charged with formulating a set of revised codes for causes of death in renal disease. Her work on developing the renal version of the Palliative care Outcome Scale (POS-s renal) with colleagues at King’s College London continues to be used to help identify patients with CKD5 needing palliative care intervention, and is being used by a variety of renal units, both in England and abroad. Most recently, Emma led on developing a study informed by her clinical work in critical care environments, resulting in a successful grant from HEE Wessex.

Alison Bruce, Bradford AHP

1. Title of the case study

Impact of Amblyopia (poor vision)

2. Post holder's details

Dr Alison Bruce
 Head Orthoptist/ NIHR Postdoctoral Research Fellow
 Bradford Institute for Health Research
 Bradford Teaching Hospitals Foundation Trust
 Bradford BD9 6RJ

3. Key research findings that underpin the impact and brief details of how the research was undertaken

This current and ongoing research, nested in the Born in Bradford (BiB) birth cohort, uses mixed methods to explore factors influencing the occurrence of poor vision in young children, in particular, investigating why some children do not access treatment services and the impact of poor vision on their early developing literacy skills. The key to this research study is data linkage and clinical data from the orthoptic vision screening programme

and demographic and socio-economic measures, along with literacy measures collected from a sub-group of children have been linked and analysed.

Dr Bruce is further carrying out a nested longitudinal study repeating measures on 1000 children to identify factors influencing both vision levels and educational attainment. In order to explore parents/carers reasons for non-attendance and poor compliance with treatment, she is carrying out in-depth interviews with parents. Initial results demonstrate a significant association between visual acuity and early developing literacy. Prevalence of decreased visual acuity was high compared to other population-based studies; this has important implications for the children's future educational outcomes. The initial findings of this study support the argument for a national vision screening programme and are important at this time when commissioning of services is uncertain.

4. Summary of the nature and extent of the impact

The current and on-going research exploring the impact of vision on children's early developing literacy has the potential for significant impact on clinical practice nationally and internationally. The [UK National Screening Committee](#) (UKNSC) is due to review its vision screening recommendations in 2016/17. Currently there is a distinct lack of research in the field of children's vision and the impact of poor vision on both visual development and educational attainment. Indeed, the UKNSC is requesting further research to assess long-term effects.

The programme of research is longitudinal and includes repeat measures of vision and literacy on 1000 Born in Bradford (BiB) children. The findings will provide key answers to the effect of poor vision in young children and assess the impact of treatment on both visual development and literacy. Mixed methods are being used in this research and in addition to the data linkage and longitudinal study, Dr Bruce is also carrying out discourse analysis,

Alison Bruce, Bradford AHP	Alys Mathers, Buckinghamshire AHP	Jo Patterson, Sunderland AHP
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interviewing parents to gather information, exploring reasons for non-attendance and non-compliance with treatment, eg glasses and eye patches. These parents are a group who are difficult to engage with and therefore the information that is currently being collected provides a unique insight. Crucially, this information will be used in future research to develop an intervention, which will then need to be tested in the community. Dr Bruce has built up an excellent relationship with the local schools and will harness their help to set up focus groups in order to develop the intervention.

Additionally, Dr Bruce has been collaborating with academics from the University of York to develop a detailed economic model demonstrating the trajectory of the impact of vision screening in young children and evaluating its economic value.

5. Details of beneficiaries, nature of the impact and indication of the extent of the impact. This must include local impact on service users, colleagues, other staff, the department, the organisation, and possibly the NHS in general

One of the aims of the research is to use the information gained from the parent interviews

regarding non-participation and non-compliance to design and test interventions that may improve compliance with treatment. It is envisaged that new approaches to educate and/or change behaviour may include revising or targeting information for certain groups, providing services in an easily accessible location, such as the school itself or creating a co-ordinator post to ensure communication is maintained between child, school and children’s eye services. At this stage, it is uncertain as to exactly what the programmes to be tested will be; the evidence from the interviews will inform the choice of interventions.

The research evidence will be used to influence service provision both in the community and in the Hospital Eye Service and a revised model/models will be recommended with the aim of reducing inequalities to access and improving participation in healthcare. The research outcome may therefore have significant implications in resource redesign for the provision of optometric and ophthalmic services provided by the NHS.

The initial research findings have been published in an internationally renowned peer reviewed journal

and locally in the newspaper (*Yorkshire Post*, April 2016) and on local radio (Bradford Community Broadcasting, April 2016).

6. Dates when the research was carried out
2013 to date

7. Details of any published publications or presentations related to the research

Publications

Bruce, A. and Santorrelli, G. (2016) ‘Prevalence and Risk Factors of Strabismus in a UK Multi-ethnic Birth Cohort’, *Strabismus* 2016 (in press).

Bruce, A., Fairley, F., Chambers, B., Wright, J. and Sheldon, T.A. (2016) ‘The Impact of Visual Acuity on Developing Literacy at age 4-5 years: a cohort nested cross sectional study’, *BMJ Open*, 6:e010434 doi:10.1136/bmjopen-2015-010434.

Pilling, R. F., Outhwaite, L. and Bruce, A. (2015) ‘Assessing visual function in children with complex disabilities: the Bradford visual function box’, *Br J Ophthalmol* 0,pp1–4. doi:10.1136/bjophthalmol-2015-307558.

Bruce, A. and Outhwaite, L. (2013) 'Uptake, referral and attendance: Results from an inner city school based vision screening programme', *Br Ir Orthopt J*, 10: 41-45.

Conference & Seminar Presentations

International Orthoptic Association Congress Rotterdam, Netherlands June 2016.

Speaker: 'Strabismus: Prevalence and influences in a UK multi-ethnic birth cohort.'

Chief Allied Health Professions Conference London, UK 24th June 2016.

Invited workshop: 'Orthoptic-Led Vision Screening in Bradford: Population based research influencing children's eye care'.

Yorkshire and Humber Deanery Inaugural Ophthalmic Research Day York 6th October 2015

Invited speaker: 'Chasing a NIHR Fellowship'.

British Isles Paediatric Ophthalmology and Strabismus Association Conference Cardiff, UK 23 – 25th September 2015

Speaker: 'Impact of presenting vision on literacy at age 4-5 years'.

Born in Bradford Scientific Conference Bradford, UK 7th September 2015

Speaker: 'The impact of vision on early developing literacy skills'.

World Congress of Paediatric Ophthalmology and Strabismus Barcelona 4 – 6th September 2015

Speaker: 'The impact of presenting visual acuity on early developing literacy skills'.

FARR Institute International Conference St Andrews, UK 26 - 28th August 2015

Speaker: 'The impact of vision on early developing literacy skills'.

Mersey Deanery Postgrad Teaching Programme, University of Liverpool 15th April 2015

Key Note Speaker: 'Born in Bradford: Visual Status and Impact on Early Developing Literacy'.

International Strabismological Association Kyoto, Japan 1-4th Dec 2014

Invited workshop: British and Irish Orthoptic Society Workshop - 'Orthoptic Research underpinning Clinical Practice'.

British and Irish Orthoptic Society – Vision Screening Special interest Group.

Invited speaker (08/04/2014)

Glasgow Caledonian University - Dept. of Vision Science.

Invited seminar (14/05/2014) 'The Impact of Amblyopia'.

Alison Bruce, Bradford AHP | Alys Mathers, Buckinghamshire AHP | Jo Patterson, Sunderland AHP

Alys Mathers, Buckinghamshire AHP

1. Title of the case study

Delivering Speech and Language Therapy via Skype in Schools

2. Post holder's details

Alys Mathers, Specialist Speech and Language Therapist, Buckinghamshire

3. Key research findings that underpin the impact and brief details of how the research was undertaken

Demand for children's speech and language therapy (SLT) services in Buckinghamshire is increasing, with approximately 4,000 service users seen by the equivalent of 50 full-time therapists at any one time. Travel time and costs are high, and therapists often cannot schedule sessions at the most convenient times for children and schools. Video-conferencing tools such as Skype could provide a more flexible, time-efficient service, but the efficacy of remote therapy within mainstream schools has not been evaluated (Edwards et al. 2012), and it has only

been trialled by a small number of NHS services. It is also assumed not to be suitable for the delivery of Speech and Language therapy services due to the communication needs of patients. In Spring 2015, we evaluated the use of Skype to deliver therapy sessions in primary and secondary schools.

Students received half a term of Skype therapy and half a term of face-to-face therapy. All sessions took place in school, with a teaching assistant present to support the student during the session. Students used a variety of IT equipment, and therapists also had access to document viewers, which enabled the student to see the resources and activities on the therapist's table top as well as the therapist's face. 22 students in 17 different schools took part, working towards a wide range of therapy targets. Statistical analysis suggested that there is no significant difference between progress towards targets made in Skype versus face-to-face therapy.

4. Summary of the nature and extent of the impact

Skype therapy significantly reduced therapist travel time, and some teaching assistants felt more involved with the Skype sessions than with the face-to-face sessions. All participants were more enthusiastic and perceptions were more positive about Skype therapy after sessions (compared with before the project started), demonstrating how the project succeeded in challenging families, school staff and therapists' perceptions of the appropriateness of using Skype to deliver therapy. This will support future work to roll out the use of Skype as a service-delivery option. Due to the small sample size and the participants' wide range of communication needs, the clinical conclusions we can draw are limited. However, offering a Skype therapy option could lead to a more flexible service for patients, and careful caseload management would see significant effects on travel time. We have presented this project at conferences to other health professions, as this model could be easily adopted by other services.

Alison Bruce, Bradford AHP	Alys Mathers, Buckinghamshire AHP	Jo Patterson, Sunderland AHP
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5. Details of beneficiaries, nature of the impact and indication of the extent of the impact. This must include local impact on service users, colleagues, other staff, the department, the organisation, and possibly the NHS in general

Patients, their families and education settings were able to receive speech and language therapy input at a time that was more convenient to them, in a location more familiar to them (ie their school rather than a health centre or clinic). If this innovation was rolled out, therapy could also be offered to these patients in their home, offering further flexibility. In addition, the staff that attended the remote therapy sessions reported feeling more involved in the therapy process than when they attend typical face-to-face sessions, and so remote therapy could increase the involvement of hard-to-reach settings and families.

Speech and Language Therapists experienced a significant reduction in travel time, which improved their working lives, and meant they were then able to spend more time on clinical tasks such as working with students or preparing for sessions.

The wider NHS and other healthcare professions could benefit from offering remote services to

patients, as a way to maintain outcomes and increase the flexibility of the service offered to patients and the involvement of some patient groups. Remote therapy can also provide a way to manage increased demand on services by reducing the amount of travel time for peripatetic healthcare professionals. Remote therapy could also be used to enable patients to access specialist services that are not in their locality.

Quotations from focus groups:

From a student: ‘I liked it because it was fun activities and a bit of work and she didn’t have to come back here. I like it.’

From a parent: ‘[Skype is] beneficial for my child and he is happy.’

From teaching assistants:

‘Definitely it’s very interesting... when you used to come you were running the session and I shouldn’t talk too much, whereas it’s quite different.’

‘The child is familiar with the Speech and Language Therapist, and would look forward to Skype sessions.’

From a therapist: ‘I thought it was going to be awkward and difficult and I was not going to manage the technology very well and I wasn’t sure how the therapy would work. Actually it was really easy and yes I thought it worked well.’

6. Dates when the research was carried out

January 2015 to April 2015, with data analysis and writing up of the research continuing until August 2015.

7. Details of any published publications or presentations related to the research

Mathers, A. (2016) ‘The Buckinghamshire Remote Therapy Project’, *Royal College of Speech and Language Therapists Bulletin*, March, pp18-19

Alison Bruce, Bradford AHP Alys Mathers, Buckinghamshire AHP Jo Patterson, Sunderland AHP

Jo Patterson, Sunderland AHP

1. Title of the case study

Development of a Cognitive Behavioural Enhanced Swallowing Therapy (CB-EST) intervention

2. Post holder's details

Dr Jo Patterson, Macmillan Speech and Language Therapist, Sunderland Royal Hospital, funded by a NIHR Clinical Lecturer Award 2013-16

3. Key research findings that underpin the impact and brief details of how the research was undertaken

Head and neck cancer (HNC) dysphagia (swallowing difficulties) is strongly associated with psychological distress, social isolation and a poorer quality of life. Research has largely focused on remediation of dysphagia through exercises, manoeuvres and dietary modification. Patients with anxiety and/or depression can be difficult to engage and retain in swallowing rehabilitation. We explored the feasibility of a dysphagia intervention which simultaneously uses a psychological therapy approach combined

with evidence-based swallowing rehabilitation, delivered by a speech & language therapist.

Objectives included: 1) recruitment and retention rate; 2) patient adherence and satisfaction with the intervention; 3) identify assessments to inform eligibility; 4) identify outcome measures; 5) preliminary estimate of effectiveness.

Patients were seen for up to 10 sessions, combining Cognitive Behavioural Therapy (CBT) with swallowing therapy (CB-EST). Swallowing therapy included targeted exercises, manoeuvres and/or diet modification advice. CB-EST was individually tailored, addressing the psychological components of dysphagia alongside the physical impairment. Therapy content was recorded in detail. Patients were assessed on a number of measures pre- and post-CB-EST with a three-month follow up. An independent researcher conducted semi-structured interviews to capture patients' experiences.

4. Summary of the nature and extent of the impact

CB-EST is a novel intervention, which combines swallowing therapy with CBT. Research into head and neck cancer dysphagia interventions are sparse. The study is listed on the NIHR portfolio and cancer research UK database.

The study was conducted across two head and neck cancer centres in NE England. We were able to recruit 65% of eligible patients, within an allotted time frame, with good retention. This indicates that CB-EST, delivered by a trained speech & language therapist, is a feasible intervention. Sessions addressed wider issues – psychosocial associated with dysphagia – beyond physical impairment. Patients reported benefit with the emotional impact of swallowing difficulties, returning to a social life, adjusting to a 'new normal' as well as experiencing 'easier' swallowing. Outcome measures had high patient acceptance and completion rates.

Preliminary analysis on patient-reported measures indicated a clinical and statistical improvement.

Therapists, dietitians, clinical nurse specialists across the North of England Cancer Network were regularly consulted in stakeholder groups for their views on the intervention and future steps. Patients have been integral to the planning of the study and intervention. Once results have been gathered, a PPI event will be arranged for further engagement.

Preliminary results on CB-EST outcomes are promising. Dysphagia has a major impact on quality of life, yet few interventions target broader issues of living with chronic swallowing problems. Findings will be used to inform further research into the effectiveness of CB-EST.

5. Details of beneficiaries, nature of the impact and indication of the extent of the impact. This must include local impact on service users, colleagues, other staff, the department, the organisation, and possibly the NHS in general

At a local level, patients have benefitted from being able to participate in a research study, which focuses on post-treatment cancer survival. The

majority of patients demonstrated benefit from having engaged in CB-EST and have subsequently accessed additional support which otherwise would not have been available. Previous patients have been involved in planning and contributing to research.

CB-EST has increased the awareness of healthcare professionals of the difficulties of living with chronic treatment side effects. As a team, we are better able to identify patients who are struggling with adaptation and adjustment. Conducting research has given colleagues more confidence in recruiting patients into studies and seeing how it can work alongside clinical practice. They have all received Good Clinical Practice training and are familiar with processes such as screening logs and research governance. They are more familiar with the collection and interpretation of outcome measures. Our networks have increased, with academics coming into the department, creating a truly multi-disciplinary clinical academic working environment.

On a personal level, I have benefitted from receiving additional training in CBT skills and its application to a rehabilitation setting. This has increased

my skills in offering supervision and support to other colleagues, when working with this case group. In addition, it has given me confidence and competence with working in other SLT areas that may benefit from a CBT approach eg medically unexplained swallowing and voice difficulties.

I have held regular teaching/supervision sessions with more junior colleagues on basic CBT principles and identification of anxiety/depression. We regularly review how this can be translated into practice.

I regularly teach on the undergraduate Speech and Language Therapy degree programme, on integrating CBT into clinical practice.

Findings from the qualitative work have increased our understanding of the patients' perspective – not only for CB-EST, but also their attitude to swallowing rehabilitation.

On a professional level, this study adds to the body of literature exploring the utilisation and integration of CBT techniques within Speech and Language Therapy, the feasibility of training, and the requirement for ongoing supervision.

Alison Bruce, Bradford AHP Alys Mathers, Buckinghamshire AHP Jo Patterson, Sunderland AHP

6. Dates when the research was carried out

October 2014- March 2016

7. Details of any published publications or presentations related to the research

Publications

Miller, T., Deary, V., Patterson, J. (2014) 'Improving access to psychological therapies in voice disorders: a CBT model', *Current Opinion in Otolaryngology and Head and Neck Surgery* 22 (3), pp201-205.

Patterson, J., Brady, G., Roe, J. G. (2016) 'Research into the prevention and rehabilitation of dysphagia in head and neck cancer: a UK perspective', *Current Opinion in Otolaryngology and Head & Neck Surgery*, June, 24(3), pp208-14.

Preparation for an open access journal is underway

Oral presentations

Patterson J. (2015) 'CBT and head and neck cancer dysphagia', British Academic Conference of Otorhinolaryngologists, Liverpool.

Patterson J. (2015) 'Dysphagia outcome measures and interventions', European HNC Conference, Birmingham.

'Cognitive behavioural therapy and dysphagia management' (2016) Nutricia Dysphagia Academy, London.

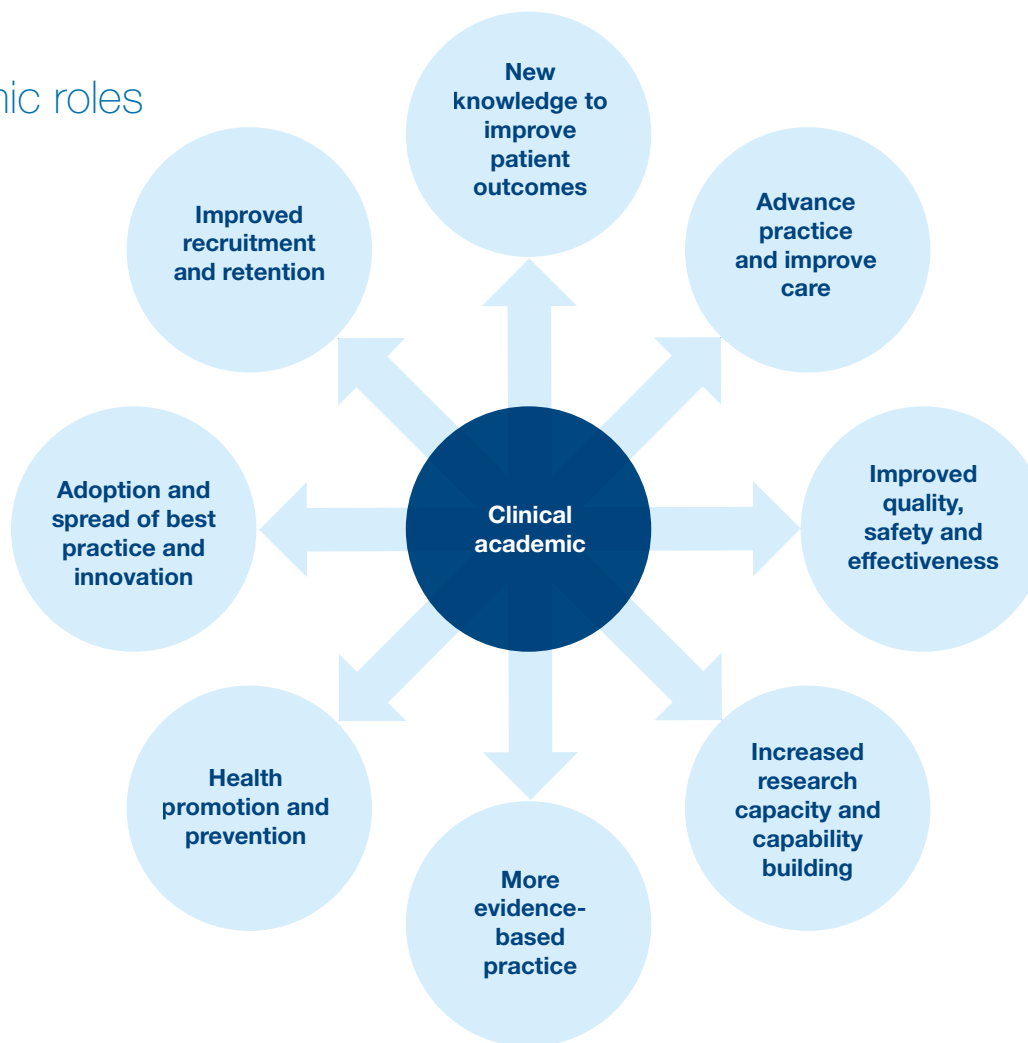
Poster

Patterson J., McColl, E., Wilson, J. A., Deary, V. (2016) 'Can swallowing therapy be combined with psychological therapy to improve dysphagia outcomes following head & neck cancer treatment? A feasibility study', American Head and Neck Society, Seattle.



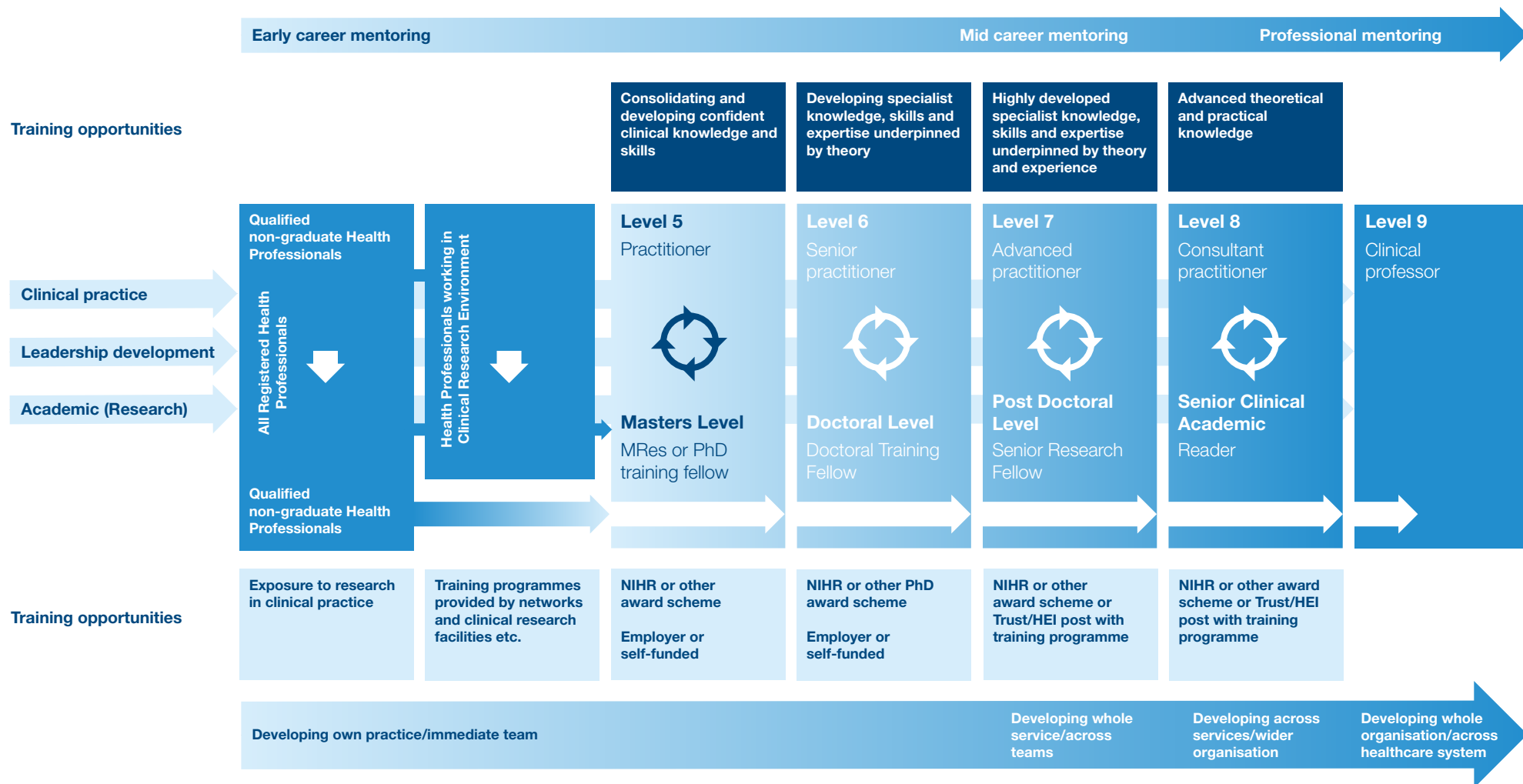
Figure 1

Organisational benefit of research clinical academic roles



Source: AUKUH

Figure 2a Clinical academic training pathway for NMAHPs



Entry point at Masters is indicative. It is acknowledged that some professionals enter at MSc/MA

Figure 2b Clinical academic careers pathway capability framework for NMAHPs

Clinical Capabilities

<ul style="list-style-type: none"> Consolidates and develops confidence in clinical practice in a specified practice area Begins to develop specialist skills and expertise Acts as an agent for change by evaluating evidence and influencing local practice development, audit and education to improve patient pathways Supports translation of research findings and implementation of evidence-based practice within own practice setting by seeking out opportunities to enhance service development and evaluation 	<ul style="list-style-type: none"> Contributes to the development of local policies and implements national guidelines Challenges practice through skilled observation, analysis, synthesis of internal and published evidence and evaluation outcomes, using supportive, collaborative and participatory strategies 	<ul style="list-style-type: none"> Delivers and influences quality and efficiency of care through leadership in specialist clinical area Continues to develop own specialist practice and expert clinical knowledge base Acts as an internal and external clinical resource to other staff and students in specialist clinical area advising on evidence-based pathways and outcomes 	<ul style="list-style-type: none"> Leads others to solve complex patient problems through an understanding of research, knowledge transfer, change management and clinical leadership processes Builds strong clinical networks Leads quality and clinical efficiency initiatives to inform and update clinical programmes of care 	<ul style="list-style-type: none"> Provides expertise and leadership in own clinical practice area based on national and international reputation Makes a significant contribution to improving patient outcomes, patient experience and organisational culture through promoting evidence-based practice Develops and implements new services and policies with an impact beyond own service area 	<ul style="list-style-type: none"> Leads service transformation at an organisational level Acts as a source of advice and guidance to specialist clinicians, leading and directing change to patient care based on best available evidence
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← Early career
→ Mid career
→ Senior career

<h4>Clinical and Research Responsibilities</h4> <ul style="list-style-type: none"> Assesses, plans, implements and evaluates clinical care for patients/clients Supports research projects in own clinical area Contributes to established research groups/networks Contributes to undergraduate teaching and supports implementation of research into practice 	<h4>Clinical and Research Responsibilities</h4> <ul style="list-style-type: none"> Holds specialist caseload and leads changes to practice and service using specialist expertise Identifies and develops research programme relevant to practice area Is Co-Investigator and subsequent to this Chief Investigator on grant application(s) Works with clinical team to appraise and support implementation of evidence-based approach to practice Mentors and supervises doctoral students Contributes to research development of clinical workforce and under- and post-graduate education Contributes to Research Excellence Framework through income and publication Contributes to undergraduate teaching and supports implementation of research into practice 	<h4>Clinical and Research Responsibilities</h4> <ul style="list-style-type: none"> Provides clinical and professional leadership of an area of specialism across HEI and NHS organisations Leads the development and implementation of highly specialised programmes of care Provides expert clinical advice across the organisation, wider health & academic community Leads organisational identification of research priorities Leads research programme at national and international level Leads supervisory and mentorship teams for early, mid and senior clinicians and academics Contributes to Research Excellence Framework through strategic leadership of programme of national/international research Leads NHS organisation nursing, midwifery and AHP research strategy
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Research Capabilities

<ul style="list-style-type: none"> Takes a lead in a specific area of research activity (e.g. data collection, knowledge translation) within the practice setting Identifies and develops local research and clinical networks to develop an evidence-based culture to improve patient outcomes and experience Develops own research knowledge and skills within clinical and academic teams through journal clubs etc. Supports learning and teaching of individuals or groups of learners relevant to area of clinical academic interest 	<ul style="list-style-type: none"> Uses own practice experience to identify clinical research issues as the basis for own doctoral research work and to inform research agenda in own practice setting Critically appraises evidence and evidence-based guidelines, drawing on knowledge of patient need, practice environment and research to inform and develop own practice and that of others Develops systematic reviewing skills to identify, critically appraise and synthesise in order to inform solutions that address clinical practice issues 	<ul style="list-style-type: none"> Plans, develops and conducts innovative and high quality clinical research collaborating within and across NHS and HEI organisations Seeks to collaborate with established researchers on relevant projects and contributes to grant applications and then in time write own grant applications as Chief Investigator Establishes and maintains own research networks to facilitate engagement in research programme Advances delivery of evidence-based practice through educational development and delivery in the service or educational setting 	<ul style="list-style-type: none"> Acts as a credible clinical academic in delivering and facilitating education within and between the HEI and NHS Begins to develop a focused programme of research building on previous research undertaken using detailed knowledge of the context of clinical care and different research methods and designs Raises own, NHS and university profile through dissemination of new knowledge by presentation and publication in peer reviewed journals Builds on capacity and capability by acting as mentor for early career clinical academics and supervisor of doctoral students 	<ul style="list-style-type: none"> Plans and leads the direction and development of own programme of clinical research in specialist area Chief Investigator on a substantial programme of clinical research, establishing and building major collaborative partnerships with other institutions or external bodies Proactively develops, manages and supervises research teams Acts as a role model and leads a culture that supports evidence-based service transformation Develops and sustains an international reputation in area of clinical research, demonstrated through leading and securing major funding and publishing in international peer reviewed journals Holds strategic and/or corporate responsibility for leading and informing development, delivery and policy relevant to clinical academic expertise Pursues opportunities to develop research informed teaching and promotes a teaching culture that links research and practice Develops other senior academic and clinical staff and brokers opportunities for others to develop clinical academic careers
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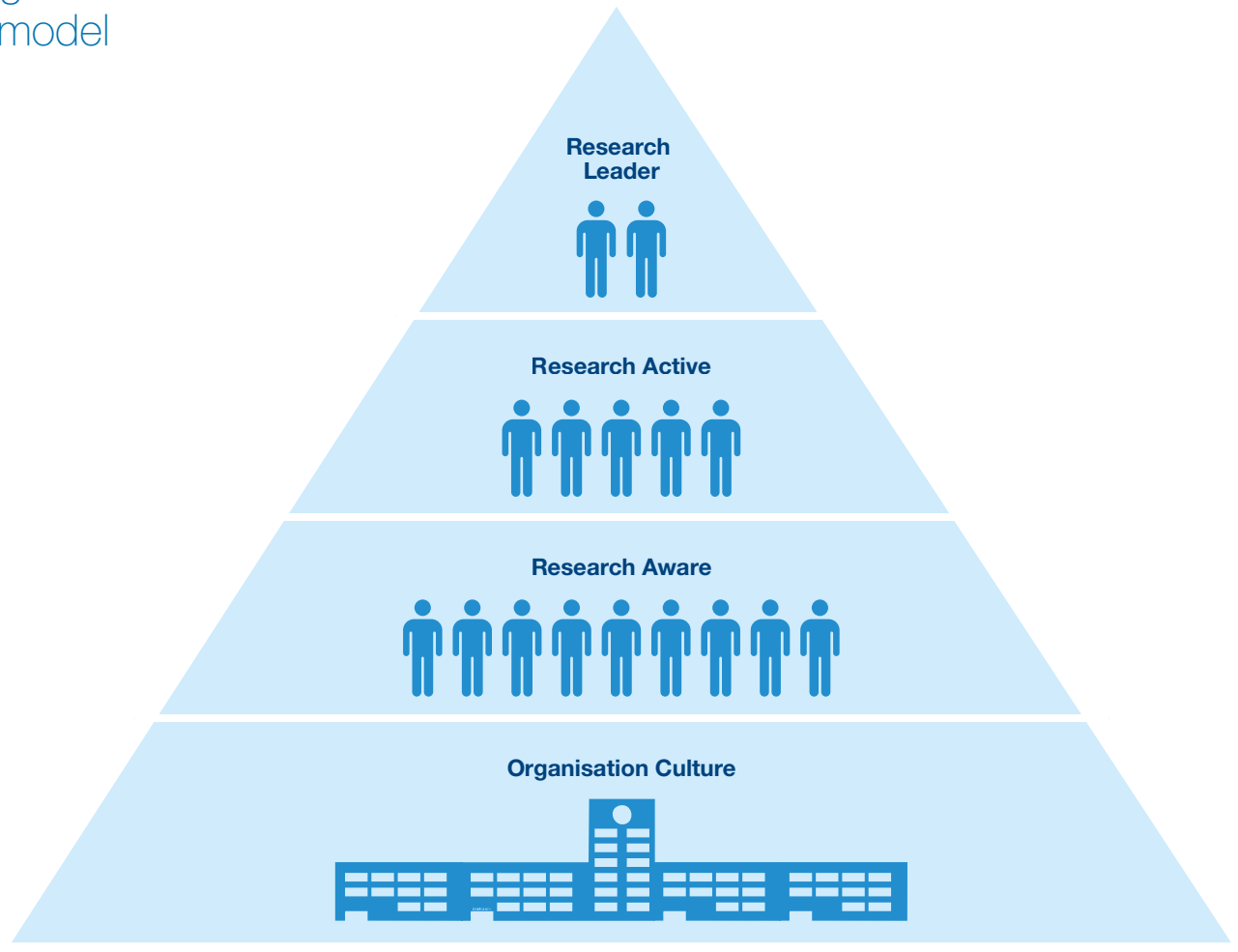
← Early career
→ Mid career
→ Senior career

Figure 3
Designated Research Team model



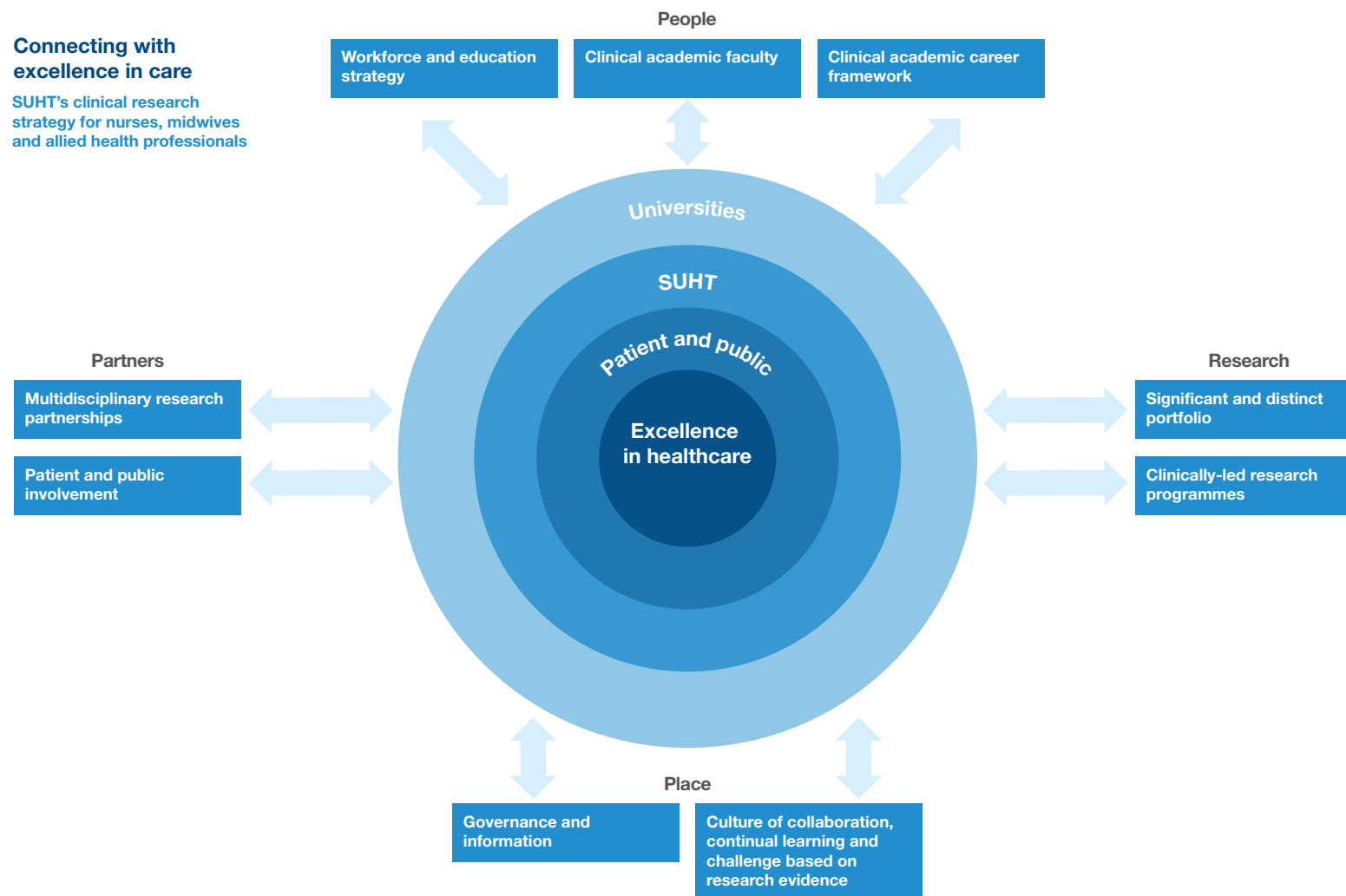
Source: Jo Cooke (2008)³⁷

Figure 4 Improving Care through Evidence model



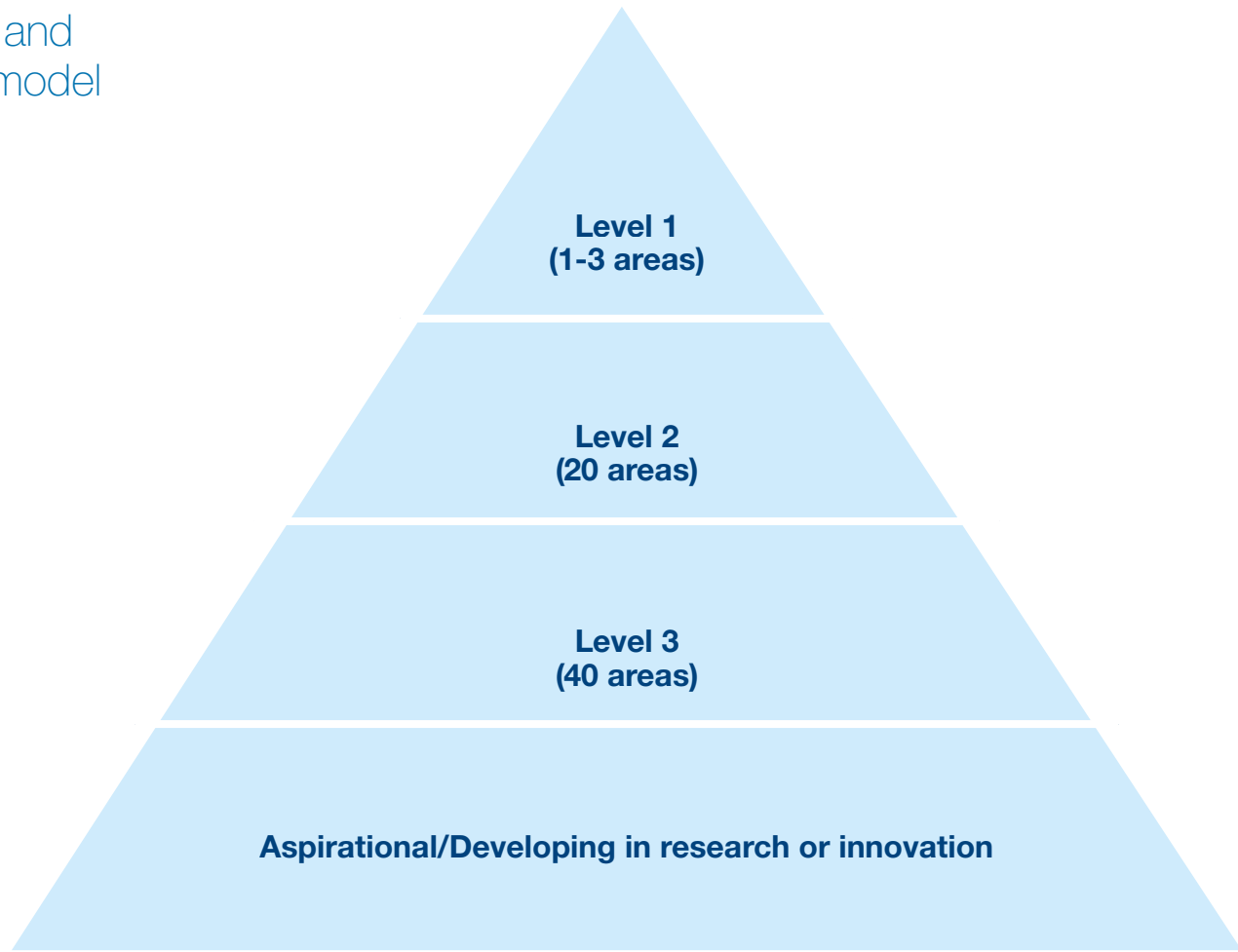
Source: Debbie-Carrick Sen (2016)³⁸

Figure 5 Personal, Place and Partners (3P) model



Source: Alison Richardson (2011)³⁹

Figure 6 Care Action through Research and Evidence (CARE) model



Source: Mark Radford (2016)⁴⁰

Appendix 1: List of acronyms

AHPF	Allied Health Professions Federation	HEFCW	Higher Education Funding Council for Wales
AUKUH	Association of UK University Hospitals	HEI	Higher Education Institution
AHP	Allied Health Professions	LCRN	Local Clinical Research Network
BRC	Biomedical Research Centre	LETB	Local Education and Training Board
CARC	Clinical Academic Research Career	MRes	Masters of Research
CAHPR	Council for Allied Health Professions Research	NES	NHS Education for Scotland
CBRC	Comprehensive Biomedical Research	NIHR	National Institute for Health Research
CLAHRC	Collaboration for Leadership in Applied Health Research and Care	NMAHPs	Nursing, Midwifery and Allied Health Professionals
CNMR	Centre for Nurse and Midwife-led Research at University College Hospitals and University College, London	OECD	Organisation for Economic Co-operation and Development
CoDH	Council of Deans of Health	PhD	Doctor of Philosophy
CRN	Clinical Research Network	RCM	Royal College of Midwives
DEL	Department for Employment and Learning in Northern Ireland	RCN	Royal College of Nursing
DH	Department of Health	REF	Research Excellence Framework
HEE	Health Education England	SFC	Scottish Funding Council
HEFCE	Higher Education Funding Council for England	UKCRC	UK Clinical Research Collaboration
		WTE	Whole Time Equivalent



Appendix 2: Contributors and advisors

Those with an asterisk after their name were members of the working group for the guide.

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Appendix 3: Brief history and context

The development of clinical academic roles

The development of NMAHPs clinical academic roles is not new. Australia has a 20-year history of developing the roles. The Australian experience, however, has focused on practice development rather than the creation of empirical research within the clinical setting, leading to concerns about benefit and sustainability. Although the use of available evidence and practice development is important, it needs to be balanced with the creation of new evidence through high-quality empirical research activity to develop and answer important new clinical research questions, maximise funding opportunities, and create innovation and transformation suitable for the changing clinical population, evolving workforce and the future direction of health and social care provision, structure and funding. In the USA, there has been a strong emphasis on the development of senior joint clinical academic roles, but here there is a limited clinical academic career pathway to enable clinicians to embark and grow the role at early and mid-career.

It is important that within the UK we learn from the International experience and develop a suitable

career framework that both identifies potential talent and invests in the appropriate development of the research-focused clinical academic role. The goal is both to create new and to use available evidence to transform and improve health and social care for maximum patient benefit and service improvement.

The NIHR established a formal Academic Clinical Fellowships for medical colleagues in 2005.⁴¹ These roles are well developed and fully integrated into the academic medical career pathway. They start establishing required advanced research knowledge and skills as a medical student. The posts are fully funded, valued and integrated. Furthermore, following graduation and completion of foundation training, an option to enter into an established and recognised formal clinical academic training programme is available, encouraged and supported. Important principles and processes are relevant and transferable to NMAHPs.

A recent national survey undertaken by the RCN suggests that only 8% of nursing professors within the UK are part funded by a healthcare provider

organisation, indicating a low commitment and/or awareness to fund a senior clinical academic to work within the clinical setting.⁴²

The AUKUH Clinical Academic Roles Development Group

The AUKUH Clinical Academic Roles Development Group was founded in 2011 by Dr David Foster and Professor Debbie Carrick-Sen and has a multi-professional and UK-wide membership which includes clinicians, deputy and chief nurses, senior clinical academics and representatives from key partner organisations including CoDH, DH, NHS England, HEE, NIHR, RCN, RCM, CAHPR and AHPF. The group reports to the AUKUH Chief Nurses group and is co-chaired by a chief nurse and a senior clinical academic. The purpose of the group is as an expert advisory group working in partnership with the DH, HEE, and NIHR, as well as engaging with representatives from Scotland, Wales and Northern Ireland to influence and inform the development of clinical academic roles for NMAHPs.

Key tasks of the group focus on the following areas:

- Act to influence key stakeholders to further develop clinical academic career pathways
- Develop initiatives to demonstrate and articulate impact of clinical academic activities on care and service delivery and raise awareness of the role
- Inform clinical academic workforce planning with particular reference to the development and sustainability of clinical academic posts
- Develop practical resources to assist others, especially NHS organisations, to implement clinical academic roles
- Articulate and communicate evidence to increase awareness and support for the development of clinical academic roles

One of its primary goals is to increase the capacity and capability of NMAHPs clinical academics to improve quality and safety of care through research activity.

The development of this guide

This guide was developed in response to a need identified by the AUKUH Chief Nurses network, to provide practical advice on the development and implementation of NMAHPs clinical academic roles.

AUKUH ran a workshop funded by the Department of Health in October 2015 to facilitate co-production of a practical guide. During the workshop, presentations focused on policy drivers, successful organisation developments and progress. There was also an interactive session to identify and establish what would be helpful to organisations and organisation leads. Following the workshop, three workstreams were established, focused on organisation readiness, establishing and supporting roles, and assessing and articulating benefit and impact.

A number of consultation events were held and included organisation group sessions, one-to-one consultations, and a wide electronic consultancy including organisations representing acute tertiary care, secondary care, primary care, mental health and independent health and social care providers as well as professional organisations and individuals. Professional organisations related to NMAHPs were part of the consultation. In terms of style and format, this resource is loosely based on [HEE Work Experience Toolkit](#) and the [NIHR Building a Research Career Handbook](#).

Feedback is gratefully received. Please email admin@aukuh.org.uk.

Acknowledgements

The leads for each section of this document received substantial support from members of the guide working group and the AUKUH clinical academic roles development group (see [Appendix 2](#) for full list of contributors).

We give special thanks to Dr David Foster for his valuable support, guidance and enthusiasm from day one, and to Kruti Shrotri, AUKUH Policy Officer, for all her hard work, commitment, patience and tenacity; she was the superglue that held everything together. Finally, thanks to Peter Forbes as writing editor, and the AUKUH Chief Nurses who provided valuable input, support, guidance and consultation.

We are indebted to a number of organisations that have contributed case studies and other material to this guide. This includes: Heart of England NHS Foundation Trust, University Hospital Southampton NHS Foundation Trust, Nottingham University Hospitals NHS Trust, University College London Hospitals NHS Foundation Trust,

University Hospitals Coventry and Warwickshire NHS Trust, Newcastle Upon Tyne NHS Foundation Trust, NHS Greater Glasgow and Clyde, NHS Lothian, Portsmouth Hospitals NHS Trust, Western Sussex Hospitals NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, Guys and St Thomas' NHS Foundation Trust, The Christie NHS Foundation Trust, the University of Manchester, Keele University, Queensland Health and Griffith University. Thank you also our individual case study contributors.

Collaborators

The Association of UK University Hospitals (AUKUH) is the key leadership body across the UK promoting the tripartite interests of university hospitals: service, teaching and research. Its role is to represent university hospital Trusts' unique interests in partnership with other national bodies.

This resource has been published by AUKUH in collaboration with:

- Council for AHP Research
- Council of Deans of Health
- Health Education England (NHS)
- National Institute for Health Research Clinical Research Network (NHS)
- Royal College of Midwives
- Royal College of Nursing

Report to be cited as: Carrick-Sen, D; Richardson, A; Moore A; Dolan, S (2016), *Transforming Healthcare Through Clinical Academic Roles in Nursing, Midwifery and Allied Health Professions: A Practical Resource For Healthcare Provider Organisations*, AUKUH, London

Conflicts of interest were considered and none were declared.

Guide review date – November 2017



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