

# **Developing the Role of the Clinical Academic Researcher in the Nursing, Midwifery and Allied Health Professions**

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## Foreword by Christine Beasley, Chief Nursing Officer, England



To give people who use the NHS the best possible care and treatment, our clinical researchers need to be given the tools they need to develop innovative, world-class care and treatment.

That is why £4 billion has been invested in Research and Development which includes up to £800 million available for translational research. This investment is vital to achieving the goal of making the NHS a world-leading healthcare system.

The UK has an enviable track record in making new discoveries and developing new treatments, and this important strategy to secure the development of nursing, midwifery and allied health professionals research careers will help us achieve our ambition to maintain our global position as a centre of scientific excellence.

A strong science and research base is crucial to help secure sustainable economic growth, helping to rebalance the economy and create the jobs of the future, which is why despite tough spending decisions funding has been protected. We have some of the best researchers and facilities in the world and this strategy will help ensure that nurses, midwives and allied health professionals can maximise their contribution to this agenda.

I want to see successful partnerships between health and care providers and universities flourish so they provide the best environment to support high quality research, education and training.

Clinical academics are already making a demonstrable impact on the quality of care and the productivity of services. They contribute to the generation of new knowledge about care and treatment and actively seeks out the best evidence to help them improve outcomes and experiences for people.

My aspiration is to support the growth of the nursing, midwifery and allied health professions clinical academic workforce, and to embed and sustain these roles.

This strategy outlines our commitment to securing a national research training pathway for nurses, midwives and allied health professionals.

## **Vision**

This strategy will support the Government's aim to improve people's health outcomes and the experiences they have of their care by developing the best research professionals. High-quality research must be generated and translated at the point of care to facilitate improvement. The clinical academic workforce will be instrumental in ensuring diffusion and spread of best practice and innovation.

## **Principles**

This strategy is underpinned by a series of guiding principles:

- research is part of the core business of the NHS. Commissioners, providers and higher-education institutions (HEIs) should promote and use research to inform their planning and provision;
- clinical academics from the nursing, midwifery and allied health professions are an important part of a well-rounded clinical research community and we will support the development of these professionals in order to maximise their contribution;
- developing the best clinical academics requires national oversight, strategic vision and political commitment, underpinned by focused local implementation;
- the delivery of high-quality clinical academic training (CAT) programmes requires collaborative partnerships between HEIs and providers. Policies and programmes of work should support the development of these local partnerships;
- our aspiration is to support the growth of the clinical academic workforce in the nursing, midwifery and allied health professions and to embed and sustain these roles. To do this we must achieve a good understanding of the size and shape of the existing and future workforce;
- workforce planners and service providers should include clinical academics in their whole workforce plans.

## **Introduction**

Nurses, midwives and allied health professionals are already playing a major part in research, practice and education within the NHS and social care. They lead and contribute to the generation of new knowledge about care and treatment, and support the development of a dynamic and innovative world-class workforce that actively seeks out the best evidence to help improve outcomes and experiences for people.

The development of a world class multi-professional clinical academic workforce will ensure the accessibility and translation of high-quality evidence into clinical practice. Clinical academics are ideally placed to drive the adoption and spread of best practice, innovation and new technologies.

### **What is a clinical academic?**

The expert reference group, the Association of UK University Hospitals (AUKUH) non-medical clinical academic careers group, defines clinical academics in these professions as:

*'A nurse, midwife or allied health professional who engages concurrently in clinical practice and research, providing clinical and research leadership in the pursuit of innovation, scholarship and provision of excellent evidence-based healthcare. A central feature of their research is that it aims to inform and improve the effectiveness, quality and safety of healthcare. They focus on building a research-led care environment including the development of capacity and capability. They challenge existing practice as well as working within, and contributing to, a research rich environment that leads the way towards achieving excellence in healthcare and health outcomes.'*

Clinical academic posts are often joint appointments between a healthcare provider and higher education institution. One organisation will hold the substantive contract of employment and will establish honorary contracts to facilitate working across organisational boundaries.

### **Background**

In 2007, the report *'Developing the best research professionals'* by the UK Clinical Research Collaboration Sub-committee for Nurses in Clinical Research, made a number of recommendations to support the development of research skills and academic careers amongst graduate nurses and midwives who have substantial experience in a clinical setting.

While initially focusing on nurses and midwives, the findings and recommendations were felt to be equally applicable to the allied health professions. A multi-professional approach to the training programme was adopted and will be preserved going forward.

The report called for the following four stages of the clinical academic training pathway to be established:

- Master of Research (MRes) or Master of Clinical Research (MCRes);
- PhD;
- postdoctoral career fellowships;
- senior clinical academic fellowships.

In response, the Chief Nursing Officer for England (CNO) and Chief Allied Health Professions Officer commissioned a clinical academic training (CAT) programme for nurses, midwives and the allied health professions in England.

The National Institute for Health Research Trainees Coordinating Centre (NIHR TCC) successfully hosted the masters, clinical doctoral and clinical lectureship parts of the training pathway since 2008. The Higher Education Funding Council for England (HEFCE) has delivered the senior clinical lectureship award programme since 2010.

The Commission for the Future of Nursing in their report *Front Line Care 2010*, recommended an urgent review of the integration of practice, education and research, to facilitate sustainable clinical academic careers and further develop research skills. The Government Response to Front Line Care supported integration, outlined the responsibility of the NHS, providers and universities to develop flexible career pathways, and gave explicit support for the research training pathways. The Government's response said:

*'The progress made in stimulating research careers through establishing clinical academic training programmes is so far excellent but there is more to achieve. We will ensure these schemes are nationally funded to perpetuate them.'*

The Midwifery 2020 report (*Midwifery 2020: Delivering Expectations*) is explicit about the importance of research and the need to develop research capacity and capability among the midwifery workforce. It highlights the need for employers and higher education to develop flexible employment models to enable clinical academics to work unencumbered across organisational boundaries.

## **Progress of the national training programme for nurses, midwives and the allied health professions**

### **Activity**

This programme was launched in 2008 with a tender for the provision of approved Masters in Clinical Research courses. Seven universities were successful and, since 2009, have each provided three cohorts of 70 places.

In 2009, the first rounds of the Clinical Doctoral Research Fellowships (CDRF) and Clinical Lectureships (CL) launched, awarding 15 CDRFs and 10 CLs.

The second round of the CDRF and CAT CL competitions held in 2010 saw 15 CDRFs and six CLs awarded to nurses, midwives and allied health professionals.

In 2010, the Higher Education Funding Council for England (HEFCE) funded a Senior Clinical Lectureships competition, and an award was made to one allied health professional.

### **Other activities**

Clinical lecturers participated in a leadership development programme run by Ashridge Business School and some of the doctoral-level fellows, based at Biomedical Research Units and Biomedical Research Centres (BRU/BRCs), have participated in the annual BRU/BRC summer school. Personal award holders will be eligible to participate in opportunities that may become available through the NIHR Training Coordinating Centre.

### **Mentorship**

Some emerging clinical academics have encountered challenges in establishing their roles. Demonstrating organisational benefits and cementing professional relationships often take time to realise. The pool of established clinical academics for these professions is small, yet where these roles are embedded and have a high level of organisational support, they are flourishing and having a demonstrable impact on patient care.

A national mentorship programme will be established to provide support for practitioners on the training pathway. A community of successful and established clinical academics and research leaders will use their expertise and wisdom to support those at earlier stages in their research careers.



## Local schemes

In addition to the national NIHR scheme, there are opportunities for nurses, midwives and allied health professionals to participate in local training schemes. A scoping exercise conducted in 2011 by the Association of UK University Hospitals non-medical clinical academic careers group identified five examples of clinical academic schemes currently operating in Southampton, Liverpool, London, Newcastle upon Tyne and the West Midlands. The aim and focus of these schemes include:

- building research capacity and capability within a geographical area and/or topic;
- advancing practice through research;
- enhancing patient care through transformation of care and role development;
- developing the distinctive contribution to the non-medical research agenda; and
- strengthening and developing the research contribution of consultant level practitioners.

These schemes operate as partnerships between one or more organisations from the NHS and higher education, with one organisation leading. Sources of funding for schemes vary, with some by Strategic Health Authorities, others by NHS trusts, or through a combination of HEI and trust sources. Schemes are targeted at different stages of the pathway (none include all stages of the clinical academic pathway), and most are targeted at the doctoral training level. The total number of places available through any one scheme range from 1 to 21. Participants vary in their seniority and experience.

The award holders are mostly hosted by an NHS organisation with honorary contract arrangements in place with partner organisations. A small number of schemes have bespoke contract arrangements, in place. Mechanisms to support award holders, mentorship arrangements and the degree of integration achieved between clinical and academic aspects of the role vary enormously.

These schemes exist in response to a locally identified need for clinical academic roles, which is not being met through national schemes. Sustainability of these local programmes in the longer term is not clear.

Some of the schemes have planned evaluations which may provide further insight, learning and recommendations for future action. There is a need to

explore the synergy between national, regional and local schemes; define the desired alignment; and ensure that local and national schemes are 'joined up' in the pursuit of delivering growth in capacity and capability of this workforce.

The Department of Health will work with the AUKUH and other national bodies to establish a National Clinical Academic Development Group for nurses, midwives and the allied health professions to further develop this work.

### **Quality in research education and training**

The Education Outcomes Framework will directly link education and learning to improvements in patient outcomes. By providing a clear line of sight between education and training and improvement in patient outcomes, it will help address variation in standards and ensure excellence in innovation.

The five domains are:

Domain 1 – **Excellent education** – Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.

Domain 2 – **Competent and capable staff** – There are sufficient health staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff who are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs the service needs, whilst working effectively in a team.

Domain 3 – **Adaptable and flexible workforce** – The workforce is educated to be responsive to changing service models and responsive to innovation and new technologies with knowledge about best practice, research and innovation, that promotes adoption and dissemination of better quality service delivery to reduces variability and poor practice.

Domain 4 – **NHS values and behaviours** – Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD), that instils respect for patients.

Domain 5 – **Widening participation** – Talent and leadership flourishes free from discrimination with fair opportunities to progress and everyone can participate to fulfil their potential, recognising individual as well as group differences, treating people as individuals, and placing positive value on diversity in the workforce and there are opportunities to progress across the five leadership framework domains.

**Health Education England (HEE)** is being established as a special health authority and will be in shadow form from 1 October 2012 prior to becoming fully operational from 1 April 2013. One of HEE's key functions will be to develop its approach to quality and the outcomes required in order to meet the Education Outcomes Framework.

### **The impact of clinical academic roles**

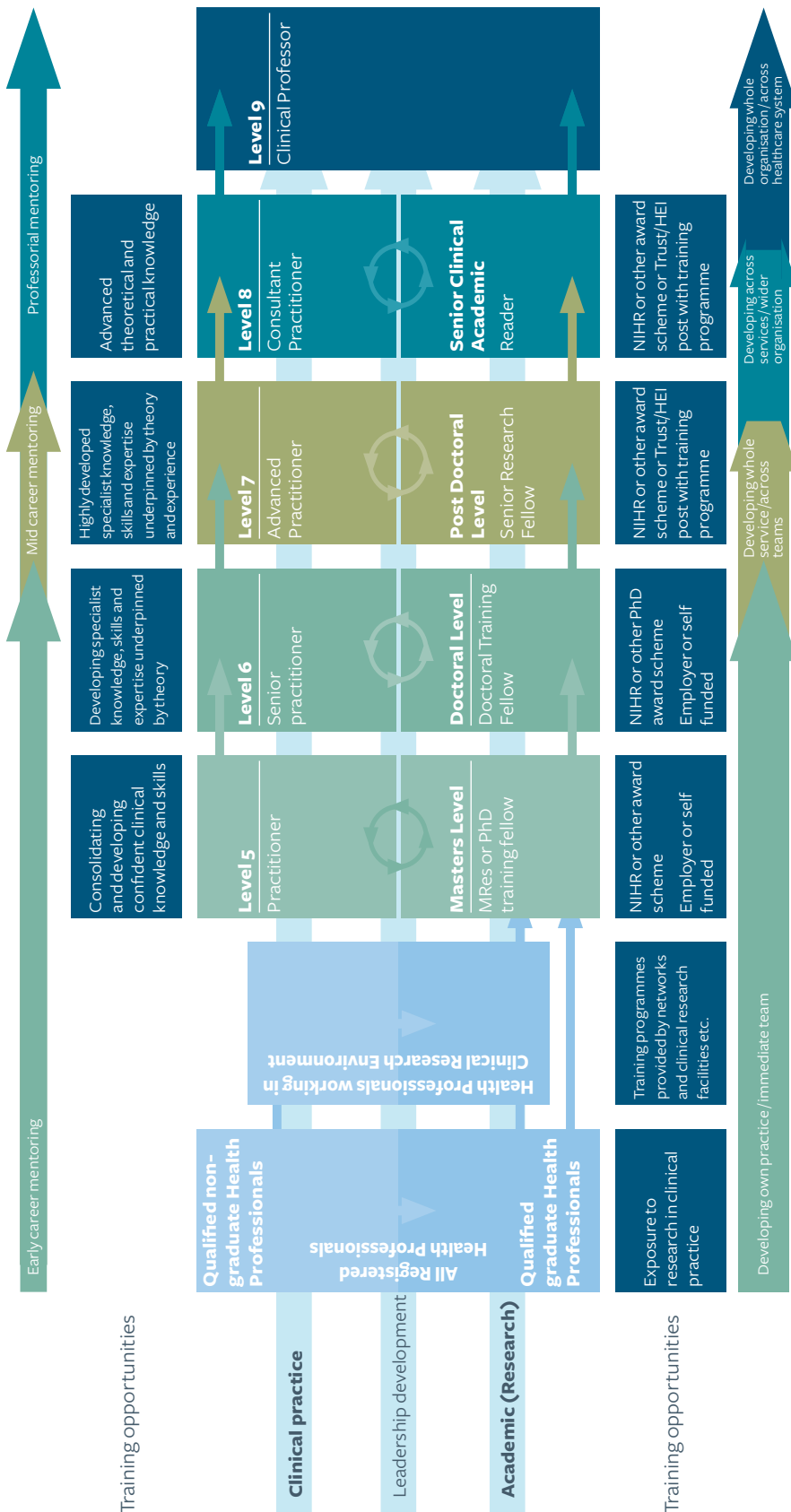
Clinical academics are already making a demonstrable impact on the quality of care and the productivity of services. The strength of the clinical academic role lies in the partnership that practitioners are able to nurture with the people they care for. This partnership is mutually beneficial. It focuses the researcher on live clinical issues and ensures that research findings are translated into clinical practice. We recognise the need to do more to publicise these roles and the impact they have. A selection of case studies are provided at the end of this strategy. Our vision to develop a sustainable training pathway that supports an accessible career pathway for clinical academics in these professions will help heighten this impact.

We will work with providers of health services to encourage mainstreaming of clinical academic posts for nurses, midwives and allied health professionals.

### **Career pathways**

Practitioners and employers alike identify the need to map a career pathway for clinical academics. The Association of UK University Hospitals clinical academic subgroup has mapped the essential elements of these roles and has described a model of career progression (Figure 1).

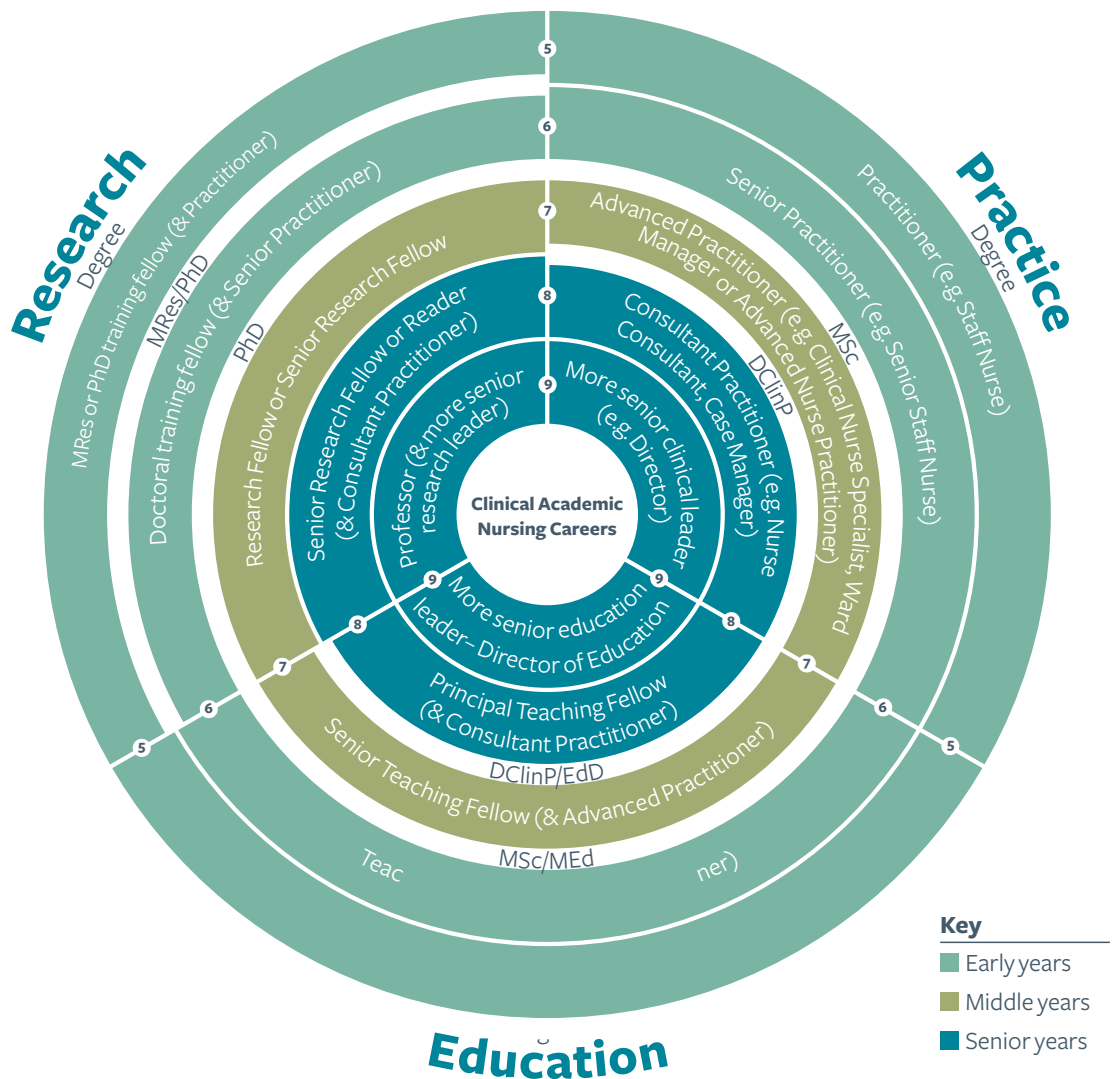
**Figure 1: Clinical academic training pathway for nurses, midwives and allied health professionals**



Developed by the Association of UK University Hospitals (AUKUH).

Figure 2 outlines the essential elements of the clinical academic training pathway for nurses. It is consistent with the post registration career framework for nurses.

**Figure 2: Care for your future as a clinical academic nurse**



**Work in a range of clinical academic environments**

Nurses don't just work in hospitals. Your clinical academic career could take you into a range of clinical and academic environments: people's homes, nursing homes, community clinics and schools. You could deliver and lead care in many different contexts including acute and critical care, first contact, access and urgent care, family and public health, mental health and long-term care.

**Pursue an integrated clinical and academic career**

You will pursue a single integrated career that combines clinical practice and research or clinical practice and education, rather than having to choose a career in one or the other. You will exercise your clinical and research/ education responsibilities concurrently. Your role will be clinically-relevant and practice focussed.

**Learn, train and develop**

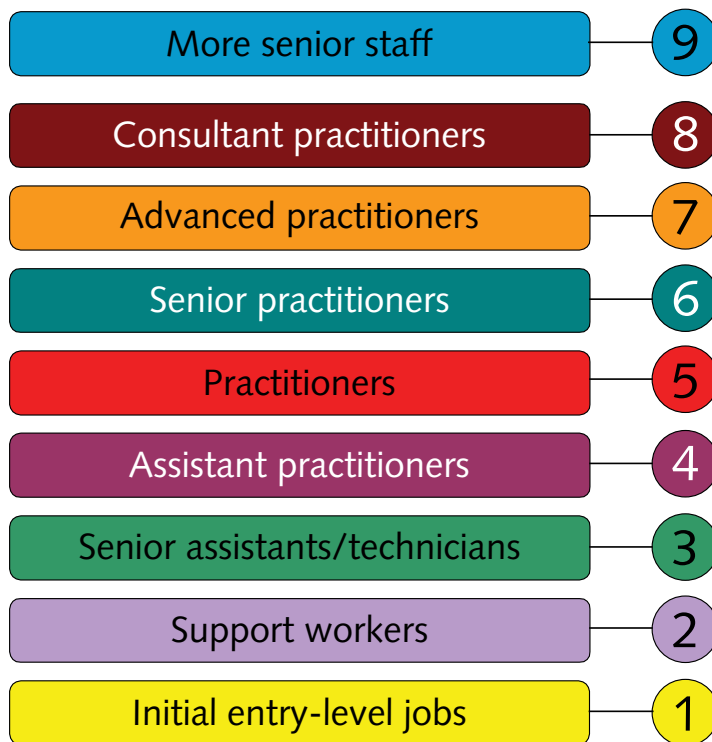
In order to progress personally and professionally from one level to another there are requirements in terms of qualifications and training. You will need to actively evaluate and plan your professional development to ensure incremental steps to develop your knowledge and intellectual abilities, personal qualities and self-management skills. Pursuing the necessary education and training will equip you to ensure the people you care for experience high quality, safe and effective care and you excel in your chosen research or education pathway.

**Move up and around**

Once registered as a nurse, you will have reached level 5 as a healthcare practitioner on the NHS Career Framework. You will undergo a period of preceptorship. As you progress you will continue to build your skills as a practitioner, partner and leader. As a clinical academic you will choose to build your knowledge and skills in practice and research and/or education, gradually developing your clinical expertise and specialising in a particular area of practice.

Similarly, the clinical academic training pathway is consistent with the competency based career framework for allied health professionals shown in figure 3 below.

**Figure 3: Competence-based career framework and tools**



### Support structures

Participation rates of nurses, midwives and allied health professionals in the competitive national training schemes lag behind those of clinical scientists, doctors and dentists. It is clear that central support is needed to improve access to and increase participation in clinical academic training.

### Internship programme

We will develop a national internship programme to enable practitioners considering a clinical research career to gain experience of working within a research environment and develop their ability to secure formal research training. These opportunities will fund a short internship that must include an individualised, structured personal development plan with the aim of preparing the intern to compete successfully for formal research training. We will build on the pre-Masters-level internship programme piloted in 2011/12 and explore the transferability of the internship model to pre-doctoral level.

### **Post-doctoral transition support**

We know that the period immediately after completion of a PhD is a critical phase for aspiring clinical academics. There are many challenges in balancing the demands of clinical practice with the delivery of high-quality research outputs, and many practitioners are simply unable to keep their research alive. Support to scholars and fellows will be provided in two ways:

- scholars and fellows will be invited to join a community of practice on NHS Networks and invited to an annual face-to-face alumni meeting hosted by the Department of Health; and
- in the penultimate year of the NIHR PhD programme, fellows will be offered the opportunity to take up a partially funded transitional support award. This funding represents 0.25 whole time equivalent salary support for one year and will fund protected 'research time' for the busy clinical practitioner. This award will be contingent on the practitioner developing new research proposals and publications.

### **The five-point action plan**

Implementation is the key to the success of this strategy. This action plan will ensure that the aspirations of this strategy are achieved. The five points are as follows:

1. we will commission a national review of the size and shape of the clinical academic workforce of the nursing, midwifery and allied health professions that will inform modelling of the future workforce;
2. we will secure and sustain a national competitive clinical academic training pathway delivered by the National Institute of Health Research;
3. we will work with key stakeholders to ensure synergy between national and local training schemes which secure growth in workforce capacity and capability;
4. we will accelerate the development of support arrangements that improve access to, participation in, and transition along the training pathway; and
5. we will establish a national clinical academic development group to drive implementation of the strategy and its recommendations. This group will

have a specific remit in improving access to and participation in the training pathway and embedding clinical academics at the point of care.

Implementation of this five-point action plan will deliver growth of a high-quality clinical academic workforce and provide a robust foundation for embedding roles at the point of care. Mobilisation of the clinical academic workforce will drive innovation, of high-quality evidence into practice, and promote the adoption and spread of best practice. Clinical academic researchers will contribute to a growing prevention agenda, supporting clinical decision-making in partnership with people. This strategy will accelerate the development of a truly multi-disciplinary clinical academic research workforce with a relentless focus on improving outcomes and experiences for people using the NHS.



## Appendix 1: Clinical Academic case studies

**Dr Gillian Chumbley PhD, BSc (Hons), RN**

**Consultant Nurse – Pain Service**

**Imperial College Healthcare NHS Trust**



I lead a team of highly educated nurses, who are responsible for advising clinicians on the management of patients with complex pain. I am a visiting senior lecturer to the Florence Nightingale School of Nursing and Midwifery at Kings College in London.

I was awarded a clinical lectureship research grant by the National Institute for Health Research (NIHR) in 2010. This has given me the opportunity to conduct post-doctoral research into the prevention of chronic post-surgical pain. My randomised control trial is investigating whether an infusion of low-dose ketamine can prevent high-risk patients, who are undergoing thoracic surgery, from developing this debilitating condition. If successful, I hope that this research will influence the pain management of thoracic patients around the globe.

A clinical academic career allows me to pursue my research interests, while honing my clinical skills; it also keeps me in close contact with patients. This is a synergistic relationship, as research knowledge improves the care I provide, but the close patient contact allows me to identify areas that require further research. My aim for the future is to develop a clinical nursing research unit within the pain service. I would like my team to be recognised not only for the excellent pain management that they provide, but also for important research that we plan to conduct to improve patient outcomes. This will hopefully inspire other nurses to develop research in their clinical area. Being a clinical academic is often frustrating, but knowing that you have influenced and improved the management of pain for many patients is worth all the effort.

**Adam Lewis BSc (Hons) MCSP**

**Clinical Academic Pathway PhD Studentship  
Physiotherapist**

**University of Southampton/Solent NHS Trust**



Being awarded a clinical academic studentship from the University of Southampton provided an opportunity to further develop my research skills that I apply in practice. My enthusiasm and questioning approach has helped sustain my motivation to undertake a PhD. I currently work half-time as a physiotherapist in Solent NHS Trust Community COPD Team and half-time in research. As a clinician I found it quite easy to draft a realistic research proposal and protocol as I was familiar with the topic area and patient group. My particular area of research is in Chronic Obstructive Pulmonary Disease (COPD) and Pulmonary Rehabilitation (PR). PR is one of the most evidence-based interventions for COPD. COPD is a progressive lung condition affecting millions of people in the UK. Although there is a strong evidence base, attendance on programmes is sub-optimal. Some factors of attendance and adherence have been explored previously but rarely have researchers followed up all patients referred to a programme. It is anticipated that the research findings will contribute to a greater understanding of why patients discontinue on a programme. At times developments have seemed cyclical in nature where the research has influenced my practice and my practice has influenced my research.

As a result of working as a member of the team, I have been able to rotate between the community and acute hospital trust setting to further my understanding of the patient's experience of COPD. There has been an indirect transformation of the community COPD team and service as a result of the knowledge, skills and confidence I have developed as a clinician, and having a good relationship with my colleagues has contributed to the successful recruitment to the study.

As a clinical academic, there have been many benefits not only to my area of clinical practice and in service development, but also in personal development. Patient education in the respiratory rehabilitation classes is now more evidenced-based and I actively engender more discussion within the patient group and encourage them to lead the discussion. I now exhort other colleagues to question day-to-day practice and we have introduced a journal club. The academic and

clinical mentorship I have received has been excellent. I feel more empathetic and empowered to help patients because I understand their experience in far greater detail as a researcher and clinician. I have attended national and international conferences funded through the award and attending these has enabled me to understand the national and international context of COPD services and to further consider how evidence is best applied in other settings.

**Lucia Rocca-Ihenacho**

**Clinical Academic NIHR Research Fellow**

**Barts and the London NHS Trust**



My research has developed from questions that have emerged from clinical practice. I have always been fascinated by different 'cultural traditions' in the delivery of maternity services. As a clinical academic midwife my aim is to bring more evidence into practice and assist other midwives in doing the same. My research and clinical area of interest relates to normal birth within Freestanding Midwife Units (FMU). Evidence suggests that women with normal pregnancy delivering in FMUs achieve a better outcome and fewer obstetric interventions as compared to consultant-led units.

My PhD study explores practice, culture and philosophy in an inner city FMU using ethnography to explore and understand the high rate of normal births within FMUs. In addition during the PhD I plan to develop guidelines on how an ideal FMU should be set up and run, and to translate the information to increase the normal birth rate in a consultant-led unit. During the post-doctoral period I plan to develop a cluster randomised controlled trial to test the effectiveness of the 'Keeping Birth Normal' programme.

My experience of being an NIHR clinical academic fellow has been very positive. At the beginning of the fellowship the combination of the clinical and academic components presented me with a big challenge. Within the clinical setting I felt there was limited understanding of the role and confusion regarding the ownership of my clinical time. Seeking mentorship and additional support from outside my organisation was fundamental. Since the beginning of the partnership arrangements have substantially improved and I now feel I am working and valued within the organisation.

The NIHR CAT fellowship has been a unique opportunity to develop my skills at many different levels and include clinical practice, leadership, networking, research methodology and capacity within my NHS trust as well as developing a long-term research trajectory, collaborations and international relationships.



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