AUKUH Clinical Academic Careers Group for Nursing and Midwifery

The Nurse and Midwife Research Clinical Academic: Development, Progress and Challenges

Annual Report of Activity
May 2011 to June 2012

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Foreword

I am grateful to Dr Debbie Carrick-Sen and Professor Sarah Watson-Fisher for leading this work and to everyone who collaborated on this review and final report. It is a timely and welcome contribution to the debate about future research training and research careers for nurses, midwives and allied health professionals.

Access to funded clinical academic training pathways has been a passion of mine since I came to the Department of Health in 2008. My strength of feeling is fundamentally driven by two things. The first is that the practice of nurses, midwives and allied health professionals needs evidence to ensure that care is effective, efficient and given with intelligent kindness – the compassion we crave for those in our care and for those closest to us. The second is that we need to nurture the next generation to become research savvy, to critically appraise evidence and to become research active and generate new evidence in a way that wasn't available to me when I did my PhD as a hobby.

The need for research-active nurses and midwives to combine practice and academic endeavour is now more necessary than ever. Such clinical academics are exemplars who can challenge practice, raise standards and make sure the professions don't stand still. This is particularly important when there are significant challenges about designing and redesigning care pathways, moving care closer to home, and in the face of financial constraints. Nurses and midwives are incredible innovators but they need to be more confident about how to change the systems around them to improve care using evidence.

With the reforms of the health and care system and particularly with the development of Academic Health Science Networks, the findings and proposed actions from the review will stimulate change and challenge in helping to construct a new future where integrated health and social care services are commonplace and prevention and early intervention are as prominent as care and treatment.

I look forward to a time when the role of clinical academics who are nurses, midwives and allied health professionals is fully mainstreamed and developed further to grow in stature and value so we can improve care, health and health outcomes.

Professor David Foster
Deputy Director of Nursing, Department of Health England
Corresponding member of the AUKUH Clinical Academic Careers Group

List of acronyms

AHSC	Academic Health Science Centre
AUKUH	Association of UK University Hospitals
AfC	Agenda for Change
AHP	Allied Health Professions
BRC	Biomedical Research Centre
CAT	Clinical Academic Training
CLAHRC	Collaboration for Leadership in Applied Health Research and Care.
CSO	Chief Scientist Office
DGH	District General Hospital
DH	Department of Health
HEE	Health Education England
HEI	Higher Education Institution
HIEC	Health, Innovation and Education Cluster
HSC	Health and Social Care (Northern Ireland Division)
LETB	Local Education and Training Board
MRes	Masters of Research
MPET	Multi Professional Education and Training
NES	NHS Education for Scotland
NIHR	National Institute for Health Research
NMAHP	Nursing, Midwifery and Allied Health Professions
PhD	Doctor of Philosophy
SHA	Strategic Health Authority (England)
UKCRC	UK Clinical Research Collaboration
WTE	Whole Time Equivalent

1.0 Executive Summary

1.1 Introduction

Research activity improves the quality of patient care, experience and outcome, and increases the effective use of available resource. It is acknowledged that Nurses, Midwives and Allied Health Professionals (NMAHPs) already provide a contribution to 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, innovative world-class workforce that actively seeks out the best evidence to help improve outcomes and experiences for patients. The development of a world-class multi-professional clinical academic workforce promotes the accessibility and translation of high quality evidence to inform clinical decision making. Clinical academics are ideally placed to facilitate the adoption and spread of best practice, innovation and new technology. The medical clinical academic career pathway is well established and highly regarded by clinicians and academics. Substantial investment is on-going regarding NMAHP national and local Clinical Academic Training (CAT) schemes. Despite this valued investment, there is limited opportunity to share and agree systems, process and outcome in terms of maximising NMAHP clinical academic activity.

In response to local and national concern, a nursing and midwifery clinical academic workshop was chaired and hosted by Professor David Foster, Deputy Chief Nursing Officer for England in November 2010. The workshop confirmed there was a need to further understand the role of the clinical academic, identify gaps and maximise opportunities. A UK-wide task and finish group was developed under the umbrella of the AUKUH Directors of Nursing group initially to look specifically at clinical academic nursing and midwifery. The group, co-chaired by Professor Sarah Watson-Fisher and Dr Debbie Carrick-Sen, held its first meeting in May 2011 and developed four workstreams, which included a review of: a) The Finch report, b) nursing and midwifery clinical academic local training schemes, c) current clinical academic workforce, and d) development of a clinical academic pathway, principles and required population.

This executive report summarises details of activity undertaken by a UK expert reference group between May 2011 and June 2012. The group explored the background, initiatives, progress and future recommendations to further develop and sustain research activity, building on and maximising the NMAHP clinical academic research contribution to improved quality, safety and efficiency healthcare agenda within the UK.

1.2 Key messages

The key messages from the work undertaken by the AUKUH Clinical Academic Careers Group confirmed that the majority of the Finch report recommendations had been implemented, including the Department of Health / Chief Nursing Office National Clinical Academic Training (CAT) scheme. The scheme includes training opportunities from Masters to postdoctoral level. Although greatly valued by trainees, it is proposed that the National CAT scheme alone is insufficient to build genuine and meaningful capacity and capability within a reasonable timescale. An aspirational goal is that 1% (estimated to be 3,063) of the qualified nursing and midwifery workforce will be working within a clinical academic role by 2030. It was confirmed that a number of local CAT schemes exist, however local schemes have substantial variation between the number of places and partners involved, the level of

training and the continuation of sustainable funding. Furthermore, findings confirm there is a lack of understanding regarding the role of the clinical academic, as well as organisation structures, and processes to facilitate and maximise the required growth. The expert reference group developed and proposed a viable and pragmatic clinical academic career pathway, suggested principles, and estimated the required population to create and sustain meaningful capacity and capability to maximise patient outcome and experience. The proposed pathway and definition of a clinical academic has been incorporated into the Department of Health's *Developing the Role of the Clinical Academic Researcher in the Nursing, Midwifery and Allied Health Professions* (2012).[10]

1.3 Key recommendations

The importance to move from agreed conceptualisation and exploration to action-based activity is acknowledged. This is appropriate and timely, due to the implementation of current major NHS reforms, including the transformation and creation of Health Education England and NHS England. The group proposes 20 recommendations, which can be broadly summarised under leadership, strategy and proposed activity:

1. The group to continue to provide National **Leadership** and have expanded its membership to include Allied Health Professionals (AHPs). The group has a UK-wide remit with a main focus on sharing experiences and learning across the four UK countries. The group will continue as an expert reference group under the auspice of the AUKUH Directors of Nursing group and it will continue to work in close collaboration with Health Education England, NHS England and the National Institute of Health Research. It is proposed that the recommendations be fed into Health Education England's advisory structures and NHS England's commissioning intent. The group will produce an annual report.

2. The group to develop a five-year **strategic plan** to support the development and implementation of the NMAHPs clinical academic across England. This will include the development of sustainable clinical academic posts within the healthcare provider setting.

3. The group to focus **future activity** around three workstreams addressing structures, processes and outcomes. The workstreams will have the following objectives:
   a) Structures: to increase understanding of the clinical academic role, develop a sustainable clinical academic pathway, measure and articulate the current, short and medium term estimates of the clinical academic workforce, and build on current organisation arrangements to develop and sustain the clinical academic workforce within the healthcare provider setting to achieve the 1% goal by 2030.
   b) Processes: to maximise opportunities and support for clinical academics on local and national training schemes. To increase the synergy between national and local schemes.
   c) Outcomes: to measure and articulate the NMAHP contribution to the quality and efficiency agenda, with a particular focus on improved patient outcomes and experiences through research activity.

1.4 Acknowledgements

The group would like to acknowledge and thank the AUKUH Directors of Nursing, lead nurses and clinical academics who completed the questionnaires, as well as Jocelyne Aldridge and Siobhan Fitzpatrick, AUKUH Senior Policy Officers, for their ongoing support, valuable advice and active contribution.

Dr Debbie Carrick-Sen and Professor Sarah Watson-Fisher
on behalf of the AUKUH Clinical Academic Group for Nursing and Midwifery

December 2012

2.0 Introduction

Research activity improves the quality of patient care, experience and outcome including effective use of available resource.[1,2,3] It is acknowledged that NMAHPs already provide a contribution to 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 they support the development of a dynamic, innovative, world-class workforce that actively seeks out the best evidence to help them improve outcomes and experiences for people.[4] The development of a world-class multi-professional clinical academic workforce promotes the accessibility and translation of high-quality evidence to inform clinical decision making. Clinical academics are ideally placed to facilitate the adoption and spread of best practice, innovation and new technology. However, evidence exists to suggest that current clinical academic roles are challenging and complex.[5,6] There are important lessons to be learnt from the medical clinical academic career pathway, which is well established and highly regarded. Substantial investment is ongoing regarding NMAHP national and local CAT schemes. Despite this investment, there is limited opportunity to share and agree systems, process and outcome in terms of the NMAHP clinical academic research activity.

A number of key policy documents including *Front Line Care*,[7] the 2010 report of the Prime Minister's Commission on the Future of Nursing and Midwifery in England, and *Midwifery 2020: Delivering Expectations*[8] highlight the need, value and desire to develop and sustain the clinical academic. In response to local and national concern, a nursing and midwifery clinical academic workshop was chaired and hosted by Professor David Foster, Deputy Chief Nursing Officer for England, in November 2010. The workshop confirmed unmet need and enthusiasm to explore current systems and process to assist in the development and sustainability of a nursing and midwifery clinical academic career pathway. A UK-wide task and finish group was developed under the umbrella of the AUKUH Directors of Nursing group. The AUKUH Clinical Academic Careers Group for Nursing and Midwifery, co-chaired by Professor Sarah Watson-Fisher and Dr Debbie Carrick-Sen, held its first meeting in May 2011.

Four workstreams were established and included the review of:

a) The Finch report
b) Nursing and midwifery CAT schemes
c) Current and potential nursing and midwifery clinical academic workforce, and
d) Development of a clinical academic pathway, principles and required population.

This report summarises the activity and findings from the workstreams and makes **20 recommendations** regarding further developments and sustainability of the NMAHP clinical academic.

3.0 Workstream One – Update on Progress on Finch Report (2007)

3.1 Workstream Leads

Professor Christine Norton, Professor Tony Butterworth and Dr Fiona O'Neill.

3.2 Introduction

A subcommittee was established in 2006 under the auspices of the UK Clinical Research Collaboration (UKCRC). The subcommittee was chaired by Professor Janet Finch and an investigative team was established and led by Professor Tony Butterworth and Dr Christine Jackson. The UK Chief Nursing Officers signed up to the work and drew it into their 'Modernising Nursing Careers' policy workstream. The subcommittee produced a report in 2007 titled *Developing the best research professionals: qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future.*[9] As it is now five years since its publication, review of progress is timely.

This section reviews progress on the Finch report recommendations for the UK, which were:

1) Annually (for nursing & midwifery) four award schemes:
    a. Award Scheme 1: 100 MRes places (50% clinical, 50% academic)
    b. Award Scheme 2: 50 PhD or Professional Doctorate Fellowships
    c. Award Scheme 3: 20 Postdoctoral places
    d. Award Scheme 4: 10 Senior Clinical Academic Fellowships
2) Develop clinical research nurses' skills via training programmes within the Clinical Research Networks and clinical research facilities
3) Career flexibility with sessional contracts for clinical academics
4) Mentoring and peer support
5) Promote career advice
6) Labour market intelligence: numbers in training
7) Objectives to be achieved within five years (from 2007)

3.3 Objective

The workstream objective was to review progress of the Finch recommendations.

3.4 Methodology

The workstream group delivered the objective via a number of email exchanges, virtual meetings and search for information on websites and policy review documents.

3.5 Findings of activity in England

Within England the following progress is noted:

1) An NIHR training scheme has been established and has four stages (Table 1).
2) A mentorship scheme was launched in 2012.
3) A DH CAT Programme Board was established in 2011/2012. The board includes the Chief Professions Officers. The board has developed a 2012–2017 strategy.
4) In May 2012, the 2012–2017 strategy was launched.[10]
5) Over 2011–2012, an extra 26 Masters in Clinical Research training places were offered.
6) From 2012–2013 the number of Masters in Clinical Research training places increased further to 147 per year.

7) Supplementary grants were given to existing Postdoctoral Clinical Lecturers.
8) In 2012, an intern scheme was established.
9) A number of engagement events have taken place.
10) Agreement was secured to continue a substantial allocation in 2012–2013 MPET.
11) There was commitment from the Chief Medical Officer that the NIHR would deliver the 2012-13 training pathway.
12) A new NIHR tender for HEIs to deliver MRes/Masters in Clinical Research programmes was launched in April 2012. In September 2012, twelve HEIs were awarded to offer 147 places annually for three years.
13) Doctoral, Postdoctoral and Senior Fellowships were re-launched in May 2012.
14) The new 2012-2017 strategy takes the Finch recommendations further, addressing sustainability and promotion of growth in capacity and capability. The strategy is cognisant of the new landscape and defines the relationships, roles and responsibilities of Health Education England (HEE), Local Education Training Boards (LETBs), HEIs, DH and NHS England.

NMAHPs are eligible to apply for a number of NIHR research fellowships and awards including the DH/CNO-funded clinical academic training scheme. There are currently a low number of awards made to NMAHPs outwith the DH/CNO funded clinical academic training scheme. As of December 2012, these include 13 nurses and midwives and 11 AHPs with doctoral level fellowships, and 8 nurses and midwives and 17 AHPs with a postdoctoral award. While these are not specifically clinical academic awards, they do also potentially contribute to clinical research capacity within the professions. Additionally there are 35 nurses and midwives listed as having previously completed awards and 39 completed AHP awards.

Current trainees speak highly of NIHR scheme and of the benefit to patients and patient care:

"The NIHR programme offers an opportunity for me to improve patient care, experience and outcome. I never imagined that such an opportunity could exist for nurses and AHP's working in clinical practice. In addition to the fees and time out of practice, the opportunity for coaching, time spent in the clinical research facilities and the additional programme of education for post graduate students is simply incredible. Through the completion of each module and the pragmatic design of the assignments, I am attaining the knowledge, skills and support network required as a novice researcher. Completion of this course signals the beginning of my career as a clinician with the confidence and ability to undertake research in practice to improve patient care."

Kate Spence, NIHR Masters CAT Trainee, Newcastle upon Tyne

"Being awarded an NIHR doctorate fellowship has allowed me to develop my research skills in an area which will make a significant improvement to patients mental health and quality of life when living with Chronic Obstructive Pulmonary Disease (COPD). The scheme has helped me develop personally and I feel very humble that I have been given this fantastic opportunity. I have received so much support from senior nurses within the Trust, my supervisors, Newcastle University and the NIHR itself. This is the start of a fantastic research journey for me within the NIHR and I am looking forward to making a significant difference to improved patient care, experience and outcome."

***Table 1: NIHR Clinical Academic Training (CAT) Opportunities in England*[10]**

Masters[a]			
	Cohort 1 2009	**Cohort 2 2010**	**Cohort 3 2011**
No. Finch report recommended awards	100	100	100
No. applications	97	252	308
No. awards made	68	61	124
AHPs	65%	56%	51%
Nurses	31%	36%	45%
Midwives	4%	7%	4%
[a] Most commonly Band 6 and Band 7			

PhD – CAT Clinical DRF[b]			
	Cohort 1 2009	**Cohort 2 2010**	**Cohort 3 2011**
No. Finch report recommended awards	50	50	50
No. applications	100	63	65
No. awards made	15	16	12
AHPs	67%	62%	25%
Nurses	20%	38%	58%
Midwives	13%	-	17%
[b] Quality of applications improved in second round, challenges remain regarding combining clinical and academic work			

Postdoctoral Fellowship - Clinical Lectureship (CAT Clinical Lecturer)[c]			
	Cohort 1 2009	**Cohort 2 2010**	**Cohort 3 2011**
No. Finch report recommended awards	20	20	20
No. applications	21	9	20
No. awards made	10	6	6
AHPs	40%	50%	100%
Nurses	60%	50%	-
Midwives	-	-	-
[c] Supporting CDRF workshop, mentorship at BRU/BRC summer school, extra research grant and internship funded			

Senior Clinical Lectureship – CAT Senior Clinical Lecturer			
	Cohort 1 2009	**Cohort 2 2010**	**Cohort 3 2011**
No. Finch report recommended awards	10	10	10
No. applications	3	18	13
No. awards made	1	5	6
AHPs	100%	TBC	50%
Nurses	-	TBC	33%
Midwives	-	TBC	-
Healthcare Scientists	-	TBC	17%

Karen Heslop, NIHR Doctoral CAT Fellow, Newcastle upon Tyne

3.6 Findings of activity in UK Devolved Administrations

3.6.1 Wales

Wales has chosen to concentrate on developing the research skills of its Nurse Consultants as a key group who have research activity embedded in job descriptions. Training and support has been offered and mostly taken up.

3.6.2 Scotland

There has been a commitment to Clinical Academic Research since the 2002 publication of *Choices and Challenges, The strategy for research and development in nursing and midwifery in Scotland*[11] by the Scottish Executive Health Department. This builds on the previous investment in:

1) NMAHP Research Training Scheme which supported 6 PhD studentships and 6 postdoctoral fellowships, and
2) Strategic Research Development Initiative – three funded regional consortia (Alliance for Self Care Research; Centre for Integrated Health Research; HealthQWest).

Other initiatives in Scotland include the development of:

1) The National NMAHP Research Unit
2) An Academic Health Science Centre (AHSC) – linked to medical schools with NHS Board collaboration
3) Chief Scientist Office (CSO) Personal Award Scheme – source of funding for clinical and academic researchers at PhD and postdoctoral levels (including NMAHPs)
4) NES Early Clinical Career Fellowships programme
5) Clinical Academic Research Careers
6) Ten National Principles, broadly in line with other UK approaches
7) Building on existing infrastructure and strengthening research capacity and capability
8) Agreed definition to reflect an integrated career route combining clinical practice and research
9) A single contract with post-holder remaining clinically focused, and
10) A strong NHS Board /university partnership.

In addition, Scotland has developed and agreed a Clinical Academic Research Career Framework which:

1 Is underpinned by national principles
2 Describes broad spheres of responsibility and examples of research knowledge and skills from levels 5–9 within the education framework
3 Facilitates horizontal and vertical career progressions
4 Suggests that mentor support is required at all levels
5 Highlights the contribution to translation of research into practice
6 Resulted in a publication concerning National Key Principles and Framework for early, mid and late NMAHP Clinical Academic Research Careers[12]
7 Has implementation sites, referred to as The Embedded Model and includes: NHS Lothian, University of Edinburgh, Queen Margaret University and Edinburgh Napier University
8 Is aligned to a Clinical Academic Research Career initiative

9 Has five years of funding to support integrated posts (senior practitioner and advanced practitioner)
10 Works with the development of Scottish Professoriate Nursing and Midwifery Alliance (Working Group)
11 Has reviewed national and international literature on clinical academic research careers for nursing through the NMAHP Research Unit, and
12 Is working with NHS Boards and University partners to strengthen collaborations in research.

In 2012, a national clinical academic and research capability and capacity sub-group has been convened by the Chief Nurse for Scotland. This will, among other things, consider clinical academic nursing careers in Scotland.

3.6.3 Northern Ireland: Health and Social Care Research & Development Division, Public Health Agency

NMAHPs are eligible to apply for Health and Social Care Research & Development Division (HSC R&D) Division Doctoral Fellowships and NIHR Fellowships supported by the Trainees Coordinating Centre. While there are no separate Clinical Academic Career training award schemes in operation in Northern Ireland, the current research training programmes contribute to clinical research capacity development within the professions. The numbers of awards for doctoral fellowships within a similar time period to the NIHR CAT opportunities are displayed in Table 2 below.

Table 2: HSC R&D Division Doctoral Fellowship Awards in Northern Ireland 2008–2012

Table 2: Annual Nursing Doctoral Fellowship Competition in Northern Ireland 2008–2012

Year	Successful	Unsuccessful
2008	15	12
2009	14	10
2010	19	6
2011*	4	18
2012*	3	22

***Reduction in funding due to budgetary cuts

3.7 Discussion

Overall, progress seems to have been somewhat slow to get started and patchy at best. Progress on the award schemes have been reviewed by country. Of note is that all national schemes have chosen to award grants for PhD only and not for Professional Doctorates. Most schemes have been opened up to Allied Health Professionals (AHPs) as well as nurses and midwives. This has often led to a disproportionate (by size of profession) number of awards won by AHPs rather than nurses and midwives. It is possible that the reason AHPs have been so successful in obtaining a higher proportion of CAT awards, compared to nurses and/or midwives, relates to research during undergraduate training, graduate exit, increased role autonomy and/or increased understanding of the application process and research project development.

Clinical research nurse training has been slow to get going beyond the absolute basic of mandatory Good Clinical Practice in research (GCP) common to all NHS researchers. The Networks have only in the last couple of years started to introduce training programmes and individual NHS Trusts have, with a few exceptions, provided little to date. There has also been a problem of ownership and responsibility for training, with some clinical research nurses employed by the NHS and others by an HEI, with different terms, conditions and training offered. In many areas, little beyond GCP and the mandatory updates given to all nurses is provided (and those employed by HEIs may not even access this with ease). There is little evidence of many research nurses developing independent research skills and becoming leaders of research in their own right. In 2011, a revised competency framework for clinical research nurses at nursing salary bands 5–8 was published by the Royal College of Nursing and the Clinical Research Networks in England,[13] but there is as yet limited evidence of widespread adoption.

With regard to career flexibility and sessional contracts, there is little evidence of this happening except in a few isolated individual examples. Differential terms and conditions of employment, salary differentials and lack of transferability of pension arrangements between HEIs and the NHS appear to be one major barrier, but there is also evidence of a lack of enthusiasm to create such posts. There does not appear to be an appetite from either NHS or HEI employers for the sessional contracts and flexible career pathways as envisaged by the Finch report.

Concerning mentoring and peer support, England has funded a mentorship scheme for Clinical Lecturers (Postdoctoral Awardees) and it is hoped that this will be cascaded to other levels.[14]

Focusing on careers advice and labour market intelligence, there is limited evidence of research being promoted as a career option for nurses and midwives and no centralised labour market intelligence. Research nurse posts are hard to fill in many parts of the UK, most contracts are fixed-term and post-holders' skills are often lost when the post ceases. Clinical academic posts remain unusual and mostly created by the efforts of an individual post holder rather than a strategic decision.

3.8 Conclusion

Progress has been slow and is at best patchy. Encouragingly, some initiatives seem to be gathering momentum and are being revised and re-launched. However, to build national capacity, local as well as national schemes are needed. Furthermore, there is a need to recognise and build a pipeline to increase access and training opportunities at pre-Masters (Intern) and Masters level.

3.9 Workstream One Key Findings

1) Funding for the NIHR CAT scheme is greatly valued and should continue
2) A scoping of the clinical academic workforce is important. It will inform training numbers and potentially speed the increase in capacity and capability
3) The mentorship scheme should be rolled out to all NIHR awardees, and training offered to leads of local schemes
4) There is a need for a national development group to further develop and inform progress, minimising duplication and maximising opportunity and potential for growth.

5) There is a need to scope and assess support options at local and national level to maximise quality applications and funding opportunity
6) Creation of local, and, if appropriate, national networks of Trust and HEI research leads will reduce potential duplication and assist in a growth of quality applications.
7) There is a need to further understand the reason for success noted by AHP applicants and to learn lessons for nursing and midwifery.

4.0 Workstream Two – Scope of Local Training Schemes

4.1 Workstream Leads

Professor Alison Richardson and Dr Moya Sutton.

4.2 Introduction

Clinical academic roles for non-medical health professionals are a relatively recent role development and the availability of relevant training and development programmes are essential to establishing a robust cadre of individuals with the necessary skills, knowledge and aptitude. Apart from the NIHR CAT schemes for NMAHPs, there are a slowly growing number of local schemes available. Information on the nature of these schemes, who they cater for and how they have been funded is not readily available. The 2012–2017 Department of Health strategy *Developing the Role of the Clinical Academic Researcher in the Nursing, Midwifery and Health Professions*[10] indicated the intention of the DH to work with stakeholders to ensure synergy between national and local training schemes in order to secure the necessary growth in workforce capacity and capability. A first step in identifying potential synergies is to create a working understanding of the schemes already in operation.

4.3 Objective

The objective of this workstream was to scope the number, organisation structure and arrangements, funding source and type of training places offered within local or regional CAT schemes currently operating in the UK.

4.4 Methodology

Members of the sub group drew on their own networks to identify schemes in operation or planned across the UK. The aim of the exercise was to scope clinical academic schemes, initiatives and programmes underway in the UK in relation to non-medical health professionals. Our objective was to establish the number of schemes in operation and collate their key features.

Using a purposeful, convenient sample, a pro forma was emailed to 13 organisations (Northern Ireland, Scotland, Wales, London, Sheffield, Newcastle, Nottingham, Essex, Southampton, Imperial, Liverpool, Brighton, West Midlands) to a named contact provided by an AUKUH member. An opportunity was offered to hold telephone conversations if the objectives of the exercise were not immediately clear or if there were queries about particular questions.

The pro forma covered the following areas:

1) Stakeholders involved in developing and delivering the scheme
2) Funding streams including date scheme started and due to end (if fixed)
3) Number of places/positions available, for which professions, and the band/level/grade
4) Clinical and academic training and development offered
5) Infrastructure available to manage scheme
6) Management and governance of scheme as a whole
7) Management and governance of individual post-holders with places on scheme, and
8) Details of any data collected on outcome/benefit.

The scoping excluded the NIHR schemes and individual post-holders who were not part of a scheme, such as Consultant Practitioners. It was undertaken between 1 July 2011 and 30 September 2011. We supplied a working definition of what constituted a clinical academic adapted from the national guidance for clinical academic research career for NMAHPs in Scotland published by NHS Education for Scotland (NES). The working definition utilised was as follows: practitioners working across a range of clinical and academic environments who are pursuing an integrated career that combines clinical practice and research rather than a career in one or the other. They are clinically focused but formally linked to an HEI to enable and support the research component of their role. Clinical work can encompass a wide range of activities that support and complement the role, however they should be clinically relevant and practice-focused.

4.5 Findings

4.5.1 Number of schemes

Of the 13 organisations contacted, two had no scheme in place (Essex and Nottingham). One return was excluded as it was not a clinical academic scheme and was confined to traditional PhD training (Northern Ireland). One scheme was in the process of being planned (London). Therefore the findings presented below are based on the information supplied for nine schemes, of which some organisations had more than one type of scheme e.g. Southampton, Wales.

4.5.2 Focus

Schemes typically focused on both individual and organisational objectives. At an individual level the awards were designed to support people to develop a clinical academic career and the fellowships offered a clinical and research-related component in support of this. Organisationally the schemes were directed at: developing research capacity and capability; advancing practice through conduct and implementation of research; enhancing patient care through staff development; enhancing the contribution of non-medical researchers; generating service-led research; and strengthening the contribution of consultant-level practitioners.

4.5.3 Organisations involved

The schemes most commonly encompassed a partnership between one or more NHS organisation(s) and one or more HEIs and were either led by the institution (e.g. Newcastle, Liverpool, Southampton [scheme 2], Liverpool, Brighton), the Strategic Health Authority (SHA) (e.g. West Midlands, Southampton [scheme 1]) or the Health Board/ Government (Lothian, Wales). West Midlands and Sheffield are examples of schemes that consist of multiple stakeholders (multiple HEIs and NHS organisations). Funding came from various sources, some were resourced by SHAs (West Midlands, Southampton [scheme 1]) and others combined NHS organisation and HEI sources. Some had ‘direct’ investment from NHS provider organisations (Southampton [scheme 2], Newcastle, Imperial, Brighton) and in addition to this, Sheffield and Liverpool had also attracted charitable funds. The Sheffield (CLAHRC funding), Lothian (NES) and Welsh (Welsh Office) schemes had elements of national investment.

4.5.4 Coverage

All stages of the career pathway were covered collectively by the nine schemes, but few schemes had opportunities at every stage of the clinical academic pathway. Some focused

on Masters and PhD level, whereas others focused on PhD and postdoctoral training (postdoctoral opportunities were less common and offered by Southampton [scheme 1], West Midlands, Sheffield, Wales, Lothian). Wales possessed the only example of a bridging scheme between awards, and Sheffield and Wales were the only schemes to focus on a post-Masters-level / pre-PhD scheme. Schemes were largely open to all specialities, professions and bands as appropriate to level of award.

4.5.5 Sustainability and governance

The earliest scheme was established in 2001 and the most recent in 2011. Most do not have funding secured beyond 2014, although Southampton now has an annual PhD scheme. The number of people on a scheme varied from 1 to 21. Arrangements around employment contracts were extremely variable, most individuals undertaking a fellowship retained their original post (with the NHS organisation) and a secondment arrangement had been put in place for the period of award. The secondment agreement was most commonly with the HEI. Some had developed bespoke contracts to manage the relationship between the HEI or SHA and Trust (Southampton, West Midlands). There were examples of some innovative frameworks for support and mentorship. For example, Southampton had a clinical academic facilitator in post to support trainees and their organisations, Sheffield held workshops for NHS managers so they can become familiar with expectations of the scheme, and some organisations involved both service and HEI staff in the appraisal and supervision process (Newcastle, Southampton).

4.6 Discussion

Whilst this work does not represent an exhaustive scoping exercise it has captured the essential details of a number of schemes across the UK. Our predominate finding related to variation. There was substantial variation concerning funding, number of places offered, management and governance arrangements. Whilst the number of places offered was often small, there was evidence of substantial 'buy-in' and investment (financial and otherwise) in the schemes from the stakeholders involved which means they have potential to make an important contribution to efforts to grow this aspect of the NMAHP workforce. There was evidence of collaboration between NHS organisations e.g. NHS Trust / SHAs and HEIs, and the majority involved multiple partnerships, were focused on Masters and doctorate training and were open to all careers levels e.g. junior, mid and advanced career, with most opening the scheme to nurses and midwives, although a small number permitted AHPs to apply. Whilst all provided details on the academic aspect of the training programme, only a few of the sites articulated how an individual's clinical development was being attended to, and there was a sense from the information provided of an the emphasis on traditional academic skills rather than an integrated approach to CAT.

4.7 Conclusion

We should build on this preliminary scoping of regional and local schemes to identify further learning and actively share details on the arrangements that underpin these schemes with interested stakeholders.

4.8 Workstream Two Key Findings

1) Ensure others interested in developing similar schemes have access to the learning accumulated thus far and findings made available to HEE to cascade to LETBs.

2) Work with HEE and NHS England to explore the relative contribution of local and national schemes and identify how schemes can best achieve synergy and ensure they contribute to building capacity and capability.
3) Debate nature of best practice for clinical training aspects of the awards at different stages of the pathway and contractual arrangements.

5.0 Workstream Three – Existing Workforce

5.1 Workstream Leads

Dr Debbie Carrick-Sen and Dr Ann McMahon.

5.2 Introduction

There is widespread recognition that a workforce with the requisite research and development skills enhances people's experiences of health services and their health outcomes. This requires agreement on what such a workforce should look like coupled with informed workforce planning. There has been, and continues to be, investment in research capability building in the NMAHP professions across the UK. As a result there are nurses and midwives with both *clinical* and *academic* skills currently employed in the NHS. There is currently no 'big picture', however, of who they are, where they are, or what they are doing.

5.3 Objective

The purpose of the workstream was therefore to scope the people with both clinical and academic skills currently working in the health sector. The focus of this inquiry was nurses and midwives with agreement that AHPs could be further explored at a later stage.

The primary aim was to answer the flowing questions:

1) What workforce structures do organisations currently have in place?
    a) What are their nursing and midwifery research leadership and capability building arrangements?
    b) How many staff currently function as clinical academics or in emerging clinical academic roles?
2) What data could reflect current clinical academic activity in the NHS workforce?
3) How are employees currently engaged in clinical academic activities?
4) Can these variables serve as a minimum data set to inform clinical academic workforce planning?

5.4 Methodology

Two online questionnaires were developed and piloted through the Royal College of Nursing on-line survey system in January and February 2012. The first, an organisational questionnaire, explored current organisation support structures for research and development in nursing and midwifery. The questionnaire contained the following five questions:

1) Do you have a named Trust lead at corporate level who has responsibility for nursing and/or midwifery academic (research) development? If so, please provide name and email address
2) Do you have a named Trust lead at corporate level who has responsibility for clinical research nurses and/or midwives? If so, please provide name and email address.
3) Do you currently have a Nursing and Midwifery Clinical Academic Scheme/ Training Programme in place? Yes/No/Planned
4) How many nurse and midwife consultants do you have within your organisation? (headcount and WTE)
5) How many nursing and midwifery posts (actual number of posts as well as WTEs) do you have, where there is a formal joint appointment contractual arrangement between

an NHS/ health sector organisation and an HEI **and** where the role includes a focus on research activity and/or developing non-medical research capacity and capability?

The request to complete the online **organisation** questionnaire was sent to AUKUH Directors of Nursing within the 40 university hospitals in England and to a named link person in a nominated site in each of the devolved administrations.

The second questionnaire was designed to be completed by the **individuals** in the system with both clinical and academic skills. This questionnaire was piloted by nurses and midwives working within university hospitals in thirteen sites over five geographical areas namely London, Southampton, Newcastle, Northern Ireland and Wales. Completion of the questionnaire assumed consent to participate.

Four cohorts of nurses and midwives were identified as potential or existing 'clinical academics' and were invited to complete the individual online survey:

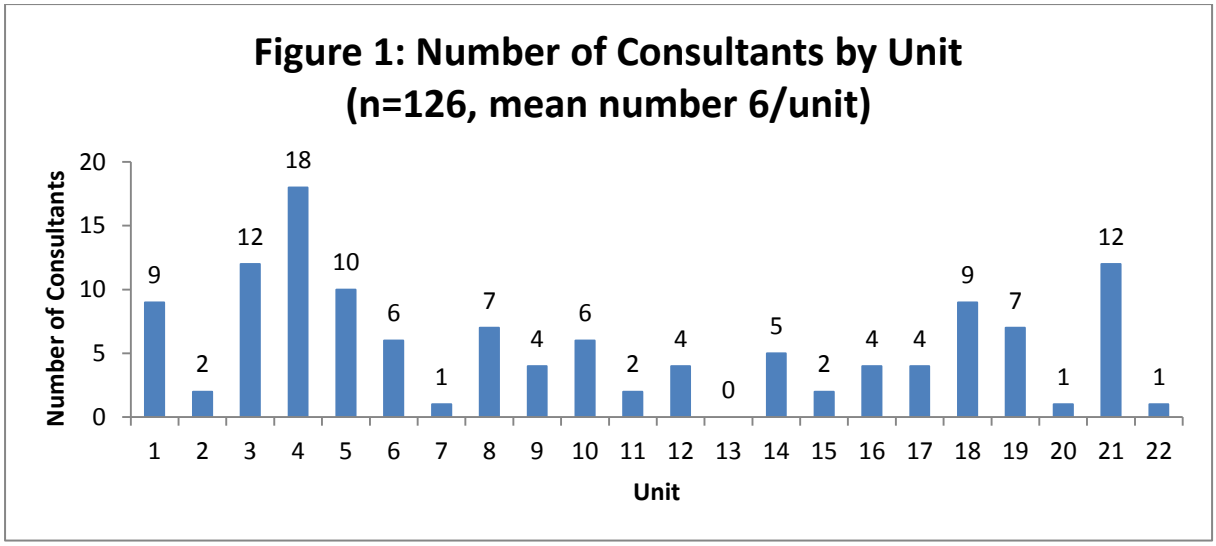
1) Nurse and midwife consultants
2) Nurses and midwives employed specifically to lead the development of research across their health service employing organisation
3) Nurses and midwives with or working towards a doctoral qualification
4) Nurses and midwives on a CAT scheme

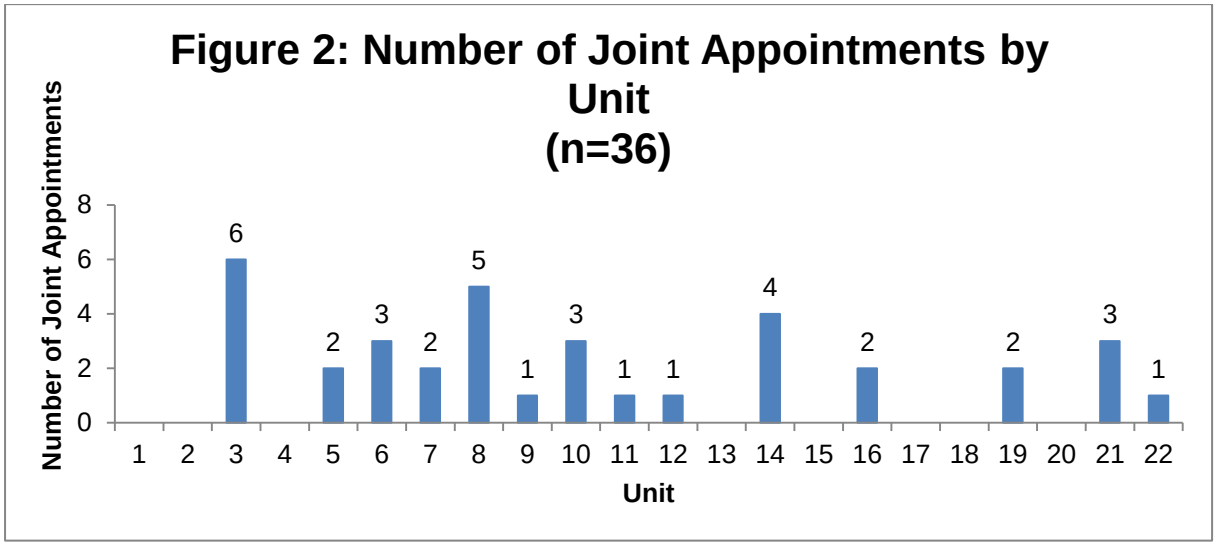
The questionnaire had eight core sections which included:

1) Demographic information
2) Professional and academic qualifications
3) Post arrangements
4) Clinical activity and patient contact
5) Scholarly activity and academic output
6) Network and report
7) Role satisfaction
8) Comments

5.5 Findings – Organisation Questionnaire

The organisation questionnaire was completed by Directors of Nursing at 22 Trusts. All reported they had a named lead for nursing and midwifery research, and contact details were provided. Nineteen reported they had a named lead for clinical research nurses, of which 17 provided contact details. In six sites, the named lead for nursing and midwifery was also the identified lead for clinical research nurses. Six sites reported they had a CAT scheme in place and a further six had one planned. The 22 sites (Figure 1) reported a total of 126 nurse or midwife consultants (mean 6/unit; range 0-18), the majority were working full-time. Two thirds (14) of the sites (Figure 2) had one or more joint appointment (range 0-6). In total there were 36 nurses or midwives that held a formal joint appointment.

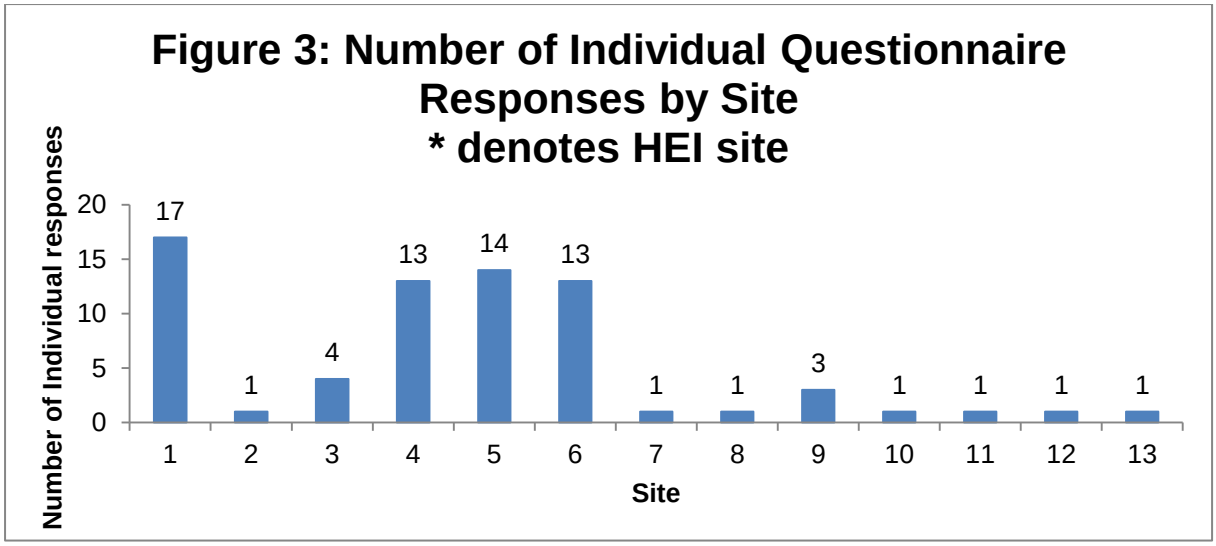


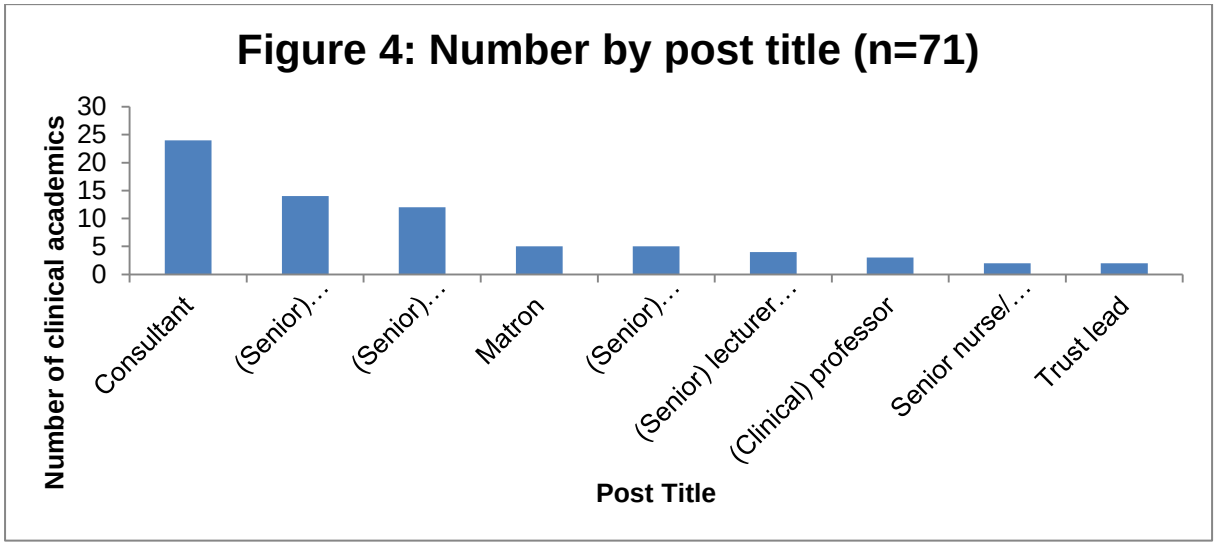


5.6 Findings – Individual Questionnaire

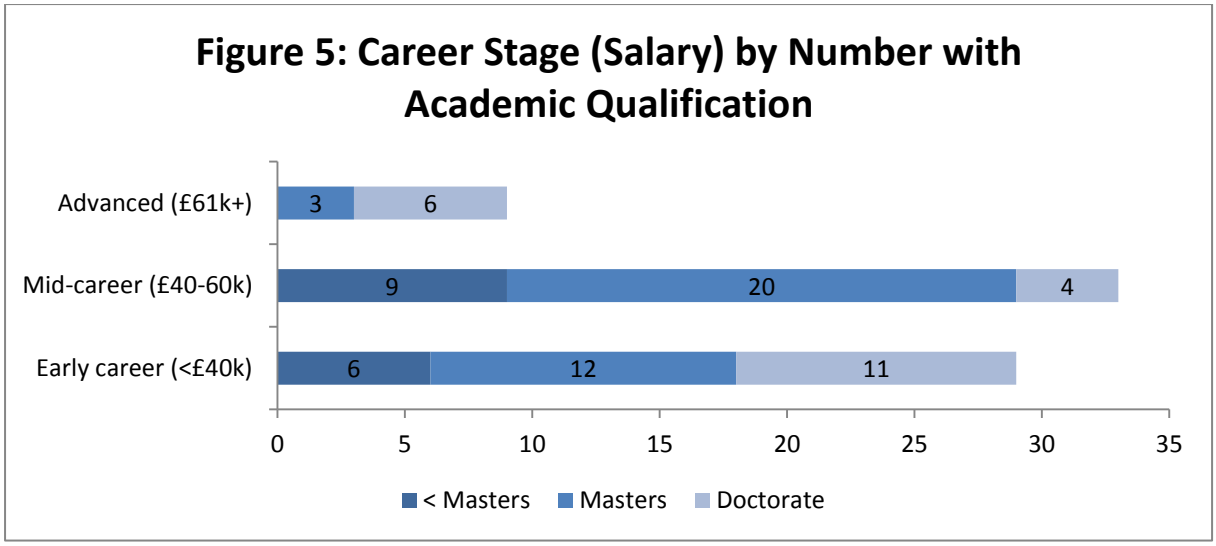
In terms of the individual questionnaire, 71 responses were received from 13 sites in five geographical areas (range 1–17 per site). The response rate from each site was approximately 50% (Figure 3).

Respondents were mature (mean age 47, median 47 years, range 26 to 59 years) and had been qualified for a substantial period (mean 23 years, median 25 years, range 4 to 35 years). The majority were nurses (62), two were midwives and seven were dually qualified. One quarter (12/71) was on a current CAT scheme and 19/71 had completed a scheme. There was substantial variation in post titles (Figure 4). Divided broadly there were 24 consultants, 14 specialist nurses and 12 clinical research nurses.





The majority were employed by the NHS in a wide range of bands and grades. Half (35) held an honorary contract with the alternate organisation. The majority (n=63) worked full time and had been in post for a substantial number of years, with 41% (n=29) for seven or more years. Remuneration was wide-ranging (NHS employees: range Agenda for Change (AfC) bands 5–8c; University employees (n=5) grade 5 and 6). There was an apparent mismatch between career stage (as aligned by salary) and the level of academic qualification attained (Figure 5).



5.6.1 Clinical activity and patient contact

The majority of respondents (92%) had direct patient contact through their clinical and/or research activity and half (49%) held a clinical caseload. In addition, 79% were engaged in service improvement, 85% did some teaching, 70% undertook management duties and 91% were engaged in research activity. Those who completed the questionnaire overwhelmingly rated patient contact as the most positive aspect of their role. The negative factors included the complexity of their role, lack of time for research, bureaucracy and lack of value or others' lack of understanding of their role.

5.6.2 Scholarly activity and academic output

There was evidence of frequent engagement in presentations (79%), publications (74%) and attainment of one or more grants within the preceding 24 months (60%) and reporting of being a Principle Investigator (81%). There was relatively low level activity of sitting on a grant funding awarding body (11%) and in the PhD supervision of others (18%).

5.6.3 Network and report

The majority (74%) were interested in a clinical academic network and nearly all (96%) requested a copy of the report. The majority were satisfied with their current role (mean score of 8 on a scale of 1–10, range 2–10) and future prospects (mean score 7 on a scale of 1–10, range 1–10).

5.6.4 Respondents' comments

Respondents made a small number of additional comments including a suggestion that the group may wish to consider collecting information about supervising Masters students, and about secondment appointments/opportunities. Feedback about the format of the questionnaire was to increase the range of options to enable respondents to report more than one negative and positive aspect of role, the inclusion of a go-back facility, and the ability to record 'not applicable'. One respondent reported that the questions felt intrusive. Suggestions for additional questions related to a wish to continue on a clinical academic pathway and to report problems experienced.

5.7 Discussion

In general there is a lack of understanding of the role of the clinical academic, and of the role of the lead in nursing and midwifery research. There was positive feedback about the structure and content of the online questionnaire in generating a better understanding of the existing NMAHP clinical academic workforce. The responses from 22 AUKUH Trusts indicated that the scope of the current clinical academic workforce includes consultants, nurse specialists and clinical research nurses, and some amendments to the pro forma would help extend the scope of data collection (to include Masters students and secondments) as well as provide additional contextual data. The survey responses also indicated that a matrix approach to mapping the workforce would be best, as post title and qualifications are not direct indicators that an individual is functioning as a clinical academic. The workstream group members found that although it is possible to map academic achievement, the development of Key Performance Indicators by career stage would be helpful, and more work is required to map clinical activity and impact. The issue of ownership of the data, in terms of collection and retention, will need to be resolved.

5.8 Conclusion

There is a lack of understanding of what a clinical academic is. The role involves significant complexity in terms of activity. There is a need to further understand the clinical requirements and activity of a clinical academic. The two questionnaires were acceptable, although minor amendments would improve data clarity. There is a need to develop and agree a matrix to measure clinical academic activity.

5.9 Workstream Three Key Findings

1) There is a need to further understand and articulate the role of, and NHS organisation support for, the aspiring or actual clinical academic within the NHS setting.
2) The two workforce questionnaires were appropriate and acceptable to collect important outcome data. Minor amendments are recommended.
3) There is a need to discuss, agree and articulate the expected and potential clinical activity of the clinical academic.
4) Future scoping should consider the collection of denominator data to further inform future work.
5) It is important that future work explores and articulates the outcome and impact of clinical academic activity. With particular reference to contribution to and improvements of the quality of patient experience, care, diagnosis and treatment.

6.0 Workstream Four – Principles, Pathway and Population

6.1 Workstream Leads

Professor Dame Jill Macleod Clark and Professor Sheila Adam.

6.2 Introduction

Clinical academic roles and a pathway for their development in nursing and midwifery were identified as an essential component for developing a clinically skilled and academically robust profession.[5] However, to date, schemes to support this in the UK have remained isolated and small scale. The DH/Chief Nursing Office provided £15m per year to support the initial CAT training pathway. On-going delivery of a national competitive CAT training pathway from the NIHR has been assured by the strategy launched by the Department of Health, *Developing the role of the Clinical Academic Researcher in the Nursing, Midwifery and Allied Health Professions*.[10]

The DH five-point action plan includes:

1) Commissioning of a review of the size and shape of the NMAHP clinical academic workforce.
2) Securing and sustaining the CAT pathways.
3) Working with key stakeholders to ensure synergy between local and national schemes to secure growth in capacity.
4) Accelerating the development of support arrangements that improve access, participation and transition.
5) Establish a national clinical academic development group to drive implementation of the strategy and recommendations.

Whilst this clear signing of support and direction is useful, there is also a need to develop an embedded organisational infrastructure and framework for clinical academic posts and career pathways. Unless this is achieved these roles will remain outside a robust pathway which is embedded within/across organisations. Without such embedding and organisational infrastructure, the creation of a critical mass of non-medical clinical academics who can deliver on the generation of a rigorous evidence base to underpin nursing and midwifery practice is unlikely to become a reality.

6.3 Objectives

The group deliberated the context and requirements for supporting this and came to the conclusion that there was a need to focus on:

1) Agreeing a definition of a non-medical clinical academic and defining roles and job titles.
2) Identifying the infrastructure and funding required to create a critical mass of nursing and midwifery clinical academics working in embedded roles with research capability to lead evidence-based practice and education.
3) Delivering a framework that supports research that informs patient safety, efficacy and experience by evaluating the effectiveness of nursing interventions and the impact of these interventions on patient outcomes and health benefit.
4) Identifying clear clinical academic pathways with nationally recognised job titles and clinical academic benchmarks for the development of knowledge base and skills.

The remit of the workstream was to develop and propose a vision for nursing and midwifery clinical academic roles and career pathways, to include:

1) Proposal of a 'fit for purpose' definition of a clinical academic nurse or midwife.
2) Proposal of a 'fit for purpose' framework for clinical academic career development.

6.4 Methodology

The workstream group delivered the objectives via a number of email exchanges, virtual meetings, meeting within the wider AUKUH working group and one face-to-face workshop.

6.5 Findings

6.5.1 Defining the vision

Nursing and midwifery clinical academic roles and training pathways will generate a research-led care environment for patients that challenges existing practice, contributes to the body of evidence and leads the way for achieving nursing and midwifery clinical excellence.

It will require:

1) A critical mass of nurse and midwife clinical academics working in embedded roles within the NHS with research capability to lead and contribute to building a robust evidence base that informs nursing and midwifery best practice.
2) The development of rigorously tested nursing and midwifery interventions which enhance patient experience and safety and health outcomes.
3) The articulation of clear clinical academic pathways which support research career development and generate critical mass based on standardised benchmarks for clinical and research skills, knowledge and experience.

6.5.2 Definition of a Clinical Academic

The clinical academic role is:

1) A nurse or midwife who is engaged concurrently in both clinical practice and research, providing clinical and research leadership in the pursuit of innovation, scholarship and provision of excellent evidence-based healthcare.
2) 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.
3) 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.

The AUKUH clinical academic group have developed an agreed definition of a research-focused NMAHP clinical academic. The definition adopted by DH/NHS England and can be described as:

A research-focused clinician academic is a nurse, midwife or allied health professional who engages concurrently in clinical practice and research and provides clinical and research leadership in the pursuit of innovation and delivery of excellent evidence-based healthcare. A central feature of the research they do informs and improves the effectiveness, quality and safety of patient care. Clinical academics focus on building a research-led care environment for patients and challenge existing practice as well as working within and contributing to a

research-rich environment leading the way towards achieving excellence in patient outcome and healthcare. The substantive contract of employment may be held by a healthcare provider or a higher education institution. Honorary contracts should be held with the non-substantive host.

AUKUH Clinical Academic Careers Group, February 2012

6.5.3 Critical mass

Whilst support of one or two individuals within organisations will begin to develop a research-led care environment, the kind of culture change and sustainability required in nursing and midwifery as a whole will not be achieved without developing a greater number. In setting a goal around critical mass, we should aim to create a similar proportion of clinical academic leaders (Professors or Consultant Nurses/Midwives) within the nursing and midwifery profession as exists within the medical profession. This is echoed in the position statement of the Council of Deans for Health (2012):[15]

The aim ultimately should be to achieve a similar proportion of clinical academic leaders within the NMAHP professions as exists currently within the medical workforce.

Clinical Academic Careers for Nursing, Midwifery and the Allied Health Professions (2012) [15]

The 2011 report on *Staffing Levels of Medical Clinical Academics in UK Medical Schools*, (2010 data) states that of a clinical academic workforce of 3,175 FTE, 1,318 FTE were clinical professors. This constitutes 1% of the medical workforce as a whole which numbers 101,471.[16] Using this figure as a rule of thumb, the aim would be to achieve 3,063 clinical academic non-medical posts within 20 years (3,063 = 1% of the current nursing and midwifery workforce of 306,349).[17] The current number of clinical academic posts across the UK is difficult to ascertain, however the scoping exercise carried out as part of the AUKUH work shows a very low baseline.

6.5.4 Clinical Academic Career Pathway model

This paper draws on the learning to date by members of the AUKUH Clinical Academic Group and guidance produced by NES on clinical academic research careers for NMAHPs in Scotland.[12] The key feature of the research conducted by individuals pursuing a clinical academic pathway is that it should inform or improve nursing and midwifery practice. This is the fundamental rationale around supporting a career pathway that supports development in both clinical and academic practice.

6.5.5 Underlying principles

The underlying principles for the clinical academic pathway are set out in Tables 3 and 4, and are organised according to whether they relate to structural components required to support CAT pathways (Table 3) or process aspects that relate to the nature of the position into which a clinical academic is deployed and support (Table 4).

Table 3: Underlying principles for Clinical Academic Career Pathway Infrastructure
Clinical Academic Career Pathways:
- Are institution-based but operate within a nationally agreed framework for clarity, consistency and parity
- Articulate clearly defined stepping on and stepping off points and standardised progression points
- Have clear and incremental competencies for each level
- Use nationally available job profiles which reflect/ integrate NHS and HEI frameworks
- Offer access to a cadre of appropriately prepared supervisors and mentors to offer support at different levels
- Are underpinned by robust, fully supported HEI-NHS partnerships
- Have adequately funded national and local training awards available at each level
- Offer flexible career and employment opportunities based on roles that incorporate practice, leadership and management, research and education
- Are an integral component of non-medical education commissioning
- Are built into NHS Trust and university strategic plans for research and development

Table 4: Underlying Principles for Clinical Academic Roles
Clinical Academics:
- Exercise academic and practice responsibilities attached to their position concurrently
- Fulfil a role that is clinically-relevant and practice-focused, not necessarily bounded by organisational boundaries
- Have support from a clinically-based mentor and where appropriate an academic supervisor from a university who is a member of an established research group
- Hold a single contract of employment, drawn up jointly by the collaborating NHS organisation and University, with clearly defined research and practice responsibilities
- Have access to a network/ community of practice of clinical academic post-holders
- Contribute to enhancement of nursing and midwifery practice, improving patient outcomes and experience
- Hold a position that is fully embedded within both organisations

6.5.6 Types of career pathway models

There are a number of different approaches that might be adopted to the pathway model. These include:

- A national pathway which retains the individual within their current environment but provides support/ collective groups/ networking with other professions (NIHR system).
- An institution-based pathway that operates collaboratively between the healthcare provider and HEI.
- An institution-based pathway that operates collaboratively between a range of healthcare providers and HEI(s).
- An institution-based pathway that operates across a range of healthcare providers (primary care, DGH, University Hospital, Specialist Hospital) with HEI partner selected by the individual clinical academic.
- A BRC, AHSC and AHSN based career pathway that operates with a partner HEI covering a pathway established along a healthcare research theme (e.g. nutrition, incontinence) rather than clinical speciality.

A career pathway could be clinical speciality based (e.g. cancer, older people, critical care), healthcare theme based (e.g. incontinence, communication, pain, nutrition), or a combination of both e.g. situated in cancer care but focused on specific theme-like symptom management. There is no evidence at present to support the endorsement of a particular type of career pathway. The critical thing is that whatever the pathway, it should be established and managed in accordance with the principles outlined in Tables 3 and 4.

Examples of how roles might operate for individuals at different stages of their careers include:

1) **Entry at early career:** early career role combines research training with clinical posts concurrently.
2) **Entry at early career:** early career role enables intermittent periods of research training e.g. MRes (1-2 years) with clinical work. Supported return to healthcare provider or HEI depending on training sequence.
3) **Entry at mid-career:** a Sister or Clinical Nurse Specialist with a Masters, seconded to a clinical academic development post for 3–5 years to undertake doctoral and leadership training with a view to returning to a more advanced role.
4) **Late career role:** clinical academic Chair-style role, where the focus is on clinical research questions and programme and strategic leadership in the clinical environment.

Two examples of clinical academic pathways are set out in Figures 6 and 7. These have been tested at the University of Southampton.[18]

6.5.7 Funding of Clinical Academic posts

Current sources of funding for nursing and midwifery clinical academic posts are:

- National Institute for Health Research (NIHR)
- Higher Education Funding Councils
- Research Councils (e.g. Medical Research Council)
- Health Innovation and Education Centres (HIECs) and Academic Health Science Centres (AHSCs), and
- Charities and endowments.

6.6 Discussion

It is possible that HEE will provide on-going funding for a CAT training pathway. Other funding sources may also be available. A potential source of funding in the future may be the LETBs, which became established in April 2013. Little data is available to inform the amount of funding for clinical academic training posts in nursing and midwifery. The number of clinical academic training posts funded by the DH/CNO schemes is relatively small.

By comparison, medical clinical academic posts in England, Northern Ireland, Scotland and Wales are funded in combination by the Higher Education Funding Councils (44%) and the NHS (42%), with a smaller but significant proportion of posts funded by ‘other sources’ including research councils, charities and endowments (14%). The overall proportion of posts funded by the NHS, the four Funding Councils and ‘other sources’ has remained relatively unchanged overall since the first Medical Schools Council survey in 2000.

However, there has been a significant increase in NHS-funded Clinical Lecturers from 38% in 2006 to 53% in 2011, attributed to the creation of structured national clinical training pathways including the NIHR scheme.

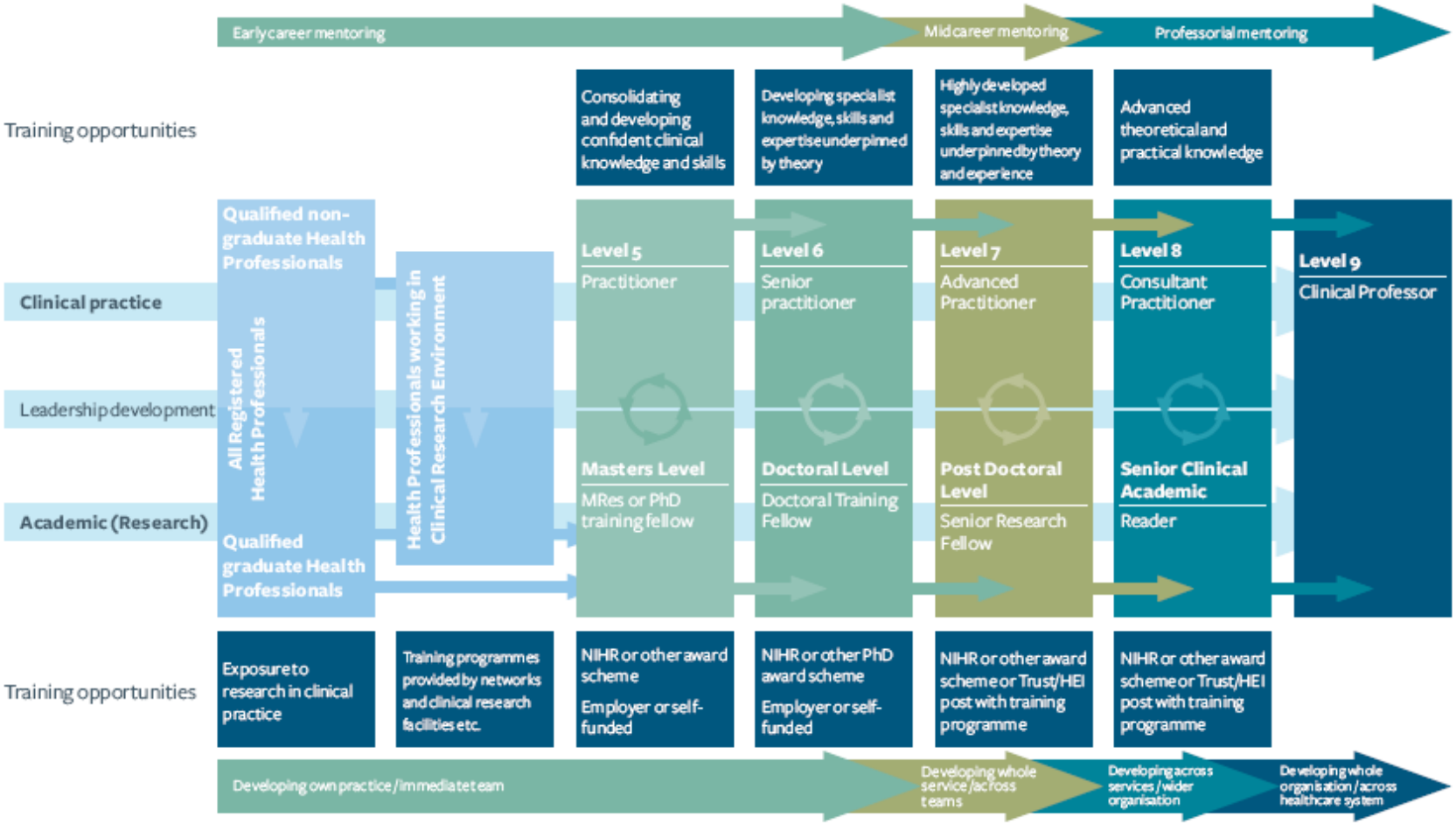
6.7 Conclusion

Defining and developing a clinical academic career pathway is key to ensuring that appropriate research will inform and develop nursing practice to enhance the quality of care the patient receives. A model that delivers a critical mass of research-capable nurses and midwives who contribute to a growing and robust evidence base is most likely to support this aim.

6.8 Workstream Four Key Findings

1) A high-level national strategy is required, which should involve HEE, LETBs, NHS England and NIHR. The strategy should underpin the development of an embedded nursing and midwifery clinical academic research workforce and identify robust funding mechanisms at local and national levels.
2) A systematic modelling exercise based on an aspirational goal for critical mass of clinical academic posts by 2030 should be carried out. This will inform the incremental level of investment and resource required over the next 5, 10, 15 and 20 years.
3) The strategy should clearly outline the steps for development of critical mass and enhance the synergy of these posts within NHS and HEI departments in order to ensure the greatest opportunity for influence over excellence in nursing and midwifery practice.
4) The strategy should have clear timelines for achievement of steps and ensure that there is sufficient resource and developments support this.
5) A review of salary scales and terms and conditions across the HEI and NHS interface, to identify barriers and opportunities for establishing a coherent infrastructure for clinical academic career pathways and roles.

Association of UK University Hospitals Clinical Academic Group
Clinical Academic Career Pathway, February 2012

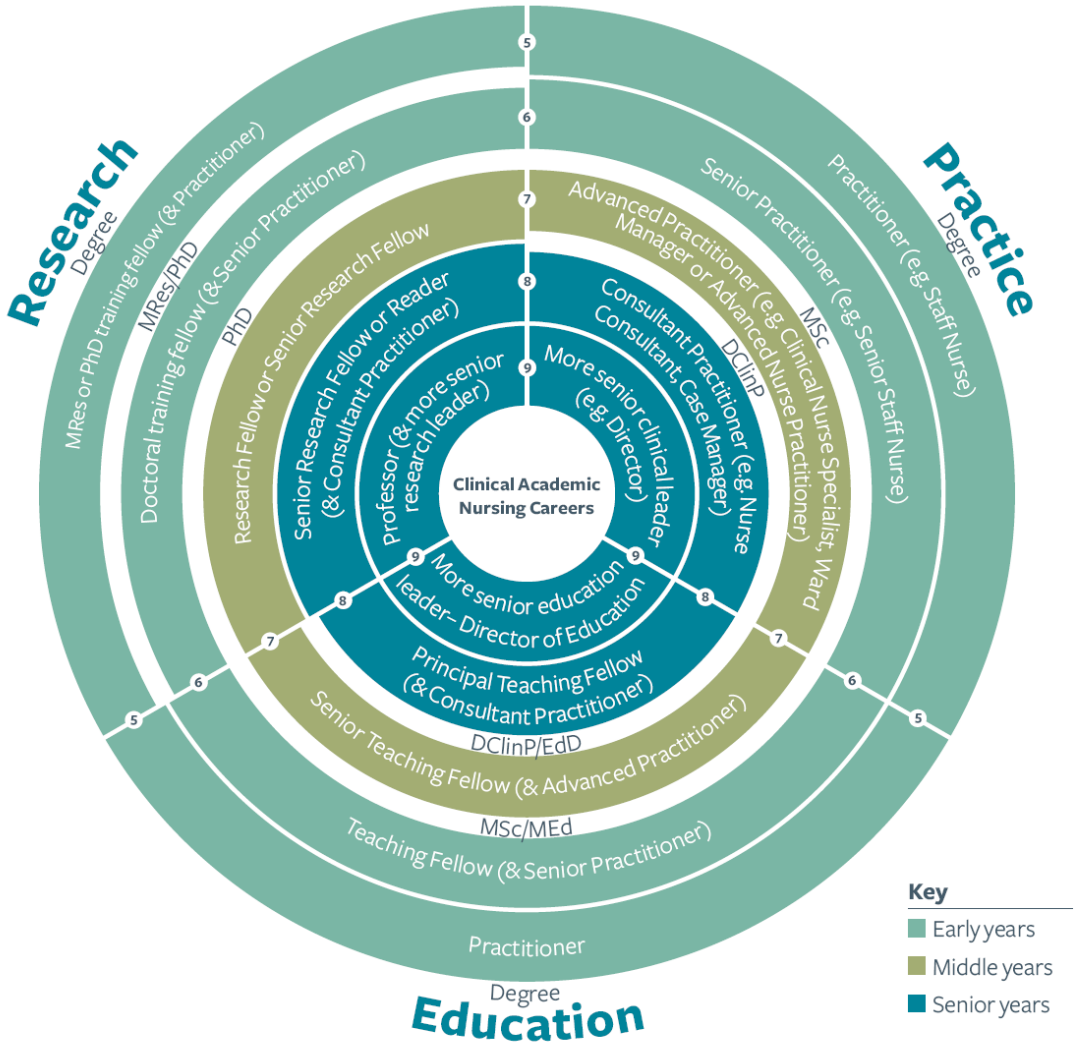


Entry point at Masters is indicative. It is acknowledged that some professions enter at MSc/MA

University Hospital Southampton NHS
NHS Foundation Trust

UNIVERSITY OF Southampton

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.

7.0 Recommendations

Strategic

1) The National AUKUH Clinical Academic Careers Development Group will continue to meet and expand membership to include Allied Health Professionals (AHPs). It will continue as an **expert reference group** under the auspice of the AUKUH Directors of Nursing and will continue to work in close collaboration with Health Education England, NHS England and NIHR. The group will include representatives from the devolved administrations.
2) The group to produce an annual report.
3) The group to develop in collaboration with Department of Health and Health Education England, a five-year strategic plan to develop, build, support and sustain clinical academic capacity and capability for Nurses, Midwives and AHPs across England. The strategy should underpin the Department of Health strategy (2012).[10]

Organisation Requirements (Structures)

4) Funding for the NIHR CAT scheme should continue. In addition there is a need to collate and articulate funding opportunities at local and national level.
5) A systematic modelling exercise based on an aspirational goal for critical mass of clinical academic posts by 2030 should be carried out, and used to inform the incremental level of investment and resource required over the next 5, 10, 15 and 20 years.
6) Local, and if appropriate national, networks of Trust and HEI research leads should be created, to reduce potential duplication and assist in growth of quality applications.
7) The two workforce questionnaires are appropriate and acceptable to collect important outcome data and should be considered to collect future data. Minor amendments are recommended. Future scoping should consider the collection of denominator data to further inform future work.
8) The national strategy for CAT career and training pathways for NMAHPs should clearly outline the steps for development of critical mass and enhance the synergy of these posts within NHS and HEI department in order to ensure the greatest opportunity for influence over excellence in nursing and midwifery practice.
9) The national strategy for CAT career pathways for NMAHPs should have clear timelines for achievement of steps and ensure resource/ initiatives and developments support this.
10) There should be a review of salary scales and terms and conditions across the HEI and NHS interface, to identify barriers and opportunities for establishing a coherent infrastructure for clinical academic pathways and roles with the desired outcome to improve the patient experience, quality and effectiveness of care, diagnosis and treatment. Appropriate contractual arrangements should be developed to maximise the success of the clinical academic role.
11) It is recommended that all university hospitals nominate a named person within the organisation who has strategic responsibility for the development of clinical academic careers.
12) It is recommended that each university hospital consider the appointment of one or more Clinical Professor to influence, capacity build and act as a role model for Clinical Academic Careers, maximising impact on patient experience, safety and care.

Process - Clinical Academics (People)

13) A mentorship scheme should be rolled out to all NIHR awardees, and training offered to leads of local schemes.
14) Local and national support should be scoped and evaluated in order to maximise quality applications and funding opportunity. This should include the development of templates to inform optimal joint appraisal and job planning. The role of, and NHS organisation support for, the aspiring or actual clinical academic within the NHS setting should be further understood and articulated.
15) The reasons for success noted by AHP applicants to the NIHR CAT scheme should be further explored and understood, and the lessons applied to nursing and midwifery.
16) It is important to work with the DH to explore the relative contribution of local and national CAT schemes, and to identify how schemes can best achieve synergy and contribute to building capacity and capability.
17) The expected and potential clinical activity of the clinical academic role should be agreed and articulated. The nature of best practice for the clinical training aspects of the awards at different stages of the career pathway should be debated.
18) Development of research and clinical leadership are key skills required for success. These will empower the clinical academic to challenge and lead change with confidence. Future CAT training schemes should consider incorporating leadership skills training as a core element.

Outcome/Impact/Influence

19) There is a need to ensure that other stakeholders interested in developing similar schemes have access to the learning accumulated thus far, and that the findings are made available to NHS England and HEE to cascade to LETBs.
20) Future work should be undertaken to explore and articulate the outcome and impact of clinical academic activity, with particular reference to the contribution to and improvements in the quality of patient experience, care, diagnosis and treatment. This should include the development and use of case studies and pen portraits.

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9.0 Group Membership (as of April 2012)

Representatives of key stakeholder organisations

Title	First name	Surname	Organisation
Professor	Sarah	Watson-Fisher	AUKUH
Professor	Dame Jill	Macleod-Clark	Council of Deans of Health
Professor	Rona	McCandlish	Department of Health
Dr	Ann	McMahon	Royal College of Nursing
Dr	Fiona	O'Neill	NIHR Clinical Research Network
Professor	Louise	Silverton	Royal College of Midwives

Independent members with relevant expertise

Title	First name	Surname	Interest group (and Role)
Dr	Sheila	Adam	Nursing Acute (Lead for Nursing Education and Research)
Dr	Debbie	Carrick-Sen (Co-Chair)	Nursing/ Midwifery Clinical Academia (Head of Research for Nursing & Midwifery/Senior Lecturer)
Dr	Rosemary	Chable	Nursing Acute (Associate Director of Nursing and AHP)
Dr	Gillian	Chumbley	Nursing Clinical Academia (Consultant Nurse)
Professor	Alison	Crombie	Nursing/ Midwifery Clinical Academia (Joint post for education and research)
Professor	Christi	Deaton	Nursing Clinical Academia (Chair of Nursing, joint University and Trust post)
Professor	Sue	Latter	Nursing Clinical Academia (Professor of Nursing)
Professor	Christine	Norton	Nursing Clinical Academia (Professor of Clinical Nursing Innovation)
Professor	Alison	Richardson	Nursing Clinical Academia (Clinical Professor of Cancer Nursing and Trust Lead for Nursing Midwifery and AHP Research)

Members reporting to and from a Devolved Administration

Title	First name	Surname	Geographical area (Organisation)
Professor	Joyce	Kenkre	Wales (University of Glamorgan)
Professor	Tanya	McCance	Northern Ireland (DHSSPS)
Dr	Lesley	Whyte	Scotland (NHS Education for Scotland)

Non-members also attending meetings			
Title	**First name**	**Surname**	**Role and Organisation**
	Jocelyne	Aldridge	Senior Policy Officer, AUKUH
	Lizzie	Jelfs	Director of Policy, Council of Deans of Health

Corresponding members			
Title	**First name**	**Surname**	**Interest in this work**
Professor	Tony	Butterworth	Representative Fellow of the Academy of Medical Sciences (formerly NHS Institute)
Dr	David	Foster	CATP (RO and Chair of the CATP Board)