

Review of National Institute of Health Research Clinical Academic Training pathway for Nurses, Midwives and Allied Health Professionals at Imperial College Healthcare NHS Trust

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Clinical Academic Committee for Nurses, Midwives, AHPs and Pharmacists

Imperial College Healthcare NHS Trust

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Contents

Contents.....	1
1. Summary.....	2
2. Introduction.....	3
3. Scheme summary.....	3
4. Awardees in Imperial College Healthcare NHS Trust.....	3
4.1. Masters level.....	3
4.2. Clinical Doctoral Fellowship (CDF).....	3
4.3. Clinical Lecturer.....	4
4.4. Senior Clinical Lecturer.....	4
5. Benefits.....	4
6. Problems.....	6
7. Conclusion.....	8
8. Recommendations.....	8
8.1. Managing finance and backfill for staff.....	8
8.2. Engagement.....	8
8.3. Other.....	9
9. Appendix 1.....	10
9.1. Staff awarded Masters level scholarship:.....	10
9.2. Staff awarded Clinical Doctoral Fellowship:.....	11
9.3. Staff awarded the Clinical Lectureship:.....	12
9.4. Staff awarded the Senior Clinical Lectureship:.....	12

1. Summary

This report reviews and evaluates the National Institute of Health Research (NIHR)/ Health Education England (HEE) Clinical Academic Training Programme (referred to henceforth as the CAT scheme) for Nurses, Midwives and Allied Health Professionals at Imperial College Healthcare NHS Trust (referred to henceforth as the Trust). This scheme funds full current salary and research costs for Masters in Research, PhD, postdoctoral and senior research training fellowships with the aim of developing the clinical academic leaders of the future. This report outlines the benefits bought by participation in this scheme, as well as the problems that have occurred. To date the Trust have been awarded the most fellowships of any eligible organisation in England; 25 in total from all stages of the pathway. We believe this offers an opportunity to learn from the experiences of an NHS Trust hosting or supporting the awards.

Significant benefits were identified from supporting staff to take up these awards, which include staff retention, development of a whole range of knowledge and skills (both research specific and transferable), kudos and reputational enhancement for the Trust, and enabling the Trust to establish non-medical led research teams in particular specialities, which can be built upon long term.

Nevertheless, there were also problems that made it more difficult to support staff, including: significant issues with finance and managing the backfill for staff, lack of post award career structure, maintaining staff engagement with the clinical service during their award (primarily those on full time awards), managing staff expectations and opportunities post award, as well as a range other issues such as office space, balance of clinical versus research activities, and a lack of guidance for job descriptions, appraisal processes and career pathways.

The conclusion of this analysis is that it is in the Trust's interest to continue to support staff to apply to the scheme at all levels, to increase the number of applicants and support them with research mentoring during the application process, and to take an individualised approach to ensure benefits to both the person and clinical service are achieved. There are a variety of solutions the Trust can implement to avoid the identified problems and these are detailed in the report. However, some problems need input from the NIHR as funder to address them. These include a more flexible start time to make sure that the awardee does not leave a clinical post prior to backfill staff starting and working with Masters level providers to explain our constraints in releasing staff and that earlier recruitment and decision making would aid us considerably.

Of note, the Imperial College Healthcare Charity and the Imperial Biomedical Research Centre are awarding four pre-PhD one year fellowships (£50k each) in the coming year for non-medical health professions and six in the following year. This should help us to develop increasing numbers of successful applications. A further review will be warranted in two years time when we can evaluate the benefits bought to the service by our newly qualified doctoral staff, and our Clinical Lecturer posts. We will also be able to include pharmacy and other departments as the scheme is widened to include all non-medical and dental professionals.

2. Introduction

Since the inception of the CAT scheme, Imperial College Healthcare NHS Trust Therapy Services and the Nursing Directorate have sought to maximise the opportunities offered by this scheme to our staff. This fulfils our research strategy, is in line with the Academic Health Science Centre aims and national strategy to develop a cadre of clinical researchers in allied health professions, nursing and midwifery professions.

This review aimed to highlight the benefits and the problems that have arisen so that the Trust can learn from the experiences to date in order to avoid future problems and maximise the benefits. The main purpose of this review was to agree a future strategy for supporting staff who wish to access this scheme.

Data was collected from current records and through discussions with relevant managerial staff and awardees between Jan and March 2104.

3. Scheme summary

Please see website for full details: <http://www.nihrtcc.nhs.uk/cat/>

There are 4 levels to the scheme:

- Masters of clinical research scholarship
- Clinical Doctoral fellowship
- Clinical Lecturer
- Senior Clinical Lecturer

Each award level offers a mixture of salary, academic fees and project costs.

4. Awardees in Imperial College Healthcare NHS Trust

Full details of the awardees can be found in appendix 1.

4.1. Masters level

Fifteen members of staff have been supported either full (n=13) or part time (n=2). Backfill generally achieved on a like for like basis (i.e. band 6 staff are backfilled by band 6 fixed term contract), but some staff have been covered by lower grade staff where appropriate to do so.

10/15 staff remain with the Trust and one has been awarded a Clinical Doctoral Fellowship, with others planning to apply in the future. About half have produced either a paper or abstract of their research and there are several writing papers currently.

4.2. Clinical Doctoral Fellowship (CDF)

Seven members of staff have been supported either full (n=5) or part time (n=2). Most staff (n=5) have chosen to be supervised via Imperial College London reflecting our close links with this institution. However, where suitable supervision is not available other Universities have hosted our awardees including Surrey and City.

All awardees who have completed have returned to work at the Trust, and the part time awardees continue to work at the Trust along side their academic commitments. We also have

two full time awardees whose research work is based in the Trust and they continue to maintain and develop their clinical skills.

The completers are all dedicated to applying for future funding to continue their careers as clinical academics.

4.3. Clinical Lecturer

Two members of staff are established as clinical lecturers. Both are employed by the Trust who co-fund 50% of the Clinical Lecturer's salary, and both hold honorary contracts with their associated HEI. One receives support for their academic work from an established research division within Imperial College London, the other is associated with Kings College London.

4.4. Senior Clinical Lecturer

One member of staff is established as a senior clinical lecturer in a joint post with Imperial College London. As for the clinical lecturer, the awardee is co-funded by the Trust to support the remainder of the salary, and holds an honorary contract with Imperial College London, receiving support from an established research division within the College.

5. Benefits

We found the following benefits for all staff in receipt of these awards:

- 5.1. Staff gain research skills and continue to develop their expertise as clinicians and have continued to work for the Trust. Highly expert staff often need career challenges to maintain job satisfaction and continue personal development; enabling people to undertake these awards, in particular the PhD, means these needs can be met and therefore the staff are retained for longer. This benefit is only relevant if we can continue to incorporate them within the clinical service whilst they do their PhD to provide some clinical advice, support and education, and we can develop suitable posts after their PhD to ensure they remain with the Trust long term. Retention of skilled staff is a key issue; in order to deliver an excellent clinical service it is important to retain excellent, well-motivated staff. The lack of a career pathway for clinical academics is a major problem and potentially negates the benefits of supporting these awards for the Trust.
- 5.2. Staff have all found the experience satisfying and fulfilling and so has improved their work satisfaction and motivation.
- 5.3. Staff have learnt or enhanced many transferable skills, as well as specific research skills, which are now employed towards improving services within the Trust and ensuring clinical practice is up to date and in line with the latest evidence. For example: improved literature and information searching skills, critical thinking and problem solving, broadened clinical knowledge from project work which assists with the management of patients, project management skills, improved writing and presentation skills, better ability to design and carry out audits and service evaluations, time and finance management, statistical expertise and many more. Most importantly there is a greater focus on the quality and validity of evaluations and investigations. In summary, staff are better able to work out what needs to be done, find the best way to do it, carry it out to a high standard and follow through to completion, including dissemination and translation to clinical care.

- 5.4. Staff are seen as research 'experts' and so are approached for advice by other people. They are now able to provide appropriate advice, in particular supporting staff to think through issues critically, including outcomes and implications for practice. They also provide local leadership for research. They are also contributing to our research strategy groups.
- 5.5. The experience has helped several staff plan their future careers to include research, which is important to ensure healthcare within our professions can continue to develop and find better ways to treat patients. For example, a number of staff are planning to apply for awards further along the CAT pathway.
- 5.6. There is significant organisational kudos associated with the NIHR awards. They are highly prestigious, difficult to get and indicate the quality of our staff.
- 5.7. Several staff have presented their work at conferences and/or written up for publication. This increases the reputation of our service and may help to recruit new staff of a high calibre.

In addition, for doctoral level awardees and above:

- 5.8. Staff develop extensive knowledge on the published literature and become clear on the current evidence base. They are then able to apply this to clinical practice as well as improve the knowledge of the rest of the team.
- 5.9. Staff have developed their own networks of experts in the field, which helps them continue to develop their services and their professions in the future.
- 5.10. Staff have the skills to mentor and supervise others in both research and other project work, as well as in the specialist area they work in. They provide local research leadership, which is crucial to developing capacity in the long term.
- 5.11. Staff develop and strengthen working relationships across a range of departments (e.g. imaging staff) in both the Trust and College, which supports multidisciplinary clinical working, future research collaborations and opportunities for innovation.
- 5.12. Staff are required to evidence how they will develop their clinical skills. For staff already performing at an expert level, this affords the opportunity to expand and develop new, transferrable clinical skills to the benefit of their patients, team and service, that may not be practicable to learn if only working clinically.
- 5.13. The lecturer awards makes it possible to employ clinical staff who concurrently carry out research within the clinical area that they work. This will bring huge benefits to the service by establishing an evidence base for any service changes and ensuring clinical needs drive the research topics.
- 5.14. The award funds training for the applicant and so enables a much more comprehensive training programme, including overseas visits to gain experience from experts worldwide. This will contribute to our reputation and will help us achieve our strategic goal of being seen as a world leader in therapy and nursing research.

- 5.15. The award develops the applicant as an independent researcher who is capable of bringing in their own research funding in the future. This is vital to develop our service as a centre for therapy research.
- 5.16. The awards will enable the applicants to start to develop their own research team, developing others to follow a research pathway. This is in line with our own and Department of Health Strategy.
- 5.17. As staff disseminate their findings and develop themselves as international experts, the reputation of the Department and Trust are enhanced.
- 5.18. Part time awardees have found it easier to keep in closer touch with the clinical service, enabling them to better assess how their role will most effectively contribute to the service on their return.

6. Problems

- 6.1. The financial arrangements have been extremely difficult in some cases, both costing the initial application and then set-up and spending on grant codes. Divisions have struggled with these grants and award holders have expressed frustration with inflexible processes for spending grants. In addition, Trust restrictions due to cost restraint have been applied to grants making it impossible to spend some funds.
- 6.2. Two months notice is not long enough to organise suitable backfill cover arrangements at any level. At least four months are required and ideally a flexible approach from the funder.
- 6.3. Fixed term contracts can be more difficult to fill in certain professions in order to backfill the awardee. There is a lack of people willing to take up short term temporary posts and it is extremely difficult to recruit to temporary 3 year posts for highly specialist staff. Suitably qualified staff are unlikely to leave permanent posts to take up such an option and in some specialities there is a lack of suitably qualified and experienced staff nationally. Of the four staff therapy services have supported two posts were particularly difficult to backfill (head and neck SLT and hand therapist OT), resulting in significant service disruption with a significant gap between the fellowship starting and the clinical cover being in place. The reasons were due to a small pool of suitable potential applicants and the limited appeal of a fixed term post. In addition, because the clinical team is small there is not enough flexibility to train junior staff to take up senior roles on a fixed term basis. This situation can become a vicious cycle if we do not find ways to support experts in the field and then create roles which enable them to supervise and support more junior staff to develop, so they are able to step into senior roles as they become available.
- 6.4. In some cases temporary staff have left to obtain permanent posts and further recruitment during the year is necessary, which increases the management workload substantially.
- 6.5. There has been an impact on the other staff within the team to support the members of staff taking up the fellowship, mainly due to issues surrounding clinical cover for posts awaiting recruitment. It is not known what other staff think nor exactly how changes have impacted on them.

- 6.6. Most of the awardees to date are senior staff in high salary bands. This exacerbates all the problems listed in 6.2-6.5. Junior staff are easier to recruit and backfill, but do not currently apply for these awards. This may be due to a lack of strong local leadership and absence of an on-going clinical academic career structure.
- 6.7. People have disengaged from the clinical service and hence missed out on local developments requiring them to catch up very quickly on their return. This is relevant for both the full time masters and doctoral awards. The full time doctoral fellows are away for 3 years and so it is unrealistic to expect them to keep up entirely as they have many other priorities. However, it does mean on return they do need to get back up to speed with local developments. They also need to get up to date with training requirements.
- 6.8. As staff remain on the establishment they must keep up to date with appraisals, statutory and mandatory training, in particular annual requirements. This has not always happened.
- 6.9. Some staff leave the Trust after the award is completed, thus our investment of time and effort is lost. This is inevitable as circumstances change and people seek out the best opportunities for them to develop their career. Some staff have left to pursue research careers since they found it impossible to continue to develop their research skills in their clinical roles. It is positive that we have retained the majority of staff we have supported, however, it would be useful to find ways to assist staff to incorporate research into their clinical roles in order to retain them. This will require them to apply for research funding, and the service to plan how best to use their newly acquired skills and knowledge.
- 6.10. Some staff have felt frustrated on their return to clinical roles since they no longer have time to include research activities. This can lead to considerable dissatisfaction and ultimately can mean staff decide to leave the Trust .
- 6.11. Some staff at Masters level have struggled to identify a suitable research project that they want to do, that the university approves of, and clinical services can and want to support. However, the Therapy Research and Education Lead and Professor of Nursing are available to support staff in this situation to guide them to the best solution.
- 6.12. Releasing staff part-time for the masters level award was not regarded as a success. It was difficult for the staff concerned and for the managers maintaining the clinical service.
- 6.13. Problems with space meant that some staff could not effectively remain based within the physical space that the clinical team occupied. This exacerbated the points listed above and limited the availability of the doctoral fellow to continue to support the clinical team.
- 6.14. The balance of clinical and research workload for the CL and SCL awardees is difficult to achieve and requires a degree of flexibility from both clinical and research activities. Both are known to fluctuate and so a rigid structure of set days for each activity may not be efficient. The applicant needs to be able to work to achieve all their targets and the role needs to be viewed as a joint one, not two part-time posts joined together.
- 6.15. Guidance on job descriptions and appraisal processes are lacking, however, the Clinical Academic Careers working group (Hosted by the Association UK of University Hospitals) are aiming to produce these resources over time.

7. Conclusion

Our conclusion as a Trust is to continue to support these awards at all levels. Supporting them is in-line with our research strategy, Academic Health Science Centre status, and Department of Health strategy. It enables us to offer masters level study to staff at no cost to ourselves and includes support to backfill posts. This is in stark contrast to other staff undertaking MSc study, who require considerable study leave as well as a contribution to the cost of the course. It also offers us the opportunity to develop our staff to a very high level, giving them a reason to remain within the Trust and continue afterwards. It is an alternative career option to management, which is unappealing to many and marks out our departments from others in the UK.

To achieve this goal we made a number of recommendations that we need to complete and are listed for information only in the next section. The first two of these recommendations (7.1.1 & 7.1.2) require further discussion with the NIHR and we hope that this report will act to stimulate this conversation.

8. Recommendations

8.1. Managing finance and backfill for staff

- 8.1.1. Discussions need to occur with NIHR to enable a more flexible start time to make sure that the awardee does not leave prior to new staff starting. However, this cannot be allowed to prevent staff taking up Fellowships.
- 8.1.2. It would be helpful to work more closely with the relevant universities to explain our constraints with releasing staff and that earlier recruitment and decision making for MRes course places would aid us considerably.
- 8.1.3. We need to make it clear to staff that a plan must be in development for managing their absence at the application stage.
- 8.1.4. Clarify local finance procedures and produce guidance for applicants and awardees.

8.2. Engagement

- 8.2.1. We need to ensure that awardees remain part of their team, they keep up to date with developments and contribute to team education and service development. They are also required to maintain their training requirements and appraisals. Exactly how this should occur will vary between awardees according to the needs of their teams and their own research priorities. This contribution is likely to vary considerably depending whether it is masters or doctoral level and to accommodate changing levels of the research workload.
- 8.2.2. We need to consider in more detail the option of part time study for the doctoral level award; to date we have focussed on supporting staff full time, which is more attractive to the member of staff. Utilising a part time option would allow us to retain the time and expertise of the individual for 0.25wte or 0.4wte (according to award rules). This may mean that backfill could be achieved with a lower grade of staff and is more realistic. This model will also prepare the awardee better for their future career as a

Clinical Academic, which requires them to balance both research and clinical practice. However, care is needed in planning their clinical role to ensure it is manageable.

8.3. Other

- 8.3.1. We need to support staff returning from these awards better. They need support to publish work, develop projects further; in particular projects that will support necessary service changes and answer high priority clinical questions that impact on our patient care, develop their own research careers, and plan the next grant application.
- 8.3.2. Undertake a survey to explore how these awards have affected other staff in the relevant services to understand better the impacts on the whole team.
- 8.3.3. Evaluate how the doctoral returners and clinical lecturers benefit the service, including how they promote and support research in their team.
- 8.3.4. Mary Hickson and Christine Norton are members of the AUKUH Clinical Academic Careers working group and they should be supported to continue in this role.

9. Appendix 1

Data accurate at time of collection: Jan-Mar 2014.

9.1. Staff awarded Masters level scholarship:

	Name	Profession	Band	Year started	Full or part time	University attended	Outputs	Current status
1	Joseph Bradley	OT	6	2009	Full	St Georges University of London	None	Left the Trust during masters
2	Katharine Carlisle	OT	8a	2009	Full	St Georges University of London	Paper published	Retains role
3	Adam Black	Nurse	7	2009	Full	St Georges University of London	2 papers published	NIHR PhD fellowship
4	Bill Tahtis	OT	7	2010	Full	St Georges University of London	Abstract published	Left the Trust 2013
5	Kate Harrall	SLT	7	2010	Full	St Georges University of London	None to date (currently on Maternity leave)	Retains role
6	Bella Mazibuko	Nurse	8a	2011	Part	Hertfordshire University	None	Left the Trust as fixed term contract
7	Andrea Mauger	Nurse		2011	Full	City University London	None to date	Retains role
8	Caryn Sharrock	OT	7	2011	Full	St Georges University of London	Paper published	Retains role
9	Cheryl Hookway	Dietitian	7	2011	Full	St Georges University of London	Paper published	Left the Trust 2014
10	Janet Collier	SLT	7	2011	Part	St Georges University of London	None to date	Retains role although it has changed
11	Huw Woodbridge	PT	6	2011	Full	St Georges University of London	Abstract and paper being written. Applying for CDF*	Retains role
12	Tino Kulnic	PT	6	2011	Full	St Georges University of London	None	Left the Trust 2013
13	Sally Howard	PT	7	2012	Full	City University London	None to date	Retains role
14	Cariosa Murray	Midwife		2013	Full	University of Birmingham	None to date	Retains role
15	Scott O'Brien	Paediatric Nurse		2013	Full	St Georges University of London	None to date	Retains role

OT: Occupational Therapist; SLT: Speech and Language Therapist; PT:Physiotherapist; *NIHR Clinical Doctoral Fellowship

9.2. Staff awarded Clinical Doctoral Fellowship:

	Name	Profession	Band	Year started	Full or part time	University attended	Outputs	Current status
1	Liesl Wandrag	Critical Care Dietitian	7/8 a	2010	Full	Imperial College London	PhD awarded, papers submitted, applied for CL	Career break for other reason – return Aug 14
2	Margaret Coffey	Speech and Language Therapist	8b	2010	Full	Imperial College London	PhD awarded, papers submitted, applied for CL	Returned to work, but now on Mat leave
3	Matthew Grundy-Bowers	Consultant Sexual Health Nurse	8c	2010	Full	City University London	PhD awarded, papers submitted.	Returned to work
4	Seema Singh	Renal Dietitian	8a	2011	0.75 wte	Imperial College London		Passed late stage review
5	Rachael Lear	Nurse	5	2012	0.75 wte	Imperial College London	Conference presentations x4, book chapter	Passed mid stage review
6	Donna Kennedy	Occupational Therapist	8b	2014	Full	Imperial College London		Started March 2014
7	Adam Black	Sexual Health Nurse	8c	2014	Full	University of Surrey		Started January 2014

9.3. Staff awarded the Clinical Lectureship:

	Name	Profession	Band	Year started	Full or part time	Outputs	Current status
1	Dr Gillian Chumbley	Nurse	8d	2010	Part	3 publications	Completed
2	Dr Lina Johansson	Dietitian	8a	2013	Full	2 grants 1 publication	About half way through

9.4. Staff awarded the Senior Clinical Lectureship:

	Name	Profession	Band	Year started	Full or part time	Outputs	Current status
1	Dr Caroline Alexander	Physiotherapist	8c	2013	Full	Supervising NIHR CDF and PhD studentship 11 grants 7 publications	1.5 years complete of 5 year fellowship

