Development of the clinical academic: An environmental scan of challenges and opportunities around the North

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NHS R&D North West
Better Connected Research

Brief

HEE North commissioned NHS R&D NW to complete a horizon scanning exercise across the North (NW, NE, Yorkshire &Humber) to provide insight into developmental opportunities available to aspiring and current NMAHP early career researchers (ECRs), this to inform HEE future strategy to enable enhanced research capacity and capability building.

Background and scope

The report reveals the variable range and level of provision available and throws light on where support should be offered. The scan applied the principle that Research and Innovation (R&I) capability and capacity building work supports the development of clinical academic careers to promote and increase the volume and quality of research and innovation developed and delivered in the North. It assumes that included within the umbrella of R&I capability and capacity building is a range of initiatives run by NIHR/HEE (including Internships, Bridging Schemes and Fellowship opportunities) along with other opportunities offered by Trusts, HEIs and other organisations engaged in the delivery of NHS services.

The report intelligence is based on interviews with 30+ senior research leaders from across the sectors. It provides exploration of how the offers can be optimised and assist in shaping an HEE Strategy to develop capacity and capability for R&I. Whilst we understand that some reconfiguration of HEE may be undertaken, the enquiry has covered the whole of the North not least because the current HEE/NIHR pre masters internships and HEE bridging schemes that form an element of early work to build research capacity and capability, are themselves run for the northern region as a whole.

Additionally, the insights gained may have wider implications for other health practitioners with an element of research in their role. For example, HEE North has in the region of 800 Advanced Clinical Practitioners (ACPs) all of whom are experienced, registered health and care practitioners, usually with a master's level qualification or equivalent, engaged in roles that encompass the four pillars of clinical practice, leadership and management, education and research. However, it remains unclear as to how these ACPs might be equipped to fulfil the 'research' element of their role effectively. Although the development of this group's researcher skills may be of less interest to HEE at this point in time, they and others nonetheless, can be usefully seen as ECRs.

The scope of the scan has been defined in part by the initial requirement for the work to be completed within a three -month period. NHS R&D NW elected to undertake face to face interviews with senior research leaders (referred to here as experts), which has provided a wealth of data from those who have developed important perspectives on the challenge of increasing research capacity and capability in the region. All these contributors were keen to share their experiences and views and to reflect on the current initiatives to foster clinical academic careers.

Of relevance is a piece of work undertaken by NHS R&D NW in 2016. It also undertook an enquiry to establish the range and scope of the learning and development resources available to NHS clinicians who intend to build clinical academic careers in the North west of England (unpublished report available). A key element of this was the utilisation of a widely accepted theoretical framework designed to identify competencies required by early career researchers (ECRs), namely the Vitae Researcher Development Framework (RDF).

In brief, the project sought to identify the range, scope and nature of the learning and developmental opportunities available to a sample profession of clinicians with an interest in research, namely physiotherapy and to map these opportunities against the core elements of the RDF. This was seen as essential to understanding current levels of researcher capability and identification of researcher development needs. The 2016 study revealed that this was possible, would be well received by clinical academics but would be challenging. Given the fluid, temporal nature of the wide range of developmental opportunities available, from the CPD provision offered by universities across the region to employing Trusts, professional bodies and other organisations and online environment, a bespoke version of the VITAE Planner or equivalent would be required. This would essentially be a repository of developmental opportunities and on line environment where researchers can record the evidence of their researcher skills and plan their future development. NHS R&D NW is currently exploring the potential of this further with a university in Manchester. This scanning project did not therefore explore the potential of such an initiative. This will be reported to HEE on its completion in 2020.

Three principal aims were used to address the HEE brief:

1. To map the number and type of agencies offering support for R&I capacity and capability building for academic careers for nurses, midwives and AHPs in the NHS in order.
2. To identify the range of opportunities available, the challenges and the potential for partnership working with HEE.
3. And through the above, provide a baseline from which HEE can build a strategy to optimise R&I capability and capacity across the non-medical workforce.

Method

Experts were identified to represent the main 'constituencies' including HEIs, Trust R&D Departments, the Research Design Service (RDS), Clinical Research Networks, health professions and clinical academics from all parts of the region in order to build a picture of current initiatives and also to identify common and unique concerns across what is a diverse geographical region. Participants included individuals holding joint posts across Trusts and HEIs, those with a specific remit to build research capacity and capability and those involved in delivery of portfolio research studies. Several were responsible for growing their base of academic research staff. Their affiliations and areas of expertise are shown in Table 1 below.

Each of those interviewed was visited at the place of work or engaged in a personalised phone call of approximately one hour. Each was briefed beforehand about the work, the aims and objectives and biographical detail of the interviewer.

The approach used a semi-structured interview and this was shared in advance to allow some initial consideration of the matters under discussion. Interview foci were developed with the team at NHS R&D NW. Each interview used prompts to encourage discussion and explored:

- The challenges of research capacity and capability building in the region.
- Reflections on the first round of the HEE/NIHR bridging scheme.
- The number and types of schemes to support clinical academic research careers in their organisations and the wider context.
- Opportunities for partnerships with HEE.
- Data sources regarding the progress of clinical academics.
- Detail of any additional people/organisations that interviewees thought should be contacted.

The capacity and capability building initiatives were identified, described and crosschecked with the contributor following the interview to ensure that the details were correct. Notes on each interview made during the interview and compiled as a contemporaneous record to form the basis of the analysis. The full set of notes is available on request. The data was reviewed and themes emerged which were then organised to address the issues in the brief described above.

To assist in interpretation of data obtained, perspectives were classified to show the content in terms of ***Challenges for Individuals, for Organisations and those challenges that sit at the level of the NHS System*** and are thereby overarching. The outcomes are presented below. They are not seen as mutually exclusive but each has distinctive features:

Table 2 below also describes the range of schemes and approaches known to the interviewees. They include approaches run by Trusts, HEIs and those that run as a combined effort between both sectors. Schemes are described in terms of their academic level, collaborators, duration, arrangements for support, outputs including whether a fellowship application would be expected and any known funding sources. The name of the contact person for each is also provided.

Examples of good practice have been included where possible. For each of the three ***Challenges***, a summary/overview of the comments and discussion of these is provided. Where issues were raised by a number of the experts, the strength of feeling is highlighted as necessary.

Challenge 1 – How best to support the individual

Overview
Overall, experts recognised the demands involved in building Clinical Academic (CA) Careers and saw NIHR awards as highly competitive and very prestigious. They are a key element in the pipeline of talented clinical researchers.
Clinical Academics were often actively supporting several individuals who were on different research paths involving a range of funders.
The nature of the support for individuals took the form of supervision and mentoring, protected time and access to a range of resources.
Most schemes provided funding to protect time and or provide backfill. Whilst both are welcomed, many commented on the difficulties in securing release for nurses in ward settings and for AHPs with specialist clinical skills where backfill may be very challenging.
All commented on the difficulties of sustaining work between awards or when the individual returned to a clinical role where there was often no protected time to continue the research activity.

Discussion of challenge 1

The importance of high quality mentorship and supervision was emphasised again and again to ensure research careers are nurtured and managed at each stage. The combination of excellent supervision and diverse support was critical to sustain individuals during the complex and demanding process of combining clinical and research activity. Assisting individuals to manage failures was seen as demanding but essential to build resilience.

Many experts in HEIs/joint roles expressed concern about the overall capacity for mentorship and supervision. It was common for them to report very high numbers of enquiries from individuals wanting to develop initial proposals and often provided the associated informal support before ever funding was secured. They felt strongly that this informal support is time intensive and is often overlooked.

Academic experts in smaller or less research active HEIs brought a slightly different perspective. Although they often helped students prepare applications which secured funding, they often then lost the student to a more research active HEI with little or no

opportunity for continued links or collaborations. This was a commonly held view and NIHR interviewees indicated that there might be opportunities for collaboration in this situation. If this could be addressed it would allow the untapped potential amongst some HEIs in the region to be harnessed. This would bring additional benefits as many of the smaller HEIs have very close links with clinical settings.

All the experts emphasized the sustained commitment required for a successful CA career and underlined that the responsibility rested with the individual.

They provided examples of support for early career researchers, including dedicated desks sometimes in research departments (creating a separation between clinical work and research work during preparation of a submission), links with a community of researchers at a similar stage and in some cases funding to write up Master's dissertations. There was a strongly held view that having publications in peer reviewed journals was essential to a successful fellowship application and that publications arising from the Master's work provided an opportunity to build these. Experts felt that the process of funnelling Master's graduates towards a PhD was often enhanced by opportunities that were very flexible and included part time options. Successful approaches highlighted by a few experts often involved linking elements along a research pathway for example an internship followed by a bridging award to ensure that an individual had time to submit publications prior to a fellowship interview.

Several of those interviewed remarked upon features of current early career researchers many of whom are very digitally aware and often have family commitments and pointed out that they would expect a much more flexible package to build their skills incrementally.

Experts with a trust perspective reported different challenges in sustaining individuals along a research career track. There was a general view that NHS managers often had limited understanding of clinical research and their support was often hard to secure initially in the face of high clinical demand, trust priorities and skills shortages in some areas. Releasing nurses from their clinical ward roles was highlighted by several of those interviewed as being particularly difficult. Whilst investment in an individual for short periods may be relatively easier to manage for those who do secure it, continuing support for PhD and beyond may place additional burdens on the rest of the clinical team. Experts also offered instances of managers who feel a strong responsibility to offer opportunities 'fairly' across their teams rather than sustaining long term investment in a single individual.

Sustaining clinical academics post PhD proved very challenging for many trusts and the experts highlighted tensions between trusts priorities and expectations for post-doctoral clinical researchers. Additionally, Research Design Service experts noted that post-doctoral awards almost always require an element of matched funding which adds a further barrier for some. Sustaining post-doctoral researchers after their awards ended was seen as a very delicate balance between clinical needs and the trust priorities.

In summary, experts felt that interventions were needed to:

- Increase the opportunities for high quality mentoring through clinical academic careers.
- Promote engagement with HEIs delivering pre-registration education to raise the profile of Clinical Academic careers.
- Engage and develop researchers early in their clinical career, enabling them to take personal responsibility for their career development and growth.

Challenge 2 – How to support the organisations involved

Overview
Several interviewees emphasized a twin pronged approach whereby they supported organisations to do research and sustained individuals on a research career track. Joint posts and other collaborations raise the visibility of research, build clinical academic links and support individuals to navigate and develop academic careers.
Across the region, experts described a spectrum of trust involvement with research from those where it is embedded and drives evidence-based practice to those where research remains counter cultural. Sustaining research against other NHS pressures remains very difficult.
Expects reflected on changes in the workforce and there was a strong feeling that clinical academic careers needed to be made more attractive. Recently qualified clinicians are less skilled in research having typically not done primary research in their degree and the impact of research in clinical practice is less visible. These factors could precipitate research being seen by trusts as 'nice to have' and not as essential.
One expert suggested that NMAHPs do not return to 'looking after patients' when their award is over in the way medics would but instead were drawn to careers in academic settings. Although disputed, this may hint at very different expectations and to a wider expert view that the role of a clinical academic NMAHP research leader differed considerably from that of a medic in a clinical research role.

Discussion of challenge 2

Experts from all sectors shared a strong understanding that building research capacity and capability has two elements, that of supporting the NHS organisation to build sustainable capacity as well as supporting individuals. Efforts to develop academic careers need to provide for those wanting to take their first steps into research and explore what such careers have to offer right through to building successful research leadership for the future. According to the experts, few trusts provide an offering at every stage of the research pathway and where they do their offers dovetail with the wider range of support available.

There were numerous examples of differences in the extent to which organisations know about the research going on in the trust and those involved. Whilst some had a full picture and had a database that had been maintained over many years, others had much less information. This overview enabled trust staff to identify, target and support Clinical Academics. Alongside support for individuals, experts provided support in different forms to trusts to sustain their research.

Success in building CA careers rests in part on a clear understanding of the individuals who are on a research career track and their progress to date. Sometimes, this was part of the R&D Director role. In larger or more research active trusts, experts had a clear picture (and usually a database) of the clinical academics in the organisation and could target opportunities as they arose. They would be greatly helped by a plan of when to expect awards and other opportunities that ensured that targeted individuals could be alerted and had sufficient time to apply.

The Research Design Service and others in HEIs pointed out that many graduate clinical professions no longer do primary research as part of their pre registration training and therefore, there is a much lower awareness of research in recently qualified clinicians. Historically, New Researcher Training Programmes delivering training in research methods and approaches were available and popular. The Research Design Services previously ran them but this provision no longer falls within their remit and thus many programmes providing this essential education have been lost.

Many experts believed that reinstating new researcher training programmes albeit run by a different provider could have a considerable impact on individuals understanding of research and kindle interest in pursuing research careers.

Experts from research active NHS Trusts described schemes to promote research capacity and capability, which were an element of a broader research strategy. Often they emphasized that this is the culmination of years of work to raise the profile of the research done in the trust and its impact. Such trusts tend to be assiduous in ensuring that research is discussed regularly at Board and Executive level. The impact of research is thereby recognised as a legitimate item for the Board and Executive. Operationally, the schemes often involve the trust Research and Development department and their team.
Very senior trust leaders take responsibility for maintaining research on Board agendas and revealing the impact of work for patient care. In some cases this resulted from a long-standing dialogue with the Chief Nurse.

Many experts felt that the inclusion of research in the Board meetings marked a cultural shift that recognized the potential of NMAHPs to undertake clinical academic careers rather than this being limited to medical staff.

As HEE is aware, master's degree programmes have been very attractive to clinicians wanting to develop a research element in their work but it seems that although many have undertaken a research masters, the risk is that they return to work without any protected time and without opportunities to use their skills. This is felt to be wasteful and has resulted in many being disaffected with their research knowledge and skills and believing that it is not valued by their employing trust. In contrast, some have been appointed as 'research champions' for their trust and take an active part in promoting research in the trust and engaging others.

There is a keen desire to harness the skills of these individuals so as to make the most of the investment in their development and opportunities to share examples of how they might be used would be welcomed.

One example of good practice is the Clinically Appraised Topics (CAT) scheme run by the University of Keele. This approach engages post Master's clinicians with reviews of the evidence base underpinning different treatment approaches to inform patient care. This scheme links clinicians and librarians in a way to engage staff with research skills systematically to increase understanding and application of the evidence based practice in clinical settings, thereby bringing about direct benefit for patients.

Experts encouraged trusts to give a high profile to research success and especially to the gains for patients. Both R&D Departments in trusts and HEIs used websites and conferences to engage new clinicians with research and disseminate the results of studies done during schemes or awards. As well as increasing the visibility of the work, such high profile sharing indicated trust commitment to research and support for those engaged in it. Although many trusts identified the role of 'research champions', there was a commonly held view that in fact, these individuals typically did not have sufficient seniority to be in a position of influence to achieve high-level Board visibility.

Experts would value interventions, which address:

- Development of the concept of 'research leader'.
- Opportunities for trusts with strong research leadership to 'twin' with organisations with less research activity to enable growth.
- Increasing awareness at Board level of the value of Clinical Academic careers and emphasis on their potential impact for patient outcomes, quality and safety.

Challenge 3 - The wider NHS system

Overview

Whilst experts from across the region were strongly committed to growth in CA careers, individual experts did not necessarily feel in a position to influence the wider system outside their organisation or trust. Nevertheless, they did identify aspects of the system that presented additional challenges. Themes which fell under this 'system wide' banner included harnessing intelligence as the basis to increase research capability and capacity, dialogue to address untapped potential and the needs of early career researchers, driving organisational commitment and ensuring that clinical academics could maintain both their research and their clinical work. The NIHR '70@70' Programme presents a new strategic opportunity for dialogue with senior nursing and midwifery leaders.

Discussion of challenge 3

There is widespread recognition among experts that we need to grow research capacity in the region and a growing awareness of the current inequities in terms of the extent of research activities in trusts, numbers of researchers and opportunities for patients to take part. In contrast experts highlighted untapped potential in terms of individuals who could be supported to build research careers and potential additional time from supervisors and mentors.

Given the diverse picture of research capacity and capability building reported, no single organisation has a full overview of the pipeline of individuals involved in clinical academic research at all levels. Experts found this very frustrating because no one organisation is in a position to maintain oversight of regional research capacity and capability building and the lack of intelligence impedes collaborations, awareness of good practice and resource sharing.

A direct result of this lack of oversight is that the information available to prospective researchers is complicated, confusing and potentially off-putting. Even amongst the group of experts, roles and responsibilities for the development of research capacity and capability was not fully understood as was the nature and need for accountability. They felt that this stifles innovation.

Establishing on-going dialogue with trusts and HEIs could enable HEE to plan a strategy and might facilitate the use of trust/HEI systems to target research capacity and capability awards in a much more systematic way. Trusts/HEIs are very well placed to identify potential applicants.

Such dialogue could then integrate the NIHR/HEE offer with trust and HEI approaches thereby increasing visibility for applicants and provide a seamless process. Inequities would become visible and could be addressed more effectively.

Collaborations across the system hold the promise of a much more streamlined approach. On-going dialogue with trusts, HEIs and other stakeholders would lay foundations for establishing clarity around roles and responsibilities for research capacity and capability building in the region.

Many of those interviewed commented on sources of untapped potential. There was a feeling that there was untapped potential in terms of the capacity and the willingness of potential clinical supervisors to support potential candidates for clinical academic career opportunities.

Several contributors remarked on individuals who applied for support but were unsuccessful with many schemes having more good applicants than they could possibly fund. Many of those funded with smaller awards did go on to secure fellowships and many of those who were unsuccessful in securing initial awards went on to produce high quality projects. This mirrored the numbers of applicants for NIHR fellowship schemes where again, good applications usually outstrip the available funding.

Supervision and support are particularly important in managing failures, which are the norm in such applications. The review process for projects in all schemes needs to be quicker and early screening of projects and applications was suggested as a way to save wasting time.

Aligning HEE/NIHR schemes with other opportunities in the region would increase the opportunities and enable applications to be recycled to another scheme if unsuccessful the first time around.

Although awareness of the full range of clinical research opportunities was identified as a problem, several experts thought that engaging clinical staff with these opportunities was the greater problem in many settings. To secure wider engagement, organisations need to demonstrate their commitment to clinical academic research and be aware of the benefits that it brings for patient care. The Council of Deans has developed a framework to assist organisations to enhance their NMAHP research capability and capacity. A complementary framework to show the individual career plan for those NMAHPs who want to embark on a research career was requested by many of those interviewed. Until this is in place, prospective clinical academics will not have confidence that research is visible, valued by their employing trust and has an impact on their future career progress.

During the preparation of this report, NIHR launched the '70@70' Leaders Programme. The Department of Health and Social Care (DHSC) commissioned this programme for Health Research (NIHR) in recognition of the huge, and as yet untapped, potential contribution of senior nurses and midwives to the National Institute. The programme funds time from Senior Nurse/Midwife clinical leaders with demonstrable experience of building a research-led care environment for patients. They have a record of developing existing practice, whilst working within and contributing to a research rich environment. It began in May 2019 and provides space and time to share learning across organisations and across the NHS and takes inspiration from the national and international context. The interviewees felt that this offered a new opportunity to link with the cohort of NIHR '70@70' senior research nurse leaders in this region. Given the emphasis on research into practice, they stressed the potential strategic opportunities and were keen to identify common areas of interest and mutual benefit where HEE could work with them.

We have also mentioned the Advanced Clinical Practitioners (ACPs) of whom there are over 800 in the North also have research and leadership as elements in their job roles. We recognise that any provisions to highlight and review research competencies could support this group by including their development in the wider research picture at trust level.

In summary, contributors emphasised the need to:

- Establish on-going dialogue and engagement between Trusts and HEE to shape long-term strategy and share information on 'what works' in the system.
- Develop opportunity for dialogue with other system leaders including the 70@70 cohort.
- Develop interventions to address perceived barriers to achieving an appropriate balance between research and clinical practice, in particular in relation to backfill, and the release of individuals from small teams. Clear expectations and obligations are required.
- Explain the value of clinical academic roles to the CEO and the trust Board.
- Clarify lines of responsibility for building clinical academic careers in the region.
- Share good practice across the region and in particular to introduce this to the annual performance and career development review process.
- Develop communicative links between managers and the NIHR.

Next steps : To facilitate the growth of NMAHP research capability and capacity and realise research leadership potential, this exercise suggests:

- Building communities of practice and promoting individual development via the introduction of a cross-regional online community of alumni would be helpful to early career NMAHP researchers (ECRs) and their managers. Through this, these ECRs could be signposted to developmental opportunities both within the employing Trusts ,HEE and beyond. New opportunities could be developed according to need.

- Mentoring provision for these ECRs is required if they are to learn to take responsibility for their career development. This provision could mirror that currently available to holders of NIHR training awards. There is a requirement to develop agency and resilience of those engaged or aspiring to develop clinical academic careers and become the research leaders of the future.

- An info-graphic outlining the landscape of providers/sources of opportunities for early career researchers is presented below. It offers a snapshot of the range and level of opportunity across the region highlighted by experts interviewed. It also indicates those opportunities that are open to all (typically those offered by HEIs) and those which are closed and usually only open to employees of the specific Trust. Clearly, it illustrates that there is variability in the nature and scale of developmental opportunities. This demands attention.

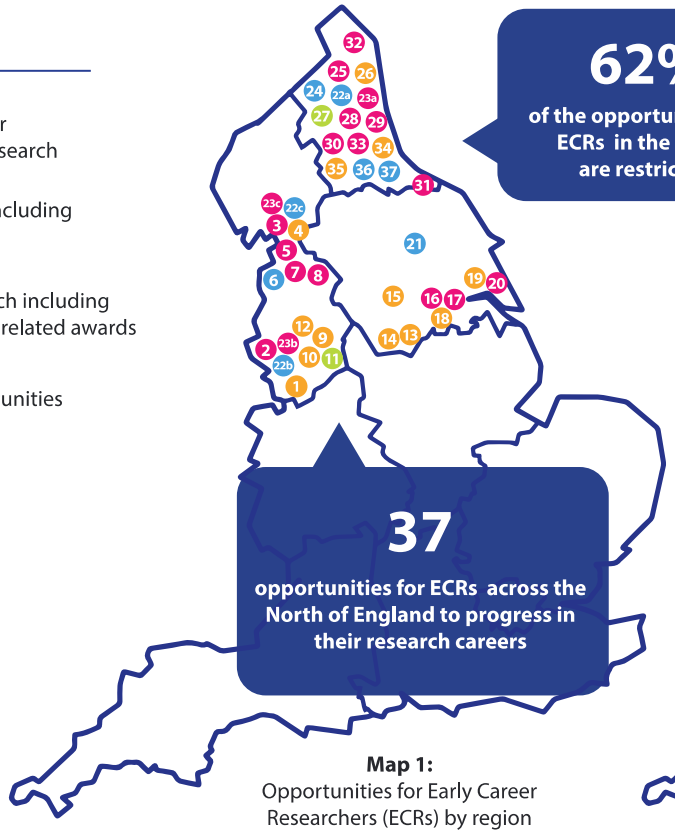
- In order to maximise research capacity development within the NHS at a system level, new opportunities for dialogue need to be established. A new strategic forum to enable on-going dialogue across the research ecosystem could also offer a route for dialogue with the research community and the cohort of new 70@70 Nurse leaders in the region. This would contribute to system wide coherence and increase consistency and transparency.

- Finally, a forum of very senior clinical research leaders could also be introduced to raise awareness amongst NHS Trust Board members of the value of clinical academics and the ways in which research can address their most pressing issues such as patient safety, care quality and outcomes.

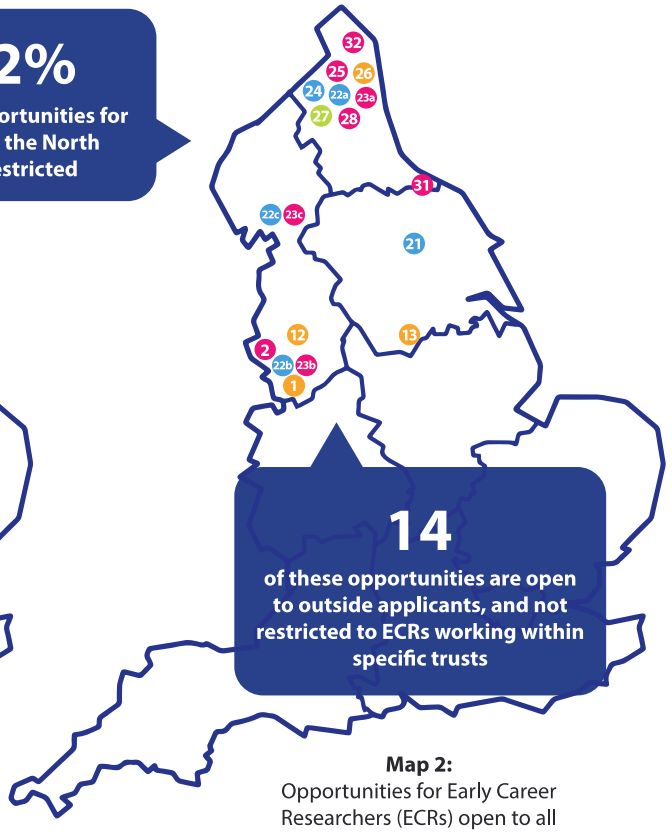
An overview of Opportunities for Early Career Researchers (ECRs) by region on 1st October 2019

Level key:

- Awareness raising for engagement with research
- Enabling research (including Masters modules)
- Experience of research including fellowships (PhDs) & related awards
- Post doctoral opportunities



Map 1:
Opportunities for Early Career Researchers (ECRs) by region



Map 2:
Opportunities for Early Career Researchers (ECRs) open to all

List of opportunities identified by stakeholders for ECRs

1. Liverpool scholars Programme, Clinical Research Network North West Coast
2. Masters in Clinical Research, Edgehill University
3. Local CAT scheme for NMAHPs, Lancashire Teaching Hospitals NHSFT
4. Trust Internships championed by Sen Investigator (Caroline Watkins, UCLan Faculty, Lead for R&D)
5. Research Development Group (including PPIE), Lancashire Teaching Hospitals NHSFT
6. Email list (to signpost interested clinicians to resources and opportunities), Lancashire Teaching Hospitals NHSFT
7. Writing support series, Lancashire Teaching Hospitals NHSFT
8. Individual support for applicants, Lancashire Teaching Hospitals NHSFT
9. Pre doctoral CA bridging fellowships, Manchester University NHS Trust
10. Fees only doctoral fellowships, Manchester University NHS Trust
11. Post doc CA bridging fellowship, Manchester University NHS Trust
12. NIHR Bridging scheme (to support Doctoral fellowships in CLAHRC and ManNHSFT), CLAHRC GM
13. ICA Internships North, Sheffield Hallam University
14. Local CAT scheme, Sheffield Teaching Hospitals NHSFT
15. 4 fellowships (£50K each), Leeds Teaching Hospitals NHS Trust
16. 8 internships, Doncaster Teaching Hospitals NHS Foundation Trust
17. 4 Masters, Doncaster Teaching Hospitals NHS Foundation Trust
18. 2 trust funded PhDs, Doncaster Teaching Hospitals NHS Foundation Trust

19 4 PhD fellowships, Hull Medical School

20 4 MRes fellowships, Hull Medical School

21 Email list (to signpost funding opportunities and events), CAHPR (Council for AHP Research), NE hub

22a Regional events (offering input to methods, funding, impact and evaluation), CAHPR, NE hub

22b Regional events (offering input to methods, funding, impact and evaluation), CAHPR, Cheshire & Merseyside Hub

22c Regional events (offering input to methods, funding, impact and evaluation), CAHPR, Cumbria & Lancashire Hub

23a Small grants scheme, CAHPR, NE hub

23b Small grants scheme, CAHPR, Cheshire & Merseyside Hub

23c Small grants scheme, CAHPR, Cumbria & Lancashire Hub

24 Awareness Raising Programme, University of Newcastle

25 Green Shoots Programme, University of Newcastle

26 PI Development days, University of Newcastle

27 Leadership Programme, University of Newcastle

28 MClinRes Programme, University of Newcastle

29 Masters level certificate in research with older people, Newcastle BRC

30 Early career Researcher sessions, Newcastle Biomedical Research Centre

31 Masters level research modules, Teesside University

32 New Masters programme in Clinical Research, Northumbria University

33 Internal internships, Newcastle Hospitals

34 PhD support group, Newcastle Hospitals

35 Early Career Researcher support group, Newcastle Hospitals

36 Slots in both the Induction and preceptorship programme for the trust, Newcastle Hospitals

37 NMAHP Research Conference, Newcastle Hospitals

Table 1 - An overview of opportunities for Early Career Researchers, by region, on 1st October

The report is based on interviews from a range of stakeholders across the North including North East, North West, Greater Manchester and Yorkshire and Humber. A group with a national perspective was also included. The regional interviewees included representatives of health professions, nurses and midwives, Trusts, research departments, HEE and NIHR.

Examples of support for Early career researcher	In conjunction with	Nature of scheme	Duration	Arrangements	Fellowship output?	Any funding source
North West						
Clinical Research Network NWC		Scholars Programme	12 scholars, 2 year programme	Personalised programmes and weekly 1;1 contact	No. Need to be Chief Investigators	Local
Edge Hill University		Masters in Clinical Research	2 years	Teaching for this course runs on Saturdays to enable employed staff to attend	In some cases, yes	
Lancashire Teaching Hospitals NHS Foundation Trust	UCLan Clinical Academic Faculty	Local Clinical Academic Trainee scheme for NMAHPs	One day pw over three years with protected research time. Began May 2017	Develop project with direct patient benefit, 2 supervisors and a practice link. Yr 1 review literature, Yr 2 Implementing Yr 3 write up and	Fellowship application (if appropriate)	Local

				prepare fellowship		
Lancashire Teaching Hospitals NHS Foundation Trust	UCLan Clinical Academic Faculty	Trust Internships championed by an Sen Investigator (Caroline Watkins, UCLan Faculty R&I Director)	4-5 awarded annually, began approx. 2014	1 day pw with salary backfill. One has moved to a successful PhD application.	Fellowship application (if appropriate)	Local
		Research Development Group including PPIE	Support with developing research and innovation proposals	Attendance optional	Supplementary support for fellowship applications	Jointly funded post
		Email list to signpost interested clinicians to resources and opportunities	On-going	Targeted mailings	Supplementary support for fellowship applications	Jointly funded post
		Writing Support Series	Attended by early career academics, NHS staff and CLAHRC NWC funded PhD fellows	Attendance optional	Supplementary support for fellowship applications	Jointly funded post

Lancashire Teaching Hospitals NHS Foundation Trust	UCLan Clinical Academic Faculty	Individual support for applicants	Mentoring and support from clinical academics as required	Ad hoc to promising candidates	Supplementary support for fellowship applications	Jointly funded post
CAHPR - Council for AHP Research Cheshire & Merseyside Hub		Twitter account to signpost funding and events	On-going	Tweets in public domain	Promotion of relevant opportunities for fellowship applications	CAHPR
CAHPR - Council for AHP Research Cumbria & Lancashire Hub		Twitter account to signpost funding opportunities and events	On-going	Tweets in public domain	Promotion of relevant opportunities for fellowship applications	CAHPR
CAHPR - Council for AHP Research Cumbria & Lancashire Hub		Twitter account to signpost funding opportunities and events	On-going	Tweets in public domain	Promotion of relevant opportunities for fellowship applications	CAHPR
CAHPR Council for AHP Research Cumbria and Lancashire Hub with Cheshire and	University of Central Lancashire					

Merseyside hub						
Cumbria and Lancashire CAHPR Hub https://uclanahp.blogspot.com/p/about-us.html Cheshire and Merseyside CAHPR Hub https://www.cmahpresearch.org/						
Greater Manchester						
Manchester University NHS Trust	Fellowship Academy and UoManchester	Pre doctoral CA bridging fellowships	12m max	50% backfill max 20,000	Doctoral application and publication	Local
		Fees only doctoral fellowships	Consultant NMAHPs only			Local
		Post doc CA bridging fellowship	12m max	50% backfill for 35,000 max	Post doctoral application	Local
CLAHRC GM	Linking with fellows funded by MFT	NIHR Bridging scheme to support Doctoral fellowships in CLAHRC and ManNHSFT	Offered to good MRes graduates	Short notice round in 2018	Publications to support their applications for PhD	CLAHRC
Yorkshire & Humber						

Sheffield Hallam	NIHR/HEE	ICA Internships North - no need for Masters, often provides a taster of research	30 day research experience and learning package, mentoring and line manager involvement in project	2 rounds per year (March & Sept)	Experience of research - may not lead to fellowship application	HEE
Sheffield Teaching Hospitals	STH, SCH, SHSC (Mental Health Trust) ScHARR, UoSheffield	Local CAT scheme	One day per week over 2 years to develop proposal. NB eligible for RDS support.	Began 2015, 1 round per year. Parallels that CARP programme for medics. Fund 2-3 per year.	Pre/post doc Fellowship application (if appropriate)	Three participating trusts
Leeds Teaching Hospitals NHS trust	University of Leeds	4 fellowships £50K each	Backfill for time to prepare application	Began 2015, ran 2016, 2017. Future rounds planned.	Yes	Local
		Training in Writing for publication Abstract writing Poster preparation			No	

		ECR Mentorship				
		Annual clinical research careers event and NMAHP research conference			No	Local Trust charitable funding
		Funding for conference attendance and specific courses			No	Local Trust charitable funding
Hull Medical School	HEY NHSFT, Humber MH Trust	4 PhD fellowships and 4 MRes fellowships	Small pump priming awards	Began 2019	Yes	Local
North East						

University of Newcastle		MClinRes Programme		Open to all		
		Masters level module in research with older people		Open to all	No	BRC
		Early career Researcher sessions (NMAHP research stories, writing a successful research proposal, advice from an NIHR training panel)		Open to all researchers but specifically of interest to those in Ageing and Long Term Conditions	No	
		Getting started in research with older people (2 day course)		All HCPs interested in undertaking research with older people		
Teesside University		Masters level research modules		Open to all	No	Some T2 funding has been used to support 8 NMAHPs to

						undertake these modules at NuTH
Northumbria University		New MRes Professional Practice	Currently only available as a full time course not modular or PGCert/Dip	Open to all	No	
Newcastle Hospitals		Internal internships	1 day pw, over 6 months	Band 5 NMAHP staff, including shadowing, a CA mentor and report.	No. Short report/audit/service evaluation	Trust charitable funds
		PhD support group		All PhD students irrespective of funding source	No	
		Yes! EarlY rEsearch Support Group		All NMAHPs irrespective of academic involvement		
		Newly developed Funding Masterclass				
		Seven 70@70 Nurse Leaders working across the region				

		Slots in both the Induction and preceptorship programme for the trust	Regularly highlights the research opportunities for NMAHPs	All Trust employees	No	
		Yearly NMAHP Research Conference				
CAHPR - Council for AHP Research NE hub		Email list to signpost funding opportunities and events	On-going	Targeted mailings	Supplementary support for fellowship applications	CAHPR
		Regional events offering input to methods, funding, impact and evaluation.	One day events, often held in evenings, poorly attended in general because of the difficulty securing time	Attendance optional	Supplementary support for fellowship applications	CAHPR
		PI Development days	On-going programme of dates	Yes - open to all irrespective of funding source	No	CRN
		Clinical Academic	2 years	Partnership between local	No - aims to develop post	CRN, HEI and Trust

		Leadership pilot Project		trusts, HEIs and CRN	doctoral researchers	
North East CAHPR Hub https://cahpr.csp.org.uk/content/north-east						

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