

# Supporting Clinical Academic Careers

## The line managers' perspective





# Clinical Academic Careers

## Clinical Academics

Clinical academics are healthcare professionals who undertake both clinical and research activities. These synchronous roles enable research to edify clinical practice, whilst being simultaneously informed and innovated through practical experience and knowledge, leading to evidenced-based care underpinned by cutting-edge research.

To support these individuals in their pursuit of their clinical academic career will have long-term benefits for their NHS provider and, importantly, the patients they care for.

## A pathway to success

Aspiring non-medical clinical academics (nurses, midwives, AHPs, health visitors, practitioner psychologists, pharmacists and healthcare scientists) can embark on a career trajectory which both develops their research skills and portfolio, and enriches and refines their clinical development.

Health Education England (HEE) and National Institute for Health Research (NIHR) Integrated Clinical Academic (ICA) Programme provides personal research training awards for healthcare professionals who wish to develop careers that combine clinical research and research leadership with continued clinical practice and clinical development. Alongside the NIHR national programme sits locally managed Programmes which provide support across the Midlands and East to frontline healthcare professionals who wish to pursue an academic career alongside their clinical practice. The current provision is three Programmes: internships, masters to doctoral bridging programmes, and postdoctoral bridging programmes.

## Our role

HEE's Research and Innovation Strategy sets out our vision and framework for the delivery of our statutory responsibility to promote research (Health & Social Care Act 2012, HEE Directions 2013), "develop a workforce that embraces research and innovation" and "to support clinical academic careers for health professionals", as per the Government's Mandate to HEE (April 2017—March 2018). A key objective being the development of a transparent and integrated multi-professional clinical academic career framework, which enables all partners to be clear about the strategic approach to developing the clinical academic workforce for patient benefit.

Our role is to facilitate and support aspiring clinical academics in pursuing their career by ensuring that appropriate educational infrastructures and funding streams are in place to support all career stages, from internships to postdoctoral research. Our dedicated and responsive team works closely with NHS providers and higher education institutions across the Midlands and East to deliver effective programmes that will benefit all stakeholders, from the trainees, their line managers and trusts, to the providers, educators, and of course our patients.



HEE is committed to ensuring that every health professional has the opportunity to develop skills and confidence in research. Working in close partnership with NIHR we will ensure that we develop the next generation of academic healthcare leaders working and leading clinical research across the NHS and our universities.

**Professor Bill Irish**  
Postgraduate Dean, Health Education England

**Support.**

**Nurture.**

**Inspire.**



# Line manager case studies

In what follows, we present a series of case studies written by the line managers from across the Midlands and East who are supporting clinical staff in their journey of pursuing a clinical academic career.

- **Katharine Bartholomew**, Nottingham University Hospitals NHS Trust (page 6)
- **Sarah Burke and Anna Selby**, Pulvertaft Hand Centre, Royal Derby Hospital and University Hospitals of Derby and Burton (page 9)
- **Jacqui Taylor**, Cambridgeshire Community Services NHS Trust (page 12)
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- **Carolyn Langford**, The Royal Orthopaedic Hospital (page 17)





## Eleanor Douglas

Eleanor is a Lecturer and a Practitioner Physiotherapist at University of Nottingham and Nottingham University Hospitals NHS Trust. She undertook the Pre-doctoral bridging Programme and has recently received funding from HEE's Midlands and East clinical academic careers grant scheme.

## ELEANOR'S LINE MANAGER

### Katharine Bartholomew

Therapy Services Manager  
Nottingham University Hospitals NHS Trust

#### How has having a clinical academic impacted on patient care?

I believe having a clinical academic in one of the teams I manage has a great impact on day to day service delivery. Firstly, Eleanor ensures the service her team provides is evidenced based by keeping abreast of research, current guidelines and national and local policies. She is my 'go to person' if I want to discuss a service delivery issue. Eleanor has a national perspective which feeds in to our local services. She represents NUH by attending national meetings e.g. the physiotherapy respiratory leaders group.

Eleanor is pivotal in setting local respiratory physiotherapy guidelines based on evidence. Eleanor has the skills to assess evidence and the existing networks she has at a national level support the benchmarking of our services. Eleanor has recently been part of the Trustwide Steering Group For Oxygen Therapy to ensure therapy services are represented and taken into consideration when planning and disseminating best practice.

Eleanor has made impact in a number of therapy service transformations during the time I have managed her. She has lead and ensured the execution of new ways of working, supported by audits and service evaluation to evidence their effect and ensure sustainability so the new ways of working improve patient services.

Eleanor has delivered large projects such as the 'Dragon's Den' funded project to increase the frequency and intensity of early physical and cognitive rehabilitation to embed rehabilitation service within a critical care setting. Eleanor had the foresight to identify the growing evidence based on the inclusion of an Occupational Therapist (OT) for delivering cognitive rehabilitation and convinced me to advertise a post for an OT with a specialist interest in critical care.

This then enabled the therapy team to train therapy support workers in a generic therapy role. Eleanor supports the Band 7 OT we employed in his development and is a great advocate for the OT role in critical care. We are currently one of the only Trusts in the country to deliver a comprehensive early

rehabilitation service. The success of this project has been presented at local and national conferences over the past 3 years, putting NUH on the map as being a leading service for early rehabilitation with critically ill patients.

### **What have been the outcomes of having a Clinical Academic on your service?**

Implementation of a respiratory late shift service has demonstrated cost savings equivalent of approximately £20k per year as the number of emergency overnight callouts has been dramatically reduced. (Emergency call outs are costly as the physiotherapists are paid at a senior level and travel expenses are also included). The late shift is not only cost effective but is of great benefit to patients. Patients are identified as being at risk of deterioration by the day staff and they are then seen later in the evening (between the hours of 4.30-9pm) rather than having to have an emergency call if they have become unwell. This is not only a preventative strategy but it enables the patient to be seen by a respiratory trained physiotherapist at an appropriate time. When we introduced the late shift patient and staff feedback was really positive. Patients did not mind being treated earlier in the evening and recognised it might prevent an emergency call. Staff recognised it as being a far more efficient service for patients and reported that it improves their own work/ life balance as the on call physiotherapist hours reduce to 9pm-8.30am.

The “Dragon’s Den” project Eleanor led increased the frequency and intensity of early physical and cognitive rehabilitation for patients with critical illness. Eleanor and her team were able to demonstrate that compared to the previous year the mean length of stay in critical care was reduced by 1 day.



I am also beginning to understand the challenges and pressures clinical academics face when working for two large organisations and I am learning the importance of being flexible and trusting my staff in these roles to balance the demands this role brings. From my experience of managing Eleanor, I see the huge benefits clinical academic roles bring to patient care.

The project also demonstrated evidence of improved physical and cognitive patient outcomes in critical care. The project demonstrated that patients stood and mobilised quicker and their Functional Independence Measure (FIM) and Functional Assessment Measure (FAM) improved by over 70% from baseline to discharge. The model of using Therapy Support Workers to improve the delivery of rehabilitation interventions has also been replicated with our renal service which has now been recurrently funded. There is also scope for this to be introduced into the cardiac service and this is currently under discussion. There was great feedback from both patients and their family and friends and also has changed the philosophy of the unit to have a more enabling approach.

At the last CQC inspection at NUH, the new way of delivering early rehabilitation in critical care was recognised and reference made to the excellent service within the final report. We believe this contributed to the Critical Care Unit’s rating of ‘Outstanding’.

We have a very stable workforce within our senior staff: this is a reflection of the great work and innovation which occurs at NUH. Eleanor is instrumental in leading all this work.

## What advice would you give to other line managers?

My advice to other line managers would be firstly to understand exactly what a clinical academic role involves, how the role fits in to your department and what impact and benefits you envisage them bringing to patient services. There are important documents that are worth familiarising oneself with, to understand the clinical academic's role, published by Health Education England and the National Institute for Health Research.

I would describe the main advantage of clinical academics as because they remain clinically active their research is grounded to the day to day issues of their patients and the services we provide. This means they keep in touch with the reality of service delivery and their profession to progress practice.

I would advise that supporting and developing clinical academic careers embeds a culture of research and the implementation of evidence in day to day practice. Supporting the growth of a clinical academic will promote this culture, shape your research strategy and add a focus to

## What solutions or ideas have been implemented to support the utilisation of research on your service?

Eleanor has been able to identify how services can be developed from her knowledge of the current evidence. I am aware that she is specifically passionate about early rehab, within the acute setting, but in addition she has engaged undergraduate students and clinicians in a number of smaller service improvement projects using the 'Plan, study, do act' (PSDA) cycle. Due to the unique nature of Eleanor's dual role at NUH and the University of Nottingham she links with the University and supports students to undertake service improvement projects for

your research agenda.

I would advocate this role to other managers as I believe that investing in these staff is great value for money: they are highly motivated individuals with expert skills. These individuals deliver over and above their clinical hours, they will mentor people and represent your service at conferences, cross organisational boundaries and improve the national reputation of the Trust and University they work at. They also inspire others to achieve this high level of working and are excellent role models.

Clinical academics will attract other similar and highly motivated individuals to your department and they support career development and progression at the top end of the scale. If these individuals are not supported in their career aspirations they will go elsewhere taking their knowledge and expert clinical skills with them. Clinical academics need to have a clear career structure that is well managed to retain them in your service.

the benefit of patients, clinicians and undergraduate students.

Eleanor has been instrumental in a number of services changes that have been implemented from her knowledge of the evidence.



## Victoria Jansen

Victoria is a senior physiotherapist specialising in hand therapy at the Pulvertaft Hand Centre, in Derby. She has developed an interest and expertise in treating hand osteoarthritis which has become a focus for both her clinical practice and research activity. She has completed the NIHR/HEE Pre-Doctoral Bridging Programme and has since been awarded funding through HEE's Midlands and East clinical academic careers grants scheme.

## VICTORIA'S LINE MANAGERS

### Sarah Burke and Anna Selby

Hand Therapy Clinical Team Leader and Research Lead

Pulvertaft Hand Centre, Royal Derby Hospital, and University Hospitals of Derby and Burton

#### How has having a clinical academic on your service impacted on patient care?

Having a clinical academic in the team has had an overwhelmingly positive impact on our therapy team as a whole and daily influences the quality of the care that we offer.

This has primarily been achieved by the clinical academic promoting an environment where we question current practice and ensure that the care we provide is evidence based. As research is published we are now able to evaluate best practise, develop new guidelines and audit their safety and impact on patient outcomes, an example of this has been assessing the potential benefit of the Poole Traction splint. This ensures that we are able to give the best care to our patients.

With the help of the clinical academic we have critically appraised topics of interest and established collaborative links with academics at Keele University and other local practitioners in order to answer clinical

questions about effectiveness of treatments. For example we have created a Derby/Burton CAT hub and have appraised the literature on extensor tendon management and the use of silicone gel.

Having a clinical academic has also helped us to develop treatment pathways for patients that are evidence based and to try and ensure that patients are seen by the right practitioner at the right time and that the referral systems are efficient.

More broadly the clinical academic has been driving work on the collection of outcome measures on all of our patients in the hand clinic so we can evaluate hand specific improvements and quality of life. This will help us justify our service to the clinical commissioning groups.

The clinical academic has indirectly impacted patient care through the creation of an enquiring mind across the whole multi-disciplinary team. She has fed back to the team, information and ideas gathered from conferences and meeting with mentors,

which has sparked lively debate and questioning. She has also helped us expand our minds beyond hand therapy into other disciplines that impact on our patient care. For example, she has challenged us to consider the barriers and facilitators to encourage behaviour change in our patients, to update our practise and awareness of pain management and also when treating wrist fractures to consider the risk of future falls, osteoporosis and general mobility.

This enquiring mind has created a new energy in the team and other therapists are now starting to consider researching ideas to improve patient care. We are now more

### **What solutions or ideas have been implemented to support the utilisation of research on your service?**

To facilitate research in our department all of our team are encouraged to carry out small service evaluations or audits and to appraise the literature. It is now expected that everyone will be involved in working parties driving service improvements in line with latest research findings.

We are very keen to engage and develop research in the unit. However it can be challenging juggling clinical and research demands. By having one team member funded through the Scholar scheme it has given other members of the team research experience as they backfill for ongoing research projects and we have been able to use some of the funding to pump prime other research in the department. This has facilitated others to have some paid time to develop their ideas for the bronze or silver scholar awards and to write up research projects to present at conference.

We have secured protected time for research in some of our senior team diaries to enable them to have uninterrupted time to develop ideas. This was possible because we were able

involved in the national network of Hand Therapists (British Association of Hand Therapists BAHT) and are represented on their Clinical Evidence Committee. This keeps us up to date and also helps our voice to be heard in a wider arena as well. This energy has expanded beyond the therapy team and we now have nurses and ODP's who are considering applying for the HEE internship programme next year.

to demonstrate the enhanced income the department had secured through grant funding.

We have developed a research hierarchy so that people in the team are aware of where to go for help, advice or support on how to develop ideas. This has helped facilitate staff to be able to take the questions that they have to the next stage by looking at different sources of funding available and conducting literature searches.

To encourage a questioning environment we have a questions box in the administration room that anyone can put an idea into. This has helped identify training needs and common themes that people are passionate about.

We have encouraged everyone to complete GCP training including assistants and admin members of the team. We have also established a journal club that is open to all and meets before clinic starts to look at newly published research.

## What outcomes have you had on your service/organisation as a result of having a Clinical Academic?

Having a Clinical Academic in the department has led to success in a variety of areas. We are now more involved in multicentre research trials that have provided valuable experience to therapists and enhanced the reputation of our service.

The team are developing their own research ideas and obtaining grants locally and nationally. They now regularly contribute at conferences, courses and shaping the field of hand therapy. Three years ago only 1 or 2 of the team went to the annual research conference whereas the 2018 conference had 8 team members attend either as invited speakers or showcasing their research through oral or poster presentations. This has raised the profile of the immediate team, wider department as well as the profession. It has also changed the practise of some of our Consultants and now the team works together more on collaborative projects.

Developed a culture which attracts new experienced staff and retains them, as there are new opportunities to progress or be involved in research. Encouraged other

## What advice would you give to other line managers?

Although clinical scholars have action learning sets and mentors, line managers still need to be aware of the emotional pressure of the clinical academic who is juggling work, study and life and it helps to have some research experience to manage your team.

It is worth supporting the applicant by enabling them to have time in planning an application for a scholarship and helping them prepare for the presentation and interview assessment.

It is worth it for the development you see in those awarded the scholarship. Confidence

team members to look at even small scale projects as the fear and mystery of research has been taken out / reduced. Team members that are motivated and have better capacity to tackle change in practice, search for and implement evidence, look at developing their skills e.g. identifying a lack in the service provision for cerebral palsy patients and assessing different collaborative treatment pathways with paediatrics.

It has challenged our current practice and we have moved from being very passive to now being actively involved in shaping the profession. Innovative treatments have attracted patients to travel to this hospital for treatment e.g. for treatment of Dupuytren's disease and base of thumb OA.

Set up and involvement in Trust wide research initiatives e.g. DARN, to raise the profile of AHP research locally, but also by attendance at national and international conferences.

in their academic abilities e.g. writing for publication, critical appraisal, and weighing up lots of information. Resilience in receiving feedback and continuing to be motivated and work hard and encourage others.

It helps understanding that research is an essential part of clinical work and that having clinical academics will enhance that. Having a clinical academic also builds a network/ address book of 'go to' people that can help with different aspects and advice.

Understand processes and systems that are in place in the hospital to promote research as well as find out what different options there are for funding out there.



## Chandrasekar Rathinam

Chandrasekar is a Paediatric Physiotherapist at Cambridgeshire Community Services NHS Trust. Chandrasekar coordinates the paediatric physiotherapy service for children in East Cambridgeshire, and plays an active roles in clinical research-related work School to facilitate easy accessibility to assessment. He successfully completed the NIHR/HEE Internship Programme and has been awarded funding from HEE'S Midlands and East clinical academic careers grants scheme.

## CHANDRASEKAR'S LINE MANAGER

### Jacqui Taylor

Clinical Lead for Children and Young People's (CYP) Physiotherapy  
Cambridgeshire Community Services NHS Trust

#### How has having a clinical academic on your service impacted on patient care?

Having a clinical academic within our specialist Paediatric team has had positive impacts. For example, when we have treatment interventions that we wish to review as a team; the clinical academic can undertake a literature search/review and present the summary information to the group, for discussion. This was the case with the redesign of the cerebral palsy (CP) pathway, including reviewing the service standard, policy and changes to service delivery. He has also worked on the standardisation of gait assessment and inter-professional variability.

Following the completion of the fully funded MRes, I feel that he is more confident with statistics and also thinks more widely about economic impacts of treatment. His confidence with paper writing has improved and he has written one paper which has had high impact. There have been no negative impacts on patient care due to his working part time, making it easy to accommodate academic opportunities.



As we are a clinical area with many transformation streams in process, it was helpful to have a clinical academic taking the lead in key areas.

## **What solutions or ideas have been implemented to support the utilisation of research on your service?**

Service re-design of a pathway for Cerebral Palsy, using current evidence base to implement the changes. This was achieved as a team approach, including using Leadership Change Management Tools.

As a Trust there are very tight learning budgets, so it was great to get a physiotherapist on the fully funded MRes course which included paid backfill which negates the impact on clinical delivery.

The paper generated from this masters has been much viewed and quoted as per 'Research Gate'.

## **What advice would you give to other line managers?**

Definitely encourage your team to apply for these opportunities as they support staff development and the opportunity to acquire skills which can be used as a clinician; including finding up to date evidence for treatment interventions, looking at data and trends, producing abstracts/posters and presentations for meetings.

It is my view that allowing a clinical member of staff to become a Clinical Academic facilitates staff retention by offering varied opportunities for individuals and by encouraging the team to be inquisitive and evidence-based which, in turn, allows the service to be forward-thinking and for staff to know they are delivering excellent quality care.

Acknowledge there is an initial time investment for the clinician to complete the application, for managers to complete their part and for financial sign off. It works best if there is 'buy in' with other clinical staff. Also,

Having a clinical academic encourages other staff to consider and apply for academic opportunities as they arise as they can observe and understand the expectations.

In addition the process has demonstrated that Physiotherapists are able to be Clinical Academics which is positive for the profession as a whole and supports the AHP in Action agenda, providing evidence that a clinical and academic role can co-exist.

it is beneficial to have additional supervision within your Trust if you, as the clinical manager, are unable to provide support for all the academic aspects in time or expertise.



## Siân Wood

Siân is Clinical Lead Speech & Language Therapist (SLT) at Nottinghamshire Healthcare NHS Foundation Trust. Siân attends to the communication and dysphagia needs of adults with intellectual disabilities across Nottinghamshire. She is also Deputy Head of the SLT Adult Intellectual and Developmental Disability Service which involves specialist clinical work alongside management and leadership. Siân completed the NIHR/HEE Pre-doctoral Bridging Programme and has recently been awarded funding from HEE's Midlands and East clinical academic careers grant scheme.

## SIÂN'S LINE MANAGER

### Dr Della Money

Allied Health Professional Associate Director, Consultant Speech and Language Therapist, Head of SLT Intellectual and Developmental Disability Service  
Nottinghamshire Healthcare NHS Foundation Trust

#### How has having a clinical academic on your service impacted on patient care?

As a service we have seen benefits to having a clinical academic as part of the team. Not only has it increased the amount of up to date research we are routinely accessing but it has also resulted in the SLTs taking a more critical look at the evidence available and appraising whether research results are valid and relevant to our service and the patients we see. Where changes to practice have been suggested by research findings (e.g. modifying the content and delivery of our training courses) Siân has helped the team to work through barriers to implementing some changes.

In addition to having an improved engagement with the available published research at a service level having a clinical academic member of the team has also acted as a catalyst to encourage others to start to voice their own ideas for service improvements. Small scale projects have

been supported within service and as a result of the findings improvements have been made in a range of areas including student placements and the team's initial response to referrals. Over the past few years there has started to be a shift in staff perceptions of research from being something that other people do to something our team can actively engage with and influence. Service improvement projects undertaken in our forensic and CAMHS services have quite quickly shown an improvement in patient care. Having our clinical team generate research questions means any subsequent research undertaking is of direct importance to therapists and patients. Siân's PhD proposal has developed out of a clinical need to understand what aspects of a commonly used SLT intervention make it effective. The preliminary survey work already undertaken as part of this has provided information we are able to use as a service to improve our practice.

## What solutions or ideas have been implemented to support the utilisation of research on your service?

I have been keen to lead a research active team and therefore numerous ideas have been tried to support the utilisation of research across the service over the years but these have often been isolated projects or short term attempts which have been completed and then the focus has moved on. A key benefit of having a clinical academic within the team has been the way the profile of using research to improve patient care is maintained and the drive for an ongoing evidence based practice approach doesn't lose momentum.

We are lucky in the service to have several senior clinicians who recognise that research is core to delivering a good standard of patient care. Siân has shared her increasing knowledge with the wider team as she has progressed through the Masters and Silver Award. Her continued motivation has inspired others and working with the leadership team we have managed to establish a research engaged culture across the service. The following ideas are now in place to ensure the positive research culture is sustained:

- Senior clinical staff are expected to discuss research and reflect on the available evidence in the relevant clinical area in SLTs supervision sessions.
- There is a quarterly journal club.
- There is a regular programme of audit and both service evaluation and quality improvement projects are encouraged. This has been embedded across the service by asking all staff to identify a research aim to include in their annual appraisal. Depending on the level of knowledge, skill and interest this can vary from presenting at the service's journal club, to conducting a literature

review in a specific clinical area, engaging with the Quality Improvement team to test an idea for service improvement, to submitting a PhD application.

- Siân is a RCSLT research champion and feeds information both ways to ensure our service is aware of and contributes to the discussions around research into adults with intellectual disabilities at a national level.

## What outcomes have you had on your service/organisation as a result of having a Clinical Academic?

- Increased engagement with research across the whole service. This began with the 'SLT Year of Evaluation' in 2015 and continues with the ongoing actions outlined to achieve and maintain a positive research engaged culture.
- The 'Year of Evaluation' projects were written up by Siân and another team member and published as a resource booklet. Our service continues to be asked to discuss this approach at regional conferences and it has inspired other teams to undertake similar research projects. An unintended but positive outcome has been the enhancement to our services' reputation with numerous SLT applicants mentioning this resource at interview as a positive for wanting to work in our service.
- Siân and several colleagues have published their individual research and evaluation projects in the RCSLT's Bulletin. This is widely read by SLTs and therefore again our service is able to maintain its reputation as being proactive and forward thinking.
- Siân and I jointly led a Trust wide 'Inclusive Communication' project to support the Trust's implementation of the Accessible Information Standard (2016). This project was heavily influenced by the available evidence base and won awards at both a Trust and national level (Trust OSCAR; RCSLT Giving Voice).
- I believe the positive research culture and support for those SLTs wanting to attempt service improvements has helped with staff recruitment and retention.

## What advice would you give to other line managers?

It is important to fully understand the commitment to the programme and the impact of the additional work load on the clinical academic as well as the service. Individuals work autonomously with high levels of self-directed time so need to be extremely motivated and well organised but they bring back to service a different perspective and added value.



## Gareth Stephens

Gareth is a Clinical Research Physiotherapist at The Royal Orthopaedic Hospital. In his role, Gareth is the clinical lead for low back pain and lower limb tendinopathies, providing expert clinical management of a diverse and complex patient group. As a Research Physiotherapist, he acts as a principal investigator for external research studies. Gareth has completed the NIHR/HEE Pre-doctoral Bridging Programme and has recently been awarded a grant from HEE's Midlands and East clinical academic careers grants scheme.

## GARETH'S LINE MANAGER

### Carolyn Langford

Head of Research, Audit and Development  
The Royal Orthopaedic Hospital

#### How has having a clinical academic impacted on patient care?

Having clinical academic physiotherapist on our service has ensured that we are able to offer patients a range of innovative therapy interventions which are undergoing R&D and are yet to become available via standard care. These innovative approaches encompass those developed in-house by our clinical academics to improve and enhance the physiotherapy treatment of our orthopaedic patients and others which are delivered in collaboration with clinical academics from other UK Universities and NHS Trusts. As a result, the Trust has a vibrant portfolio of physiotherapy led research programmes which has a track record for enhancing the quality of our patient care and has led to improved patient outcomes.



Gareth has demonstrated his capability and commitment to become an exemplary clinical academic. He has an established research programme and has generated a body of research outputs alongside his clinical role and academic training. Gareth will also become an ambassador and role model for other AHP and Nursing colleagues wishing to pursue clinical academic careers within the Trust and the region.



## What outcomes have you had on your service/organisation as a result of having a Clinical Academic?

Having Gareth as a clinical academic in the department has resulted in the following outcomes:

- Principal Investigator – Gareth has successfully commenced and assisted completion of physiotherapy lead studies in his role as principal investigator for the CORKA trial and RaCeR study.
- PPIE - Appointment of Gareth as our first Patient Research Ambassador has led to the development of our first Patient and Public involvement initiative in the Trust.
- Strategic expertise – the knowledge, experience and contacts Gareth have developed has led to him being invited onto the Research and Development Committee to help us implement our strategy and 5-year plan.
- Mentorship – Gareth has been able to mentor aspiring academics in the physio and nursing team to develop their ideas into research projects.
- Funding sources – Gareth has helped to establish links with the Trust charity, which has led to funding of his own research as well as others.

## What advice would you give to other line managers wishing to support a Clinical Academic?

The creation of research physiotherapy posts has positively impacted the quality of the services we provide. It has helped us to recruit and retain the best staff and has enhanced the profile of our service and our Trust. The challenge to balance high clinical workload with the desire to develop clinical academic pathways can appear prohibitive; however, funding is available to support high calibre candidates. The long term benefits that these roles create for patients, staff and the organisation are significant and I would encourage other managers to build clinical academic career pathways into their strategic planning.

# Clinical academic career? Outstanding results



## Contact us

For more information, visit: [hee.nhs.uk/our-work/clinical-academic-careers](https://hee.nhs.uk/our-work/clinical-academic-careers)



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