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# Evaluation of the HEE North Central and East London & NIHR CLAHRC North Thames Clinical Nurse/Midwife/AHP (NMAHP) Academic Fellowship Scheme

## EXECUTIVE SUMMARY

Since 2015, NIHR CLAHRC North Thames and Health Education England's (HEE) north central and east London team (now part of the north London local team), have been working together to develop a novel one-year fellowship scheme for nurses, midwives and allied health professionals (NMAHPs), which aims to promote clinical academic pathways and develop the research leaders of the future. The scheme involves the secondment of NMAHP fellows for four days a week to a research department in CLAHRC North Thames, allowing the fellows to work on a project of their own choosing, or on a current CLAHRC project. The scheme facilitates this secondment by backfilling the fellows' salary for three days a week, while the fellows' employing organisation is required to fund the fourth day of the secondment. The fellows spend the fifth day as normal, remaining in clinical practice at their organisation.

During the secondment, fellows are provided with support and mentorship by a senior CLAHRC academic in order to develop an application for doctoral or post-doctoral research funding (for example, by applying to the HEE/NIHR Clinical Doctoral Research Fellowships). They also have access to peer-to-peer mentoring and networking during the fellowship, as well as to the full range of Academy training opportunities. In line with the goal of building research capacity across the CLAHRC, fellows are required to undertake activities to raise levels of research awareness at their base NHS organisation.

HEE/CLAHRC fellows are recruited from across the North Thames partnership via a competitive selection process. In spring 2015, the first cohort, comprising three fellows, began secondments to the CLAHRC. In 2016, a further two fellows were recruited. A third cohort of four fellows was recruited in March 2017, and a fourth cohort of four fellows was recruited in August 2017. This present report focuses on evaluating the first two cohorts of the scheme (2015 and 2016).

## Evaluation Aim

To evaluate the 2015 and 2016 HEE/CLAHRC Research Fellowship Scheme for nurses, midwives and allied health professionals, in terms of its impact on the fellows, the local health care system and on CLAHRC North Thames.

## Methods

We carried out 22<sup>1</sup> semi-structured interviews with a number of different stakeholder groups and analysed questionnaires on the fellows' progress from Cohort 1 and 2.

<i>Stakeholder</i>	<i>Data collection method</i>
<i>Fellows</i>	progress questionnaires; 4 interviews
<i>Scheme Steering Group Members</i>	4 interviews
<i>Fellows' Supervisors</i>	4 interviews
<i>Fellows' Line Managers at Host Trust</i>	3 interviews
<i>Local Clinical Academics</i>	4 interviews
<i>Senior Representative from a Trust who did not participate in the scheme</i>	1 interview
<i>Senior Representative from participating Trust</i>	1 interview
<i>Representatives from other CLAHRCs running similar schemes</i>	2 interviews

## ***Supporting NMAHP fellows to complete applications for external doctoral research funding***

The scheme has been largely successful in its aim to support NMAHPs to write and submit high quality applications for doctoral or post-doctoral funding. Of our first two cohorts of fellows, four out of five were shortlisted for either a DRF or C-DRF NIHR fellowship.

<sup>1</sup> One interviewee was a member of the steering group, and a supervisor. This interviewee has been counted twice in the table below.

	<i>Fellow</i>	<i>Journey</i>
<i>Fellow01</i>	AHP	Shortlisted, awarded CDRF
<i>Fellow02</i>	Nurse	Not-shortlisted
<i>Fellow03</i>	Nurse	Shortlisted CDRF
<i>Fellow04</i>	AHP	Shortlisted, awarded DRF
<i>Fellow05</i> <sup>2</sup>	Nurse	Shortlisted DRF, Shortlisted CDRF (withdrew)

### ***Increasing research capacity among NMAHPs and improving practice***

The scheme has increased research capacity and changed practice at fellows' host Trusts in three different ways:

- **In line with our goal to build research capacity across the CLAHRC, fellows have been involved in a range of work to raise levels of research awareness in their base NHS Trusts.** Fellows have undertaken activities including delivering departmental research presentations, mentoring students, setting up a journal club, and making a presentation to the Trust management team on reasons to support an NIHR-CDRF application.
- **The scheme has improved communication and partnership working between clinical and academic staff.** Fellows have taken part in conferences and symposiums linked to their area of research.
- **Fellows have used their research directly to improve care for patients** (for example, undertaking improvement evaluations). Fellows have actively engaged with the CLAHRC PPI group to obtain feedback on the development of their research proposals, to ensure that the research outcomes benefit patients, service users and those close to them.

Trusts described benefiting from Fellows returning to practice and implementing their learning. However, some fellows felt frustrated when they returned to their previous role by not being awarded more scope to use their new skills and knowledge-set. This could be addressed by having a contractual agreement from the outset regarding how the fellows' role can be adapted to maximise their capacity to implement new learning.

### ***Advertising and recruitment/set-up***

<sup>2</sup> Not interviewed. Withdrew from CDRF interview.

Advertising and recruitment largely relies on the cascading of emails by staff in organisations and by targeting potential individuals who may be interested in the scheme.

- **Scheme would benefit from wider awareness:** Could link with Colleges and Chartered Societies to get better coverage (e.g. RCN, CSP) when advertising the fellowships. There is no nursing school in CLAHRC partner universities, although other AHP professions are covered (e.g. Pharmacy).
- **Advertising materials:** Some participants commented that it is not obvious from outset that applicants do not have to be tied to a particular CLAHRC project (which could be limiting, if people think it does not fit within their research interest).
- **Closer CLAHRC/Trust communication:** e.g. CLAHRC giving presentations in Trusts to raise awareness of the scheme.

### ***Fellows – experience of participating in the scheme and the impact of scheme on their research career***

**Fellows had overwhelmingly positive experiences of the fellowship itself.** Fellows enjoyed having protected time for research. However, there were challenges in moving between clinical and academic roles.

- **Training:** returning to a learning environment took a period of adjustment. A front loading of information in terms of a ‘welcome pack’ or similar would be helpful.
- **Movement between roles:** Moving between different roles and identities was a challenge. For example, moving from a senior clinical position to a junior/student research role. Difficulties keeping a foot in both camps.
- **Fellows sometimes compensated for being absent from their full time clinical role:** spoke about working long hours and extended days.
- **Not necessarily a research culture in clinical department:** Lack of understanding as to the purpose of the fellowship. Sometimes seen as short term ‘studying’ rather than a positive development opportunity for the immediate clinical department.
- **Returning to Practice:** Some fellows had limited time for research once they returned to practice. This made it difficult to maintain momentum.

In helping fellows to navigate some of these challenges, informal **mentoring** continues after scheme finishes (currently with HEE’s north central and east London team). There is scope to formalise this and involve the CLAHRC. One additional benefit of the scheme was that it **opened up new opportunities** for fellows. In addition to PhD opportunities, some **fellows also moved on into new (more senior) roles.**

## **Base NHS Trust experience of scheme**

**Fellowships are good for individual fellows, but difficult for frontline service in the short term.**

Potentially difficult to get cover for a year for senior clinical roles.

- **Conflicting demands:** Pressure to deliver service when losing one member of staff vs. wanting to support individual staff development.
- **Clarify upfront about fellows' role when they return to practice:** Transition back can be hard. Map out early what is expected of fellows when they go back to practice and stress importance of Trust commitment to long-term career progression.
- **Planning:** The need for the fellowship to be planned well in advance – timing can be difficult with relation to working planning and arranging staff cover. Early conversations and planning would help.
- **Maintaining communication:** fellows can be isolated/lose touch when only in clinic one day a week.

## **Supporting Clinical Academic Careers**

The scheme bridges a gap between Masters and PhD. It allows fellows time to think about research and learn research skills. It offers a 'taster' of a Clinical Academic career.

- **Cost:** The scheme benefits a relatively small number of people at quite a high cost.
- **Need to link in with, and start to carve out, a clearer academic pathway for NMAPHs:** Suggestions include creating a stronger Alumni network that champions the scheme. Many participants suggested the need for role models and a clearer career pathway.
- **Networks:** Creating a local Clinical Academic Network for NMAPHs would help to mobilise and motivate others in local Trusts. An Alumni network to champion clinical academic careers. Link with other schemes and pathways for medics/scientists to add up to the bigger picture of making a difference to patients and public.

## **Top 3 issues**

- **Finance:** the need for Trusts to contribute one day's salary per week to the scheme, which limits the number of people who can apply.
- **Working across a clinical and a research department:** some Fellows feel isolated from their clinical team, and worked extremely long hours during their one clinical day.
- **Maintaining momentum:** Fellows struggled to find time for research on their return to practice.

## Recommendations

- Work with local NHS to agree research priorities and **showcase the benefits for the immediate clinical department** of having a fellow undertake the scheme.
- Meet with NHS organisation ahead of the secondment, and at the end of the secondment to **map out what the department can expect from the fellow during the year**, and what sort of role the fellow can expect to return to, which will allow them to put their learning into practice.
- **Consider amending the fellowship to 2 days clinical, 3 days research.** This may enable the fellows to maintain a closer working relationship with their clinical department.
- **Consider removing the financial barrier** to participating by not requesting that Trusts contribute a day's salary to the scheme.

## Actions

In response to some issues raised in the evaluation we have made the following adaptations to the scheme:

- Formalised a **'roles and responsibilities' document**, which fellows and their supervisors must agree to and sign.
- Encouraged **'start-up' meetings with fellows' base Trusts** in order to have early discussions about how fellows can put their learning into practice throughout the fellowship year.
- Maintained informal **mentoring with past fellows to cultivate an Alumni cohort.**
- Encouraged fellows to **participate in wider CLAHRC capacity-building activities** e.g. contributing to the development and delivery of CLAHRC Academy short courses.
- Fellows are leading **the development of a general 'resource pack' for clinical academic careers** to be distributed at host Trusts.

## NIHR CLAHRC North Thames

Dr Victoria Louise Newton and Professor Naomi Fulop, with support from Anna Head

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