



igniting our potential

Summary of the public consultation responses

Developing the best research professionals

Qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future

Report of the UKCRC Subcommittee
for Nurses in Clinical Research (Workforce)



in collaboration with **Modernising Nursing Careers**

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Background

One of the aims of the UK Clinical Research Collaboration (UKCRC) is to develop a highly skilled workforce of trained clinical researchers and educators within the context of the UK's rapidly changing healthcare environment. An aspect of this work is to address issues such as training and career structure for professions that underpin clinical research in the NHS.

The first phase was to establish a clear and flexible academic training pathway for doctors and dentists, based on recommendations from the Academic Subcommittee of Modernising Medical Careers and the UKCRC.

The second phase of the work focuses on developing training and career structures for nurses in clinical research. A UKCRC Subcommittee for Nurses in Clinical Research (Workforce) was established to examine the current role of nurses as researchers and educators and investigate the barriers faced by nurses who want to pursue such careers. The Subcommittee's findings, along with recommendations for a training and support structure for nurses to work as researchers and educators at different stages of their career, were published in a draft report, *'Developing the Best Research Professionals'* in December 2006. This included 11 recommendations, themed around education and training, facilitating careers, better information on nursing researchers and implementation. Between 8 January 2007 and 30 March 2007, the UKCRC ran a public consultation on the draft report, and this report summarises the responses.

The UKCRC received 186 responses from organisations and from individuals. Respondents were asked to record their level of agreement to the recommendations on a five-point scale, and to include any specific comments.

This report begins with a pictorial analysis of the type, location and disciplines of the respondents.

The main body of the report is structured into themed sections comprising groups of responses to each of the recommendations. For each recommendation there is a summary of the overall response, and a summary of the main issues raised, illustrated with representative quotations. These are classified under the headings 'Suggested Amendments', 'Omissions' and 'Implementation Issues'. In cases where anonymity was requested, these quotations are labelled either 'I' (individual response) or 'O' (organisational response).

This report was considered by the Subcommittee in late April 2007 prior to finalising the Subcommittee's full report. An implementation group will consider the implementation issues raised in this report and then work on putting the recommendations into practice.

Allied Health Professionals (AHPs) were invited to answer a two-part question at the end of the consultation regarding the potential applicability of the recommendations to the academic research careers of AHPs. A summary of their responses to these questions forms Appendix 1 at the end of this report.

List of respondents

Total number of responses: 186

Organisational/Group responses (126)

- ▶ Academy of Medical Sciences and Council of Heads of Medical Schools
- ▶ Allied Health Professions Federation/Research Forum for Allied Health Professions
- ▶ Amicus Community Practitioners' and Health Visitors' Association
- ▶ Anglia Ruskin University (Faculty of Health and Social Care)
- ▶ Association of Advanced Nursing Practice Educators
- ▶ Association of UK University Hospitals - Directors of Nursing Group
- ▶ Barnet & Chase Farm NHS Trust
- ▶ Barts and the London NHS Trust
- ▶ Bournemouth University
- ▶ British and Irish Orthoptic Society
- ▶ Brunel University
- ▶ Buckinghamshire Chilterns University College
- ▶ Cancer Research UK
- ▶ Cardiff and Vale NHS Trust
- ▶ Cardiff School of Nursing and Midwifery Studies
- ▶ Central Nursing Advisory Committee Research and Development Group
- ▶ Central Surrey Health
- ▶ Ceredigion and Mid Wales NHS Trust
- ▶ Chartered Society of Physiotherapy
- ▶ City Hospitals Sunderland NHS Foundation Trust
- ▶ City University
- ▶ Combined Healthcare NHS Trust
- ▶ Council of Deans and Heads of UK University Faculties for Nursing and Health Professions
- ▶ Cyngor
- ▶ De Montfort University
- ▶ East of England Primary Care Research Network
- ▶ Eastern Health & Social Services Board
- ▶ Essex R&D Steering Group (including Secondary and Primary Care Trusts in Essex)
- ▶ Glasgow Caledonian University (School of Nursing, Midwifery and Community Health)
- ▶ Havering PCT
- ▶ Heatherwood and Wexham Park NHS Trust
- ▶ Institute of Social and Health Research, School of Health and Social Science, Middlesex University
- ▶ Keele University (School of Nursing & Midwifery)
- ▶ Keele University (Primary Care Musculoskeletal Research Centre)
- ▶ King's College Hospital NHS Foundation Trust
- ▶ King's College London with Guys and St Thomas' NHS Trust
- ▶ Kingston University & St George's, University of London (Faculty of Health and Social Care Sciences)
- ▶ Leeds Metropolitan University
- ▶ Leeds Teaching Hospitals NHS Trust
- ▶ London South Bank University (Faculty of Health & Social Care)
- ▶ Mental Health Nurse Academics UK
- ▶ Napier University
- ▶ Newcastle upon Tyne Hospitals NHS Foundation Trust

- ▶ NHS Education for Scotland
- ▶ NHS Fife
- ▶ NHS Greater Glasgow & Clyde
- ▶ NHS Lanarkshire
- ▶ NHS London
- ▶ North East Wales Institute of Higher Education
- ▶ North Wales Nursing & Midwifery Committee
- ▶ Northern Ireland Practice and Education Council for Nursing and Midwifery
- ▶ Northern Ireland Research & Quality Forum
- ▶ Northumbria University
- ▶ Nursing and Midwifery Council
- ▶ Oxford Brookes University (School of Health & Social Care)
- ▶ Physiotherapy at York Hospitals NHS Trust
- ▶ Plymouth Hospitals NHS Trust
- ▶ Queen Margaret University, Edinburgh
- ▶ Queens Hospital NHS Trust
- ▶ Queens University Belfast
- ▶ Research & Development Office for the Health & Personal Social Services in Northern Ireland
- ▶ Research & Development Support Unit Network
- ▶ Royal College of Midwives
- ▶ Royal College of Nursing
- ▶ Royal Free Hampstead NHS Trust
- ▶ Royal Group of Hospitals and Dental Hospital Health and Social Services Trust, Belfast
- ▶ Royal Orthopaedic Hospital NHS Foundation Trust
- ▶ Royal United Hospital, Bath
- ▶ Scottish Executive Health Department and NHS Education for Scotland
- ▶ Scottish Executive Nurse Directors
- ▶ Scottish Heads of Academic Nursing and Allied Health Professions
- ▶ Scottish Research Nurse and Coordinator's Network
- ▶ Sheffield Teaching Hospitals NHS Foundation Trust
- ▶ Society for Research in Rehabilitation
- ▶ Society of Academic Primary Care
- ▶ Southampton University Hospitals NHS Trust
- ▶ St Martin's College (School of Nursing and Midwifery)
- ▶ St Mary's NHS Trust
- ▶ Stoke on Trent PCT
- ▶ Swansea University (School of Health Science)
- ▶ Thames Valley Primary Care Research Partnership
- ▶ Thames Valley University (Faculty of Health & Human Sciences)
- ▶ The Alliance for Self Care Research
- ▶ The British Association of Dramatherapists
- ▶ The British Dietetic Association
- ▶ The Open University
- ▶ The Robert Gordon University
- ▶ Trent Research & Development Support Unit
- ▶ UK Professors of Midwifery and Perinatal Health
- ▶ UK Stroke Research Network Rehabilitation Clinical Study Group
- ▶ UK Clinical Research Network
- ▶ Ulster Community Hospitals
- ▶ Universities and Colleges Employers Association
- ▶ Universities UK

- ▶ University of Bath (School for Health) & Royal National Hospital for Rheumatic Diseases, Bath
- ▶ University of Bedfordshire
- ▶ University of Brighton (Centre for Nursing and Midwifery Research/Sussex branch of South East Research and Development Support Unit)
- ▶ University of Brighton (Faculty of Health, including the Centre for Nursing and Midwifery Research/Sussex branch of South East Research and Development Support Unit, and Clinical Research Centre for Allied Health Professions)
- ▶ University of Cambridge (General Practice and Primary Care Research Unit)
- ▶ University of Central Lancashire (Faculty of Health)
- ▶ University of Dundee (School of Nursing and Midwifery)
- ▶ University of East Anglia (School of Allied Health Professions)
- ▶ University of East Anglia (School of Nursing and Midwifery)
- ▶ University of Glasgow (Division of Nursing and Health Care)
- ▶ University of Hertfordshire
- ▶ University of Hull
- ▶ University of Leeds (Faculty of Medicine and Health)
- ▶ University of Nottingham
- ▶ University of Plymouth
- ▶ University of Salford (School of Health Care Professions)
- ▶ University of Salford (School of Nursing)
- ▶ University of Southampton (HR Department)
- ▶ University of Southampton (School of Health Professions & Rehabilitation Sciences)
- ▶ University of Southampton (School of Nursing & Midwifery)
- ▶ University of Stirling
- ▶ University of Surrey (Centre for Research in Nursing and Midwifery Education)
- ▶ University of Teesside
- ▶ University of Ulster
- ▶ University of the West of England
- ▶ University of Wolverhampton
- ▶ University of York (Department of Health Sciences)
- ▶ Welsh Assembly Government (in consultation with nurses and midwives in Wales in primary and secondary care and higher education)
- ▶ Worcestershire Acute Hospitals NHS Trust
- ▶ York St John University and AHP Research and Effectiveness Forum

Individual responses (60)

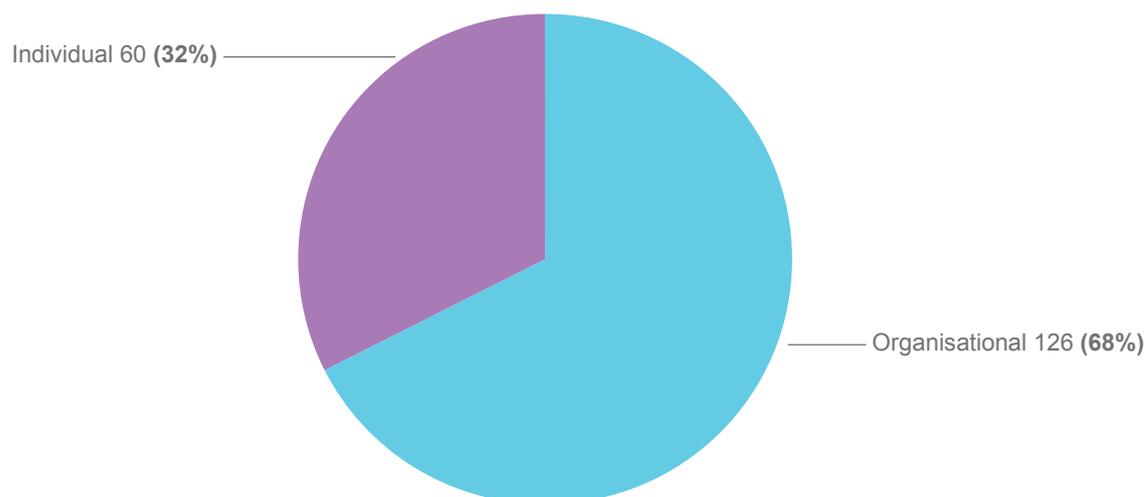
- ▶ Dr Jane Alexander (Mental Health, Lincoln University)
- ▶ Marie-Helene Arti (Midwife and Nurse, South Devon NHS Health Care Trust)
- ▶ Linda Ball (Midwife, Sheffield Hallam University Centre for Health & Social Care Research)
- ▶ Jane Bickerton (Nurse, Tower Hamlets PCT/City University)
- ▶ Rosamund Bryar (Specialist Community Public Health Nurse (HV), City University)
- ▶ Elaine Buchanan (Physiotherapist, Nuffield Orthopaedic Centre)

- ▶ Linda Cowie (Stroke Research Coordinator, EKHT NHS Trust)
- ▶ Chris Cox & Gina Smith (Mental Health Nurses, Avon & Wiltshire Mental Health Partnership NHS Trust)
- ▶ Dr Cheryl Crocker (Nurse, Nottingham University Hospitals NHS Trust)
- ▶ Dr Pam Dawson (Physiotherapist, Northumbria University)
- ▶ Carole Dinshaw (Nurse, Worcestershire Mental Health Partnership NHS Trust)
- ▶ Linda Dobrzanska (Nurse, Bradford & Airedale Teaching PCT)
- ▶ Professor Soo Downe (Midwife, UCLan Midwifery Studies Research Unit)
- ▶ Malcolm G Dunlop (Medicine, University of Edinburgh)
- ▶ Stuart Elliot (Research Nurse, Leeds General Infirmary)
- ▶ Celia Firmin (Dietitian, Leeds PCT)
- ▶ Professor Linda Franck (Nurse, UCL Institute of Child Health & Great Ormond St. Hospital)
- ▶ Deanna Gibbs (Occupational Therapist, Tower Hamlets Primary Care Trust)
- ▶ Andrea Gristock (Nurse, North Glamorgan NHS Trust)
- ▶ Caroline Haines (Nurse, Bristol Royal Hospital for Children, United Bristol Healthcare Trust)
- ▶ Shona Haining (R&D Manager, Northumberland Care Trust)
- ▶ Dr Lynn Harbottle (Dietetics, HSSD Guernsey)
- ▶ Nicola Hartry (Ophthalmic Nurse Practitioner, Royal Glamorgan Hospital, Pontypridd & Rhondda NHS Trust)
- ▶ Lorraine Head (Research Nurse, Greater Midland Cancer Research Network)
- ▶ Elinor Johnston (Nurse, Queen's University Belfast)
- ▶ Helen Kershaw (Nurse-Education Facilitator, Barking and Dagenham PCT)
- ▶ Lynn King (Occupational Therapist, Mersey Care NHS Trust)
- ▶ Gillian Knowles (Nurse Consultant – Cancer)
- ▶ Claire S. Leathem (Nurse, Queens University Belfast)
- ▶ Oliver Lee (Speech and Language Therapist, Bro Morgannwg NHS Trust)
- ▶ Carolyn Lees (Nurse, Liverpool PCT)
- ▶ Irene Mabbott (Nurse, Sheffield Teaching Hospitals NHS Foundation Trust)
- ▶ Susan MacFarlane (Medicines for Children Research Nurse, NHS Tayside, Dundee)
- ▶ Carolyn Meikle (Occupational Therapist, The Royal Cornwall Hospitals Trust)
- ▶ Daniel Mellon (Occupational Therapist, Mersey Care NHS Trust)
- ▶ Christine Mikelsons (Physiotherapist, Royal Free Hospital)
- ▶ Jill Mutton (Physiotherapist)
- ▶ Fiona Ottewell and the Division of Clinical Support (Critical Care Nurses, Dietitians, Pharmacists and Physiotherapists, Gateshead Health NHS Foundation Trust)
- ▶ Tom Phillips (Consultant Nurse- Addiction, Humber Mental Health Teaching NHS Trust)
- ▶ Geannette Pinches (Nurse, Dudley PCT)
- ▶ Dr Kate Radford (Occupational Therapist, University of Nottingham)
- ▶ Julie Rigby (Physiotherapist, Salford PCT)
- ▶ Dr Karen Roberts (Nurse Consultant, Gateshead Health NHS Trust)

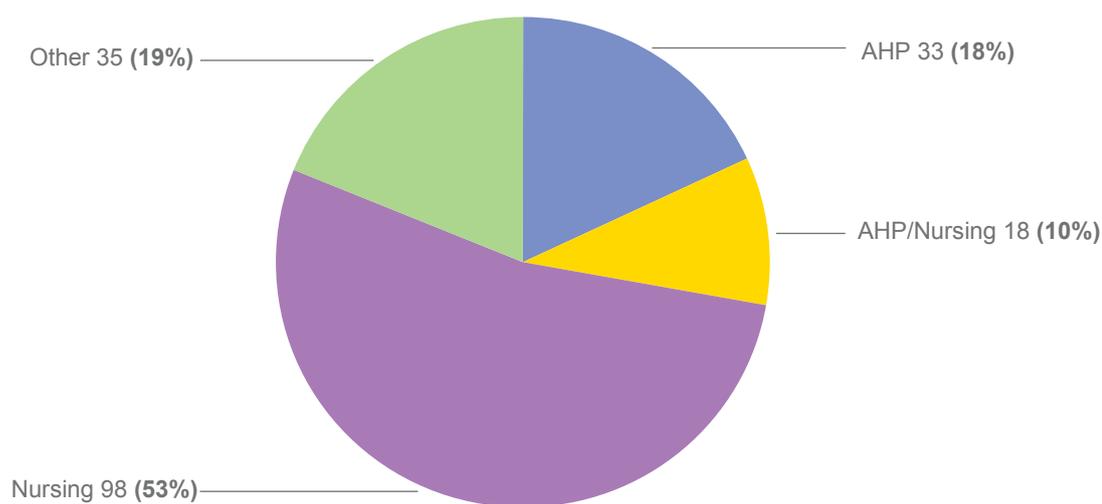
- ▶ Alison Robinson (Head of Nursing, Surgical Services, North Bristol NHS Trust)
- ▶ Jacqui Rowe (Community Learning Disability Nurse - epilepsy specialist)
- ▶ Professor Catherine Sackley (Physiotherapist, University of Birmingham)
- ▶ Bryony Simpson (AHP Group, Northern Lincolnshire and Goole Hospitals Trust)
- ▶ Professor Marlene Sinclair (Midwife, University of Ulster Institute of Nursing Research)
- ▶ Professor Lorraine N Smith (Nurse, University of Glasgow)
- ▶ Lynn Stimson (Nurse, Haringey TPCT)
- ▶ Shirley A. Strange (Occupational Therapist, Camden & Islington Mental Health and Social Care Trust)
- ▶ Josephine Studham (Nurse, Hammersmith Hospitals NHS Trusts)
- ▶ Jenny Tagney (Cardiology Nurse Consultant, United Bristol Healthcare Trust)
- ▶ Fiona Timbs (Clinical Governance Facilitator, Wakefield District Primary Care Trust)
- ▶ Jackie Turnpenney (Physiotherapist, Greater Manchester and Cheshire Cancer Network)
- ▶ Helen Walker (Nurse, The State Hospital, Carstairs)
- ▶ Sue Welsh (Speech and Language Therapist, Northumbria NHS Trust)
- ▶ Sue Welsh (Speech and Language Therapist, *on behalf of the SLT Service*, Northumbria NHS Trust)
- ▶ Jennifer Wingham (Nurse, Royal Cornwall Hospital)
- ▶ Norman Young (Mental Health Nurse, Cardiff and Vale NHS Trust and Cardiff University)

Overview of respondents

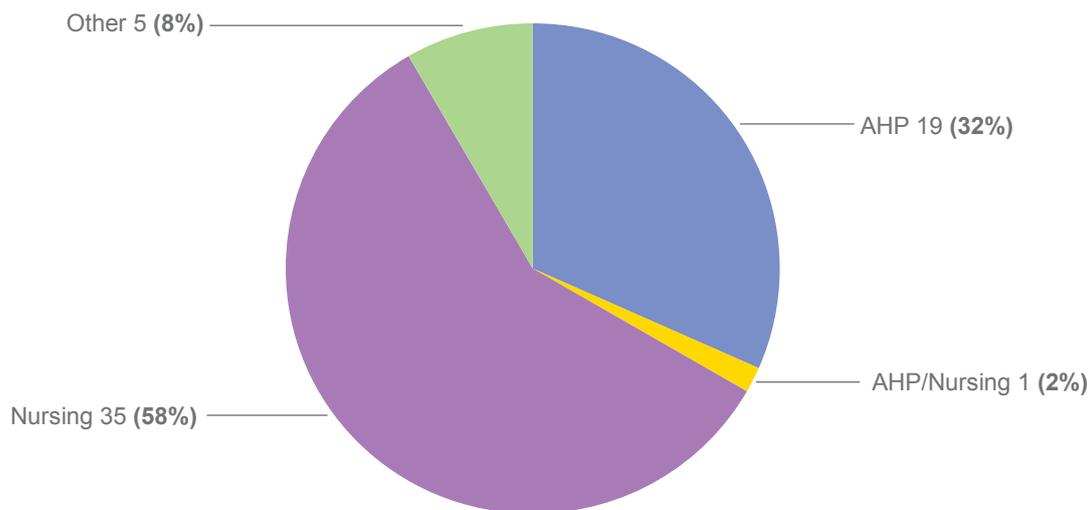
3.1 Overview of response type



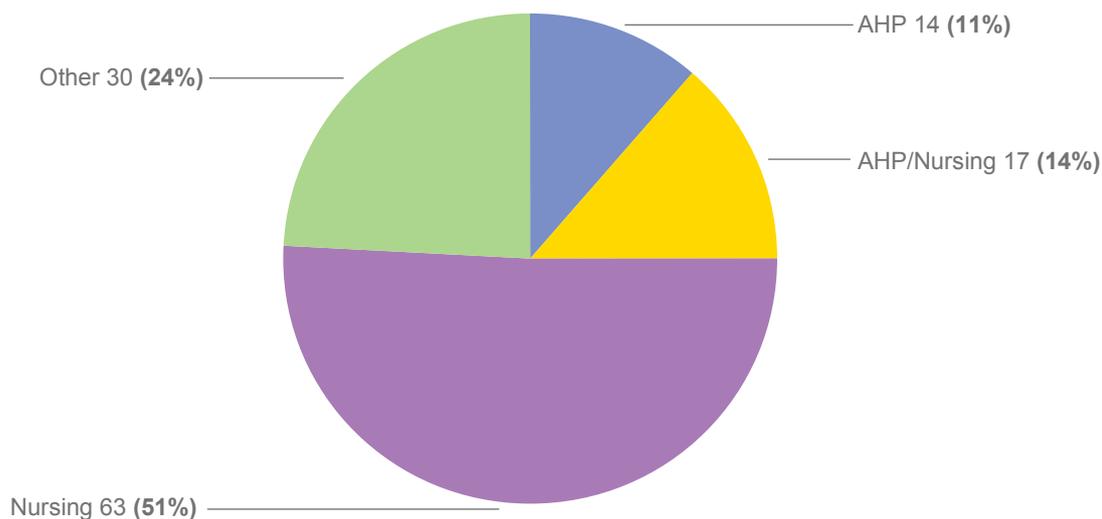
3.2 Overview of respondents by discipline



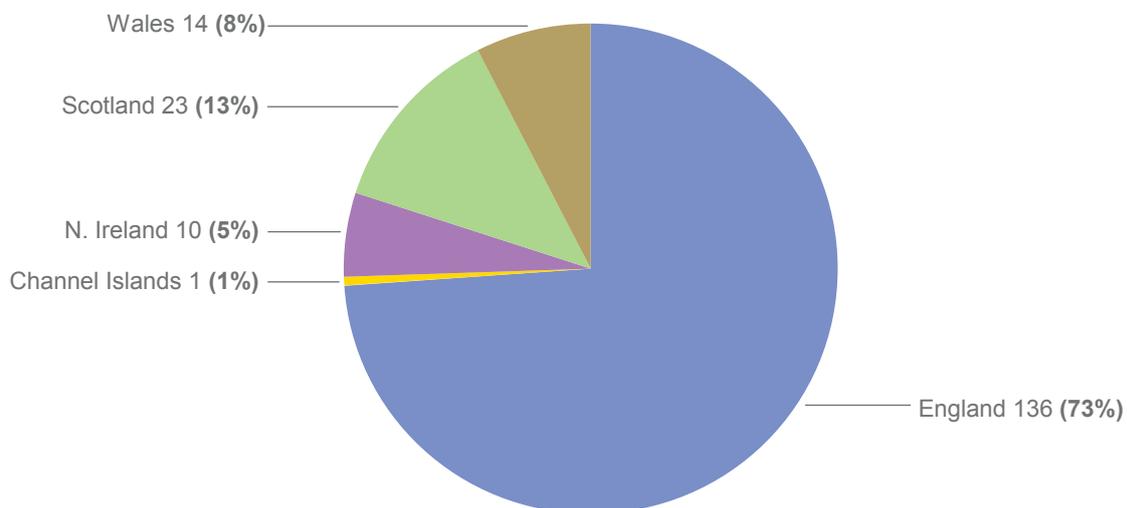
3.3 Overview of respondents by discipline - organisational responses (126)



3.4 Overview of respondents by discipline - individual responses (60)



3.5 Geographical location analysis of respondents



Overview of responses to the recommendations

4

Question 1: To what extent do you think that the report accurately reflects present and future challenges in this area?

Question 2: To what extent do the recommendations create an appropriate and integrated pathway to develop a high quality and sustainable workforce of nurses in clinical research?

may hinder, rather than advance, the practice of caring – where a balance must be maintained between caring and the scientific mindset.”

(School of Nursing, Midwifery and Community Health, Glasgow Caledonian University)

“We remain concerned that more work is required to ensure that potential barriers to implementation of such pathways, such as differences between employment contracts in the health service and higher education, are identified and overcome.”

(Council of Deans and Heads of UK University Facilities for Nursing and Health Professions)

Summary of responses

The response to the report was overwhelmingly positive, and it was generally deemed to accurately reflect present and potential future challenges and represent a viable pathway to a sustainable clinical research nurse workforce (for a breakdown of individual and organisational responses, see Section 10).

Suggested Amendments

Several respondents felt that the challenge of linking employment between Higher Education Institutes (HEIs) and NHS Trusts was under-played by the report. For example, some queried how differences between employment contracts in the health service and higher education would be identified and overcome. More indication of the support that would be available for HEIs was requested, and one organisational respondent suggested that a reciprocal relationship could be included in the recommendations for HEI researchers going back into practice.

“Some indication of the support available to HEIs to provide extra input, such as supervision, would be helpful. How will HEIs be supported to prepare this new breed of researchers? In discussion, some concern was raised, both about a sense of ‘medical dominance’ in the report and about the assumed role of HEIs. It was suggested that this approach

Several respondents thought that the proposed number of posts to be created was too low, and there was also a concern that the opportunities would be centralised to a few select locations.

“We seek clarity with regard to the number of awards proposed and whether those indicated are for the UK or England only. If the latter, we would seek greater clarity as to how these will be allocated throughout the UK. If the former we would request more detail from Scotland, Wales and Northern Ireland.”

(Royal College of Nursing)

“The numbers recommended for the Masters, doctorate and postdoctorate fellowships appear small and may have little impact in terms of building sustainable research capacity.”

(Trent Research and Development Support Unit)

Several respondents thought that the recommendations placed too much emphasis on academic achievements and not enough on clinical expertise. Some thought that the report overlooked those professional research nurses who play a crucial role in research but whom have no desire or ambition to lead it.

“My view is that nurses need to have ‘nursed’ before they do a PhD. Nursing is not simply an

academic profession. The development of expertise in nursing also comes from practice and if one is to ensure nurses at the bedside use research one needs to understand clinical practice and be in a position to inform and influence it.”

(Dr Cheryl Crocker, Nurse, Nottingham University Hospitals NHS Trust)

“We currently recruit nurses in non-Principal Investigator roles from a range of backgrounds and we would not want such nurses to feel that they were no longer suitable for the important roles in our clinical research facilities or as part of other research programmes.”

(Cancer Research UK)

Others disagreed with the statement that research in university departments is not patient-focused and thought that it did a disservice to the work of academic nurse researchers.

“The report suggests that nurses in HEI departments often [have] less opportunity for clinical practice and patient-based research. We believe that this claim does a disservice to the many university-based nurse researchers whose research is directly focused on the care and service provided to health service users.”

(Mental Health Nurse Academics UK)

Omissions

Several respondents were concerned that there were cultural barriers which had not been addressed by the report.

“The cultural barriers to increasing the numbers of nurse researchers and their development are not addressed. For example, there are negative attitudes towards research (viewed as an elitist activity amongst nurses); lack of motivation and apathy; lack of relevance or importance of research especially to clinical nurses; a lack of confidence and fear of research and a lack of understanding

of the nature of research. These barriers exist both in education and practice settings and across the sectors.”

(University of Wolverhampton)

“[There is a] clinical culture that remains somewhat ambivalent about research. This is a vicious circle; whilst researchers and their activities are small in number and at one stage removed from both clinical and educational milieu, research will continue to be attended by an air of mystique and the unknown.”

(Barts and the London NHS Trust)

“I believe the report is predominantly aimed at academic researchers and not at clinical trials nurses who form the vast majority of research nurses.”

(Linda Cowie, Stroke Research Coordinator, East Kent Hospitals NHS Trust)

Some respondents thought that the report's definition of 'clinical research nurse' was unclear. For example, some questioned if the term included midwives, or those working in mental health and learning disabilities and if not then they stressed that this should be made explicit. Some respondents also felt that the contribution of nursing management and nurse consultants to clinical research had been overlooked.

“The report comprehensively covers clinical, academic and research issues but totally fails to consider the role and contribution of nursing management. Many nurse managers are educated to Masters degree level and already have some basic research skills. They are ideally placed for further development of these skills as well as being in a position to identify appropriate research activities that are key to improving healthcare delivery, developing clinical practice and addressing users' needs...For this strategy to be given full NHS support we would strongly recommend that 'management academic careers'

are considered alongside 'clinical academic careers'."

(NHS London)

"Clarity of whether midwifery is included would be helpful. Some colleagues expressed their disappointment that midwives are not specifically recognised in and throughout the document."

(Glasgow Caledonian University)

"The Royal College of Midwives (RCM) supports all the recommendations but as the main professional organisation representing the midwifery profession is disappointed that they were not approached and involved in the work and drafting of this very important document."

(Royal College of Midwives)

Some organisational respondents questioned how the recommendations would fit in with Scotland's existing collaborative investment strategy and the challenge of the lower base of nursing students available in Scotland.

"The recommendations in the report relate to a specific model for developing clinical academic careers which is not in keeping with the strategic investment model introduced in Scotland."

(NHS Education for Scotland)

"The report does not consider the challenges in Scotland in establishing the capacity for supporting doctorate nursing research students from what is a low base...and the role of the Consortia within Scotland – funded specifically to address capacity and capability in NMAHP research."

(Queen Margaret University, Edinburgh)

Implementation Issues

Although the majority agreed that the report was an accurate representation of present and future challenges, a number of discussion points were

raised as to how the recommendations should be implemented.

The availability of sufficient funding for the implementation of the recommendations was one area of concern. Respondents asked who would provide it, how it would be sustained, and where the funding would come from to support individuals once fully trained as researchers and in full NHS employment. There were also concerns that clinical practitioners seeking a research career after having worked in clinical employment for some years would have to take a significant salary cut in order to move into the field. Some respondents asked if the case would be considered for PhD bursaries to be raised for these individuals.

"Some Trust staff felt that one of the main difficulties within research is managing to find funding for any research project. The funding of a research nurse salary is difficult; to then move on and find further funding for education and training can be difficult. This was thought to be the area in which future challenges lie. Attending conferences or speaking at presentations on your own research is valuable experience, but again is limited due to the availability of funding."

(Barts and the London NHS Trust)

"What will be the process for the allocation of funding nationally, both for the new roles and the education places – will this be through direct application or nomination?"

(O)

"Recommendations are excellent but lack two vital components which will prove problematic - pay and incentive. As a medic every publication would actually add to my chances of promotion or award. As a nurse with many publications I can honestly say they have not given me any monetary reward or enabled promotion. Research would need popularising within the clinical environment,

particularly from senior management.”

(Stuart Elliot, Research Nurse, Leeds General Infirmary)

Some respondents thought that the proposed timescale of delivering the recommendations within five years was over-ambitious.

“The report should take a longer term view of these posts as five years is such a short time period in research terms and is unlikely to reap many benefits.”

(I)

Another recurring query was about how the proposed system would fit in with the current one. For example, many asked how it would fit with the NHS's Agenda for Change and the Knowledge and Skills Framework, and what opportunities would be available for those part-way through their doctorates or nurse researchers with considerable experience already. Furthermore, many requested clarification on the infrastructure or administrative support that would be required to implement the changes.

“We would welcome stronger emphasis on the opportunities these proposals will create for experienced nursing and midwifery researchers who currently play a crucial role in supervising, mentoring and nurturing new researchers.”

(Royal College of Nursing)

“The links to Modernising Nursing Careers, Agenda for Change and the Knowledge and Skills Framework need to be made to take forward a partnership approach between service, education and research so that the vision of integrated career pathways may be realised.”

(Central Nursing Advisory Committee Research and Development Group)

Several respondents said that there needed to be sufficient incentives for the NHS and HEIs to support the recommendations.

“It would be helpful if a system for incentivising the NHS for supporting these proposals could be developed.”

(Amicus Community Practitioners' and Health Visitors' Association)

Finally, many felt that the recommendations should have included more exposure to clinical research earlier on in nursing careers at the pre-registration level in order to stimulate an early interest in the field.

“We feel that it would be necessary to ensure research training happened at undergraduate level to create a base on which to build.”

(O)

Education and training

(recommendations 1 to 6)

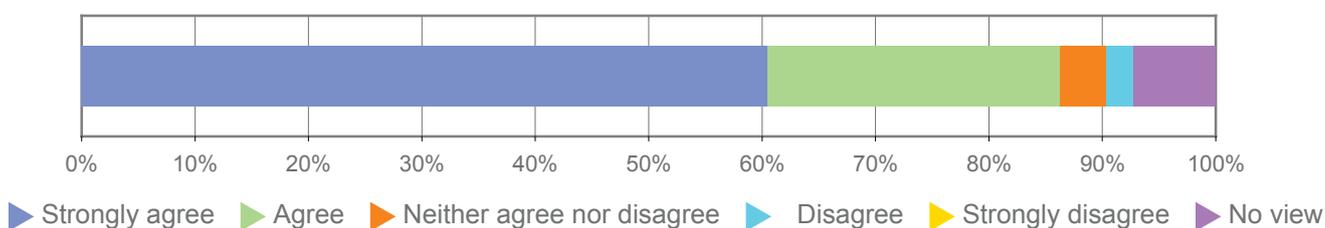
Recommendation 1

(Question 3)

We recommend the establishment of a coordinated range of research training opportunities endorsed by all four countries of the UK. These training opportunities should be organised at four sequential levels (Award Schemes 1 to 4) as set out below.

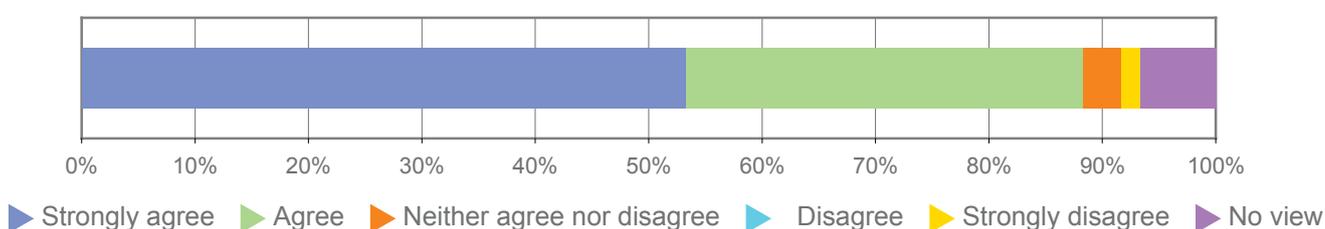
Organisation

total 126



Individual

total 60



The overwhelming majority of respondents strongly agreed or agreed with the proposal. The UK-wide endorsement of the training opportunities was particularly welcomed by most respondents.

Suggested Amendments

The few respondents that disagreed with the recommendation mainly worked in Scotland. While they welcomed a coordinated range of research training opportunities recognised across the four countries, they pointed out that funding streams differed in Scotland to the rest of the UK and therefore the model should be implemented in a unique way for each of the four countries.

“A coordinated approach across the four countries would have great benefit. However, there is significant concern that an ‘imposed’

single approach will cut across existing funding mechanisms. It should be possible with negotiation to achieve an appropriate level of consistency and transferability whilst allowing each country to implement locally.”

(The Scottish Executive Nurse Directors)

Omissions

Several respondents said that the report needed greater clarity on how or where the posts would be funded. There was some confusion about how applicants would gain access to the awards and

how they would be accredited. Furthermore, greater clarity was requested by several respondents on how existing research opportunities would fit in with the new scheme.

“It is unclear whether one must proceed through all the levels of the scheme or will have the opportunity to enter at any of the levels.”

(School of Nursing, Midwifery and Community Health, Glasgow Caledonian University)

“We welcome opportunities for the development of clinical staff. However, any opportunities would need to be built into university strategic funding if they are to be jointly funded by the NHS and ourselves.”

(University of Teesside)

“We would also seek clarity regarding how these proposals will interface with existing research development opportunities across the UK.”

(Royal College of Nursing)

Implementation Issues

Despite agreeing with the recommendations, several organisational respondents were concerned that the awards would be hosted by a centralised, ‘elite’ group of nursing and midwifery academic departments. There was a fear that this would limit the opportunities for those unable to be flexible about their location, especially given that many career nurses are female and have family commitments which would prevent them from moving to new areas.

“Career nurses, predominantly female, often have family commitments and may be unwilling to enter into a training pathway which will remove them from their base. To do so could contribute to the current inequity in opportunities available

to women. Similarly, opportunities for part time contracts must be made available.”

(Centre for Nursing and Midwifery Research/ Sussex branch of South East Research and Development Support Unit, University of Brighton)

There was also some discussion of which award levels should receive the most support. Several respondents felt that the recommendations should emphasise more support of nurses through primary research at a first degree or pre-registration level.

“Award Scheme 1 needs to be explicitly supported by a foundation in pre- and post-registration nurse education and practice. Selecting out graduates in their final semester is leaving things too late. Perhaps identifying research as a potential career pathway for pre- and post-registration nurses would support this.”

(Combined Healthcare NHS Trust)

Others felt that there should be a more even distribution of the number of awards in each group.

“In order to ensure appropriate senior research leadership within the nursing professions, we would like to see a more balanced distribution of the indicative numbers across the full spectrum of awards.”

(Royal College of Nursing)

The sustainability of the careers of research nurses beyond the initial funding period was also raised as an issue by some respondents.

“There is no information in the report about how ongoing funding of participants in the scheme will be safeguarded. There is a risk that these individuals will reach the end of their period of funding and be left without a clear career path.”

(Primary Care Musculoskeletal Research Centre, Keele University)

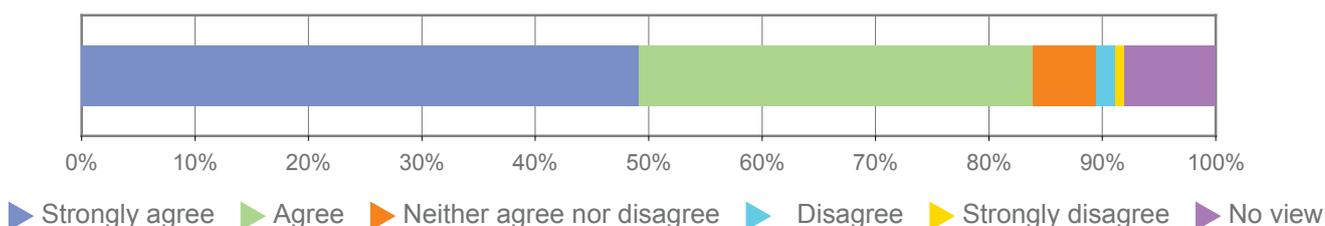
Recommendation 2

(Question 4)

We welcome the opportunities for nurses presented by the UK Clinical Research Networks and Clinical Research Facilities. We recommend that the rapidly developing training programmes emerging within this infrastructure should be seen as one of the preparatory steps towards the new training path for those who have experience of working as research nurses and who wish to develop their skills further. It will be important that this rapidly increasing cadre of research professionals has access to clear advice and mentoring to ensure that those that wish to move on to an MRes and beyond can do so.

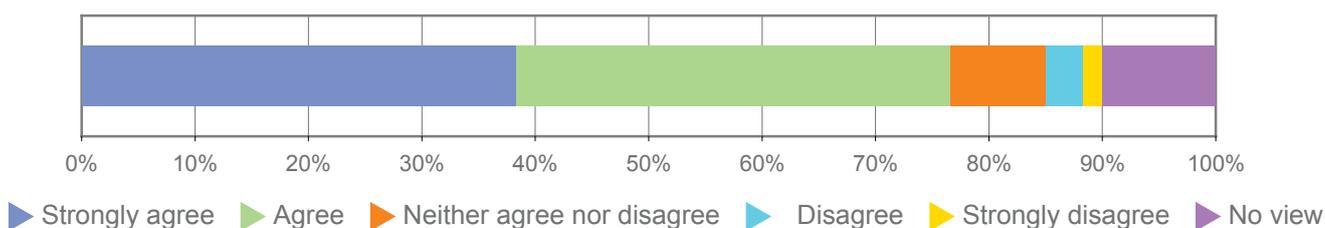
Organisation

total 126



Individual

total 60



Again, the overwhelming majority of respondents strongly agreed or agreed with the recommendation.

Suggested Amendments

One organisational respondent strongly disagreed with the recommendation, stating that the training programmes were too narrowly focused on academia rather than the broader range of clinical research careers such as trial managers and clinical coordinators.

“This is the only specific reference to the training needs of the large clinical research nurse workforce

and is wholly inadequate on a number of levels... only a very, very small number of clinical research nurses will wish to develop an academic nursing careers.”

(Faculty of Medicine and Health, University of Leeds)

Several respondents said that instead of focusing on the networks, there should be more emphasis on supporting partnerships between higher education authorities and the NHS in the recommendations.

“There need to be stronger collaborative links between NHS Trusts and HEIs, so that clinicians are able to profit from exposure to different clinical research designs. This could be directly linked to continuous professional development and local access to quality training, particularly in research design and appraisal of published research.”

(O)

Implementation Issues

The main recurring concern among respondents was that training would be limited to the UK Clinical Research Networks and would exclude a large number of research nurses outside the networks.

“This statement lacks clarity. It potentially suggests that a limited and known number of individuals associated with the UK Clinical Research Networks would be the only beneficiaries of the scheme. It is important that the entry gate is sufficiently wide to include any nurse with the appropriate prospects.”

(O)

“It is important that the training opportunities are not limited to a small number of sites or formally approved networks. The increasing centralisation of research opportunities is problematic for significant numbers of highly capable staff who, for family, work, or personal reasons, cannot move to live near highly centralised centres of excellence.”

(Midwifery Studies Research Unit, University of Central Lancashire)

The recommendation that advice and mentoring should be accessible to nurses wishing to move on to a Master of Research (MRes) and beyond was widely welcomed. However several respondents questioned where the mentors would be drawn from, how they would qualify for the job and how the mentors themselves would be supported and funded.

“We agree that advice and mentoring is vitally important, but even if senior researchers from other disciplines engage in mentoring clinical research nurses it is hard to see how/where sufficient numbers will be recruited to engage in mentoring programmes when there is already a critical shortage of appropriate people who have time available to invest in this type of activity.” (Cyngor)

Two organisational respondents suggested that there should be coordination of the training programmes between those providing them, in order to avoid duplication of training.

“With the establishment of the Biomed centres and the newly established research networks there is potential for much duplication and wasting of training resources.”

(King's College London with Guys and St Thomas' NHS Trust)

Recommendation 3

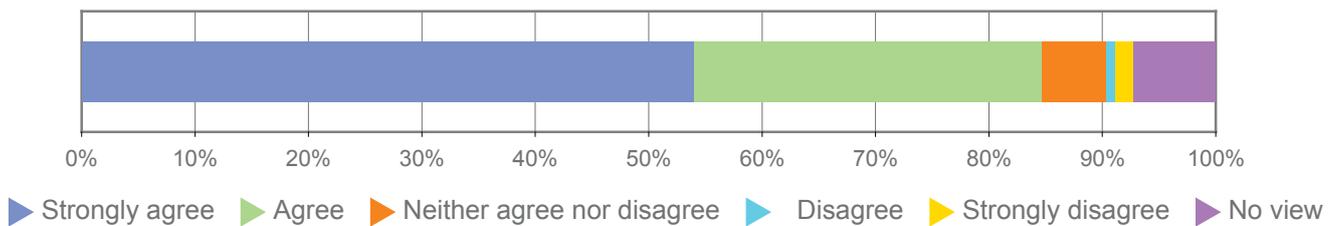
(question 5)

MRes or MClinRes (Award Scheme 1)

We recommend that up to 100 clinical career academic training positions be funded annually for graduate nurses. These positions will be of two-year duration (or part time equivalence) and 50% clinical and 50% academic in composition. Such posts will have a clear academic postgraduate component resting within a well defined vocational training programme. A set of Core Modules should be developed nationally which would form part of the curriculum for all Award Scheme 1 holders.

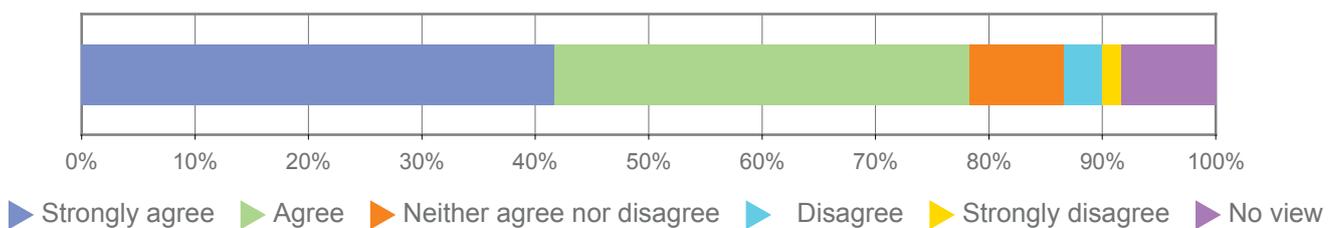
Organisation

total 126



Individual

total 60



Again, a high proportion agreed or strongly agreed.

Suggested Amendments

The few respondents who disagreed with the recommendation mainly did so because they were opposed to the adoption of a national set of core modules, which they felt was too prescriptive.

“We do not support a national set of core modules nor such a prescriptive approach. We are exploring how our schemes are currently supporting an increase in capacity and will address this

recommendation by building upon our current investment models and future collaborations.”

(Scottish Executive Health Department)

Furthermore, while agreeing with the recommendation on the whole, several respondents suggested that instead of national core modules, a national accreditation system should be established under which each institution would run its own core modules.

“Who will undertake to provide or accredit the core modules? We suggest that it would be more sensible for a national accreditation system to be established and for each institution to run their own core modules.”

(North East Wales Institute of Higher Education)

“Much better to have broad guidance about learning outcomes/competencies rather than modules written by committees of people who will not be delivering them. We would advocate that existing provision is ‘kite marked’ as per current MRC and ESRC schemes.”

(Department of Health Sciences, University of York)

Several respondents thought that the proposed contract duration of two years was too short.

“We believe that two years may not be long enough for the duration of these awards in some cases, particularly in view of the timing issues related to ethics and governance approval for research.”

(Faculty of Health including: Centre for Nursing and Midwifery Research/ Sussex branch of South East Research and Development Support Unit, & Clinical Research Centre for Allied Health Professions University of Brighton)

Several also thought that there should be more than the proposed 100 posts, or asked for more information on how this figure was reached.

“The numbers of training posts envisaged (100/year) seems relatively small when considered UK-wide. The numbers provided are described as ‘up to’. Shouldn’t that be ‘at least’ or ‘in total’?”

(School of Nursing, Midwifery and Community Health, Glasgow Caledonian University)

“The recommendation would be enhanced if 100 positions were proposed as the minimum number rather than maximum as 100 places is tiny in such a large workforce as nursing.”

(School for Health, University of Bath & Royal National Hospital for Rheumatic Diseases, Bath)

Implementation Issues

Many respondents asked for better clarity on how the education programmes would be funded.

“Funding is of extreme importance as these kind of posts need to be seen as additional to existing funded establishments for clinical care at the very least. Preference therefore would be given to a supernumerary/additional appointment model for these posts to ensure that joint appointment does not become two jobs in one.”

(NHS Lanarkshire)

Many also asked for more information about how the posts would be distributed throughout the UK, both in terms of allocation to HEIs and division between the UK nations.

“More detail is required within the report on how these will be allocated. The feasibility of a ‘quota system’ for example, based on country, determined by the UKCRC to allow for strategic distribution across the UK may be considered.”

(School of Health Science, Swansea University)

“In making these awards, steps should be taken to ensure that there is a good geographical spread across the UK and a wide range of areas of practice are included. Geographical location should not be a barrier.”

(Royal College of Nursing)

“There should be a monitoring process to ensure a reasonable degree of spread of awards among the relevant professional groups.”

(Professor Soo Downe, Midwife, UCLan Midwifery Studies Research Unit)

There was also concern among some respondents that the 50% clinical to 50% academic split of the positions would be challenging to implement. It was thought that the demands and time needed for both

sides would likely exceed 50%, putting pressure on the trainees. A few respondents also wanted the traditional training route be kept in place alongside the new system.

“Posts with 50:50 splits can be extremely difficult to manage, as our experience suggests that in reality, joint expectations of the NHS and academia are more likely to result in a 100:100 split.”

(Royal Free Hampstead NHS Trust)

Recommendation 4

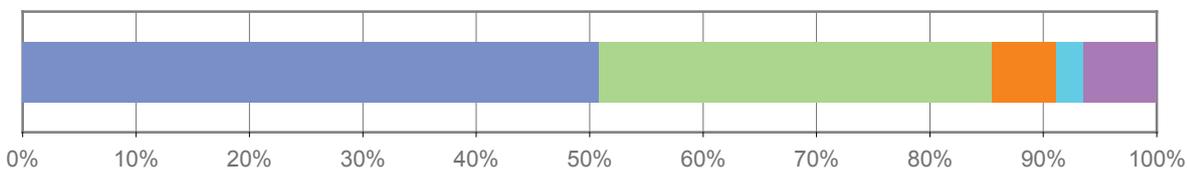
(question 6)

PhD/Professional Doctorate (Award Scheme 2)

We recommend that up to 50 early career clinical academic appointments are funded annually for a period of five years. These positions will be of three-year duration (or part-time equivalence) and allow students to undertake a PhD or Professional Doctorate programme of study

Organisation

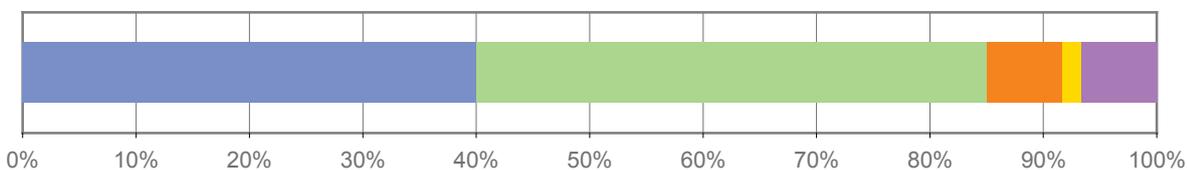
total 126



▶ Strongly agree ▶ Agree ▶ Neither agree nor disagree ▶ Disagree ▶ Strongly disagree ▶ No view

Individual

total 60



▶ Strongly agree ▶ Agree ▶ Neither agree nor disagree ▶ Disagree ▶ Strongly disagree ▶ No view

Again, there was strong support for the recommendation.

Suggested Amendments

A lot of respondents queried the term ‘early career clinical academic appointments’ in the recommendation. Some requested more clarification on the definition of ‘early career’ and others thought it implied that the older and more

experienced among the nursing workforce would be discriminated against.

“We need to make sure we are not sacrificing mature students on the altar of youth.”

(Keele University School of Nursing)

“It is unclear in the consultation what “early career” means in relation to this proposal.”

(O)

“This ‘early career’ approach needs to be tempered with the need for practitioners moving into research and academic roles to be clinically experienced.”

(Royal College of Midwives)

“Early career appointments like this appear discriminatory. There needs to be balance across the workforce regardless of age.”

(O)

Many felt that the proposed 50 posts would be an insufficient number, especially as they were to be distributed across all four countries of the UK. There was also some confusion about whether the 50 posts would be over five years or whether the proposal meant 50 posts per year for a period of five years. Several respondents questioned whether the PhDs and Professional Doctorates had equal weighting.

“While we agree in principle that such appointments are necessary, we disagree with the recommendation because up to 50 early career clinical academic posts is far too small given the small number of PhD holders in nursing across the UK.”

(North East Wales Institute of Higher Education)

“We ask for clarification: are these to be 50 posts for five years or 50 posts once?”

(University of Glasgow, Division of Nursing and Healthcare)

It was also felt by many respondents that the posts should last four years rather than three.

“Support for doctoral level study is welcomed, although it is questionable whether a PhD can be completed in three years. These appointments would be best associated with institutions with an established nursing research base.”

(Universities and Colleges Employers Association)

“We commend these proposals but recommend they be for four years, as ordinarily a full time PhD without a clinical commitment would take a full three years. A fourth year will enable individuals to incorporate some measure of clinical practice.”

(King's College London with Guys and St Thomas' NHS Trust)

Omissions

Some respondents said that there is a lack of consistency in research training within Professional Doctorate programmes which should be addressed by the proposals.

“A number of issues would require prior attention, including the current lack of homogeneity across D Prof programmes.”

(University of Salford School of Nursing)

Recommendation 5

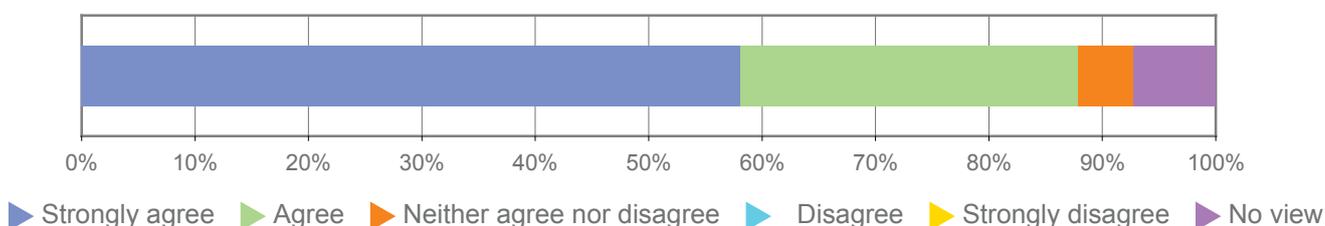
(Question 7)

Postdoctoral Career Fellowships (Award Scheme 3)

We recommend that up to 20 Postdoctoral Career Fellowships are funded annually. These positions will be of three-year duration (or part time equivalence) to allow appointees to undertake advanced research, clinical and education roles and develop their programme leadership potential.

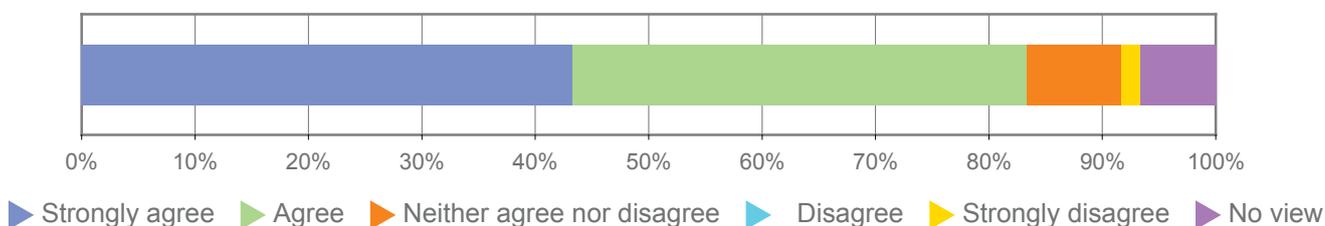
Organisation

total 126



Individual

total 60



The overwhelming majority of respondents strongly agreed or agreed.

Suggested Amendments

Many respondents thought that the proposed number of posts was too low.

“Award schemes 3 and 4 are a priority and key to ensuring the development of a mature nursing research workforce. We recommend that the numbers funded at this level are increased to reflect the acute need for strong clinical research leaders in nursing.”

(Society of Academic Primary Care)

Many also felt that the tenure of the award should be lengthened from four years to five.

“This recommendation is welcomed. However, we strongly favour an increase in the duration of these fellowships.”

(Academy of Medical Sciences and Council of Heads of Medical Schools)

Implementation Issues

Once more, several respondents requested clarification on how the awards would be funded.

“Funding sources would need to be clearly defined and built into strategic funding.”

(University of Teesside)

Recommendation 6

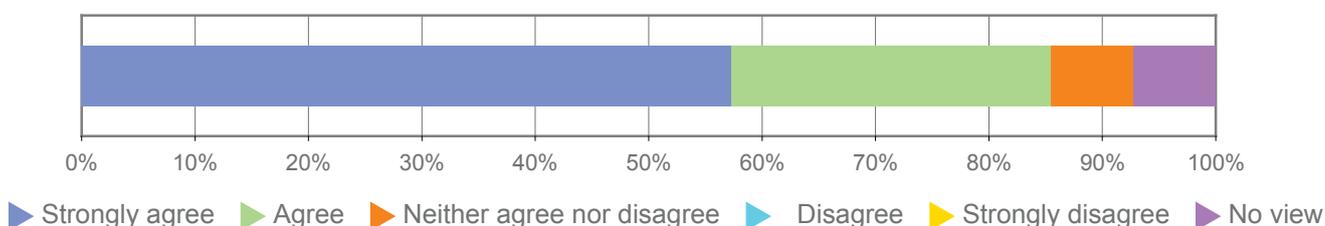
(question 8)

Senior Clinical Academic Fellowships (Award Scheme 4)

We recommend that up to 10 Senior Clinical Academic Fellowships for nurses are funded annually. These positions will be of three- to five-year duration (or part time equivalence) and allow appointees to develop more advanced research, clinical work and education skills and develop their role as leaders

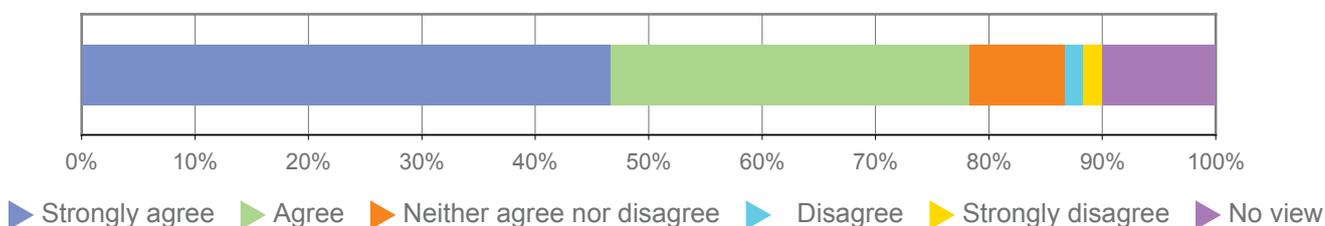
Organisation

total 126



Individual

total 60



The vast majority agreed with the recommendation.

Suggested Amendments

In a similar manner to the previous recommendations in this section, several respondents suggested that there should be more awards at this level.

“We agree in principle, but 10 appointments should be the minimum and not the maximum. These types of awards usually come with some infrastructure support funding to maximise capacity building.”

(Cyngor)

Omissions

Several respondents were unclear about how Award Scheme 4 differed from Award Scheme 3 and requested more clarification on this.

“We had some concerns that there is insufficient detail about how Award Schemes 3 and 4 differ, and that the award at level 4 seems to be removed from the NHS.”

(Primary Care Musculoskeletal Research Centre, Keele University)

Implementation Issues

A few respondents questioned where the individuals at Award Scheme 4 would be employed. More clarity was also requested regarding the source of the supporting infrastructure and funding for these posts.

“Will they come purely into the academic setting or will they develop clinical research areas (much needed) and also facilitate the other levels of research training as recommended in this document?”

(British and Irish Orthoptic Society)

“There needs to be clarity on where these would be based (HEI or NHS or joint) and what would be the supporting infrastructure required and who would provide and fund this?”

(NHS Lanarkshire)

The issue of distribution of the positions across the UK was also raised.

“There should be strategies in place to enable fair distribution of these positions to ensure capacity building happens across the UK. Alternatively, a focus on specific research projects may be considered.”

(Welsh Assembly Government)

Facilitating careers

(recommendations 7 and 8)

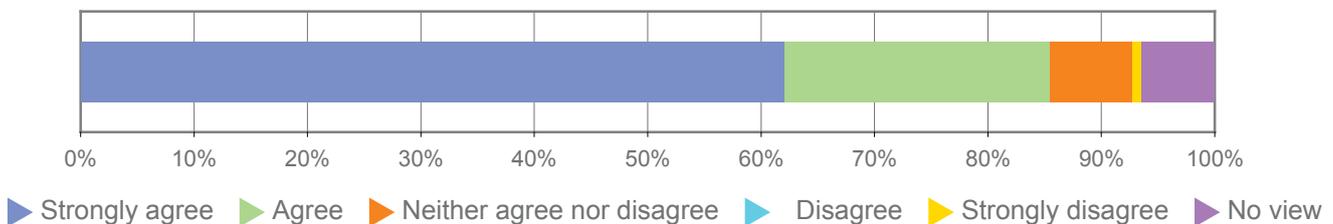
Recommendation 7

(question 9)

We recommend that career flexibility, specifically the ease of combining research and clinical practice throughout a career, must be enabled through the introduction of sessionally based contracts of employment that allow nurses to work as clinicians while also undertaking other roles as researchers and/or educators.

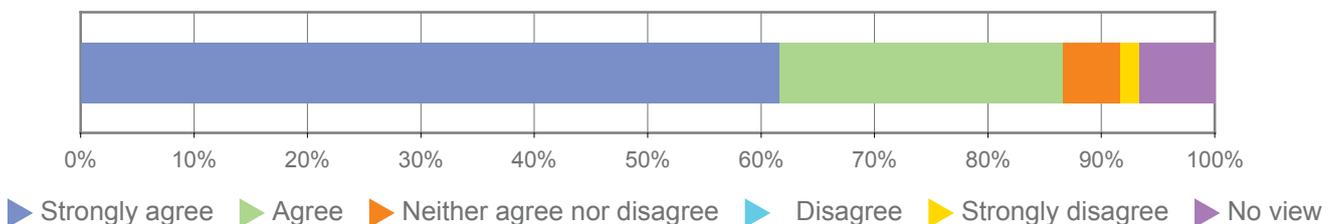
Organisation

total 126



Individual

total 60



There was strong support for the recommendation, with most respondents strongly agreeing or agreeing.

Suggested Amendments

Some respondents commented that there would need to be a culture change within the profession in order for the recommendation to succeed.

“Despite the best efforts of many clinicians and academics there remains a level of suspicion and competition between the two fields.”

(Combined Healthcare NHS Trust)

Implementation Issues

Many respondents said that there should be close collaboration between the NHS and HEIs in order for this system to work, especially in negotiating and accommodating employment contracts. It was felt that the implementation process should thoroughly address potential barriers to entering a period of short-term research. These included loss of holiday and pension benefits, issues with job security and discrepancies in salary between research and clinical posts.

“The awards mean that the practicalities of NHS-University partnerships will have to be updated – contractual arrangements for joint working appointments, greater career flexibility and mobility etc. The most promising arrangement might be a single employer, with funding then transferred between the university and health sector proportionately. Given the financial pressures on some NHS Trusts, the best model might be for researchers to be on the pay roll of the relevant University and then seconded to the clinical setting.”

(Universities UK)

“Further work is indicated in the development of ‘flexible contracts’ between NHS and primary care trusts and universities. In Wales, Consultant Nurses’ contracts already operate on a seasonal basis which may provide a useful model. A major challenge would be the maintenance and development of a clinical area to avoid isolation in their clinical practice.”

(Welsh Assembly Government)

“From experience to date, the Council would suggest that the most successful arrangements use a single employer with funding transferred between university and the health service partners according to the number of sessions the individual is contracted to deliver in each partner organisation.”

(Council of Deans and Heads of UK University Faculties for Nursing and Health Professionals)

Several respondents stressed that there was a need for good support at the management level in NHS Trusts in order for this recommendation to succeed.

“How will this be embedded into the current career structure in the NHS? There is such pressure to maintain patient number throughout that enabling non-clinical time will be difficult to implement. This requires substantial support from management level in Trusts and must be a clear directive from the Department of Health.”

(British and Irish Orthoptic Society)

A few respondents queried the impact of the scheme on patient care.

“How will this affect patients? There may be a loss of continuity of care if it is not properly managed. On the other hand, it could bring highly specialised knowledge to patients in some clinical contexts.”

(Amicus Community Health Practitioners and Health Visitors’ Association)

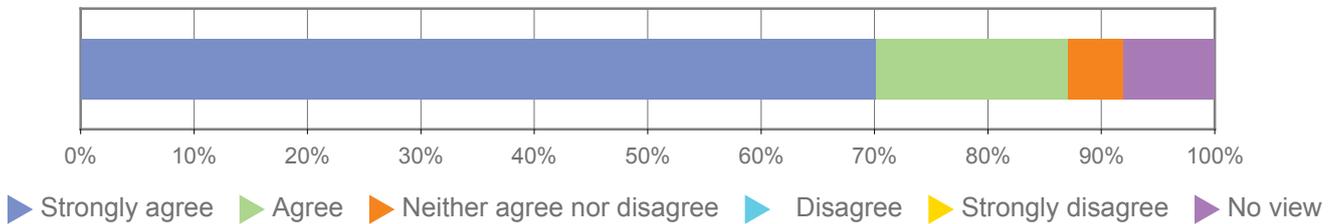
Recommendation 8

(question 10)

We recommend that, in discussion with key partners, a well articulated system of mentoring is developed for nurse researchers and educators, to include emerging researchers.

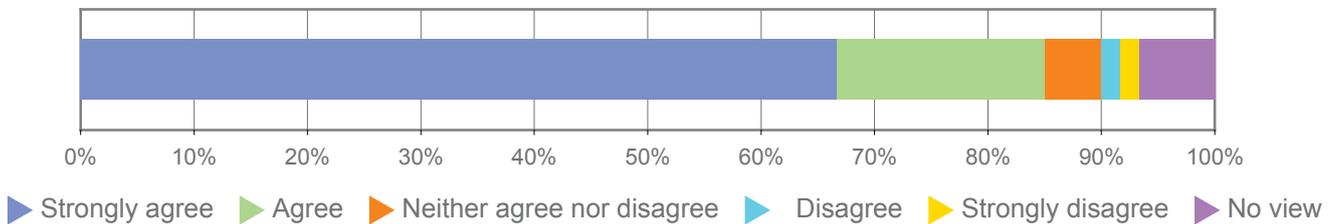
Organisation

total 126



Individual

total 60



The vast majority strongly agreed that a mentoring system should be put in place.

Omissions

Many respondents asked who would do the mentoring and requested that the report should specify from where the mentors would be drawn.

“It is not clear from the proposals exactly where mentorship support would be drawn from.”

(Sheffield Teaching Hospitals NHS Trust)

Some suggested that the recommendation should include the formation of a national pool of

accredited mentors in order to ensure a uniform quality of mentorship across the workforce.

“We are concerned that institutions with a high number of PhD holders will be in a better position to act as mentors than those with few PhD holders. We therefore suggest that there should be a national pool of independent accredited mentors.”

(North East Wales Institute of Higher Education)

Implementation Issues

Again, many asked if the mentors would be funded, and if so, what the source of the funding would be.

“Robust systems need to be in place for mentoring and appropriate research supervision. This will need funding as it is not an optional extra.”

(Association of UK University Hospitals - Directors of Nursing Group)

“It is not clear whether there will be any financial recompense to mentors, we would recommend this, if good quality mentors are to be recruited.”

(Society for Research in Rehabilitation)

Several respondents were concerned that there was insufficient capacity of potential mentors at present to support the proposal.

“The relatively low number of current nurse researchers will present challenges to find sufficient research-based mentors: presumably this is not true of clinical mentors.”

(University of Glasgow, Division of Nursing and Health Care)

Better information on nursing researchers

(recommendations 9 and 10)

7

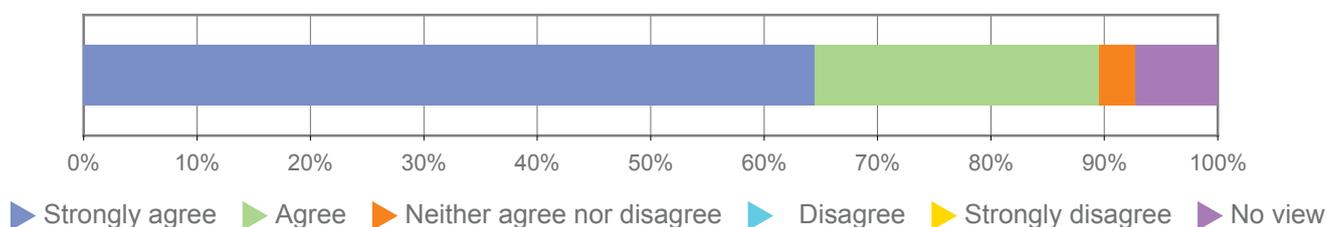
Recommendation 9

(question 11)

We recommend that NHS Careers Advisors must be made aware of and promote the full range of career opportunities that are possible for qualified nurses. Careers advice must include opportunities for developing excellence in clinical research, education and leadership.

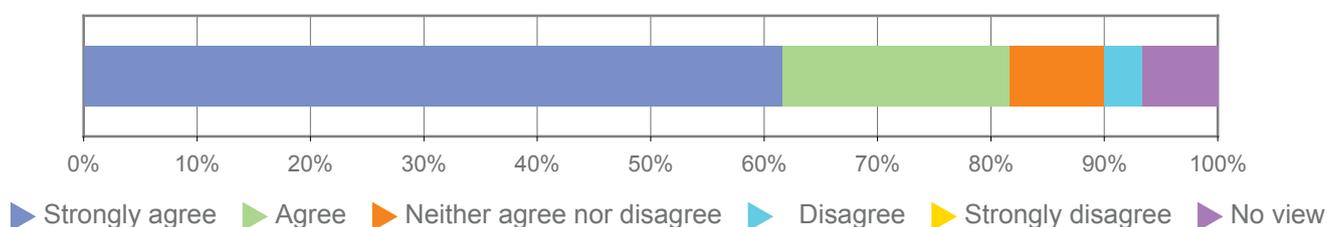
Organisation

total 126



Individual

total 60



The overwhelming majority agreed or strongly agreed with this recommendation.

Implementation Issues

Several respondents noted that because there is presently no such NHS Career Advice Service available in Northern Ireland, this recommendation would be particularly important.

“This service is not available in Northern Ireland and an appropriate mechanism to support career advice to healthcare professionals should be established.”

(Research & Development Office for the Health & Personal Social Services in Northern Ireland)

“It is difficult to implement this recommendation within the current paucity of careers available. Within Northern Ireland, the role of NHS Careers Advisors is not implemented and there is therefore a need to develop such a service.”

(Central Nursing Advisory Committee Research and Development Group)

Some respondents said that they would like to see the recommended careers advisory service targeting nurses early on in their careers.

“There is a need to start the process when nurses are in training so that the interest in research and education can be nurtured from an early stage. The current curriculum needs to reflect this; research is not prioritised as it should be.”

(University of Wolverhampton)

It was also suggested that existing schemes should be acknowledged and collaborated with to avoid duplication.

“Other ongoing work about promoting research career development is also relevant – the Research Careers Initiative, the Roberts Policy Forum, the Revised Careers Concordat and the implementation of the European Code and Charter. The report’s recommendations should not be implemented in isolation from these. It might be helpful as the draft report is finalised to identify any areas of overlap and consider how the recommendations should link with other such initiatives.”

(Universities UK)

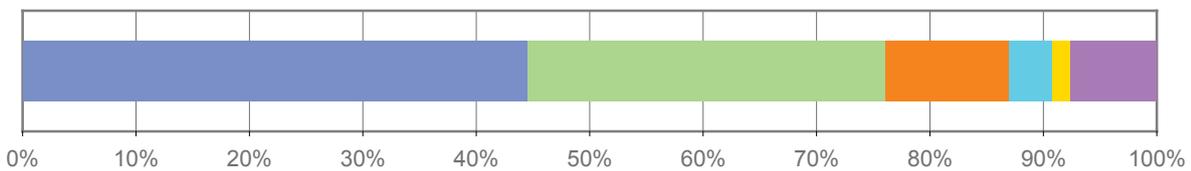
Recommendation 10

(question 12)

We recommend that a single data source be developed to provide information on labour market intelligence that relates to nurses engaged in training to be researchers and educators.

Organisation

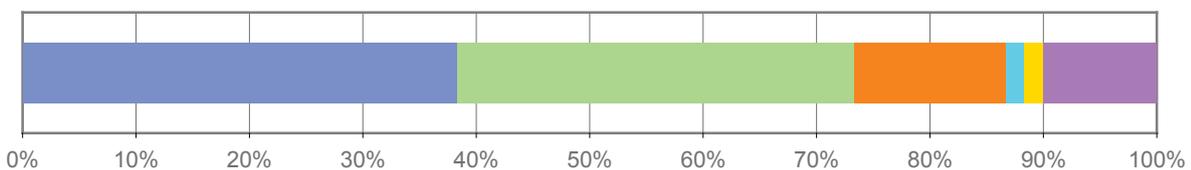
total 126



▶ Strongly agree ▶ Agree ▶ Neither agree nor disagree ▶ Disagree ▶ Strongly disagree ▶ No view

Individual

total 60



▶ Strongly agree ▶ Agree ▶ Neither agree nor disagree ▶ Disagree ▶ Strongly disagree ▶ No view

There was general agreement that collation of a single data source would be a positive step.

Suggested Amendments

The few respondents who disagreed felt it had limited application and thought it an unwise use of resources. Several respondents based in Scotland said that it would be unnecessary in Scotland since HEIs in that country already independently collect data.

“It is recognised that the proposed data source would be helpful to those monitoring the scheme, but it is a bit limited in focus and purpose. Why not also include all active research nurses as a target audience for the award scheme and all it has to offer?”

(O)

“This appears to be hierarchical and bureaucratic and will divert much needed resources from core activities. It also includes those in training to be educators that seems unnecessary as each HEI has its own methods for managing this process.”

(University of Glasgow, Division of Nursing and Health Care)

“We undertake regular information gathering exercises based on specific analysis of need at the time.”

(Scottish Executive Health Department and NHS Education for Scotland)

“Unlikely to be useful or manageable across four countries.”

(Scottish Executive Nurse Directors)

Implementation Issues

Several respondents requested more clarity on how the data collection would be conducted, managed and coordinated, how it would be stored, and who would access it.

“It is acknowledged that a data source may be useful in evaluating the impact of these initiatives. However, clarity is required around how this will be coordinated/managed, what will be held on that database, who will access it and for what purpose and what input, if any, will be required from HEIs.”

(School of Nursing, Midwifery and Community Health, Glasgow Caledonian University)

“I agree that a data source is valuable however would be concerned about who could access it to prevent harassment from drug companies. It would be a valuable resource for networking for nurses.”

(I)

One respondent emphasised the need for standardised collation of information across the UK.

“The only concern regarding this is that we ensure information collated is standardised across the four UK countries, thus allowing for comparability.”

(Ulster Community and Hospitals Trust)

Implementation

(recommendation 11)

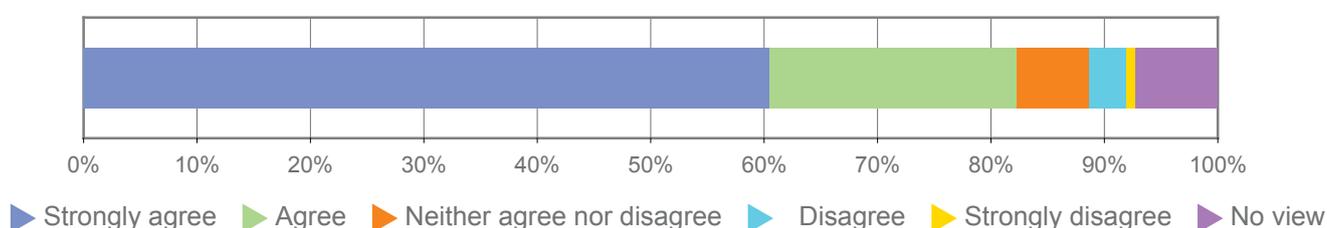
Recommendation 11

(question 13)

We recommend that the implementation and delivery of these recommendations and their associated actions should commence without delay, with a view to achieving the recommendations outlined in this report within five years.

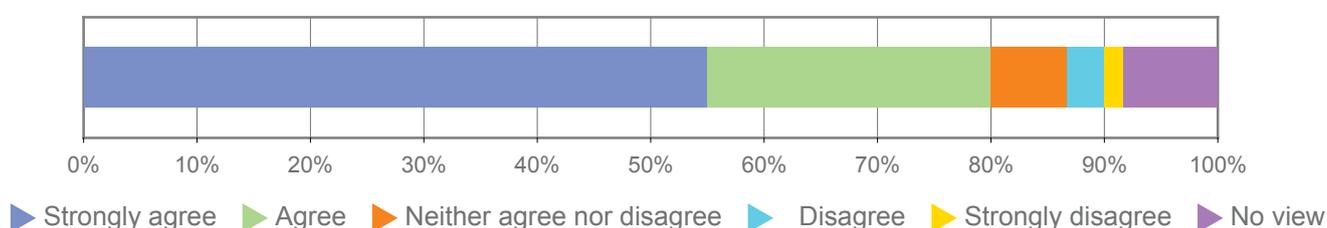
Organisation

total 126



Individual

total 60



It was widely agreed that the implementation should proceed without delay.

Suggested Amendments

Several respondents felt that five years was too short a time period within which to implement the recommendations. Some suggested a staggered implementation process, and one respondent thought that the proposals should be adapted by referring to the success of existing schemes.

“I am unsure as to how well this will be received in the current climate of nurse unemployment, redundancies and falling student numbers. In the long term, benefits to nursing will be seen as the body of knowledge for nursing and will become more research-based as opposed to evidence-

based. The current situation in nursing will make achieving the recommendations within five years challenging.”

(Havering PCT)

“Yes, the recommendations should be implemented without delay, but the wide-ranging nature of the aims of the report relate to a ten-year strategy, not a five-year one. However, a three-year interim evaluation could be undertaken to reflect the progress made, and to reveal any stumbling blocks, following which a decision could be taken as to whether in terms of practical outcomes this is a five-year strategy.”

(King's College Hospital NHS Foundation Trust)

However, a few took the opposite view, and suggested that the timescale should be three years rather than five.

“The issue is urgent, the timescale should be three years.”

(University of Plymouth)

“A three-year time frame is achievable given the capacity that already exists across the UK to provide research training, supervision at Master level, traditional and professional doctorates as well as Fellowships. Mapping existing capacity may help in the drawing up of a strategy so these recommendations are implemented sooner rather than later.”

(School of Health Science, Swansea)

“If implementation and delivery is based upon a sound and complete assessments of what is already happening, we agree. However, a rush to implement without such preparatory work would be ill-advised and counter-productive. In addition, the recommendations are not framed in such a way as to provide a good set of performance indicators, so we would welcome clear plans for impact assessment.”

(Alliance for Self Care Research)

“We would recommend that urgent attention is given to the importance of incentivising the NHS and HE sector to respond favourably to these proposals.”

(Royal College of Nursing)

Implementation Issues

Many respondents stressed the importance of adequate planning and funding before the implementation of the recommendations.

“Clarity around investment and funding needed is required in the first instance. Also, there needs to be a coordinated approach to establishing the institutions that are taking this forward.”

(O)

Additional comments

(question 15)

The overall response was positive, and the additional comments generally reiterated points that had been raised to earlier questions.

Suggested Amendments

Several felt that the report focused too much on creating academics and not enough on those nurses who were interested in taking part in clinical research but did not want to become academics.

“The report would be of more value to health sector employers, all the nursing profession, clinical research facilities and clinical research networks if it also included and recognised explicitly the research training and career structure for those who will support but not necessarily wish to lead research. For these individuals are likely to be a much bigger proportion of the nursing profession and it would be a missed opportunity if this important group were not motivated and supported in their nursing career.”

(UK Clinical Research Network)

“It is important that equivalent attention is given to the position of researchers who do not have a clinical qualification but who are essential to the conduct of rigorous primary care and community-based research. It is a real source of concern that they do not appear to have the same recognition or attention as their clinical counterparts within UKCRC.”

(Society of Academic Primary Care)

Several respondents felt that midwives had been under-represented by the draft report.

“It would be appreciated if the representation of midwifery on any implementation panel could be increased.”

(Bournemouth University)

“We were wondering if the term ‘nurse’ includes

midwives. If not, then perhaps it should.”

(University of Stirling)

The importance of encouraging interest in research earlier on in a nurse’s career was revisited.

“If was felt that an increase in the proportion of pre-registration graduate places may attract more academically able students.”

(Mental Health Nurse Academics UK)

One respondent felt that the methodology for producing the report should have been made clearer. Another believed that there should have been public consultation events outside London.

“We were dismayed by the lack of transparency concerning the methodology used. Who exactly was interviewed? How was the data analysed? A more rigorous and robust research process would have given us more confidence in the document.”

(O)

“The period of consultation is too short and there is only one meeting in London, there should have been more consultation workshops around the UK.”

(O)

Omissions

Respondents expressed a need for clarification regarding funding. They asked where it will come from, and whether it would be new funding or reorganisation of existing funding sources.

“The funding for the training scheme is not identified.”

(School of Nursing, Midwifery and Community Health, Glasgow Caledonian University)

“Current funding for nurse training does not include any funding for research and ADDITIONAL funding should be made so that research can be supported. The funding for research should not be

at the cost of current student placement numbers.”
(O)

Implementation Issues

Some asked again how the new scheme would dovetail with existing ones such as MPET and Agenda for Change. They also queried what would happen in the transition period between the old scheme and the new.

“Whilst strongly supporting the principles, the Nursing and Midwifery Council would wish to ensure that the proposal be considered in the context of new and developing policy and standards. The White Paper Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century (2007) has recently been published...the recommendations would therefore need to be linked to new and emerging advanced level roles within nursing, allied health professions and healthcare science.”

(Nursing and Midwifery Council)

“How will this scheme fit in with the current NCCRC scheme that funds career fellowships? If these are to be replaced, what will happen in the changeover period?”

(British and Irish Orthoptic Society)

“There is a need to integrate this initiative with other strategic initiatives such as Modernising Medical Careers, Agenda for Change and UKCRN.”

(Research & Development Office for the Health & Personal Social Services in Northern Ireland)

Respondents in Northern Ireland and Scotland requested greater representation on the Steering/Advisory and implementation groups.

“We would wish to see greater representation from Scotland on Steering/Advisory groups.”

(Robert Gordon University)

“Whilst it may be assumed that four-country representation will be met within the membership of the implementation group, we would request that Northern Ireland be part of these discussions.”

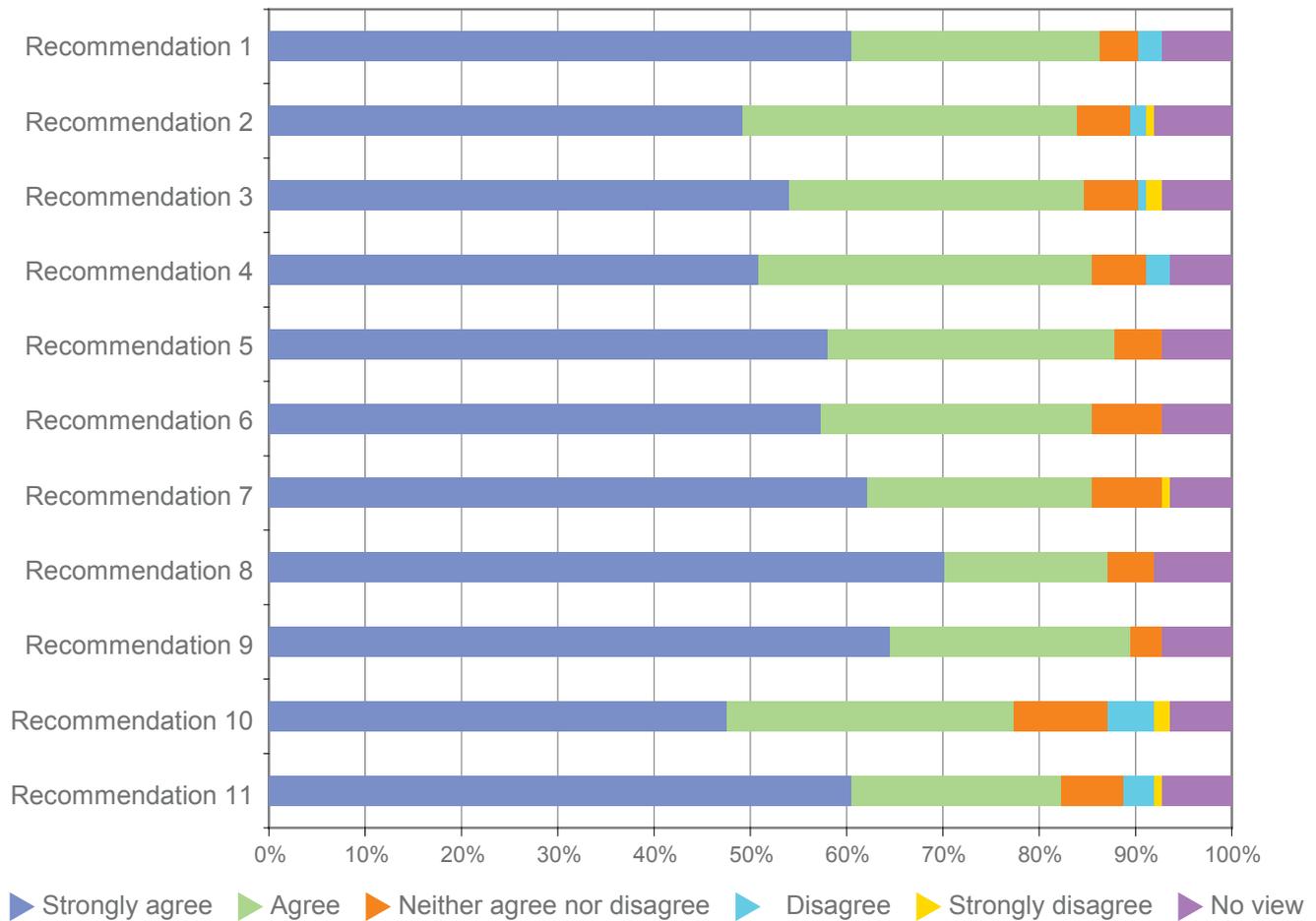
(Central Nursing Advisory Committee)

Summary of responses

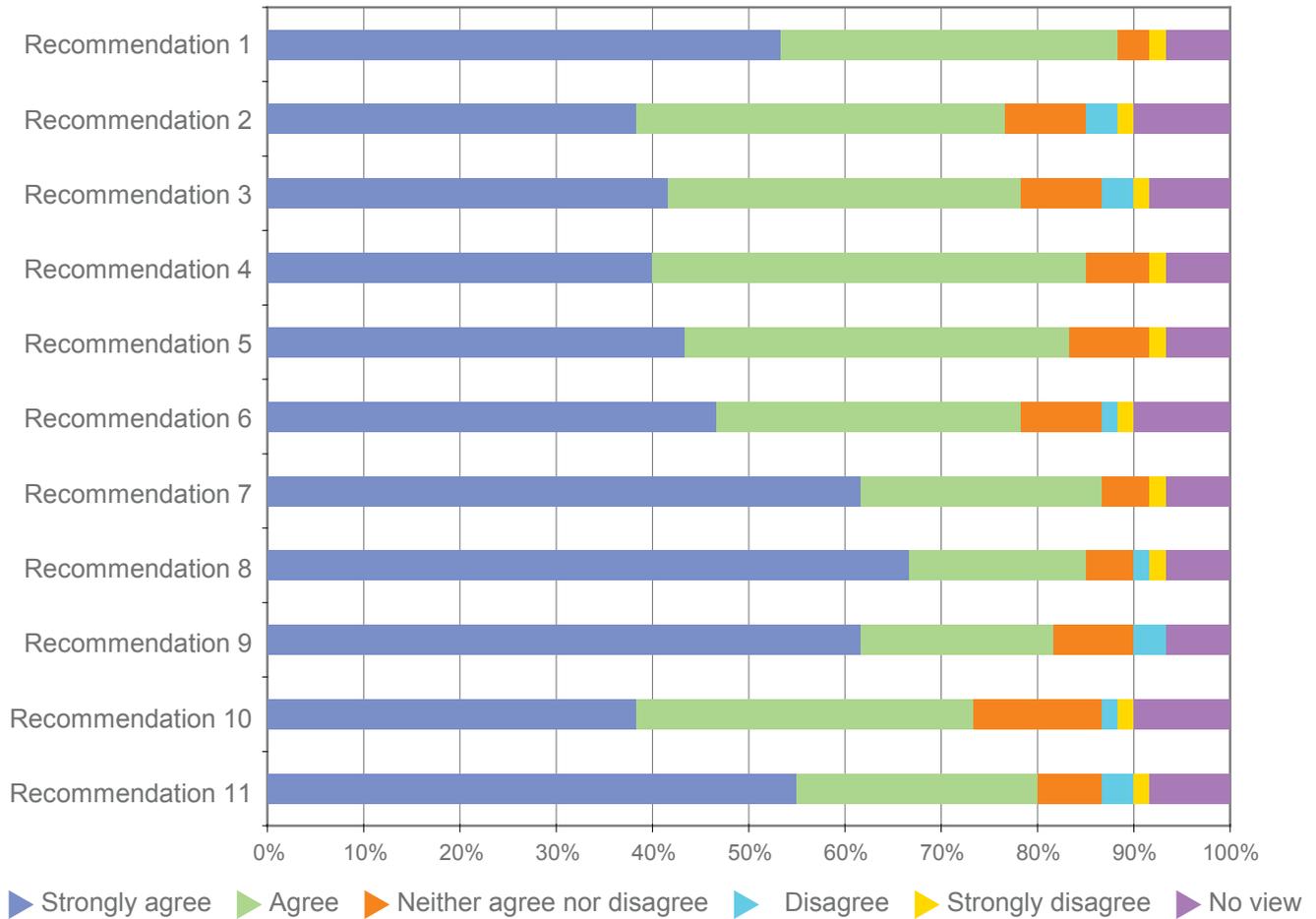
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Organisation

total 126



Data	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No view	Grand Total
Recommendation 1	77 (61%)	32 (25%)	5 (4%)	3 (2%)	0	9 (8%)	126
Recommendation 2	63 (50%)	43 (33%)	7 (6%)	2 (2%)	1 (1%)	10 (8%)	126
Recommendation 3	69 (55%)	38 (30%)	7 (6%)	1 (1%)	2 (2%)	9 (6%)	126
Recommendation 4	65 (52%)	43 (34%)	7 (6%)	3 (2%)	0	8 (6%)	126
Recommendation 5	74 (59%)	37 (29%)	6 (5%)	0	0	9 (6%)	126
Recommendation 6	73 (58%)	35 (28%)	9 (7%)	0	0	9 (7%)	126
Recommendation 7	79 (63%)	29 (23%)	9 (7%)	0	1 (1%)	8 (6%)	126
Recommendation 8	89 (71%)	21 (17%)	6 (5%)	0	0	10 (7%)	126
Recommendation 9	82 (65%)	31 (25%)	4 (3%)	0	0	9 (7%)	126
Recommendation 10	61 (48%)	37 (29%)	12 (10%)	6 (5%)	2 (2%)	8 (6%)	126
Recommendation 11	77 (61%)	27 (21%)	8 (6%)	4 (3%)	1 (1%)	9 (7%)	126



Data	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No view	Grand Total
Recommendation 1	32 (53%)	21 (35%)	2 (3%)	0	1 (2%)	4 (7%)	60
Recommendation 2	23 (38%)	23 (38%)	5 (8%)	2 (3%)	1 (2%)	6 (10%)	60
Recommendation 3	25 (42%)	22 (37%)	5 (8%)	2 (3%)	1 (2%)	5 (8%)	60
Recommendation 4	24 (40%)	27 (45%)	4 (7%)	0	1 (2%)	4 (7%)	60
Recommendation 5	26 (43%)	24 (40%)	5 (8%)	0	1 (2%)	4 (7%)	60
Recommendation 6	28 (47%)	19 (32%)	5 (8%)	1 (2%)	1 (2%)	6 (10%)	60
Recommendation 7	37 (62%)	15 (25%)	3 (5%)	0	1 (2%)	4 (7%)	60
Recommendation 8	40 (67%)	11 (18%)	3 (5%)	1 (2%)	1 (2%)	4 (7%)	60
Recommendation 9	37 (62%)	12 (20%)	5 (8%)	2 (3%)	0	4 (7%)	60
Recommendation 10	23 (38%)	21 (35%)	8 (13%)	1 (2%)	1 (2%)	6 (10%)	60
Recommendation 11	33 (55%)	15 (25%)	4 (7%)	2 (3%)	1 (2%)	5 (8%)	60

Allied Health Professions

(question 14)

As part of the consultation process, the UKCRC also invited the Allied Health Professions (AHPs) to answer a two-part question concerning the extent to which the recommendations could be applied to the AHP research workforce. Comments were received from dietitians, occupational therapists, physiotherapists, speech and language therapists, orthoptists, therapeutic and diagnostic radiotherapists, radiographers, podiatrists, sports rehabilitation therapists and dramatherapists. This Appendix is a summary of the key points raised.

The majority of respondents agreed that the recommendations substantially apply to the AHPs and similarities were identified between nursing and the AHPs in many areas. However, further work is required around the implementation of the recommendations to the AHPs, particularly with regard to the diverse nature of the different professional groups. This view was endorsed by the UKCRC Board.

Question 14 'Developing the best research professionals' focuses on the training needs of the nursing workforce in clinical research. However, the UKCRC also wishes to consider the extent to which the recommendations in the report could be considered a blueprint that could also be applied to the research workforce of the Allied Health Professions?

- a) Which of the recommendations could be suitable for your profession?
- b) Are there any issues specific to your profession that would not be addressed through these recommendations?

a) The suitability of the recommendations to the AHPs

The majority of respondents agreed that the recommendations made in 'Developing the Best Research Professionals' would also be suitable for AHPs. Similarities were identified between nursing and the AHPs in areas such as career structure, limited research opportunities and research skills, the need for supportive and flexible careers and the relationship between clinical work, teaching and research.

Several respondents believed that the entire set of recommendations were directly applicable to the AHPs.

However, some identified specific differences between AHPs and nursing, and also within the AHPs which they felt should be taken into account. For example, it was highlighted that AHPs are all graduates and therefore start from a different academic base to some nurses.

Several respondents also pointed out the diverse nature of the different professional groups that form the AHPs, and that some would relate more closely to nursing than others.

It was also stated by several respondents that the AHPs vary in their level of maturity of research development and research career development. Also, differences in the methods of working of the various professions should be taken into account when considering proposals for the AHPs as a whole.

Issues with specific recommendations

Whilst generally accepting the applicability of the recommendations to the AHPs, several respondents raised points specific to one or more recommendations.

To enable applicants to make the most of opportunities for research, it was suggested that that funding of research posts must be ring fenced and funding must be available to backfill clinical time. Furthermore, they suggested that time dedicated to research must also be ring fenced from clinical time.

Several respondents queried how appropriate the numbers of training positions/academic appointments for nurses in Award Schemes 1 to 4 (recommendations 3 to 6) would be for the AHPs. However, opinion differed on whether greater or lesser numbers should be allocated.

Question 4: Opportunities for research presented by the UKCRN Several respondents said that AHPs were significantly less involved in research networks than nurses.

Question 5: MRes or MClinRes (Award Scheme 1) One organisational respondent commented specifically that the proposal of Award Scheme 1 was welcomed and it was felt it could be applied to the AHPs. The respondent said that the Scheme should be aimed at experienced graduates as well as new or early graduates.

Question 6: PhD/Professional Doctorate (Award Scheme 2) Several respondents agreed that Award Scheme 2 regarding PhDs/Professional Doctorates would be welcome for the AHPs, although one respondent questioned the duration of the appointments and felt that three years may be insufficient.

Questions 7 Postdoctoral Career Fellowships and 8: (Award Scheme 3) and Senior Clinical Academic Fellowships (Award Scheme 4). Although the recommendations regarding Award Schemes 3 and 4 were considered suitable for the AHPs, a small number of respondents requested clarification. The issues raised included how the Awards would link into the NHS, the proportion of clinical content of the Awards, how leadership would be nurtured and how the individuals would progress in their research career.

Question 9: Career flexibility The need for flexibility in education and research training for AHPs was mentioned by a significant number of respondents, particularly in relation to the AHP workforce being female-dominated.

Question 10: System of mentoring The need for mentoring was generally supported, but some felt that it may be difficult to find sufficient numbers of qualified mentors in the AHPs at PhD level and above. Several respondents pointed out that the National Physiotherapy Research Network already has a mentoring system in place which could be developed further.

Question 11: Careers advice Many respondents welcomed the recommendation to promote research as a career option for the AHPs, and agreed that this should be supported by informed careers advisors.

Question 12: Single data source on labour market intelligence It was felt by several respondents that this recommendation was not directly relevant to the AHPs because much of this information is already available and could be collated from existing data sources.

b) Issues specific to the AHPs not addressed by the recommendations

This section groups together some of the issues specific to the AHPs which were identified as not being addressed by the recommendations applicable to the nursing profession.

i) Diverse career pathways

Several said there was a need for more flexibility in the career pathway of AHPs. Reasons for this included the desire to follow a purely research career or a career in education, and the increasing numbers of AHP graduates who are unable to find clinical jobs, particularly physiotherapists. It was suggested that a pathway should be developed to allow graduates to move straight into a research career.

ii) Equal access to the awards programme

The diversity of individual professions within the AHPs, including their numbers and their relative track records in research, was highlighted as an issue that is not addressed by the nurses' consultation. This diversity was considered to be an issue which may affect equal access to the Award Schemes and related recommendations by the various professions if it were to be introduced for the AHPs.

iii) Fundamental research

Two respondents highlighted that besides clinical research, there is a need for fundamental research

in the AHPs. They suggested that capacity should be developed in the areas of basic and non-applied research.

iv) Employment in wider settings/different ways of working

Variations in working methods, and the diversity of the professions, were raised as issues specific to the AHPs. Examples given included the employment of AHPs outside health services research facilities, employment outside the NHS, the small number of AHPs employed by research networks and AHPs working in medically-led specialist teams rather than with their peers.

v) Centres of academic research

One respondent said that there are fewer academic research units in the Allied Health Professions than in nursing and there may be a need for greater reliance on Research and Development Support Units. Another considered that it will be challenging to develop centres of excellence in AHP clinical research, therefore funding may be required to develop such centres and to target AHP involvement within existing research networks. Collaboration with existing networks across the professions was seen as an important issue by several respondents.

vi) Opportunities for research

Two organisational respondents raised concerns that the opportunities for AHPs to experience research are more limited than those available to nurses.

vii) Future consultation

Four organisational respondents agreed that further consultation would be required to take forward the recommendations for the AHPs

Appendix 2

Glossary of abbreviations

AHP	Allied Health Professional/Allied Health Profession/Professional
ESRC	Economic and Social Research Council
HEI	Higher Education Institution
MClinRes	Master of Clinical Research
MPET	Multi-Professional Education and Training
MRC	Medical Research Council
MRes	Master of Research
NCCRCD	National Coordinating Centre for Research Capacity Development
NMAHP	Nursing, Midwifery and Allied Health Professions
PCT	Primary Care Trust
RCM	Royal College of Midwives
Subcommittee	The UKCRC Subcommittee for Nurses in Clinical Research (Workforce)
UKCRC	UK Clinical Research Collaboration
UKCRN	UK Clinical Research Network