Lothian NMAHP Research Framework 2011-2015

Proposed Structure for the Development and Management of Clinical and Academic 'Homes'

1.0 Background

The Lothian NMAHP Research Framework (2011-2015) exists to establish and sustain a Lothian NMAHP research community. It represents collaboration between NHS Lothian and its three principal academic partners for NMAHP research:

- School of Nursing, Midwifery and Social Care, Edinburgh Napier University
- School of Health in Social Science, University of Edinburgh
- School of Health Sciences, Queen Margaret University, Edinburgh

The overarching aims are to:

- increase the volume and quality of applied research that leads to improvements in patient/client health and well-being and service delivery, particularly in areas of strategic priority.
- further enhance the profile and status of NMAHP research in Lothian, creating a culture of inquiry and evidence-informed decision making.
- enhance the NMAHP research infrastructure in order to support the development of high quality research studies and offer a range of career opportunities.

These aims are articulated in 12 vision statements and taken forward in a detailed action plan.

Vision Statement 4 proposes:

'There will be appropriate reciprocal arrangements for research active NMAHPs to have an 'academic home' and academic researchers[1] to have a 'clinical home' in order to strengthen potential for collaboration, identification of research priorities, development of thematic programmes of research and dissemination and utilization of research findings.'

Feedback from a 'World Café' discussion forum at the Lothian NMAHP Research Community networking event on 19th April 2012 formed the basis of the principles set out in this document.

The aims of clinical and academic homes are to improve collaboration, develop research capacity and capability, promote quality clinical research, engage academic staff more closely with the clinical environment and vice-versa, and improve translation of evidence into practice.

There are various models that can be used to facilitate clinical and academic homes which to date have included the seconding of clinical staff to the academic institution for research development and teaching contributions, and academic staff providing contributions for clinical teams wishing to

develop evidence-based practice, reflective practice and research capacity, as well as regular clinical input such as honorary consultant–led clinics. The scope of clinical and academic homes may variously include clinical, research or education aspects. They represent an alternative approach to fostering clinical / academic collaboration such as those that exist with joint appointments, lecturer-practitioner roles and some NMAHP consultant posts.

Although the specific content and working arrangements of each home will be determined on a case-by-case, locally negotiated basis, each will be established in accord with the principles and structure described here.

2.0 Principles

2.1   Primarily, clinical and academic homes will be linked strategically and operationally to the Lothian research clusters[1].

2.2   Clinical and academic homes may also be developed in non-research priority or 'orphan' areas, in the absence of an existing research cluster structure, (for instance, where a particularly talented individual wishes to pursue an important and strong research idea) but in such cases the establishment of the home should be used as a catalyst and focus for developing such a structure.

2.3   The focus of clinical and academic homes should be informed by key policy drivers and research objectives and matched with the capacity and capability within clinical services and the academic setting[2].

2.4   Whether the need/desire for a home emerges from individual practitioners, researchers, managers/heads, or research clusters the potential benefits for the two partner organisations should be identified, in addition to those for a particular individual.

2.5   This need/desire should be communicated to the NMAHP Research Framework Group who will facilitate discussions between senior NHS Lothian managers and heads of schools to explore the potential for the creation of a formal home or homes.

2.6   Both clinical and academic homes should aim to provide bi-lateral organisational benefits and be established where these have been agreed at a senior level in each organisation, as well as with the individuals for whom a home is being established.

2.7   It is recommended that clinical and academic homes *ideally* will represent a formal exchange between the NHS and academia, so that individual arrangements are paired i.e. a clinical and an academic home established in parallel. Such formal exchanges between parties would ensure longer term sustainability. However, flexibility of arrangements should be preserved where such formal exchanges are not possible (e.g. in the absence of suitable, interested individuals) in order that 'pairing' does not become an obstacle to the establishment of potentially fruitful arrangements.

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[1] Research clusters are groupings of clinicians, managers, academics, service users and other stakeholders in broad service areas (e.g. Cancer, Mental Health, Dementia) developing local plans for promoting and supporting priority NMAHP research.
[2] Information regarding potential opportunities within a 'clinical home' can be found in Appendix 1 and for 'academic home' in Appendix 2.

2.8 The resource committed to the clinical or academic home must be agreed by all parties. There is a need for 'buy-in' from senior management in both NHS and HEI to recognise, on the one hand, the place of research and development among service priorities, and on the other, the potential benefits of ongoing clinical expertise and experience within the academic organisation.

2.9 Clinical and academic homes should be established on a formal basis via a tri-partite agreement and an appropriate honorary 'contract' in each case (Template for this contract can be found in Appendix 3).

2.10 All NHS Lothian NMAHPs with PhD/Prof Doc/MPhil/MRes should be supported to discuss with their service manager the scope and potential for establishing an academic home ongoing research collaboration and activity. Where possible their research interest should be aligned with a research cluster or where this is not available a particular research methodology.

2.11 The progress of each clinical or academic home should be reviewed by all three parties to the agreement within the first six months of establishment, and annually thereafter.

2.12 Once a critical mass of homes has been established there should be a wider evaluation in order to identity benefits/limitations of the scheme overall.

2.13 There are no *a priori* eligibility criteria applicable to individuals wishing to be considered for a clinical or academic home. Eligibility will depend solely on the experience and qualifications required to perform the duties of the role in each specific case.

3.0 Potential benefits

3.01   Clinicians - access to academic supervision and resources (such as libraries, training opportunities, research equipment and software), the opportunity to participate as a co-investigator, and (where relevant) to develop teaching skills.

3.02   Academics - expansion of clinical contacts, networking, sharing knowledge and expertise, identification of priority research questions and research collaborations and (where relevant) the opportunity to refresh clinical skills.

3.03   Organisations – development of research, clinical and educational capacity and capability, strengthening the mutual bond between research and practice, stronger partnerships and collaborative relationships.

3.04   Patients and users – a stronger link between clinical practice and the evidence base, and a developing culture of research in practice will secure improvements in service provision in terms of person-centred care, quality, effectiveness, and efficiency.

4.0 Potential risks -

The NMAHP Research Framework Group will be responsible for monitoring potential risks associated with each appointment. A risk analysis will be considered in relation to a number of themes including clinical governance (patient safety), clinical cover to support continuity of care and workload of the individual securing the clinical/academic home. There will be ongoing monitoring of

achievement of objectives associated with each role. Where any potential risks are identified these will be discussed with the individual along with their host and home institution line manager and supporter.

5.0 Selection Process

In the early stages of this initiative the potential for establishing specific clinical and/or academic homes will be facilitated by the NMAHP Framework Group through local networking and knowledge of research and health priorities. Whether an individual/s has/has been identified or not the NMAHP Framework Group will initiate discussions with the relevant senior managers and heads of department within NHS Lothian and the HEI. The characteristics and progression of local arrangements would be based on the managers/heads' assessments of individual staff members' work experience, knowledge and skills sets, special interests, career history, development needs, and career aspirations. There will be no competitive selection process.

Once the clinical and academic homes initiative is well-established there may be less need for the NMAHP Framework Group to facilitate discussions between partner organisations in all cases.

6.0 Governance

To ensure adequacy and transparency of governance arrangements both clinical and academic homes will require the following to be established:

i. Verification of professional registration (where necessary)

ii. Honorary contract that includes appropriate Disclosure/Protection of Vulnerable Groups, occupational health clearance, start and end dates, early termination procedures, weekly time commitment, the scope and boundaries of duties (particularly extent of clinical responsibility), managerial and supervisory relationships, leave of absence arrangements.

iii. Formal tri-partite agreement (individual, employing organisation and hosting organisation) specifying the scope of the role, jointly agreed objectives, projected outputs and outcomes, funding of the role, and commitments of the host organisation to the honorary post-holder.

iv. Bespoke induction relevant to setting and role.

6.0 Other Practicalities

The individual should be provided with appropriate accommodation (this may be a hot desk) including access to IT facilities and other necessary resources.

Lothian NMAHP Research Framework Development Group
January 2014

Agreements

Melanie Hornett, Executive Nurse Director, NHS Lothian

Date

Professor Charlotte Clarke, University of Edinburgh

Date

Dr Jayne Donaldson, Edinburgh Napier University

Date

Dr Fiona Coutts, Queen Margaret University

Date

Appendix 1

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Lothian NMAHP Research Framework
The Clinical Home Experience: an overview of possibilities

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Introduction

The aim of this paper is to provide a concise overview of the *possible* roles, responsibilities, and development opportunities associated with a clinical home experience. A range of examples of activities linked to clinical home experience are presented as a vehicle to support applicants to appraise the option and stimulate thought about approaching a specific clinical setting about what elements might be appropriate.

Elements described below are presented as *possible* experiences, the list is not exhaustive nor exclusive, the experience cannot be described in more definite terms as the context of the project, the place and people involved will vary site to site.

Roles/responsibilities

Research

- Facilitating the development of research in the clinical setting and increasing the capacity and capability of staff who wish to pursue research

- Contributing to the identification of applied research questions and potentially leading on specific research studies in collaboration with clinical colleagues from all disciplines

- Preparing grant applications and research proposals with teams (from conception to submission)

- Disseminating research or project process/outcomes within clinical setting and externally (e.g. producing posters, oral presentations, report writing) and encouraging clinical colleagues to participate in the process

- Mentoring NHS staff who are undertaking research

- Further developing the collaborative working between NHS Lothian and the higher education institution and the other academic partners.

Clinical

- Refreshing and maintaining clinical competencies within sphere of own professional practice and following appropriate orientation to the setting

- Reorienting to the complexities of NMAHP practice in the clinical specialty

- Working alongside identified NMAHPs in clinical setting in order to collaboratively identify practice issues for potential study

- Where appropriate, maintaining an appropriate case load of patients

Key skills
- Collaboration and networking skills
- Planning and organisation skills
- Communication (verbal, written) skills – communicate effectively with a diverse range of people
- Work effectively as part of a team or independently
- Effective work planning and time management
- Problem solving skills
- Presentation skills
- IT skills

Opportunities for personal and professional development
- To extend networks; cross and inter disciplinary work; enhancement of knowledge and skills in current/new areas; facilitate research and education across clinical and academic sites. Attend training events at the Higher Education Institution (HEI) – update and develop new skills.

Relationships and support
- Joining existing clinical teams – with supervision and support of senior clinicians.
- Support from a practice-based mentor – a person whose role it is to support the individual to achieve as much as is possible from the academic-clinical home scenario.

Appendix 2

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Lothian NMAHP Research Framework
The Academic Home Experience: an overview of possibilities

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Introduction

The aim of this paper is to provide a concise overview of the *possible* roles, responsibilities, challenges and development opportunities associated with an academic home experience. A range of examples of activities linked to an academic home experience are presented as a vehicle to support applicants appraise the option and stimulate thought about questioning a specific academic site about what elements might be included in their academic home role. This resource may also be helpful in generating ideas about what could be nurtured or initiated when in an academic home.

Elements described below are presented as *possible* experiences, the list is not exhaustive nor exclusive, the experience cannot be described in more definite terms as the context of the project, the place and people involved will vary site to site.

Roles/responsibilities

- Assisting or independently researching (planning, developing and conducting research)
- Preparing grant applications and research proposals with teams (from conception to submission)
- Supporting recruitment and liaison with research participants
- Dissemination of research or project process/outcomes: producing posters, oral presentations (for internal or external audiences), report writing
- Conducting systematic reviews or literature reviews, editorial work
- Preparing correspondence, publication schedules
- Data processing/analysis; maintaining records, research administration
- Supporting teaching, learning and assessment: lecturing, supporting tutorials, clinical skills education, online learning facilitation – undergraduates, postgraduates, research students, professionals (CPD)
- Supervising or mentoring other researchers

Key skills

- Collaboration and networking skills
- Presentation skills
- Planning and organisation skills
- IT skills
- Communication (verbal, written) skills – communicate effectively with a diverse range of people
- Work effectively as part of a team or independently
- Effective work planning and time management
- Problem solving skills

Opportunities for personal and professional development

- To extend networks; cross and inter disciplinary work; enhancement of knowledge and skills in current/new areas; facilitate research and education across clinical and academic sites. Attend training events at the Higher Education Institution (HEI) – update and develop new skills.

Relationships and support

- Joining existing research teams – mentoring from principal investigator or other team members.
- Support from professional support staff e.g. information services staff, learning resource staff (support for searching databases, use of new software), professional education support staff (supporting development of skills for teaching and assessment).
- Support from an academic mentor – a person whose role it is to support the individual to achieve as much as is possible from the academic-clinical home scenario.

Appendix 3

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NHS Lothian and HEI
NMAHP Research Framework
Clinical / Academic (delete as appropriate) Role in x

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Context

The Lothian NMAHP Research Framework (2011-2015) has been developed to establish and sustain a Lothian NMAHP research community. It represents collaboration between NHS Lothian and its three principal academic partners for NMAHP research:

- School of Nursing, Midwifery and Social Care, Edinburgh Napier University
- School of Health in Social Science, University of Edinburgh
- School of Health Sciences, Queen Margaret University, Edinburgh

The overarching aims of the 5 year plan are to:

- increase the volume and quality of applied research that leads to improvements in patient/client health and well-being and service delivery, particularly in areas of strategic priority.
- further enhance the profile and status of NMAHP research in Lothian, creating a culture of inquiry and evidence-informed decision making.
- enhance the NMAHP research infrastructure in order to support the development of high quality research studies and offer a range of career opportunities.

One of the priority areas for NMAHP research has been identified as Mental Health.
The Framework presents 12 vision statements that include:

4. There will be appropriate reciprocal arrangements for research active NMAHPs to have an 'academic home' and academic researchers to have a 'clinical home' in order to strengthen potential for collaboration, identification of research priorities, development of thematic programmes of research, and dissemination and utilisation of research findings.

HEI are supporting the establishment of a clinical academic appointment for x, post. x has well established links with x Department in NHS Lothian. Summary of relevant clinical and research work (CV available as separate document).

The commitment from HEI would be to release x …. WTE each week to work in NHS Lothian. There would be no financial cost to NHS Lothian.
Outline of role (including nature of clinical commitment i.e. holding own case load or working alongside clinical staff)

It is proposed that x will work the supervision of x, post at the location(s). If appropriate He/she will also work to develop NMAHP research capacity more broadly within x. This would involve collaboration with Juliet MacArthur, Chief Nurse Research and Development, Andy Peters, AHP Research Facilitator and key individuals in x service including [For example the NMAHP Consultants and operational managers including x, Clinical Nurse

Manager/Lead AHP and x, Head of Service]. [Also specify specific strategic groups/ individual that would be relevant to role and recent strategic documents that research activity would link to]

This position will involve an Honorary NHS contract as Research Consultant linked to the x Department and the Nursing/AHP Directorate. It will involve the following key responsibilities:

Research

- To facilitate the development of research in speciality in NHS Lothian and increase the capacity and capability of staff who wish to pursue research
- To contribute and potentially lead on specific research studies
- To mentor NHS staff who are undertaking research in x area
- To further develop collaborative working between NHS Lothian and HEI and the other academic partners.

Clinical

- Specify actual clinical role and degree of autonomy and or/level of supervision
- Continue as required

Signatures

One of the following:

Juliet MacArthur	Andy Peters
Chief Nurse Research & Development	AHP Research Facilitator
Date	Date

Both of the following

Head of Service (Chief Nurse/Lead AHP)
Date

Head of School
Date