

# Mapping research capacity activities in the CLAHRC community

Supporting non-medical  
professionals



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# Foreword from NIHR

NIHR has, since its inception, recognised the need for a strong scientific research base in the allied health professions, in particular to inform service planning and decision-making.

Nurses, midwives and allied health professionals (NMAHPs) work across a range of clinical and non-clinical environments within the NHS. Each allied health profession has a unique clinical focus and some, such as nutrition and dietetics, have developed a critical mass of research active professionals. However, not all NMAHPs are at the same stage of research capacity development.

Despite this diversity, allied health professions share similar challenges in building research capacity. Some knowledge-related – the lack of quality and generalisability of research evidence – and some practical problems - the lack of time, skills and resources. With the right support and guidance, it is possible for those NMAHPs who are interested in research, to establish a career that combines this interest with patient care and service delivery.

To achieve this aim, the NIHR has developed a number of research training opportunities to support the career pathways of NMAHPs alongside clinical activity. Although pathways to an integrated clinical and research career are well established for medical staff, comparable opportunities are not well defined for NMAHPs and often clinicians who are interested in becoming involved in research do not know where to begin.

The NIHR CLAHRCs are making an important contribution to NIHR's challenge of research capacity building for NMAHPs and this report that sets out what has been done across the CLAHRCs to achieve this aim. Brief case studies in the report illustrate the best examples of how capacity building for NMAHPs have been achieved. I welcome this report and hope that the information of what the NIHR CLAHRCs offer will assist NMAHPs and NHS managers to make the most of opportunities that will ultimately bring direct benefits to patients and the public.

**Dr Louise Wood**

Director of Research and Development  
Department of Health

# Foreword from NIHR CLAHRCs

Whilst integrated clinical and research career pathways exist for medical professionals, comparable opportunities are not well defined for Nurses, Midwives and Allied Health Professionals (NMAHP's), yet they form the vast majority of the clinical workforce which provides care to patients.

This report maps the role of the NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) in England as they seek to support, develop and sustain NMAHPs as clinical academics and provides insight into successful models of capacity building and recommendations for further development.

The NIHR CLAHRCs were created<sup>1</sup> to help ensure research evidence is used to improve health services and patient care. They bring together local NHS providers and commissioners with academics, other relevant local organisations, industry partners and health research infrastructures including Academic Health Science Networks (AHSNs).

The CLAHRCs have three distinct pillars of work: firstly, they undertake high quality applied research, and secondly they undertake evidence based implementations that are responsive to and in partnership with their collaborating organisations, patients, carers and the public. The third pillar of the CLAHRCs and the focus of this report is a requirement to increase the country's capacity and capability to conduct high quality applied health research, whilst also understanding implementation and improvement science thereby creating pathways to impact.

The report describes via a mapping exercise and case studies, the variety of CLAHRC interventions to support NMAHP research capacity. These range from 'Learning by Doing' through to more formal courses such as Improvement Science MScs or doctoral programmes. Evaluation of the impact of these interventions indicates the importance of a continuing CLAHRC role in this space.

**Professor Sue Mawson**

Director NIHR CLAHRC Yorkshire & Humber

**Professor Derek Bell**

Director NIHR CLAHRC North West London

1. In 2013, following the success of the 9 pilot CLAHRCs, the NIHR funded a second wave of 13 CLAHRCs for a five year period commencing 1 January 2014.

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# Executive Summary:

## Conclusions and Recommendations

This mapping exercise demonstrates that CLAHRCs are undertaking extensive activity to build research capacity in the non-medical clinical professions. It provides evidence that CLAHRCs are able to contribute to establishing a research culture in these groups, and can be an effective part of the architecture to make change necessary, called for by the Willis Report (2015).

### Strengths that CLAHRCs can demonstrate in building capacity in Nursing, Midwifery, and Allied Health Professionals (NMAHPs)

**Diversity of funding sources and access to other resources:** The CLAHRCs have identified and utilised a number of funding sources, as well as harnessing other resources to undertake capacity building activity.

**Funding backfill and protected time:** Financial resources have been used to fund protected time from clinical responsibilities through backfill arrangements. This was described as an 'essential' requirement for success. However, difficulties still can occur in releasing practitioners from clinical time even when funding is provided.

**Multiple, and diverse activities to support research capacity building:** A diverse range of activities to build research capacity is described in the report. These activities often have multiple components to them. Sequential provision linked to career planning and progression has proved helpful. Some CLAHRCs and the NIHR Integrated Clinical Academic Training (ICAT) pathway supports this approach, but the missing link is the post Masters, pre-doctoral steppingstone. Such opportunities are offered through internships and CLAHRC fellowships in some CLAHRCs. Other CLAHRCs should consider providing this.

Some real benefits for interdisciplinary working have been identified in this mapping exercise. Such activities should be woven into activities specifically aimed at NMAHPs

Secondment posts into CLAHRCs are helpful for career progression. CLAHRCs should invest in these.

**The CLAHRC programmes provide impactful clinical academic experiences for learners:** CLAHRC projects provide good opportunities for NMAHPs to gain experience of cross boundary working in research and implementation projects. CLAHRCs have a remit for further grant capture. Engaging NMAHPs as co-applicants on bids supports career progression, and this should be part of the capacity building function of CLAHRCs.

**Capacity building for implementation and implementation science training:** CLAHRCs provide fellowships and 'learning by doing' activities for implementation capacity building. More formal training, linked to the CLAHRCs (at Masters Level) seems limited to a small number of CLAHRCs.

**Capacity building and impact on the clinical research culture:** There are some early signs that integrated research careers for individual NMAHPs can have an impact on the clinical environment. Limited examples were provided of impact on patients and on services. CLAHRCs should systematically collect such examples.

### Opportunities for improvement

**Managerial and organisational support for career development:** NMAHP managers have little experience of supporting clinical academic pathways. The NHS career structures for clinical academic posts are inconsistent at best, and non-existent as the norm. This report continues to find that some practitioners had poor, shifting or no support from clinical managers. Examples for good support were reported however, and some CLAHRCs have contributed to the recently produced document for aspiring clinical academics and their managers (<http://www.nihr.ac.uk/documents/faculty/Building-a-research-career-handbook.pdf>)

Many CLAHRCs have aimed to engage with managers to secure backfill arrangements and enable benefits to the clinical environment. These activities have mixed results, with some positive outcomes.

**Mapping career pathways in NMAHPs:** CLAHRCs support individuals in developing clinical-academic careers, who have an impact on the clinical environment. CLAHRCs should explore a way to maintain contact

with these individuals, and to collect examples of career progression, and impact on services and research activity.

#### **Differences and inconsistencies in capacity provision:**

There are differences in capacity provision across the CLAHRC community. This includes links with the NIHR Masters in Research Programme, variable amounts of partnership work, and access to Health Education England and Academic Health Science Networks (AHSN) resources.

‘Learning by doing’ schemes vary considerably across the country on the amount of protected time offered, and there is no consistency in the use of title for them. This can be confusing as what is offered under the same title can be markedly different across the network. It may be worth suggesting an agreed language/ titles for the length and type of provision on offer.

**Further partnerships:** Organisational partnership work with NMAHPs professional bodies was not reported within the project and might be considered.

#### **Potential area for joint working as a CLAHRC community**

The report has highlighted potential synergies and possibilities for joint working across the CLAHRC community that the Directors and Training Leads might consider.

#### **Placement and cross CLAHRC secondment opportunities:**

One CLAHRC has successfully worked across the NIHR infrastructure (Biomedical Research Unit and Health Technology Cooperative) to extend ‘learning by doing’ opportunities. It might be worth exploring cross CLAHRC placements in a similar way. The NIHR also offer exchange placements for doctoral students. The CLAHRC community could also provide such exchanges for NMAHPs, but not necessarily linked to doctoral study.

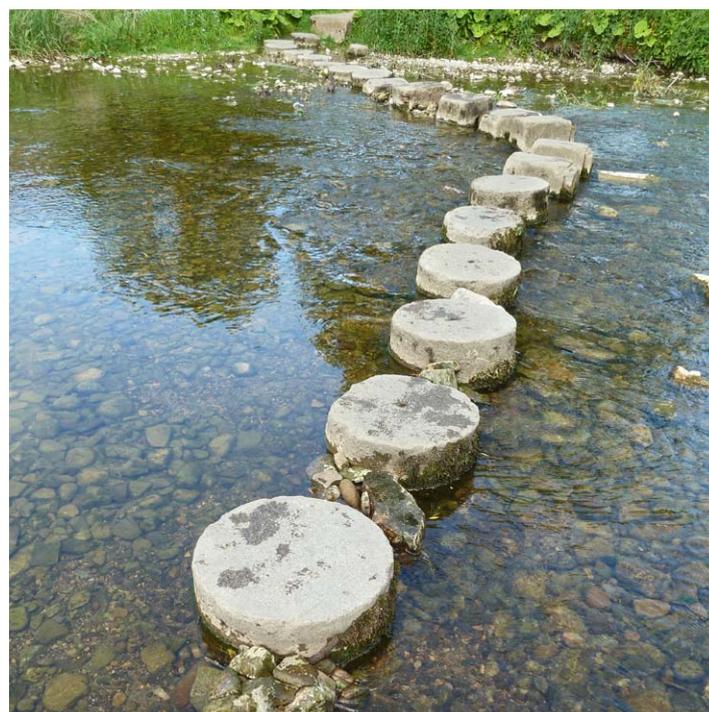
#### **Developing linkages between CLAHRC community research outputs and implementation capacity developments:**

Many of the CLAHRC implementation activities feature project work into services. There may be some benefit of making research outputs and ‘actionable tools’ developed from the national CLAHRC activity in to implementation project work.

**Collaborations around evaluation:** Many of the CLAHRCs report they are undertaking evaluation of capacity building initiatives. There may be some willingness and advantage for joining up these activities.

**Sharing what works, and learning together:** There is great diversity across the CLAHRC community in how capacity is being developed. There are also ‘wicked’ problems that continue to persist, for example enabling managerial support for academic career progression. Sharing results of what works, as well as developing solutions together to tackle problems could be helpful

**Develop a network of clinical academic NMAHPs:** As clinical academic careers are relatively limited and new for this group of practitioners, they may feel isolated. It may be beneficial to enable national networking opportunities to explore synergies between these individuals.



**Many of the CLAHRCs report they are undertaking evaluation of capacity building initiatives.**

# 1. Introduction

## 1.1 Background to the commissioning and scope of the report: why should NIHR CLAHRCs build capacity in non-medical clinicians?

NIHR CLAHRCs 2014 - 2018 have a requirement to 'increase the country's capacity to conduct high quality applied health research focused on the needs of patients, and particularly research targeted at chronic disease and public health interventions'. Supporting all professional groups to do this is an important element of this objective. Focusing attention on the wider NHS workforce is essential to address cost pressures and the delivery of future care models such as those outlined in the NHS five year forward view. A majority of the clinical workforce that provides care to patients is comprised of Nurses, Midwives, and Allied Health Professionals (NMAHPs).

Although the pathways to develop an integrated clinical and research career is well established for medical staff, comparable opportunities are not well defined for NMAHPs. CLAHRCs can help define, and further increase such activities within their capacity remit.

Building capacity in these groups also supports a principle of coproduction that is imperative for applied health research and service reconfiguration, and the core business of CLAHRCs.

This approach is further supported by the recommendations of the 'Shape of Caring' (2015) known as the Willis report, which highlights the need to generate a research culture in nursing, and provide the foundation architecture to make change necessary. The Willis Report calls on the CLAHRCs to be a key player in this regard.

The Directors of the CLAHRCs agreed in July 2015 to support a joint piece of work on articulating the role that CLAHRCs play in supporting non- medical clinicians, predominately NMAHP's, to develop integrated clinical academic careers.

## 1.2 The team

Jo Cooke Deputy Director and Research Capacity Lead NIHR CLAHRC Yorkshire and Humber (NIHR CLAHRC YH) was nominated to lead this project. Jo worked with a team that included Kate Bray in CLAHRC YH, and Vimal Sriram (CLAHRC NW London) to collect information for this mapping exercise.

The Training Leads and Programme Managers were the main points of contact in gathering information for the exercise, and the team would like to thank them for their contributions.

The case studies were produced by the host CLAHRC.

Many thanks to the following for providing their case study:

- Jo Cooke CLAHRC Yorkshire and Humber
- Dr Greta Westwood CLAHRC Wessex
- Dr Vicki Goodwin CLAHRC South West
- Dr Rowan Myron CLAHRC North West London
- Professor Naomi Fulop and Dr Helen Barratt CLAHRC North Thames
- Dr Christine Hill CLAHRC East of England
- Dr Sara Kenyon CLAHRC West Midlands

## 1.3 The objectives of the project

1. Identify activities that the CLAHRC community has deployed in supporting NMAHP's engagement in research
2. Highlight stories of impact on career pathways of NMAHPs.
3. Develop case studies of impact, that this capacity building work has had on services, patients and service users

## 2. Capacity Building and NMAHPs

### 2.1 What do we mean by research capacity building?

Undertaking a conceptual review of the literature, Condell and Bagley (2007) define research capacity development (RCD), as 'a funded, dynamic intervention operationalised through a range of foci and levels to augment ability to carry out research or achieve objectives in the field of research over the long-term, with aspects of social change as an ultimate outcome' (p273). This definition highlights that RCD is complex, operates at a number of structural levels, including individual, team, organisational, and within networks (Cooke 2005), and includes a range of 'interventions' (Cooke *et al* 2006) or foci of activity.

RCD activities are often conducted in parallel and can be interrelated. Research training, fellowships and mentorship schemes, for example, can be planned and evaluated separately, but in practice are often linked (Sambunjak *et al* 2006).

CLAHRCs have the ability to work at different levels, to support and create opportunities for capacity building, as they link into NHS organisations, and provide a bridge between the NHS and academia. The funding and other resources identified through match may also act as enablers, and the social change called for by Condell and Bagley (2007) links to the key motivation of the CLAHRC endeavor: producing positive changes in research cultures in order to 'make a difference' to clinical practice and health of patients and citizens.

**The most important resource that the NHS has is its people.**

### 2.2 Who are non-medical clinicians or NMAHPs and why are they important in research?

The most important resource that the NHS has is its people. Without a skilled workforce there is no NHS (Addicott, Maguire, Honeyman, *et al.* 2014). NMAHPs roles span many domains of care, including: prevention, health promotion, diagnosis, treatment, support and enabling independence. Nurses form the largest part of the NHS workforce with an estimated 314,731 nursing, midwifery and health visiting staff employed as full-time equivalents in the NHS (Horan 2015).

AHPs are a group of 12 distinct professions (including Prosthetists and Orthotists, Orthoptists, Drama Therapists and Art and Music therapists, Dieticians, Chiropodists/ Podiatrists, Speech and Language Therapists, Paramedics, Radiographers, Physiotherapists and Occupational therapists). There was an estimated 136,160 AHPs in England (Horan 2015). AHPs made up 6 per cent of the NHS workforce in 2013, with an estimated staff cost of over £2 billion (Dorning & Bradsley 2014) In 2013, there were 1.2 full-time equivalent AHPs and 6.0 nurses for every 1,000 people in England (Dorning & Bradsley 2014). Education, training and capacity building for this diverse and highly skilled workforce in research and translating evidence into practice are important.

The NHS needs a workforce that is fit for purpose, able to adapt to changing demographics and the new care models outlined in the Five Year Forward View. The Education Outcomes Framework (Department of Health 2013), highlights the importance of a flexible workforce that is receptive to research and innovation. Health Education England [created to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviors, at the right time and in the right place] (Department of Health 2013), has developed a Research and Innovation strategy that aims to build the capacity and capability of the current and future workforce to embrace and actively engage with research and innovation.

### 2.3 What can NMAHP's do to achieve a research career?

NMAHPs have a unique perspective on patient care that can enrich and diversify research. In the past two decades, with the rapid expansion of resources for research, NMAHPs contribution to evidence-based practice, innovation and improvement of service delivery and health policy has increased exponentially (Dorning & Bradsley 2014).

NMAHPs working in a range of clinical and non-clinical environments within the NHS can establish a career route that combines everyday patient care and service delivery with research. There are various routes through which NMAHPs can access a research career. The NIHR Health Education England (HEE) clinical academic programme provides training awards (personal) for NMAHPs who wish to develop careers that combine clinical research and research leadership with continued clinical practice. The NIHR supported over 3,100 individual trainees, of which 5% of the trainees came from nursing, midwifery and allied health backgrounds (National Institute for Health Research 2014). NIHR CLAHRCs across England are uniquely placed with their interface between the NHS provider, commissioner organisations, academia and industry partners to support capacity and capability building of this workforce.

**The NIHR supported over 3,100 individual trainees, of which 5% of the trainees came from nursing, midwifery and allied health backgrounds.**



# 3. What are CLAHRCs doing to support capacity building and career pathways in NMAHPs?

## 3.1 The method of the mapping exercise

This scoping exercise was completed in the last six months of 2015. Sources of data included the training sections of the 2014-15 annual report for each CLAHRC, and consultation with the Training Leads and Programme Managers, who were asked to gather additional information, provide examples of individual career progress, and submit further information for a 'deep dive' in the five case studies presented in the report.

The exercise was undertaken in three parts:

### Part One: Mapping activities that the CLAHRC community has deployed in supporting NMAHP's engagement in research

Data were gathered focusing on experiential 'Learning by Doing' activities provided by CLAHRCs, and summaries of research training provided by, or used by CLAHRCs. Further information was collected on: Funding to protect time away from work; mechanisms by which staff released from clinical duties; and the role of matched funding.

### Part Two: Stories of impact on career pathways of NMAHPs

Information was sought from the pilot CLAHRCs (2008-13) on examples of individuals who have progressed through career pathways linked to CLAHRC activity, in order to determine mechanisms and activities that support career progression for NMAHPs in the context of CLAHRCs. Training Leads provided information on staff that could be followed up. These individuals were then invited to complete a proforma (Appendix 1). There were 8 respondents from four CLAHRCs; their feedback is described in section 5.

### Part Three: Develop case studies of impact

A purposive sample of six brief case studies is provided, written by the CLAHRC who developed the initiative to illustrate innovative working and exploring impact. Examples were submitted to the team using a template (Appendix 2).

**This scoping exercise was completed in the last six months of 2015.**

# 4. Activities for supporting NMAHPs engagement in research in the CLAHRC community

CLAHRCs provide research capacity building activity for NMAHPs, which are shaped and delivered for these groups, or offer activities designed for all professional groups, but which NMAHPs have access to and use.

These include:

- **Learning by doing.** Such activities are based on experiential learning, and aim to provide protected time away from clinical pressures, and to gain skills and experience. They do not contribute to formal training or qualifications, but are aimed at enhancing research CVs, extending expertise. These 'learning by doing' activities primarily focus on research skills development, but some also focus on knowledge mobilisation and research implementation.
- **Formal Training (PhD/MSc).** Some provision for PhD and Masters qualifications in clinical research programmes are specifically aimed at clinicians and NMAHPs
- **Implementation Science Support.** Two CLAHRCs have developed a Masters programme focussing on Implementation Science. These programmes are provided for multi-professional groups, and have a strong emphasis on experiential learning, undertaking project work alongside patients and carers. The CLAHRC WM has also developed a Massive Online Open Course (MOOC) and blended learning MSc on implementation science.
- **Research Training/Short Courses/Workshops.** These examples illustrate training for short periods of time, and aim to increase skills in a particular area.
- **Miscellaneous Activity.** Examples include learning sets, mentorship and coaching to support research capacity, communities of practice and peer to peer support.

More detailed evidence of these activities is given in the Appendices (3-7).

A summary and implications for the CLAHRC community is given in the following subsections.

## 4.1 Learning by doing

The category of 'learning by doing' research capacity development is strong across the network (Appendix 3). This type of support is particularly pertinent to CLAHRC partnerships because it is often enabled by match funding and collaborative arrangements that CLAHRC partnerships provide

These 'learning by doing' opportunities are characterised by:

### 1. Protected time away from clinical duties or usual place of work.

Protected time is negotiated with the candidate's place of work, and is either provided as 'match' funding into CLAHRC, or is funded by CLAHRC core funds, Research Capability Funds (RCF), or by other means (external funding, education grants, charitable funds) to back fill the person's clinical role while they gain research experience.

A number of CLAHRCs have worked closely with Health Education England in their region to attract funding to undertake these schemes.

### 2. Time limited.

Such initiatives are planned to be time limited to provide experience for participants. The length of protected time away from clinical duties varies considerably between schemes across the CLAHRC community.

For example:

- 25-35 days over a year for internship schemes in CLAHRC Yorkshire and Humber, CLAHRC Greater Manchester
- One to two days per week for the period of a year for an Internship scheme in CLAHRC North West Coast, and a Fellowship scheme CLAHRC East of England
- Two days a week for six months, Research Fellows scheme in CLAHRC South London
- Four days a week for one year in a Fellowship Scheme in CLAHRC North Thames

### 3. Focus on 'learning by doing' through experience.

This experience is often provided by placements into CLAHRC projects under the supervision of CLAHRC academics.

The level and amount of work varies with time available. The longer funded opportunities often have aims of preparing candidates for PhD fellowships, for example in CLAHRC South London, and CLAHRC North Thames schemes. Longer schemes may also aim to deliver a project useful for the NHS partner organisation as well as provide experience of the individuals, CLAHRC East of England Fellowship and secondments in CLAHRC Yorkshire and Humber.

Shorter schemes include working as a team member on CLAHRC projects for experience and to strengthen research CVs (CLAHRC Yorkshire and Humber and CLAHRC Greater Manchester internships), and these are often linked to a particular career stage, for example post masters level students, or very early in the career as a 'taster' experience.

One scheme, offered in Yorkshire and Humber, works across the NIHR infrastructure to provide varied placement opportunities.

Some schemes focus on research implementation, for example the CLAHRC West Midland Diffusion Fellows.

#### 4. Training.

Some schemes provide formal classroom based training days linked to the scheme. For example, the CLAHRC North West Coast includes 10 research training days covering the research process from literature searching, through to ethics, research methods, data analysis and dissemination. Shorter schemes provide one or two days of formal teaching around research infrastructure and career opportunities.

The 'learning by doing' schemes do not provide 'formal' qualifications (e.g. Masters/PhD) - but may be an adjunct/supplementary to these, or a 'stepping stone' between formal training.

#### 5. Other learning and support.

Many schemes deliver career mentorship and career planning linked to the experience. Some have learning sets to promote learning between candidates.

#### Conclusion.

The 'learning by doing' schemes provide introductory and 'stepping stone' opportunities to enable NMAHPs along the research career pathways. They require close working with clinical practice to ensure that protected time is negotiated and funded. Some offer implementation of research experience.

Schemes vary considerably across the country on the amount of protected time offered.

There is no consistency in the use of title for these 'learning by doing' opportunities across the CLAHRC community. This can be confusing as what is offered under the same title can be markedly different.

There are similarities between schemes, whilst also some unique differences and there may well be opportunities of sharing what works between schemes. Evaluation of such opportunities is underway, and there may be synergy in working together on this.

#### 4.2 Formal Training (PhD/Masters) Summary

Formal training includes PhD and Master Level studies developed by or supported by the CLAHRCs (Appendix 4)

##### Master's Study.

HEE and the NIHR have developed a funded Masters in Clinical Research specifically for NMAHPs as part of the integrated clinical academic training suite of capacity support.

Eight CLAHRCs are currently linked with this training: East of England, East Midlands, Greater Manchester, North West Coast, South London, South West Peninsula, West Midlands, and Yorkshire and Humber. This provides students with fees and funded backfill from clinical duties.

##### PhD.

All CLAHRCs have doctoral students who are from NMAHP backgrounds. Annual report training summaries also show that CLAHRCs provide linked support for doctoral students, with access to additional research training, mentorship and support groups.

**The 'learning by doing' schemes provide introductory and 'stepping stone' opportunities to enable NMAHPs along the research career pathways.**

East Midlands, South London, North West Coast, West Midlands, and Yorkshire and Humber CLAHRCs have NMAHPs undertaking doctoral studies, whose research is integrated into theme activity rather than a formal programme aimed at NMAHPs.

With regard to doctoral training infrastructure specifically aimed at NMAHPs the following are in place:

- East of England, Greater Manchester, South West Peninsula, and Wessex CLAHRCs provide PhD opportunities for NMAHPs through the National Dementia CLAHRC Fellowships scheme, a programme specifically for non- medical staff.
- Wessex CLAHRC has developed a Clinical Doctorate Research Fellowship scheme based over 4 years, where clinically based staff work for 3 days in academia and 2 day in their clinical post. This innovative scheme forms one of the case studies.
- West Midlands provided a fully funded PhD studentship under the Maternity and Child Health Theme awarded to a midwife. A research midwife was successful in her application to join the research team as a Research Fellow and has made a significant contribution – see also News Blog article at <https://clahrcwmblog.wordpress.com/2015/11/06/dialogue-womens-options-birth/>

This formal research training for PhD studies tend to fully support staff in time and funding.

## Conclusion.

All CLAHRCs provide doctoral training for NMAHPs supporting the development of clinical academic non-medical clinicians in the context of multi-professional Health Services Research. CLAHRCs are therefore contributing to the development of a cadre of non-medical clinical academics of high quality and relevance to Health Service Research. There may be some benefit in linking these individuals nationally to maximise the networking opportunities for them.

CLAHRCs are integrating with the formal NIHR clinical academic architecture for NMAHPs. Six of the thirteen CLAHRCs are linked to the NIHR Integrated Clinical Academic Training at Masters Level, and four CLAHRCs provide early career doctoral opportunities aimed at NMAHPs by accessing NIHR funds to provide networks specifically aimed at these groups in particular clinical areas (Dementia).

There are differences across the CLAHRCs in the extent to which NMAHPs are supported by CLAHRCs to engage in formal research education architecture. Inequalities in access to this training therefore exist across the CLAHRC community. There is also a need to strengthen links with HEE NIHR to extend the Masters in Research across all CLAHRCs, and CLAHRCs are well positioned to support the requirements of regional doctoral network requirements of the Willis report (2012).

CLAHRC Wessex has shown particular leadership on early career pathways, and more details of this scheme, and the Dementia PhD network is provided in the case studies.

**All CLAHRCs provide doctoral training for NMAHPs supporting the development of clinical academic nonmedical clinicians in the context of multi-professional Health Services Research.**

### 4.3 Implementation Science Summary

Implementation Science is the study of methods to promote the integration of research findings and evidence in healthcare practice. Implementation Science intends to investigate and address social, behavioral, economic and management issues that impede effective implementation. It explores causal relationship between intervention and impact.

The review on CLAHRC capacity building for NMAHPs highlighted a number of areas in which NMAHPs were involved in training and related activity within the scope of Implementation Science (Appendix 5).

Two London CLAHRCs (CLAHRC North West London and CLAHRC South London) provide training through a Masters level programme on implementation and improvement science. These are provided for all healthcare professionals, and NMAHPs access this training.

CLAHRC West Midlands provides training through a bespoke blended Masters-level programme developed by Warwick Business School in Healthcare Innovation and Leadership, that includes specific case studies from the CLAHRC West Midlands research and implementation activities.

Delivered through St Georges and Kingston University, London and King's College, London the MSc is designed as a practical programme in which students undertake an improvement/implementation science project that they complete during the MSc. This training is multi-disciplinary and involves patients and the public who have

an interest in implementation and improvement science. The programme is offered as both part-time and full time funded routes, with match funding arrangements in place from the respective universities and the local Health Education Boards.

CLAHRC North West London offers a bursary (match funded by local, 3rd sector and industry partners) for an Improvement Leader Fellowship to build improvement champions and capacity in improvement science within the sector. Held as personal awards for a 12 month duration NMAHPs train and learn alongside other professional, managerial and patient/carer colleagues as part of the fellowship. More detail of this programme is provided in a case study.

#### Conclusion.

This review has highlighted that the implementation science learning support at Masters Level is currently limited to London and the West Midlands.

There is a strong emphasis within the Masters programme of experiential learning, undertaking project work alongside patient and carers, and sharing this learning with partner organisations

The London CLAHRCs have used a mixed portfolio of funding to provide this activity, including core training budgets, support from local health education teams and engaging 3rd sector and industry partners. Involvement of local Health Education Boards and matched funding from Non-NHS partners in cash, and in kind, demonstrates a good example of working with partner organisations and lessons learnt include effective communication strategies that facilitated this.



#### 4.4 Research Training/Short Courses/Workshops

All CLAHRCs have developed short courses and ‘in classroom’ research training covering the research process, research methods, statistics and Public and Patient Involvement (see Appendix 6).

Some short courses were developed specifically for NMAHPs, for example in CLAHRCs South West, West Midlands and Yorkshire and Humber. Other CLAHRCs provided training aimed at CLAHRC researchers, NHS partners, and some for the general public that NMAHPs also access.

The CLAHRCs host and fund the training, however with the exception of the Midlands and the South London Research Midwives Forum, NHS staff do not have funded protected time away from work to attend (see also case study 7). Attendance is facilitated through match and NHS engagement.

Not all CLAHRCs were able to feedback the numbers of NMAHPs attending training and workshops.

#### 4.5 Miscellaneous Activity

Miscellaneous activity to support research capacity is also in Appendix 7.

Examples include:

- Workshops providing information and support for applications to Fellowships, PhD and applying for NIHR funding
- Mentorship for doctoral students and career pathways
- Research fellows networks
- Support for writing and publication

**This review has highlighted that the implementation science learning support at Masters Level is currently limited to a small number of CLAHRCs.**

# 5. The impact of Pilot CLAHRCs on Early Research Career Pathways for NMAHPS

This part of the mapping exercise was undertaken to explore how non-medical healthcare professionals have progressed through career pathways linked to CLAHRC activity in order to:

- Determine the mechanisms and activities that support career progression
- Explore how developing NMAHPs in this way could have impact on the clinical environment.

Examples were sought of NMAHPs who have shown academic career progression within five pilot CLAHRCs (2008-13).

Pilot CLAHRCs were chosen for this part of the project, as there would have been time to show impact on career pathways, impact on practice, and learn from what works. Training Leads from these CLAHRCs provided contact information of individuals who had shown career advancement during this time, and who were willing to be contacted to share information on this. These individuals were then invited to complete a proforma (Appendix 1) to collect information.

Eight individuals were put forward from four CLAHRCs; one occupational therapist, 3 physiotherapists, 2 nurses, one dietician and one pharmacist. The majority were novices when they made initial contact with CLAHRC (pre -masters).

All are now currently active in research. Five of the respondents work in research full time (although have some limited clinical contact time), three maintain clinical work with time brought out through successful applications for funding.

## 5.1 Mechanisms for Building Research Capacity.

Mechanism and activities that supported capacity building in this group of practitioners include:

- **The NIHR Integrated Clinical Academic Training (ICAT) pathway.** Examples were provided of assistance to pursue a clinical academic career utilising the full range of funded NIHR ICAT opportunities including internships, Masters in Research, and doctoral fellowships. The CLAHRCs were fundamental in supporting these applications, and maximising learning opportunities they can provide.
- **CLAHRC fellowship preparation award.** A small pot of funds supported one individual to successfully prepare for a PhD fellowship application, which was embedded in the CLAHRC
- **Secondment opportunities into the CLAHRC.** Secondments were strongly associated with consolidation of research skills through undertaking research roles with CLAHRC projects, and the successful development of funding applications as a 'next step' in the career pathway. Secondments provided 'learning by doing' opportunities to develop the 'research craft' with more experienced researchers. Secondments were often planned around the post-masters period in the career pathway, and often enabled practitioners to become involved in research funding bids, and develop a PhD this way, or to apply for NIHR doctoral fellowship applications.
- **Mentorship and supervision.** CLAHRCs provided supervision and mentorship for aspiring clinical academics. This was also replicated by the practitioners themselves as they progress through their research career.

## 5.2 Contribution to the Clinical Areas

Examples were provided of how the aspiring, and/or successful clinical academic was able to have an impact on their clinical environment. This included impact on:

- **Capacity building** in others, by enabling and supporting other clinical staff to undertake research in their clinical area; supporting successful applications for funding.
- **Research culture of the clinical environment:** Examples were provided of developing a research plan for the clinical area with other clinicians; increasing the level of audit and evaluation of the clinical department due to skills learnt in CLAHRC; applying knowledge of Public and Patient Involvement (PPI) in evaluation, service development and clinical practice.
- **Research implementation:** Examples were provided of developing a business case for a clinical change based on research and evidence; supporting change in training of clinical skills, and influencing local clinical protocols based on research evidence.
- **Professional reputation:** Research activity through CLAHRC raised the academic profile of NMAHP profession in a clinical area. Examples were given of further invitations to become involved in grant submissions because of an increased profile within the clinical environment. One practitioner was able to get more involved with a professional body as a result of their clinical academic career progression.
- **Clinical academic integration:** Links to CLAHRC provided access to resources and academic assets into the clinical area, and the aspiring clinical academic could provide a 'different resource' of research information to other staff, understanding the NIHR infrastructure because of this experience.

## 5.3 Securing Time for Research from Clinical Duties and Support from the Clinical Manager

The majority of the respondents had support from their manager, and often used terms like being 'lucky' and 'fortunate' in this regard. The respondents described that many managers were supportive in allowing funded time to backfill for clinical duties for time limited periods. However, one clinician had to move organisation in order to undertake a successful PhD fellowship application. Another experienced that when having a 'split role', not all the clinically protected time was fully backfilled.

There was also some experience that managers could be supportive, but colleagues found backfill arrangements unsatisfactory.

Making research a 'mainstream' activity is still described as challenging, and support from managers could be mixed in this regard. Practitioners often use their own time in clinical posts to do some research, and that some research activity linked to patient recruitment was often difficult to fund separately from clinical time, and therefore increased clinical pressures.



## 5.4 Research Skills and Networking Opportunities Acquired Whilst Working in CLAHRC

Research and implementation skills were acquired through formal education, and experiential learning activities, which were highly valued by the aspiring academics. The CLAHRC experience provided opportunities to extend clinical and academic networks, and support boundary spanning experience. Links between the clinical environment into academia and industry were highly valued. This was seen as beneficial in developing an integrated clinical research career.

### Conclusion.

All respondents described the support from the CLAHRCs Programmes as invaluable to their early research career development. It provided access to secondment opportunities, funding applications, networking, academic expertise and training. Such feedback supports the continued need to develop research career for NMAHPs, and the role that CLAHRCs should play within this.

It remains challenging to integrate clinical and research activity into mainstream services for NMAHPs, but particularly so if this activity is not funded. Secondment opportunities are a means of doing this and CLAHRCs should continue with this.

CLAHRCs should continue to integrate opportunities and linkages with the NIHR ICAT programme to promote clinical academic careers for NMAHPs.

Engaging NMAHPs as co-applicants on bids supports career progression, and this should be part of the capacity function of CLAHRCs.

Many of the respondents felt fortunate if they got managerial support when implementing backfill arrangements, and some practitioners had poor, inconsistent or no support from clinical managers. This is still an area that needs some consideration and exchange of best practice.

Integrated research careers within NMAHPs can have an impact on clinical teams in relation to capacity building, promoting a research culture and professional reputation, supporting research implementation, and clinical-academic integration into the clinical environment.

Some examples of impact on services were provided, but this aspect of impact from clinical career progression could be strengthened.

There were limited numbers of practitioners to follow up for this mapping exercise across the pilot CLAHRCs. The CLAHRCs geographical footprints varied in the second wave of CLAHRC funding, and people and structures are constantly changing within CLAHRCs. This meant it is difficult to track practitioners as they progress through their career. In order to monitor the return on investing in NMAHP clinical researchers, CLAHRCs could consider systems to track researchers.

**All respondents described the support from the CLAHRC Programmes as invaluable to their early research career development.**

# 6. Research Capacity Development in NMAHPS: Case studies

This section describes six case studies as a 'deeper dive' into the types of work CLAHRCs are delivering to promote research capacity development.

From the initial scoping information, case studies were selected using purposive sampling. The team wanted to provide a full picture of the capacity development work and provide a balance of:

- NMAHP specific as well as multi-professional provision, and to include NHS Managers and Public and Patient Involvement
- Description activities aimed at different stages of the career pathway (early to mid-career)
- Attention to the 'very early' career pathway options promoted by the Willis Report (2012) in order to learn and prepare for this.



**Table 1** below describes the case studies that we invited to submit to the review. The Template for submission is provided in Appendix 2.

**Table 1:** Case studies for Capacity Building of NMAHPS.

Activity Description	Why this is important	CLAHRC Case Study Main Author and Contact Details
<b>1. Post Masters Internships</b>	<ul style="list-style-type: none"> <li>• Learning by Doing</li> <li>• Early career, specific to NMAHPS</li> <li>• Infrastructure joint work (CLAHRC/ BRU/ HTC)</li> <li>• Links with industry</li> </ul>	<b>Yorkshire and Humber</b> Jo Cooke <a href="mailto:Jo.cooke@sth.nhs.uk">Jo.cooke@sth.nhs.uk</a>
<b>2. Clinical Doctorate Research Fellowships</b>	<ul style="list-style-type: none"> <li>• Integrated clinical training</li> <li>• PhD early- middle career development</li> <li>• Multi-professional learning</li> <li>• Longevity and track record</li> </ul>	<b>Wessex</b> Dr Greta Westwood <a href="mailto:Greta.westwood@porthosp.nhs.uk">Greta.westwood@porthosp.nhs.uk</a>
<b>3. Research Capacity Dementia Care Programme</b>	<ul style="list-style-type: none"> <li>• NIHR PhD and CLAHRC specific call</li> <li>• Dementia Care</li> <li>• Early career researchers matching the Willis (2012) recommendations</li> </ul>	<b>Southwest</b> Dr Vicki Goodwin <a href="mailto:v.goodwin@exeter.ac.uk">v.goodwin@exeter.ac.uk</a>
<b>4. Improvement Leader Fellowship Scheme for Doctors, Nurses, AHP's, Managers, Academics Patients and Carers</b>	<ul style="list-style-type: none"> <li>• PhD Learning by Doing</li> <li>• PPI involvement</li> <li>• Multi-professional involvement</li> </ul>	<b>NW London</b> Dr Rowan Myron <a href="mailto:r.myron@imperial.ac.uk">r.myron@imperial.ac.uk</a>
<b>5. HE NCEL CLAHRC Research Fellowship Scheme</b>	<ul style="list-style-type: none"> <li>• Learning by Doing</li> <li>• HE NCEL and NHS organisation joint funded secondment. NMAHP's only</li> <li>• Aim to prepare an application for funding e.g. PhD fellowship as an outcome</li> </ul>	<b>North Thames</b> Prof Naomi Fulop <a href="mailto:n.fulop@ucl.ac.uk">n.fulop@ucl.ac.uk</a> Dr Helen Barratt <a href="mailto:h.barratt@ucl.ac.uk">h.barratt@ucl.ac.uk</a>
<b>6. CLAHRC Fellowships for Clinicians, Health and Social Care Practitioners and Managers</b>	<ul style="list-style-type: none"> <li>• Learning by Doing</li> <li>• Includes health and social care practitioners, managers and NMAHPS</li> </ul>	<b>East of England</b> Dr Christine Hill <a href="mailto:Cmh86@medschl.cam.ac.uk">Cmh86@medschl.cam.ac.uk</a>
<b>7. Developing and supporting research midwives in the West Midlands through a Research Midwives Forum</b>	<ul style="list-style-type: none"> <li>• Learning by Doing</li> <li>• Early career researchers matching the Willis (2012) recommendations</li> <li>• Infrastructure joint working (CLAHRC &amp; CRN)</li> <li>• Supporting implementation of evidence in to practice</li> </ul>	<b>West Midlands</b> Dr Sara Kenyon <a href="mailto:s.kenyon@bham.ac.uk">s.kenyon@bham.ac.uk</a>

# Case Study 1: Post Masters Internships

**Jo Cooke: Deputy Director and Research Capacity Lead**  
CLAHRC Yorkshire and Humber

This is a 'learning by doing' opportunity for NMAHPs who have successfully completed a masters programme.

The programme described in this case study relates to the scheme that took place in 2014-15 which was funded via CLAHRC RCF. These funds were secured to 'backfill' clinical time for up to five NHS non-medical clinicians at AfC Band 7 or below for 25 days, in order to gain research experience of working with a NIHR funded project or team. Mentorship, placement supervision, and training was provided as part of the capacity function across the infrastructure. A similar scheme will be funded in 2016 by Health Education England YH for 10 places.

## A joint NIHR infrastructure initiative.

This was a NIHR joint infrastructure initiative that included internship placements in the CLAHRC, the Leeds Musculoskeletal Biomedical Research Unit (LMBRU), and the HTC Devices for Dignity (D4D). The programme was coordinated by the Capacity Leads of the CLAHRC YH and BRU.

## The programme.

Researchers across the CLAHRC YH, LMBRU and D4D programmes were asked to identify potential research projects that interns could work on: ten potential projects were identified.

If candidates could not identify a relevant project from this list, the co-ordinators negotiated directly with researchers and the interns to develop appropriate projects.

The scheme consisted of two half day courses which 'book ended' the twenty-five day internship. The internship was individually negotiated between the intern, their research placement and, importantly, their NHS managers. This was necessary in order to accommodate the different needs in each placement and the demands on clinical time in teams.

The funding for protected time away from clinical practice was agreed and negotiated prior to the placement.

The interns undertook some research work, identified their own learning objectives for the placement, completed a learning diary, and were given mentorship and career planning advice as part of the scheme.

## 1. Background to the funding:

### Why fund a post-masters internship scheme?

The capacity development literature supports the need to develop skills and confidence in health services research by providing 'learning by doing' opportunities (Realist synthesis review conducted by Cooke et al in preparation for publication 2016). Dennis and Lansang (2004) highlight that such 'learning by doing' approaches are particularly effective at building capacity within practitioners so that those who use research findings understand and appreciate their value in improving health outcomes. The NIHR also support this approach.

The NIHR's Infrastructure Training Leads working group on supporting Non-Medical research recommended that research "tasters" or short term internships with established research groups should be offered to interested non-medical clinicians in order to develop skills and confidence in understanding the research process and importantly, provide support and mentorship for those wishing to undertake their own research and ultimately become research active NIHR faculty members.

The CLAHRC identified a need to help strengthen NMAHP CVs post masters, in order to prepare candidates for further research opportunities and fellowship applications.



## 2. Achieving protected time for clinical staff:

### How was protected time achieved?

This was negotiated and achieved prior to offering the placement to successful candidates. Managers had to sign that they would release successful candidates in the scheme. On some occasions the timing of the placement had to be negotiated because of clinical pressures. A challenge for releasing staff with unique skills was an issue, as well as the size of the clinical team the intern came from.

### What role did managers of services play?

The role of the managers was crucial. The internship coordinator, as well as the intern themselves helped to problem solve around identifying protected time. Flexibility was needed both from the clinical and research teams to enable such placements to occur, and this needed ongoing negotiation with changes in clinical pressures.

### Which organisations took part in the scheme?

- CLAHRC YH
- Musculoskeletal Biomedical Research Unit (LMBRU)
- HTC Devices for Dignity (D4D)
- NMAHPs came from NHS organisations willing to release staff using the funds to secure protected time

### Did you use match funding?

The placements were funded by CLAHRC, but match funding was used to support managers. Academic supervision was provided as part of match funding from the university sector, or as part of the capacity function of the NIHR infrastructure.

## 3. Recruitment and quality of applicants:

The call for applicants was undertaken at the beginning of August 2014 with a closing date for applications of Friday October 3rd. 53 inquiries were received from eligible applicants. 15 full applications were submitted for consideration from a variety of health professions, including: five physiotherapists, four nurses, two speech and language therapists and one occupational therapist, one orthoptist and one podiatrist from across Yorkshire. Seven candidates were interviewed; all were of high enough calibre to be offered a place. However, the top five candidates were given a placement, with one additional place funded through CLAHRC theme. Successful candidates came from three organisations. These included 2 Physiotherapists, one SLT, one nurse, and one OT.

An unintended outcome of the call was interest from an NHS accountant who, while not eligible for the scheme, was able to self-fund through their own line management support (match funding). This intern utilised the infrastructure that the pilot scheme provided and undertook a placement within the Health Economics Unit at the University of Leeds.

## 4. What were the outcomes:

### The placements were complete in late summer 2015. Outcomes so far include:

- All candidates completed their placement. Two in CLAHRC, two in D4D and one in the BRU.
- Learning objectives were achieved for all candidates: this included working with industrial partners for two of the interns.
- Three interns intend to submit an NIHR doctoral fellowship application, and four are currently writing a paper for publication with academic partners.
- Two of the interns achieved new appointments linked to the internship experience. On the basis of her placement, one candidate was successful in applying for a joint clinical academic appointment with Barnsley Assistive Technology. She is now active in research projects as a clinical academic. A second became a specialist in her field (at AfC band 8a) and states *'I believe the confidence I gained from being successful with the Internship and the formal and informal presentations I made, helped me gain this position'*.
- Two candidates are now PI on three portfolio projects alongside their clinical practice recruiting patients to portfolio studies. One intern graduate stated within her progress report that the internship *'has made a difference to my clinical practice in so much as research is now comfortably accepted as part of our working culture at (organisational name) and I have negotiated involvement of two OTs from my team re this falls research and there is back fill wow! I also feel unofficially my role is changing I still hold my clinical and managerial responsibilities but academia/research time is growing'*.

- One intern has had a peer review paper accepted for publication, and about to submit another.
- A presentation was delivered at a European Conference of rehabilitation in Dec 2015.
- A MSK research network has been set up by one intern.
- Another intern is leading on a service evaluation in practice.
- Getting candidates to develop their own learning objectives helped to make the most of the placement.
- The providers of the placement found the internship rewarding and extremely helpful. The blog of one projects highlighted that the placement '*worked really well for all concerned – the research team gained the expertise of an experienced occupational therapist. (NAME) was able to pick up the requirements of the research very quickly, recruiting and seeking informed consent from people living with dementia and their supporters. (NAME) gained experience of working on a large National Institute of Health Research (NIHR) funded study and the requirements of a multi site, randomised control trial of a complex intervention. She also networked with researchers in the University and local NHS research staff. (NAME) plans to use these networks and experience to support research and within her own practice and setting.*

### 5. What has the CLAHRC learned from the case study example?

- The scheme attracted national recognition from the DH because its links across the NIHR infrastructure showing joint working.
- There is added value in working across the NIHR infrastructure so that the programme can offer a wide ranging experience to suitable candidates.
- The application process is challenging for prospective candidates, but worthwhile in terms of identifying people who are resilient and entrepreneurial.
- Prospective candidate found developing a research CV a challenge but was also useful.
- Placements that were negotiated around the candidates' needs were of more help to them. We will adopt this approach to subsequent internship programmes. The act of negotiation and discussion was a useful skill to develop for prospective clinical academics.
- Getting managers to sign the application form helps to engage them and plan for protected time.
- Organisational support is crucial. NHS organisations who have a plan to increase research capacity in NMAHPs were more supportive in the application process, and in subsequent impact the interns had on their practice and the research culture.

**Prospective candidate found developing a research CV a challenge but was also useful.**

## Case Study 2: Clinical Doctorate Fellowships

### Dr Greta Westwood: Research and Training Lead/Deputy Director of Research at Portsmouth Hospitals NHS Trust CLAHRC Wessex

#### 1. Can you describe the key elements of the 'Learning by Doing' (Fellowships/PhD's/ Internships) initiative developed by your CLAHRC? What are you doing, how is it done?

The Clinical Doctoral Research Fellowship Scheme is open to graduates aspiring to become clinical academic leaders of the future. The ambition is to make them part of a growing and thriving community of multi-professional clinical academics and promote learning together in purpose built clinical academic facilities

The project is leading the way in this country:

- supervised by international academic experts
- researching an important NHS research question
- a highly competent clinical researcher providing the best, evidence based healthcare
- working with, and supported by, dedicated clinical mentors in one of our many partner NHS organisations.

#### Clinical Doctoral Research Fellowship Scheme.

As a high achieving student you are eligible after you have graduated with a first class or a 2:1 award. For four years you will work in clinical practice for 40 per cent of your time and for 60 per cent you will undertake your PhD studies. Your research learning will be supported by academics who lead world class research taking place in the faculty. Guided by mentors in clinical practice within our partner NHS organisations you will be provided with the skills required to become a knowledgeable and skillful graduate practitioner. Whilst undertaking your PhD studies you will be based in our new purpose-built facilities in Southampton or Portsmouth. Our facilities are designed to nurture, stimulate and develop creative clinical and academic leaders. As a Clinical Doctoral Research Fellow you will be enabled to make complex clinical decisions, evaluate practice, coordinate, lead, manage care and advocate for your patient's needs.

This scheme aims to give you the best possible start to a clinical academic career in healthcare. It is aimed at highly motivated graduates who wish to rapidly accelerate their careers. The skills you gain will enable you to become a future Director or Professor of your clinical profession.

#### 2. Background to the funding:

##### Why did your CLAHRC decide to fund the particular Fellowships/PhD's/Internships?

We had this programme in existence when the CLAHRC launched and knew this would provide matched funding from our NHS partners.

#### 3. Achieving protected time for clinical staff:

##### How was protected time achieved?

Formal written Agreement with NHS.

##### What role did managers of services play?

Identified the research areas matching onto CLARHC themes. Managers provided the clinical placements for the Fellows.

##### Which organisations took part in the scheme?

7/10 Wessex NHS partners and Health Education Wessex.

##### Did you use match funding?

Yes.



#### 4. Recruitment and quality of applicants:

##### **What was the recruitment procedure? Was it heavily subscribed? (Can you give numbers if possible)**

External open advert for national competition. Applied to a themed call with a written research proposal. Interview panel with NHS and CLAHRC academic staff.

Some areas over subscribed – dementia.

##### **Explore the quality of the applications and what this tells us?**

All good quality applications. Most shortlisted.

#### 5. What were the outcomes?

##### **How is success being measured in your initiative? Have you got any results/ impacts?**

None have existed; will be measured on completion on time and publications. Milestones throughout the programme expected.

##### **What about wealth impacts: cost savings, links with Industry/ PPI?**

All have PPI involvement – day PPI workshop annually started in 2015.

##### **How will sustainability of the impact be maintained and measured?**

NHS need to be ensured of the utility and impact.

#### 6. What has the CLAHRC learned from the case study example?

##### **If you were to start again-what would you do differently and what would you keep the same?**

We continue to evolve the model with evaluations from NHS and Fellows.

**Contact:** Dr Greta Westwood

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# Case Study 3: Research Capacity Dementia Care Programme

**Dr Vicki Goodwin Senior Research Fellow** CLAHRC South West Peninsula

## 1. Can you describe the key elements of the 'Learning by Doing' (Fellowships/PhD's/ Internships) initiative developed by your CLAHRC? What are you doing, how is it done?

The Research Capacity Dementia Care programme (RCDCP) was a call open to NIHR CLAHRCs with the aim of developing new researchers in dementia care from clinical (non-medical) backgrounds who have the potential to become leaders in this critically important field.

For the CLAHRC South West supervisors and PhD students are working to design their projects according to three overarching principles:

1. Each project should be determined by the expressed uncertainties of those with dementia, their informal carers and those in professional and non-professional paid caring roles, most clearly expressed by the 146 research questions and ten priorities identified by the Alzheimer's Society and others via the James Lind Alliance process.
2. Each project should develop, test and implement evidence-based complex interventions directly related to the care needs of people with dementia using the best performing research methods.
3. Each project should have practice implications for the student's clinical profession.

Within six months of starting, each student will have produced a protocol and project proposal for the remainder of their PhD based on a scoping review of the literature to identify gaps and opportunities for their research.

We have established a 'Community of Research Practice' with the students and programme director and deputy director in attendance for fortnightly meetings. These meetings are for four hours duration and the students are establishing a journal club, catch up, methodology discussion and general problem solving session as part of the meetings. Every 6-8 weeks a larger meeting is held where all supervisors are present. Other PenCLAHRC PhD students working with dementia care are also involved in this community and its meetings. In addition, an annual meeting with the students from each of the four CLAHRCs awarded the RCDCP funding is planned.

## 2. Background to the funding:

### Why did your CLAHRC decide to fund the particular Fellowships/PhD's/Internships?

The funding was awarded by NIHR in a separate call to the CLAHRCs. Four CLAHRCs were awarded the funding.

### How did you develop the idea and innovation?

Unlike the other 3 CLAHRCs, rather than have set projects that potential students could apply for we felt that, along with their supervisory team, the students should identify their own projects, relating to their professional background and James Lind Alliance priorities.

### Was this a CLAHRC idea, or was it an external idea that CLAHRC collaborated with?

## 3. Achieving protected time for clinical staff:

**How was protected time achieved?** n/a

**What role did managers of services play?** n/a

**Which organisations took part in the scheme?** n/a

**Did you use match funding?** n/a

Each PhD student is full time.

#### 4. Recruitment and quality of applicants:

**What was the recruitment procedure? Was it heavily subscribed? (Can you give numbers if possible)**

**Explore the quality of the applications and what this tells us?**

We interviewed 13 people meeting the criteria and 4 were appointed (2 nurses, 1 physiotherapist and 1 OT).

#### 5. What were the outcomes?

- How is success being measured in your initiative? Have you got any results/ impacts? (If so these should be included).
- What is the impact on **candidates** and their career path? What is the expectation of the CLAHRC offer- where are they expecting candidate to move next in their careers?
- What about impacts on **health**, patient outcomes, service change and healthcare systems?
- What about **wealth** impacts: cost savings, links with Industry/ PPI.
- How will **sustainability** of the impact be maintained and measured?

The students only commenced in 2015 and it is therefore too early to answer most of these questions. The students are now in the process of reviewing the evidence gaps and formulating project proposals. Our explicit RCDCP objectives are that we will develop a cadre of doctoral level clinical academics in NMAHP and will move onto post-doctoral clinical academic careers, potentially within the NIHR ICA or standard fellowship schemes.

#### 6. What has the CLAHRC learned from the case study example?

**If you were to start again-what would you do differently and what would you keep the same?**

The students only commenced in 2015 and it is therefore too early to answer this.



# Case Study 4: Improvement Leader Fellowship Scheme for Doctor, Nurses, AHP's, Managers, Academics, Patients and Carers

**Dr Rowan Myron: Associate Professor for Healthcare Management, Education Lead CLAHRC North West London**

## 1. Can you describe the key elements of the 'Learning by Doing' (Fellowships/PhD's/ Internships) initiative developed by your CLAHRC? What are you doing, how is it done? (A summary about half a page maximum)

The educational model used within CLAHRC NWL and within the Fellowship is that of a collaborative, multi-disciplinary spiral curriculum (Bruner, 1977), where Fellows learn in taught sessions then apply the learning in their project, thus creating a spiral of learn>apply>learn>apply. Fellows work one day per week on their work or community based project and this is the vehicle for the application of learning about improvement techniques, also a place for the fellow to develop their leadership skills.

The Fellowship curriculum is made up of three main elements:

### 1. A Systematic Approach to Quality Improvement.

This element of the curriculum comprises taught sessions on the CLAHRC systematic approach to quality improvement. This includes the Model for Improvement, Action Effect Method, Plan Do Study Act cycles and process mapping. It also includes methods on how to engage and involve patients in improvement projects, how to measure improvement and on long term success (sustainability).

### 2. Leadership.

The second element of the curriculum, taught alongside the systematic approach, is leadership. This curriculum has three areas. Firstly, theory - the introduction of a range of theoretical frameworks including transactional, transformational and engaging theories of leadership; secondly, applied leadership - what leadership means for the individual including leadership styles; thirdly, Self-development, practical help to develop the individual (communication skills, reflective learning/diaries, writing business cases, coaching skills, and time management skills).

### 3. Peer to Peer Learning and Support.

The third element of the curriculum is less tangible and arises from the group dynamic, the network that forms in bringing a multi-disciplinary group (including patients) together. Each group of fellows contains a mix of clinical staff, managerial staff and in later cohorts lay persons (patients, carers, public). This bringing together of individuals from all parts of the healthcare sector provides an opportunity for learning across boundaries. The inclusion of patients in the fellowship particularly enriches this experience, including a perspective that is new to many clinically or NHS trained professionals.

The CLAHRC teams purposefully design to ensure these less tangible benefits of a multi-disciplinary group emerge, appointing a diverse cohort of fellows each year. Pedagogically plans are also made to create spaces within the curriculum for bespoke work tailored to the needs of the group. The fellowship is planned to be a 'participatory space', both shaped by and shaping its participants.

Each fellow is assigned a mentor at the beginning of the programme, this person meets (about once a month) with the fellow individually to support and guide the fellow.

## 2. Background to the funding: Why did your CLAHRC decide to fund the particular Fellowships/PhD's/Internships?

Building capacity is a remit of CLAHRC, we began in 2009 with a 'Collaborative Learning and Delivery' Theme with a specific brief to develop capacity in quality improvement skills throughout our sector. We funded one staff member to attend the IHI in Boston during 2009-2010, but following that reassessed our resources and decided to fund a group of fellows on an internal programme for the same cost. The fellowship was launched in 2010, with an average of 12 fellows per year, each receiving a bursary of six thousand to support their development, and improvement project.

### How did you develop the idea and innovation?

In 2010 we created an internal fellowship education programme to build capacity and leadership in the sector. The original funded IHI fellow on return from Boston worked to share learning, along with theme leads within CLAHRC. The CLAHRC NWL encourages innovative thinking and we used our own methods of PDSA to trial and test new and innovative ways of teaching, supporting and building capacity in fellows. In 2011 the patients we were working with in the wider CLAHRC challenged us as to why patients were not able to apply. We then opened up the fellowship applications to patients in 2012.

### Was this a CLAHRC idea, or was it an external idea that CLAHRC collaborated with?

This was a CLAHRC idea, though the fellowship draws on fellows out there in the sector based in each of our collaborating partner trusts and organisations. So technically each fellow is a collaborative partner.

### 3. Achieving protected time for clinical staff:

#### How was protected time achieved?

The bursary is intended to allow staff to protect their time, to use the bursary for back fill to attend workshops and conduct their project. In reality this was difficult to achieve and many fellows worked in the evenings and weekends with a passion to get the project done. The bursary provides some support to protect time, but does not provide an iron clad guarantee that staff will not be called in for emergencies.

#### What role did managers of services play?

Each of our fellows are required to name a sponsor on application, this is usually their line manager, or service manager. Engaging them early with the idea on application seems to be of help to the fellow. We have also tried out different methods of further engaging the sponsors, to encourage them to attend with the fellow one of the days, to invite them to larger networking events etc. without a great deal of sustained success. Ultimately, the manager is a key part as the project is work based, and currently fellows discuss with their mentor and Lead of the fellowship on an ad hoc basis when they have problems and we work with the fellow to problem solve as issues arise.

#### Which organisations took part in the scheme?

Almost all our partners have taken part in the scheme; these include acute trusts, primary care trusts/CCGs, charities, and universities.

### Did you use match funding?

Yes, for each fellow who is in employment their employer matches the fellow's bursary amount. For patient fellows (currently 10 of the 71) there is no requirement for match funding.

### 4. Recruitment and quality of applicants:

#### What was the recruitment procedure? Was it heavily subscribed? (Can you give numbers if possible)

We began with a recruitment procedure based on a traditional job application, in 2012-13 with the inclusion of patients we reviewed this application form and guidance notes to make the process more friendly and applicable to all applicants (i.e. inclusion of voluntary work, change of focus on work only to wider experience).

71 fellows have passed through the programme, the numbers broken down by background.

Profession	Fellows
Allied Health Professional (AHP)	12
Doctor	15
Commissioner	1
Industry	1
NHS Manager	14
Nurse	8
Patient	10
Public Health	5
Researcher	4

We currently get about 30-35 applications per year for around 12 places.

#### Explore the quality of the applications and what this tells us?

The quality of the applications is generally good. Each year we usually have at least a few applications 3-5 that we reject immediately as they sit outside the remit of the fellowship (not research/improvement, not in our sector), then we usually have to cut at least 7-9 that are just not as good a quality as the other applications, then we interview usually around 15 applicants for 12 places. We spend quite a bit of time giving feedback to the unsuccessful applicants as they are often good ideas worth pursuing, so we generally will try to help them and point them on to other sources of funding to pursue their ideas.

## 5. What were the outcomes?

### How is success being measured in your initiative? Have you got any results/ impacts?

We evaluate the fellowship continually, with evaluation questionnaires at various points. We also conducted an in depth qualitative evaluation with an independent researcher (PhD student) who interviewed fellows and CLAHRC staff. The paper for this evaluation is about to be submitted within the next month. We have also done some research attempting to quantify fellows pathways post fellowship. Through this we have noted that 6 fellows have gone on to further study (PhD, Masters), 35 received a promotion post fellowship and 21 have published.

### What is the impact on *candidates* and their career path? What is the expectation of the CLAHRC offer- where are they expecting candidate to move next in their careers?

I'm pasting below a 'family tree' diagram which lists all our fellows with their job roles and notes through symbols their progression, green arrow for promotion, flag for higher degree, and blue plus sign for publication. The expectations of the CLAHRC offer is that Fellows become champions for the CLAHRC and for the improvement skills taught. We know that one fellow has gone on to be a director of improvement in Wales, a number of others now do have jobs with improvement as part of their remit and/or title, thus indicating use of the skills taught and continued championing of the service improvement and research agenda.

### What about impacts on *health, patient outcomes, service change and healthcare systems*?

Each fellow has produced an improvement project during the fellowship (though many continue and do not finish the project until after the fellowship has ended), each of these projects have had health impacts, almost too numerous to mention. A selection being, creation and implementation of pain management video and eLearning, creation and use of a video for patients on oxygen usage, creation and implementation of physiotherapy measure, research and publication on patient involvement what it means in healthcare, service change following implementation of eLearning on AIDS care in an acute ward.

### What about *wealth* impacts: cost savings, links with Industry/ PPI?

We have had 10 patients join the fellowship, one of these patients chose a project directly related to exploring PPI in healthcare and service improvement. We have also had two industry sponsored fellowships, where SMEs have chosen to put forward to support a fellow. The cost savings of the various fellows' projects and their impact

on care have not been quantified, though this is something we would be keen to do. This model was used to inform wider projects (e.g. genomics project) in northwest London.

### How will sustainability of the impact be maintained and measured?

Part of the research described above has been to try to measure the sustainability or impact of the fellowship, we continue to stay in contact with our alumni fellows and are continuing to evaluate the fellowship to assess impact and measure sustainability.

## 6. What has the CLAHRC learned from the case study example?

CLAHRC NWL has learned a great deal from the fellowship, the inclusion of patients in the fellowship has been enriching and enlightening and has fed into the work and research in our Patient and Public Involvement theme. The multi-disciplinary education model of the fellowship has also taught us much. It can be a microcosm of the larger CLAHRC work. Enabling us to use it as a testing ground for ideas that we wish to grow and use with the wider CLAHRC partnership.

### If you were to start again-what would you do differently and what would you keep the same?

If we were to start again, we would be in a very different place having learned so much from running the fellowship over 5 years, we constantly iterate and learn from the previous round, adapting and responding to feedback from the fellows and their organisations. At the moment, we would keep much of it the same model, a small group, funded to do a work based project, working hard over the year with a mentor to support and educational workshops to build capacity.

A paper evaluating the fellowship and the inclusion of patients is being submitted to BMJ Quality and Safety.

## 7. Anything else of interest?

One thing not mentioned thus far is that we also use a part of the bursary to fund an international study visit to a center of excellence. In 2012 Boston (IHI), in 2013 Jonkoping, Sweden, in 2014 Dartmouth Institute, New Hampshire, in 2015 Cincinnati Children's Hospital. This study visit is a valuable experience that really enables us to level the hierarchy (whether a consultant, a nurse or a patient, you are all just trying to find your luggage in a strange airport). This also acts as a significant bonding experience for the group. A number of previous fellow's cohorts still meet up for discussions, for dinner and exchange ideas and support.

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CLAHRC NWL Fellowship cohorts:



**Legend**

- PhD
- MSc
- Doctor
- Researcher
- Nurse/Midwife
- Allied Health Professional
- Patient Leader/Representative
- Health Service / Public Health Management
- Career Progression
- Publication

# Case Study 5: HE NCEL/ CLAHRC Research Fellowship Scheme

**Professor Naomi Fulop, Dr Helen Barratt:** CLAHRC North Thames

## 1. Can you describe the key elements of the 'Learning by Doing' (Fellowships/PhD's/ Internships) initiative developed by your CLAHRC? What are you doing, how is it done?

The NIHR CLAHRC North Thames Academy seeks to speed up the translation of applied health research (AHR) into practice, to improve both patient care and population health. We co-ordinate a range of activities, with the aim of building capacity and capability across the whole CLAHRC community 1) to co-produce research and 2) to apply its outputs on the frontline. This work is led by our CLAHRC training lead and Academy Director, Professor Naomi Fulop, and Deputy Director, Dr Helen Barratt.

Funded by two awards from our Local Education and Training Board, Health Education North Central and East London (HE NCEL), the Academy has established a novel and ambitious one year fellowship scheme to increase levels of research activity across the CLAHRC, and develop the research leaders of the future. It is aimed at nurses, midwives and allied health professionals (NMAHPs), who would like to develop skills in undertaking research. Fellows are provided with support and mentorship by a senior CLAHRC academic to develop an application for research funding, for example an HEE/NIHR Clinical Doctoral Research Fellowship. Fellows also have access to peer-to-peer mentoring and networking during the fellowship, as well as the full range of Academy training opportunities available to CLAHRC researchers. In line with our goal to build research capability across the CLAHRC, fellows are required to undertake activities to raise levels of research awareness in their base NHS organisation, for example by establishing a journal club.

In Spring 2015, three fellows began secondments to the CLAHRC, working with us for four days a week, for one year on a research project of their choosing or an existing CLAHRC project. Each works within a different AHR research group and CLAHRC research theme. Current fellows include two nurses and a health visitor. We have recruited two further fellows to our second cohort: a pharmacist and a physiotherapist, who began their secondments in February 2016.

To raise levels of research awareness across the CLAHRC, we also run a programme of short training courses. Since the launch of the CLAHRC in January 2014, we have run three short courses: four one-day Introductions to Evaluation (Oct and Nov 2014, Jun and Dec 2015), an Introduction to Economic Evaluation (March 2015) and an Introduction to Using Research in Practice (Sept 2015). We have encouraged our fellows to attend these courses, as appropriate, and around one third of the 160 attendees have been nurses, midwives or allied health professionals

## 2. Background to the funding:

- Why did your CLAHRC decide to fund the particular Fellowships/PhD's/Internships?
- How did you develop the idea and innovation?
- Was this a CLAHRC idea, or was it an external idea that CLAHRC collaborated with?

NIHR CLAHRC North Thames launched in 2014. Shortly afterwards, we conducted an assessment of training needs amongst our partner organisations to inform the work of the CLAHRC Academy. The needs assessment highlighted that health care and public health staff locally struggle to secure time to undertake research, with many already having to contend with competing demands on their time.

To address this, we approached our Local Education and Training Board (LETB), Health Education North Central and East London (HE NCEL), with a proposal to establish a fellowship programme, aimed at health professionals who would like to develop skills in undertaking research. We further developed the plans for the scheme in discussion with Prof Chris Caldwell, Dean of Health Professions at HE NCEL, to focus on nurses, midwives and allied health professionals – priority groups for the LETB. The scheme is modelled on the Academic Clinical Fellowships, offered to those seeking a career in academic medicine or dentistry, as part of the NIHR Integrated Academic Programme.

As well as addressing the needs we identified within the CLAHRC, the scheme aligns well with HE NCEL's own aim to promote clinical scholarship, including research activity, amongst nurses, midwives and AHPs. It also supports the aim of delivering high-quality clinical academic training programmes via local collaborative

partnerships between HEIs and providers, set out in the Department of Health's strategy for developing clinical academic researchers within these professions. Finally, the scheme directly complements NIHR and HEE's ongoing collaborative work to build research capacity within the allied health professions in two ways. First, it offers 'taster' opportunities for staff who may be interested in developing an academic career. Second, it offers those considering applying to the HEE/NIHR Integrated Clinical Academic Programme protected time to explore possible project options prior to submitting an application. The scheme also brings a range of benefits to the CLAHRC, for example we are able to include perspectives from NMAHPs in our wider work.

### 3. Achieving protected time for clinical staff:

- How was protected time achieved?
- What role did managers of services play?
- Which organisations took part in the scheme?
- Did you use match funding?

Fellows spend 80% of their working week within a CLAHRC research department, and 20% in clinical practice, back at their base NHS Trust. HE NCEL provide funding for 60% of Fellows' time, usually equivalent to three days a week. For the fellowship to be approved, the applicant's employer must agree to fund the remaining 40%: 20% of the fellowship time, as well as the 20% clinical time. A key aspect of the scheme is that it is delivered in partnership with the NHS, with both HE NCEL and employers contributing to it. Fellows are therefore asked to provide written evidence of director-level support for their application from their employing organisation (e.g. Director of Nursing, or equivalent), confirming that the Trust will release them for the secondment, and fund 40% of the cost.

To date, HE NCEL has provided NIHR CLAHRC North Thames with two awards (to a total value of £523,196). Each of the awards covers the costs of the programme and salary contributions for up to four NMAHP fellows. Fellows have been appointed from University College London Hospitals NHS Trust (2 fellows), Barts Health NHS Trust, East London NHS Foundation Trust, and Homerton University Hospital NHS Foundation Trust. Fellows have been seconded to research departments at University College London and Queen Mary University of London.

### 4. Recruitment and quality of applicants:

- What was the recruitment procedure? Was it heavily subscribed? (Can you give numbers if possible)
- Explore the quality of the applications and what this tells us?

Fellows are recruited from across the partnership, via a competitive selection process. Applicants must be employed at least at Band 6, within an NHS or public health organisation within the HE NCEL geography, and hold current registration with the relevant professional body. As well as a minimum of a 2:1 honours degree or higher level award, pre-doctoral students must have completed an MRes or relevant MSc (or equivalent); those applying for a post-doctoral fellowship must have submitted their PhD thesis by the time of taking up the fellowship. Shortly after recruitment opened for the second cohort of fellows, we held an information event in partnership with HE NCEL, for interested applicants.

We received a total of 9 applications for the first cohort of fellowships. Six of these applicants were shortlisted for interview, and three fellows were appointed. Amongst those who were not shortlisted, two did not have a relevant MSc, and one was seeking to undertake a project which did not fit within the CLAHRC remit. All were redirected to alternative opportunities. Two who were shortlisted, but not appointed, were signposted to MRes opportunities as this was considered the most appropriate next step. The third was directed to other sources of funding, as the proposed project did not fit within the remit of the scheme. Our experience was similar with the second cohort of fellows: we received 8 applications, shortlisted six for interview, and appointed two fellows. Amongst those not shortlisted for interview, one did not have a Masters degree; the other worked out of the area. Of the four invited for interview but not appointed, one did not attend, two were redirected to MRes opportunities and the application of another did not fit within the remit of the scheme. Notably, for both cohorts, we ran a second call for applications to increase the number of submissions, but despite this did not fill all four potential fellowships. In general, we have found that many applicants in the target professional groups are in early stages of developing and considering research careers, and this has been reflected in both the quality and quantity of applications.

## 5. What were the outcomes?

- How is success being measured in your initiative? Have you got any results/ impacts? (If so these should be included)
- What is the impact on candidates and their career path?
- What is the expectation of the CLAHRC offer – where are they expecting candidates to move next in their careers?
- What about impacts on health, patient outcomes, service change and healthcare systems?
- What about wealth impacts: cost savings, links with Industry/ PPI
- How will sustainability of the impact be maintained and measured?

The first fellows are still undertaking their secondment to the CLAHRC, so it is too early to be formally assessing the impact of the scheme. However, our fellows report that their experience to date is already having an impact on their clinical practice. They talk more about the scheme, and its benefits, in videos available [here](#)

Since the inception of the scheme, we have collected formative feedback. Fellows' progress and achievements have been fed back on an ongoing basis to the funder via the HE NCEL/ CLAHRC fellowship steering committee, which meets quarterly. Fellows and their supervisors are asked to provide the committee with report documenting their progress with projects; the work they have done to raise levels of research awareness in their Trust; and their plans for the next quarter. Fellows also meet regularly as a group with Louise Morton, Associate Dean of Healthcare Professions at HE NCEL, for informal mentoring and support. We also plan to undertake a summative assessment at the end of the first year. The principal outcome measure will be successful submission of an external funding application, resulting in an award of a personal PhD research fellowship. We will also ask fellows to report on their research outputs during the fellowship; training courses completed; activities to raise levels of research awareness within their Trust; and any other engagement activities. To evaluate the experience of those

involved in the scheme, including their recommendations for the future, we propose to undertake semi-structured interviews with: the three fellows, their supervisors; Trust representatives nominated by each fellow, and other key stakeholders including members of the steering committee. If the fellows' funding applications are successful, we hope they will go on to undertake doctoral studies within NIHR CLAHRC North Thames. Regardless of the outcome of the applications, we will continue to monitor the fellows' career paths, including any research-related activities, throughout the lifetime of the CLAHRC, to assess the sustainability of the scheme.

## 6. What has the CLAHRC learned from the case study example?

### If you were to start again-what would you do differently and what would you keep the same?

Our experience of running the scheme has been positive, and we have seen a number of benefits to the wider work of the CLAHRC, being able to include the perspectives of NMAHPs in shaping both our research and capacity building efforts. Nevertheless, we have made minor amendments to the recruitment process for the second cohort of fellows. This time we had a longer initial recruitment window (three months) and also held an information event, to maximise opportunities to apply. However, the total number of applications for the second cohort was slightly lower than the first. We also noted that a small number of individuals, who we understood were putting together applications, ultimately did not apply. We have heard informally that this may have been because they were not able to secure the 40% funding required from their employing Trust, in financially straitened times. If funds permit us to appoint a third cohort, we will review the recruitment process and the conditions of the scheme with HE NCEL prior to advertising.

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**Our experience of running the scheme has been positive, and we have seen a number of benefits to the wider work of the CLAHRC.**

# Case Study 6: Fellowships for Clinicians, Health and Social Care Practitioners and Managers

**Dr Christine Hill Deputy Director** East of England

## 1. Can you describe the key elements of the 'Learning by Doing' (Fellowships/PhD's/ Internships) initiative developed by your CLAHRC? What are you doing, how is it done?

The CLAHRC Fellowship is aimed at clinicians, health and social care practitioners, and managers, who would like to work at the interface of research and practice, to develop an understanding of the research environment, and to develop skills in research methodology, service redesign and change management. The focus within the Fellowship programme is on local applied research and evaluation projects, building local capacity for evidence-informed practice, and facilitating networking across health and social care. Sixty-nine CLAHRC Fellowships have been awarded since 2011. All of our fellows have come from a wide range of backgrounds — Consultant Psychiatrists, NHS managers, Clinical Psychologists, Consultant Clinical Neuropsychologists, General Practitioners, Registered Nurses, Occupational therapists, and they hail from across the East of England (Bedfordshire, Cambridgeshire, Norfolk and Great Yarmouth). The fellows are funded by the CLAHRC for one day a week for a year, to carry out a project during their fellowship year under the supervision of one of CLAHRC East of England's senior researchers. This can be a specific project chosen by the fellow or they can contribute to a project within one of our CLAHRC themes. In addition to the research project, we hold a programme of monthly half day teaching workshops and half day action learning sets. The research time, workshop and ALS sessions are agreed with the employer to be protected time for the fellow. The key aim of the Fellowship is to make the programme valuable to the individual fellow and their employing organisations.

**Taught component:** Making sense of the research world and promoting the use of research based evidence in healthcare organisations are the main aims of the Fellowship programme. With this in mind, the taught component of the Fellowship aims to develop an understanding of research and evidence, research methodology, theory of change management, and systems theory applied to healthcare. These skills can be applied in the workplace to effect real change that ultimately brings about improvements in service delivery. Due to the restricted time available, fellows are given reading as preparation for the workshop, and a recommended reading list.

**Action learning set:** meets for a 3-hour session every alternate month. The sessions are led by Professor Mike Cook (University of Bedford). The aims of the ALS are:

- Learning from experience and sharing that experience with others.
- Being open to the challenge of colleagues and listening to alternative suggestions.
- Having time where you are listened to in a non-judgmental atmosphere.
- Generating more choices about the way forward.
- Reviewing the outcome of actions with the support of fellow set members and sharing the lessons learned.

**Research project:** This can be a specific project chosen by the fellow or he/she can contribute to a project within one of the CLAHRC East of England themes. We encourage prospective fellows to identify their area of interest and make contact with the theme lead in order to decide on a possible project prior to interview. Putting together a proposal for a research project within the CLAHRC is part of the application procedure. This is to ensure that the project is able to be started at the beginning of the Fellowship and is able to be completed within the Fellowship year.



## 2. Background to the funding:

### Why did your CLAHRC decide to fund the particular Fellowships/PhD's/Internships?

To develop research capacity in the NHS; to bring about culture change towards research and innovation in the NHS.

### How did you develop the idea and innovation?

Christine Hill developed the idea with Peter Jones and Belinda Lennox. We decided to go ahead and pilot the first cohort of Fellows in 2011.

### Was this a CLAHRC idea, or was it an external idea that CLAHRC collaborated with?

CLAHRC idea.

## 3. Achieving protected time for clinical staff:

### How was protected time achieved?

As part of the recruitment process the applicant has have their application signed off by the Chief executive/senior director giving permission for their employee to take on the Fellowship and undertaking to protect the Fellow's CLAHRC day. In return the Trust invoices us for one day a week of the Fellow's time to pay for backfill. Sadly, the agreement is not always honoured and some Fellows have found it very hard to protect their time. Every year we have one Fellow at least who has had to drop out because the Trust couldn't or wouldn't arrange backfill, and the time wasn't protected. This year we had 2 Fellows defer the Fellowship until next year.

### What role did managers of services play?

By supporting the Fellow in ensuring the CLAHRC time is protected.

### Which organisations took part in the scheme?

Depends which organisations the Fellow works for. Usually a Trust in the East of England. The organisations for twelve 2016 fellows are:

- Norfolk and Norwich University Hospital
- Cambridgeshire and Peterborough Foundation Trust
- Norfolk and Suffolk Foundation Trust
- Norfolk Community Health and Care NHS Trust
- Cambridge University Hospital Trust
- Cambridgeshire & Peterborough CCG
- Arthur Rank Hospice

### Did you use match funding?

No. We fund the Trust one day a week for one year which is supposed to buy backfill for the Fellow. The cost depends on the Fellows salary. Some Fellows are more expensive than others. We fund it out of RCF.

## 4. Recruitment and quality of applicants:

### What was the recruitment procedure? Was it heavily subscribed?

We advertise on our website, send the advert to all our stakeholders, and put it into newsletters. Word of mouth has increased over the years so we have a waiting list who we notify when we open applications. We had the most applicants we have had so far for the 2016 cohort, 39 applicants for 12 Fellowships. Because it is so competitive and we want the best candidates, we make the application process quite rigorous. We put a list of possible Fellowship projects onto the website with the application forms and they can choose one that they are interested in, and work it up into a protocol which they then include in their application. (Or they can suggest a project of their own but it must fit with one of our themes so that we can identify a supervisor from within the CLAHRC EoE). Then after the closing date, the applications are divided into themes and sent to the theme lead that scores them with the project being the most weighted factor. Then the applications and the theme lead scores go to the interview panel who then do the shortlisting for interviews We had 16 applicants for interview in October this year. At the interview they are asked to do a presentation of their project proposal.

### Explore the quality of the applications and what this tells us?

We had very good candidates this year. From a wide range of disciplines and specialties. A very high standard. The Fellows for 2016 are:

- Specialist Registrar in Palliative Medicine
- Research Nurse
- Clinical Psychologist
- Consultant Psychiatrist
- Consultant Clinical and Forensic Psychologist
- Clinical Specialist Physiotherapist
- Community Matron and Clinical Lead
- Senior Physiotherapist
- GP Commissioner & Locum GP
- Consultant Neurosurgeon
- Consultant Clinical Psychologist
- Consultant in Palliative Care

## 5. What were the outcomes?

### How is success being measured in your initiative? Have you got any results/ impacts?

We still need to do a formal evaluation; we have had five cohorts now so we will do an evaluation next year

Informally it has raised the profile of the CLAHRC across the region, built relationships with partner organisations, some of the Fellows have gone onto PhDs, some have published their work, 3 Fellows (consultant psychiatrists) who did their project (in consecutive years) on the reorganisation of children and adolescent psychiatric services in Norfolk have seen a positive impact on practice in their Trust.

### What is the impact on candidates and their career path? What is the expectation of the CLAHRC offer- where are they expecting candidate to move next in their careers?

We are aiming to increase awareness of research in the NHS, this Fellowship is not about producing academics, but more about a culture change towards evidence and research, and possible producing 'researcher-practitioners' who continue to practice clinically and who continue their interest in research and teach others to do the same. We keep in contact with our Fellows; we had a Fellows conference last week where we had presentations by the current fellows, and some previous fellows. We always invite them to CLAHRC functions.

### What about impacts on health, patient outcomes, service change and healthcare systems?

We have some examples of impact from the Fellow's projects. The objectives are the same as the CLAHRC projects.

### What about wealth impacts: cost savings, links with Industry/ PPI?

We haven't looked at this specifically for the Fellow's projects, but there is probably some cost savings in the project related to reorganising children's services and possibly one or two other projects.

### How will sustainability of the impact be maintained and measured?

It depends on the Fellows project which is, like all the other CLAHRC projects, aimed at achieving a positive impact on patients and health services.

## 6. What has the CLAHRC learned from the case study example?

### If you were to start again-what would you do differently and what would you keep the same?

I think we would do it the same. It would be good to have more than 12 Fellows per year but it depends on funding and the opportunity cost has to be considered. We also fund PhDs and MSc's so we have to limit.

## 7. Anything else of interest?

More information [here](#).

Workshop programme [here](#).

# Case Study 7: Developing and supporting research midwives in the West Midlands through a Research Midwives Forum

**Dr Sara Kenyon, Maternity Lead for Maternity and Child Health Theme, CLAHRC West Midlands and NIHR Advocate for Midwifery**

## 1. Can you describe the key elements of the 'Learning by Doing' initiative developed by your CLAHRC? What are you doing, how is it done?

The Maternity and Child Health theme (1) of the CLAHRC West Midlands has established a Research Midwives Forum in 2014, bringing together research midwives from across the West Midlands, to encourage engagement, collaboration and to build capacity for applied health research across trusts. The forum is the first of its kind in the region and the CLAHRC has been working with the West Midlands Clinical Research Network (CRN) to ensure research midwives attend from all across the region. Four forums have taken place since the start of the CLAHRC, and have included midwives from across twelve NHS organisations.

## 2. Background to the funding.

Why did your CLAHRC decide to fund the initiative and how did you develop the idea?

The forum was set-up by Dr Sara Kenyon, recently appointed as an NIHR Advocate for Midwifery, who recognised that there was no existing regional support network for research midwives. The forum provides opportunity to:

- share learning and dissemination
- explore good practice around individual trials
- highlight career development opportunities and the experiences of those who have undertaken further research training
- promote knowledge-exchange. For example, the researchers attend to discuss new studies and to feedback results from studies that research midwives have previously recruited to. New trials in the pipeline are also discussed and the Deputy Director of Birmingham Clinical Trials Unit attends to update the midwives. Current issues in maternity are also shared for wider discussion.

The content of the research forums is largely driven by the research midwives themselves.

## Was this a CLAHRC idea, or was it an external idea that CLAHRC collaborated with?

This was a CLAHRC idea, which then gained support from the NIHR Clinical Research Network.

## 3. Achieving protected time for clinical staff.

### How was protected time achieved?

The lead for this initiative, Dr Sara Kenyon, purposively sought out research midwives through engagement with local R&D offices within Trusts. The forums are held twice a year at the University of Birmingham with attendance at the forum being considered as part of their formal role as a research midwife.

### What role did managers of services play?

The initiative has been largely driven by Dr Sara Kenyon with the support of the West Midlands CRN.

### Which organisation's took part in the scheme?

- Birmingham Women's Hospital NHS Foundation Trust
- Coventry and Warwickshire Partnership NHS Trust
- The Royal Wolverhampton Hospitals NHS Trust
- South Warwickshire NHS Foundation Trust
- George Eliot Hospital NHS Trust
- University Hospitals of North Midlands
- Shrewsbury and Telford Hospital NHS Trust.
- Heart of England NHS Foundation Trust
- Worcestershire Health and Care NHS Trust
- The Dudley Group NHS Foundation Trust (Russel Hall Hospital)
- Sandwell and West Birmingham Hospitals
- Burton Hospitals NHS Foundation Trust

**Did you use matched funding?**

Yes. The CLAHRC West Midlands model of matched funding involves the time spent by service clinicians and managers engaging in applied health research activities. We therefore counted the sessional time of clinicians who attended and service managers who engaged with the planning and delivery of events.

**4. Recruitment and quality of applicants.****What was the recruitment procedure? Was it heavily subscribed?**

NHS engagement through existing networks and via the West Midlands CRN. There are approximately 32 research midwives in the West Midlands with around a mix of 15 different midwives attending any one session. The attendance at sessions is variable as midwives are not always able attend if they have clinical commitments.

The dates of the forum meetings are as follows:

- 27 May 2014
- 10 Oct 2014
- 24 June 2015
- 24 Nov 2015

Planned 21 June 2016

**5. What were the outcomes? How is success being measured in your initiative?**

Formal evaluation of the meetings show high satisfaction scores, as the midwives enjoy the opportunity to engage and network with their peers and to learn from others. They also enjoy finding out about the results of studies they have recruited to.

**Midwives are inspired to continue or develop research interests.**

**What is the impact on candidates and their career path?****What is the expectation of the CLAHRC offer-where are they expecting candidate to move next in their careers?**

Midwives are inspired to continue or develop research interests with some looking to apply for formal training, for example HEE/NIHR Masters in Clinical Research (MRes) at University of Birmingham and now also Coventry University or the Clinical Academic Internship Partnership at our host trust, University Hospitals Birmingham NHS Foundation Trust.

**What about impacts on health, patient outcomes, service change and healthcare systems?**

It is anticipated that the forum has led to improved recruitment to trials in the West Midlands, although this has not been formally measured.

**What about wealth impacts: cost savings, links with Industry/ PPI?**

It is anticipated that better trial recruitment may attract more industrial collaboration, although this has not been formally measured.

**How will sustainability of the impact be maintained and measured?**

Monitoring the ongoing engagement and enthusiasm from midwives and participating Trusts.

**6. What has the CLAHRC learned from the case study example?****If you were to start again-what would you do differently and what would you keep the same?**

No – because the initiative been a success.

**7. Anything else of interest?**

CLAHRC West Midlands is exploring opportunities to further support research midwives by offering secondments to work alongside the Maternity and Child Health theme.

The four NIHR Advocates for Midwifery met recently, led by Professor Jane Sandall at Kings College London (CLAHRC South London), and the group agreed that there is a need for more research midwives forums to cover the UK NHS as there is currently not this opportunity nationally and they have been success where locally developed.

# 7. Conclusions and Reflections

This mapping exercise demonstrates that CLAHRCs are undertaking extensive activity to build research capacity in the non-medical clinical professions. They have instigated a variety of activities and mechanisms to build capacity that demonstrates an impact on career pathways and cultural change.

This evidence reinforces the suitability of CLAHRCs to meet the expectation of the Willis Report (2015), which suggests that they are key players in generating a research culture, and providing the foundation architecture to make change necessary in nursing. This mapping exercise suggests whilst this is true for nursing, CLAHRCs are also instrumental in this regard for other non-medical healthcare professionals (AHPs).

## 7.1 Strengths that CLAHRCs can demonstrate in building capacity in NMAHPs.

### Diversity of funding sources and access to other resources.

The CLAHRCs have identified and utilised a number of funding sources, and harnessed other resources to undertake capacity building activity including:

- CLAHRC training budgets.
- Research Capacity Funds.
- Match funding from diverse partners including the NHS, Higher Education Institutions, and Industry.
- Partnership work particularly with HEE and NIHR, and accessing funds through applications for further funding to support this.
- Access to high quality clinical and academic expertise through match funding.
- Networking and developing trusted relationships with partners.

### Funding backfill and protected time.

Financial resources have been used to fund protected time from clinical responsibilities through backfill arrangements. This was described as an ‘essential’ requirement for success. However, difficulties still can occur in releasing practitioners from clinical time even when funding is provided.

### Multiple, and diverse activities to support research capacity building.

A diverse range of activities to build research capacity is described in the report. These activities often have multiple components to them, which promote the development of research skills, as well as support confidence building and leadership, and enhance reflection and action back into the clinical setting. Sequential provision linked to career planning and progression has proved helpful. Some CLAHRCs and the NIHR Integrated Clinical Academic Training pathway supports this approach, but the missing link is the post Masters, pre-doctorial steppingstone. However, these are offered through internships and CLAHRC fellowships in some CLAHRCs, and others might consider providing this.

CLAHRCs provide activities specifically provided for NAMHPs, and other activity provided for all professional groups. Given the limited career opportunities currently in mainstream services, activities specifically designed for NMAHPs should continue, but these professionals should also make best use of generic opportunities. Some real benefits for interdisciplinary working have been identified in this mapping exercise. Such activities should be woven into activities specifically aimed at NMAHPs. Secondment posts into CLAHRCs are helpful for career progression, CLAHRCs should invest in these.

### The CLAHRC Health Services Research programmes provide impactful clinical academic experiences for learners.

The flexibility of the CLAHRCs, and inherent nature of the work undertaken in them provides opportunities for novice, and developing clinical academics alike to gain experience of cross boundary working in research and implementation projects.

CLAHRCs have a remit for further grant capture. This report has highlighted that engaging NMAHPs as co-applicants on bids supports career progression, and this should be part of building the capacity function of CLAHRCs.

### **Capacity building for implementation, and Implementation Science Training.**

CLAHRC Fellowships, and learning by doing activities provide opportunities to develop skills and abilities for implementation. Based on the evidence submitted to this report, more formal training, linked to the CLAHRCs (at Masters Level) seems limited to a small number of CLAHRCs.

### **Capacity building and impact on the clinical research culture.**

There are some early signs that integrated research careers for individual NMAHPs can have an impact on the clinical environment. This includes capacity building in others, promoting a research culture and professional reputation, supporting research implementation, and academic integration into the clinical environment. CLAHRCs should collect such examples systematically to promote impact stories.

Limited examples were provided of impact on patients and on services, and this aspect of impact could be further explored and strengthened.

**The nature of career progression suggests that clinical academics will change their place of employment as they progress.**



## **7.2 Opportunities for improvement.**

This report has highlighted some areas for improvement

### **Mapping career pathways in NMAHPs.**

The nature of career progression suggests that clinical academics will change their place of employment as they progress. CLAHRCs too, are organisations that change and grow over time. The five year funding rounds, whilst this promotes relative stability, also offer clear times of change when tracking career progression. This mapping exercise has highlighted that such tracking is patchy across the CLAHRC community, and the difficulties in the change in structure compounds this.

We have identified that CLAHRCs are supporting a considerable number of NMAHPs in developing clinical-academic careers. We have also highlighted these individuals may also impact on the clinical environment and services to patients. CLAHRCs should explore a way to maintain contact, and to collect examples of career progression, but highlight the impact these individuals have on services, and remain robust through change.

### **Managerial and organisational support for career development.**

Integrated clinical and research career opportunities are not well defined for NMAHPs compared to other professional groups. Therefore NMAHP managers have little experience of supporting clinical academic pathways. The NHS career structures for clinical academic posts are inconsistent at best, and non-existent as the norm.

This report continues to find that many practitioners felt 'fortunate' if they got managerial support when implementing backfill arrangements. Some practitioners had poor, shifting or no support from clinical managers. Some examples for good support were reported however, and CLAHRCs have aimed to engage with managers to secure backfill arrangements and enable benefits to the clinical environment. These activities have mixed results, but with some positive outcomes. This is an area that needs some consideration and exchange of best practice, and the CLAHRCs may well have a role at supporting organisational change in this respect. If the above mapping recommendation was taken up, examples of impact might make the benefits more tangible for managers.

**Differences and inconsistencies in capacity provision.**

The evidence submitted to this mapping exercise, highlights that there are differences in capacity provision for NMAHPs across the CLAHRC community. This includes links with the NIHR Masters in Research Programme, variable amounts of partnership work, and access to HEE and Academic Health Science Network (AHSN) resources, and implementation science formal training.

'Learning by doing' schemes vary considerably across the country on the amount of protected time offered, and there is no consistency in the use of title for them. This can be confusing as what is offered under the same title can be markedly different across the network. It may be worth suggesting an agreed language/ titles for the length and type of provision on offer.

**Further partnerships.**

The report has highlighted that the CLAHRCs are able to work effectively and productively with a range of partners. Primarily this includes partnerships across clinical and academic sectors. Productive relationships are also evident with HEE in certain regions, and with industry. Work with NMAHPs professional bodies was not reported and might be considered.

**7.3 Potential area for joint working as a CLAHRC community.**

The report has highlighted potential synergies and possibilities for joint working across the CLAHRC community that the Directors and Training Leads might consider.

**Placement and Cross CLAHRC secondment opportunities.**

Many of the CLAHRCs offer 'learning by doing' opportunities, and one CLAHRC has worked successfully across the NIHR infrastructure (BRU and HTC) to extend learning opportunities. It might be worth exploring cross CLAHRC placements in a similar way. The NIHR also offer such exchange placements for doctoral students. The CLAHRC community could also provide such exchanges for NMAHPs, but not necessarily linked to doctoral study.

**Developing linkages between CLAHRC community research outputs and implementation capacity developments.**

Many of the implementation activities feature project work into services. There may be some benefit of making research outputs and 'actionable tools' developed from the national CLAHRC community readily available for such project work. In this way research evidence can spread into services. Feedback from such projects may help with examples of impact for CLAHRC research, and can explore how such outputs can be implemented, and improved.

**Collaborations around evaluation.**

Many of the CLAHRCs report they are undertaking evaluation of capacity building initiatives. There may be some willingness and advantage for joining these activities up.

**Sharing what works, and learning together.**

There is great diversity across the CLAHRC community in how capacity is being developed. There are also 'wicked' problems that continue to persist, for example enabling managerial support for academic career progression. Sharing results of what works, as well as developing solutions to tackle problems could be helpful.

**Develop a network of clinical academic NMAHPs.**

As clinical academic careers are relatively limited and new for this group of practitioners, they may feel isolated. CLAHRCs are developing such individuals and potential career pathways to support them, and it may be beneficial to create national networking opportunities to enable support networks and explore synergies between these individuals.

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# Appendix 1: Development of a Research Career Pathway of Nurses/Midwives and Allied Health Professionals (NMAHP)

## 1. Can you describe how your research career developed? Below are some factors you could include:

- What was the pathway to where you are now?
- What role did CLAHRC play in your career progression?

## 2. Has your research career involved any of the following elements?

- Boundary spanning roles for Nurses, Midwives and Allied Health Professionals (NMAHP)
- Clinical academic careers: NHS, University or both?
- Internships after MSc to build CV's
- Developing skills in applying for research funding
- How did you develop research skills?
- What have you learnt?
- Where will you go next in your research career?

## 3. Organisational support:

- How did you negotiate time from clinical time to develop your research career eg protected time?
- How was this negotiated, particularly with middle managers?

## 4. Examples of Impact:

- How well have you done so far, how are you measuring it and how will you get there?
- Can you give examples of:
  - Impact on services/service users
  - In practice for patients and staff, and systems to support managers of host organisations
  - Industry
  - Any PPI – Public and patient involvement?
  - What are you doing at an organisational level to change things e.g. integrating research into business cases?
  - Changes in the processes in an organisation from research, has it made a difference to services
  - Geographical spread if any impact

## 5. Do you have any examples of outputs so far? e.g.

- Leaflets, booklets, workshops, conferences presentations, publications

## 6. Anything else of interest?



## Appendix 2: Elements of the Case Study

### 1. Can you describe the key elements of the 'Learning by Doing' (Fellowships/PhD's/ Internships) initiative developed by your CLAHRC? What are you doing, how is it done?

- a. (A summary about half a page maximum)

### 2. Background to the funding:

- a. Why did your CLAHRC decide to fund the particular Fellowships/PhD's/Internships?
- b. How did you develop the idea and innovation
- c. Was this a CLAHRC idea, or was it an external idea that CLAHRC collaborated with?

### 3. Achieving protected time for clinical staff:

- a. How was protected time achieved?
- b. What role did managers of services play?
- c. Which organisations took part in the scheme?
- d. Did you use match funding?

### 4. Recruitment and quality of applicants:

- a. What was the recruitment procedure? Was it heavily subscribed? (Can you give numbers if possible)
- b. Explore the quality of the applications and what this tells us?

### 5. What were the outcomes?

- a. How is success being measured in your initiative? Have you got any results/ impacts?
  - i. (If so these should be included)
- b. What is the impact on candidates and their career path? What is the expectation of the i. CLAHRC offer- where are they expecting candidate to move next in their careers?
- c. What about impacts on health, patient outcomes, service change and healthcare systems?
- d. What about wealth impacts: cost savings, links with Industry/ PPI
- e. How will sustainability of the impact be maintained and measured?

### 6. What has the CLAHRC learned from the case study example?

- a. If you were to start again-what would you do differently and what would you keep the same?

### 7. Anything else of interest?

## Appendix 3: Learning by Doing

### Nurses, Midwives, and Allied Health Professionals

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>East Midlands</b> Karen Glover <a href="mailto:Karen.Glover@nottingham.ac.uk">Karen.Glover@nottingham.ac.uk</a>	Student Placements Opportunity to work with a team in CLAHRC.?	<b>NA</b>	Funded by the applicant's Higher Educational Institution as part of their professional placement	Greater awareness of research into practice / East Midland improvement infrastructure; greater interest in clinical academic research careers.	4-5 weeks	Negotiated with Higher Education Institutions (HEI)  How many so far? 2
<b>CLAHRC Greater Manchester</b> Carianne Hunt <a href="mailto:Carianne.hunt@srft.nhs.uk">Carianne.hunt@srft.nhs.uk</a>	Internship: Developing Clinical Pathways Starting in 2016	<b>Yes</b>	Funded by CLAHRC GM	Nurses/AHPs to be recruited to have 35 days of research training and activity over a year. this is a taster for early career nurses to allow decision regarding whether to commit to a career and qualifications in research.	35 days per year	6 per year in 2016 and 6 in 2016
<b>CLAHRC North Thames</b> Prof Naomi Fulop <a href="mailto:n.fulop@ucl.ac.uk">n.fulop@ucl.ac.uk</a>  Dr Helen Barratt <a href="mailto:h.barratt@ucl.ac.uk">h.barratt@ucl.ac.uk</a>	HENCEL (Health Education North Central and East London) / CLAHRC Research Fellowship Scheme	<b>Yes</b> Our Local Education and Training board (LETB), HENCEL provide a 60% salary contribution to backfill fellows' time.	The fellow's NHS organisation is expected to contribute the other 40%, including covering part of the fellow's secondment to the CLAHRC.	To provide support to nurses, midwives and allied health professionals who would like to develop an academic career  To increase levels of research activity across NIHR CLAHRC North Thames  Fellows seconded to the CLAHRC four days a weeks for one year to work on a research project of their choosing or an existing CLAHRC project. Fellows receive support from a CLAHRC PI to develop an application for a research fellowship (doctoral or postdoctoral), for example via the NIHR/ HEE Integrated Clinical Academic (ICA) Programme.  <b>Outcomes:</b> Submission of an application for a personal research fellowship and the outcomes of that application. Fellow's progress is monitored in research outputs, and activities they undertake to raise levels of research awareness in their base NHS Trust.	One year for each fellow	3 Fellows in post.  2 nurses and 1 health visitor.  (1 at Band 7, 2 at Band 8)  Currently recruiting for 4 to start a secondment in Jan 2016

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC West Midlands</b> (Paul Bird)	Leadership and Diffusion Fellows (also clinicians, managers and others)	<b>Yes</b>	Matched	<p>To promote leadership and change we have assigned clinical and managerial staff to act as 'CLAHRC ambassadors' through their roles as Diffusion and Leadership Fellows.</p> <p>This knowledge-brokerage model was designed by Professor Graeme Currie, who previously directed the pilot CLAHRC Nottingham Derbyshire and Lincolnshire and, now leads our IOS theme (5) at Warwick Business School.</p> <p>Fellows have been identified by the partner organisations, as they have previously demonstrated leadership in applied research (Leadership Fellows) and/or have established roles in service delivery and design (Diffusion Fellows).</p> <p>The Fellows are supported through the various service themes and we are currently designing a suite of training initiatives to enhance capability for service delivery research. During the first year we have held a welcome event and have already started a 'needs assessment exercise' to understand current knowledge and skill gaps to enable us to develop a programme of support during the life-cycle of the CLAHRC West Midlands. This work will be led by a secondment from the host NHS organisation and will major on engagement with health and social care partners. We have recently held a qualitative research event for this group of people.</p>	2 run per year	1 Physio 2 Nurses <b>Total 3</b>
<b>CLAHRC South London</b> Cheryl Whiting <a href="mailto:c.whiting@sgul.kingston.ac.uk">c.whiting@sgul.kingston.ac.uk</a>	Pre- masters Internship Kingston St Georges University London	<b>Yes</b> , (funding covers course fees, basic salary and employment costs for total of 52 days)	Funding by Local London HEE	<p>Forms part of ICAP programme <a href="http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm">http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm</a></p> <p>This is a part time inter-professional programme delivered at MASTERS level (7); suitable for a range of professionals, including nurses, midwives pharmacists, allied health professionals and healthcare scientists.</p>	Part time. 2 days for 26 weeks. Commenced Jan 2016	Negotiated – up to 12 places available in 2016  (currently 4 students)

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC South London</b> Cheryl Whiting <a href="mailto:c.whiting@sgul.kingston.ac.uk">c.whiting@sgul.kingston.ac.uk</a>				<p>This is a preparatory programme orientated towards developing research knowledge and skills and extending the appreciation of the importance of research and its links to professional practice, in preparation for further academic study and research focused career development.</p> <p>Comprising an academic component made up of TWO compulsory taught modules: Research methods and Implementation and Improvement Science :</p> <p>For ONE day each week or for a period of time equating to a total of 26 days, (exact arrangements to be negotiated in association with employer) students MUST gain experience within a clinical academic learning environment that is outside their own department or normal place of practice. Students will receive guidance on seeking a range of experience relating to research roles and practice, service improvement and innovation.</p>		
<b>CLAHRC Yorkshire and Humber</b> Jo Cooke <a href="mailto:Jo.cooke@sth.nhs.uk">Jo.cooke@sth.nhs.uk</a>	Post masters Internship	Funds from RCF to provide protected time.  This year (2015-16) we have funds from HEE to do the same	Research Capability Funding (RCF)  HEE funds: Application from CLAHRC and ACORN	<p>30 days experience working with a research team in CLAHRC, BRU and HTC who provide placements To provide further research experience post-master's degree, increase research CV. Mentorship of internee and support to managers.</p> <p>Key decision factor is negotiation with middle managers about agreeing protected time using the funds.</p> <p><b>Outcomes:</b> Learning diary against learning objectives. Output: conference presentation or co-authorship on peer reviewed paper. Career plan</p>	30 days	6 in 2014 – 15  10 planned in 15-16

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC Yorks and Humber</b>	Pre- masters Internship	<b>Yes</b> , using HEE funds	Funding by HEE	Providing research experience pre masters level. Mentorship by CLAHRC <b>Outcomes:</b> Applications for NIHR Masters programme Impact on practice and on professional practice	30 days	6 in 2014 – 15 10 planned in 15-16
<b>CLAHRC Yorks and Humber</b>	Secondment opportunities All professional Groups	<b>Yes</b> , but this sometime supplemented by 'match"	CLAHRC Funds RCF	Provide research experience on CLAHRC projects. Examples include partnerships with Yorkshire Ambulance Service and the MHC to support existing NHS YAS staff to undertake an evaluation of pre-hospital 999 provision for mental health patients; secondment of public health specialist to support the prioritisation process of research into Local Authorities; three clinical secondments by junior doctors who are undertaking projects on reducing acute kidney injury, and measurement and monitoring of patient safety (a Health Foundation funded project; project experience for three CAT masters graduates in the TK2A theme; Local Authority manager to support the Every Contact Counts in the PHI theme.	Depend on project needs	Approx 5 per year

## Appendix 3a: Learning by Doing

All Clinician's, Managers, Social Care Practitioners, and Health Service Researchers

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>East of England CLAHRC</b> Dr Christine Hill <a href="mailto:cmh86@medschl.cam.ac.uk">cmh86@medschl.cam.ac.uk</a>  Tony Arthur <a href="mailto:Antony.arthur@uea.ac.uk">Antony.arthur@uea.ac.uk</a> <a href="mailto:c.goodman@herts.ac.uk">c.goodman@herts.ac.uk</a>	CLAHRC Fellowship for: clinicians, health and social care practitioners and managers	1 day per week for one year	<b>Yes</b> Funded by CLAHRC	<p>The CLAHRC fellowship is aimed at all clinicians and we have had a number of nurses and AHPs on the programme since 2011. The aim is to develop an understanding of the research environment, and skills in research methodology, services redesign and change management. The main element of the Fellowship is doing a research project under the supervision of a senior investigator(s) in the CLAHRC. The Fellowship also includes a programme of monthly half day teaching workshops once a month and half day action learning sets every alternate month (details in the box below).</p> <p>Funding is to allow CLAHRC fellows from service providers within the region to have ring-fenced time for their research project and the teaching programme by funding backfill for their roles.</p>	12 months	12 in 2014 13 in 2015 12 in 2016
<b>East Midlands CLAHRC</b> Dr Donna Richardson <a href="mailto:Dr16@leicester.ac.uk">Dr16@leicester.ac.uk</a>	Knowledge Brokers Learning by working with teams	<b>Yes</b> by CLAHRC Partners	<b>Yes</b> by CLAHRC Partners	<p>To bring research and practice together; to assist with the translation and implementation of research into practice; increased research awareness, capacity and capability amongst NHS and social care colleagues.</p> <p><b>Outcomes expected:</b> research impact on practice; research and knowledge translation skilled clinicians.</p>	5 years	34  15 are NMAHP's match funded for length of CLAHRC
<b>CLAHRC North West Coast</b> Joanna Harrison <a href="mailto:jharrison12@uclan.ac.uk">jharrison12@uclan.ac.uk</a> 01772895106  Caroline Watkins <a href="mailto:clwatkins@uclan.ac.uk">clwatkins@uclan.ac.uk</a>	Internship Scheme for Healthcare professionals and Local Authority professionals to develop research skills at all levels.	<b>Yes</b>	CLAHRC NWC core funding for intern salary backfill up to 1 day per week for up to a year.	Research interns undertake a small research project, under the supervision of experienced researchers from one of the three academic partners: University of Central Lancashire, University of Liverpool and Lancaster University. The internship scheme also includes 10 research training days covering the research process from literature searching, through to ethics, research methods, data analysis and dissemination. Internships can also be used to prepare for a doctoral fellowship application. There is joint learning with other interns.	One year	10 per year 15 for 2015

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
				<p>The core funding provided by CLAHRC NWC allows interns to have protected time away from their work duties in order to develop their research project or fellowship application and attend training days. It is recommended that interns have 1 day a week over the course of a year to do this. Where the funding provided does not cover the intern's salary for 1 day a week, adjustments are made, e.g. interns may have 3 days a month protected time instead of 4 days or complete their internship over 10 months rather than 12.</p> <p>In this year's intake there are 10 interns from across the partner organisations including radiographers, a physiotherapist, a clinical studies officer, an analyst, health visitor, Senior House Officer and a Patient Safety Area Manager. The staff grades range from Bands 5-7 in the NHS and grades 4-9 in Local Authority.</p> <p><b>Outcomes:</b> Interns present a poster of their work at a final showcase event attended by Trusts/LA's and academic partners. They are encouraged to consider presenting at conferences and to publish.</p> <p>A second round of internships for 2016 is currently being advertised with a closing date of Friday 23rd October 2015. Due to the success of the previous year's scheme we will be offering 15 internship places.</p>		
<b>CLAHRC Oxford</b> Alex Gardiner, CLAHRC Manager	Dignity Plus & ECHO	<b>No</b>	<b>Match</b>	<p>Dignity Plus and ECHO projects 7 mental health staff and 20 Physical health care staff have been trained in the new model of practice and been involved in a quarterly review of the pilot data collection process as part of their training to enable them to understand research processes applied in a health care setting. This will ensure a legacy of capacity building after these research projects are complete and will provide the foundations within the NHS to implement evidence based innovation for the future.</p>	Ongoing no time limit	7 mental health staff and 20 Physical health care staff.  All are NMAHP's

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC South London and HEIs.</b> <a href="mailto:jane.sandall@kcl.ac.uk">jane.sandall@kcl.ac.uk</a>	Student Research Electives		Funded through training programme and HEI scholarships.	<p>Student Nurses, Midwives, AHP, Medical and Biomedical;</p> <p>To provide an opportunity to spend time with research teams, and CRN, make contacts and be involved in research activity and output.</p> <p>The process is:</p> <ol style="list-style-type: none"> <li>1. Dragons den and speed dating by research teams offering projects events</li> <li>2. Advertised and organised through Faculties</li> </ol> <p><b>Outcome:</b> Follow up of destination by faculty</p>		10 per annum approximately
<b>CLAHRC South London</b> <a href="mailto:Jane.sandall@kcl.ac.uk">Jane.sandall@kcl.ac.uk</a>	CLAHRC Research Fellows Programme	Funded through CLAHRC	Funded through CLAHRC	<p>To provide an opportunity to prepare a proposal for a doctoral fellowship application.</p> <p>Target Learners: Non-medical professionals eligible for NIHR HEE clinical academic career pathway.</p> <p>Fellows will be seconded to the CLAHRC, two days a week for six months, to work with a PI on a research proposal to a research fellowship (doctoral or postdoctoral) to the NIHR/HEE integrated clinical academic ICA scheme.</p>	2 days per week for 6 months	<p>3 to start secondments in 2016.</p> <p>Target 3 per year.</p>
<b>West Midlands</b> (Paul Bird)	Leadership and Diffusion Fellows (also clinicians, managers and others)	<b>Yes</b>	<b>Matched</b>	<p>To promote leadership and change we have assigned clinical and managerial staff to act as 'CLAHRC ambassadors' through their roles as Diffusion and Leadership Fellows.</p> <p>This knowledge-brokerage model was designed by Professor Graeme Currie, who previously directed the pilot CLAHRC Nottingham Derbyshire and Lincolnshire and, now leads our IOS theme (5) at Warwick Business School.</p> <p>Fellows have been identified by the partner organisations, as they have previously demonstrated leadership in applied research (Leadership Fellows) and/or have established roles in service delivery and design (Diffusion Fellows).</p>	Yes	LOTS – we are currently working on a matched funding database to capture all the activity of our Leadership and Diffusion Fellows.
Continues on next page						

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>West Midlands</b> (Paul Bird)				<p>The Fellows are supported through the various service themes and we are currently designing a suite of training initiatives to enhance capability for service delivery research. During the first year we have held a welcome event and have already started a 'needs assessment exercise' to understand current knowledge and skill gaps to enable us to develop a programme of support during the life-cycle of the CLAHRC West Midlands. This work will be led by a secondment from the host NHS organisation and will major on engagement with health and social care partners.</p> <p>We have recently held a qualitative research event for this group of people.</p>		

## Appendix 4: Formal Training: PhD/MSc

### Nurses, Midwives, and Allied Health Professionals

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>East of England</b> c.goodman@herts.ac.uk and Antony.arthur@uea.ac.uk	Research Capacity in Dementia Care	<b>Yes</b>	DoH funds CLAHRC EoE	Funded doctoral training as part of the Research Capacity in Dementia Care Programme. These are restricted to nurses and AHPs. Three nurses (2 from UEA and 1 from Univ of Herts) have been funded through the NIHR Research Capacity in Dementia Care Programme have started their doctoral studies.	3 years full-time	3
<b>East Midlands CLAHRC</b> Dr Donna Richardson Dr16@leicester.ac.uk	PhD	All have secured organisational support for their studies.	All funded as a mixture of HEEM, NIHR and CLAHRC	2014/15 successfully recruited 7 new PhDs, 6 are registered healthcare practitioners embarking on a clinical academic career. <b>These 6 practitioners are a clinical psychologist, an occupational therapist, three physiotherapists and a renal nurse</b>  Three of these students were recent graduates of the Health Education East Midlands (HEEM) silver scholar awards and 4 have successfully completed the NIHR MA in Research Methods offered by the University of Nottingham. We have a further 13 PhDs commencing in 2015/16, 3 of whom are embarking on a clinical academic career, including a cognitive behavioural psychotherapist, an advanced virology nurse and a staff nurse.	3 years	7+13
<b>CLAHRC Greater Manchester</b> Carianne Hunt Carianne.hunt@stft.nhs.uk	PhD	All fulltime and funded with a stipend	One has been awarded a full salary fellowship	3 candidates have been recruited to the RCDCP PhD posts. We also ensured that patients with dementia were involved in the interview process.	Starts in Sept 2015	2 students are nurses or AHPs. One is a BNurs student expected to attain a high quality degree nurses

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC Greater Manchester</b>	NIHR Doctoral Fellowship	Full-time	NIHR	A Speech and Language Therapist has been awarded a NIHR Doctoral Fellowship in post-stroke support	Oct 14	1
<b>CLAHRC Greater Manchester</b>	MRes	0.4 WTE backfill paid to organisation	CLAHRC funded	MRes Students: a mix of experienced and newly qualified nurses.	Cohort started Sep 2015 and in Sep 2016	7
<b>CLAHRC South London</b> (Jane Sandall)	PhD Fee support awards	Funded through CLAHRC	Funded through CLAHRC	<p>Fee support awards are available (up to £5,000 each) to help current higher degree research students (eg PhD/MD) with their fees.</p> <p>Awards are open to applicants whose research is relevant to CLAHRC research themes, which includes health research in the areas of alcohol, diabetes, infection, maternity and women's health, palliative and end of life care, psychosis, public health and stroke, as well as implementation science, and patient and public involvement. Applicants should be registered for a higher research degree at the CLAHRC academic partners: King's College London, Kingston University and St George's, University of London.</p>	1 year	8 awards available for nurses, midwives, AHPs and clinicians
<b>CLAHRC South London</b> (Jane Sandall)	PhD thesis write-up stipends	Funded through CLAHRC	Funded through CLAHRC	<p>Thesis write-up stipends are available (up to £5,000 each) for current higher degree research students (eg PhD/MD) to allow them time to focus on writing and submitting their thesis.</p> <p>Awards are open to applicants whose research is relevant to CLAHRC research themes, which includes health research in the areas of alcohol, diabetes, infection, maternity and women's health, palliative and end of life care, psychosis, public health and stroke, as well as implementation science, and patient and public involvement. Applicants should be registered for a higher research degree at the CLAHRC academic partners: King's College London, Kingston University and St George's, University of London.</p>	1 year	8 awards available for nurses, midwives, AHPs and clinicians

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC South London</b> Cheryl Whiting <a href="mailto:c.whiting@sgul.kingston.ac.uk">c.whiting@sgul.kingston.ac.uk</a>	MRes (Clin) Kingston St Georges University London	<b>Yes</b> (funding covers course fees, Basic salary and employment costs )	<b>HEE/NIHR</b>	<p>Forms part of ICAP programme <a href="http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm">http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm</a></p> <p>This inter-professional programme is suitable for a range of professionals, including nurses, midwives pharmacists, allied health professionals and healthcare scientists.</p> <p>The course builds on your existing research skills and introduces students to contemporary professional research practices employed within health care and health science environments. It aims to develop appropriate knowledge, skills and attitudes in order to be an effective and productive researcher.</p> <p>Next intake September 2016 applications available at: <a href="http://www.sgul.ac.uk/study/postgraduate/taught-degrees-postgraduate">www.sgul.ac.uk/study/postgraduate/taught-degrees-postgraduate</a></p> <p>The closing date for applications is Monday 9th May 2016 by 5pm. Interviews are scheduled for 1st June 2016.</p>	Full time (1 year); Part-time (2 years) Commenced Sept 2015	10 funded places per year
<b>CLAHRC South West Peninsula</b> Vicki Goodwin 01392 722745 <a href="mailto:V.goodwin@exeter.ac.uk">V.goodwin@exeter.ac.uk</a>	Research Capacity Dementia Care Programme NIHR funded PHD studentships of up to 3.5 years (full-time).	<b>Yes</b>	<b>NIHR</b>	<p>To improve experience of care and health outcomes and reduce unnecessary costs for people with dementia and their carers by (a) addressing uncertainties; (b) reviewing, developing testing and implementing evidence based complex interventions, and (c) commit to develop clinical academic, research competent nurses and AHPs</p> <p>Fortnightly Community of Practice (CoP) meetings</p> <p><b>Outcomes:</b> Development and evaluation of interventions relating to profession specific dementia care that address a James Lind Alliance priority.</p> <p>Evaluation of CoP</p>	Up to 3.5 years Started 2015	4 = 2 nurses, a physio and an OT

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC South West Peninsula</b> Jon Marsden <a href="mailto:mclinres@plymouth.ac.uk">mclinres@plymouth.ac.uk</a>	MClinRes	<b>Yes</b> (funding covers course fees and salary)	<b>HEE/NIHR</b>	Forms part of ICAP programme <a href="http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm">http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm</a>	Full time (1 year); Part-time (2 years) Commenced 2015	10 (1 band 5; 2 band 6; 6 band 7; 1 band 8) of which 3 are fulltime and 7 are part time
<b>CLAHRC Wessex</b> Greta Westwood <a href="mailto:greta.westwood@porthosp.nhs.uk">greta.westwood@porthosp.nhs.uk</a>	Clinical Doctoral Research Fellowship Scheme (CLAHRC CDRF's)	<b>Yes</b>	Match50/50 Mixture of models Charity/CLARHC NHS/CLAHRC Health Education Wessex	Clinical based staff do 3 days academic, 2 day clinical post. 3 Fellows have been funded by National Dementia CLAHRC Fellowships awarded to CLAHRC Wessex. All fellows have commenced either a PhD (n = 10) or MD (n = 5) since September 2015. All 6 CLAHRC Wessex themes are supported by the Fellows (1 Self Supported Care, 6 Dementia, 2 Complexities of Care, 1 Fundamental Care in Hospital, 3 Public Health and Primary Care, 2 Respiratory). Clinical staff are working as clinical academics in 5 of the Wessex partner NHS organisations.	4 years	9 Nurses 1 Dietician 6 Doctors 4 Non clinical staff
<b>West Midlands</b> <a href="mailto:n.c.maillard@bham.ac.uk">n.c.maillard@bham.ac.uk</a>	PhD	See description	See description	Number of PhD's currently being undertaken by NMAHP's: <b>6 Midwives:</b> 3 fully funded by NIHR 1 funded by Birmingham Women's Hospital Charity, 1 partly funded PhD 1 Not funded but supervisor funded by BRC <b>5 Psychologists:</b> 1 STIPEND, 2 NIHR, 1 Not funded but supervisor funded by BRC 1 Funded by Birmingham and Solihull Mental Health Foundation trust, <b>3 Nurses:</b> 1 Nurse Match Funded from HEFT 1 funded by STIPEND 1 Not funded but supervisor funded by BRC <b>1 Radiographer:</b> Not funded but supervisor funded by BRC <b>1 Exercise Scientist:</b> Not funded but supervisor funded by BRC <b>1 Operating Department Practitioner:</b> Funded by STIPEND		Midwives – 6 Nurses – 3 AHP's – 8

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>West Midlands</b> (Prof Neil Thomas)	MSc Health Research Methods at University of Birmingham	<b>Yes</b> (if a Leadership Diffusion Fellow)	RCF for course fee, matched for time spent attention the course sessions	A new masters (MSc Health Research Methods) has been developed through the support of CLAHRC WM .This new masters commenced in September 2014 and has been established to improve understanding of the variety of research methods applied to health and the interpretation of evidence from such research. It is envisaged that the creation of this course will further support our objective to promote health service research capacity in the region. The masters is fully endorsed by the CLAHRC West Midlands initiative and participating CLAHRC Fellows receive a heavily discounted rate to attend modules, which can be aggregated over time to the full maters programme.	Yes (2 years part/time)	1 Leadership & Diffusion fellow funded through RCF.
<b>Yorkshire and Humber</b> MSc in Clinical Research	MSc in Clinical Research	<b>Yes</b>	NIHR Funding	The successful MSc in Clinical Research commenced with CLAHRC South Yorkshire has continued for CLAHRC Yorkshire and Humber. In the first year students are funded for full time study, in the second year funded for part time study.	2 Years	6 Nurses 11 AHP's

## Appendix 4a: Formal Training: PhD/MSc

All: Clinician's, Managers, Social Care Practitioners, and Health Service Researchers

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>East of England</b> Antony.arthur@uea.ac.uk	Theme doctorates	Stipends	East of England CLAHRC	Each of the six themes within CLAHRC EoE has received funding to support a full-time doctorate. These commenced in September 2015	3 years full-time	6 No NMAHP's
<b>East of England</b> Professor Tony Arthur Antony.arthur@uea.ac.uk	MClinRes programme at UEA	<b>Yes</b>	NIHR funded.	The NIHR funded MClinRes Programme at UEA will support 10 students with course fees and backfill payments to their NHS employers. The CLAHRC is providing research expenses to a maximum of £300 for student projects that involve a CLAHRC NHS partner and whose research is consistent with CLAHRC aims and themes.	1 year	10 All NMAHP's
<b>East of England</b> Professor Claire Goodman c.goodman@herts.ac.uk	MClinRes programme at UH	<b>Yes</b>	NIHR funded.	Two funded Masters places (fees) have been allocated for the MClinRes Programme at UH with the same funding criteria as the UEA MClinRes programme.	1 Year	Places not yet filled
<b>East Midland CLAHRC</b> Dr Donna Richardson Dr16@leicester.ac.uk	PhD	<b>NIHR</b>	<b>NIHR</b>	As of 30.03.15 there are 89 PhD students associated with NIHR CLAHRC East Midlands. This number includes the 6 NMAHP's funded by HEEM and CLAHRC.	3 Years	89
<b>CLAHRC Greater Manchester</b> Carrie Hunt Carianne.hunt@manchester.ac.uk	Post-Doctoral	<b>NIHR</b>	<b>NIHR Post- Doctoral Fellowship</b>	A CLAHRC funded Research Associate has been awarded an NIHR Post-Doctoral Fellowship in patient-centred care for people with long-term conditions.	3 Years	1 (Not an NMAHP)
<b>CLAHRC Greater Manchester</b>	PhD		<b>Bequest Charity from Leeds</b>	A PhD in social support for people after stroke, supervised by a CLAHRC Theme Lead and an NIHR Investigator from the University of Leeds, has been funded from a bequest received by Leeds.		1 (Not an NMAHP)

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC North West Coast</b> Joanna Harrison <a href="mailto:jharrison12@uclan.ac.uk">jharrison12@uclan.ac.uk</a> 01772895106 Caroline Watkins <a href="mailto:clwatkins@uclan.ac.uk">clwatkins@uclan.ac.uk</a>	PhD Studentship	<b>No.</b> Studentships are full-time and do not include any salary backfill.	The first round of studentships in August 2014 were match-funded by the Academic partners. The second round of studentships in May 2015 were core-funded by the NIHR CLAHRC NWC.	There were 7 PhD Studentships advertised in Round 1(August 2014), three at the University of Central Lancashire (UCLan) and four at the University of Liverpool (UoL). These places were filled with students starting between September 2014 and January 2015. A further PhD studentship at UoL also started in connection with the Care After Presenting with Seizures project (CAPS) early 2015. In May 2015, a second round of studentships was advertised across the three academic partners; UCLan, UoL and Lancaster University and recruited a further 12 PhD students, six at UoL, 3 at UCLan and 3 at Lancaster. These students are starting their studies between September 2015 and January 2016. Currently re-advertising two studentships at UCLan (closing date 25th October 2015). When these studentships are filled, this will take us up to 14 students in the second round and a total of 22 PhD students across the CLAHRC NWC. All of the PhD proposals aim to address health inequalities and are situated across the CLAHRC NWC themes.	Ongoing. PhDs to be completed by 31st December 2018.	Total of 22 by end of 2016 Includes 5 NMAHP's
<b>CLAHRC North West Coast</b> Joanna Harrison	MSc Clinical Research	<b>No.</b> Bursaries are provided that fund 50% of fees but not salary backfill	50% CLAHRC NWC core-funded bursaries.	Eight 50% CLAHRC NWC funded bursaries for the MSc in Clinical Research at UCLan. Students pay full fees in the first year, 50% of fees in the second year and no fees in the third year.	The course can be taken part-time over 2-5 years	4 for Sept 2015 3 – 4 for 2016 Includes 3 NMAHP
<b>CLAHRC North West London</b> Julie Reed <a href="mailto:Julie.reed02@imperial.ac.uk">Julie.reed02@imperial.ac.uk</a>	PhD			PhD students are directly recruited to support working within the delivery (Frailty, Breathlessness and Early Years) themes and cross cutting themes (Improvement Science and Quality Improvement, Mental and Physical Wellbeing, Patient and Public Engagement and Involvement PhD trainees receive formal training through the Imperial College PhD programme. In addition, PhD trainees benefit from a programme of specialist training in QI and applied research. This includes access to and participation in quarterly Collaborative Learning events and monthly fellowship training days, participation at monthly research partner forums and QI methods master classes.		In 2014 – 5; 2 students awarded PhD; 3 students nearing submission and 10 students completing

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC Oxford</b> Alex Gardiner, CLAHRC Manager	DPhil	NA	Match and part CLAHRC funded	Formal DPhil courses. No NMAHP's at present, but are working with the Director of Nursing at Oxford Brookes to encourage NMAHP's to apply next year.	3 Years	5
<b>CLAHRC South London</b> f.ross@sgul.kingston.ac.uk	CLAHRC Fellows Programme			Aimed at clinicians and managers, with open competition for Improvement projects and linked PhD in the Health Innovation Network (HIN) and CLAHRC Strategic Themes.  Outcomes are follow up by HIN, successful PhD completion, ongoing research activity, and publications.		3 so far
<b>West Midlands</b> (Prof Tom Marshall)	MSc for Leadership and Diffusion Fellows	<b>Yes</b> supported by RCF funding	Supported by RCF income	During the first year we ran a competitive application process inviting all interested Leadership and Diffusion Fellows to undertake a part-time masters course at the University of Birmingham (in the first instance). We received 20 applications from Fellows from across the region including applications from Fellows located at general hospitals, primary care and from local authority settings. We were able to fund six Fellows to undertake part-time masters' courses at the University of Birmingham. The Fellows commenced their part-time study in September 2014 and are undertaking courses such as the masters in public health, masters in leadership for health care improvement and newly established masters in health research methods 2 are Nurses	Yes (2 years part/time)	6 1 Medic 2 Nurses 1 Social scientist 2 Health improvement / public health in social services
<b>CLAHRC Yorks and Humber</b> Jo Cooke Jo.cooke@sth.nhs.uk	PhD			CLAHRC YH has 56 active PhD students. This includes 'legacy' students from the pilot CLAHRCs (30 students) who are supervised by CLAHRC academics. Of these, five students have been awarded a PhD this year, and 15 are writing. This cohort demonstrates a diverse range of practitioner-researchers supported by the CLAHRC awards, and includes 4 medics.  <b>NMAHP's – 12:</b> 2 Occupational Therapists 4 Physiotherapists 1 Optometrist 1 Midwife 4 Nurses	Yes	NMAHP's = 12

## Appendix 5: Implementation Science

All Clinician's, Managers, Social Care Practitioners and Health Service Researchers

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>North West London</b> Rowan Myron <a href="mailto:R.myron@imperial.ac.uk">R.myron@imperial.ac.uk</a> 020 3315 84888	MSc in Improvement Science Work based learning programme. For Doctors, Nurses, AHP, Managers	<b>No</b>	Match funding from University of West London, Health Education northwest London and Provider/ CCG NHS organisation	Aims to bring research more rapidly into everyday practice. Adopting an industrial standard of quality in the NHS through utilising information to drive evidence based implementation and support evidence based practice. Students work on an improvement project.	2 years part time	7 have started the MSc and one graduate in July 2015
<b>North West London</b> Rowan Myron,	Improvement Leader Fellowship for doctors, nurses, AHPs, managers, academics, patients, carers	<b>Yes</b>	£6,000, plus £1,500 for CLAHRC for travel and match funding from organisation	Aims to build improvement champions in NHS, and to build skills in research and improvement, to build capacity in sector. Curriculum includes some taught sessions and learning by doing. <b>Outcomes:</b> Completion of a research driven improvement project. Presentation at CLAHRC events, national and international conferences and Publications.	12 month duration	71 Fellows thus far (including 10 patients) average of 11 per year (range 9-15);
<b>South London CLAHRC</b> <a href="mailto:Rachel.Davies@kcl.ac.uk">Rachel.Davies@kcl.ac.uk</a>	MSc and stand-alone modules Implementation and Improvement Science research Kings College London and Kingston St Georges London	<b>No</b> currently exploring options	£2,000 Scholarships for applicants living or working in CLAHRC footprint in South London and fees in year 1	To build research capacity, expertise and competencies in improvement and implementation science research for those working across HEI/health organisation boundary. MSc in Implementation and Improvement Science, aimed at people at the start of their career as well as people who have been working in, or using, health services for a longer period of time. It is a practical programme that is relevant for health professionals, health researchers, health service managers working in the NHS, voluntary or private sectors, patients and service users, social scientists interested in health and healthcare and commissioners of health services. Also aimed at international students. Majority of registered students are AHPs. Outcome measures: Completions and Destination Tracking, Quality review by HEI.	Starts Jan 16 part-time and September 2016 full and part-time. 15 to start in Jan 2016.	12 started the MSc in Jan 2016 and 2 are undertaking the module in implementation science as a stand-alone Second intake of students in Sept 2016

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC South London</b> Cheryl Whiting and Annette Boaz <a href="mailto:c.whiting@sgul.kingston.ac.uk">c.whiting@sgul.kingston.ac.uk</a> / <a href="mailto:A.boaz@sgul.kingston.ac.uk">A.boaz@sgul.kingston.ac.uk</a>	Masters stand-alone modules (15 credits) Implementation and Improvement Science London and Kingston St Georges University London	<b>No</b> – module fee approx. £800	Self-funding or through CPPD commission	Implementation and Improvement Science: Principles for Practice. The module is designed to introduce students to this relatively new and expanding science that has grown from national and international ambition to bring about quality improvements and enhance patient safety by closing the theory practice-gap, encouraging more effective use of research evidence within practice. Implementation and Improvement Science examines the practice of generating evidenced based innovations and approaches to facilitating and sustaining effective implementation of policy and interventions in practice. It draws on theory and practice from a broad range of other professional disciplines (e.g. sociology, management, behavioral psychology, science and technology). The module content and design encourages students to critically explore a range of strategies to support the integration of research findings with practice, whilst considering this within the context of an ever changing working environment and policy landscape.	Started Jan – June 16 Part-time ½ day a week	No fixed numbers – shared learning with Pre-MRes (interns) and MRes (Clin) students Maximum of 25 students taking the module at any one time
<b>CLAHRC South London</b> Cheryl Whiting and Annette Boaz <a href="mailto:c.whiting@sgul.kingston.ac.uk">c.whiting@sgul.kingston.ac.uk</a> / <a href="mailto:A.boaz@sgul.kingston.ac.uk">A.boaz@sgul.kingston.ac.uk</a>	Implementation and Improvement Science Mini conference Kingston St Georges University London	<b>No</b>	No – Free but places are limited Maximum of 50 delegates	Implementation and Improvement Science: Mini conference - learning from local examples of implementation. A series of short talks by invited guest speakers, followed by open discussion. Places can be booked through <a href="mailto:c.whiting@sgul.kingston.ac.uk">c.whiting@sgul.kingston.ac.uk</a>	Thursday 9th June 2016 9:00 – 12:30	Maximum of 50 delegates - shared learning with (interns) and MRes(Clin) students.
<b>South London CLAHRC</b> Jane Sandall	KIS Fellows Programme	£2 Million capacity building grant match funded by collaboration of KCL and including Guy's and Thomas Hospital		To build research capacity and careers in improvement and implementation science research for those working across HEI/health organisation boundaries. £2 Million capacity building-grant to match funded project King's Improvement Science for the recruitment of 12 Post- Doctoral Fellows. Of 7 funded so far, 3 are AHPs with a PT fellowship and have been seconded from HEI posts. <b>Outcome Measures:</b> Evaluation by King's Improvement Science Board and funders. Ongoing grant applications, publications, evidence of impact on host organisations.	4 Years	12 over 4 years Final 5 to be recruited in Jan 2016. The aim is to recruit 3 post-doctoral fellows and 2 senior post-doctoral fellows

## Appendix 6: Research Training/Short Courses/Workshops

### Nurses, Midwives, and Allied Health Professionals

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC Oxford</b> Alex Gardiner, CLAHRC Manager	Allied Health Professional Training	Part of the Annual CLAHRC Symposium	Part of the Annual CLAHRC Symposium	At the NIHR CLAHRC Oxford Stakeholder Symposium (November 20) we have planned a workshop in conjunction with Health Education Thames Valley to provide a springboard for an Allied Health Professional Training Programme. This programme aims would be to support Allied Health Professionals at all levels who do not have an academic background, to understand and use evidence based medicine in their work.	Plan to do more next year. The format, support and training to be decided.	No details
<b>CLAHRC South West Peninsula</b>	CPD Courses Research Training	Sometimes released otherwise have to take leave	£50,000 Matched funding from HESW for NMAHP	CPD courses for AHPs and nurses on statistics, health economics and systematic reviews 1 day research conference covering developing research question, preparing posters, abstracts, platform presentations and manuscripts.	Yes	150 nurses, midwives and AHPs
<b>CLAHRC West Midlands</b> (Lead Dr Sara Kenyon)	Research Midwives Forum	<b>Yes</b>	<b>Matched</b>	<p>The Maternity and Child Health theme (1) has established a Research Midwives Forum, bringing together research midwives from across the West Midlands, to encourage engagement, collaboration and capacity for applied health research across Trusts. The Forum is the first of its kind in the region and three very successful Forums have taken place. The CRN have supported the Forum by engaging research active and research interested midwives and encouraging attendance.</p> <p>Examples of research activities and topics covered:</p> <ul style="list-style-type: none"> <li>• Evidence from the national 'Place of Birth' study and how findings can be translated to your own current practice.</li> <li>• Other relevant evidence for research studies and trials</li> <li>• Advice on recruiting participants to studies.</li> <li>• Information about other training opportunities offered through NIHR.</li> </ul>	5 days over 6 months 5 courses per year available for staff to access	4 Dietician 14 Physio 8 Specialist Nurses 6 Nurses  <b>Total 32</b>

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC West Midlands</b> Nathalie Maillard <a href="mailto:n.c.maillard@bham.ac.uk">n.c.maillard@bham.ac.uk</a>	PPIE and Public engagement with science	<b>No</b>	Payment of time through NIHR award	<p>We have provided a number of training initiatives aimed at supporting the PPI Advisors with their involvement and contribution to the CLAHRC West Midlands initiative. This work will be expanded to explore opportunities to engage the wider public in health and science.</p> <p>We are also planning to offer our PhD students the opportunity to undertake a 'PPI Internship' to better understand the role of PPI in health service delivery research. We have a number of 'PPI Professionals' willing to provide 'shadowing' placements to offer insights and also some specific 'PPI projects'.</p>	Half day workshop	1 Dietician 1 OT 3 Physio 1 Radiographer 3 Specialist Nurses  <b>Total 9</b>
<b>CLAHRC Yorks and Humber</b>	Writing for Publication Workshop - Advanced			<p>Writing for Publication Workshop: Advanced. This workshop focuses on looking at writing undertaken by staff and taking the next steps to getting published. Aims to take forward personal writing in view of preparing it for publication.</p>	One day Workshop	2 Physio 2 Radiographer 2 Specialist Nurses

## Appendix 6a: Research Training/Short Courses/Workshops

All Clinician's, Managers, Social Care Practitioners and Health Service Researchers

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>East of England</b> Tony Arthur Anthony. <a href="mailto:arthur@ues.ac.uk">arthur@ues.ac.uk</a> Dr Christine Hill <a href="mailto:Cmh86@medschl.cam.ac.uk">Cmh86@medschl.cam.ac.uk</a>	Training Support for research Fellows	<b>Yes</b>	EoE fund backfill for one day per week for one year	Funding to allow CLAHRC fellows from service providers within the region to have ring-fenced time for their research project and the teaching programme. The fellows are supervised by two of our senior investigators, they are mentored by Professor Mike Cook (Bedford University) through their action learning sets as a group and occasionally individually, and the Fellows workshop teaching is provided by senior researchers and lecturers at the UC and UEA. We awarded 12 CLAHRC Fellowships in 2014 and 13 in 2015.	One year	12 in 2014 13 in 2015
<b>East of England</b>	Workshop / Meetings	<b>Yes</b> , funded through project grants	EoE funded	3 monthly workshop/meetings for the junior researchers in the CLAHRC at which they choose the presentation topic for the next meeting e.g. PPI, health reform, qualitative research methods, these are usually given by an invited speaker.	2 hours	20 approx at each session
<b>East of England</b>	Statistical Software Training	<b>No</b>	EoE funded	Adam Wagner, Statistician in the EDD theme, together with Dr. Simon R. White of the Cambridge MRC Biostatistics Unit delivered a full day training session at the Cambridge MRC Cognition and Brain Sciences unit Cambridge Brain Unit to introduce people to the free statistical software R.	One Day	5 -10 Not Known if any NMAHP's attended.
<b>East of England</b>	PPI research Training	<b>No</b>	EoE funded	<ul style="list-style-type: none"> <li>A CLAHRC PPI training survey for researchers was conducted by our PPI research team, was launched in March and closed in April. Following on this, the CLAHRC EoE has delivered master classes for researchers in three main centers – Cambridge, Norwich and Hertfordshire in June/July 2015.</li> <li>Co-organising another research training course for the public in partnership with the Research Design Service. Our PPI Board representative Sarah Rae will be involved in the teaching.</li> </ul>	4 Hours	7 per session

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<p><b>East Midlands CLAHRC</b> Dr Donna Richardson <a href="mailto:Dr16@leicester.ac.uk">Dr16@leicester.ac.uk</a></p>	Research Training	<b>No</b>	No charge for attendance at these sessions, which are open to all CLAHRC staff and anyone employed in any of our partner organisations.	<p>As a result of a region wide consultation exercise to assess the training priorities and interests of our 64 NHS partners, a bespoke education, skills and training programme has been developed (called CLAHRC:ed). A programme of 25 different skills training sessions designed, with dates throughout 2015. Sessions are led by CLAHRC research staff, managers and practitioners from our partner organisations. Occasionally, to meet a specific need, the session has been delivered by an external expert. The majority of trainers are undertaking this activity free of charge.</p> <p>The sessions offered include:</p> <ul style="list-style-type: none"> <li>• Introduction to Research Methods</li> <li>• Introduction to Qualitative Research Methods</li> <li>• Setting up a study</li> <li>• Statistics</li> <li>• Evaluation Skills</li> <li>• Interpreting Evidence</li> <li>• Systematic reviews</li> <li>• Communicating your Research</li> <li>• Implementing Change</li> <li>• Improvement Techniques for Healthcare</li> <li>• Ethics and Governance</li> <li>• Quantitative Measures</li> <li>• Interviewing</li> <li>• Ethnography</li> </ul>	During 2015	Number of NMAHP's attending in brackets for each section

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>East Midlands CLAHRC</b> Continued				Sessions are publicised throughout the region amongst our partners. 12 workshops attendance: <ol style="list-style-type: none"> <li>1. Publication Boot camp 14 (1)</li> <li>2. Introduction to research methods (quantitative and qualitative) 13 (0)</li> <li>3. How to Tweet Strategically 17 (2)</li> <li>4. Writing for Publication 22 (1)</li> <li>5. Getting you message across: Poster Design 15 (2)</li> <li>6. Getting your Message Across: Communicating Your Research 9 (2)</li> <li>7. Critical Appraisal Skills 13(2)</li> <li>8. What is Implementation Research? 8(0)</li> <li>9. Evaluation Skills 9(1)</li> <li>10. Introduction to research methods (quantitative and qualitative) 8(1)</li> <li>11. Writing for Publication 36 registered to attend (4)</li> <li>12. Getting Your Message Across: Communicating your Research 9 registered to attend (0)</li> </ol>		
<b>East Midlands CLAHRC</b> paw30@le.ac.uk	PPI Research Training	<b>No</b>	No charge for attendance at these sessions, which are open to all CLAHRC staff and anyone employed in any of our partner organisations.	Due to our specialism in PPI we have been active in training both NHS staff members and interested public members in PPI and engaging the public in research. For staff our PPI Lead has organised drop-in sessions for both CLAHRC staff and staff from our partners on how to engage the public in research with individual tailored advice offered. PPI support for costing, methods and recruitment is available and being utilised on an ongoing basis with support from the PPI Lead and Patient and Public Partners' Council members. The PPI lead, in conjunction with the East Midlands Centre for BME Health, organised a workshop on "Enhancing health research for our multi-ethnic society" led by Dr Sarah Salway of Sheffield University which was attended by 30 healthcare professionals, commissioners (from CCGs) and staff.	Ongoing	6 attending drop in sessions 30 attended the study day 19 attended workshop 6 attended

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>East Midlands CLAHRC</b> Continued				<p>Qualitative research in health and social care workshop. Partners Council members are offered access to training and 6 have attended the Lay assessor training programme delivered in conjunction with Hearing Biomedical Research Unit (BRU), Gastrointestinal Diseases BRU, Research Design Service and Nottingham University Hospitals, and CLAHRC EM</p> <p>This resource is being developed on a time share basis with each of the organisations PPI members being trained in a variety of courses. This will also develop to offer training for staff and researchers.</p> <p>Partners in Projects training course developed in partnership with the University of Northampton, offers a fully accredited adaptive training programme and as a result of attending this we have successfully recruited a service user to our PhD programme. The training is also being delivered to mental health service users to enable them to work as peer researchers on a National Evaluation of MIND. This training is also being adapted and delivered in Denmark with interest from other countries.</p>		
<b>CLAHRC Greater Manchester</b>	Bridging Implementation and Research Workshops	<b>No</b>	Funded by CLAHRC GM	Seven 90 minute learning workshops open to all CLAHRC staff with nurses and AHP's invited to the relevant workshop. Workshops will have a qualitative evaluation.	By end of 2015	7 Workshops
<b>CLAHRC North Thames</b> Prof Naomi Fulop <a href="mailto:n.fulop@ucl.ac.uk">n.fulop@ucl.ac.uk</a> Dr Helen Barratt <a href="mailto:h.barratt@ucl.ac.uk">h.barratt@ucl.ac.uk</a>	Short training courses	<b>No</b>	Attendance is free to staff in CLAHRC partner organisations, as a result of match funding from Health Education Central and North East London	Since October 2014, we have run six one day short courses, with the aim of increasing capacity across the CLAHRC to co-produce applied health research and apply its outputs in practice. This has included a one day Introduction to Evaluation (run four times), an Introduction to Economic Evaluation, and a one day introduction to Using Research in Practice. In 2016, we are launching an online version of the evaluation course, as well as a new face to face course on Demand, Capacity and Flow modelling.	One day	Six workshops, attended by a total of 160 health care and public health staff, including 37 NMAHPs.

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<p><b>North West Coast</b> Lesley Harper <a href="mailto:L.Harper@liverpool.ac.uk">L.Harper@liverpool.ac.uk</a> Joanna Harrison <a href="mailto:jharrison12@uclan.ac.uk">jharrison12@uclan.ac.uk</a> 01772895106 Caroline Watkins <a href="mailto:clwatkins@uclan.ac.uk">clwatkins@uclan.ac.uk</a></p>	Evidence for Change 2015	<b>No</b> (with the exception of one GP practitioner who receives backfill from Liverpool CCG).	Attendance of partner practitioners is match funded by the partner, e.g. travel costs, time to attend workshops and for undertaking a project. Public advisors are supported via core CLAHRC NWC PPI funds (support for travel, payment for attendance).	<p>In May 2015 we launched Evidence for Change as a pilot programme to encourage and support mixed teams of practitioners, public, commissioners and academics to work together. By enhancing skills, knowledge and expertise, the programme aims to:</p> <ul style="list-style-type: none"> <li>• develop capacity within CLAHRC NWC partners to find, analyse and use evidence that will inform policy and professional practice change.</li> <li>• support teams to plan, implement and evaluate an evidence informed change to professional practice with a focus on tackling health inequality within the North West Coast.</li> </ul> <p>It is delivered by a blend of teaching and learning methods spread over eight months and is designed to integrate learning and researching skills with professional practice. Opportunities for reflection, peer support and mentoring are also interwoven throughout the programme.</p> <p>Four multi-agency, multi-professional teams from across the North West Coast took part, each devising a distinct project to tackle an aspect of health inequalities within their locality. Each team was required to enlist a member of the public (a public adviser) as a peer within the team. The public advisers include a care home resident, an expert by experience and a black and minority ethnic advisory panel. The Teams plan to disseminate and celebrate their achievements at a showcase event on the 3rd December 2015.</p> <p>As the programme was a pilot, a developmental evaluation is currently underway which plans to track impact over a 24-36 month period.</p>	May 2015	32 (24 practitioners and 8 public advisors) Included 1 NMAHP

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>North West Coast</b> Joanna Harrison Lesley Harper <a href="mailto:L.Harper@liverpool.ac.uk">L.Harper@liverpool.ac.uk</a> Joanna Harrison <a href="mailto:jharrison12@uclan.ac.uk">jharrison12@uclan.ac.uk</a> 01772895106 Caroline Watkins <a href="mailto:clwatkins@uclan.ac.uk">clwatkins@uclan.ac.uk</a>	Evidence Synthesis Skill Building Series	<b>No</b>	Attendance of partner practitioners is match funded by the partner, e.g. travel costs, time to attend workshops. Public advisors are supported via core CLAHRC NWC PPI funds (support for travel, payment for attendance).	Developing a series of one day standalone workshops to enhance the evidence synthesis skills of practitioners. During 2015 we have offered two workshops in this suite – 'Finding Evidence: Informing Practice' and 'Critical Appraisal'. Aimed at beginners, both workshops have been popular, attracting a mixture of NHS and Public Health practitioners. Feedback from both events has been extremely positive, with one NHS Trust reporting that this has led them to be invited to disseminate their good practice at the International Care Conference in Italy 2015. (NMAHP's attended numbers not known)	2015	Finding Evidence: Informing Practice attended by 23 delegates (including one public adviser and five CLAHRC NWC staff, and 17 practitioners from Partner organisations) Critical Appraisal for Beginners attended by 29 delegates (including two public advisers, two CLAHRC NWC funded PHD students, three CLAHRC NWC staff and 22 practitioners from Partner organisations)
<b>CLAHRC North West London</b> Rowan Myron <a href="mailto:R.myron@imperial.ac.uk">R.myron@imperial.ac.uk</a> 020 3315 84888	Quarterly collaborative learning events	<b>No</b>	Match funding from NHS provider organisation and CCG's, and industry partners.	<p>All staff, patients and the public are welcome to attend with access to a faculty with internationally recognised expertise across a wide range of academic disciplines, committed to improving patient care. Five of these events including the CLAHRC NWL Launch have been held in this reporting period, with an average of 134 attendees per event and 309 unique participants.</p> <p>Themes included planning for long term success, measurement for improvement, capacity building for research skills, leading change in healthcare and working across boundaries. These events included extensive academic curriculum encapsulating improvement science, research evaluation, change management, leadership, patient engagement, sustainability and policy was delivered using both theoretical and practical approaches.</p> <p>Participants were from various backgrounds including: doctors (16%), Nurses (12%), Managers (19%), Allied Health Professionals (11%), Pharmacists (9%) and also had significant involvement from patients and service users (9%).</p>		

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
CLAHRC Oxford Alex Gardiner, CLAHRC Manager	Leadership Training & Change Management (Said Business School)	No	Match	This course was developed in conjunction with the Said Business School (Dopson, S; Aristidou, A), Department of Primary Care (Papanikitas, A; Gardiner, A) with our host trust Oxford Health NHSFT (Taylor, Y) to bridge a training gap between junior and senior managerial posts (clinical and non-clinical). Main aims were to provide the skills necessary to manage change and implementation of innovation in a complex environment and to build a network of ongoing support. It was designed for a mixed intake of health professionals and researchers (~50:50) to increase research awareness and capacity within the NHS and form a network of support to enable course alumni to be change champions within their organisations. OHFT committed to release employees for training (x2 days). The initial pilot course took place in March 2015 with 12 attendees; it was extremely successful and received excellent feedback.	The course is run twice a year over 2 days	18 7 were NMAHP's who are Knowledge Mobilisation Fellows
CLAHRC Oxford Alex Gardiner, CLAHRC Manager	Workshops for Early Career Researchers	No	Match	The NIHR CLAHRC Oxford in collaboration with the Clinical Trials Research Group, Oxford (CTRG) have developed a series of basic workshops with the themes guided by the needs of our trainees the first of which will be held on 22nd April 2015 'Completing Ethics Applications for Qualitative Researchers'. These courses will provide key basic skills which are often overlooked, to early career researchers. These courses were developed following the identification of a gap in training courses specifically for qualitative researchers.	One more date planned	NMAHP numbers not known
CLAHRC Oxford Alex Gardiner, CLAHRC Manager	Mind Brain Behaviour Cluster Workshop	No	Match and part funded	The NIHR CLAHRC Oxford with the University of Oxford jointly funded a Mind Brain Behaviour cluster workshop titled 'Optimising Behavioural Interventions'. Professor Linda Collins presented her work on innovative systems for improving behavioural intervention research methods in healthcare and psychology, using factorial designs.	One only	No NMAHP attended

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>South London CLAHRC</b> Rachel Davies	Implementation Science Master classes	Staff have to negotiate release from work	25 fees bursaries funded from CLAHRC.	To provide support and training for staff doing and evaluating an improvement project.  Two day masterclass with international speakers for participants who are doing an implementation / improvement research study. Aimed at a multidisciplinary audience. About 50% are AHPs.	At least 40 every year over 4 years	There were 46 delegates for the 2015 Masterclass. We have capacity for 50 delegates for the 2016 masterclass
<b>CLAHRC South London</b> Palliative and End of Life Care theme Supported by Hospice UK <a href="mailto:francesca.cooper@kcl.ac.uk">francesca.cooper@kcl.ac.uk</a>	Train the Trainers workshops	Staff have to negotiate release from work		<p><b>Target Learners:</b> Nurses, AHPs and other quality leads in palliative care</p> <p><b>Aim:</b> To train quality leads in hospices and palliative care teams to be trainers in implementation and use of patient-centred outcome measures in palliative and end of life care</p> <p>Opportunity to benefit from some of the learning about outcomes in palliative care achieved through the CLAHRC South London Palliative and End of Life Care theme, including:</p> <ul style="list-style-type: none"> <li>• How to train clinical staff to use patient-centred outcome measures</li> <li>• How to use outcomes data to improve individual patient and family care</li> <li>• How to use outcomes data for systematic quality improvement</li> </ul> <p>We will create a virtual network for the first cohort, with evaluation of impact and monthly webinars for mutual support. Potential half day follow up workshops as required to help sustain learning.</p>		First workshop planned for Feb 2016, will be 10-12 participants, but with a plan to roll out these workshops nationally if successful, during 2016/2017.
<b>CLAHRC South West Peninsula</b> Vicki Goodwin 01392 722745 <a href="mailto:V.goodwin@exeter.ac.uk">V.goodwin@exeter.ac.uk</a>	Research Training	Released from duties but no backfill	£10,000 Matched funding from HESW awarded to ensure free workshop places for NMAPS	<p>'Making Sense of Evidence' workshops covering introduction to research, searching, critical appraisal skills of trials, systematic review, diagnostic and qualitative studies.</p> <p>£10,000 matched funding from Health Education South West (HESW) was awarded to ensure free workshop places for AHPs and nurses.</p>	Yes	163 NHS based delegates including doctors, physiotherapists, OTs, research nurses, paramedics (up to March 2015)

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC South West Peninsula</b> Vicki Goodwin 01392 722745 <a href="mailto:V.goodwin@exeter.ac.uk">V.goodwin@exeter.ac.uk</a>	Tutor Training in evidence Based practice	<b>Yes</b>	PenCLAHRC	Programme of tutor training to promote spread and sustainability of this activity. In the current period a further three people have attended the Oxford 'Teaching evidence-based practice' course and joined our 'Making Sense of Evidence' tutor team.	1 week course	30 have attended since 2008 including 4 physio's
<b>CLAHRC West</b> Selena Gray <a href="mailto:Selena.gray@uwe.ac.uk">Selena.gray@uwe.ac.uk</a>	Short course programme	Courses are free; no backfill paid	Some of external speakers are funded to contribute.	<p>Programme aimed across the health and public health community. One day courses; wide range of staff from public health in local authorities, acute and mental health trusts, and Clinical Commissioning Groups. Writing for publication May and October 2015.</p> <p>One day course on service evaluation developed in conjunction with University of Bristol, Avon Primary Care Research Collaborative and Bristol City Council (July 2015)- follow up action learning sets for participants.</p> <p>Public Health Economics (July 2015 and Feb 2016) developed in conjunction with the University of the West of England.</p> <p>Finding the Evidence – tailored workshops for Public Health, commissioners, and health professionals developed in partnership with the relevant organisations (Sept 2015).</p> <p>Critical Appraisal – tailored workshops for Public Health staff, PPI participants, third sector organisations and other health professionals (Nov 2015).</p> <p>Following discussions with the NHS Leadership Academy in the South West, a masterclass for NHS Managers on evidence for management change will be run in Dec 2015. This will be the first session on the use of evidence in the Leadership Academy.</p> <p>An existing e-learning resource in understanding and using research evidence will be developed to promote widened access across the CLAHRC West area.</p>	10-12 courses per annum	12-15 per course

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC West Midlands</b> (Prof Graeme Currie)	Enhancing healthcare innovation and leadership capability	<b>Yes</b>	<b>Matched</b>	Graduates on the University Hospitals Birmingham NHS Foundation Trust 'Annex U' training programme are enrolled on a MOOC (Massive Open Online Course) Healthcare Innovation & Leadership developed by the Warwick Business School. The MOOC is being developed further into a blended learning MSc, which will be available from 2016/17.	Yes	25
<b>CLAHRC Yorks and Humber</b> Jo Cooke <a href="mailto:Jo.cooke@sth.nhs.uk">Jo.cooke@sth.nhs.uk</a>	Short day course	<b>No</b>	Match funding to attend course	We have provided short one day courses for public health and social care services on projects and outcomes using outcome measures and health inequalities. Based on a needs assessment	Yes	20-30 each workshop

## Appendix 7: Miscellaneous Activity

All Clinician's, Managers, Social Care Practitioners and Health Service Researchers

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>East of England</b>	Workshop	<b>No</b>	<b>EoE Funded</b>	<p>Half day workshop to publicise and explain processes for capacity building funds in CLAHRC EoE and the NIHR. The workshop outlined the CLAHRC EoE Fellowship programme and included presentations from a current and past fellow to illustrate the experience and benefits of the programme. A funding information pack was given to delegates with information on other funding streams, and helpful websites for finding research funding (charities, NIHR and research councils).</p> <p>40 delegates attended the event and included: healthcare professionals, students, research assistant and associates, lecturers from Nursing, Allied Health Professions, Psychiatry and Psychology.</p> <p>4 attendees went on to apply for the CLAHRC fellowship programme 2015.</p>	Half day workshop	40 delegates
<b>East of England</b>	Boot Camp for NIHR Training Award Applicants	<b>No</b>	<b>EoE Funded</b>	In October 2015 we are delivering a training 'Boot Camp' for potential applicants for NIHR training awards.	2 day residential	9
<b>East Midlands CLAHRC</b> Dr Donna Richardson <a href="mailto:Dr16@leicester.ac.uk">Dr16@leicester.ac.uk</a>	PhD Bursary Support Competition	<b>4 Funded</b>	<b>Yes</b>	PhD support competition which will offer bursaries of £500 to support PhD students across the East Midlands to cover travel or research costs. The competition will be open to students of all relevant disciplines from our partner organisations. We hope to run this competition annually and see this as another way we can support capacity development across the East Midlands. Second call for 2015/16 currently out for applications.	2 Calls a year	Up to 12 /year

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>East Midlands CLAHRC</b> Dr Donna Richardson Dr16@leicester.ac.uk	Support and Mentorship			Training Environment: Doctoral students are highly valued members of the CLAHRC. We work hard to ensure that they receive supervision, support and training of the highest quality and contribute to a vibrant research culture within their host departments. For each student, an induction programme is followed by detailed appraisal of their training needs and agreement of a personal development plan. Students are also encouraged and supported to present at research group seminars, at Divisional meetings and events and at research conferences including those organised by CLAHRC.		
<b>North West Coast</b> Joanna Harrison jharrison12@uclan.ac.uk	NIHR Doctoral Trailing Camp	<b>No</b>	<b>NA</b>	2 trainees attended the camp	July 2015	2
<b>CLAHRC South London</b> Jane.sandall@kcl.ac.uk	PhD Fast Track Scheme	<b>Yes</b>	<b>CLAHRC</b>	<b>Target Learners:</b> Clinicians and managers writing up PhDs To provide a scholarship for 3 months' salary backfill to complete a PhD. <b>Outcome:</b> Successful PhD completion, ongoing research activity. Publications.	3 months	2-3 per year from 2016
<b>South London CLAHRC and HIN</b> F.Ross@sgul.kingston.ac.uk	Fellows Network	<b>Yes</b>	Supported by funding from South London Health Innovation Network (HIN)	Networking and collaboration. Translation and implementation of research into practice. Increased research receptivity and capacity in NHS and social care. Regular 3 monthly fellows meetings and network led by HIN. Participants include Darzi, HIN/CLAHRC, Q initiative, Knowledge mobilisation fellows and improvement and implementation fellows. Link with Community education provider network in South London.	3 monthly meetings ? time limited	30

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC Wessex</b> Greta Westwood <a href="mailto:g.westwood@soton.ac.uk">g.westwood@soton.ac.uk</a>	Buddying system post PhD			Mentorship and support by buddying up people interested in research with a research active mentor in CLAHRC.	Ongoing	All CDRF's
<b>CLAHRC Wessex</b> Greta Westwood	Stats workshop	<b>Yes</b>	<b>CLAHRC</b>	1 day in October 2015	1 Day	All CDRF's
<b>CLAHRC Wessex</b> Greta Westwood	Experimental Medicine Research Training Camp	<b>Yes</b>	<b>CLAHRC</b>	July 2104 one Wessex CLAHRC CDRF attended the Experimental Medicine Research Training Camp and won the best presentation award.	Training Camp	1
<b>CLAHRC West</b> Selena Gray <a href="mailto:Selena.gray@uwe.ac.uk">Selena.gray@uwe.ac.uk</a>	Support for NIHR students and fellows	<b>No</b>	Working with local universities	We have undertaken a short survey of all NIHR funded trainees working in the local Universities to ascertain interest and demand from trainees for local meetings, training or events- will be run Jan/Feb 2016. Support for NIHR KMR applicants- CLAHRC West provided a supervisor for one applicant. Link with HESW lead for CAT schemes, 1 jointly funded PhD to date.	2016	
<b>CLAHRC West</b> Selena Gray <a href="mailto:Selena.gray@uwe.ac.uk">Selena.gray@uwe.ac.uk</a>	Research Opportunities database and linked bursary scheme	<b>Not applicable</b>	<b>No funding; awareness raising only; bursary scheme under development for 2016</b>	A comprehensive list of training opportunities within the area has now been made available on the website at <a href="http://clahrc-west.nihr.ac.uk/training-and-capacity-building/">http://clahrc-west.nihr.ac.uk/training-and-capacity-building/</a> A comprehensive programme of intensive short courses at the University of Bristol covering introductions to all the main research methods (health economics, evidence searching and appraisal, qualitative research, statistics), as well as more advanced specialist courses, such as clinical trial design, advanced meta-analysis and survival analysis Modules within courses at UWE particularly on the MSc Public Health programme on critical appraisal, basic quantitative and qualitative research, and principles of evidence based practice. Methodological modules within taught doctorate programmes at the University of Bath.	Database updated annually	4-5 bursaries

CLAHRC And Contact	Title	Funded to protect time away from work?	Funding: Match or Other?	Description of Learning for Research Capacity Development Research Implementation?	Time Limited	Number
<b>CLAHRC West</b> Continued				<p>Strengths are mostly clustered in Bristol and Bath; we aim to address under-provision in Gloucestershire and Wiltshire in next year's programme.</p> <p>Development of a bursary scheme to provide matched funding for individuals in the partner organisations to attend appropriate courses relating to research and evidence such as those listed in the newly developed database of research opportunities.</p>		

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