Clinical Academic Posts for Nursing: NHS Greater Glasgow and Clyde Case Study

prepared by

Dr Annie Weir
Centre for Educational Sociology
The University of Edinburgh
and
Professor Jenny Ozga
University of Oxford (formerly CES)

July 2011

Deliverable 2 of the Research Study: Building Knowledge Exchange: Clinical Academic Posts for Nursing and Recognition of Knowledge between Health and Higher Education

report for

The Chief Nursing Officer for Scotland and NHS Education Scotland

July 2011

Contents

Executive Summary

1. Background and objectives

With the support of the Chief Nursing Officer and NHS Education Scotland, Dr Annie Weir, Centre for Educational Sociology (CES), University of Edinburgh, and Professor Jenny Ozga, University of Oxford (formerly at CES) advised by Professor Brian Williams, Chief Scientist Office (CSO) Nursing, Midwifery and Health Professions (NMAHP) Unit, University of Stirling are conducting a research project entitled "Building Knowledge Exchange: Clinical Academic Posts for Nursing and Recognition of Knowledge between Health and Higher Education Systems".

The research aims to identify and understand the barriers to and facilitators of the development of senior clinical academic posts in nursing in Scotland in the context of the implementation of NHS Education Integrated Principles and Career Framework for Clinical Academic Research Careers.

For the purpose of this research, clinical academic posts are defined as those that involve clinical practice as well as university based research and teaching. In Scotland, current developments put the emphasis on clinical academic research careers. There are currently numerous clinical teaching arrangements in place.

The investigation involves a review of international and Scottish literature as well as case studies of partnerships in three selected health boards in Scotland NHS Tayside, NHS Greater Glasgow and Clyde and NHS Lothian and their partner universities.

2. Methodology

The case studies use a variety of methods including (i) documentary analysis of relevant background materials, (ii) interviews (up to 15) with key actors involved in clinical partnerships at a strategic level in universities and health boards (iii) three focus groups (up to 10 participants in each nominated by each NHS Board) with representatives of key players.

The case studies draw on the key concepts identified in the literature review as contributing to barriers to recognition/development of clinical academic careers (CACs). These include issues of power and gender in organisations, as well as differences in knowledge practices and processes. These concepts have been tested in the case studies, including through the interview questions and observations. The case studies focus on the *National Guidance for Clinical Academic Research Careers for Nursing, Midwifery and Allied Health Professions in Scotland* (NHS Education for Scotland, 2010) and build the enquiry around responses to it and investigation of its implementation.

The following key issues are explored:

- strategies for career development/enhancement; support for/barriers to career development;
- strategic priorities for patient care/knowledge building;

- alignment/synergy between health boards and universities in relation to evidence-based practice, and to quality improvement in health and knowledge exchange;
- how widespread are different kinds of knowledge and what status do they have?
- the need for 'translation' of different knowledge-based processes and practices;
- power relations and status in the environments of practice and in HE.

Acknowledgements

We would like to thank the senior managers and clinical academics who took part in this study for their valuable contribution to developing knowledge and understanding of the barriers to and facilitators of enhancing clinical academic careers.

3. Executive summary

Investigation of NHS Greater Glasgow and Clyde suggests that the following key factors are significant in enabling the development of CARCs:

(i) Congruence in the strategies of all the key actors: NHS Greater Glasgow and Clyde's draft Research and Development Strategy for Nursing, Midwifery and Allied Health Professions (NMAHPs) is congruent with other career frameworks for health, for example, the Agenda for Change (AfC) and with the NHS and the Chief Scientist Office (CSO) strategic research direction of translational research. It is also aligned with NHS Education for Scotland's National Guidance for Clinical Academic Research Careers for Nursing Midwifery and Allied Health Professions (NMAHP) in Scotland.

(ii) High level strategic commitment: NHS Greater Glasgow and Clyde and its partner universities, the University of Glasgow, Glasgow Caledonian University, and the University of the West of Scotland are all strongly supportive of the initiatives that support the development of CARCs.

In addition, the following organisational arrangements are important:

a) A formal agreement between NHS and the universities covering key aspects of the partnerships in order to ensure effective management of strategic priorities and operational processes between them;

b) Familiarity with each others' organisational priorities, the clinical priorities of the NHS Greater Glasgow and Clyde and the research strengths of the university academics;

c) Alignment with the NHS Greater Glasgow and Clyde workforce strategy and a commitment to integrating policies, resource allocation and practices aimed at supporting and embedding clinical academic research careers.

A longer term aim is to create a professorial clinical chair post which will provide clinical leadership focused on achieving an evidenced-based practice culture.

4. Key findings

4.1 Building on past initiatives

Over the years there has been progress in enhancing the status of nursing knowledge and in supporting the development of clinical academic careers. A partnership of funders invested in an NMAHP consortium in the West of Scotland known as Health Q West. The Chief Scientist Office funded the NMAHP Research Unit that is partly based at Glasgow Caledonia University and also based at the University of Stirling.

Developments include:

- Ad hoc investment in nursing research at PhD and Post doctoral levels;
- Specific fixed term investment (eg Health Q West) and ongoing investments (eg CSO NMAHP Research Unit);
- Building sound relationships between NHS and partner universities.

4.2 Where is there scope for improvement?

Although barriers to development of clinical academic careers are being worked on they still exist. Some overarching themes emerged relating to areas for improvement. These are:

- Building on the developing partnerships between NHS Greater Glasgow and Clyde and HEIs with attention to strategic and operational constraints on these developments;
- Mainstreaming CARC by embedding a clear career path from undergraduate to leadership status, with more developed infrastructures of support at NHS and Higher Education Institutes (HEIs) to sustain greater numbers in the future;
- Attracting and retaining clinical academic leaders with professorial status;
- Closer and more visible alignment of research priorities in nursing with health policy priorities while also allowing 'blue skies' research to flourish;
- Enabling clinical academics at all levels to have sufficient authority to implement their research findings to support practice and make quality improvements;
- Building on ideas of knowledge exchange and translation to support clinical academic careers in nursing, for example, by integrating a knowledge exchange plan at the research proposal stage and monitoring the outcomes.

4.3 Recommendations

Key recommendation for the development of Clinical Academic Research Careers for nursing in NHS Greater Glasgow and Clyde are as follows:

- To increase investment in leadership roles such as clinical chairs and clinical academic professorships;
- To continue to build on the synergy between health policy priorities, the quality improvement agenda of NHS Scotland and the development of clinical academic careers;

- To fill gaps in the evidence base, especially in relation to the impact of clinical academic posts in nursing on the translation of research knowledge into improved patient outcomes;
- To develop a stronger focus on the potential of the 'translation' role in clinical academic posts.

Section A: Introduction

The relationship between health and higher education is complex and is characterised by differing strategic objectives and reporting requirements. An opportunity for productive policy convergence occurs through the establishment of clinical academic posts that create and embody partnership between the two worlds and offer scope for effective collaborative use of resources in an environment of constrained finances. Collaboration is dependent on understanding of the value of clinical academic posts in evidence-based practice, quality improvement and knowledge translation agendas in the NHS as well as to the nursing research and knowledge transfer agendas of universities. Shared understanding is vital to achievement of the mutually desired goal of improving outcomes for patients and the quality of the patient experience, central to government policy (Weir and Ozga, 2010:56).

There are significant benefits to NHS Greater Glasgow and Clyde and Scotland in harnessing academic nursing research to better inform health care and health services and to improve the quality and outcomes for patients.

This case study builds on the findings of the review of literature on the barriers to and facilitators of clinical academic careers in the UK and other countries (Weir and Ozga, 2010) by testing out whether similar factors apply in NHS Greater Glasgow and Clyde. The case study of the NHS Board and partner HEIs provides an opportunity to explore at first hand how a developing partnership has been operationalised and the potential for knowledge exchange.

The CSO research strategy for Scotland's health has translation at its heart (The Scottish Government, 2009). Clinical academic nurses are ideally placed to facilitate research translation in order to enhance Scottish patient care and the nation's health.

Dame Janet Finch (author of the influential policy document 'Developing the best research professionals' (UKCRC, 2007)) highlights the importance of clinical academic careers in nursing the UK and outlines below a vision for the future. This vision is relevant to Scotland and shared by those who were interviewed in this study:

> *That vision must be that being a "clinical academic" becomes a recognised and supported career route for nurses and allied health professionals. Within this route, it must become the norm to combine clinical practice with research (and education also, where that is appropriate), at various different career stages. It must also be much easier to move from one to the other, concentrating for a while on clinical practice, then moving to a research-oriented role, then back again. But the creation of the clinical academic route is not an end in itself. The goal must be to build up, and continually to refresh, a robust evidence base for nursing and health care practice. In order to do that, the aim must be to have nurses and allied health practitioners involved in many types of research projects at all levels. Eventually it must become routine to have clinical academics undertaking not simply small-scale studies—important though these are—but also being the leaders of large scale, multi-method, and multi-disciplinary projects with funding from prestige sources.* (Finch, 2009)

1. Background

For well over a decade NHS Greater Glasgow and Clyde has increasingly focused on developing nursing research evidenced by their '*Priorities for Action Nursing and Midwifery Strategy 2000'* which emphasized building nurses' and midwives' research skills in methods of literature review, critical appraisal, statistical analysis to enable them to critique research and undertake research projects. The strategy also included the intention to support a professor of nursing research and to implement a research development strategy.

In 2005 the Board's *'Nursing and Midwifery Strategy 2005-2010'* was published. Research and development was recognised as key to delivering a quality service. The strategy states that *'all nursing and midwifery staff should have awareness and understanding of research in order to develop a culture where nursing and midwifery care provided is based on the best evidence available"* (p14). Action points targeted research training and the implementation of research findings into clinical practice. Mention is made of the importance of securing internal and external funding for research projects and of linking them to national research and practice initiatives.

The current draft (May, 2010) of the research and development strategy for NMAHPs was developed by NHS Greater Glasgow and Clyde in collaboration with three partner universities: the University of Glasgow, Glasgow Caledonia University and the University of the West of Scotland. This strategy aims *'to contribute to the evidence-base to inform practice to ensure the delivery of effective patient care".* This draft strategy focuses on enhancing capability and capacity to undertake high quality research. It places more emphasis than previous strategies on developing a career pathway for NMAHPs that utilises their research skills and promotes the recognition of the value of research to the NMAHP community. An important focus of the strategy is the dissemination of research findings including translation and integration into practice.

2. Research nurses and nursing researchers: a distinction

Within NHS Greater Glasgow and Clyde a significant cohort of nurses participate in research activity. These nurses are not considered to be academics but nevertheless do influence evidence based clinical practice. These research nurses are not the focus of this case study but are recognised here for their contribution to the evidence into practice agenda. Research nurses are often involved in academic study at Masters level involving research activity or as a component of their roles, for example, Clinical Nurse Specialists and Advanced Nurse Practitioners. These post holders may also participate in both undergraduate and post graduate teaching within the HEI sector. In addition, a cohort of nurse researchers' work within the local Clinical Trials Unit and participate in clinical trials research. Simpson (2006) conducted a review of the roles and professional development needs of research nurses and midwives in NHS Greater Glasgow and Clyde. Simpson noted that of the cohort of 116 nurses and midwives about two thirds held a degree, they had a variety of titles, their working conditions varied, they experienced uncertainty around their career path and they felt isolated from their colleagues and their institutions.

3. Clinical academic posts for nursing

Prior to 2007 NHS Greater Glasgow and Clyde went through significant reorganisation and initiatives that were already in place for the existing post holders continued. Since 2008 one new post has been created that was a Project Nurse post.

At the time of writing there are 13 clinical academic posts four of which are fixed term contracts with three due to expire over the next two years. Between 2000 and 2010 18 clinical academics posts relating to specialist areas were created on an ad hoc basis in NHS Greater Glasgow and Clyde. Post holders' titles vary: they include Consultant Nurse (7); Consultant Midwife (3); Lecturer Practitioner (3); Reader, Lead Nurse Clinical Nursing Research (1); Senior Nurse/Senior Lecturer Research Development post was a three year secondment from an HEI concluded in 2005(1); Senior Nurse Practice Development (1); Project Nurse (1); Head of Practice Development (1).

Employment arrangements vary, for example Nurse Consultant posts and the Head of Practice Development post are fully funded by NHS Greater Glasgow and Clyde. In addition these post holders have honorary contracts with the HEI sector as lecturers. HR responsibilities for these posts lie with the NHS. Two post holders are employed by HEIs but 50% funded by GGC (Reader / Lead Nurse and Lecturer / Practitioner (Elderly Care)) and hold honorary NHS contracts as Registered Nurses. One post holder is employed by HEI but has an honorary contract with NHS as Project Nurse.

Of the clinical academics post holders, one holds a PhD, one holds a professional doctorate and one is currently undertaking a professional doctorate. Four are involved in teaching only, four are engaged in teaching and research and two are in research only posts. Of those currently engaged in research three hold Principal Investigators posts and three are in Co-Investigators posts. Research is currently being undertaken in the following areas: learning disabilities, decision making, palliative care, and cardiac services rehabilitation. Cardiac rehabilitation and learning disabilities outcomes from research have been put into practice.

Section B: Implementing clinical academic research careers in NHS Greater Glasgow and Clyde (NHS views)

This section reports the findings of the interviews with senior managers at NHS and clinical academic post holders.

1. Strategic overview and priorities

Clinical Academic posts fit within the 'Nursing and Midwifery Strategic Plan' which emphasises the need for more nurses at Bands 6&7 over the next five years, to provide leadership, and for succession planning at Advanced Nurse Practitioner and Nurse Consultants levels. It is hoped that more post holders at Advanced Nurse Practitioner and Nurse Consultant levels will in the future engage in research, complete PhDs, go on to do post doctoral work, take up early career fellowships and become research leaders.

NHS Greater Glasgow Clyde's draft research strategy incorporates nursing research, expressing an intention to contribute to healthcare improvement through developing structures and processes to support and enhance NMAHP capability and the capacity to undertake high quality research. Some interviewees noted a need to strengthen qualitative research linking to core business and mentioned the need to develop infrastructure to improve clinical academic experiences and engage with service users.

Interviewees also noted an intention to work on increasing the understanding by the NHS senior management and the wider NMAHP community of the value of NMAHP clinical academic career pathways so that they may better support current and future post holders in their roles. There is also the intention to encourage those in management positions on the wards to better utilise the clinical academics' research skills and to value independent research activity as well as encouraging research translation and integration into practice.

NHS Glasgow Greater Clyde is committed to working in partnership with the HEIs to grow the number of joint appointments in nursing and midwifery. When creating clinical academic posts the focus is on the needs of NHS.
Interviewees commented:

> *Prior to funding joint appointments, we establish what we want from the positions from the Service point of view.*
>
> *A few joint appointments with universities have been hugely successful and they have linked to our research strategy.*
>
> *Joint posts need a lot of flexibility for them to work effectively.*

2. Special arrangements between NHS and partner universities

NHS Glasgow Greater Clyde has over the years worked with their partner universities to ensure that service level agreements are in place that cover legal arrangements for joint appointments. NHS Glasgow Greater Clyde discuss with the Deans and Deputy Deans of

health or nursing faculties at the universities about new positions to be created and jointly agree position descriptions and performance management.

Interviewees commented:

We agreed job descriptions between NHS and the university who were fully engaged in the process.

Employment agreements vary on whether the substantive employment is at NHS or at the university.

3. Potential funding from the third sector

It was noted that some third sector organisations are interested in funding research involving university collaboration with NHS. For example, McMillan Cancer Foundation approached a university for an honorary contract for a researcher to carry out research relevant to the needs of the Foundation. Both the NHS and the university agreed on a joint approach to the position. They agreed performance objectives with the post holder and on joint feedback at performance review times. The post was split 50% at the university and 50% at NHS although it was expected that the day to day time spent in each place would be flexible.

4. Establishing partnership synergy

The NHS meets formally once a month with universities. Most of the business focuses on pre-registration and post-registration. There is a professional network of NHS senior staff and Deans that meet regularly to discuss and debate issues.

Interviewees noted that at times, especially when NHS Glasgow Greater Clyde or the universities were restructuring, the relationships between them were not always positive and that their funding and research priorities differed. NHS has a different "big service agenda" and priorities from those of the universities.

Interviewees commented:

Re-organisation is going on at the HEIs. We have looked at our strategic priorities and we looked at the HEIs research expertise and how we might work in with them and try to map into it and try to understand what that means for us. People change frequently at the HEIs and the relevant Dean moves on whom you have built a relationship up with and you have to start all over again. We have also tried to bring HEIs into our priorities.

NHS is not necessarily with HEIs (in terms of their research agenda) and not always on same page. The universities have different research agendas to NHS.

With three universities with nursing schools we struggle to get them to understand our NHS agenda.

Individual universities are territorial about their patch and this has restricted the NHS from engaging with them more.

Funding priorities are a definite issue. There is significant funding allocated to pre-registration and not much left for post-registration. There is a need to invest to take clinical academic positions forward. Endowment funding needs to be used. Investing in the posts is a leap of faith and the risk should be shared between us and the HEIs.

I question the long term viability of three universities' nursing schools/departments particularly with diminishing numbers of undergraduate places and other cuts.

5. Operationalising the partnership

At a strategic level NHS Glasgow Greater Clyde is committed to working in partnership with universities. NHS personnel sit on appointments committees for joint appointments and those NHS staff appointed may be awarded honorary posts with the university. Relationships are maintained through professional networks and there are numerous joint working groups that the relevant NHS and university representatives participate in. At times there are difficulties at operational level, for example at lower levels there are particular problems with university and Service integration. There is concern that many senior academics have no visibility or credibility within NHS because they are 'not out and about in the clinical areas', unlike their medical counterparts.

6. Human resource issues

There have been a number of HR issues with joint appointments. Four clinical academic substantive positions are with NHS and have honorary posts with universities. One new post holder has a substantive post with the university and an honorary post with NHS. Prior to appointment relevant line managers come together and agree objectives for the post. The joint appointment post holder meets with both NHS and the university managers for a performance review which usually occurs half way through the year and at the end of the year as well as having informal ongoing regular meetings with line managers.

7. Communication processes

NHS has an 'open door and open dialogue policy' with the universities, articulating its priorities in documents and joint meetings. Communication processes have been aligned through professional networks and sending core briefing papers to the universities. However, university research briefing papers do not always get to NHS or at least not to the right people at strategic level.

Section C: Benefits in implementing clinical academic posts (NHS views)

1. Quality/healthcare improvement potential

Interviewees believe there is significant quality and healthcare improvement potential in establishing and maintaining clinical academic posts for nursing in NHS Greater Glasgow and Clyde. NHS is driven by quality/healthcare improvements and appropriate research is considered essential for evidence-based practice. The aim of those holding joint appointments is to use their research to improve outcomes for patients. There is an ongoing issue with how to measure the impact of research-based interventions in the NHS and this has been partially achieved by implementing patient experience surveys.

There is a key issue in the lack of understanding of the general nursing population of research or its uses in informing everyday practice. How the research is presented is important – it needs to be accessible and meaningful to practitioners. Interviewees noted that the medical model of research, teaching and practice consultant is a one that works well and that a similar model and level of funding should be available for nursing. There is an inbuilt expectation that medical staff will use research to inform their practice and the interviewees believe that nursing would benefit from emulating this. The interviewees believe that to build a research culture it is important to have leadership at strategic level, and that middle management should engage in evidence based practice and act as role models for others.

Interviewees commented:

> *It is not helpful when a new dynamic clinical academic nurse wants to use evidence to inform their practice and they are shut down at the first hurdle by a ward sister who should be leading by example.*

> *During a time of restructuring and instability, staff in HEIs are mistrustful There needs to be strong leadership in HEI and NHS to move the research agenda along and facilitate evidence into practice.*

2. Benefits for post holders

Interviewees believe the main benefits for post holders include job satisfaction, opportunities for clinical and academic professional development, that joint appointment holders who are on a seconded basis can come back to the NHS if they want to, having had 'a taster of academic life', or go on to pursue a rewarding academic research career.

One interviewee commented:

> *They (nursing clinical academics) get exposure to a career in an HEI, they can test it out and be safe in the knowledge that they know that they can return to a full time NHS position.*

3. Benefits for NHS

Interviewees believe the benefits for the NHS include: the best people are chosen to contribute to university teaching and research and the post holders can use their research to inform their practice and potentially influence others in the NHS to do likewise.

4. Benefits for universities

The benefits for the universities include the post holder can help colleagues in the universities to understand key developments in practice within NHS.

Interviewees commented:

Post holders can get a flavour of the service point of view to inform their research.

Individual post holders can feed back about research needs and gaps from health.

The interface between academic and clinical is closer and there is less distance decay.

Service needs to change and put more emphasis on research. Research needs to meet the needs of service

Academia needs Service. One cannot survive without the other.

Section D: Barriers to establishing and maintaining clinical academic posts for nursing (NHS views)

Interviewees noted the following barriers to establishing and maintaining clinical academic posts: insufficient ongoing funding for initiatives; too few clinical academics ~~are~~ in leadership roles; lack of a supportive career framework allowing for seamless movement between organisations; lack of a sustainable infrastructure to support nursing research; difficulty in accessing research funding; and the challenge of getting evidence into practice.

1. The need for more targeted funding

Some interviewees believe that obtaining sufficient ongoing funding is a key barrier to establishing and maintaining clinical academic posts for nursing. It was noted that these posts are unlikely to be a budget priority given all of the competing priorities to be met within "a shrinking budget". It was also noted that nursing clinical academic model is "far behind the medical model" in terms of funding a supportive career structure and that "nursing needs to catch up".

However, senior mangers interviewed in NHS Greater Glasgow Clyde stated that they are committed to the development of clinical academic posts and aim to fund posts from within existing budgets.

Some interviewees expressed concern that in the current environment of fiscal restraint HEIs are risk adverse to medium to long term investment in clinical academic posts and this will affect any joint future development plans to grow the numbers of clinical academic posts.

Interviewees commented:

NHS will strive to keep funding going for clinical academic posts in these tough financial times.

Support for PhDs and fellowships will have to come from within existing budgets.

Post holders have Professional Development Plans and support of their line manager to pursue qualifications.

NHS funds substantive positions and all posts have regular evaluation and there are exit strategies in place.

2. Lack of leadership

Few clinical academics hold leadership posts and more are needed in the future to facilitate nursing research and encourage evidence into practice.

More clinical academics are needed at senior research fellow and professorial levels to provide clinical leadership focused on achieving an evidence-based practice culture, to act as PIs on research projects, to help mentor newer researchers to write research proposals and publish their work in peer reviewed journals.

Interviewees commented:

There is resistance by young researchers to publishing because they are not confident.

A lot of nurses have difficulty forming a research question that is researchable and they need help.

3. Lack of a clinical academic career framework

Interviewees believe that there is a need to develop and implement a well articulated and well supported clinical academic career framework for nursing that values research and makes it easier to move between worlds. They believe that if nursing research is to grow then it is vital that "time for research is ring fenced" and resources allocated so as to avoid the current "martyr complex" where clinical academic nurses are overworked. Those interviewees who hold clinical academic posts experience competing interests between their academic work and their clinical work with the clinical side usually winning.

They believe that there needs to be more mentors in the service and the universities to encourage newer better qualified nurses to pursue a CARC. Within NHS much of the professional development budget is spent on funding nurses to do degree modules and masters degrees. Concerns were raised about whether the current leaders are "tapping into the right people" to encourage them into clinical academic careers.

Some interviewees commented:

A major barrier is those nurses with really good qualifications such as those with PhDs, there is no clear place for them to go. They are channelled through education and there is no position and no fit in NHS at the end of their studies. It would be much better if these positions were embedded into NHS career structures and across the NHS to encourage mobility.

Senior staff nurses do not know what to do with smart new nurses –

The nursing experience in securing research funding is if you are lucky you get small grants and then there is a challenge of being split between two organisations, you have two masters and have to jump to their tunes, operations wins out. There is a also a problem with the pay scale difference, you cannot transfer your NHS pension, it is not free flowing between academia and Service.

4. Inadequate infrastructure to support nursing research

Clinical academics believe that they have been pioneers in their research fields and that earlier initiatives such as the 2000 Early Career Fellowships fortunately created a "small pocket of nursing research champions" but that there are not enough of them. Along side this group that have secured funding sits a group of clinical staff who work full time and choose to do research in their own time. This group of pioneering individuals have identified what they are interested in and pursue their research largely unsupported.

Some interviewees had experienced feeling invisible and isolated in the research part of their role. Clinical academics can lack relationships with other researchers in their field, leading them to feel they are "a lonely voice championing their research interests". They also believe that they do not have adequate infra-structure support. Most find it is difficult to access research support and structures unless they are doing a Masters or PhD. When nurses have completed their qualification there is little or no support for them to pursue a research career within the present career structure.

5. Access to research funding

Clinical academics undertaking research find it difficult to obtain research funding. They believe that there is very little academic investment committed to nursing research. They spend a significant amount time writing grant proposals often securing only small amounts of research funding compared to others in health research and this affects what they can achieve and their impact.

Interviewees commented:

It is difficult for individuals to access funding for research. CSO funding is available to apply for.

Some potential researchers are fearful because they lack skills and know-how to write proposals and to access research funding.

6. Challenges of getting evidence into practice

Concern was expressed that the nursing fraternity is "not acting like a graduate profession". There is a widely held belief among interviewees that many nurses do not value research and higher qualifications.

Interviewees commented:

Service has the attitude it is not necessary to engage with research and academics

Take Band 7 Senior Charge Nurse, they often have low academic achievement and value clinical expertise over qualifications. It is difficult for Masters and PhD graduates to work in those circumstances.

Some clinical academics have been innovative and set up journal clubs with colleagues to encourage them to read and discuss research.

Section E: Facilitators to the successful establishment and maintenance of clinical academic posts (NHS views)

Interviewees noted the following facilitators in establishing and maintaining clinical academic posts: these are that research conducted by HEIs needs to be more aligned to NHS priorities; that NHS and HEIs should share the financial risk and invest in more clinical academic posts; that more leadership posts should be created; and that there is a need to engage in succession planning.

1. Align with the research needs of NHS

Some interviewees thought that research in the future needs to be more closely linked to the NHS agenda, and that partner universities need to work more closely with the NHS to reach a more collaborative research agenda thus avoiding fragmentation, and duplication and enabling more efficient use of the limited research funding available to meet NHS needs.

2. Shared financial risk

Although universities may be keen to partner with NHS they appear to be unwilling to take the financial risk beyond funding short term posts. This may be because research grants are often short term. NHS believes that in order for the partnership to work more effectively there needs to be an agreed financial strategy where the risk is shared with the universities to fund substantive posts on an understanding that returns may not come for several years when researchers would be expected be generating significant income.

3. Create more leadership posts

More senior clinical academic holders of clinical academic chairs and professors of nursing need to be appointed, who will maintain credibility in the NHS (by continuing to practice) as well as doing research and teaching. These professorial posts would provide clinical leadership focused on achieving an evidence-based practice culture. Post holders would act as PIs on research projects and act as mentors for researchers. They would be able to identify strategically important clinical priorities, and to inform and improve the quality of service.

4. Succession planning

Interviewees stated that there was a lack of succession planning for clinical academic posts and that more could be done by identifying the current pool of nurses who hold PhDs and are not research active. They could be encouraged and mentored initially by taking part in proposal writing with supportive research colleagues, and so become part of an established team. Building a critical mass of PhD holders who are willing to engage in nursing will help the NHS to realise its aim to grow clinical academic posts for nursing.

Interviewees suggested that:

There should be at least one PhD post in every single service area.

The PhD should be embedded in NHS structure and wearing a uniform.

The PhD post would be able to tell service what research is needed.

The post could structure and lead a programme of work.

Section F: Changes are needed to make it easier to establish and maintain clinical academic posts

Interviewees noted the following changes would make it easier to establish and maintain clinical academic posts: establish a supportive infrastructure; support career flexibility; grow the number of clinical academic leaders who can act as role models; encourage Masters students to progress to complete a PhD; identify more clearly the clinical and academic aspects of the post; and educate the public about the benefits of nursing research.

1. Establish a supportive infrastructure

At present the establishment of clinical academic posts tends to be ad hoc. Recommendations included the development and implementation of a joint career infrastructure between NHS and HEIs to support clinical academic pathways for nurses. They also included the exposure of undergraduates to research through to the establishment of more doctoral, post doctoral fellows and senior clinical academic nurse positions such as clinical academic chairs. This could be achieved by HEIs overcoming their aversion to financial risk and jointly investing with the NHS Board in more clinical academic posts. The project could agree to fund a relatively small number of positions to be run over 4 - 5 years and be regularly evaluated in terms of its continuing viability.

2. Career flexibility

Other recommendations focused on increasing career flexibility through contracts of employment allowing nurses to work as clinicians (flexibility with duties) while also undertaking research (ring fenced time) and an appropriate amount of time allocated to teaching at the university.

3. Increase the number of role models

While some clinicians see benefit in upgrading their nursing knowledge and acknowledge that this is important to improving the quality of outcomes for patients and using evidence to inform practice, many do not. This contributes to the recommendation to increase the number of senior clinical academics who can act as role models by encouraging nurses to upgrade their qualifications and in particular encourage the take up of research through identifying those in post working on a Masters or PhD and profiling those that hold those qualifications within their department.

4. Encourage Masters' students to move on to complete a PhD

Recommendations focused on exploring why most nurses who complete a Masters do not move onto a PhD and on identifying the barriers to progression. There is a need "to change the tide and move more towards thinkers and challenge those in the NHS who hold higher qualifications to move forward". There is also a need to improve how research outputs from

Masters and PhDs are captured and shared. Interviewees noted that nurses tended to undersell themselves when it comes to sharing their research findings and that they need support in dissemination.

5. Identify more clearly the clinical and academic aspects of posts

Other recommendations focused on the need to make clinical academic posts more visible, to define more clearly the academic and clinical aspects of the post and to acknowledge both types of activity at all levels of nursing.

6. Educate the public

Other recommendations focused on educating the public about the benefits of nursing research. It was felt that nursing research should be profiled more in the media. There is a need to show how nursing is developing and that it is absolutely right to educate nurses at university to become a graduate profession.

Section G: NHS and universities knowledge priorities differ (NHS views)

1. How new knowledge is viewed

Interviewees commented on how new knowledge is viewed in the NHS:

When valuing new knowledge in nursing we have a leadership issue. Many older nurses do not have an undergraduate degree and do not see the value of research evidence to inform their practice.

There is a hierarchy in nursing that affects how knowledge is shared.

It is important to managers to have knowledge and use it within their sphere of influence and new knowledge from research can be threatening to their practice.

There is a need for research awareness training for the whole nursing population.

Nurses can be territorial and they are not necessarily lateral thinkers or embrace new ideas about practice.

Knowledge is power so the idea is to share very little, for example a leaflet from university on research only goes to certain people.

2. Masters and PhD programmes in the nursing context

From a university perspective nursing students are usually able choose to develop an area of research that interests them without fitting into a particular research programme. The Masters and PhD is part of research training. The focus of the student is often on completing their thesis and qualification and they do not necessarily see the need to share their research findings more widely through scholarly papers and peer reviewed journal articles.

From an NHS perspective, (as NHS funds many nurses to study towards a Masters) there is concern that Masters programmes do not generate a sufficient volume of nurses working in research areas of concern to the NHS and therefore research capacity within NHS is not enhanced as there is often no follow on from the initial study and no impact on practice. Within the NHS there is concern that nurses who choose to do a PhD sometimes avoid doing research involving patients because ethics approval is hard to achieve. Projects are small and are often completed by doing a part time PhD. Those nurses who complete a PhD usually return to the NHS but they may end up in inappropriate positions with their newly acquired skills under-utilised.

3. Research divergence

The NHS has service priorities and usually needs 'quick fixes' for health issues; however research that is done by university academics is often not timely enough to make a difference in practice. Interviewees noted that the NHS and the individual universities each have different knowledge priorities and different research foci and capacities.

The lack of a shared research agenda with the universities is a key concern for the NHS. NHS is concerned that the three universities with nursing schools have their own research

agendas built around their expertise and interests that do not necessarily relate to the needs of NHS. The lack of a shared agenda means that the research funding achieved is unlikely to be targeted at NHS priorities. Although there have been successful initiatives in the past, for example Health Q West, a research training and development partnership between NHS and HEIs, some interviewees believe it was more focused on AHP than nursing and it had limited life with non-recurring funding.

Interviewees commented:

At present research is a one sided game, it is university directed. The research themes differ from NHS and there is little link with NHS quality and quality patient experience.

HEIs are in direct competition with each other when it comes to research.

Professional research networks are in competition with one another.

4. A challenge to pursuing CARC

It was noted that the universities make it difficult for nurses to pursue a clinical academic career because they place different value on teaching and research. They create an artificial barrier between teachers and researchers for the purpose of doing better in the Research Excellence Framework (REF). The universities value knowledge production and focus on their best researchers to put forward for the REF because they want to secure the maximum funding from the result of the exercise and this can be at the expense of some enthusiastic developing researchers who are sidelined into teaching and/or very restricted in their time to do research.

Section H: Implementing clinical academic posts in NHS Greater Glasgow and Clyde (HEI views)

1. Strategic fit of clinical academic posts in universities

Clinical academic posts fit well with the strategic plans for Schools of Nursing, however securing funding to support the development of posts and their continued support remains a key issue for universities. Schools of Nursing are committed to clinical academic structures that will make it easier for nurses to move seamlessly between NHS and the HEIs. They would like to see clinical academic posts become one system and bridge the HR gap between NHS and HEIs, that is, to have a model much more akin to the medical model.

Universities' experiences in implementing their strategic plans for establishing and maintaining posts varied. One university commented that they had worked well with the Health Board and agreed a long-term strategic plan but that changes in both NHS and withdrawal of funding had meant that support faltered. Funding from NHS that had existed for a small number of places ended and the university was forced to make decisions about the continuing viability of the posts. Despite incorporating clinical academic posts into strategic plans, to date responses to establishing posts have been ad hoc and often driven by determined individuals or created as a result of securing temporary non-recurrent funding from targeted initiatives such as Health Q West.

CSO funding for an NMAHP research unit has meant that progress has been made in developing clinical academic careers for a growing number of nurses (although nursing academics make up the majority of the Unit). They participate in structured research training programmes within a coherent research programme targeted at meeting the needs of NHS and relevant to their posts in Service. Post-doctoral fellows are supported to pursue successful early research careers, they are mentored by senior researchers and encouraged to become PIs on major research projects that undertake clinical trials.

Interviewees commented:

> *Clinical academic roles are a very important link between academia and clinical practice.*
>
> *The NHS does not know what to do with the positions. Post holders usually have no authority, no responsibilities, no budget and are not embedded into the strategic plans.*
>
> *Academics are criticized by NHS, they think that they are out of touch with clinical priorities.*
>
> *There are some individual successes such nurse consultants who are in joint positions that are well embedded, clinically grounded, very focused and directed. There are only a few of these positions and they are exceptions.*
>
> *Lower down level positions are clinically dependent on relationships within departments and ward sisters may not be keen to release staff for academic work.*
>
> *In most cases we work on a quid-pro-quo basis when we establish clinical academic positions. Many of them are with former students who have gone on to take up positions within NHS.*

2. Key tasks to be achieved prior to establishing the posts

The key task that had to be achieved prior to establishing clinical academic posts was securing commitment from senior managers from the universities and NHS for the establishment of the posts. Another key task was addressing the location of the post holder's substantive post, with NHS or the university, and also working out the HR relationship.

One senior manager noted that at their university positions evolved over time and had been based largely on building strong relationships based on trust between individuals in the NHS and the university and by seeing mutual benefit in establishing clinical academic posts. Each post was negotiated with those who had the power and influence to approve it on a quid pro quo basis with neither feeling exploited. Some clinical academic posts were self-directed, others were set up by the university, for example as part of a research project or by NHS wanting to do a particular project. There is concern that clinical academic posts are vulnerable if they do not link to the strategic plans of both the university and the NHS.

3. Special arrangements

Special arrangements have been made between the universities and NHS for each individual post holder on a case-by-case basis with regard to funding and human resource arrangements.

One interviewee commented:

> *We have formal arrangements for short term contracts with NHS and they are offered honorary lectureships.*

4. Establishing partnership synergy

The universities have a long history and a strong working relationship with the NHS. Over the years they have worked closely on delivering undergraduates and graduate teaching programmes. The NHS supports some staff to complete Masters and PhDs. In some cases the universities have maintained contact with their graduates who have gone onto hold clinical academic posts. The universities each have a website that they use extensively to keep stakeholders informed of their teaching programmes, research projects being undertaken, discussion forums and future research seminars and conferences. They also use their websites to gather information.

Interviewees commented:

> *We have worked successfully with NHS and hospitals and over time and we have built up trust.*
>
> *The university works with past graduates. We know their level of clinical excellence and we try to support them in their further studies and also in applying for clinical academic positions.*
>
> *NHS priorities are hugely important to us.*
>
> *This department is in the Faculty of Medicine. We are NHS aware and active and we participate in partnership meetings.*
>
> *Clinical academics are out in clinical areas and are seen to be engaging with other clinical staff*

and patients.

We encourage our staff to share research results at conferences and we bring NHS staff into the unit.

We use present and past students to inform developments in the department from a clinical point of view. We have a strong post graduate group approximately 25-35 of them.

All of us (universities) take part in managed health networks that relate to our interests.

Over the years we have conducted joint research based in NHS.

Since 1992 we have had several million pounds from McMillan Cancer.

The universities consider that they are usually equal partners with NHS but this can differ depending on the funding arrangements for particular posts. For most posts money does not change hands between NHS and the universities because appointments at the university are honorary. Interviewees noted that NHS needs to better understand how clinical academic posts add value for them and also to make more effective use of post holders.

5. Human resource issues

The HR issues for clinical academic posts include promotion, progression and remuneration (including pension plans). Most post holders have substantive employment agreements with NHS. All employment and HR issues lie with NHS and post-holders have an honorary appointment with the university with agreed outcomes for the academic part of their role. Where the post holder has a substantive post with a university, the university takes care of the employment contract and HR issues and the post holder has an honorary post with agreed outcomes with NHS.

6. Aligned communication processes between the university and NHS

The universities have attempted to align their communication with NHS by participating in the managed health networks; through official meetings with NHS, for example, to hear first hand about funding issues and the likelihood of far fewer jobs available for nurses in the future. Also, informal senior management meetings are held to allow for “full and frank off the record discussions” to clarify positions and to check they are “going in the same direction”.

7. A question of ongoing support

There is support for further development of clinical academic posts and support for the CARC scheme developed by NES, however, funding remains the key issue. The current posts will continue to be funded according to contractual obligations. New posts will need to be paid for from existing budgets or new research money.

Interviewees commented:

The university will grow the post graduate certificate for clinicians.

The university will grow PhDs and encourage them to go for funding.

Section I: Benefits of implementing clinical academic posts for nursing (HEI views)

1. Quality improvement potential of the posts

Clinical academic posts aim to develop new knowledge and seek to contribute to the evidence base for nursing through conducting research that is directly applicable to patients. Clinical academic post holders are able to facilitate the translation of research evidence into practice, though this is dependent on their seniority and status.

Interviewees commented:

> *There is great potential, however there is an increasing issue lower down where ward managers are not supportive of nurses coming to teach or have time for research.*
>
> *Nurses offer to teach on days off. They are not paid by the university.*
>
> *Clinical staff are under real pressure to do something in the academic area.*
>
> *NHS nurses in clinical areas have no control of their diaries and this affects their ability to work as clinical academics because the post needs flexibility. There is issue of some nurses doing 12 hour shift then a one hour lecture - it is disruptive.*
>
> *The notion of getting current academics into clinical areas is nonsense. There is no orientation to clinical practice, unlike if clinicians come to academia, where they get help with teaching and an orientation to academic life.*

2. Benefits to individual post holders

The main benefit to post holders is the opportunity to work across the university and in clinical settings. Those who are clinical academics value the opportunity to do research and teach, however their clinical work remains their priority.

An interviewee commented:

> *In order to improve practice at a local level nurses need to have a position of authority.*

3. Benefits to the NHS

The main benefits to the NHS include first hand access to the latest healthcare improvement research, and evidence to inform practice resulting in better outcomes for patients and improvements in nursing standards.

4. Benefits to universities

The main benefits to universities include knowing that what they teach is fit for purpose in terms of healthcare, and access to first hand clinical problems that could lead to a research question to be investigated with potential collaborators in the clinical environment.

Section J: Other comments (HEI views)

1. Mentor early career researchers

Interviewees believe more needs to be done to encourage clinical academics to publish and have more confidence in the importance of their research activity to the wider research community and the nursing community. Clinical academic nurses need to be encouraged by their managers to prioritise research activities.

Interviewees commented:

> *There is a huge confidence gap for nurses in doing research. There is a lag between what goes on in their heads and their ability to articulate it and create a proposal.*
>
> *Nurses do not believe they own the data they collect. I try to encourage them to be curious and inquiring.*
>
> *Nurses appear to have a decreasing wish to be involved in research because they are hard pressed to find time.*
>
> *For those who work with doctors, they resent working for them because they get little or no recognition and they resent not getting named on papers.*

2. Knowledge exchange potential of clinical academic posts

Nursing departments are being encouraged by their universities to develop strategies to maximise the benefit of their research and scholarly outputs. Clinical academics are required as part of their duties to devote considerable energy to activities such as producing research briefs, presenting at conferences, engaging in policy debates and writing for publication. They are also teach and are willing share their knowledge with clinical colleagues.

3. Knowledge priorities differ

The NHS and each of the universities have different knowledge priorities and different research agendas. The universities' research portfolios have grown up around senior researchers who have attracted significant funding and through significant collaborations with other universities. Funders such as Macmillan Cancer Foundation have influenced the direction of research in the universities.

4. Comment on the implementation of nursing policies

One interviewee commented on the development and implementation of clinical academic posts in Scotland:

> *Nationally in Scotland to date these positions have been done poorly. There has been a lot of rhetoric and a lot of good will however, this does not transpire into appropriate action. When it does there is huge variation in the posts and what they are called, nature of authority and the degree of influence on evidence-based practice. This issues needs to be addressed at national level and local NHS level.*

Section K: Summary and conclusion

We now turn our attention to the question of how well developments in NHS Greater Glasgow and Clyde sits with national and international efforts to establish and sustain of clinical academic careers.

1. The National Guidance and NHS Greater Glasgow and Clyde

The 'National Guidance for Clinical Academic Research Careers for Nursing, Midwifery and Allied Health Professions in Scotland' (NHS Education for Scotland, 2010) provides guidance for NHS Boards and the academy to support the implementation of CARC. The guidelines provide a brief overview of developments since 1994 to date in building a NMAHP research infrastructure for Scotland and note that a number of different initiatives and funding models have been tried over the years (pgs 2-4). Although strategic collaborations have been established over time it was recognised these were not consistent in their approach to the implementation of clinical academic posts and consequently there were limited pathways available to budding clinical academics. The guidelines also noted the importance of establishing a sustainable approach to NMAHP research leadership and to creating consistency and transferability for clinical academic posts across the NHS career framework (p4).

The "purpose of creating a national approach to NMAHP clinical academic research careers (CARC) is to strengthen research capacity and capability across NHS Board/University/ Research Academic Centre partnerships through the generation and translation of research for population and patient benefit" (NHS Education for Scotland, 2010: Appendix 2). The 10 principles are viewed as being broadly in line with developments in other UK countries with a strong focus on NHS-academic partnerships while capitalising on multi-disciplinary collaborations. Principles also cover protected time for clinical practice and research, the importance of research mentoring and addressing HR issues, along with local adherence to the National Framework to ensure consistency and parity to enable career mobility (p14).

NHS Greater Glasgow and Clyde are working with their partner universities on developing clinical academic careers and aligning nursing research to better meet the needs of the NHS. Clinical academics face challenges of heavy workloads, difficulty in obtaining research funding and being able to obtain support and authority to implement their research findings.

2. International perspective

The first part of this research project reviewed literature on the barriers to and facilitators of clinical academic careers in Scotland and five international comparators: England, Northern Ireland, Australia, United States and Canada (see Weir and Ozga, 2010).

Internationally governments, health authorities and nursing sector professional bodies have commissioned reports and developed policies that support enhancing quality, capacity and capability in nursing research, teaching and scholarship. Establishing and maintaining clinical

academic posts is an essential part of this wider nursing policy agenda as these posts involve clinical practice, teaching and research and offer an effective route to bridging the gap between the academy and clinical services. Putting these policies into operation has presented a number of significant challenges in all of the countries in which it has been attempted. One particular issue is the need to clearly identify barriers to and facilitators of establishing these posts. Common barriers to emerge in the literature are clustered around the recognition of the differences in clinical and academic strategic priorities, policy drivers, funding bases and reporting structures. Those responsible for implementing policies acknowledged the need to work through these organisational barriers and as well challenges faced by individual post holders moving between two worlds. Common barriers in NHS Greater Glasgow and Clyde were similar to those mentioned in the literature and significant challenges still exist, in particular with HR issues.

Common facilitators identified in the literature and in NHS Greater Glasgow and Clyde are clustered around securing targeted funding to support research training initiatives and fund joint appointments up to clinical chairs (currently an aspiration for Greater Glasgow and Clyde) and securing formal agreement across the academy and health services.

NHS Greater Glasgow and Clyde and partner universities recognise that clinical academic nurses are ideally placed to facilitate research translation in order to enhance patient care. However, without strong clinical academic leadership many of the 'bottom up' initiatives may not be consolidated. The time is right to exploit the value of establishing clinical academic posts for nursing leaders as pivotal in developing partnership between health (knowledge users) and higher education (knowledge producers) drawing on the more recent shift towards co-production of knowledge: this partnership may also now be constructed around shared goals that promote learning across all the players involved, in pursuit of improved patient outcomes.

3. Conclusion

There are approximately 17000 nurses in NHS Greater Glasgow Clyde and only a small number (0.07%) are in clinical academic posts. If a clinical academic career route is mainstreamed as an option within a modernised career framework AfC for nurses then there are key potential barriers to be overcome. These are:

- Sustainability of funding; in the medium to long term further funding will be needed if future sustainable CARCs are to be implemented;
- Quantifying investment outcomes for NMAHP research, for example through the REF, knowledge exchange activities and evidence of the uptake of nursing research into practice;
- Mainstreaming clinical academic careers requires integration of the roles into the organisational structures and processes of the partner health organisations and universities;

- Gaining and sustaining high level visible organisational support that enables sufficient resources and support to be allocated to ensure post holder integration into both clinical practice and academia;
- Working out and agreeing clear lines of responsibility and accountability between partner organisations to ensure the development and continuation of clinical academic posts and their inclusion within quality enhancement processes;
- Securing the appointment of clinical chairs and other senior clinical academic posts to provide leadership and influence the research culture of both the academy and clinical practice. Clinical chairs can effectively engage with clinical staff and academic staff at all levels to facilitate the co-production of knowledge to jointly achieve better outcomes and quality for patients.

References

Finch, J. (2009) The importance of clinical academic careers in nursing. *Journal of Research in Nursing* 114(2) 103-105.

NHSScotland (2010) *The Healthcare Quality Strategy for NHSScotland,* Edinburgh: The Scottish Government.

NHS Education for Scotland (NES) (2010) *National Guidance for Clinical Academic Research Careers for Nursing, Midwifery and Allied Health Professions in Scotland*, Edinburgh: NHS Education for Scotland.

North Glasgow University Hospitals NHS Trust (2000) *NHS Greater Glasgow Priorities for Action Nursing and Midwifery Strategy 2000*: North Glasgow University Hospitals NHS Trust.

Nursing and Midwifery Strategy Working Group (2005) *Nursing and Midwifery Strategy 2005 – 2010*: NHS Greater Glasgow.

Simpson, K. (2006) *NHS Greater Glasgow and Clyde Acute Services Research Nurses, Midwives Review*: Clinical Trials Unit Royal Infirmary.

The Scottish Government (2009) Chief Scientist Office *Investing in Research/Improving Health,* Edinburgh: The Scottish Government.

UK Clinical Research Collaboration (UKCRC) (2007) *Developing the best research professionals.* Report of the UKCRC Subcommittee for nurses in clinical research (workforce), [Finch Report] London: UKCRC.

Unpublished draft *Research and Development Strategy for NMAHP Acute Division NHS Greater Glasgow and Clyde* May 2010

Weir, A. and Ozga, J. (2010) *Clinical Academic Posts for Nursing: A Literature Review.* Edinburgh: Centre for Educational Sociology, the University of Edinburgh.

Appendix A: NHS case study questionnaire

CENTRE *for* EDUCATIONAL SOCIOLOGY
DEPARTMENT *of* EDUCATION *and* SOCIETY
The University of Edinburgh
St John's Land
Holyrood Road
Edinburgh EH8 8AQ
Scotland
Fax UK +44 (0)131 651 6239
Email CES@ed.ac.uk
Telephone UK +44 (0)131 651 6238
or direct dial UK +44 (0)131 651 6237

NHS Case Study Questionnaire
November/December 2010

Building Knowledge Exchange: Clinical Academic Posts for Nursing and Recognition of Knowledge between Health and Higher Education Systems

This research aims to contribute to the agenda of quality improvement in health and to knowledge transfer theory in higher education by identifying and theorizing policy, strategic and operational barriers and facilitators to partnerships between higher education and health boards for the development of senior clinical academic posts in nursing.

We would like to have accurate information for the case study and we are hoping you will help out by answering this questionnaire. All questions relate to nursing clinical academics.

1. Do you have records that track clinical academics appointed over the past decade (2000 – 2009)? If so, can you table them by year and job title

   For example:

Date	Positions–job titles	Total numbers of each for each year
2000 - 2006	Consultant Nurse (cancer care, public health, mental health, paediatric pain management, adult palliative care, learning disabilities)	6
	Consultant Midwife	1
	Lecturer / Practitioner (Elderly Care, orthopaedics, operating department practitioners)	3
	Reader / Lead Nurse clinical nursing research	1
2002	Senior Nurse / Senior Lecturer Paediatric Research Development	1
2002	Senior Nurse Paediatric Practice Development	1 – three year secondment from HEI.
2008	Consultant Midwife (normality)	2 – fixed term contracts
2008	Consultant Nurse (paediatric palliative care)	1 – fixed term contract
2010	Heart Failure Palliative Care Project Nurse	1 – fixed term contract
2006	Head of Practice Development (Acute Services)	1

These dates are estimates as unable to identify exact dates.

The following questions are to do with your current situation 2010 -2011

2. How many clinical academic positions do you have at present?

   13 wte – 4 fixed term contracts 3 due to expire over the next 2 years

3. What are the titles of the different posts that fit into the category of a senior clinical academic and how many of each of these posts do you have at present?

   Consultant Midwife (Normality), Consultant Nurse (Paediatric Palliative Care), Heart Failure Palliative Care Project Nurse (all fixed term contracts)
   Consultant Nurses (Cancer Care, Adult Palliative Care, Learning Disabilities, Mental Health)
   Head of Practice Development (Acute Services), Reader /Lead Nurse Research, Lecturer / Practitioners

4. What are the titles of the non senior clinical academic positions you have and how many of each category do you have? For example:

Title	Total numbers
As Q5	

5. What kind of employment arrangements do the clinical academics have and how many are in each category? For example, joint appointment 50% funded by NHS 50% funded by HEI and HR responsibilities shared between with NHS and HEI (5 posts); Substantive position with NHS and honorary position with HEI 30% and HR sits with NHS (3 posts).

   Nurse consultant posts and Head of Practice Development post are fully funded by GGC. They have honorary contracts with the HEI sector as lecturers. HR responsibilities lie with the NHS.

   2 posts employed by HEI but 50% funded by GGC (Reader / Lead Nurse and Lecturer / Practitioner (Elderly Care). Honorary NHS contracts as RN's.

   1 post employed by HEI but has honorary contract with NHS as Project Nurse

6. Do you know how many clinical academics currently employed have a doctorate?

   2 – one with Phd and one with Nursing Doctorate. One currently undertaking professional doctorate.

7. How many of the current pool of clinical academics are engaged in
   a) Teaching only 4.2
   b) Teaching and research 4
   c) Research only 2

8. Of the total number of clinical academics who are currently engaged in research?
   a) How many hold Principal Investigator status? 3
   b) How many hold Co-investigator status? 3
   c) How many hold Research Fellow status? Don't Know
   d) How many hold Research Assistant status? Don't know
   e) Other – please specify

9. What areas of research are currently being undertaken by clinical academics?

   Learning Disabilities, decision making, palliative care, cardiac services rehabilitation.

10. Do you have evidence and record of how research carried out by clinical academics has influenced practice? Can you provide examples of how research carried out by clinical academics has influenced practice?

    Cardiac rehabilitation and learning disabilities outcomes from research have been put into practice.

11. What initiatives were in place to support clinical academic positions in your NHS prior to the Finch Report in 2007?

    At this time GGC was still in the process of significant reorganization. The initiatives that were already in place for the existing post holders continued at that time.

12. What new initiatives were put in place to support clinical academic positions in your NHS since 2008? How many positions have been created and at what level?

    Only one new post has been created that I am aware of (please see above).

13. What is the total number of nurses employed in your NHS of them what percentage of them are clinical academics?

    There are approximately 17000 nurses employed within GGC. 0.07%.

Is there anything that you would like to share that has not already been covered in this questionnaire?

Within GGC there are a significant number of nurses who participate in research activity as a consequence of academic study at masters level or as a component of their roles, eg Clinical Nurses Specialists and Advanced Nurse Practitioners. These post holders also participate in both undergraduate and post graduate teaching within the HEI sector. IN addition to this GGC have a number of posts primarily within the Practice Development setting that are partially funded through by the HEIs (0.2 funding) as post holders deliver academic programmes that are run by the service but accredited by the HEI, eg Paediatric Intensive Care, Adult High Dependency and Emergency Nurse Practitioner.

In addition there is a cohort of Nurse researchers (approximately 20 wtes) who work within the Clinical Trials Unit and participate in Clinical Trials Research.

These staff are not captured within this questionnaire, however are not considered Clinical Academic roles but have an influence on evidencing practice.

Thank you for taking the time to complete this questionnaire.

Please email your responses by 23 December 2010 to Dr Annie Weir, University of Edinburgh Annie.Weir@ed.ac.uk

Appendix B: Interview schedule: NHS Senior Managers

Building Knowledge Exchange: Clinical Academic Posts for Nursing and Recognition of Knowledge between Health and Higher Education Systems

This research aims to contribute to the agenda of quality improvement in health and to knowledge transfer theory in higher education by identifying and theorizing policy, strategic and operational barriers and facilitators to partnerships between higher education and health boards for the development of senior clinical academic posts in nursing.

Key questions**:**

Health Board Interview Schedule Topics:

1. How have clinical posts for nursing been incorporated into strategic overview and priorities? Do your plans include establishing senior clinical academic posts for nursing (post doctoral to professors)?
2. Have any special arrangement been made with regard to establishing legal agreements around funding and quality assurance between NHS and your partner universities?
3. How have you gone about establishing partnership synergy – working out how to work with potential HEI partners?
4. How have you gone about understanding partner's priorities and perspectives?
5. How has the partnership been operationalised between the NHS and partner HEIs?
6. Have there been human resources issues that have had to be worked on? Please explain
7. How have you aligned communication processes between the NHS and your partner universities?
8. Do you think there is quality/healthcare improvement potential in establishing and maintaining clinical academic posts for nursing?
9. What kind of benefits do you think there are in establishing these posts for a) individual post holders b) the NHS c) the universities?
10. What kind of ongoing support is there for the post(s)?

We are also interested in your views on whether you think that knowledge priorities are different in the health authority and the university.

Is there anything that you would like to share that has not already been covered in this interview?

Appendix C: Interview schedule: Senior Managers (Universities)

Building Knowledge Exchange: Clinical Academic Posts for Nursing and Recognition of Knowledge between **Health and Higher Education Systems**

This research aims to contribute to the agenda of quality improvement in health and to knowledge transfer theory in higher education by identifying and theorizing policy, strategic and operational barriers and facilitators to partnerships between higher education and health boards for the development of senior clinical academic posts in nursing.

The following questions will be used to guide the discussion:

1. How does the establishment of the posts fit with strategic plans for the university and department and how might the positions be sustained into the future?
2. What were the key tasks that had to be achieved prior to establishing the post(s)?
3. Have any special arrangement been made with regard to establishing legal agreements around funding and quality assurance between your university and partner NHS?
4. How have you gone about establishing partnership synergy – working out how to work with potential NHS partners?
5. How have you gone about understanding NHS priorities and perspectives?
6. How has power sharing been operationalised between the university and partner NHS?
7. Have there been human resources issues that have had to be worked on? Please explain
8. How have you aligned communication processes between your university and the partner NHS?
9. Do you think there is quality improvement potential in establishing and maintaining clinical academic posts for nursing?
10. Has the possibility of clinical academic posts been previously explored? What were the outcomes?
11. What kind of benefits do you think there are in establishing these posts for a) individual post holders b) the NHS c) the universities?
12. What kind of ongoing support is there for the post(s)?
13. What do you consider is the knowledge exchange potential of this position?

We are also interested in your views on whether you think that knowledge priorities are different in the health authority and the university.

Is there anything that you would like to share that has not already been covered in this interview?

Appendix D: NHS focus group meeting agenda

NHS Focus Group Meeting December 2010

Building Knowledge Exchange: Clinical Academic Posts for Nursing and Recognition of Knowledge between Health and Higher Education Systems

This research aims to contribute to the agenda of quality improvement in health and to knowledge transfer theory in higher education by identifying and theorizing policy, strategic and operational barriers and facilitators to partnerships between higher education and health boards for the development of senior clinical academic posts in nursing.

Agenda

1. Introductions and research project overview
2. Focus Questions
3. Discuss the findings from the literature review (accuracy and insight)
   a) Findings on Scotland
4. Future Focus

Interview schedule

1. What are the benefits if any in establishing and maintaining clinical academic posts for nursing?
2. What are the barriers if any in establishing and maintaining clinical academic posts for nursing?
3. What facilitates the successful establishment and maintenance of clinical academic posts?
4. What would have to change to make it easier establish and maintain of clinical academic posts?
5. Clinical academic posts span universities and Health Boards, in your opinion, do universities and nursing staff have the same objectives in producing knowledge through research and are there any conflicts, differences in priorities?

Is there anything that you would like to share that has not already been covered in this focus group?