

# Clinical Academic Posts for Nursing: NHS Tayside Case Study

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Clinical Academic Posts for Nursing and  
Recognition of Knowledge between Health and  
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# 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 group 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;
- the extent to which different kinds of knowledge is widespread and the status of different kinds of knowledge;
- 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 Tayside 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 Tayside Clinical Academic Careers (CAC) in Nursing and Midwifery draft strategy 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 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. The preferred term used by the senior managers interviewed in NHS Tayside is CAC not CARC (Clinical Academic Research Careers);
- (ii) High level strategic commitment: NHS Tayside and its partner universities, the University of Dundee and University of Abertay, Dundee are each strongly supportive of the current initiatives.

In addition, the following organisational arrangements were important:

- a) Formal agreements covering key aspects of the partnerships in order to ensure effective management of strategic priorities and operational processes between NHS Tayside and the universities;
- b) Familiarity with each others’ organisational priorities, the clinical priorities of the NHS Tayside and the research strengths of the university academics are considered important for facilitating CAC;
- c) Alignment with the NHS Tayside workforce strategy and focus on integrating policies, resource allocation and practices aimed at supporting and embedding 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*

There has been progress over time in enhancing the status of nursing knowledge and in supporting the development of clinical academic careers.

Developments include:

- Strategic investment in nursing research at PhD and Post Doctoral levels;
- Building strong relationships between NHS Tayside and their partner universities.

### *4.2 Where is there Scope for Improvement?*

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

- Building on the developing partnerships between NHS Tayside and HEIs with attention to strategic and operational constraints on these developments;
- Mainstreaming the CAC by embedding a clear career path from undergraduate to leadership status, with more developed infrastructures of support at NHS and Higher Education Institutions (HEIs) to sustain greater numbers in the future;
- Attracting and retaining clinical academic leaders with professorial status;
- 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 recommendations for the development of Clinical Academic Careers for nursing in NHS Tayside are as follows:

- To increase investment in leadership roles such as clinical chairs and other clinical academic professorships;
- To continue to build on the synergy between health policy priorities, especially 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 offers scope for effective use of resources in an environment of constrained finances encouraging collaboration. Collaboration is dependent on understanding of the value of clinical academic posts in evidence-based practice, quality improvement and knowledge translation agendas 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 Tayside 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 barriers apply in NHS Tayside. The case study between the NHS and partner HEIs provides an opportunity to explore at first hand how the partnership has been operationalised and the potential for knowledge exchange.

The new 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

NHS Tayside has recently worked with partner universities to establish clinical academic post initiatives at different levels of seniority and purpose. These posts include joint appointments and associate lectureships. In order to encourage dialogue and sharing of ideas senior nurses take part in strategic and operational committees which influence the higher education agenda. Academics have been invited to participate in different strategic and operational committees within the NHS and likewise influence educational developments. In the past appointments have been mostly ad hoc and centred on perceived need at the time, whereas, currently NHS Tayside is seeking a more systematic and strategic approach to developing clinical academic careers.

By 2007 there were three clinical research fellow posts (cardiology, cancer nursing and midwifery) in nursing in Tayside as well as nurse/midwife consultant posts. During 2010 work was commissioned by Dean of School of Nursing & Midwifery to explore clinical academic collaborations. This work has led to one new joint appointment and a Reader position as well as the Associate Director of Nursing who spends 10% of her week in a partner university.

There is no detailed information that tracks the implementation of clinical academic appointments within NHS Tayside. The number of Nurse Consultants has increased from one appointed approximately 10 years ago to seven posts currently with one current vacancy. Employment arrangements are varied. The amount of time seven Nurse Consultants spend in the NHS and HEIs varies from 10% with the HEI and 90% NHS to 40% HEI and 60% NHS. All posts have contracts with NHS and honorary HEI contracts. One Clinical Educator/Lecturer who is employed by NHS and has an honorary contract with an HEI, spending 50% of their time with NHS and 50% with the HEI. There is one Reader who holds a HEI contract with 10% commitment to NHS. The Associate Director of Nursing who holds an NHS contract and an honorary HEI contract for 10% of her time. Four clinical academics hold doctorates.

Of the current pool of nine clinical academics five are involved in teaching only and three are involved in teaching and research and one in research only. Two are Principal Investigators and three are Co-investigators of funded research projects. Areas of current research are in critical care, adult acute care, cardiology, public health, person centred care. Research carried out by those clinical academics has influenced practice (see Appendix A for details).

## Section B: Implementing clinical academic research careers in NHS Tayside (NHS views)

The next sections B-F present the findings from the interviews with senior managers in NHS and clinical academic post holders (focus group).

### 1. Strategic overview and priorities

NHS Tayside's Board has a strategic target for research including nursing research. Endowment funds are used to fund research. Clinical academic posts in the past have been ad hoc and opportunistic. Newer clinical positions have provided an opportunity to build on established relationships between NHS Tayside and academic colleagues. The NHS and HEIs meet regularly to discuss best practice and for the NHS Tayside to help shape and influence the academic research agenda and vice versa.

Interviewees commented:

*We are in the early stages of a more coherent development of CAC.*

*We are more conscious at senior management level of where these posts fit.*

*In scoping out clinical academic positions we looked at education, curriculum development and research in addition to clinical duties.*

### 2. Special arrangements between NHS and partner universities

There are service agreements between NHS and HEIs for particular posts such as joint appointments and nurse consultant roles. Interviewees noted that with joint appointments there can be Service issues and more work is needed between managers in NHS and the universities to facilitate smoother relationships. Nurses in NHS Tayside who are involved in research are usually employed by NHS with a couple holding university funded positions. NHS Tayside is committed to 'boundary crossing' at senior levels with the Associate Director of Nursing spending half a day a week at the University of Dundee. The Associate Director of Nursing is chair of educational partnerships and has clear objectives for the academic component of her job including holding an honorary senior lecturer post, participating in and chairing academic committees and is also involved in curriculum review and monitoring the student learning environment.

Clinical academic posts have developed on an ad hoc basis with a variety of arrangements in place. For example, one joint funded nurse consultant/lecturer spends 50% of their time at the university and 50% of their time with NHS, another nurse consultant spends 60% of their time with Service and 40% on their research portfolio. Positions have clear objectives and as posts become available the funding and reporting arrangements are reviewed with greater emphasis now placed on time for research and expected research outcomes.

### 3. Establishing partnership synergy

Interviewees noted that familiarity with each others' organisational priorities was important for establishing the basis for moving forward with clinical academic posts. NHS shares its aims with the universities and vice versa. The interviewees noted that there is a strong commitment from the universities to work with NHS to build research capacity and capability and to identify a pool of researchers to take the research agenda forward. Work is being undertaken on a joint research framework between NHS Tayside and NHS Fife with the University of Dundee and the University of Abertay Dundee. There is a strong focus on getting research into practice and getting clinicians involved in research at a variety of levels. Some interviewees noted that in the future resources to support the development of clinical academic posts and nursing research will have to come from within existing budgets.

### 4. Operationalising partnerships

Over the years good working relationships at a strategic level have been established between NHS Tayside and universities. At an operational level relationships have been established and maintained through various committees and professional networks as well as with individual post holders working between both organisations. Interviewees noted that they had a good basis to take forward any initiatives to further develop clinical academic careers and to support nursing research.

Interviewees commented on the current relationships between NHS and HEIs:

*Service supports evidence-based practice. We need more courses in the future for 'dipping your toe into research'. Service has funded university staff to help practitioners to learn research skills.*

*NHS has over the years funded joint appointments so nurses can do Masters, however there are very few working at doctoral level.*

*I am disappointed in the number of nurses who applied to Endowment Fund to do a research project and to build the body of evidence around improved patient care and outcomes.*

### 5. Human resource issues

For clinical academic appointments the HR responsibilities either sit with NHS or with the university depending on where the substantive position is held and that organisation looks after the contract, grading, sick leave, benefits, and pension contributions. For joint appointments setting performance objectives and performance reviews are conducted in joint meetings between post holder and line managers in both NHS and the university.

Interviewees commented:

*It is hard to attract nurses to research because they are very focused on Service.*

*Getting released from the ward (to do research) can be a problem because older staff who do not have a degree do not see relevance of research.*

*HR issues sit with the substantive position within NHS and this is important for grading and pension continuity.*

## 6. Quality/healthcare improvement potential

Interviewees noted that there is significant quality and healthcare improvement potential in establishing and maintaining clinical academic posts for nursing in NHS Tayside. Clinical academics are in position to influence Service, in both in organisational development and evidence into practice.

One interviewee commented:

*Stroke care does not have a great reputation in Tayside and we used research evidence to inform the guidelines that are now in use.*

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

Interviewees believe there are significant benefits for individual post holders, NHS Tayside and the partner universities.

### **1. Benefits for post holders**

The main benefits for post holders include: opportunities for clinical and academic professional development; joint appointment holders who are seconded can return-to, the NHS if they want to having had “a taster of academic life”, or go on to pursue a rewarding academic research career.

### **2. Benefits for NHS**

The main benefits for the NHS include: the best people are chosen to contribute to university teaching and research; post holders use research to inform their practice and can influence others to do so in their practice; post holders help to build an evidence base aligned to service priorities; and they are able to establish a close working partnership with universities. Interviewees commented that the nurse consultant position is very successful in working across the NHS and HEIs. It was noted that there is a need to establish more opportunities for clinical academics to apply for early career fellowships.

### **3. Benefits for universities**

The benefits for the universities include: the ability of the NHS post holder to be informed about NHS priorities and share this information with colleagues. At both strategic and operational levels post holders gain insight and expertise as well as clinical credibility.



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

### **1. Lack of an integrated career infrastructure for CAC**

Interviewees noted that few of their colleagues had chosen to become clinical academics because of a lack of a clearly defined integrated career infrastructure. As one interviewee put it “there is always a feeling of being on a trial. There needs to be an integrated career structure and more security”.

Interviewees also noted that it is hard for clinical staff to pursue a clinical academic career because of the clinical demands of the NHS which is always their priority. Nurses face demands to improve their qualifications, that is, to complete an undergraduate degree or to go on to do a masters and for some to do a PhD. Many nurses stop studying once they have achieved the qualification they were aiming for because having worked hard juggling their clinical job and academic commitments they receive limited or no recognition within NHS (e.g. no salary increase) so that only a few carry on to become clinical academics.

### **2. Working part time is an issue**

Some interviewees consider there is risk involved with part time work because to pursue a PhD, for example, they had to give up a full time post and take a significant reduction in income with no guarantee of future full time employment and with effects on their points and pension. There is also a risk to being seconded part time because they end up doing more clinical work. The interviewees stated that clinical academic posts should be more like the medical model that is, more integrated into a well established career structure with appropriate funding.

### **3. Cultural barriers on the wards**

Interviewees expressed concern that there is limited support in NHS Tayside for those doing their Masters and PhDs and that generally many nurses who are engaged in improving their qualifications experience negative attitudes from other staff. Interviewees noted that many of their colleagues perceive nursing as a practice profession and not an academic one and they also believe that is how most of the public see their profession. This perception impacts on how nurses view clinical academic posts.

Some interviewees believe that more senior members of staff in the NHS do not value research evidence into practice. Some interviewees believe that the “Nursing hierarchy creates barriers to conducting research and to implementing findings”. There are operational level difficulties especially with securing the release of staff from NHS to do academic tasks of teaching and research.

#### **4. Time to do research**

Some of the key barriers to establishing and maintaining clinical academic posts for nursing identified by interviewees include time for research, resources to conduct research, obtaining the requisite skills needed to write proposals and the overall lack of support (both financial and moral) by both NHS and HEIs. Interviewees expressed concern that research tends to be pushed into the background behind Service and teaching.

One interviewee's comment typified the response of the group:

*The theory is time is allocated for the clinical academic at the HEI for teaching and research and time at NHS for clinical work. Clinical work is always the priority.*

A few interviewees stated that they felt isolated in their role as clinical academics, although they believe this is slowly starting to change. They noted that they were usually the only one their field. They also noted that their colleagues who have done research training at Masters level and PhD level have not gone on to become research active and that more needs to be done to tap into this potential pool of clinical academics.

#### **5. Teaching priorities**

A few interviewees stated that they regularly volunteered to teach at university, however, there appeared to be no overall structure to support them and they received no payment. It should be noted interviewees appear to be unaware that NHS has an agreement with the universities for clinical staff to teach and that no money is exchanged. Interviewees also noted that those who held posts as clinical consultants saw teaching as their priority and that their research usually suffered as a consequence.

#### **6. Organisational barriers**

Interviewees noted that the university and NHS have different funding structures and priorities with NHS being service orientated and HEIs being involved in education and research. At NHS operational meetings service needs are given priority over research. NHS is usually looking for a quick cost effective solution to a problem whereas universities tend to run research projects over a longer period rather than the short term outcomes needed by the NHS.

#### **7. No clear definition of clinical academic posts**

Interviewees stated that clinical academic posts are not clearly defined and that there are numerous versions of clinical academic posts. There is also ongoing debate in nursing as to whether one needs to be doing all three components (clinical, teaching and research) to be considered a clinical academic.

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

### **1. Networks between NHS and HEIs**

The networks between NHS and HEI that have been built over the years have enabled good communication to develop on research service priorities and understanding of academic strengths in HEIs. There is a history of cooperation between HEIs and NHS. For example, they have cooperated through the research consortia that “came out of sitting around the table”.

Senior nurses within NHS have the opportunity to sit on relevant committees and influence agendas that support the development of nursing research and implementation of clinical academic posts. Exposure of Executive Nurses at Board level helps the Board members to understand the benefits of nursing research.

### **2. Align with NHS research needs**

Interviewees thought that being established and respected in the NHS helped them with being able to get a topic or research programme that aligned to the research needs of NHS. Some interviewees thought that research in the future needs to be linked more closely to the NHS agenda. Topics for research should be decided a long way in advance of the secondment to an HEI and should link to their day job in the NHS.

### **3. Establish a supportive career structure**

Interviewees identified the need for NHS nationally to develop a career structure that supports specialist posts such as clinical academics to enable clinical academics to move between NHS Boards between NHS and universities without losing benefits, for example pension benefits. They also acknowledged that would require significant investment.

Interviewees also identified that there needs to be investment in skill development for grant writing and then time and resources allocated to all aspects of the research process including knowledge exchange activities such as writing journal articles and presenting at conferences.

### **4. How a clinical academic is banded and supported in NHS affects their flexibility to work in an HEI**

Interviewees consider NHS banding for their positions to be a significant issue to their career development. Interviewees believe that how they are banded and their seniority affects how much flexibility they have in their position and in turn this affects their ability to carry out their research and work effectively as clinical academics.

## 5. Post holders' experiences on the wards

Clinical Academics need an understanding manager on the wards who sees research as an investment. Interviewees would like ward sisters to be more understanding of their academic commitments and their passion for research and desire to use research findings to inform practice. They are concerned that senior members of staff in NHS do not place importance on research evidence or on them pursuing a research career. The interviewees would like to see clearer role expectations from the NHS and HEIs and not just rely on the clinical academic "to carve out their role".

## **Section F: Changes needed to make it easier to establish and maintain clinical academic posts (NHS views)**

### **1. Clear career paths**

The interviewees would like to see clear clinical academic career paths implemented. They would like to see clinical academic careers integrated into the main stream of career options with standard NHS employment agreements. Clinical academic posts need to be integrated into the strategic plans of both NHS and HEIs. There needs to be clear policies to support the positions and 'national NHS' should take a lead. It is important to clinical academics that they can move seamlessly from one NHS Board to another and to one HEI to another.

Interviewees would like much greater recognition of their clinical academic roles through higher grading and better remuneration.

### **2. Work plan changes needed**

Most interviewees believe that clinical academic roles need to be better defined and supported and that the expectations' from both the NHS and HEIs needs to be more realistic.

Interviewees expressed concern that while they accept that clinical practice is a priority in their work plans, more time needs to be allocated to research: one session is not enough for them. They think it is too risky for them to become involved in research because they do not have enough time to do justice to their research obligations.

### **3. Sustainable funding for future posts and nursing research**

Interviewees would like to see clinical academic posts be given priority in the future despite NHS Tayside budget constraints. They also wish to see nursing research given the funding and recognition it deserves. Part of the future focus should be on identifying staff with a talent for research early in their careers and allocate funding to help them to build a career from undergraduate degree to PhD through to a supported early research career.

### **4. Vision for clinical academic posts and nursing research**

Interviewees expressed concern that nursing research and the creation of clinical academic posts is not a high enough priority on the Scottish Government's agenda to receive adequate resources. They stated that strong leadership at the highest levels such as that provided by a Nurse Director and Clinical Academic Chair is needed to promote nursing research and clinical academic posts. They believe more needs to be done to articulate the CARC vision and that it should be appropriately resourced.

Interviewees commented:

*Regular meeting with Deans of Nursing are very service orientated. Research has not got to the level of interest that it might have at the meetings.*

*Strong leadership is essential with a research agenda aligned to NHS healthcare priorities.*

## Section G: Implementing clinical academic careers in NHS Tayside (HEI views)

The following section presents the views of senior academics.

### 1. Strategic fit of clinical academic posts in universities

Interviewees noted that the establishment of the clinical academic posts fits well with their university's strategic plans for teaching and nursing research. Both HEIs and NHS Tayside and NHS Fife formed a steering group of senior managers to oversee the development of clinical academic careers. The group worked on addressing governance issues and identifying organisational procedures that support CAC. They have agreed a clinical academic structure and have jointly identified implementation leaders.

Interviewees commented:

*We identified three key areas for development: the first focuses on ensuring the practice learning environment for undergraduates is fit for purpose. The second area focuses on a project to provide additional leadership and focus priorities in the areas of Cancer Care, Acute Care, Practice Development, Research Capacity and Integration of Posts. Thirdly we looked at every post and those that interfaced with them to see if they were still fit for purpose or should be redesigned to facilitate more flexible movement between institutions. We looked at moving academic's reach into clinical environment and clinician's reach into the academic environment. There are challenges of moving academics into clinical practice. One needs to be clear about reasons for doing it and that it is appropriate to their substantive post. We reviewed current vacancies in both NHS and HEIs to develop innovative roles within existing structures such as joint appointments that engage senior academics with a specific research role to build capacity and capability within NHS.*

*There are historical arrangements between the university and NHS Tayside where the university paid NHS for consultant's time spent at the university. Currently there is a pool of approximately 15-20 consultant nurses. They are funded by the university to do sessional work for a half a day a week.*

*The associate leadership scheme is for training clinical staff to become lecturers on a 50/50 time basis.*

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

A key task to be achieved prior to establishing clinical academic posts was to secure commitment from senior managers and staff to the overall vision and "direction of travel to achieve the posts". Obtaining the manager's "buy in" was considered crucial to the success going forward.

### 3. Special arrangements

The universities and NHS made special funding and HR arrangements. Arrangements were also made to monitor progress against milestones in the strategy, monitor financial arrangements and also HR arrangements for individual post holders.

Interviewees commented:

*The Dean and Nursing Directors will regularly monitor and review progress against the strategy.*

*The staff that are responsible for financial arrangements have responsibility for ongoing monitoring and reporting against agreed targets.*

*HR is responsible for individual contracts such as agreements around joint appointments.*

#### **4. Establishing partnership synergy**

The universities have a long history and a strong working relationship with both Directors of Nursing for NHS Tayside and NHS Fife which allows them to share the vision for clinical academic careers and to develop common strategies for moving the agenda forward. University staff and NHS staff sit on each others' committees and this helps to facilitate excellent dialogue between them and provides ongoing opportunities to understand each others' priorities and perspectives.

One interviewee is in the unique position of being Dean in a university having previously held the position of Director of Nursing with NHS Tayside and has maintained strong links with the Board Chairman and Chief Executive.

One interviewee commented that the School of Nursing sits alongside Medicine and Dentistry and that they share a common goal of healthcare improvement and this provides them with a "footprint into the local hospital".

#### **5. Human resource issues**

HR issues for clinical academic posts include: promotion, progression and remuneration (including pension plan). In NHS career progression is as a result of promotion in clinical and/or management positions and post holders have much better pay and conditions than their academic counterparts. In the university system career progression is largely based on a successful teaching and/or a successful research career and a commitment to knowledge creation and scholarly activities – remuneration and service conditions are less favourable than in the NHS.

#### **6. Aligned communication processes between the university and NHS**

The Governance Board is jointly constituted and membership includes the Principals of the universities and CEOs of the NHS Boards. The Tayside Health Academic Science Centre is a research coordination and communication hub and provides a website. Clinical research is organised under one entity covering for example: policies, procedures, training, monitoring of compliance with good practice and one system for overall governance.



## **7. Previous attempts to establish clinical academic posts**

The interviewees noted that there had been a long history of ad hoc appointments with varying degrees of success. The associate leadership scheme for those in clinical posts who would like the opportunity to train as lecturers has been operating for six years. Currently there are several individuals on the lecturer training scheme. A post holder can stay on the scheme for three years and they are provided with a mentor and they are also encouraged to complete a teaching certificate. The School of Nursing pays NHS for sessional input this is usually a half day a week and there is an agreed work plan.

## **8. A question of ongoing support**

NHS Tayside and NHS Fife as well as the University of Dundee and the University of Abertay Dundee are strongly committed to their vision and strategy. There is the intention to grow research project areas and the clinical academic posts up to clinical academic chair level. The partners have taken a long term view over next 10 years and believe the strategy they have adopted will be sustainable into the future.

## Section H: Benefits of establishing clinical academic posts (HEI views)

### 1. Benefits for post holders

The main benefit for individuals holding a clinical academic post is that they have the opportunity to work both in clinical practice and work in the university. Post holders have a chance to develop expertise in research areas relevant to their clinical practice.

An interviewee commented:

*Juggling between clinical and academic is a challenge, if you have a case load then the here and now is the priority, patient's needs dominate. Academic posts have more medium to long term focus and post holders can experience conflict with priorities and demands.*

### 2. Benefits for NHS

The main benefits for NHS include: research conducted by the clinical academic can lead to health care improvements and consequently better outcomes for patients and overall improvements in quality standards.

### 3. Benefits for universities

The main benefits for universities include: knowing what is taught is fit for purpose in the clinical setting; shared responsibility for ensuring the practice learning environment is appropriate and that research undertaken is aligned to healthcare priorities.

### 4. Quality improvement potential in establishing and maintaining clinical academic posts for nursing

Interviewees noted the importance of having an evidence base for clinicians to use to inform their practice. A culture of evidence based practice has been slow to develop. Unless a clinical academic is in a position of sufficient authority on a ward they are unlikely to be able to implement their research findings or influence their colleagues to use research to inform their practice and to make quality improvements.

As one interviewee commented:

*For knowledge exchange to be effective there needs to be leadership to encourage evidence into practice and the clinical academic must be in a position to assert influence on the ward.*

### 5. Knowledge exchange potential of clinical academic posts

The interviewees noted that knowledge exchange (KE) is a key area of development in their university. While there is no one agreed definition most commented about the two-way flow of people (clinical academics) and research ideas between the university and NHS. They stated that KE fits with government priorities and with research funding and that maximizing the benefits of health research is a key area for knowledge exchange.

## Section I: Other comments (HEI views)

### 1. Knowledge priorities are different in the universities and NHS

NHS and universities have different remits, funding arrangements and different knowledge priorities. NHS is more focused on the application of knowledge. The Schools of Nursing are concerned with underpinning in-depth knowledge of a clinical or service area. They share similar priorities with NHS for improving patient care through evidence based practice. There are different pressures on the Dean of Nursing compared with the Directors of Nursing as they have different budget constraints that influence their ability to implement clinical academic posts.

### 2. Nursing policy

The Chief Nursing Office is the professional lead on nursing policy and has adopted a consultation and consensus approach to policy development. Schools of Nursing are involved in ongoing policy development through participating in various forums, presenting papers at conferences and writing papers for publication in nursing journals for nursing professional magazines.

### 3. Nursing research

Nursing research is concerned with the underpinning knowledge and evidence to support direct patient care. The interviewees believe that it is important to work on increasing the nursing knowledge base and nursing theory and as one interviewee stated “this is not funded, what is funded is clinically relevant research”. They stated that it is important to the future of their school’s research portfolio to grow a robust clinical research programme. They stated that unfunded research is not viable in the present economic climate and that it must stop.

*Research carried out by the school is designed to be clinically relevant. PIs work on solutions to patient care issues.*

*Developing solutions for direct patient care costs a lot of money and often there is limited evidence to support the intervention. Evidence-based research can make a difference.*

*The research outputs have increased in quantity and quality over the past ten years.*

## Section J: Summary and conclusion

We now turn our attention to the question: how well do developments in NHS Tayside sit with national and international efforts to establish and sustain of clinical academic careers?

### 1. The National Guidance and NHS Tayside

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 noted a number of different initiatives and funding models have been tried over the years (pgs 2-4). Although strategic collaborations have been established over the years it was also noted that they 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 '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 a number of different initiatives and funding models that have been tried over the years (pp 2-4). Although strategic collaborations have been established it was noted that they were not consistent in their approach to clinical academic posts and consequently there were limited pathways available to promising 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 the other UK countries: with a strong focus on NHS-academic partnerships while capitalising on multi-disciplinary collaborations. The principles also cover protected time for clinical practice and research to be conducted concurrently, 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).

At this stage NHS Tayside has adopted a CAC approach rather than the national CARC approach, although there are a number of aspects that align to the CARC principles for example, the nature of the research is negotiated between the post holder, NHS Board and the university. Their approach has been to work with partner universities to establish clinical academic post initiatives at different levels of seniority and purpose. They have strongly encouraged dialogue and sharing of ideas by senior nurses who take part in strategic and operational committees thus being able to influence the higher education agenda. Although past appointments have been mostly ad hoc and centred on perceived need at the time, NHS Tayside has moved to a more systematic and strategic approach to developing clinical academic careers.

## 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 the enhancement of 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 to countries including identifying 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 the NHS Tayside were echoed those mentioned in the literature and these are being worked on.

Common facilitators identified in the literature and in the NHS Tayside are clustered around securing targeted funding to support research training initiatives and to fund joint appointments up to the level of clinical chairs (aspirational for NHS Tayside) and securing formal agreement across the academy and health services.

NHS Tayside and partner universities recognise that clinical academic nurses are ideally placed to facilitate research translation in order to enhance patient care. 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): this partnership may also now be constructed around shared goals that promote learning across all the players involved, in pursuit of improved patient outcomes.

## Conclusion

There are approximately 4000 nurses in NHS Tayside and only a small number of clinical academics. 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 sustainable CARC s are to implemented;
- Quantifying investment for NMAHP research for example through the REF, knowledge exchange activities and evidence of the uptake nursing research into practice;
- Integration of the CARC role into the organisational structures and processes of the partner health organisations and the academy;
- Gaining and sustaining high level visible organisational support to drive for sufficient resources to ensure post holder integration into both clinical practice and the academy;
- Developing 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 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.
- 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.
- 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

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## 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

No detailed information however we have increased the number of consultant nurses from 1 appointed approximately 10 years ago to 7 posts with 1 current vacancy.

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



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

7 Nurse Consultants range from 10% HEI/90% NHS to 40% HEI and 60% NHS all contracts NHS with honorary HEI contracts

1 Clinical Educator / Lecturer (50% NHS/50% HEI) NHS contract with honorary HEI contract

1 Reader with 10% commitment to NHS HEI contract with honorary NHS contract

1 Associate Director of Nursing with 10% commitment to HEI, NHS contract with honorary HEI contract.

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?

See above

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
Nurse Consultant	15

See above

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).

See above, all HR responsibilities sit with organisation with NHS with the exception of the Reader.

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

Four

7. How many of the current pool of clinical academics are engaged in

- a) Teaching only - five
- b) Teaching and research - three
- c) Research only - one

8. Of the total number of clinical academics who are currently engaged in research?

- a) How many hold Principal Investigator status? Two
- b) How many hold Co-investigator status? three
- c) How many hold Research Fellow status? None
- d) How many hold Research Assistant status? None
- e) Other – please specify

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

Critical care, adult acute care, cardiology, public health, person centered care.

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?

Research carried out by clinical academics has influenced practice and role developments e.g. the work of Dr Karen Smith relating to cardiology.

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

Previous to 2007 there were three clinical research fellow posts (cardiology, cancer nursing and midwifery) and nurse/midwife consultant posts.

11. 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?

During 2010 work was commissioned by Dean of School of Nursing & Midwifery to explore clinical academic collaborations. This work is being progressed and has led to 1 joint appointment and a Reader and Associate Director of Nursing working for 10% of their week in partner organisation.

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

The overall percentage is very small.

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

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](mailto: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 February 2011

### **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?