

Evaluating the Health and Care Research Wales Clinical Research Time Award - an overview of responses from successful applicants

1. Purpose

Following an evaluation of the Clinical Research Time Award scheme, this paper provides a summary of responses from recipients of the award on the impact and value of the CRTA scheme in helping to support individuals to undertake research in the NHS. It is intended that the feedback received will help to shape future policy development for Health and Care Research Wales funding schemes of this nature and feed into forthcoming joint work by Health and Care Research Wales and Health Education and Improvement Wales (HEIW) in improving the career pathways for researchers in Wales.

2. Background

Since 2010, Health and Care Research Wales and its predecessor organisation the National Institute for Social Care and Health Research (NISCHR) via the Academic Health Science Collaboration (AHSC) has run an annual 'Clinical Research Time Competition' (CRTA), developed to build research capacity and capability by offering NHS staff (or NHS contracted staff) the opportunity to apply for protected time to engage in research activity and develop their research skills.

Now known as the NHS Research Time Award (NHS RTA), the scheme is open to staff in NHS Wales, or staff contracted to NHS Wales (such as doctors, dentists, nurses, midwives, allied health professionals (AHPs) and clinical scientists) in primary, secondary or community care or public health.

Between 2010 -2018¹, over £5 million has been made available to 86 NHS staff, and those contracted to the NHS through the CRTA scheme. Awardees comprise of Consultants, Nurse Specialists, Pharmacists, Clinical Scientists, a Laboratory Manager, a Genetic Counsellor, AHPs and a GP.

¹ With the exception of 2013-14

3. Evaluation of the scheme

In March 2020, R&D Division Welsh Government contacted all past awardees between 2010 and 2018 via email asking them to complete a questionnaire (annex A) about the impact and value of the scheme during and after the award to help assess the effectiveness of the scheme in supporting their research career development.

Of the 86 awardees, Welsh Government received 56 responses. Awardees were contacted a number of times from March to October 2020 and the deadline for comments was extended due to the outbreak of the COVID-19 pandemic. For the purpose of this paper, the term 'respondee' relates to those who have responded to the evaluation.

In terms of current employment status, 23 respondees continue to be employed solely by the NHS, 28 have a split post between the NHS and Academia, and 3 are based solely within Academia and had left/retired from the NHS. 1 person has split sessions across two NHS organisations and 1 has split sessions across two NHS organisations and HEIW.

4. Summary of feedback and main themes

The feedback provided has been grouped into 4 main themes which are as follows:

- Impact of the award on research career development
- How the CRTA has assisted in recipients of the award becoming Chief Investigators (CI) / Principle investigators (PI)
- The main benefits (advantages and disadvantages) of the CRTA scheme
- What specific changes could be made to improve the scheme?

5. Impact of the award on research careers

The aim of the award is to provide professionals working within the NHS with protected time to pursue research interests and projects, from the conception of ideas through to publication of papers. 83% of respondees commented that the CRTA had assisted in their career development by providing protected time to undertake research. For a small number of respondees, the CRTA had helped them to establish collaborations with research active colleagues in academic institutions and provided valuable opportunities to pursue a future career in academia.

From the feedback received, 20 respondees noted that the protected time had been essential to undertake meaningful research in a sustainable manner. 22 respondees commented that the award enabled the development of multi-disciplinary networks,

close collaborative working and time to secure additional grant funding to help establish a portfolio of clinical trials.

However, whilst many recipients of the award were positive about the aims of the scheme in helping to develop a research career, feedback about the lack of support from NHS management at conclusion of the award period was considered to be a significant issue. This is covered in more detail in section 8.

6. Impact of the award on CI / PI development

One of the aims of the CRTA scheme includes assisting NHS employees across all professions to become a PI or CI. From the responses received, 78% indicated that this has been the case. For staff in non-medical consultant posts, some expressed that the protected time provided the structure to write up results, open new studies and time to plan future research activities. Feedback from one Allied Health Professional (AHP) expressed that the CRTA had provided a valuable route into research, resulting in opportunities to be a PI, which brought the added benefit of learning and collaborating with colleagues. Another respondent said that becoming a PI would have been “unlikely to have happened without the protected time - as clinical work would always take priority”.

A number of respondents stated that they have become CI and PI on a number of commercial and non-commercial portfolio studies with the majority having published research papers.

7. Benefits and limitations of the scheme

Benefits of the scheme

In terms of the overall benefits of the scheme, 83% of respondents acknowledged how valuable the protected time had been to pursue and develop individual research ideas. Some mentioned that the scheme had provided the opportunity to develop a network of colleagues who they have continued to collaborate with beyond the scheme. In some cases it has enabled collaborative links with academia to be forged; resulting in support, training and the provision of mentorship via academic supervisors and the clinical trials units. For some, there was mention of peer support from academic colleagues resulting in opportunities to speak and disseminate research at conferences, which had led to collaborations outside of the UK.

Limitations of the scheme

The main drawback for several respondents was less related to the scheme itself and more about the limited options for continuing research once the protected time period came to an end. Reasons provided for this include constraints in University funding and a lack of support from the NHS employer to support research activity

after the award. One respondent commented *“the major draw-back is the lack of NHS organisational continuity to continue with the main thrust of research”* and another mentioned *“the lack of commitment from the health board to support ongoing research”*.

Other feedback focused on the challenges encountered by some to gain support from the NHS to backfill posts. One respondent wrote *“the health board didn’t really appreciate the value of the award. No back-fill was arranged (although initially agreed)”*. Several other respondents mentioned the challenge in *“finding adequate back fill”* and *“the challenge is the tension with the service and temporary funding which makes these positions difficult to backfill satisfactorily”*. Many of the responses received mentioned that health boards did not fully appreciate the importance and value of protected time to undertake research. One respondent commented that at the time of undertaking the award there were very few nurses skilled to take on their specialist role and the onus for training someone new to cover their position fell to them.

The theme of appropriate backfill was also mentioned by a small number of respondents in relation to the reduction in protected time from 2 days (0.4 WTE) to 1 day (0.2 WTE) and the difficulty in finding adequate backfill for just 1 day. However, analysis of the scheme undertaken at the time, confirms that many applicants struggled to get support in arranging backfill for 2 days of protected time and it was therefore decided to reduce the sessions to a maximum of 0.2 WTE (1 day), which also provided the opportunity to fund more individuals.

Other feedback was related to future opportunities for career development involving research on completion of the award. This is best summed up by the following feedback, *“there was no clear career path or guidance after the award to establish myself as a clinical academic, building collaborative research between the NHS and Higher Education Institutes (HEI)”*.

8. Suggestions for improving the CRTA scheme in the future

NHS support for protected time

Difficulty in sustaining research activity after the award with limited avenues to seek funding for the continuation of protected research time, and a need to have a stronger career pathway within the NHS for research was evident in most of the feedback. Responses received suggest that over the course of the scheme, there has been a variable picture in regard to the support provided to awardees once the CRTA has come to an end.

Of the 56 people who responded, only 18 are supported to continue research (ranging between 1 and 4 sessions) as part of their role through funding from charitable funds and other sources.

17 Consultants noted that although they receive support to undertake research through Supporting Professional Activity (SPA) sessions, this is variable both in terms of time and consistency. In most cases, research competes with other demands on these sessions such as Teaching, Training, CPD, Audit, Job Planning, Appraisal, Management and Governance.

For some, suggested improvements for the scheme fell beyond the scheme itself and inclined towards the value of the scheme within the current landscape of undertaking research within the NHS and the impact of the scheme on the career path after the scheme ends. This was expressed by one respondent as follows:

“The CRTA scheme is in danger, if not already a lost opportunity, where we leave enthusiastic, highly talented and committed individuals with a no-man’s land of not being within a traditional University HEI structure or within NHS R&D as service pressures continue to erode even the minimal time available. A useful measure of this in this qualitative study may also be from asking individuals about their own struggles within their health boards to translate their CRTA award into actual time that is often obstructed by service directors; despite senior level proclaimed support that is unfortunately not perceived as such at the departmental level. The time in current CRTA awards is unlikely to foster any serious researcher to develop”.

Other view points from AHPs were also expressed and these were largely around the limited opportunities for AHPs within the NHS on receipt of a PhD:

“There is a band 7 cap on many people’s employment in the NHS as AHP consultant posts are limited and many NHS managers do not want people who are too research focused. Conversely, the career pathway for someone with a PhD in the university has a structure all the way to professor level, so eventually it is hard to resist making the transition to academia. Combined clinical academic posts are non-existent for AHPs in Wales and I have had to settle for 2 employment contracts with 2 different pay scales/ working conditions, which is less than ideal. More positive links with HEI’s are needed, for AHPs we would be more successful if there was more joined up working”.

Mentorship

12 respondents suggested that providing mentorship to support successful applicants would be helpful. This included provision of a HEI mentor for guidance, ideally someone who has previously held a CRTA and made good use of it by successfully developing a research career. Similar suggestions include establishing a register of interested academics to help mentor successful applicants and a continuation of this kind of mentorship post-award to build on the skills and outputs achieved. Other feedback included closer integration of the scheme with Universities to allow long term sustainability of research skills and greater alignment with HEIs through an

assigned mentor for support. Other suggestions included training courses to build on and develop research skills.

Another respondent commented *“I would have liked more access to mentoring during the period, the group sessions were excellent, but possibly could have been more frequent; perhaps (after the award) access to sessions or group contact such as ‘alumni could be made available”*.

A common theme noted by respondents was the importance of building a sustainable group of professionals who can develop research for the purposes of their own career development and also assist in encouraging less experienced researchers. A further suggestion expressed, *“Wales is competing against institutions and research environments with far greater critical mass and funding. Prestigious awards such as NIHR fellowships are very competitive, but Wales has had success. Using that success for mentorship of CRTA fellows with the ambition to apply to award bodies such as NIHR would be really helpful”*.

Feedback received was also related to the support directly available from the scheme administrators which in 2014/15 passed from the NISCHR AHSC to Health and Care Research Wales (overseen by Welsh Government). 1 respondent (2014/15) felt there was little feedback on progress apart from one joint meeting for peer review of fellow CRTA recipients in the first year of the award and suggested this should be more structured with improved monitoring and opportunities for discussion with other CRTA recipients.

Further funding and opportunities to enhance the scheme

Suggestions around securing funding to further develop their research career were also received and some suggested that recipients of the award should be able to apply for a second round and possibly even third round of funding (if the project is going well and outcomes have been met). Other feedback received suggested that continued funding could be based on the achievement of set objectives and for those who are able to prove their ability to produce valuable research outputs.

More specific feedback was also received and included an idea for Health and Care Research Wales to consider. This was to develop a tiered CRTA system; *“reflecting a) Time for - Delivery of Research by Clinicians b) Time for - Developing Clinical and Translational research studies in collaboration with University groups, and c) Time for - collaborating with HEIW/Postgrad training/Out of Program Research/WCAT (Wales Clinical Academic Track Fellowship programme) schemes to build a sustainable longer term clinical research framework with mentorship for individuals in different tiers that will foster their longer-term development”*.

9. The CRTA evaluation within the context of published reports

Over the past few years, several reports have been published focusing on research in the NHS, including how NHS staff are supported to proactively undertake research as part of their role. In January 2020, the Academy of Medical Sciences published 'Transforming Health through Innovation'² which highlights a number of themes in support of a UK healthcare system that truly values research. Within the scope of the report a number of recommendations were made including the integration of research teams across academia and the NHS, equipping undergraduate healthcare staff with the skills to engage in research, and greater support for dedicated research time for research active NHS staff. Within this report the CRTA is mentioned as a move in the right direction in driving a research aware NHS, but the report recommends that to ensure research is more widely valued, NHS Trusts and Health Boards publish annual information on the outcomes and benefits of the entirety of their research activities.

Prior to this in 2019, The Royal College of Physicians (RCP) 'Research for all'³ initiative proposed embedding evidence evaluation and research design in all trainee curricula and in the same year, the RCP (Wales), published the report 'Time for Research'⁴ which called for greater effort in raising the profile of research within the NHS by ensuring boards receive a regular update on research activity and findings undertaken within their own organisations and the consistent use of job plans to protect time for clinical research. Both reports also highlighted the important role of applied research in contributing to enhanced job satisfaction and the positive impact this can have on workforce retention. In terms of benefits to patients, the AMS report mentions a growing body of evidence that patients in research-active healthcare settings have better outcomes and receive better care, with benefits extending to patients beyond those actively involved in research. The report also highlights a number of surveys showing that patients want to be involved in trials of new medicines or treatments, and that the public believes that the NHS should play an important role in supporting research for new treatments.

10. Next Steps

The Health and Care Research Wales Clinical Research Time Competition' (CRTA) was developed to build research capacity and capability by offering NHS staff (or NHS contracted staff) the opportunity to apply for protected time to engage in research activity and develop their research skills. The responses received from this work confirm that for the majority of respondents, the scheme achieved the intended purpose – that is to provide a valuable opportunity for NHS staff to receive dedicated time to undertake research and had assisted in developing individuals to become PIs

² Academy of Medical Sciences (2020) Transforming health through innovation; Integrating the NHS and academia

³ Royal College of Physicians (2019). Delivering research for all: expectations and aspirations for the NHS in England.

⁴ Royal College of Physicians - Wales (2019) Time for Research: Delivering Innovative Patient Care in Wales

and CIs. However, from the feedback received, more work needs to be done to address the following:

- how greater organisational commitment could be secured from the NHS and particularly how NHS staff can be supported to pursue research once the scheme has come to an end;
- how the profile and value of the scheme could be raised within the NHS;
- how NHS managers can support staff across all professions to engage in research as part of their job role and career development within the NHS and /or academia;
- how experienced staff could be encouraged to mentor individuals applying for grants in order to enhance their development into a high quality credible Wales based researcher, whether in delivering or developing research; and
- how the awardees can form a community during and post award to support each other and become future ambassadors of the scheme.

In addition, Health and Care Research Wales will commence work in 2021 to better understand how provision for protected time in the NHS as part of job plans can enhance research capacity and activity. In addition to this, HEIW and Health and Care Research Wales will also start a project to map and understand the research career pathway landscape in Wales. This will include identification of current gaps and recommendations to bring HEIs and NHS/social care more into alignment to support the future generations of staff in health and social care to pursue research as part of their job role. Evaluation of the CRTA will feed into this work so that the scheme is better placed within a structured career pathway.

Annex A - example



Health and Care Research Wales – Clinical Research Time Award – 2017/18 Evaluation of the scheme

1. Background to the Clinical Research Time Award Scheme

In 2017, you were awarded a Clinical Research Time Award by Health and Care Research Wales. The aim of the Health and Care Research Wales Clinical Research Time Competition was to build research capacity and capability in the NHS by offering staff the opportunity to apply for protected time to engage in research activity.

2. Why we are writing to you

Health and Care Research Wales is undertaking a qualitative assessment of the Clinical Research Time Award in order to understand the impact and value of the scheme. We are particularly interested in the applicant experience during and after the award to help us assess the effectiveness of the scheme in supporting the development of a career in research. The feedback we receive will help to shape future policy development for Health and Care Research Wales funding schemes of this nature.

3. Your Feedback

The following section contains 8 questions and we would be grateful to hear your feedback. We will be discussing the feedback with NHS R&D Directors as part of ongoing discussions around the complementarity of this scheme with general NHS R&D funding therefore please indicate if you wish your responses to be treated confidentially.

Question 1

Please provide details of your current employer and your current role. Please also include information related to possible split posts between a Higher Education Institute and the NHS.

Question 2

If you are employed within a NHS organisation, has the organisation continued to fund protected time for you to undertake research and if so how many sessions/days?

If you are a consultant, we would be interested to know if this is part of your time for supporting professional activity (SPA).

Question 3

Do you consider the CRTA has assisted in your career development and why?

Question 4

Has the CRTA assisted you to become a Chief / Principal Investigator? If so, for how many studies?

Question 5

Have you published any research papers during or after the award? If so, please provide further details.

Question 6

What in your view were the main benefits and negatives/disadvantages of the CRTA?

Question 7

What specific changes (if any) would you suggest we adopt to improve the scheme?

Question 8

Please provide any other relevant information which has not been captured but you'd like to share

Thank you for completing the evaluation. If you would prefer to discuss your feedback, please contact Claire Bond at Claire.bond@gov.wales