



QUEEN SQUARE
CNMD
Centre for Neuromuscular Diseases



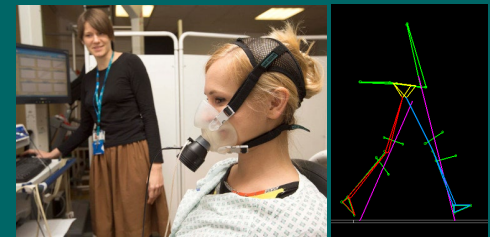
UCL



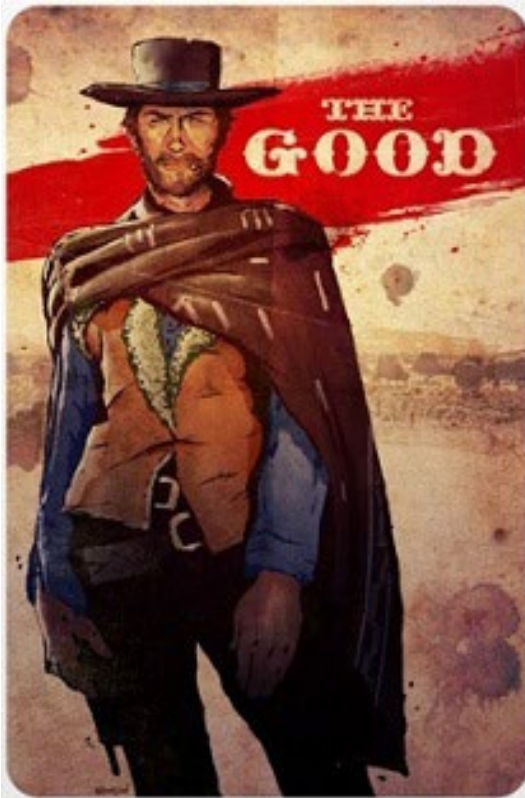
A non- traditional research career pathway

Dr Gita Ramdharry

Consultant Allied Health Professional in NMDs, NHNN
Honorary Associate Professor, UCL
Visiting Professor, Kingston University



Neuromuscular Rehabilitation
Research Group



**BEING A CLINICAL ACADEMIC:
THE GOOD, THE BAD AND THE
TOUGH REALITY**



Internships offer an introduction to all aspects of clinical research, from trial design and data management through to experiencing primary research in a clinical environment.

Pre-doctoral Clinical Academic Fellowships enable clinicians to undertake Masters level academic training and prepare an application for a doctoral fellowship whilst maintaining clinical practice.

Clinical Doctoral Research Fellowships enable graduate clinicians with some research experience and aspirations for a clinical academic career to obtain a PhD whilst broadening their professional horizons and developing their clinical skills.

Clinical Lectureships enable early post-doctoral clinicians to combine independent research in an academic position with continued clinical practice and professional development.

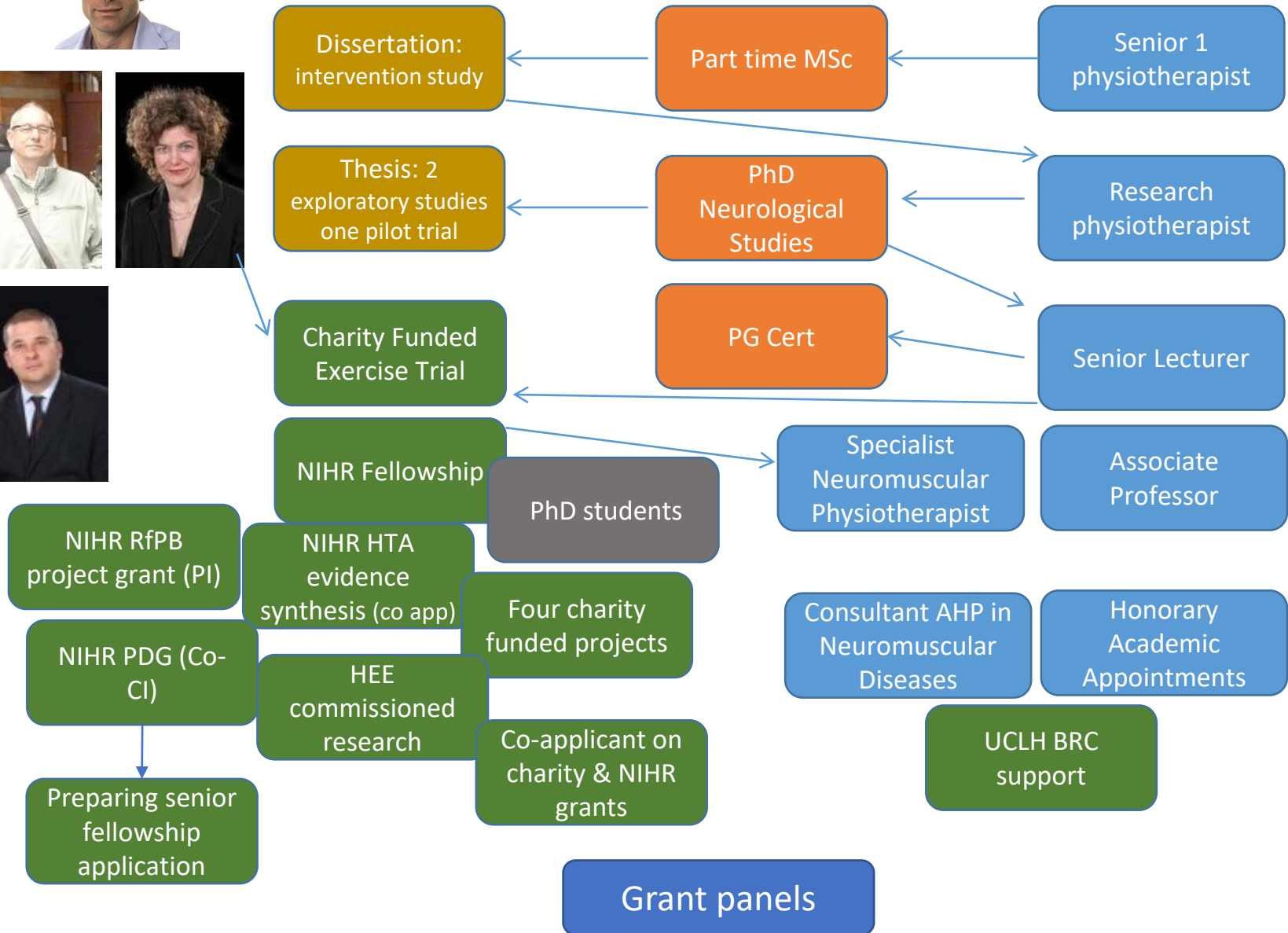
Senior Clinical Lectureships enable practicing clinicians with independent clinical research experience to undertake further research in a senior academic position whilst developing as a clinical academic leader.



National Institute for Health Research

HEE/NIHR Integrated Clinical Academic Programme

One journey....



Research Career Structures



Clinical & Academic AHP Team



Gita Ramdharry
Consultant Allied Health Professional



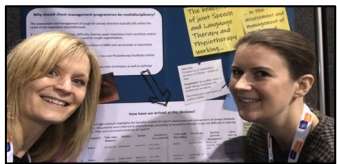
Jody Barber
Consultant physiotherapist



Sarah Homes
Clinical specialist physiotherapist in
mitochondrial diseases



Pete Finnegan
Specialist physiotherapist in McArdles



Jodi Allen, Clinical Specialist SLT & NIHR CDR Fellow

Charlotte Massey, Highly Specialised Physiotherapist,
NMCCC



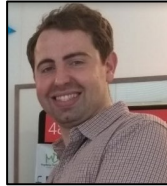
Alexandra Dungavel
Band 7 physiotherapist for SMA



Magdalena Dudziec
Research physiotherapist/ PhD student
(Supervisors: Ramdharry, Reilly, Nikolettou)



Aleksandra Pietrusz
Research physiotherapist/ PhD student
(Supervisors: Quinlivan and Ramdharry)



Louie Lee
Research Physiotherapist/PhD student
(Supervisors: Ramdharry, Boaz & Kulnik)



Aljwhara Alangary
Research Physiotherapist/PhD student
(Supervisors: Ramdharry, Morrow & Laurá)



Dr Jose Mengibar
Post-Doctoral Research Physiotherapist



Musambo Kapapa
University of Lusaka, Zambia
ICGNMD Fellow/ Physiotherapist/PhD student
(Supervisors: Kvaslund, Bearden, Ramdharry)



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Neuromuscular Rehabilitation Research Group

Twitter: @cnmdrehab YouTube: Neuromuscular Rehabilitation Research Group

Rehabilitation Research update for people with...
20 views • 4 months ago

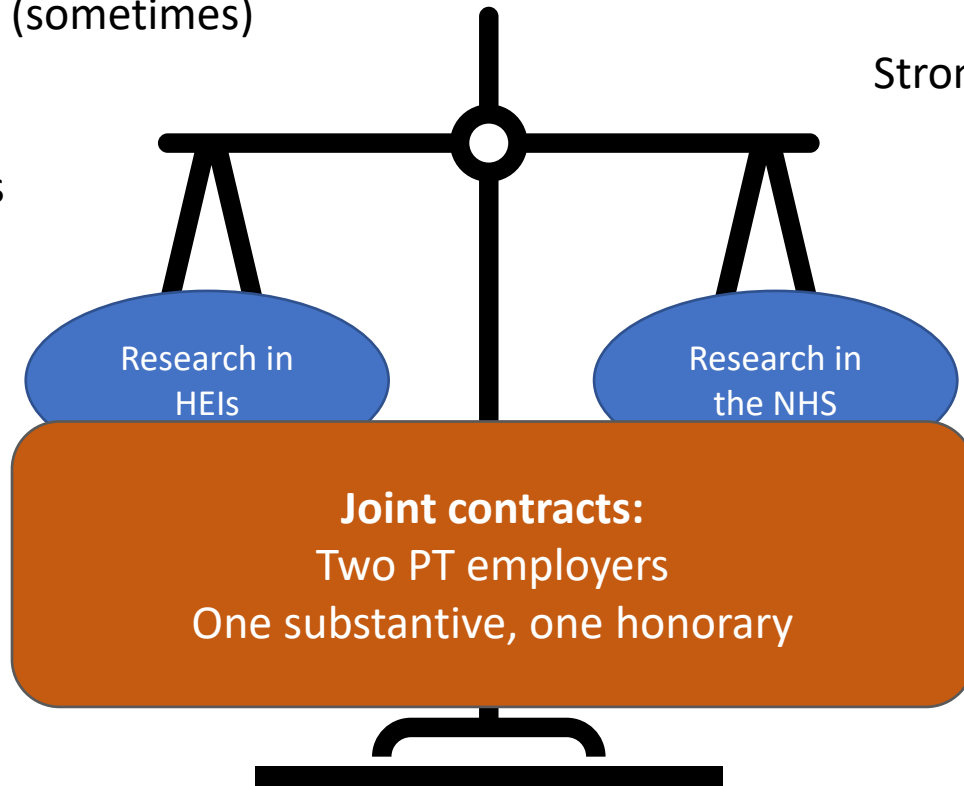
Physical Activity in Rare Neuromuscular Conditions...
48 views • 4 months ago

Physical Activity in Rare Neurological Conditions:...
49 views • 4 months ago

Vlog 1: Exercise training in nerve and muscle diseases
177 views • 2 years ago

Research culture more ingrained
Access to senior academics
Access to labs, libraries & research infrastructure
More efficient systems (sometimes)
Collaboration
Academic progression
Industry collaborations

Access to & engagement with patients
Seeing the problems on the ground & converting to research questions
Influencing implementation
Collaboration
Strong professional identity



Pull to teaching
Fixed term contracts, dependent on grants
Institutional expectations for some grades
Large on-costs can deter some collaborations
Professional identity can be lost in some HEIs

Research culture not ingrained
Clinical work a priority
Limited access to libraries & research infrastructure
Less efficient systems (in my experience)
Academic achievements not always recognised

Benefits of Clinical Academics to Healthcare

International Journal of Practice-based Learning in Health and Social Care
International Journal of Practice-based Learning in Health and Social Care
Vol. 7 No 2 December 2019, pages 47-56

Capturing the Real Impact of Clinical Academics in Practice

*Jane Coad^{abcd}, Joseph C. Manning^d, Emma Mills^e, Cherith Semple^f, Bridget Johnston^{gh}, and Ann McMahonⁱ

Cowley et al. *BMC Medical Education* (2020) 20:418
<https://doi.org/10.1186/s12909-020-02348-2>

BMC Medical Education

RESEARCH ARTICLE Open Access

Capitalising on the transformational opportunities of early clinical academic career training for nurses, midwives and allied health professionals

Alison Cowley^{1*}, Claire Diver², Alison Edgley² and Joanne Cooper¹

Check for updates

NHS
Health Education England

Allied Health Professions' Research and Innovation Strategy for England

"Our research & innovation makes a difference."


However, there are issues...

Cordrey et al. *BMC Health Services Research* (2022) 22:85
<https://doi.org/10.1186/s12913-022-07480-x> BMC Health Services Research

RESEARCH **Open Access**


Exploring research capacity and culture of allied health professionals: a mixed methods evaluation

Terry Cordrey^{1,2*}, Elizabeth King^{1,2}, Emma Pilkington¹, Katie Gore^{1,2} and Owen Gustafson^{1,2}



Open access **Original research**

BMJ Open Multimethods study comparing the experiences of medical clinical academics with nurses, midwives and allied health professionals pursuing a clinical academic career

Diane Trusson ,¹ Emma Rowley,¹ Jonathan Barratt²

Barriers & inertia



Opportunities

To do research in the NHS, you need dedicated time

Your job role (usually working on someone else's research)

Written into your contract

Bought out time:

- Internships
- Fellowships
- Funded time on research grants
- BRC funding: new focus for round 4 on AHPs, early career researchers & emerging leaders

Writing applications

Get support when applying for funding

- What support & research centres are in your trust?



UCLH CNMAR

Centre for Nursing Midwifery & AHP Research



- Director: Dr Rachel Taylor
- CNMAR Research Strategy Group
- Research education, support & mentorship, seminars
- Internship programme
- Reports to NMB



Get support when applying for funding

- What support & research centres are in your trust?
- CAHPR <https://cahpr.csp.org.uk/>
- NIHR Research Design Service (regional)
- Webinars and study days (NIHR, CAHPR)
- Joint research office (processes & NHS costs)
- Clinical Trials Units
- Join a team as a co-applicant/local PI



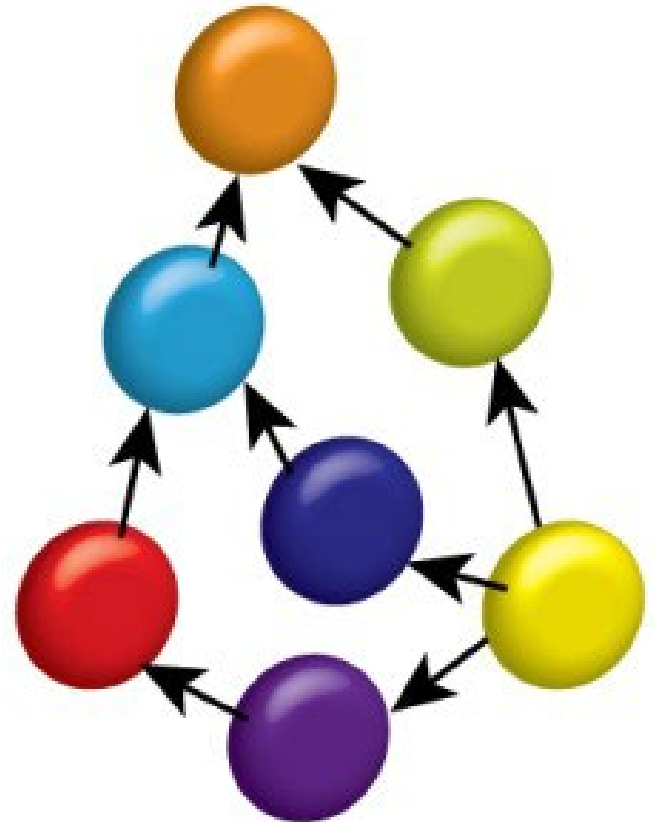
Mentorship & coaching

- Mentors:
 - Focus on what you want to develop
 - Outside of your institution can be helpful
 - They may be short or long mentorship relationships
- Coaching:
 - Explore some of the NHS provision
 - NHS Leadership Academy training can give transferable skills
 - Consider this in training plans for fellowship applications



Influencing the research culture in your department

- Working with managers:
 - Discussing evidence for benefit and examples of service innovation





Benefits to the Division

Income:

- Research grants from competitive funding
- Commissioned research

Reputation: (beyond medical)

Occupational therapy consensus recommendations for functional neurological disorder

Clare Nicholson ¹, Mark J Edwards,² Alan J Carson,³ Paula Gardiner,⁴ Dawn Golder,⁵ Kate Hayward,¹ Susan Humblestone,⁶ Helen Jinadu,⁷ Carrie Lumsden,⁸ Julie MacLean,⁹ Lynne Main,¹⁰ Lindsey Macgregor,¹¹ Glenn Nielsen,² Louise Oakley,¹² Jason Price,¹³ Jessica Ranford,⁹ Jasbir Ranu,¹ Ed Sum,¹⁴ Jon Stone ³

Staff excellence:

- Professional leaders in their field
- Potential for retention of talent
- Research education programme

Innovation:

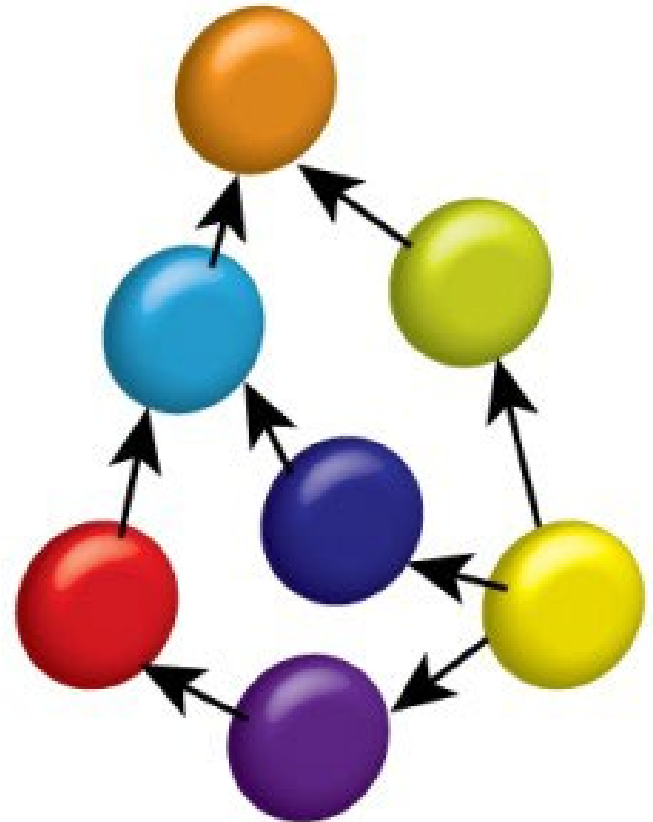
Bridges
self-management

Home Patient stories Family stories Patient advice Family advice Professional advice Useful links

**Adapting to life with a
neuromuscular condition**

Influencing the research culture in your department

- Working with managers:
 - Discussing evidence for benefit and examples of service innovation
 - Being sensitive to challenges they face supporting individuals/posts
 - Offer to problem solve solutions with them
- Setting up journal clubs or research events
- Sharing your new knowledge:
 - Research education
 - Mentoring others starting out





Emerging research leaders

Increasing your visibility:

- Local
- Professional
- Within speciality

Networking:

- Conferences
- Social media



Collaboration opportunities

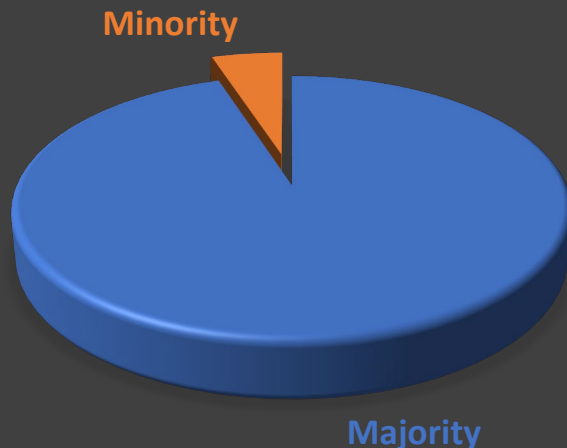
- Within & outside of your speciality



Building your team

- Understand your leadership style
 - Self-awareness and reflection
 - How does your leadership style influence your team?
- Aim for diversity in your team
 - It fosters creativity
- Supervising others
 - Individual and peer supervision
 - Setting agreements on how it will work

Being a minority....



A physiotherapist in a space traditionally occupied by medics

- Imposter syndrome & lack of role models
- “You need to ask your PI”
- Educating colleagues on importance of research area
- Opinion/collaboration sought on any AHP related areas
- Leverage privilege of senior position to bring on other AHPS

An ethnic minority woman

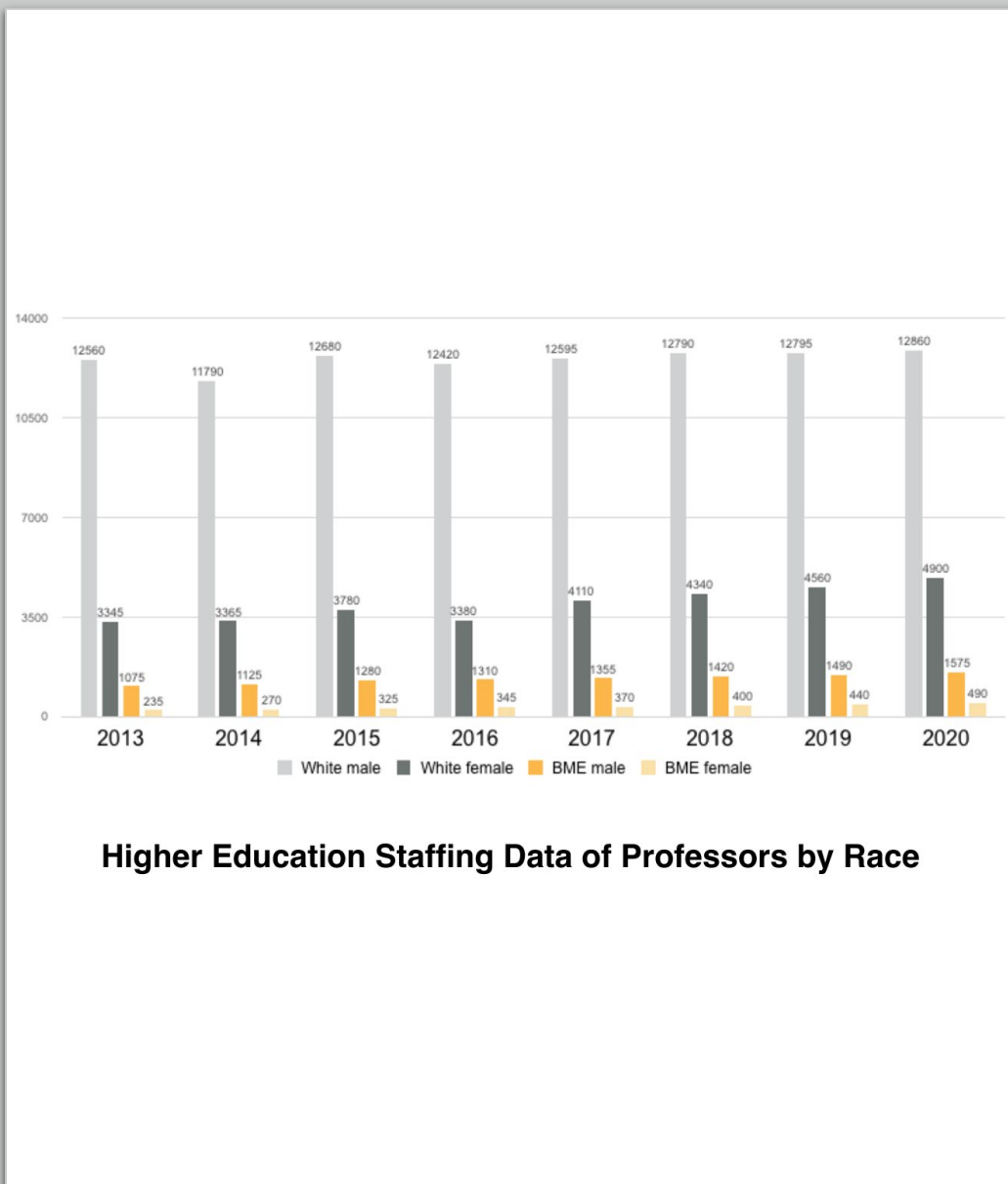
- Imposter syndrome & lack of role models
- “Do you work in admin?”
- The intersectional experience
- Navigating the safety of speaking up
- Being asked to lead on all EDI projects & committees
- Watching others leapfrog over me
- Leveraging my British, mixed heritage privilege to mentor and support other ethnic minority health researchers

Diversity & representation in Clinical Academia

UK Professoriate

- 22,825 UK professors
- 6391 are female
- 1680 identify as Asian
- 160 identify as Black

Intersectional experiences are important as 41 are Black women



Diversity & representation in Clinical Academia

- Applications from female researchers decline with higher career stage
 - from 71% for pre-doctoral programmes to 37% for senior investigator programmes
- Applicants from ethnic minority groups are less likely to be successful than white applicants
- The proportion of applicants, award holders and professional committee members who have declared a disability is low
- **People from ethnic minority groups are also underrepresented on our funding committees**

Chart 1. Who applies to NIHR?

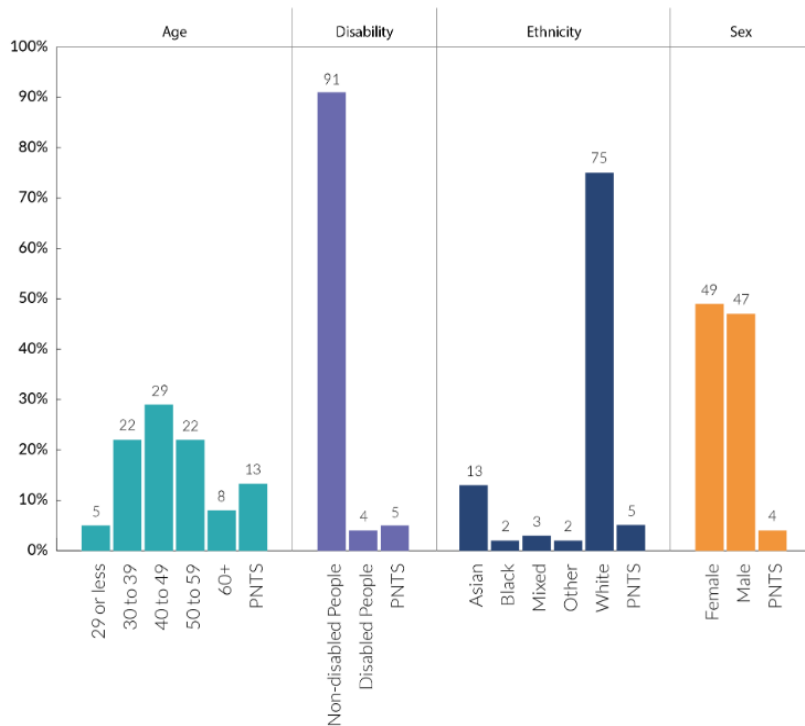
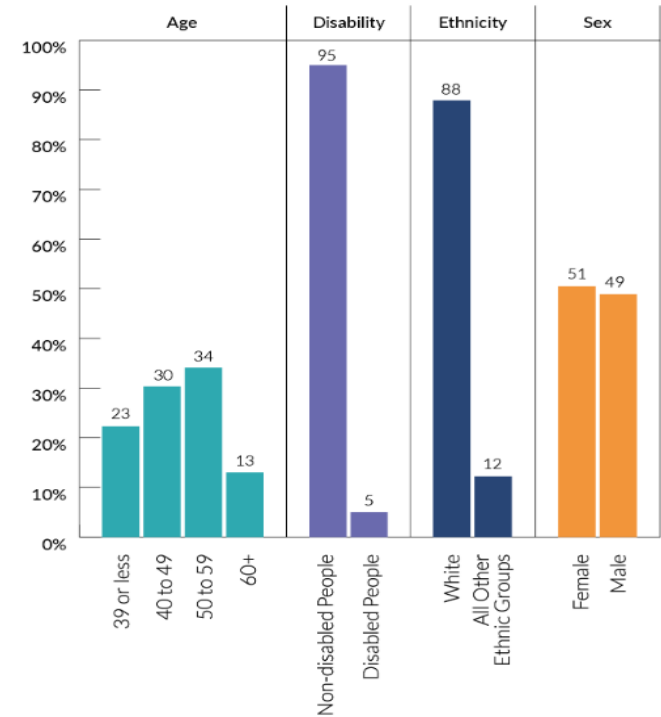
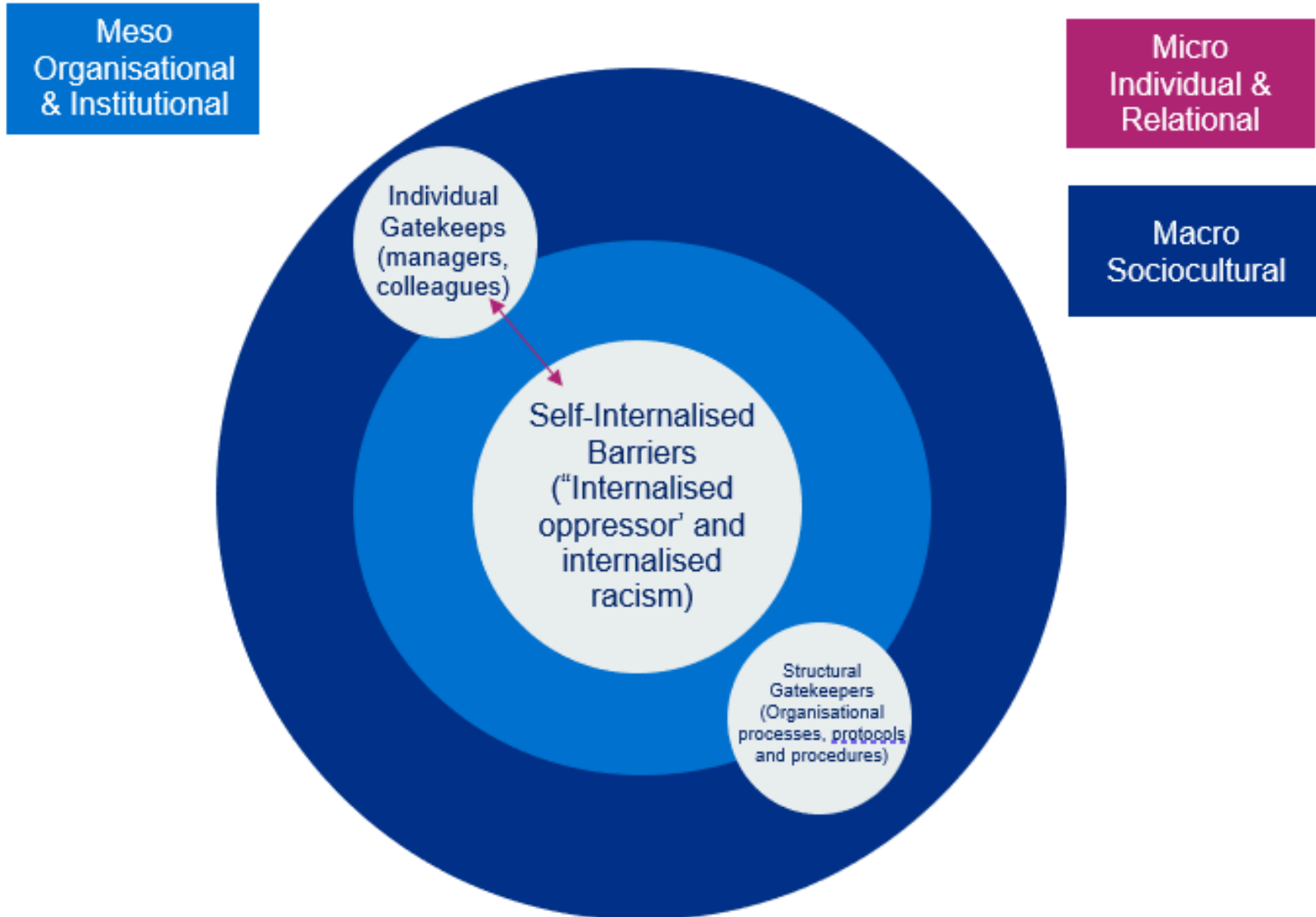


Chart 3. Who receives NIHR funding?



How domains of oppression are maintained within organisations



Experiences in Physiotherapy

I was offered a [senior] role, I got the job and I went back, not at the workplace... when I broke the news, I still remember that there was at least half a minute of silence in the room, no one congratulated me

But, again, what you see, your colleagues who are native British and English, as soon as they get the job, everyone starts respecting them, whereas with an ethnic background, it's a lot harder to earn their respect, unfortunately. And then, you have to, either way, let it be academics or let it be a clinic, you have to work literally twice as hard as your white counterpart

But it's the same in university, they don't have any permanent research roles, they're all temporary contracts. So, that's what I'm saying, the systems and the structures aren't necessarily there for career progression. But you're further marginalised by them. So, you're marginalised by who you are and then the structures and the systems just add another layer to it. So, you feel like you're constantly plugging through, trying to navigate your way through a system that's not set up for you in any way, shape or form.

...think I've paid a huge price financially by trying to struggle both worlds. And so, you know, how do we move people along? The doctors have it so seamlessly? How can we do that it within physiotherapy, you know, how do we create this pathway? It doesn't exist, people think it exists, but it doesn't

When you don't have support, you can work as hard as you can, but if the support is not there for someone to recognise that hard work, it is hard, it is hard

But, informally, you have to study harder, you have to work clinically harder, you have to-, even with the tweets and so on, whatever you put it on, it doesn't get recognised

Culture and Health Inequalities

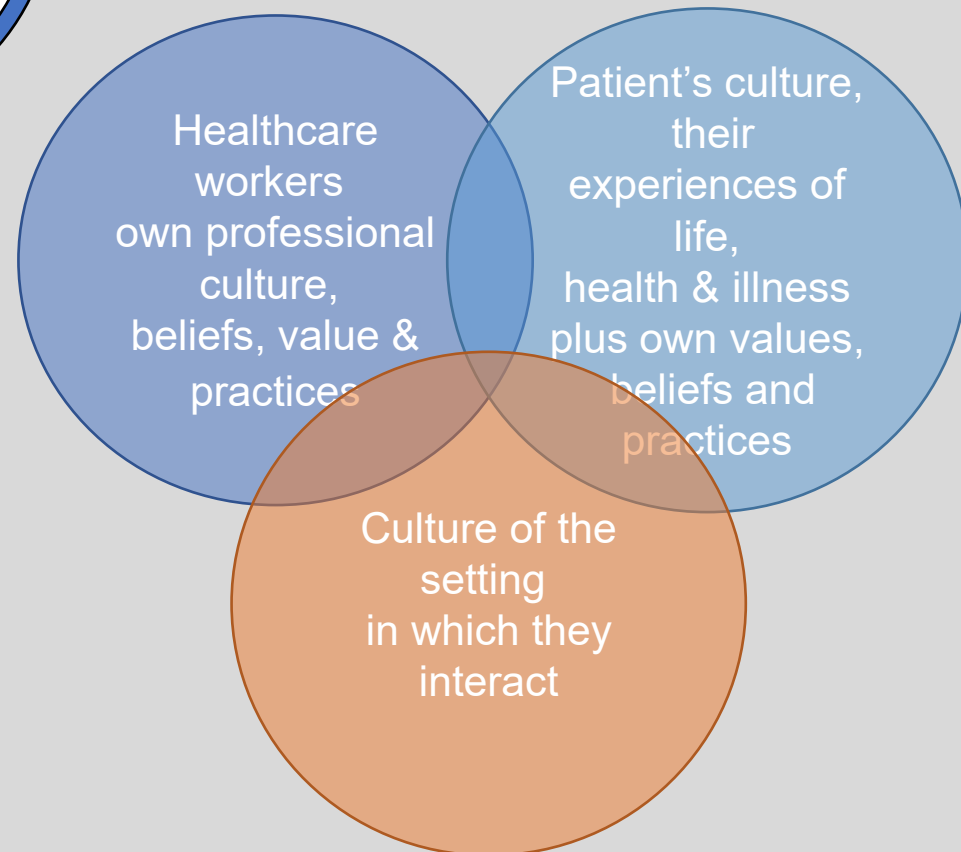


Individual

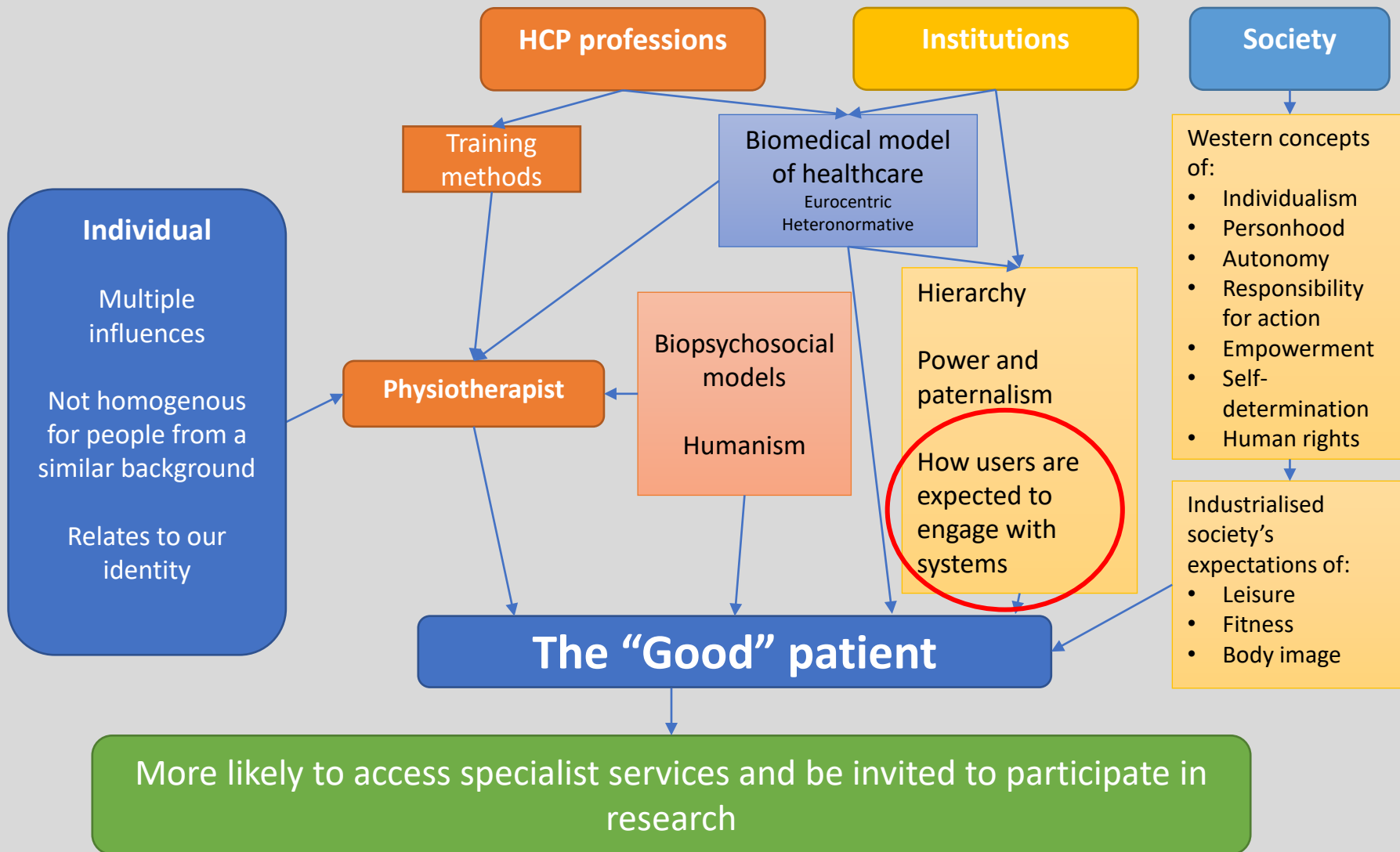
Multiple influences

Not homogenous for people from a similar background

Relates to our identity



Culture and Health Inequalities



How do we ensure diversity?

Representation in research leaders

Patient participation in research

Engagement, support and co-production of strategies

Positive and purposive policies and strategies

**Disrupt the systems rather
than focus on the individual**

