A non-traditional research career pathway

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Neuromuscular Rehabilitation Research Group
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.
One journey....

- **Dissertation:** intervention study
- **Thesis:** 2 exploratory studies, one pilot trial
- **Part time MSc**
- **PhD Neurological Studies**
- **PG Cert**
- **Senior Lecturer**
- **Senior 1 physiotherapist**
- **Associate Professor**
- **Specialist Neuromuscular Physiotherapist**
- **Consultant AHP in Neuromuscular Diseases**
- **Honorary Academic Appointments**
- **UCLH BRC support**
- **NIHR PDG (Co-CI)**
- **NIHR RfPB project grant (PI)**
- **NIHR HTA evidence synthesis (co app)**
- **HEE commissioned research**
- **Co-applicant on charity & NIHR grants**
- **Four charity funded projects**
- **PhD students**

**NIHR Fellowship**

**Preparing senior fellowship application**

**Grant panels**
Research Career Structures
Clinical & Academic AHP Team

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

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

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

Aljwhara Alangary
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Dr Jose Mengibar
Post-Doctoral Research Physiotherapist

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

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, NM CCC

Alexandra Dungavel
Band 7 physiotherapist for SMA

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

Louie Lee
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Neuromuscular Rehabilitation Research Group

Twitter: @cnmdrehab YouTube: Neuromuscular Rehabilitation Research Group
Research in the NHS
Access to senior academics
Access to labs, libraries & research infrastructure
More efficient systems (sometimes)
Collaboration
Academic progression
Industry collaborations

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

Joint contracts:
Two PT employers
One substantive, one honorary

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

Capturing the Real Impact of Clinical Academics in Practice

*Jane Coad*, Joseph C. Manning, Emma Mills, Cherith Semple, Bridget Johnston, and Ann McMahon

Allied Health Professions’ Research and Innovation Strategy for England

“Our research & innovation makes a difference.”
However, there are issues...
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/](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)
- Publications
- National & international profiles
- Involvement in national initiatives e.g. guideline development

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

Innovation:
- Innovative interventions and service delivery
- Solving problems in practice
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
• 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
How domains of oppression are maintained within organisations

- Meso Organisational & Institutional
- Micro Individual & Relational
- Macro Sociocultural

Self-Internalised Barriers ("Internalised oppressor' and internalised racism")

Individual Gatekeepers (managers, colleagues)

Structural Gatekeepers (Organisational processes, protocols and procedures)

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.

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.

....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.

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

The lens through which we view, interpret and respond to the world around us

Individual
- Multiple influences
- Not homogenous for people from a similar background
- Relates to our identity

Healthcare workers own professional culture, beliefs, value & practices

Patient’s culture, their experiences of life, health & illness plus own values, beliefs and practices

Culture of the setting in which they interact
Culture and Health Inequalities

HCP professions

Institutions

Society

Western concepts of:
- Individualism
- Personhood
- Autonomy
- Responsibility for action
- Empowerment
- Self-determination
- Human rights

Hierarchical power and paternalism

How users are expected to engage with systems

Biomedical model of healthcare
- Eurocentric
- Heteronormative

Biopsychosocial models
- Humanism

Physiotherapist

Training methods

Individual
- Multiple influences
- Not homogenous for people from a similar background
- Relates to our identity

The “Good” patient

More likely to access specialist services and be invited to participate in research

Industrialised society’s expectations of:
- Leisure
- Fitness
- Body image
How do we ensure diversity?

Representation in research leaders

Engagement, support and co-production of strategies

Positive and purposive policies and strategies

Patient participation in research

Disrupt the systems rather than focus on the individual

Disrupt the systems rather than focus on the individual