

The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background.

*National Institute for
Health Research*

A close-up photograph of a young woman with dark hair pulled back, wearing dark blue scrubs. She is smiling broadly, showing her teeth. In the background, another person in a white lab coat is partially visible, and a DNA double helix structure is faintly seen on the right. The overall scene is brightly lit and professional.

BUILDING A RESEARCH CAREER

A guide for aspiring clinical academics
(excluding doctors and dentists) and their managers



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“As someone with a diagnosis of dementia, research matters because without research there is no hope for my daughters. The last significant discovery was 19 years ago – unprecedented in any other area. Taking part in research has enabled me to feel valued. As a patient, taking part in clinical trials means I’m looked after far better with regular visits and continual monitoring”.

“A current diagnosis of dementia brings little hope for the future, however, research could change the inevitability a diagnosis currently brings, and by taking part in research I’m contributing to that hope”.

Wendy Daniels,
Dementia Champion



1. INTRODUCTION

The National Institute for Health Research (NIHR) is the research arm of the NHS. It supports outstanding individuals working in world-class facilities, conducting leading-edge research focused on the needs of patients and the public. The NIHR has been working for some time to understand how it can create an environment in which health care professionals are attracted to clinical academic careers. Many of the discussions have focused on how NHS managers are critical to creating an environment in which clinical academic careers can thrive.

“Those involved in research are your prestigious nurses and therapists, they give so much more over and above the number of clinical hours they are contracted for – they will mentor people, represent you at conferences... they add value”.

Jo Cooper,
University of Nottingham

This guide has been designed to assist both aspiring clinical academics and their managers to make the most of the opportunities that exist through Health Education England (HEE) and the NIHR to support health care professionals to combine clinical activity with patient focused research. In particular it will be of interest to non-medical health care clinicians applying for NIHR personal awards. It also aims to help clinicians who are interested in becoming involved in research but do not know where to begin.

SECTION 2 *Why is research activity important?*

SECTION 3 *The clinical academic role*

SECTION 4 *So you want to be a clinical academic – what you need to know*

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SECTION 6 *Manager and aspiring clinical academic – what do you need to discuss to make this opportunity work for both of you and the service*

SECTION 7 *Useful information and resources*

“Having research integrally linked to service provision ensures we maximise the opportunities for rapid translation of discoveries. It also fosters a culture of innovation that helps to attract and retain outstanding clinicians”.

Dr Tracey Batten, Chief Executive,
Imperial College Healthcare NHS Trust



2. WHY IS RESEARCH ACTIVITY IMPORTANT?

There has been considerable investment from the Department of Health and HEE into the NIHR to encourage non-medical health care clinicians to undertake research training, alongside clinical activity. The NHS Constitution commits to the promotion and conduct of research to improve the current and future health and care of the population. The commitment features in one of seven key principles - the principle that the NHS aspires to high standards of excellence and professionalism.¹

“Research is a core part of the NHS. Research enables the NHS to improve the current and future health of the people it serves. The NHS will do all it can to ensure that patients, from every part of England, are made aware of research that is of particular relevance to them. The NHS is therefore putting in place procedures to ensure that patients are notified of opportunities to join in relevant ethically approved research and will be free to choose whether they wish to do so”.

Handbook to the NHS Constitution,
January 2009²

Research is now considered core NHS business; this is directly associated with increasing evidence that research active NHS trusts provide better overall care to patients, including those with patients not directly involved in research.^{3 4}

Research is also increasingly important to patients and the public who recognise the importance of research and want access to quality research in order to benefit from new treatments, interventions and medicines. Often patients and the public who become involved in research are motivated by a desire to help others who have the same condition as they have. Patient and public involvement in research is central to the purpose of the NIHR.

Research within the NHS also has direct benefits to the partners involved. Throughout this document there are a number of brief ‘research impact’ case studies that illustrate the positive benefits research can bring to an organisation, a service, the people who work in it and the patients who utilise it.

¹ <http://www.nihr.ac.uk/policy-and-standards/nhs-constitution.htm>

² <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

³ Hanney et al (2013) Engagement in research; An innovative three stage review of the benefits for healthcare performance. Health Service Delivery Research, Vol. 1 Issue 8, NIHR Journals Library <http://www.journalslibrary.nihr.ac.uk/hsdr/volume-1/issue-8#abstract>

⁴ Ozdemir et al (2015) Research Activity and the Association with Mortality <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0118253>

Research Matters to Patients



Helen Pidd, Operational Director NIHR/Wellcome Trust Manchester Clinical Research Facilities and Director of the UK Clinical Research Facilities Network (UKCRF)

The impact of research can be seen in the study of a rare condition in children that ran in the NIHR/Wellcome Trust Manchester Clinical Research Facilities. The participants in the study are children diagnosed with a rare disease and can be identified from anywhere in the developed world. When they start the study the children are often 'in a critical condition and can rapidly go downhill, so the nursing team are dealing with a very ill child and the administration of the trial drug'. Where, previously, children with the condition didn't live to see their first birthday, two of the children in the study have already reached the end of their first year. Even more importantly, Helen says:

"They have not just passed the milestone but are doing really well, and are really healthy. Some of the research we do is ordinary but this is completely life changing – those children would not have lived without that drug".



Research Matters to Patients



Warren and Irene Branton,
Patient and Carer Research
Participants

I have encouraged Irene to take part in research because I believe in contributing to society and helping those who come after us to be able to live better with dementia and hopefully to be offered a cure, or better still, prevention.

We have taken part in what I would call surveys, in which we were asked pertinent questions in isolation of each other, at regular intervals. Some of the questions that I was asked made me look at myself because some of the answers were painful and began a process of introspection for me, I think that I can say that I am a better person and carer because of it; but, like all of us, there is still room for improvement. The surveys helped me to better understand the illness and to prepare me for what lay ahead.

We have taken part in a couple of independent studies with PhD students, one of which I remember concerned the importance of humour in dementia. Again, this helped me to focus my mind on this very important part of human life.

I took part in Actif - a study looking into the provision of services for those living with dementia. This was very therapeutic for me; there was a lot of human suffering on display in the group of carers. All were suffering with the stresses of caring for someone living with dementia. Lots of Kleenex all round. This highlighted the need for better provision of services for people living with dementia and their carers. There has been a lot of needless suffering.

We both took part in the VALID study. I don't know what questions or input Irene had, because we were split into 2 groups, those living with dementia, and their carers. Again, we could speak freely and voiced our fears and concerns, as well as suggestions for improvement of the programme. It was nice to be able to feel part of something worthwhile; the researchers listened, took notes and asked us questions in return. Eventually we created a list of points which we as carers considered important. We were made to feel important to the process in hand. It was a nice feeling to be doing something positive instead of just being passive.

Research Matters to Patients



*Sr. Janice Birt, Neurosciences and Neurology Research Team.
Lancashire Teaching Hospitals NHS Foundation Trust,
Preston, Lancashire.*

AMBER – Abdominal massage for neurogenic bowel dysfunction in people with multiple sclerosis. A UK collaborative study funded by the National Institute for Health Research, Health Technology Assessment Programme (Project: 12/127/12) and sponsored by Glasgow Caledonian University (CI: doreen.mcclurg@gcu.ac.uk).

Neurogenic bowel dysfunction (NBD: constipation and/or faecal incontinence) is common in people with multiple sclerosis (MS) and is rated as the most severe impact of their disease, above wheelchair dependence. Despite this, current treatment options are limited; poorly evaluated and complex. Patients' lives can be ruled by constantly balancing the swing from constipation to controlled bowel evacuation; to faecal incontinence through medications; diet; rectal irrigation and/or other regimes. The ability to work, leave the house or plan a trip can be severely affected resulting in dramatically reducing the patient's and/or others quality of life.

The AMBER study aims to find out whether abdominal massage, as an addition to treatment, can help improve the symptoms of NBD in these patients.

The study is still running and the overall results are as yet unknown, but already some patients randomised to the massage intervention have indicated a positive response. One participant was overwhelmed with tears when she performed the technique and experienced 'tummy noises' and 'passing wind' (indicating improved peristalsis) and easier defaecation. Other patients have reported 'feeling more in control of their disease' and stating 'this is marvellous, thank you so much for involving me in this'. A reduction or absence of being reliant on laxatives with sometimes unpredictable outcomes, invasive treatments and a life governed by the location of toilets must be very liberating. One patient stated she feels like her life has been given back.

I would encourage everyone to become involved with research. To be part of something that can improve patient treatment and care can only be a privilege, not only possibly helping the participants but also many people with symptoms of constipation.

"Full Results of the AMBER study will be available in 2017 where the effect of abdominal massage in MS patients with bowel dysfunction will be known".

3. THE CLINICAL ACADEMIC ROLE

Clinical academics are clinically active health researchers. They work in health and social care as clinicians to improve, maintain, or recover health while in parallel researching new ways of delivering better outcomes for the patients they treat and care for. Clinical academics also work in Higher Education Institutions while providing clinical expertise to health and social care.

Because they remain clinically active, their research is grounded in the day to day issues of their patients and service. This dual role also allows the clinical academic to combine their clinical and research career rather than having to choose between the two.

A researcher immersed in a clinical setting is in an excellent position to identify what research questions matter to the patient or service user, to health and social care and to their profession. They are also in a position to ensure that those questions are applicable in day to day practice and care, and to interpret and apply research findings in a practical and useful way.

Clinical academic posts are often joint appointments between health and/or social care and a Higher Education Institution. Both organisations support the post; with one organisation typically holding the substantive contract of employment, (with an honorary appointment in the other,) to facilitate working across the organisations.⁵

Building a clinical academic career is an incremental and often challenging process. Common challenges include

- *Finding sufficiently skilled clinicians to backfill posts*
- *Developing the ability to ring fence time in parallel clinical and academic roles*
- *Ensuring that the financial aspects of any award are managed well*
- *Planning for the maintenance of a clinical academic position on conclusion of any external research funding*

⁵ See AUKUH definition <http://aukuh.org.uk/index.php/affiliate-groups/nmahps/clinical-academic-nmahps>

A successful clinical academic will be able to demonstrate not only that they are an excellent researcher but also that they can lead and inspire others in their clinical field.

“What is a clinical academic role? To challenge existing practice working from within a service and contributing to a research-rich care environment”.

Dr. Steve Wootton,
NIHR Advocate for Academic Training in Nutrition

To get started, your own service may offer you the most practical opportunities to explore research. As you develop as a researcher you may choose to expand your horizons into clinical and service areas beyond this. The important thing is to find the opportunities and support that allow you to develop and progress as a researcher.



HEE/NIHR Integrated Clinical Academic (ICA) Programme



In 2014, HEE launched the Clinical Academic Careers Framework which brings together research training programmes, including the new ICA Programme for registered non-medical health care professionals. This replaced and streamlined the previous Clinical Academic Training Programme and the Healthcare Science Research Fellowships Programme whilst also extending the eligibility criteria to allow more professions than ever before to apply and develop a clinical academic career.

Funded by HEE and managed by the NIHR, the ICA Programme offers opportunities at all levels of the clinical academic career pathway;

- Internships run by HEE local teams give an introduction to research to those with no prior research experience
- Master's Studentships provide a grounding in clinical research whilst obtaining a recognised qualification
- Clinical Doctoral Research Fellowship – an award to enable a clinical academic to obtain a PhD
- Clinical Lectureship – for early post-doctoral professionals
- Senior Clinical Lectureship – award for senior clinical academics



The following examples give a flavour of the types of roles that clinical academics undertake. You will see that while there are similarities between the examples – most notably that the clinical component of the role often drives the academic component – there are also many differences in terms of how the roles are split, where the individual is based and how the individual works across organisations. Nonetheless all of these examples demonstrate how these individuals have made a clinical academic role work in practice.

Nursing Clinical Academic

Professor Lesley Lowes,
Cardiff University



Lesley Lowes currently holds a Florence Nightingale Foundation Chair of Clinical Nursing Practice Research at Cardiff University. She maintains a 50/50 clinical-academic post, although since she was appointed as Chair the clinical side of her role has changed from the hands-on work she used to do. She is now operating at Board level in promoting capacity and capability in nursing research and developing a research strategy for Nursing and Midwifery for the Health Board.

"I had never intended to be an academic" says Lesley, but when in 1997 she had a question from her practice as a paediatric diabetes specialist nurse that she wanted to answer, she decided to undertake a PhD.

"I spent my first two years undertaking my PhD in the evenings and weekends while working in a full-time clinical role, so when the opportunity came up to spend 50% of my time finishing my PhD and 50% working clinically I took it".

"The backfill for my clinical post provided an opportunity for another nurse already in the diabetes service to take on my 50% clinical role and become a paediatric diabetes specialist nurse, and I encouraged her to undertake a Master's".

"It's like a journey – none of this research would have happened if I hadn't been a specialist diabetes nurse at the same time. With dual roles, one feeds the other, my research questions arose from clinical practice and the answers go back to clinical practice".

At the end of Lesley's PhD, she was employed by the local Health Board and the University paid the Health Board for half of her time at band 7 level. After a while, the University advertised a research associate role that was ideal for Lesley, and when she was successful in getting it the Health Board in turn paid the University for 50% of Lesley's time.

"My clinical role at the Health Board between finishing my PhD and getting the Chair was as a Senior Paediatric Specialist Diabetes Nurse, running a clinic alongside my medical colleagues and managing a team of nurses".

"I was unsure whether the move to the University employing me was the right thing to do, but in fact while the Health Board were unlikely to upgrade my post to a band 8, at the University I was able to progress up the ranks from senior lecturer, to a readership and then finally the Florence Nightingale Chair while continuing my clinical role at the same time".

In the course of her clinical academic career, Lesley feels she has greatly benefited from being in the right place at the right time. But of course there also have been challenges, including balancing the demands and expectations of two Master's, in the clinical and academic sides of her role. In addition, she says you always feel like a slight anomaly in each setting, and there are practical issues that accompany that, for example regarding your appraisals and mandatory training, that need to be worked through.

Podiatry Clinical Academic

Dr. Lindsey Cherry, HEE/NIHR Clinical Lecturer in Podiatric Rheumatology



Lindsey is a specialist podiatrist with a clinical academic role which is split 50% between her clinical work and 50% academic work. Her academic role is based in the Faculty of Health Sciences in a dedicated clinical academic setting within Southampton General Hospital. Her clinical role is based in Solent NHS Trust community clinics and a specialist multi-disciplinary team clinic at Queen Alexandra Hospital, Portsmouth.

“Do it! ...It is really hard work but if you can get the balance right you can have one task that helps both roles”.

The specialist clinic cares for patients with complex foot health problems who need input from a range of health professionals. Her clinical role aims to prevent deterioration in foot health, hospital admissions, amputations or loss of life and focuses on getting the best care plan for individual patients with rheumatic conditions. Lindsey describes the role *“as the point of everything and why I trained in health care”*. The clinical role means that Lindsey can understand patient needs, where gaps are in care and what questions her research needs to address. She says it helps her *“understand the real world possibility of the solution that the research suggests”* and also keeps her up-to-date on the best diagnostic and treatment options.

Her academic role is with the University of Southampton where she researches foot health in rheumatic conditions. She is the holder of a HEE/NIHR Clinical Lectureship. Her main project is a multi-centre study which involves the coordination, governance and facilitation of her research as well as seeing patients through the research journey, data analysis and dissemination of findings. Lindsey got involved in research because she believes that it provides opportunities to be innovative and argue a case for improvements in care in an informed way. Her advice to someone thinking about a clinical academic research career is:

“Plan smart about how you do everything so you don’t have two jobs. In the end you can make a real difference to not just the patients you see in front of you, but hundreds if not thousands of others worldwide—that’s quite inspiring!”

Dietetics Clinical Academic

Dr. Mary Hickson, Therapy Research and Education Lead, Imperial College Healthcare NHS Trust and Adjunct Professor, Imperial College London



Mary is a dietitian by profession with a research interest in nutrition and aging, particularly sarcopenia, the loss of muscle mass and function with ageing. Currently, she is undertaking a project which looks at referral prioritisation. This came about entirely from listening to colleagues talking about how much time junior staff spent worrying about how to prioritise their patients. This project involves collaboration with a judgement analysis expert at Brunel University; together they are developing and testing an online training tool to help staff prioritise adult in-patients.

Her research experience started in her first job where she was testing the efficacy of the meal replacement Slimfast before its roll out into the UK market...

“Opportunities came and I was interested so I grabbed them”.

“Then I got my first basic grade post, did some travelling, and came back to a more senior post where I did some research on a nutrition screening tool. My big break came when I applied to manage a project at Hammersmith Hospital looking at nutritional care on the adult medical wards – that became my PhD”.

Mary did not plan a research career... *“opportunities came and I was interested so I grabbed them ...I’d say there are a lot more opportunities now and you can actually plan a career in research”.* Mary is still clinically active, every Friday morning she spends three hours with patients in the lipid clinic.

“I advise them on dietary and lifestyle changes to lower their cholesterol and lose weight ...core dietetic skills. It would be ideal to be in an area that I am also researching but I have to find a way to fit clinical work in. Out-patients works for me because it is contained, it allows me to keep my hand in, and keeps me in touch with my profession”.

Occupational Therapy Clinical Academic

*Dr Niina Kolehmainen, Senior Research Fellow,
Newcastle University, Honorary Consultant Allied
Health Professional (Children), Newcastle upon Tyne
Hospitals NHS Foundation Trust*



“My role as an allied health professional clinical academic has three interlinked components. First, I lead research to develop and evaluate interventions to improve children’s health and well-being. For this, I am University-based and my focus is on generating new knowledge to inform advancements in clinical practice. I identify important research questions with front line clinicians and families, refine these into specific projects, apply research funding, carry out funded projects with the clinicians and families, and disseminate findings. The involvement of clinicians and families throughout the research cycle means the new knowledge shapes the front line thinking from early on. However, it can take several projects and many years to develop the specific, practical clinical interventions.”

“My particular focus is on driving and shaping the clinical academic careers pathway in the Trust”.

“Second, I provide clinical and clinical academic leadership to children’s community allied health professionals. This role ranges from seeing children and parents at clinics, to providing expertise to the clinical teams on evidence for practice, and to driving the national and international agenda for children’s allied health practice and research. Much of my work current culminates in an initiative called ‘#CountMeIn!’. This is an international grass-roots network with a concrete action plan for improving key outcomes and interventions for children. The action plan marries up cutting edge research and front line clinical practice, and the resulting genuine clinical academic partnerships are helping us to finally address some big, enduring questions in children’s allied health care, such as: How should we evaluate the outcomes and impact of care? What interventions should we provide to be truly effective?”

“Third, I work alongside the local Trust’s Lead for Nursing, Midwifery and Allied Health Professionals Research Education and Practice Development. The focus is on driving the research agenda across the Trust by increasing research capability, capacity and leadership through engagement, advice, support and mentoring of staff across all levels. My particular focus is on driving and shaping the clinical academic careers pathway in the Trust. The signs of success I am looking out for this role are that nurses, midwives and allied health professionals are increasingly involved in research as part of everyday practice and are leading on research that drives evidence-based improvements in patient care”.

“I identify important research questions with front line clinicians and families, refine these into specific projects, apply research funding, carry out funded projects with the clinicians and families, and disseminate findings”.

4. SO YOU WANT TO BE A CLINICAL ACADEMIC? – WHAT YOU NEED TO KNOW

GETTING STARTED

- Pre-formal training opportunities, such as the internship opportunities offered by HEE or gaining experience supporting a research project can help you understand whether this is the career for you. Talk to your patients about the ideas that you have and be receptive to their ideas too. Seek out your local research seminars programme and attend those of interest. Talk to established clinical academics – work out who could be your research partners – can you shadow anyone?
- Don't be limited to those in your professional group – look around to find clinical academics across your organisation.
- There are a lot of research training opportunities but HEE and NIHR personal awards are some of the most comprehensive - offering full salary and bespoke training funding. Also look out for charity awards and local opportunities. All fellowship awards are competitive, so seek advice about where you need to start. For many clinicians lacking research experience a Master's of Research (MRes) is the best starting place. A research Master's is designed to teach you how to undertake high quality research and most of the formal teaching will be about research, not your clinical speciality. Approximately 50% of an MRes is project work which enables you to learn from the experience of carrying out a substantial research project.

“Make your project relevant to your service so you can stay in touch with your service. It can be terribly isolating doing research but staying involved in your service helps – it is an amazing experience. Do it”.

Professor Mary Hickson,
Imperial College



“You need to take the long-term view of your career, with several short term goals along the way. Take the time to re-evaluate what you want and whether you are in the right place to get it”.

Professor Nadine Foster,
NIHR Advocate for Academic Training in Physiotherapy

BUILDING SUPPORT NETWORKS

- Begin to develop a clinical and academic network around you. You need to find out who the key people in your field are and who they work with. Clinically this can be your peers and colleagues and importantly your manager, their manager and the clinical service manager. The more support you can garner for your joint academic and clinical career the better. Academically you need to repeat this process with key people in your area of research. Building networks, even at this early stage, can be helpful in developing a clinical academic research career. From these networks, you may create collaborations that will build your own future research.
- Organisations such as the Council for Allied Health Profession Research (CAHPR) are a good starting point – see section 7 for a list of others. It is really important that you let it be known that you are keen and interested in taking up research opportunities so that when opportunities arise people will think of you and offer you the chance you need.
- To embark upon a clinical academic career it is important to become part of the wider research community. This may be within your Trust, your professional body or your clinical area. It is important to start engaging with researchers, to flag up your interest in research and your desire to progress your career.
- Seek out examples of clinical academics in your profession and ask them for advice. Most professional bodies have research officers who can help you. There are many who want to encourage the next generation of researchers and they can give you advice on what to do – and what not to do. Five minutes with the right academic can not only be inspiring, it can also provide a snippet of advice that might help you avoid unnecessary work.

“I cannot emphasise enough the key role of inspiring mentors who can offer time, encouragement and constructive feedback. Another one of the other KEY things is the right environment... a place where you have the support of colleagues who have the necessary experience that you can learn from. My environment was absolutely crucial for my own career development”.

Professor Marion Walker,
NIHR Advocate for Academic Training in Occupational Therapy

- Find a mentor. A mentor provides you with a wider perspective of the academic and professional world and the options available to you beyond your current studies. Ideally they should be outside your department (or even your institution). Your institution may have a formal mentoring scheme and you should use it if there is one. Do not wait for someone to find you a mentor; be proactive and brave. Find someone you respect, admire and would like to emulate and ask them to mentor you. If you are not sure what mentoring means or what a mentor does there are many resources to help you – see the resources at the end of this guide.

DEVELOPING YOUR SKILL SET

- You will have to develop new skills that will be different from your clinical skills but will compliment them. A researcher has many personal attributes that help them succeed in research – tenacity, willingness to learn from critique, networking ability, curiosity, clinical experience, ability to drive forward projects, ambition, courage and openness to learning new skills – this is a new way of working and it is different but it is also exciting and rewarding and can make a real difference to your clinical work.
- Put some time into planning how you will become skilled academically. Learn to be self-aware about the skills you have and those that need developing. Seek advice from others on what skills you need to develop. Remember that formal training is not the answer to EVERY skill gap, indeed some skills require experience to really learn them. For example, shadowing or observing a colleague can offer exposure to something you do not feel confident in or volunteering to present to colleagues can hone presentation skills. You should also routinely document all your research training.

“As an aspiring clinical academic you need to show ambition. You want to be leading research on a level playing field with all the other disciplines. Can you see yourself as a reader or professor... stretch your ambition!”

Professor Jane Sandall,
CLAHRC South London

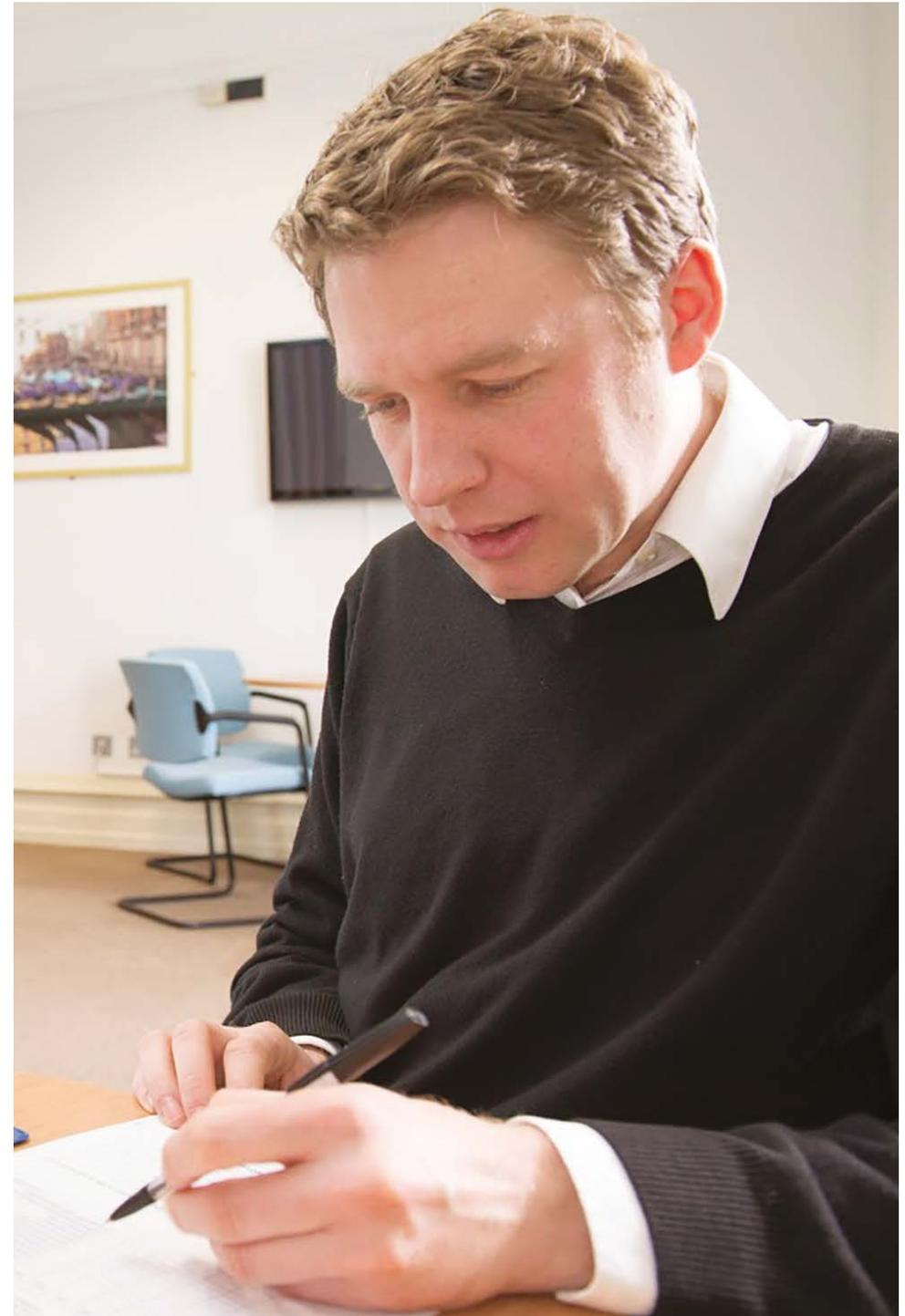
BUILD YOUR CV

- Build your CV from the start. Publish articles even if they are not in academic journals. An article in a professional magazine demonstrates you can write well enough to be published. Submit abstracts, go to conferences and present your work as you go along.

“Early in your clinical academic career you need to build up your CV, to get a degree, then to get a research degree, and to write, write, write whenever the opportunity arises”.

Professor Dave Richards,
NIHR Advocate for Academic Training in Nursing

- Make sure you publish your master's degree project and if possible your degree project too. A strong track record of publications is vital to succeed, so start early and keep it up.
- Seek advice on what Master's programme best fits with your career ambitions. Likewise take advice if you are choosing a doctoral training award.
- Keep an eye out for bursaries and small grants. Often funders offer small amounts of money for travel or attendance at meetings. Consider local charities who may fund small projects – these awards look good on a CV as they are competitive.



APPLYING FOR FUNDING

- Put some time into understanding the training opportunities available: Internships, Master's, PhD and post-doc opportunities.
- The HEE/NIHR Integrated Clinical Academic (ICA) Programme⁶ funded by HEE and run by the NIHR, is one of the most recognised routes into a clinical academic career for many health care professionals.
- If you are preparing an application with little or no previous experience, a successful application to a nationally awarded clinical fellowship or similar award will take at least a year to prepare. Panels are interested in you and your potential as a researcher, your project and its relevance to health care provision and the team you have brought together to support you. Your personal clinical and research training and development is an important part of the application. Spend some time putting together a comprehensive training package that is unique to you and your learning needs in relation to your research. The panel will also be interested in how you continue to develop clinically and in the research culture within your Trust. Pulling all this together takes time and different schemes will have different criteria by which they are assessed.
- Seek advice early. There is lots of help available from the team at the NIHR Trainees Coordinating Centre (TCC) about the various schemes and they will advise on which schemes are best for you. Your local NIHR Research Design Service (RDS) can also offer lots of help. Approach them as soon as you have an idea. They can advise on whether your project is within the NIHR remit – if it is not then you will need to seek funding from other sources. The RDS can also advise on how to incorporate patient and public involvement and on the methodological aspects of your application.



⁶ <http://www.nihr.ac.uk/funding/nihr-hee-ica-programme.htm>

Research Matters to Patients

Mary Ray, Patient and Public Involvement Advisor

There's a sense when reading an application for research funding, when the commitment to Patient and Public Involvement (PPI) is genuine rather than a box-ticking exercise. Effective PPI is not about doing something because you have to. It is about beliefs, and demonstrating those beliefs in the way you work as a researcher. Above all it is about giving time, resources, and thought to getting PPI right from the earliest stages - building positive relationships, and being open to change. Why do this?

- Because you want patients to influence your research
- Because you understand that patients can tell you things you wouldn't know unless you listen to them
- Because it will help make your research better, more accessible, more inclusive, more sensitive and more relevant
- Because you believe it's the right thing to do

When PPI is integrated into a research team, there is a humanity, an openness to change that shines through. It is there in the language they use. It shows in how they have worked with PPI partners already, what they aim to do through every stage of the research. Better PPI makes better research.



MAKING A CLINICAL ACADEMIC TRAINING OPPORTUNITY WORK

- Talk to your clinical service manager as soon as you are thinking about taking your first steps in research. They will appreciate advance notice of your intentions and can look out for opportunities on your behalf. They can also start thinking of how to backfill your position if you are successful and about making the case to their manager to release your time. This is particularly important if you provide a specialist skill or service to your team. It may be helpful to formalise your plans for research training in your personal development plan so your manager is aware of work or staffing pressures that will be coming up.

“What would lever negotiation with your manager? How do you sell the opportunity to your manager? It means compromising with the team. You need to get into a business head – managers need to think about their outputs. What can you trade for those opportunities?”

Jo Cooke,
CLAHRC Yorkshire and Humber

- Talk to your Research & Development department leads. They may be important to helping you negotiate a feasible and effective balance between your clinical and academic workload.
- Initially you may find it practical to try and make a difference close to home by making your research expertise clinically relevant and grounded in the service you are a clinician in. However, don't worry about becoming 'pigeon holed'; there will be opportunities to move into different areas of research as you develop your career. In the early stages you are trying to train to be a researcher and understand what undertaking quality research entails - that could be in any specialty area.
- Understand your manager's (and their manager's and the organisation's) challenges and interests – what issues are they facing at the moment? Could your research project help and how soon? Could your project be linked to QIPP (Quality, Innovation, Productivity and Prevention programme) or quality improvement initiatives?
- Be flexible – work with your manager to make this work for everyone. Clinical research is about making what you do better for patients, for management and for the wider NHS.

“You cannot always expect to get the perfect deal as a clinical academic. Sometime you have to accept the 10% deal but remember that is the first step”.

Dr Niina Kolehmainen,
Newcastle University

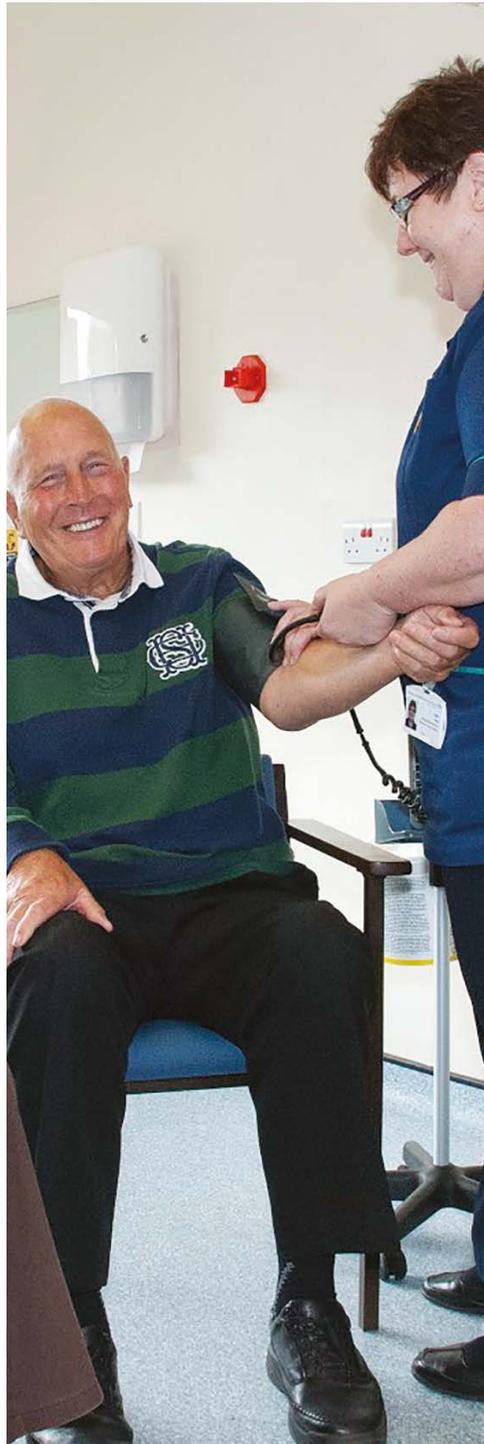


Research Matters to the Team



*Gilly Howard-Jones,
NIHR Clinical Doctoral
Fellow, University
Hospital Southampton
NHS Foundation Trust*

Gilly's chosen topic for her PhD is the influence of social networks on the recovery of cancer survivors. As a clinical nurse specialist for lymphoma, the clinical team in which she worked were keen to develop a new pathway for patients once they had finished treatment. This was in response to the growing number of lymphoma survivors and recognition the current method of patient follow up was neither effective nor efficient. She chose to focus her clinical development as part of the doctoral award on the redesign of the follow up pathway alongside training to become competent to deliver a nurse led follow up service for this patient group. This decision has helped ensure that the clinical and management team are supportive of her release to do the fellowship and at the same time she is working with them to develop an aspect of the service recognised as in need of reshaping. The new service is beginning to receive recognition nationally and internationally as a model for future lymphoma services.



5. SO YOUR STAFF MEMBER WANTS TO BE A CLINICAL ACADEMIC? – WHAT YOU AS A MANAGER NEED TO KNOW

WHAT OPPORTUNITIES DOES SUPPORTING A CLINICAL ACADEMIC BRING TO YOU AND YOUR SERVICE?

Research can benefit your service, your team and the aspiring clinical academic. It can also, if the individual is successful, bring kudos to you as a manager of a clinical academic and to your team and service. The success of a clinical academic supported by you reflects on your ability to develop a staff member. You are supporting a clinician to engage in a unique opportunity to develop their clinical skills - the service can benefit from this enormously. It also can build a culture of research that allows your service to play an active part in the wider research culture of your organisation.



Research Matters to the Team



Alison Clark, Lead Research Nurse - Cancer Clinical Trials Centre, Weston Park Hospital, University of Sheffield.

“As a manager supporting a colleague on the clinical academic pathway, initially we felt adhering to a set working day each week would help us manage the clinical component of the fellowship. But as the fellowship developed it became clear that flexibility was needed in the research component to maximise the training opportunity”.

“We began to work flexibly across the teams and found it beneficial to allocate a bespoke area of work. This can be either to boost recruitment to a specific study or support a clinical service depending on their level of competence. Working in this way has enabled two haematology studies to be managed more effectively and has increased recruitment by supporting specific clinics twice a week”.



THERE ARE MANY BENEFITS IN HAVING A CLINICAL ACADEMIC ON YOUR TEAM

- To research your service or an aspect of your service. Research active environments have been shown to deliver superior clinical care.^{7,8}
- To help mould the research question for a local and tangible impact.
- To access research findings much earlier in the research process allowing you to adapt your service or processes much sooner than waiting for research to be published.
- To offer (even small) projects that can have a meaningful impact on how you deliver your service.

“A manager should not just accept any project - they should question it - what does it bring to the service? This can be a win-win for both the aspiring clinical academic and the manager”.

Professor Jane Sandall,
CLAHRC South London

- To have clinical academics on your team who will, over time, bring new analytical and problem solving (and often clinical) skills. They will bring a more questioning atmosphere to your service – is what you are doing based on evidence? Is there evidence that something could be done better?
- To get the service user voice into the team and enhance the quality of care provided.
- To demonstrate new and exciting partnerships with external organisations.
- To improve recruitment/retention of high calibre staff members.

⁷ Hanney et al (2013) Engagement in research; An innovative 3 stage review of the benefits for healthcare performance. Health Service Delivery Research, Vol. 1 Issue 8, NIHR Journals Library <http://www.journalslibrary.nihr.ac.uk/hsdr/volume-1/issue-8#abstract>

⁸ Ozdemir et al (2015) Research Activity and the Association with Mortality <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0118253>

“Your patients get a benefit from research, your service gets a benefit but you as a manager get the Kudos”.

Professor Pippa Logan,
University of Nottingham

- Through support for your clinical academic you will also gain some experience in research. Meet the academic supervisor to ensure that the research is clinically relevant for you. Be interested in the findings – they may make real impact on your service. You might want to think about getting some experience in research yourself so that you understand what it is all about and what benefits it can bring to your staff members and to your own development.
- Backfill can sometimes be a challenge especially if the aspiring clinical academic is a specialist. But it is unlikely that a member of staff will approach you about a clinical academic career and start immediately. There may be a long lead-in before any aspiring clinical academic will take up training and temporarily leave clinical practice. A nationally competitive fellowship application can take up to a year to complete - so there should be time to plan. There is also an opportunity, where a specialist clinician is aspiring academically, to use the application year to upskill another member of staff in their specialist area – potentially leaving you with a larger specialist resource in the team. Funding for research can promote workforce flexibility.



- HEE and NIHR funding is comprehensive, covering the salary, training and research costs of the clinical academic in training. As well as keeping this staff member committed to service improvement, you have an opportunity to expand the team.
- It is worth noting that research is a long process. It takes years to train good clinical researchers. If you can support staff along this career pathway you are far more likely to retain them in the long term. A research career offers individuals new challenges and job satisfaction and in turn they will bring a host of new and refined work skills that will enhance your service. These new skills will bring extra benefits – they will be able to support the CPD of others in the clinical team through provision of critical appraisal skills/mentoring/supervision.
- Because research is a long process you need to be in it for the long term gain. If you can build systems and strategies to support your staff to become researchers, this will help you build a successful team, who can support each other and enhance the reputation of your service.
- Having a strong reputation for research can attract staff to come and work within your service. Research activity could help with recruitment to both general and specialist posts.
- Leadership capability is strongly linked to research capacity – a by-product for you may be your staff’s leadership potential developing. Make the most of the leadership skills that the clinical academic within your team will likely have; frequently, people in these roles have learned how to navigate complex situations and have developed experience in communication and leadership.

“Research provides opportunities for managers to develop people, which is what good managers want to do”.

Ann Richards,
Devon NHS Partnership Trust.

- Gain real-time innovation for your service; often clinical academics will notice areas of practice that they believe could be improved. Their role is to demonstrate the need for improvement, find ways of doing this, and then make the change in practice. Working with the clinical academic in your team can be an excellent opportunity for you to make arguments for service development in areas that are important to you, your staff and your patients. These may be in areas ranging from service design, treatments, outcome measures, cost-analyses to commissioning support.

- Recruitment to NIHR funded studies can attract funds into your team to undertake research support and can, in some circumstances, attract other Research Capacity Funds to support further research work. Word gets around that you are a manager that supports different career pathways and can mean you can attract further high quality staff willing to go the 'extra mile'.

“Research is great in terms of recruitment and retention. It can give you a reputational advantage that attracts staff who are interested in making the service better...they can release your time to be the clinical leader you want to be”.

Dr Jo Cooper,
University of Nottingham



Research Matters to the Service



Professor Lesley Lowes, University of Cardiff

Parents are given lots of complicated information on the day their child is diagnosed with type 1 diabetes, including information about the long term complications. This study examined the implications of sending them home the same day. The researcher, Lesley Lowes says, “You would expect a parent to be sad at hearing this news, but what came out of the research was the intensity of parental grief about the diagnosis”. She adds, “Another important outcome for the parents, using that particular service, was that going home was the right thing for them”. This knowledge reinforced the discussions that Lesley and her colleagues had with parents, and reassured them that they were not causing harm to their child by going home. ‘Parents would say to me, “why do I feel so bad when it is my child that has the diabetes?”, but I could say to them, ‘it is ok to feel like you feel, and actually all parents have told me that they feel like this’. Knowing this ‘has enabled us to look after patients and their parents better’. This finding has also since been incorporated in a Diabetes UK training programme for people providing peer support to patients and families and has provided important insights in the area of chronic sorrow.





Research Matters to the Service



Anna Barnes, NIHR/HEE Healthcare Science Senior Clinical Lecturer, Centre for Medical Imaging, University College London, Principal Clinical Scientist, Institute of Nuclear Medicine, University College Hospitals London NHS trust.

The project for which I have been funded for the next 5 years is primarily about translating advanced magnetic resonance imaging techniques into routine clinical practice - accessible to all radiology departments big or small. While the research relies heavily on the physics of electromagnetism and in the first instance not recognisably of immediate patient benefit, the consequences of my work will result in a smoother, seamless method of imaging and more confidence in reporting of results regardless of where or who does the reporting. In this way oncologists, neurologists, cardiologists and surgeons can be assured that they will always get the same answer. It may not be obvious but the time and effort required to do this is not trivial which is why I have asked the NIHR for funding so that I can set aside specific time away from my service duties to do this. I am half way through my first year and already enthused by the contacts I have made while setting up the practical operations. Their encouragement and faith in my pursuits is essential to making this work.

Research Matters to the Trust



*Ali Mortimer
Lead Nurse, R&D
Sheffield Teaching
Hospitals*

Sheffield Teaching Hospitals had a number of clinical trials that involved biologic therapies for the treatment of rheumatoid arthritis. All of the patients recruited into these trials would have been eligible for treatment under the NICE treatment criteria, but as they were receiving medication through the trial a treatment cost saving was identified for the local Clinical Commissioning Group (CCG). Through the working arrangement with the local CCGs a proposal was put forward to enquire if some of the treatment cost savings that the CCG had incurred could be reinvested into increase the Clinical Research Nurse capacity within Sheffield Teaching Hospitals. It was agreed that 30% of the treatment savings could be reinvested to appoint 0.5WTE research nurse in 2014/15 and continues in 2015/16.



“Site delivery and patient recruitment in the Trust is income generating – this is good for the Trust”.

*Dr Sally Fowler-Davis,
Sheffield Hallam*

WHAT OPPORTUNITIES EXIST FOR YOUR ASPIRING CLINICAL ACADEMIC AND WHAT DO YOU NEED TO KNOW?

RESEARCH TASTER AND INTERNSHIPS:

- The most likely starting point for someone starting to have an interest in a clinical academic career is to try to get an internship or gain experience helping out on a research project. These are often based on local initiatives and may or may not include a contribution to salary backfill. Read about the Health Education England Internships at this link:

<https://hee.nhs.uk/work-programmes/clinical-academic-careers/internships/>

- They are time-limited opportunities but do allow an individual to test in a real setting whether research is the career for them. You will need to free the member of staff's time but this should not be a one-way street. You can ask for flexibility from the provider of the experience – indeed it is good to contact them so you understand exactly what is on offer - and for the experience to have clinical relevance for your service so that there are benefits for the whole team. You should speak with the person that will manage your staff member's experience in advance of the internship. This will help you understand what they will be doing and what it might mean for you. It is also important that you understand the time commitment and how flexible it is.
- Similarly, if you have a keen staff member and a priority area for you, why not contact the internship providers directly. The academics supporting the internship programmes are likely to be very encouraging of clinical staff bringing areas of real research need to their attention, especially if you are also suggesting a promising team member for an internship.
- It can be helpful to encourage staff to also engage in audit and service evaluation alongside their research. This helps to develop a rounded skill-set for them. This will also help you to have 'quick wins' in terms of demonstrable service improvement.

“When bright people enter the clinical academic pathway, there isn't an intention to leave practice – it marries the best of both worlds”.

Pauline Cooke, Consultant Midwife,
Imperial College Healthcare NHS Trust

MASTER'S IN CLINICAL RESEARCH:

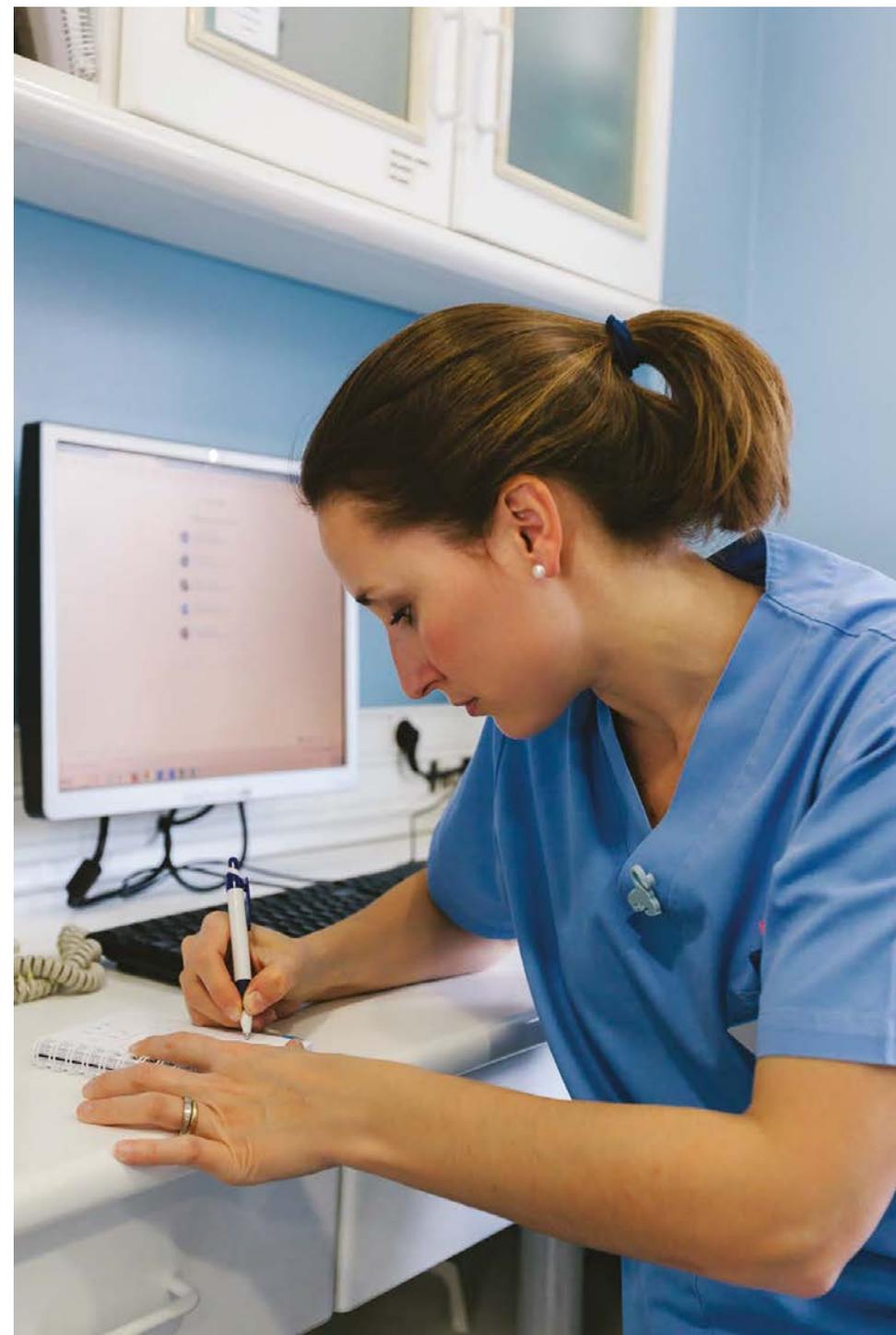
- Ten Universities⁹ across England offer a part or full-time formal research Master's degree funded by HEE and managed by the NIHR. Key to this is that each post comes with salary backfill, ensuring that the candidate can devote appropriate time to developing their research skills.
- It is important to note, that frequently staff who undertake this level of training award are keen to progress on to future awards. It is useful if you can plan to make use of their developing enthusiasm and expertise within their clinical role once they return.
- There are a lot of training opportunities. For many aspiring clinical academics a Master's degree is the best starting place. But your staff member should seek advice on what Master's programme best fits their career ambitions.
- The Master's training prepares the individual to undertake a PhD. Because of the generous funding it is usually possible to support the individual with little impact on the clinical service which includes full salary and university fees.
- Supporting this scheme will increase the proportion of your staff that obtain Master's level qualifications. The courses will help your member of staff develop many transferable skills, which will improve their work effectiveness and efficiency.



⁹ <http://www.nihr.ac.uk/documents/funding/Training-Programmes/TCC-ICA-MRes-Currently-Funded-Institutions.pdf>

FELLOWSHIPS:

- If a member of staff has completed a Master's degree and is keen to continue developing their clinical research career the next step is to study for a doctoral degree.
- Opportunities for doctoral level and post-doctoral level study are available through both the HEE/NIHR Integrated Clinical Academic Programme and NIHR Fellowships Programme. Salary costs, full research costs and training and development costs are all included.
- An application to a personal award from the NIHR Fellowships or HEE/NIHR Integrated Clinical Academic Programmes is detailed and the applicant needs to have identified and formed relationships with supervisors as well as mentors. Pulling all this together takes time. Your support in protecting some of their time for research would be beneficial to the applicant and heighten the probability of a successful application.
- Some of the best clinical academic fellowship teams have the managers working in collaboration as part of the support team for the candidate. Get involved in the early conversations about project design. Try to remain flexible and open-minded in the design process; the project will need to have 'fit' with a number of drivers, however it is important that your perspective is also represented.
- There is lots of help available from the team at the NIHR Trainees Coordinating Centre about the various schemes and they will advise on which schemes are best for your staff. As a manager there is no reason why you cannot speak with one of the team about what supporting a member of your staff means. Time is only one aspect of the process. They will need to prepare for a panel interview if shortlisted. They need academic and clinical mentoring to support them – raising these issues will ensure that the reality of what the aspiring clinical academic needs are dealt with early.
- The NIHR Research Design Service (RDS) can also offer lots of help to the applicant. Advise them to approach the RDS early. They can advise on project remit, patient and public involvement and on the methodological aspects of the application.
- Embrace patient and public involvement within your service. The applicant will need to liaise with patients and the public to help develop their research ideas. However, this process can also be a very useful way of getting feedback about your service in general. You may even find that there is a group of patients who are able to work with you in developing your service in particular areas. Seek advice from the RDS and organisations such as INVOLVE for support on how best to work with patients in this way.



6. MANAGER AND ASPIRING CLINICAL ACADEMIC – WHAT DO YOU NEED TO DISCUSS TO MAKE THIS OPPORTUNITY WORK FOR BOTH YOU AND THE SERVICE?

- Is this opportunity the right one? Is an internship or short-term project the best starting place or is it time to look at formal training opportunities? Write down research ideas to start the conversation.
- Who does the aspiring clinical academic plan to work with? Does the manager know these individuals? Are they the right people to support this?
- What is the career plan? It may be helpful to formalise plans for research training in the Personal Development Plan.
- What is the mid-term plan? Will the aspiring clinical academic be expected to supervise/mentor others aspiring to the clinical academic role within the team? How will you manage expectations of others? How will you share the clinical academic research outputs internally? Will there be flexibility in both the clinical and academic workload to allow focus in one area when needed (for example during upgrade/thesis writing or if taking clinical exams)?
- What is the long-term plan? Is there a plan for the long term inclusion of clinical academics within the team? If yes, how will you and the clinical academic work together to facilitate this? What will happen at the end of the award? Will the clinical academic seek promotion and is this viable for the service? Can the new clinical academic employ their skills across a number of teams (thereby sharing the costs and benefit of such a post)?

“Managers should not be afraid to negotiate – this is about your development and service needs too. It is not a fait accompli”.

Jo Cooke,
CLAHRC Yorkshire and Humber

- Timing: when will training start, what is the time commitment and for how long? Will the role in the team remain the same during the research training (but part-time) or does the opportunity offer the potential to develop a new role as their clinical and research skills develop? But this is not a one-way street – what can the aspiring clinical academic offer the team in return?
- Service need: how will this impact on the service? Can the post be easily backfilled? If the post is a specialist post, can another team member be trained into the post? How flexible can the aspiring academic be in the clinical component of their work? What will the split between academic and clinical work be? How will the clinical academic keep up-to-date with their clinical skills during this opportunity? How can the aspiring clinical academic help to support this process (shadowing/supporting the development of the person backfilling)? In what aspect of the service is it best to focus their clinical time?
- Team development: The role of the aspiring clinical academic will help the team up-skill their research understanding – how will this be formalised? Will a systematic review of the evidence be part of the training? If it is, can it be clinically relevant to the work of the team? Can the aspiring clinical academic run a journal club, support audit/service evaluation or undertake other research activity with the team? The aspiring clinical academic could have an on-going role to ensure that new evidence from journals and conferences is fed quickly back to the team. Expectations need to be aligned to the level of skill development of the aspiring clinical academic – you would not expect the same from an individual undertaking an internship as someone advanced in their doctoral training.



- Research question: Can it be clinically relevant to the service and be useful to the day-to-day work of the team? Can a manager play a part in planning the research?
- Support for the aspiring academic: Can there be protected time to work on training funding applications? Usually working on these applications will take place in the aspiring clinical academic's own time – it is important that the manager is aware of this. Who will hold the budget if the staff member is successful (NHS Trust or HEI)?
- Engaging with clinical academic supervisors: Can the manager meet the supervisor and the aspiring clinical academic to devise a project that is locally relevant? Can the academic help the manager or team in any way to understand how research can help their service in the future? Is there scope/opportunity for a long-term relationship between the supervisor's research team and the clinical service?

Research Matters to the Service



*William Mifsud, NIHR Clinical Lecturer in Paediatrics Pathology,
Great Ormond Street Biomedical Research Centre*

One of the questions I am most interested in is "How do paediatric tumours evolve?" as this is relevant to our treatment of a patient. Professor Kathy Pritchard-Jones over the course of many years has built a collection of samples and high quality data about paediatric tumour patients and their outcomes...the question I am trying to address with those samples is "How do different genetic changes come about?" The long-term answer to that question will mean that hopefully we can reduce treatment for individual patients because, even though we have very good outcomes in many of these tumours, those outcomes do require significant therapy and therapy has side effects.

7. USEFUL INFORMATION AND RESOURCES

RESEARCH TRAINING AWARDS

- HEE or NIHR Personal awards information for applications
<http://www.nihr.ac.uk/funding/training-programmes.htm>
- 'Being a Clinical Academic: Advice from the frontline' meeting. Videos of presentations provide lots of advice and tips
<http://www.nihr.ac.uk/our-faculty/training-ops-for-non-medical-clinicians.htm>
- 'Being a Clinical Academic: Advice from the frontline' meeting. Video of Dr. Peter Thompson - Assistant Director Personal Awards at NIHR TCC, Professor Gary Frost – Chair of NIHR Doctoral Research Fellow Panel and Dr. Lindsey Cherry - NIHR Clinical Lecturer in Podiatric Rheumatology at the University of Southampton speak about making a successful NIHR fellowship application
<https://www.youtube.com/watch?v=PF9vNWI-djE>
- Animation about research opportunities available as part of the Clinical Academic Career pathway
<http://bit.ly/hee-nihr-animation>
- NIHR Funding opportunities booklet
<http://www.nihr.ac.uk/documents/about-NIHR/NIHR-Publications/Funding-Opportunities-Booklet.pdf>
- Learn more about NIHR training in a special issue of Faculty World
<http://www.nihr.ac.uk/documents/faculty/Faculty%20World%20August%202015.pdf>
- See three NIHR Doctoral Fellows talk about their experience as doctoral trainees in this video
https://www.youtube.com/watch?v=_p2IGTjYyo
- Health Education England Internships
<https://hee.nhs.uk/work-programmes/clinical-academic-careers/internships/>

MENTORING

- The HEE/NIHR ICA Mentoring and Outreach Programme
<http://www.nihr.ac.uk/funding/hee-nihr-ica-mentorship>
- Mentorship for health research website
<http://www.healthresearchmentor.org.uk/website/>
- Academy of Medical Sciences Mentoring Booklet
<http://www.acmedsci.ac.uk/careers/mentoring-and-careers/mentoring/>

PROFESSIONAL BODIES

- Council for Allied Health Professional Research
<http://www.csp.org.uk/professional-union/research/networking-support/council-alliedhealth-professions-research>
- Royal College of Nursing Research Society
http://www.rcn.org.uk/development/research_and_innovation/rs
- The Association of UK University Hospital
<http://aukuh.org.uk/>
- The Society for Research in Rehabilitation
<http://www.srr.org.uk/>

PATIENT AND PUBLIC INVOLVEMENT

- INVOLVE are funded by the NIHR to support public involvement in NHS, public health and social care research. Their website contains information and resources which will be helpful as you develop and undertake your research.
<http://www.invo.org.uk/>
- The NIHR Research Design Service Patient and Public Involvement Guide
<http://www.nihr.ac.uk/funding/how-we-can-help-you/RDS-PPI-Handbook-2014-v8-FINAL.pdf>

OTHER USEFUL INFORMATION

- Vitae on what it is like doing a doctorate
<https://www.vitae.ac.uk/doing-research/are-you-thinking-of-doing-a-phd/what-is-it-like-doing-doctoral-research-in-the-uk>
- NIHR Journals Library
<http://www.journalslibrary.nihr.ac.uk/>
- NIHR Clinical Trials Guide for Trainees
<http://www.nihr.ac.uk/documents/funding/training-programmes/Clinical-Trials-Guide- MAY2015.pdf>
- 'NIHR -What can we do for you?' flyer
<http://www.nihr.ac.uk/documents/about-NIHR/NIHR-Publications/z-card-web.pdf>
- Paper 'How clinical academics are transforming patient care'
<http://www.hsj.co.uk/greta-westwood/1203331.bio>
- NIHR Academic Training Advocates
<http://www.nihr.ac.uk/our-faculty/academic-training-advocates.htm>
- What does it mean to be an NIHR trainee?
<https://www.youtube.com/watch?v=RVkszxLn8Ag>
- NIHR Clinical Academic Careers: Lisa Newton's story
<https://www.youtube.com/watch?v=skdx8yPjeoA>
- NIHR Clinical Academic Careers: Cathy Geeson's story
<https://www.youtube.com/watch?v=o2zIW0bWEzY>

USEFUL CONTACT DETAILS

- NIHR Trainees Coordinating Centre
<http://www.nihr.ac.uk/about/about-the-trainees-coordinating-centre.htm>
- NIHR Research Design Service advisers are in bases across England offering a unique breadth of experience and a proven track record in improving research applications. Advice is confidential and free of charge. See more at:
<http://www.rds.nihr.ac.uk/>

For more information on pursuing a clinical academic career, or supporting a colleague to do so, contact:

NIHR Trainees Coordinating Centre

Leeds Innovation Centre

103 Clarendon Road

Leeds

LS2 9DF

Tel: 0113 346 6260

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