

# **AHPs in South Yorkshire and Bassetlaw Working Together**

Clinical Academic Careers

26.4.18

# Clinical academic health organisations enable better health outcomes

Why?

- critical thinking skills in practice
- systematic methods/ protocols used in practice
- patient benefit

# A Framework for embedding a research culture in allied health practice- (Slade et al 2018)

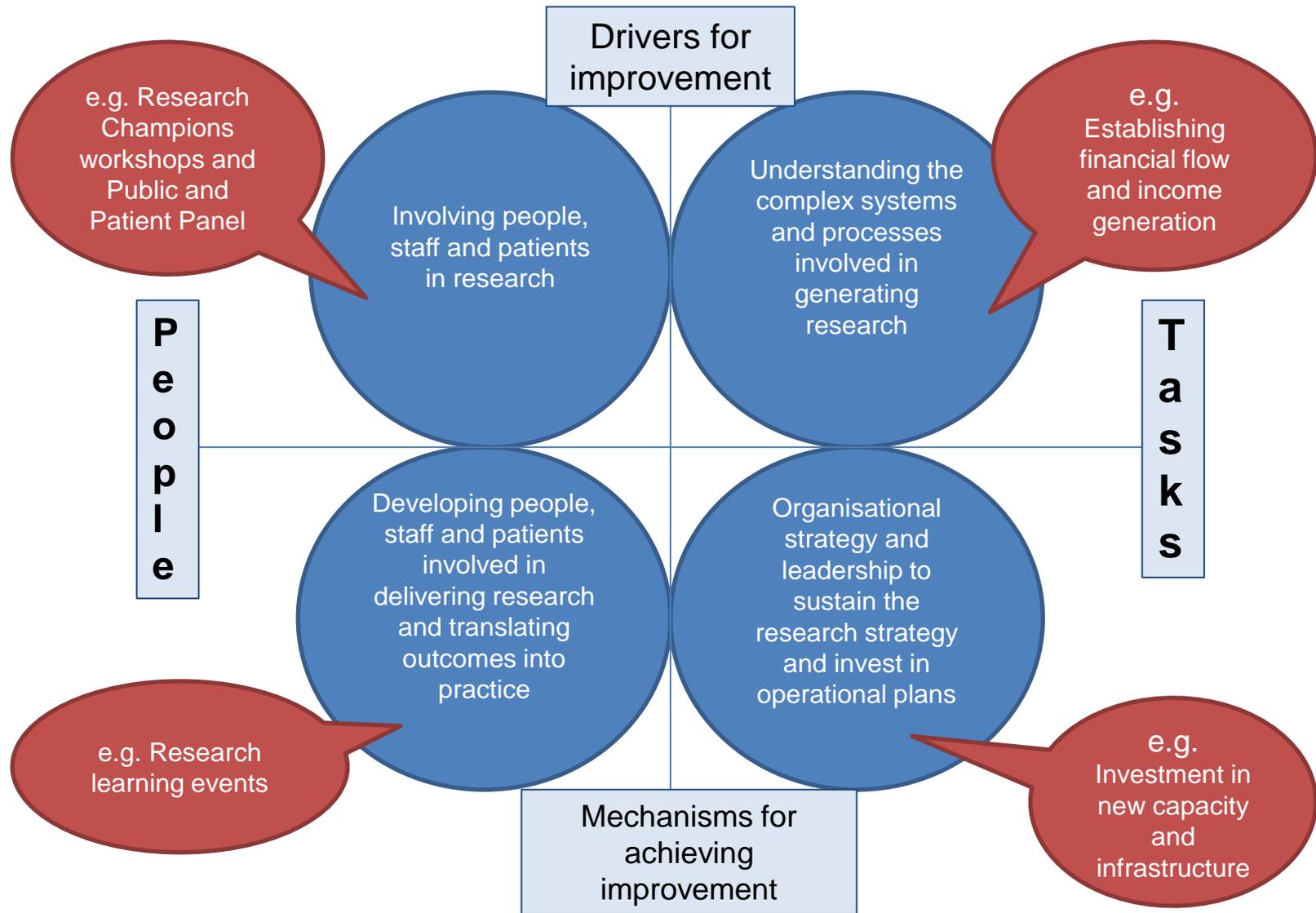
1. Sustainable change requires governance arrangements and organisational change
2. Research capability led by managers with research literacy to support implementation
3. Dedicated staff and education to enable individuals and groups

Slade, S. C., Philip, K., & Morris, M. E. (2018). Frameworks for embedding a research culture in allied health practice: a rapid review. *Health research policy and systems*, 16(1), 29.

# Making the improvements at an organisational/ systems level (Fowler Davis 2015)

- *Going for growth: improvement in the infrastructural and management support for clinical academic research*
- <http://bmjopenquality.bmj.com/content/4/1/u208144.w3845.short?rss=1>
- *This improvement method suggests an equal and proportional range of activity to engage staff, amend and adapt processes and systems, carry out organisational change and "make it a habit". The improvement measures were selected by a number of managers who acted as "research champions" and shared these with all staff across the directorate; the focus was on delivering sustained improvements in performance targets agreed with the organisation. The interventions were introduced to assist managers in each professional group to champion research and undertake the organisational change that would be needed.*

# Improvement Intervention Framework based on four equally important elements



Adapted from Penny, Jean (2003) *'Discipline of Improvement in Health and Social Care'* in, NHS Institute for Innovation and Improvement (2005) *'Improvement Leaders' Guide: Improvement Knowledge and skills'*, NHS Institute for Innovation and Improvement

# Target Setting

Improvement Goal	Baseline Measure
10% of clinical staff as academic participants and leaders	52 of 450 (full time equivalent) were identified as being 'research active' by virtue of a participation in unfunded or funded study or writing for publication or in full and part time postgraduate study. This was 12%
80% of staff aware of the importance of research to patients and service outcomes.	No measure of this was available and a question was introduced into the staff survey but only two of six professional groups had identified research as part of the job description at band 7 and above
Increase level of patient recruitment to studies	Patient recruitment was not known and income from study participation, particularly collaborative studies was not known
Two further portfolio studies	Two existing portfolio studies were being undertaken as collaborations with other directorates
Increase the number of grant application	Grant submission were not routinely registered with the clinical research office although 6 studies were registered to the directorate
Increase grant based income to the Directorate	No information available and there was no consistent understanding of the process of bid development nor the NIHR support infrastructure nor the internal governance mechanisms in the organisation to ensure that income was assigned to the clinical services
The range of successful academic collaborations,	Collaborations across professions and university departments was patchy and dependent on individual participation
The number of publications and conference presentations	Publications had been recorded for peer reviewed journals- with 37 identified (a rise of 76% on the previous annual total)

Recognising and mitigating some of the barriers

# Discussion and Action Planning

- What management support is available at each level and across the system?
- Can AHP staff at all levels apply for Clinical Academic internships and fellowship applications?
- Do staff assemble clinical academic questions embedded in their practice to achieve patient benefit?
- Are there systems and processes to enable research -i.e. governance and PPI?
- Is research linked to quality and cost improvement and service performance?

# Pledges for further development?

- What can you do next?

NIHR Support- Clinical Academic Training Advocate

s.fowler-davis@shu.ac.uk