Evaluation of the HEE North Central and East London & NIHR CLAHRC North Thames Clinical Nurse/Midwife/AHP (NMAHP) Academic Fellowship Scheme: Key Findings

Other

How to cite:


For guidance on citations see FAQs.

© [not recorded]

Version: Version of Record

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online’s data policy on reuse of materials please consult the policies page.
Evaluation of the HEE North Central and East London & NIHR CLAHRC North Thames Clinical Nurse/Midwife/ AHP (NMAHP) Academic Fellowship Scheme - Key Findings

This Fellowship Scheme facilitates fellows to spend four days a week in a CLAHRC research department, as a secondment, to develop an application for doctoral or postdoctoral funding.

Successes

• The scheme supported high quality applications for NIHR fellowships - 4 out of 5 were shortlisted & 2 were successful, provided varied training, and opened up new opportunities for fellows.
• Fellows raised research awareness in their Trust and shared learning with clinical colleagues.
• The relationship between academic supervisor and clinical fellow resulted in mutual learning and has improved communication and partnership working between clinical and academic staff.
• Fellows used their research directly to improve care for patients e.g. through improvement evaluations.

Challenges

• Conflicting demands for Trusts: promoting individual staff development through supporting a Fellow requires Trusts to find backfill/cover arrangements before releasing that member of staff from clinical duties.
• Financial pressures on Trusts who are required by the scheme to fund one day/week of the fellowship.
• For fellows, moving between and balancing different roles and identities was challenging.
• Fellows sometimes worked longer hours to compensate for being absent from their clinical role.
• Some fellows had limited time for research and academic activity after returning to practice, making it difficult to transition back to the clinical setting and maintain momentum in research.

Recommendations

• Build a closer working relationship between HEE’s local office, CLAHRC and the fellows’ NHS Trust through conversations at the start the fellowship to clarify upfront about expectations of the fellowship and the fellows’ role when they return to practice so that they can best contribute their knowledge, experience and leadership.
• Strengthen communication between CLAHRC and local Trusts around the immediate and midterm benefits clinical academic fellows can bring to the clinical department and widen awareness of the scheme.
• Link the scheme in with, and start to carve out, a clearer academic pathway for NMAPHs e.g. through a strong Clinical Academic Network for NMAPHs, and forming links with other schemes and pathways for healthcare professionals.

How have we responded to these findings for 2016/17 and 2017/18 cohorts?

• Formalised a ‘roles and responsibilities’ document for fellows and supervisors to agree to and sign.
• Encouraged ‘start-up’ meetings with fellows’ base Trusts to have early discussions about how fellows can put their learning into practice throughout the fellowship year.
• Maintained informal mentoring with past fellows to cultivate an Alumni cohort.
• Encouraged fellows to participate in wider CLAHRC capacity-building activities e.g. contributing to the development and delivery of short courses.

Read the full report here: [http://bit.ly/2z8UlgF](http://bit.ly/2z8UlgF) or visit the CLAHRC North Thames Academy webpage here: [https://clahrc-norththames.nihr.ac.uk/nihr-clahrc_north-thames-academy/](https://clahrc-norththames.nihr.ac.uk/nihr-clahrc_north-thames-academy/).