

Poprawa zdolności i możliwości w zakresie badań naukowych pielęgniarek, położnych oraz innych przedstawicieli personelu medycznego. Ocena wpływu Raportu Finch'a (2007)

Improving capacity and capability in research for nurses, midwives and allied health professionals. Assessing the impact of the Finch Report (2007)

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STRESZCZENIE

Poprawa zdolności i możliwości w zakresie badań naukowych pielęgniarek, położnych oraz innych przedstawicieli personelu medycznego. Ocena wpływu Raportu Finch'a (2007)

Wprowadzenie. Publikacja "Rozwijanie najlepszych specjalistów badań naukowych" znana jako Raport Fincha (2007) stała się w Wielkiej Brytanii platformą, w ramach której rozwinęło się wiele inicjatyw wspierających kliniczne akademickie ścieżki kariery. Wielka Brytania posiada zrównoważony i finansowany program studiów magisterskich, doktoranckich, poddoktoranckich oraz dla starszych wykładowców klinicznych, który rozwija kompetencje badawcze jak również daje możliwości kariery dla pielęgniarek, położnych i innych przedstawicieli personelu medycznego. Istnieje widoczny wpływ poprawy zdolności i możliwości w zakresie badań naukowych wśród studentów studiów magisterskich, którzy odnoszą większe sukcesy w uzyskiwaniu konkurencyjnych tytułów doktorskich. Ci najlepsi kierują swoimi własnymi zespołami badawczymi, prowadzą badania kliniczne. Projekty mentorskie oferowane kiedyś dla starszych nagrodzonych badaczy, obecnie przyznawane są młodszym, zapewniając trwałość ścieżki kariery naukowej.

Autorzy otrzymali grant na rozwój rekomendacji związanych z Raportem: Finch'a (*Developing the best research professionals. Report of the UKCRC Subcommittee for Nurses in Clinical Research (2007)*)

Słowa kluczowe: badania naukowe, Raport Fincha

ABSTRACT

Improving capacity and capability in research for nurses, midwives and allied health professionals. Assessing the impact of the Finch Report (2007)

Introduction. The publication on "Developing the best research professionals" known as the Finch Report (2007) has provided the UK with a platform from which a number of initiatives supporting clinical academic career pathways has developed. The UK has a sustainable and funded programme of Masters, doctoral, postdoctoral and senior clinical lectureships which are developing the research competences and career opportunities for nurses, midwives and allied health professionals. There is demonstrable impact of improved capacity and capability in research with masters' students becoming more successful in obtaining competitive PhD awards. Awardees on higher-level programmes are leading their own research groups and conducting clinical trials and the mentoring schemes offered to senior awardees is now being cascaded down to more junior researchers thereby assisting in sustainability of the research career pathway.

The authors were in receipt of a grant to develop the recommendations for the final report; *Developing the best research professionals. Report of the UKCRC Subcommittee for Nurses in Clinical Research (2007)*

Key words: scientific research, Finch Report

INTRODUCTION

Educating healthcare professionals in the UK is the responsibility of the higher education institutions (universities) for several decades. Whilst it is acknowledged that educating our healthcare professionals in an academic environment brings many benefits to the professions, it has been recognised that relationships between academic institutions and our NHS partners require more sustained and purposeful links in order to maintain effective collaboration, Council of Deans [2].

The debate continued into the following decade and in 2003, a joint committee of the Department for Education and Skills and the Department of Health known as the Strategic Learning and Research Advisory Group (StLaR) commissioned a project team led by Professor Tony Butterworth. This team was tasked with developing recommendations to support more flexible career pathways for nurses and other health and social care staff involved in teaching and research, known as the StLaR Human Resource (HR) Plan Project (Butterworth et al)[3].

The project team, led by Professor Butterworth and Dr Jackson undertook a series of national consultation events and focus groups during 2004 in order to identify problems and offer solutions with respect to developing the future health and social care educator and researcher workforce. Detailed review of these data using thematic analysis methodology identified fifteen recommendations, which were validated through national e – consultations. The report [4] outlined each recommendation and provided evidence to justify each recommendation. Recommendations three and four proposed that more flexible approaches should be taken to assist with joint appointments between health care organisations and academia and to support improved career pathways for staff involved in teaching and research.

What is now discussed is the specific follow-on initiatives and research undertaken to support early career and mid career researchers in nursing, midwifery and allied professions.

MATERIAL AND METHODS

UKCRC programme

In 2006, Butterworth and Jackson were commissioned by the United Kingdom Clinical Research Collaboration (UKCRC) Subcommittee for Nurses in Clinical Research to identify the barriers for nurses undertaking clinical research and to propose a set of recommendations supporting career pathways and training opportunities suitable for nurses, midwives and allied health professionals.

Permissions and approvals for the study were provided by the ethics committee of the Clinical and Academic Workforce Innovation (CCAWI) Research Centre at the University of Lincoln.

The project team undertook a series of interviews (20) with key stakeholders across each of the four countries within the UK to identify barriers for healthcare staff undertaking research together with processes and solutions to overcome these barriers. Field notes were taken at each

interview and case documents were created for each interview. Each case document was imported into CAQDAS NVivo software programme to assist with the analysis of coding and thematic development suitable for qualitative data sets. Inductive and deductive analyses were used to interpret the data and generate propositional themes from which recommendations could be developed.

The proposed recommendations including career pathway structures were subjected to a scrutiny group of professionals, which included members of the UKCRC Subcommittee for Nurses in Clinical Research. The project team took account of many influential documents published during this period, including Best Research for Best Health [5], which provided valuable insights during the process of finalising the recommendations.

The results of the study were aggregated into a report, Developing the best research professionals (known as the Finch Report)[1].

One of the recommendations (recommendation 3) proposed the establishment of a national network of clinical academic masters level (MRes or M ClinRes) training positions to support early career researchers in nursing, midwifery and allied health professions.

A small number of university faculties of nursing (seven in total) were awarded NIHR grants to support the new masters programmes of Department of Health, [6]. Each university, since 2008 has provided three cohorts of 70 places.

Other universities, not awarded an NIHR grant were able to set up local schemes and the University of Lincoln, with funding support from the East Midlands Healthcare Workforce Deanery and NHS Lincolnshire began recruiting to a Masters of Clinical Research programme in 2009.

Local case study

The second section of this study describes using case study methodology, the University of Lincoln's M Clin Res cohort from health care professional through to early career researcher with demonstrable research competences, which allow for successful transition to doctoral studies and/or research positions.

The case study centres on three case criteria: anonymous module evaluations, clinical placement module competence assessment portfolio and career progression data.

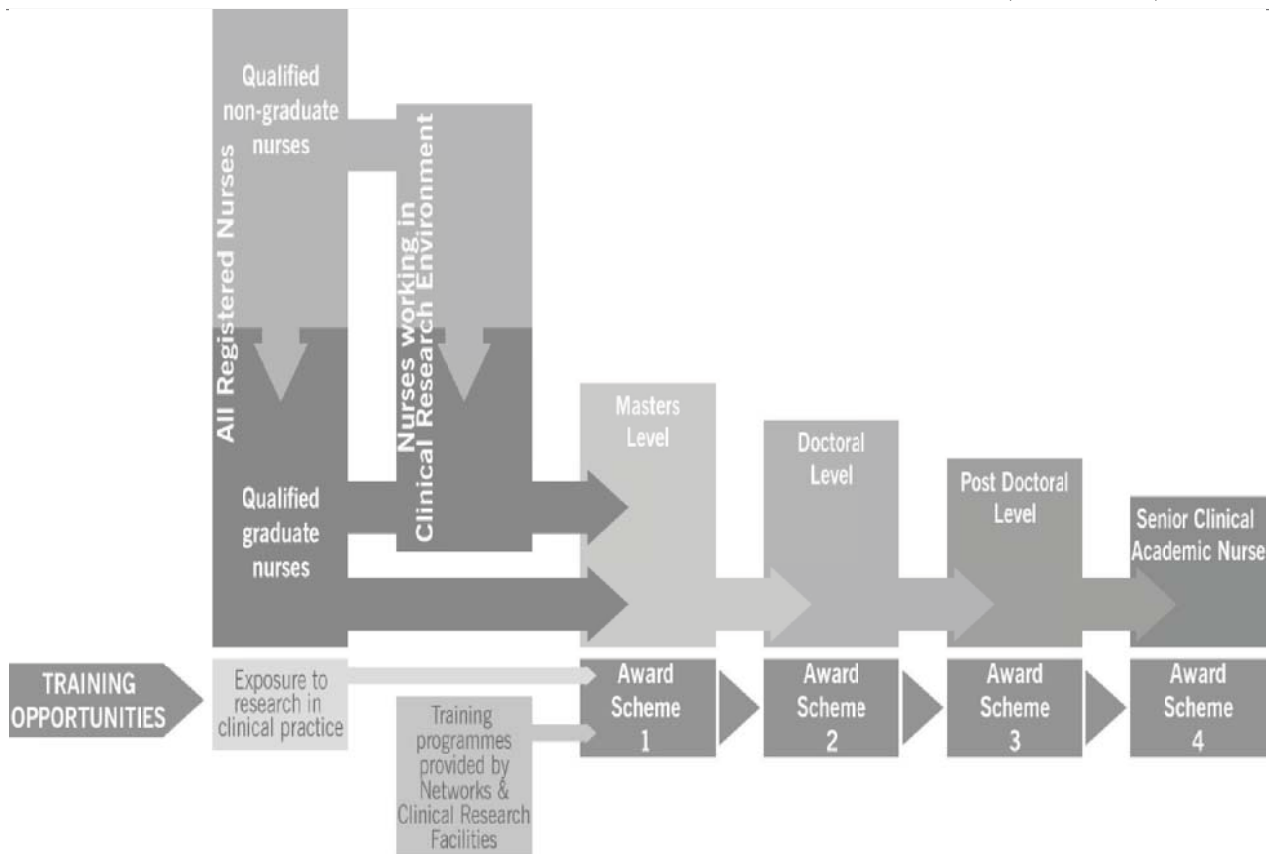
The first author is the programme leader for the programme, which allows for context sensitivity [7]. All three cohorts of students were selected as the sample for the study. Qualitative data analysis was considered the most appropriate analytical tool for this case study.

RESULTS

UKCRC programme

The Finch Report [1] established a new clinical academic training path for qualified nurses, midwives and allied health professionals which has provided UK health care communities with a platform from which a number of initiatives supporting clinical academic career pathways.

The UK, since 2009 has a sustainable and funded programme of Masters, doctoral, postdoctoral and senior



■ Fig. 1. Clinical academic training pathway for nurses, midwives and allied health professionals

clinical lectureships which are playing a key role in developing the research competences and career opportunities for nurses, midwives and allied health professionals.

Jackson and Butterworth [8] hold a definitive view that a research career structure should begin with early research career schemes, followed by doctoral and post-doctoral opportunities, which support our talented clinical and academic researchers through to professorial positions. Beneficiaries of such career pathways extend the sphere of influence within health care research to include not only dedicated scientists and medically trained researchers but a widening discipline of health care staff. This allows for talented researchers to reach their full career potential whilst maintaining a focus on health care practice and evidence-based patient care.

This approach is echoed by other academic disciplines within the UK. A report by the Council for Science and Technology [9] recognises the importance of an agreed generic research career framework, which can support the concept of an independent career structure for researchers. This allows them to acquire a full range of research skills within a proven and sustainable framework.

There is demonstrable impact of improved capacity and capability in research with masters' level students becoming more successful in obtaining competitive PhD awards. Awardees on higher level programmes are leading their own research groups and conducting clinical trials. The mentoring schemes offered to senior awardees is now being cascaded down to more junior researchers thereby assisting in the sustainability of researcher careers, Department of Health [6].

Table 1. Activity per year for each award for nurses, midwives and allied health professionals, Department of Health [6].

■ Tab. 1. Activity per year for each award for nurses, midwives and allied health professionals (Department of Health, 2012)

	2009	2010	2011
M Res/M Clin Res	70	70	70
Clinical Doctoral Research fellowships	15	15	nil
Clinical Lectureships (post doctoral)	10	6	nil
Senior Clinical Lectureships		1	5 offered

Local case study

The University of Lincoln developed the M Clin Res programme as a direct response to the recommendations of the Finch Report. Within the first cohort of six students, four students received tuition fee funding through the East Midlands Healthcare Workforce Deanery and two students were awarded a competitive NHS Lincolnshire Fellowship, which included a funded bursary and tuition fees for a two year part time programme.

The four students in receipt of Deanery funding were drawn from nursing, midwifery and allied health professions and the students in receipt of NHS Lincolnshire Fellowships were psychology graduates.

For the cohorts recruited in 2010 and 2011, the programme was extended to include full or part time self funding student and international students qualified in a health related discipline.

■ Tab. 2. Professional profile for each cohort* of the M Clin Res programme, University of Lincoln

2009 intake n= 6	2010 intake n= 10	2011 intake n=4**
Nurse x1 Midwife x1 Psychology graduate x2 Occupational therapist x1 Paramedic x1	Nurse x3 Psychology graduate x2 Health and social care graduate x1 Primary care Trust manager x1 Academic nurse x 1 Research assistant x1 Complementary therapies graduate x 1	Biomedical scientist x2 (1 international) Intercalating medical student x 1 Nurse x1

* additional students undertook single module studies

** full time intake only to accommodate 2013 revalidation

M Clin Res students undertake taught modules in qualitative and quantitative research methodology, ethics in health care research, innovation and improvement in research, enterprise and business for health care researchers and Economic evaluation plus a final research project in which there is a journal publication requirement. In addition, all students are required to complete a 30 credit experiential learning module in a research placement environment. The students formulate their work plan using research competences set out in the Competency Framework for Clinical Research Nurses. These were first developed in 2008 by the Competency Working group led by Professor Leslie Gelling [10]. The competences, although written for nurses in clinical research have a genericity which enables them to be adapted for other health care disciplines.

Student assessment is judged on achievement of each competence in designated research placements, through an evidenced-based written clinical portfolio. Analysis of each portfolio together with feedback to students suggests that this module provides the student with a framework upon which they can each identify their specific progression and level of competence in key research skills. Students are adapting the competence framework to their professional discipline and specific competence requirements. The portfolio encourages self directive learning and supports deep and meaningful reflective processes.

An example from the one student's portfolio is shown below *"spending time in [research placement] is rewarding and inspirational. I am drawing conclusions on how I may work in a research setting in the future. It has provided me with an excellent platform on which to understand NHS research governance, confidentiality and legislative requirements for portfolio studies"*.

M Clin Res student, 2009 cohort

Career progression

The teaching team, it would be fair to say, were hoping that the M Clin Res programme would be able to demonstrate positive outcomes in terms of career progression for the students enrolled on the programme.

To date, the outcomes achieved in terms of student progression, are extremely encouraging and have surpassed the team's expectations.

Two comments are shown below which evidence student progression and the role played by the masters programme.

"I just wanted to let you know that I have been offered a place on the Doctorate in Clinical Psychology course! I can't believe it. I just wanted to thank you for your support over the last two years. If I hadn't got the work placement at [research unit] with [supervisor] I wouldn't have got the Assistant Psychologist job and I wouldn't have been offered a place on the course on my first time applying. Also thank you very much for writing a reference for me".

Via email June 2012 M Clin Res student, 2010 cohort

"Great news, Christine, I have been awarded the [funding body] PhD scholarship. They said I gave an amazing presentation and commented on how good my research skills are. That's all down to you and the M Clin Res. Thanks for everything".

Via email September 2011 M Clin Res and NHS Lincolnshire Fellow, 2009 cohort

Table 3 provides details of measurable student progression relating to their research careers.

■ Tab. 3. Research career progression for three cohorts of M Clin Res students

	Role/post at M Clin Res enrolment	Current role/post (May 2012)
Cohort 2009		
	Psychology graduate	Awardee- competitive PhD scholarship
	Midwife	Research midwife
	Paramedic	Clinical academic paramedic
Cohort 2010		
	Psychology graduate	Doctorate in Clinical Psychology programme (2012)
	Nurse	Clinical academic, applying for PhD scholarship
	Research assistant	Applying for PhD scholarship
	Psychology graduate	Applying for PhD scholarship
Cohort 2011		
	Biomedical scientist graduate	Research assistant, University of London (June 2012)
	(International) biomedical scientist	Applying for a research position in home country (September 2012)

DISCUSSION AND CONCLUSION

The approach taken in the UK at both a national and local level to provide an effective platform to support early and mid career researchers in health is beginning to show some positive results. Students are benefiting from excellent research training and are using their research skills to disseminate their research findings. There is evidence to suggest the more senior and experienced awardees on the national programme are taking their commitment to mentoring seriously and are supporting their junior colleagues.

The national programme, however comes with a cost implication to the NHS. A fully funded programme for ten students per annum (part time for two years) costed to run for three intakes will cost in the region of £550,000. It is appropriate therefore to carefully evaluate the benefits to the nursing, midwifery and allied health professions as well as the contribution made to improved patient care. It is important also to recognise the value of local schemes which are not in receipt of national funding. The local program-

mes described here, carries a lesser cost implication related in the main the supporting tuition fees. In addition local schemes can offer a degree of flexibility by attracting a wider range of disciplines and developing local agreements with health service organisations with respect to study leave.

Both programmes are able to evidence effective career progression, which positively builds on the research capacity and capability with the NHS and associated academic organisations.

The Finch Report is therefore beginning to demonstrate impact in terms of career progress and influence in research communities at both national and local levels in England.

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