

Developing the Role of the Clinical Academic Nurse within LTHT

Dr Clare Greenwood, Clinical Academic Nurse Researcher in Tissue Viability

Dr Sue Hartup, Consultant Nurse in Breast Cancer Research

Background

Nurses, midwives, and allied health professionals (NMAHPs) make up a significant portion of the NHS workforce; made up of approximately 28% Nurses and Health Visitors, 2% Midwives and 8% Allied Health Professionals (AHPs), totalling 38%, however less than 0.1% are clinical-academics^{1,2}. This is a significant disparity compared to the medical workforce, where approximately 4.6% of consultants hold clinical academic roles³.

Clinical academics NMAHPs play a crucial role in driving research and innovation within healthcare. They conduct clinical research to improve patient care, develop new treatments, and enhance healthcare practices. Clinical Academic NMAHPs often work closely with medical researchers, scientists, academic institutions and other healthcare professionals, and are frequently found to be the link between different specialities. This interdisciplinary collaboration fosters a holistic approach to healthcare research and practice and promotes effective communication and dissemination.


Clinical Academic NMAHPs are often involved in teaching and mentoring the next generation of healthcare professionals, contributing to academic programs at universities and training institutions, sharing their expertise and knowledge. Developing NMAHP clinical-academic career pathways is essential to enhance patient care, foster innovation, and ensure evidence-based NHS practice.

Aim

To explore the current landscape of NMAHP clinical academic careers within the LTHT, identify the challenges faced, and evaluate the impact of their roles on patient centred outcomes, patient and staff experience, and research delivery. Additionally, it sought to highlight the support mechanisms required to retain these professionals with a focus on the post-doctoral setting, and how to foster the growth of clinical academic careers.

Methods

A mixed-methods approach was employed, with case studies from two post-doctoral clinical academics nurses employed by LTHT. The project reviewed existing literature and policy documents related to clinical academic careers, including HEE/NIHR Integrated Clinical Academic and SCPRA Programmes.




Case Study 1: Dr Sue Hartup

Sue has worked in breast cancer since 1992, initially a surgical nurse, then research nurse and latterly, Consultant Nurse. She undertook her PhD part-time supported by an NIHR Clinical Doctoral Fellowship, whilst working as a senior research nurse. Sue's PhD built on the unmet need of chronic pain in breast cancer survivors

Sue identified how poorly managed acute post-surgical pain frequently led to chronic pain. Her PhD developed and feasibility tested a web-based self-management intervention that involves patient self-reporting symptoms post-operatively. The intervention (integrated with the EHR) provides immediate tailored advice and support. It also allows HCPs to identify those at most need and provide timely support and helps guide time-limited clinical consultations. Sue was recently awarded an RfPB grant to continue this work as a multi-site pilot RCT to test transferability to other NHS Trusts.

Sue specialises in research co-developed alongside patients. She is trial manager for a 50-site national trial of breast cancer local recurrence, CI/PI on 6 trials and an NIHR Senior Clinical and Practitioner Research Award holder.

Other activities: Association of Breast Surgery (ABS) Academic & Research committee and Nursing committee, peer reviewer, author, TMG and TSC member, research lead for W Yorks & Harrogate Cancer Alliance and a CancerSMART champion, educating about cancer in the community. She teaches medical students at the University of Leeds, is a PhD supervisor, NIHR research mentor and tutor on MSc in Breast Surgery at University of East Anglia.



Case Study 2: Dr Clare Greenwood

Clare has worked as a Clinical Nurse Specialist in Tissue Viability at LTHT since 2009, undertaking her PhD part time whilst working clinically. Clare's research focus is early interventions to prevent chronic wounds, including pressure ulcers and leg ulceration.

Clare's PhD was informed by clinical practice, wanting to improve patient care and discover best evidence-based practice for heel pressure ulcer prevention. Her PhD findings have successfully informed a HTA Multi-centre RCT "WHITE14-PRESSURE3" which Clare is working on as both a clinical co-ordinator and local PI.

Clare is developing the Tissue Viability team to become research active, recruiting patients to clinical trials as well as presenting their QI work at conferences. Clare is also developing the research strategy and promoting a research positive culture within the Chief Nurse CSU.

Clare has a national profile in Tissue Viability; as a Trustee for The Society of Tissue Viability, developing and teaching on national study days, webinars, and organising the annual conference. She is also a member of the 'Legs Matter' coalition, Wounds Research Network (WRn), and is Associate Editor for The Journal of Tissue Viability.

Clare has recently gained an NIHR Senior Clinical and Practitioner Researcher Award, allowing her to further develop her Clinical Academic Role.

Professor Lucy Chappell, NIHR Chief Executive and Chief Scientific Adviser, DHSC

Ashley Dalton, Health Minister

Professor Patrick Chinnery, Executive Chair, MRC

"Clinical researchers are essential to driving innovation and improvements within health, social care and the public health system to deliver better patient outcomes, reduced health inequalities and increased economic growth".

"We are removing the barriers which can limit our researchers from undertaking and delivering world leading research and innovation"



"The next generation of clinical researchers is essential to building an NHS fit for the future and driving economic growth"

A key recommendation from the Clinical Researchers in the UK report
"There is a need for more tenured research posts and clearer career pathways"

Conclusions

- The Post Doctoral NMAHP workforce at LTHT working in a clinical academic capacity currently consists of 2 Nurses, 3 Physiotherapists, 3 Podiatrists and 1 Diagnostic Radiographer, although there could be more as this data is not routinely recorded.
- Nursing clinical academics constitute a growing but still underrepresented segment of the NHS workforce. Key challenges identified include lack of structured career pathways, understanding amongst the nursing workforce of the clinical academic role, limited funding opportunities, lack of protected research time, and insufficient mentorship.
- In 2023 the NIHR announced that it would spend an additional £30 million per year to increase research opportunities for healthcare professionals to include research in their careers. One of the ways this has been done is through the Senior Clinical Academic Researcher Award (SCPRA), supporting health and care professionals (HCPs) and underrepresented groups and specialisms. Both Sue and Clare have been awarded the SCPRA, providing the time and opportunities to develop their Clinical Academic roles further.
- LTHT have successfully supported 12 Clinical Academics over the last 2 years to gain the SCPRA, although only 3 (25%) have been NMAHPs.
- To support more NMAHP into Clinical Academic roles, pre-doctoral, internships, master's studentships and doctoral fellowship opportunities are available. Peer support and academic mentorship as well as structured career pathways are key in growing the post-doctoral NMAHP clinical academic workforce.

References

- <https://www.england.nhs.uk/2024/01/record-number-of-nurses-and-midwives-working-in-nhs>
- <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>
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