

# New horizons in care

**A strategy for nurses, midwives and allied health professionals to build a managed environment for research**

The Royal Wolverhampton NHS Trust in partnership with University of Wolverhampton, School of Health and Wellbeing and Department of Pharmacy

**2012-2015**

## Preface

This strategy is written for nurses, midwives and allied health professionals [healthcare practitioners]. It addresses research development that is of particular concern to the caring sciences. The strategy fits within the overall aims of the Trust's Research and Development Directorate. It is supported by the Trust's Nursing and Quality Directorate and the School of Health and Wellbeing and the Department of Pharmacy, at the University of Wolverhampton. This strategy should therefore be read within the context of the above.

I would like to thank all those people who took the time to comment on the draft document and who have contributed to making this a much better document that it would have been.

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## **1. Introduction**

Together The Royal Wolverhampton Hospitals NHS Trust [Trust] and the School of Health and Wellbeing and the Department of Pharmacy [Schools], at the University of Wolverhampton, offer a vibrant learning community committed to enhancing the quality of health care delivery for people, locally, nationally and internationally. The organisations subscribe to a collective vision that the health system needs professionals who besides being intellectually able and emotionally aware should possess evidence based, practical skills, and a deep understanding and ability to care as one human being for another. To contribute to this evidence base the organisations wish to foster an environment where research and innovation flourishes. Already working well together the organisations now wish to drive forward innovation and an enhanced quality of service provision, in line with NHS directives. The advantages offered through synergy of the complementary goals of the organisations will exploit and maximise imaginative approaches.

Through joint participation the Trust and Schools established a healthcare practitioners' Research Leads Network to develop a coherent, planned approach to mutual research, in a supportive partnership, set out in this strategy document.

## **2. Aim**

This strategy sets out the collective vision of Trust and Schools with the specific focus that the Trust, working in partnership with the Schools, becomes an organisation fostering an ethos of research and innovation among all healthcare practitioners, and where research mindedness is reflected in their roles and responsibilities.

The strategy's implementation plan sets out the actions to be taken by the Trust and Schools over the next three years to ensure the achievement of the agreed objectives.

## **3. The national context**

Government policy places emphasis on the quality, safety and personalisation of patient services; a context that sets the background for an enhanced patient experience (DH 2010). The financial constraints envisaged for the future of the NHS mean that, in planning terms, there is an urgent need for integration and flexibility to strengthen the focus on patients' experiences, intensify efforts to improve safety and get smarter about measuring quality (King's Fund, 2010; Care Quality Commission 2010). It is an agenda that reinforces the importance of professional judgement, creativity and innovation.

Outcomes improve most rapidly when healthcare professionals are engaged, and creativity, research participation and professionalism are allowed to flourish (DH 2010). Hence the Government is committed to the promotion and conduct of

research as a core NHS role to realise its programme of work; to be achieved by unlocking synergies between research, education and patient care (NHS Confederation 2010). Frontline staff must therefore be positioned for success in leadership, management, research and educational roles. If staff are to focus on improving the quality of care provided by the NHS, they need the right working environments and the right training and education (DH 2008a, 2008b). Service providers should therefore encourage research and innovation to inform practice. There is also a need for NHS careers that reflect more clearly the combination of research and clinical work to improve the quality of evidence and its translation into practice, for patient benefit.

#### **4. Local context**

The Trust's vision is to be: An NHS organisation that strives continuously to improve patients' experiences and outcomes.

The importance of the patients' experiences and public involvement features strongly in the Trust's strategic aims:

- Patients are at the centre of all we do.
- Working together we deliver top quality services.
- We will be innovative in how we work.
- We create an environment in which people thrive.

These strategic goals are supported by those of the University which seek: To create opportunity and be renowned for its creativity and innovation, developing students and staff who are well-connected within a research and professionally informed environment. In so doing to promote excellence in health and social care research and enterprise, to support and enhance care sector education, practice and service provision.

The Schools and Trust both share aims to drive and support quality in the planning, delivery and evaluation of local, national and international care services and development of people by working in partnership with health and social care, private business, third sector and public organisations.

The importance of service user and public perspectives in shaping health and social care practice, education and innovation in the 21st century is a central philosophy that underpins the work programmes of the organisations and the commitment to partnership working and professional relationships.

While the Trust provides access to clinical and community environments that already engage with medical research the Schools provide the opportunity to develop with the Trust an enhanced focus on collaborative projects based on the science and art of: the better use of medicines, promoting health, social wellbeing and independence through healthy lifestyles. The Trust and Schools are committed to addressing in partnership ongoing key drivers in health inequalities, preventing disease, prolonging life, improving care for people with long-term conditions and increasing the priority given to end-of-life care. Innovations which instigate the need for change

and underpinned by evidence based research will contribute to the development of appropriate policies, professional practice and interventions locally, nationally and internationally. The main Schools' research themes are:

#### **4.1 Theme 1: Inequalities and global issues in health and social welfare**

This theme is concerned with the real world contexts in which health and social welfare are experienced by individuals, groups and communities in society. It contains studies which investigate and explore the causes and consequences of inequalities and disparities in health and social welfare, and access to medicines at the local, national, international and global level.

The range and scope of work in this theme is based on the WHO definition of health as encompassing 'physical, psychological [emotional] and social well-being'. Similarly 'Inequalities' encompasses the broad cultural, social, environmental, educational and economic contexts in which people live their lives that may impact on their health, welfare and wellbeing.

#### **4.2 Theme 2: Mental health and long term conditions**

This theme is concerned with aspects of health and wellbeing which may have a sustained and/or long term impact on life chances and quality of life. Mental health care and welfare support is one aspect of this theme which recognises how emotional well being during times of stress, physical illness or during the lifecourse as well as diagnosed mental illness, impact on the needs of individuals, families and communities.

Studies in this theme equally focus on the challenges, causes and consequences of living with long term conditions for individuals and the impact this has on care or support needs, self efficacy and self management. Both aspects of this theme are united in reflecting the range and scope of individual situations, cultural understandings, service provision, and professional concerns alongside the social consequences of living with specific conditions.

#### **4.3 Theme 3: Quality and partnerships in health and social care practice**

Provision of high quality services and professional practice cannot be completed in isolation from the range of voluntary, self help and community services that underpin and supplement statutory services. It is also dependant on appropriate and timely service evaluation, staff development, education and training.

This theme is concerned with a broad spectrum of issues relating to professions that make up care and welfare services, service improvement, patient and public involvement and partnership working across professional and institutional boundaries. Studies under this theme directly seek to ensure quality and continuous improvement in care by informing practice development, service planning and delivery, education and training of professionals and service providers.

#### **4.4 Theme 4: Public health and integrated care**

The 'health of the public' needs to monitor patterns of health and social welfare within populations to inform service planning and predict care needs. In doing so it must simultaneously contextualise and reflect our success in managing private needs, making decisions about care and addressing shared concerns about the consequences of health and illness on individual or group welfare.

This theme is concerned with studies which recognise that managing and supporting people to maintain and improve their health and social wellbeing requires close integration of services and approaches to fit with the needs of individuals, families and communities. It also recognises the importance of empowering patients to take responsibility for the self care in relation to treatments [e.g. medicines].

Many of the studies under this theme are located in the places where health and social welfare intersect, reflecting the science and art of combining philosophies, methodologies and care practice management to ensure the best outcomes for individuals, communities and society at large.

### **5. PESTLE and SWOT analyses**

Strategic analysis of External Drivers [PESTLE] [Appendix 1], and a SWOT analysis of the Trust/Schools partnership, within the context of the external environment [Appendix 2], was carried out by RLN members via email and group discussions at meetings.

#### **5.1 PESTLE**

The PESTLE identified the key external environmental drivers for this strategy that inform the nature and context of future research themes. The categories of research that the partnership will need to engage in are as follows, with many mapping into the Schools' research themes:

##### **Social**

- Long term conditions
- Frail elderly persons
- Palliative care/end of Life
- Bereavement
- Organ donation
- Lifestyle/family issues e.g. unemployment  
obesity, alcohol consumption, smoking etc.
- Community based services

##### **Legal**

- Governance and ethics in non-medical research
- Governance and ethics in non-medical innovation

## Environmental

- Control and management of infectious diseases including hospital acquired infections
- Reduction of carbon-footprint

## Technological

- Data collection/data management
- Patient safety
- Remote patient monitoring
- Optimum use of medicines

In terms of research funding many of the current calls fit around these areas; seemingly confirming that these areas are emerging trends for further research.

## 6. Joint strategic objectives

The three-year vision endorsed by Trust and Schools is for the development of a fully functional, jointly branded, self funding, and income generating community of practice. Owned by Trust and Schools its purpose will be to address research priorities for the caring sciences, whilst fostering a culture of enquiry and practice innovation, in which people thrive. Such a community has the advantages of not only developing and carrying out joint, high impact research but provides a conduit for promoting knowledge transfer and maximising the use of tacit knowledge. The achievement of the above Vision will be realised through this research strategy set out in Figure 1. and elaborated in the joint objectives.

**Figure 1. Research strategy 2012-2015**

Strong research profile		Multi-disciplinary collaboration		Strong research culture		High quality research training
Focused research effort		Working with:		Staff development		High quality training & supervision
Quality enhancement		NHS		Funding		Attract high calibre practitioners
Range of expertise		Other care providers		Time		Nurture high achieving students
Visibility		Local Authority		Seminar programme		MSc/Clinical doctorate programmes
		Service user groups		Supervisory support/experience		Post doctoral careers
		Third sector				



## **6.1 Objectives**

To develop complementary research activities, which have measurable evidence of combined working priorities and approaches with the explicit outcomes of:

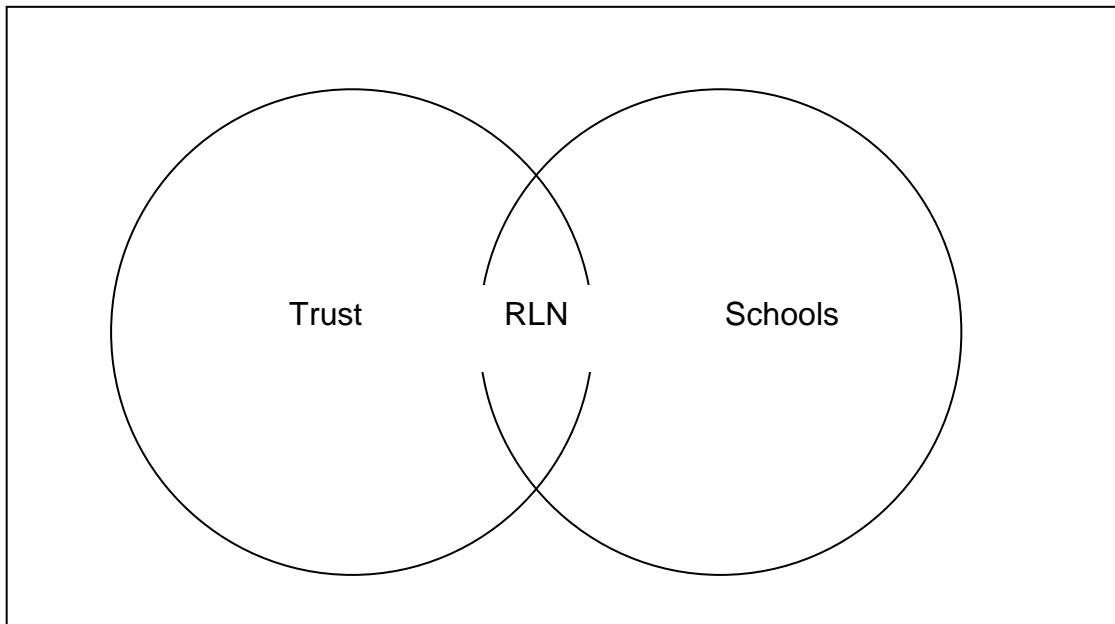
1. Focusing on a coherent, planned approach to develop mutual research and supportive partnerships;
2. adopting a model and process of collaboration identified by healthcare practitioners as sensitive to their needs and time commitments;
3. promoting the inclusion of service users in the development of, and participation in new research projects;
4. establishing multidisciplinary, strategic alliances that are able to influence research commissioning and initiate and respond to calls for proposals;
5. developing a learning loop between research and practice that further informs the partnership and stimulates reciprocal learning, effective dissemination and knowledge transfer.

## **7. Research Leads Network**

The objectives will be achieved, evidenced and measured through the activities of the Trust based Research Leads Network [RLN]. This initiative will lead to the development of a high impact, practice focused strategy that engages stakeholders, and offers them the opportunity to influence the direction taken towards a shared research vision. The RLN owned by Trust and Schools will raise research awareness, address research priorities and advance the development of multi-disciplinary research, to drive forward innovation and enhanced quality in care practices. It will provide research leadership, support, and role models for healthcare practitioners. It will unlock research talent, to further a culture of enquiry and informed practice, based upon the best available evidence.

The development of the network will be coordinated through the work of the Joint Appointment Clinical Professor. The relationship of the Network to Trust and Schools is shown in Figure 2.

**Figure 2. Relationship of RLN to Trust and Schools**



### **7.1 Research Leads**

Research Leads [RL] will work with Joint Appointment Clinical Professor to assist in the process of raising research awareness among healthcare practitioners and the need for evidence informed practice across Trust and Schools. They will be forerunners and anticipated members of a joint community of practice owned by Trust and Schools.

A RL is an individual employed by the Trust or School who is academically able, clinical credible, enthusiastic and highly motivated to develop themselves and others. An RL will increase research awareness within both organisations, be ambitious, have a sense of curiosity, seek to improve practice for better health outcomes, and is interested in unlocking ways in which this can be achieved; through creating and developing the opportunities for innovative research. The experience and professional credibility of a RL will bring a new form of mentorship and professional development through their ability to foster and nurture enthusiasm in others, within a structured framework.

RLs will be identified through their own self-awareness, or recognised research experience, their manager's recommendations, action learning groups in selected areas, initial informal conversations, and later via more formal approaches, such as interviews.

Alternatively RLs will be sought in areas that are perceived to require development and therefore need a champion who may have the talent or potential to be a RL.

Actual time commitment for RLs outside their own development is expected to be minimal as much communication can be achieved online, so face to face meetings

may not always be necessary. Nurturing and developing others is expected to form part of their day to day practice.

RLs will be rewarded through their own sense of enhanced self-esteem, personal development, achievement of their ambitions, engagement in scholarly activity and the celebrated success of any projects they may be involved in. Support will be provided by the Joint Appointment Clinical Professor, other clinical academics and virtual or actual peer group meetings, and peers.

An annual Royal Award will be given in recognition of exceptional contributions to healthcare practitioner research or innovation activity.

As a way forward it is expected that research activity will become embedded in job descriptions of all healthcare practitioners in the Trust. Research activity is an expectation of academic employment at the University.

## **7.2 Terms of Reference for the RLN**

The RLN will be leading edge and challenged to new levels of performance. The RLN will drive and resource an environment for research that leads to innovative solutions to health problems.

### **Purpose:**

- To share research experience and encourage research output and collaboration between Trust/Schools and others.
- To ensure the structures and processes necessary for effective joint work to be undertaken are developed and sustained.
- To provide a forum for review of the process, discussion of challenges encountered, and to support problem solving.
- To promote good research governance within The Network.
- To support and advise in matters pertaining to research.
- To collate and publicise research output.
- To annually review performance of the research plan.
- To agree and oversee mechanisms for reviewing research plan.

### **Membership:**

- Membership is inclusive of health and social care professions jointly represented from the Trust and the two Schools at the University of Wolverhampton. Ex Officio members include the Trust's Chief Nurse, Director of R&D and the Dean of the School of Health and Wellbeing.

**Frequency, duration, support:**

- Meetings will be held bi-monthly [for at least one hour]. PA for Joint Appointment Clinical Professor will take the lead in organising dates, distribution of papers, taking minutes, and supporting the meetings, as necessary.
- Actions/responsibilities will be divided between members
- The role and purpose of the Network will be reviewed annually.

**Groups to be kept informed of progress and activity**

- R&D Clinical Research Leads Group
- Senior Nurses' Strategic Team
- Pharmacy Management Team
- Senior Researchers' Teams, Centre for Health and Social Care Improvement, School of Health and Wellbeing, and the Department of Pharmacy, University of Wolverhampton.

**7.3 RLN working with medical researchers**

The RLN will work in collaboration with the established R&D Directorate management team, which supports medical research within the Trust. The R&D Directorate is also accountable for research and innovation governance and co-ordination of research activities within the Trust. The RLN will seek to develop a complementary working arrangement, which will aim to provide added outcomes and value to research performed in the Trust and University. Furthermore, these collaborations will encourage integrated medical and healthcare practitioner research, mitigating against teams investigating similar subjects from working in silos.

The RLN is particularly interested in working with the R&D management team to support further development of a clinical research career structure for healthcare practitioners who work clinically with medical colleagues supporting clinical trials, in the provision of medicines for clinical research, e.g. managers, nurses, technical officers etc. As one of the growing staff groups in the NHS they contribute considerable expertise in managing and orchestrating clinical research. In addition some healthcare practitioners are already engaged in practice research. To date in most areas their potential as mentors, and research units as clinical placements, has not been capitalised to its full extent for pre-registration or early career researchers. The above themes will allow the development of a novel and successful inclusive "Hub" for high quality research and research training.

## **7.4 RLN working with patients and public**

International evidence reported in *Equity and excellence: Liberating the NHS* (DH 2010) showed that involving patients in their care and treatment improves their health outcomes, boosts their satisfaction with services received, and increases, not just their knowledge and understanding of their health status, but also their adherence to a chosen treatment, with significant reductions in cost. This was equally true of the partnership described between patients and clinicians in research.

The RLN is cognisant of the role that patients and their families play in research and innovation. The RLN will provide a forum for involving service users, working with the Schools and the Trust's R&D Directorate. The R&D Directorate has a track record in bringing forward and supporting service users and industry innovations, taking them from concept through to the NHS supply chain. Patient and public involvement will therefore be an integral part of the RLN, both as advisors and participants. We will seek service user representation as members. We will continue to work closely with the Trust's Reference Groups, the School of Health and Wellbeing's Service User Group, and service user groups from Wolverhampton Local Involvement Network (LINK). We will involve the Trust's Patient Experiences and Voluntary Services Departments to facilitate contact with the patient and public groups.

## **8. Communication and launch plan**

The strategy will be available on Trust and Schools' internet and intranet pages for staff and public to access. When launched, the document will be promoted via the Trust's All User Bulletin, the R&D intranet site and webpage and the University of Wolverhampton's staff e-zine, WLVInsider.

The following individuals and groups were invited to give comments on the draft strategy:

### **Trust**

- The patient and public engagement partnership
- Members of the RLN
- Chief Nursing Officer
- Deputy Chief Nurse, Quality & Safety
- Deputy Chief Nurse, Transformation & Workforce
- R&D Clinical Director
- R&D Directorate Manager
- Clinical Director of Pharmacy
- Clinical Leads for Medical Research
- Divisional Management teams
- Directorate Management Teams
- Senior Nurses Strategic Team

## **University**

- Dean, School of Health and Wellbeing
- Director of Research and Enterprise, School of Health and Wellbeing
- Business Development Manager, School of Health and Wellbeing
- Senior Research Staff at School of Health and Wellbeing, Centre for Health and Social Care Improvement
- Leadership Group, School of Health and Wellbeing
- Senior Pharmacist Research staff, Department of Pharmacy

## **9. Reporting structure and review plan**

- The strategy will be monitored quarterly at RLN meetings
- The plan will be reviewed annually by the RLN
- Annual report will be submitted to the Trust Board
- Annual report will be submitted to the School Boards

## **10. Resources required**

Financial Plan – To contain an income forecast, budgets for staff training and development, media and communications, seed corn/match funding and the cost of a co-branded research institute/faculty at New Cross Hospital. This should highlight a break-even point and return on investment and actual to budget should be managed.

## 11. Implementation Plan Summary of Actions 2012-2015 [With reference to Gantt Chart p20]

### Objective 1. Strong Research Profile

No.	Key elements	Actions
1.1	Focused research effort	<ol style="list-style-type: none"> <li>1. Target for development niche areas with strong potential for local, national, international leadership and recognition i.e. cancer, renal care, cardiovascular conditions, dementia, pharmacoepidemiology.</li> <li>2. Focus research activity leading to high research profile in specific areas i.e. identified in PESTLE.</li> <li>3. Concentrate efforts in areas we are likely to be successful.</li> <li>4. Competitor Analysis – to be conducted by the relevant healthcare practitioner partnered with a medical support in the various areas of excellence i.e. stroke, cancer, cardiovascular, dementia etc.</li> <li>5. Collate and disseminate findings from studies to existing R&amp;D governance systems.</li> <li>6. Create a repository of publications to existing R&amp;D governance systems.</li> <li>7. Strategic roadmap [Gantt Chart] of key deliverables and critical milestones</li> </ol>
1.2	Quality enhancement	<ol style="list-style-type: none"> <li>1. Ensure that the RLN activities have the full support of the Trust Board, Schools and R&amp;D Directorate Management.</li> <li>2. Ensure that the RLN has a sound, functional and accountable organisational structure.</li> <li>3. All Trust healthcare practitioners should have an element of research attributed to their job description at the appropriate level [Appendices 3, 4].</li> <li>4. At appointment all healthcare practitioners should be made aware of the RLN through verbal and written communication, and how to contact the Joint Appointment Professor and other clinical academics such as the Professor of Pharmacy, and the R&amp;D Directorate.</li> <li>5. Joint Appointment Professor working with R&amp;D to produce leaflet for the above purpose.</li> </ol>

		<ol style="list-style-type: none"> <li>6. Leaflet should describe clear developmental pathways for new healthcare practitioners to progress their research interests from undergraduate level through to postgraduate level and beyond.</li> <li>7. Provide tangible incentives, rewards, celebrations for significant contributions to the research, innovation or enterprise profile of the Trust and Schools.</li> <li>8. Effective evaluation: Evidence of impact will be systematically collected to show any differences.</li> <li>9. Review of human and technical resources that support research activity.</li> </ol>
1.3	Range of expertise	<ol style="list-style-type: none"> <li>1. Development of effective, sustainable collaborations and Trust research and special project groups.</li> <li>2. Provide access to specialist support in statistics, health economics etc.</li> </ol>
1.4	Visibility	<ol style="list-style-type: none"> <li>1. Internal and external communication plan to raise awareness of research initiative and support available via RLN website, R&amp;D intranet, Trust All User Bulletin, quarterly magazine, and notices in ward and outpatient areas, assuring research is visually promoted and indicated in the Trust in conjunction with additional R&amp;D Directorate and University initiatives.</li> <li>2. Media plan to advertise the research partnership/hub within health and education sector, [journals, websites] and local press to include radio and TV interviews.</li> <li>3. Clarify and promote the support offered by the R&amp;D Directorate via website, Trust induction and other existing media.</li> <li>4. Research support services to accommodate expanding research activity i.e. development and resourcing of R&amp;D or library/ and information services.</li> <li>5. Use media to promote enhanced reputation for innovation and excellence.</li> <li>6. Ensure that key published outputs are given media and public awareness exposure.</li> <li>7. Establish co-branded research institute/faculty at New Cross Hospital.</li> </ol>



## Objective 2. Multi-disciplinary collaboration

No.	Key elements	Actions
2.1	Working with: NHS Other care providers Local Authority Service user groups Third sector	<ol style="list-style-type: none"> <li>1. Engage in multidisciplinary collaborations across Trust/Schools/University/Other.</li> <li>2. Patient and public representation in RLN.</li> <li>3. Promote opportunities for patients and their families to share in research and innovation ideas:               <ul style="list-style-type: none"> <li>• Posters</li> <li>• Feedback from PALS/focus groups, discovery interviews</li> <li>• Engagement: information, signposting</li> <li>• Active listening</li> <li>• Feedback process</li> </ul> </li> <li>4. Be aware of the importance of capturing ideas and the demands and process of developing service and product innovations and compliance with Trust IP Policy, OP22 and R&amp;D Standard Operating Procedures [SOPs] regarding:               <ul style="list-style-type: none"> <li>• Capturing ideas and registration thereof</li> <li>• Filtering research/innovation from ideas</li> <li>• Development planning of innovative ideas</li> <li>• Ownership and protection of innovation</li> <li>• Clinical evaluation of innovation</li> </ul> </li> </ol>

### Objective 3. Strong research culture

No.	Key elements	Actions
3.1	Staff development	<ol style="list-style-type: none"> <li>1. Build staff morale, self esteem, confidence and peer recognition from engagement in research activity and publication of research findings and results. Encourage research from grass roots exposing junior healthcare practitioners early in their careers to development and training.</li> <li>2. Identify special talent within junior healthcare practitioners and fast track them on to clinical research careers.</li> <li>3. Allocation of time for research activity and expected output should be discussed at annual appraisals.</li> <li>4. Work with R&amp;D to provide competency assurance [mandatory Quality Assurance Training] and monitor performance in compliance with MHRA regulations for Good Practice i.e. mandatory training for research active staff.</li> </ol>
3.2	Funding	<ol style="list-style-type: none"> <li>1. With R&amp;D and the Schools establish systems for early identification of funding opportunities.</li> <li>2. Annual plan review in June to include the Schools' business support.</li> <li>3. Establish multidisciplinary strategic alliances that are able to influence research commissioning, initiate and respond to calls for proposals.</li> <li>4. Move grant awards from single, low value projects to programmatic, integrated approaches to increase grant income.</li> <li>5. Set targets for research income generation and growing and diversifying research incomes.</li> <li>6. Review membership of grant awarding bodies and try to influence/be appointed to them.</li> <li>7. Maximise grant awarding opportunities by ensuring that applicants are aware of any staff appointed to grant awarding bodies and use them for advice and peer review.</li> </ol>

3.3	Time Supervisory support/experience	<ol style="list-style-type: none"> <li>1. Personal research ambitions should be discussed at appointment and appraisal and consideration given to reasonable support in terms of protected time and resources to achieve research ambitions.</li> <li>2. Create a mentor/buddy scheme to support novice researchers.</li> <li>3. The Joint Appointment Professor and other clinical academics will act as role models for novice researchers undertaking own account research.</li> <li>4. The Joint Appointment Professor and other clinical academics will provide supervisory support, and guidance in relation to research studentships and postgraduate programmes, preparation of grant applications.</li> <li>5. Obtain access to research administration and support available to support development of grant proposals.</li> <li>6. Enable the writing and publication of high quality papers, published in high impact journals.</li> <li>7. Share peer reviewer comments to enhance learning.</li> </ol>
3.4	Seminar programme	<ol style="list-style-type: none"> <li>1. Increase research output [publications and conference presentations].</li> <li>2. Involve all staff in a bespoke scholarly programme of bite size research delivered as case studies applicable to their speciality.</li> <li>3. Host sessions on research career opportunities.</li> <li>4. Hold 'drop-in surgeries' in clinical areas to encourage practitioners to come forward with ideas and obtain advice on how to conduct a research project and obtain support and funding.</li> <li>5. Grand Round event with patient public partnership to raise awareness with staff, patients and public on the importance of health/social care research.</li> <li>6. Maximise the impact of Schools established seminar programmes.</li> </ol>

#### Objective 4. High quality research

No.	Key elements	Actions
4.1	High quality training and supervision	1. Build capacity and capability by ensuring high quality research training and supervision in accordance with the Researcher Development Statement [Appendix 5].
4.2	Attract high calibre healthcare practitioners	<ol style="list-style-type: none"> <li>1. Capacity build by attracting, developing and retaining high achieving staff with substantive research experience.</li> <li>2. Identify and support practitioners who wish to focus on a clinical research career.</li> <li>3. Increase capacity by supporting at least two members of staff, annually to apply for studentships and undertake part time MSc/Doctoral programmes/ or equivocal.</li> </ol>
4.3	Nurture high achieving students	1. Identify students with potential to be researchers and nurture their talents.
4.4	MSc/Clinical doctorate programmes	1. Fund at least one MSc/Clinical Doctorate per year to raise research potential and profile of senior practitioners.
4.5	Post doctoral careers	<ol style="list-style-type: none"> <li>1. Provide all healthcare practitioners with well-designed, rewarding jobs.</li> <li>2. Provide clear career progression for clinical academics to expand the existing clinical academic workforce.</li> <li>3. Provide a robust system of research mentorship.</li> </ol>

## 12. Gantt chart – Schedule for RLN objectives

Years 01 April 2012 - 31 March 2015

	1 [2012-2013]	2 [2013-2014]	3 [2014-2015]
<b>Objectives</b>			
<b>1. Strong research profile</b>			
Focused research effort	Target niche areas; create repository of publications; Collate and disseminate findings from studies to existing R&D governance systems	Competitor analysis; Collate and disseminate findings from studies to existing R&D governance systems	Collate and disseminate findings from studies to existing R&D governance systems
Quality enhancement	Ensure Trust Board/Schools/R&D support for RLN; Ensure sound organisational structure for RLN; Effective evaluation: Evidence of impact is systematically collected to show any differences; Review human and technical resources that support research activity	Research component in all healthcare practitioner job descriptions, all new staff made aware of RLN; Produce leaflet that shows clear developmental pathway for new staff to progress their research interests; Provide tangible incentives for excellence in research output; Effective evaluation; Review human and technical resources that support research activity	Effective evaluation; Review human and technical resources that support research activity
Range of expertise	Development of effective, sustainable collaborations; Provide access to specialist support in statistics, health economics etc.	Development of effective, sustainable collaborations; Provide access to specialist support in statistics, health economics etc	Development of effective, sustainable collaborations; Provide access to specialist support in statistics, health economics etc
Visibility	Implement internal and external communications plan; Clarify and promote the support offered by the R&D Department	Evaluate impact of communication plan and make necessary adjustments; Evaluate research support services to accommodate expanding research activity and make adjustments	Evaluate impact of communication plan and make necessary adjustments; Evaluate research support services to accommodate expanding research activity and make adjustments; Establish co-branded research Institute/Faculty at New Cross Hospital
<b>2. Multi-disciplinary collaboration</b>			
NHS, Other care providers, Local Authority, Service User groups, Third sector	Collaborations in progress; Appoint service user members to RLN; Raise awareness via RLN of the value and opportunities for patients and their families to share research and innovation ideas	Strengthen and increase collaborations; Tangible outcomes of early initiatives	Successful research outcomes and innovations; Well established systems for patients, their families and the public to share in research and innovation.

	1 [2012-2013]	2 [2013-2014]	3 [2014-2015]
<b>Objectives</b>			
<b>3. Strong research culture</b>			
Staff development	<p>Via RLN: build staff morale, self esteem, confidence and peer recognition from engagement in research activity; Encourage research from grass roots exposing junior healthcare practitioners to research at the start of their careers; Identify special talent within junior healthcare practitioners and fast track them on to clinical research careers;</p> <p>Allocation of time for research activity and expected output should be discussed at annual appraisals; Working with R&amp;D provide and monitor performance and mandatory training for research active staff</p>	<p>Via RLN: build staff morale, self esteem, confidence and peer recognition from engagement in research activity; Encourage research from grass roots exposing junior healthcare practitioners to research at the start of their careers; Identify special talent within junior healthcare practitioners and fast track them on to clinical research careers;</p> <p>Allocation of time for research activity and expected output should be discussed at annual appraisals; Working with R&amp;D provide and monitor performance and mandatory training for research active staff</p>	<p>Via RLN: build staff morale, self esteem, confidence and peer recognition from engagement in research activity; Encourage research from grass roots exposing junior healthcare practitioners to research at the start of their careers; Identify special talent within junior healthcare practitioners and fast track them on to clinical research careers;</p> <p>Allocation of time for research activity and expected output should be discussed at annual appraisals; Working with R&amp;D provide and monitor performance and mandatory training for research active staff</p>
Funding	<p>With R&amp;D and Schools establish systems for early identification of funding opportunities; Do funding plan for March 2012; Establish multidisciplinary strategic alliances; Maximise grant awarding opportunities by ensuring that applicants are aware of any staff appointed to grant awarding bodies and use them for advice and peer review</p>	<p>Early identification of funding opportunities; Annual plan review in June; Further develop multidisciplinary strategic alliances; Set targets for research income generation and growing and diversifying research incomes; Review membership of grant awarding bodies and try to influence/be appointed to them; Maximise grant awarding opportunities by ensuring that applicants are aware of any staff appointed to grant awarding bodies and use them for advice and peer review</p>	<p>Early identification of funding opportunities; Annual plan review in June; Move grant awards from single, low value projects to a programmatic, integrated approaches; Increase grant income; Set targets for research income generation and growing and diversifying research incomes; Review membership of grant awarding bodies and try to influence/be appointed to them; Maximise grant awarding opportunities by ensuring that applicants are aware of any staff appointed to grant awarding bodies and use them for advice and peer review</p>
Time Supervisory support/experience	<p>Personal research ambitions should be discussed at appointment and appraisal and consideration given to reasonable support in terms of protected time and resources to achieve research ambitions; Create a mentor/buddy scheme to support novice researchers; The Joint Appointment Professor and other clinical academics to act as role models &amp; provide supervisory support for novice researchers, and guidance in relation to research studentships and postgraduate programmes, preparation of grant applications; Make research administration and support available to support development of grant proposals; Enable the writing and publication of high quality papers, published in high impact journals; Sharing peer reviewer comments to enhance learning.</p>	<p>Personal research ambitions should be discussed at appointment and appraisal and consideration given to reasonable support in terms of protected time and resources to achieve research ambitions; Create a mentor/buddy scheme to support novice researchers; The Joint Appointment Professor and other clinical academics to act as role models &amp; provide supervisory support for novice researchers, and guidance in relation to research studentships and postgraduate programmes, preparation of grant applications; Make research administration and support available to support development of grant proposals; Enable the writing and publication of high quality papers, published in high impact journals; Sharing peer reviewer comments to enhance learning.</p>	<p>Personal research ambitions should be discussed at appointment and appraisal and consideration given to reasonable support in terms of protected time and resources to achieve research ambitions; Create a mentor/buddy scheme to support novice researchers; The Joint Appointment Professor and other clinical academics to act as role models &amp; provide supervisory support for novice researchers, and guidance in relation to research studentships and postgraduate programmes, preparation of grant applications; Make research administration and support available to support development of grant proposals; Enable the writing and publication of high quality papers, published in high impact journals; Sharing peer reviewer comments to enhance learning.</p>

	1 [2012-2013]	2 [2013-2014]	3 [2014-2015]
<b>Objectives</b>			
Seminar programme	Encourage research output [publications and conference presentations]; Develop a bespoke scholarly programme of bite size research delivered as case studies applicable to clinical specialities; Design 'drop-in surgeries' with the Schools; Host sessions on research career opportunities; Grand Round event with patient public partnership to raise awareness with staff, patients and public on the importance of non-medical research; Maximise use of Schools well established research seminar programme	Increase research output [publications and conference presentations]; Involve all staff in a bespoke scholarly programme of bite size research delivered as case studies applicable to their speciality; Hold 'drop-in surgeries' in clinical areas to encourage practitioners to come forward with ideas and obtain advice on how to conduct a research project and obtain support and funding; Grand Round event with patient public partnership to raise awareness with staff, patients and public on the importance of non-medical research; Schools to consider developing joint seminar programmes.	Increase research output [publications and conference presentations]; Involve all staff in a bespoke scholarly programme of bite size research delivered as case studies applicable to their speciality; Hold 'drop-in surgeries' in clinical areas to encourage clinicians to come forward with ideas and obtain advice on how to conduct a research project and obtain support and funding; Grand Round event with patient public partnership to raise awareness with staff, patients and public on the importance of non-medical research; Schools to host joint seminar events.
<b>4. High quality research training</b>			
High quality training & supervision	Build capacity and capability by ensuring high quality research training and supervision in accordance with the Researcher Development Statement [Appendix 4]	Build capacity and capability by ensuring high quality research training and supervision in accordance with the Researcher Development Statement [Appendix 4]	Build capacity and capability by ensuring high quality research training and supervision in accordance with the Researcher Development Statement [Appendix 4]
Attracting high calibre healthcare practitioners and nurturing high achieving students	Capacity build by employing staff with substantive research experience; Identify and support practitioners who wish to focus on a clinical research career; Increase capacity by supporting at least two members of staff, annually to apply for studentships, which would build on the existing part time PhD students[8 as of 2012] in Pharmacy practice research; Encourage staff to undertake part time Doctoral programmes/ or equivalent; Identify students with potential to be researchers and nurture their talents	Capacity build by employing staff with substantive research experience; Identify and support practitioners who wish to focus on a clinical research career; Increase capacity by supporting at least two members of staff, annually to apply for studentships which would build on the existing part time PhD students [8 as of 2012] in Pharmacy practice research; Encourage staff to undertake part time Doctoral programmes/ or equivalent; Identify students with potential to be researchers and nurture their talents.	Capacity build by employing staff with substantive research experience; Identify and support practitioners who wish to focus on a clinical research career; Increase capacity by supporting at least two members of staff, annually to apply for studentships, which would build on the existing part time PhD students [8 as of 2012] in Pharmacy practice research; Encourage staff to undertake part time Doctoral programmes/ or equivalent; Identify students with potential to be researchers and nurture their talents.
MSc/Clinical Doctorate programmes	Fund at least one MSc/ Clinical Doctorate per year to raise research potential and profile of senior practitioners.	Fund at least one MSc/Clinical Doctorate per year to raise research potential and profile of senior practitioners.	Fund at least one MSc/Clinical Doctorate per year to raise research potential and profile of senior practitioners.
Post doctoral careers	Provide all staff with well-designed, rewarding jobs	Provide all staff with well-designed, rewarding jobs; Develop clear career progression for clinical academics to expand the existing clinical academic workforce.	Provide all staff with well-designed, rewarding jobs; Develop clear career progression for clinical academics to expand the existing clinical academic workforce.

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## Appendices

### Appendix 1

#### PESTLE – Strategic analysis of external environmental drivers

<p><b>Political</b></p> <ul style="list-style-type: none"> <li>• The Health &amp; Social Care Bill 2011</li> <li>• Public Health England/ Healthy Lives, Healthy People 2011</li> <li>• Dilnot Report 2011: Fairer Care Funding</li> <li>• The Comprehensive Spending Review 2010</li> <li>• The Darzi Report: the critical gaps 2007</li> <li>• Research Priorities- DH ongoing</li> </ul>	<p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• Pandemics/Epidemics</li> <li>• Control of Infectious Diseases</li> <li>• Reduction of Carbon Footprint through better choice of materials and medical waste management, use, storage and disposal of chemicals</li> <li>• Local Private Finance Initiative projects in the West Midlands</li> </ul>
<p><b>Social</b></p> <ul style="list-style-type: none"> <li>• Emerging trends to patient populations</li> <li>• Local ethnicity leading to specific conditions e.g. Diabetes, COPD, Dementia etc</li> <li>• Patient choice which raises expectations in terms of service levels</li> <li>• Joblessness leading to higher issues of public health e.g. alcohol, smoking, obesity etc</li> <li>• Thrust towards community based services</li> <li>• Hospital acquired infectious diseases</li> <li>• Tuberculosis, Malaria, HIV, Aids etc</li> </ul>	<p><b>Technological</b></p> <ul style="list-style-type: none"> <li>• Telehealth/Telecare</li> <li>• Smart phones</li> <li>• Social media</li> <li>• Online focus groups</li> <li>• Advancement in IT systems e.g. VitalPAC, Safe Hands/Productive Ward etc</li> </ul>
<p><b>Legal</b></p> <ul style="list-style-type: none"> <li>• R &amp; D Governance</li> <li>• Research Ethics</li> <li>• Legal protection and indemnity for research and innovation activity</li> <li>• Legal Requirement for Patient and Public Engagement e.g. section 242 of the NHS Act 2006</li> <li>• Trust striving towards Foundation Trust status</li> <li>• Uncertainty as to legal ratification of Health and Social Care Bill 2011</li> </ul>	<p><b>Economic</b></p> <ul style="list-style-type: none"> <li>• Government Savings to the NHS of £20 Billion by 2014</li> <li>• Abolishment/clustering of PCTs and changes around commissioning leading to loss of areas of expertise</li> <li>• Reduced funding from Research Councils and other streams</li> <li>• Greater Competition i.e. private healthcare providers</li> <li>• Individualised Care Packages for Long-term conditions</li> <li>• Social care capping</li> </ul>

*Sources: (Sque, 2011, 'Development of a Research Strategy', p1, Sque, 2011, 'Mind Shower or Brain Storm: Minutes of 3<sup>rd</sup> Meeting held 26<sup>th</sup> July, pp1:4)*

## Appendix 2

### SWOT analysis of the Trust/School partnership within the context of the external environment:

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Cognisance of the importance for non-medical research</li> <li>• Talented and enthusiastic clinicians</li> <li>• Enjoy full support from medical colleagues for non-medical research</li> <li>• Joint Clinical Chair between Trust and School</li> <li>• Having an R&amp;D Department</li> <li>• Excellent library/information services at Trust</li> <li>• Access to School/Centre for Health and Social Care Improvement/ University resources, including researchers, software, library, marketing, finance etc.</li> <li>• Established reputation in clinical areas e.g. cancer treatment, renal care, stroke therapy, cardiovascular conditions and dementia</li> <li>• Innovation e.g. clinical trials of copper heeler's cup</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Lack of provision for 'own account' research due to day to day pressures absorbing time and resources</li> <li>• Staff shortages which jeopardise the exploitation of research opportunities</li> <li>• A fear of research particularly in respect of methodology, ethics and statistics</li> <li>• Unaware of research opportunities until the last minute</li> <li>• Lack of knowledge of where to go for research funding</li> <li>• Clinical practice currently follows departmental protocols therefore clinicians are not taking an active role in creating new evidence based research</li> <li>• Internal communication i.e. clinicians unaware of the support offered by the R&amp;D dept</li> <li>• Lack of clarity and/or consistency of advice with respect to R&amp;D processes</li> <li>• Insufficient R &amp; D resources to support clinical staff in their 'own account' research</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• To better exploit relationship between Trust and University by extending the RLN to School of Applied Sciences and School of Sports Performing Arts and Leisure via R&amp;D Hub</li> <li>• To raise awareness of the most appropriate methodologies for clinically related research</li> <li>• To build staff morale, self-esteem, confidence and peer recognition from engaging in research activity</li> <li>• To encourage research from the 'grass roots' by exposing junior staff to participate from the start of their career development plans</li> <li>• To identify special talent within junior clinicians to be 'fast-tracked' through a Research Passport Programme in Practice Led Research</li> <li>• Hold workshops on research methodologies that lead to a CPD qualification</li> <li>• Create a mentor scheme/buddy</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Lack of dedicated budget for non-medical research and innovation activities</li> <li>• Lack of understanding of Trust/University timescales for peer review/ethics which leads to researchers not managing time realistically</li> <li>• Non-medical research/own account research has to be absorbed as extra unfunded activity by the R&amp;D Directorate</li> <li>• Medical research/commercial trials have priority over non-medical research due to performance targets placed on the Trust</li> <li>• Lack of achievable, measureable and time bound research key performance indicators [KPIs] for staff that have research included in their job descriptions [non R&amp;D employed staff only]</li> </ul>

<p>system to support novice researchers</p> <ul style="list-style-type: none"> <li>• Hold ‘drop-in surgeries’ in clinical areas to encourage clinicians to come forward with ideas and obtain advice on how to conduct/participate in a research project and obtain support and funding</li> <li>• Culture change to include non-medical research as part of positive and proactive workforce planning</li> <li>• To improve R&amp;D signposting and support for all non-medical staff</li> <li>• Grand Round event with PPI to raise awareness with staff, patients and public on the importance of non-medical research</li> <li>• Increased networking by way of representation on panels and peer review groups e.g. NIHR, INVOLVE, DH, NICE and professional bodies such as the RCN etc.</li> <li>• Increased innovation with inventors and small and medium enterprises [SMEs] e.g. Femmax, Orthoglide, Hook-it, Hook-on, QoL management systems, Mouletec pressure relieving cushion etc.</li> <li>• Patient and public representation in RLN</li> </ul>	<ul style="list-style-type: none"> <li>• Funding cuts to departmental budgets</li> <li>• Increase in Clinical Directorate KPIs</li> <li>• Regional/national competitors for research funding</li> </ul>
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Sources: (Sque, 2011, ‘RLN Strategy Information Gathering Exercise’, pp1:4, Sque, 2011, ‘Mind Shower or Brain Storm: Minutes of 3<sup>rd</sup> Meeting held 26<sup>th</sup> July, pp1:4)

**Appendix 3 - Non Medical Staff Research Competency and Integration Framework**

Non Medical Clinical	Research CTIMPs	Academic/ Trust Research	Service Evaluation	Clinical Audit	Surveillance	Usual Practice
<b><i>Nursing, Midwifery &amp; AHP</i></b>						
<b>Training Students</b>	0	X	X	X	X	X
<b>Grade 4</b>	0	X	X	X	X	X
<b>Grade 5</b>	0	X	X	X	X	X
<b>Grade 6</b>	X	X	X	X	X	X
<b>Grade 7</b>	X	X	X	X	X	X
<b>Grade 8</b>	X	X	X	X	X	X
<b><i>Admin/Clerical</i></b>						
<b>Grade 2</b>	X	0	X	X	X	X
<b>Grade 3</b>	X	0	X	X	X	X
<b>Grade 4</b>	X	0	X	X	X	X
<b>Grade 5</b>	X	X	X	X	X	X
<b>Grade 6</b>	X	X	X	X	X	X
<b><i>Management Grades</i></b>						
		X	X	X	X	X
<b>Grade 7</b>	X	X	X	X	X	X
<b>Grade 8+</b>	X	X	X	X	X	X

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## Appendix 4.

### Differentiating clinical audit, service evaluation, research and usual practice and surveillance work in public health

RESEARCH	*SERVICE EVALUATION	CLINICAL AUDIT	SURVEILLANCE	USUAL PRACTICE (in public health)
The attempt to derive generalizable new knowledge including studies that aim to generate hypotheses as well as studies that aim to test them.	Designed and conducted solely to define or judge current care.	Designed and conducted to produce information to inform delivery of best care.	Designed to manage outbreak and help the public by identifying and understanding risks associated.	Designed to investigate outbreak or incident to help in disease control and prevention.
Quantitative research – designed to test a hypothesis. Qualitative research – identifies/explores themes following established methodology.	Designed to answer: “What standard does this service achieve?”	Designed to answer: “Does this service reach a predetermined standard?”	Designed to answer: “What is the cause of this outbreak?”	Designed to answer: “What is the cause of this outbreak?” and treat.
Addresses clearly defined questions, aims and objectives.	Measures current service without reference to a standard.	Measures against a standard.	Systematic, statistical methods to allow timely public health action.	Systematic, statistical methods may be used.
Quantitative research – may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced.	Involves an intervention in use only. The choice of treatment is that of the clinical and patient according to guidance, professional standards and/or patient preference.	Involves an intervention in use only. The choice of treatment is that of the clinical and patient according to guidance, professional standards and/or patient preference.	May involve collecting personal data and samples with the intent to manage the incident.	Any choice of treatment is based on clinical best evidence or professional consensus.
Usually involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care.	Usually involves analysis of existing data but may include administration of interview or questionnaire.	Usually involves analysis of existing data but may include administration of simple interview or questionnaire.	May involve analysis of existing data or administration of interview or questionnaire to those exposed.	May involve administration of interview or questionnaire to those exposed.
Quantitative research – study design may involve allocating patients to intervention groups. Qualitative research – uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications.	No allocation to intervention: the health professional and patient have chosen intervention before service evaluation.	No allocation to intervention: the health professional and patient have chosen intervention before audit.	Does not involve an intervention.	May involve allocation to control group to assess risk and identify source of incident but treatment unaffected.
May involve randomisation.	No randomisation.	No randomisation.	No randomisation.	May involve randomisation but not for treatment.
Normally requires REC review. Refer to <a href="http://www.nres.npsa.nhs.uk/applications/apply">www.nres.npsa.nhs.uk/applications/apply</a> for more information.	Does not require REC review.	Does not require REC review.	Does not require REC review.	Does not require REC review.

\* Service development and quality improvement may fall into this category.

## Appendix 5.

# Researcher Development Statement

**The UK is committed to enhancing the higher-level capabilities of the UK workforce including the development of world-class researchers. Researchers are critical to economic success, addressing major global challenges, and building a leading knowledge economy.**

The Researcher Development Statement (RDS) sets out the knowledge, behaviours and attributes of effective and highly skilled researchers appropriate for a wide range of careers.

The RDS is for policy makers and research organisations which provide personal, professional and career development for researchers in higher education.

The Researcher Development Statement is derived from the Researcher Development Framework (RDF), a major new approach to researcher development, which aims to enhance our capacity to build the UK workforce, develop world-class researchers and build our research base.

The RDS and RDF will contribute to researcher training and development in the UK by providing a strategic statement (RDS) and operational framework (RDF) to support the implementation of the Concordat to Support the Career Development of Researchers<sup>1</sup>, the QAA Code of practice for research degree programmes<sup>2</sup> and the 'Roberts'<sup>3</sup> recommendations for postgraduate researchers and research staff.

The RDS is structured in four domains encompassing the knowledge, intellectual abilities, techniques and professional standards to do research, as well as the personal qualities, knowledge and skills to work with others and ensure the wider impact of research. Within each of the domains are three sub-domains and associated descriptors, which describe different aspects of being a researcher.

The Researcher Development Statement is an evolution of the Research Councils' Joint Skills Statement (JSS)<sup>4</sup> and replaces the JSS as the key reference statement for the development of postgraduate researchers' skills and attributes and researchers employed in higher education. All the skills and attributes of the JSS have been incorporated into the RDS and their distribution is identified in the table below. A two-way mapping of the RDS and the JSS is available on the RDF section of the Vitae website.

For more information and to comment on the Researcher Development Framework and associated Statement go to [www.vitae.ac.uk/rdf](http://www.vitae.ac.uk/rdf)



**Researcher Development Framework**



<sup>1</sup> [www.researchconcordat.ac.uk](http://www.researchconcordat.ac.uk)

<sup>2</sup> [www.qaa.ac.uk](http://www.qaa.ac.uk)

<sup>3</sup> [http://webarchive.nationalarchives.gov.uk/http://www.hm-treasury.gov.uk/sol\\_for\\_success.htm](http://webarchive.nationalarchives.gov.uk/http://www.hm-treasury.gov.uk/sol_for_success.htm)

<sup>4</sup> [www.vitae.ac.uk/jss](http://www.vitae.ac.uk/jss)



