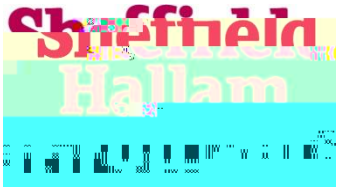


# Introduction

- Funded by Health Education England in 2018 to undertake an evaluation of progression beyond the NIHR/HEE Internship programmes (England)
- Focus = Nursing and Midwifery and Allied Health Professions (NMAHP)
- Multi-professional academic research team:
  - nursing
  - AHP (Diagnostic radiography; OT; physio)
  - information scientist; survey methodology / framework analysis expertise
- Two clinical practitioners (internship graduates)



# HEE/NIHR ICA Research Training

- Since 2014, HEE in partnership with the NIHR funded the Integrated Clinical Academic (ICA) careers programme
- Non-medical health professions (NMAHP)
- Internship = entry level programme that provides an introduction to all aspects of clinical research, including experiencing primary research in a clinical environment



# Progression Evaluation

- 4 cohorts commissioned in England since 2014 [n=~400]
- HEE funding ~ £10,000 per intern
- Purpose - to inform HEE future funding and training strategies

Research Aim:

# Methodology

- Ethical approval (host institution) and gatekeeper access (HEE)
- Mixed methods, combining qualitative with quantitative data collection in a sequential manner
- Each data collection stage informs the next phase
- Synthesis of data via Kirkpatrick Training Evaluation model
- A framework analysis process was used to integrate data and findings from each phase of the project.



# Literature Review

- UK and international 'background and context' to inform data collection tools
- 843 papers + 13 'grey literature' documents after exclusion of duplicates
- 35 documents retained after full text screening



2 key findings emerged...

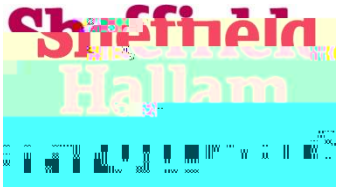


# 1. High perceived value of a clinical academic

A clinical academic is described as a health professional working clinically and involved in academia to try and find better health outcomes for practise. Clinical academics are expected to have leadership skills and be involved in teaching other healthcare staff.

Clinical academics are seen as the gatekeepers for the dissemination of information by translating research in to clinical practice

(Watson, Tang, & Knight, 2018; Westwood, et al., 2018; Health Education England (HEE), 2015; HEE/NIHR 2015; Kennedy, et al., 2010; Prime Minister's Commission, 2010).

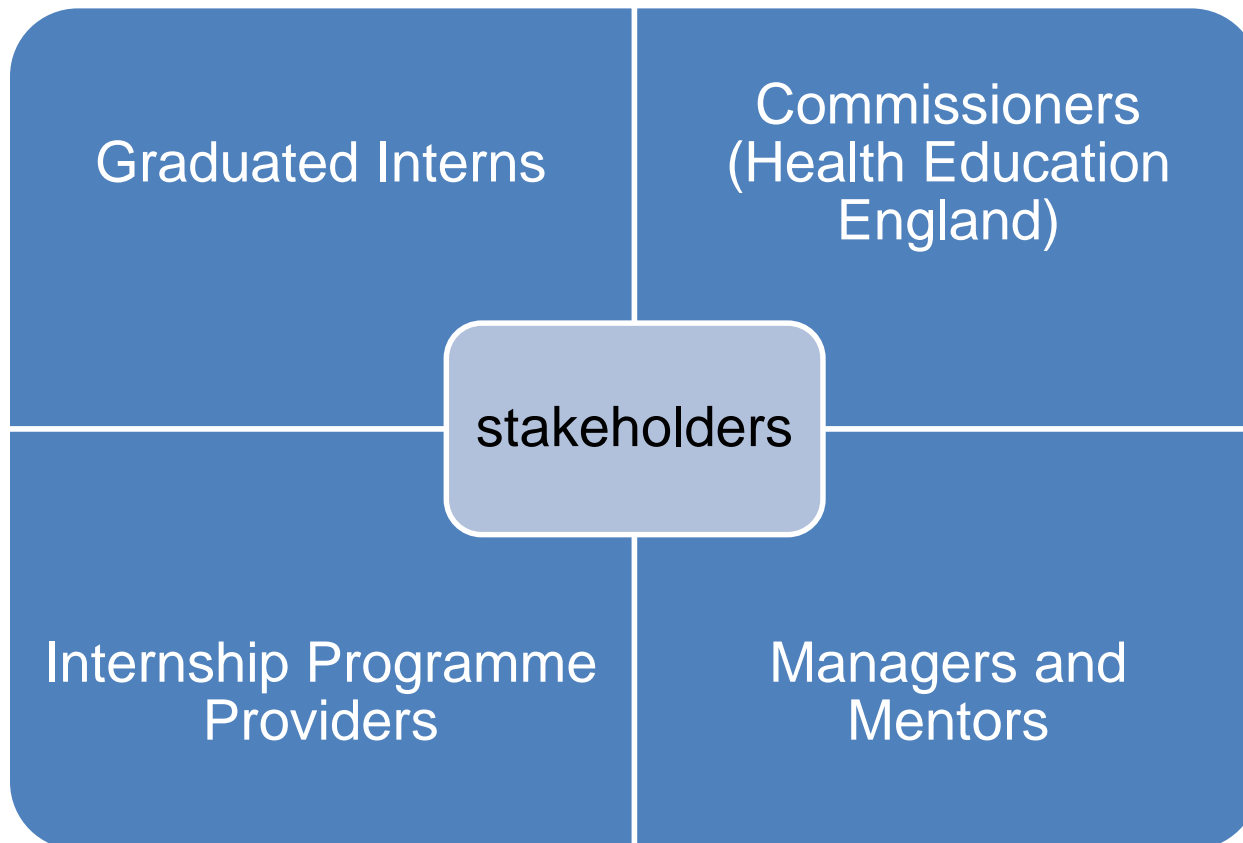


While the percentage of UK medical consultants in clinical academic roles is 5%, the percentage of NMAHPs involved in active research is less than 0.1% of the workforce (Hiley, et al., 2018).

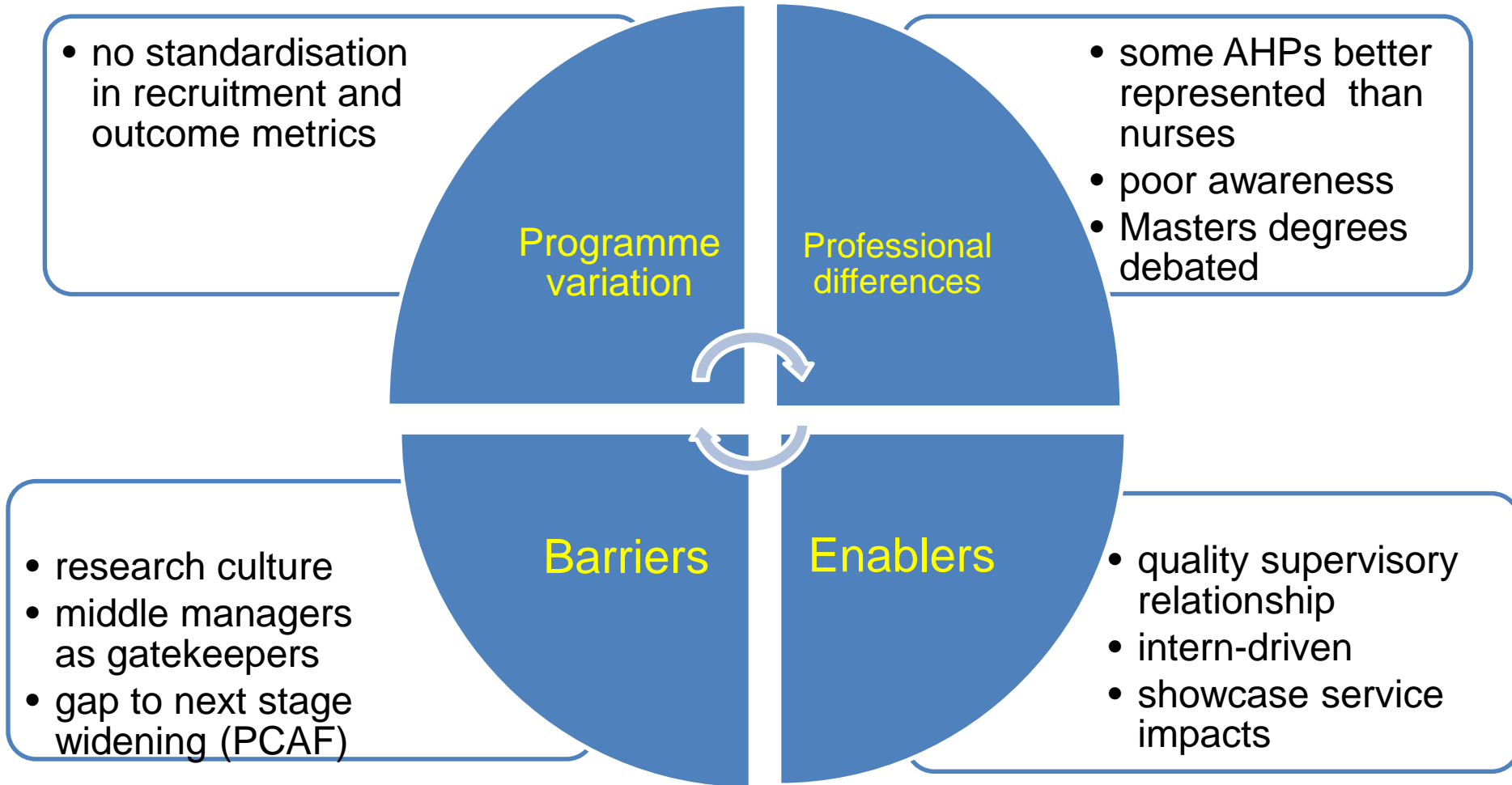


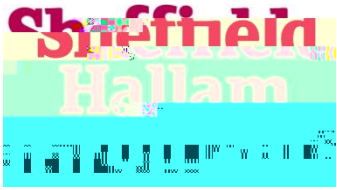
# Stakeholder focus groups

- Two groups of expert stakeholders (n=10)
- Aim = to highlight key issues and topics for inclusion in the survey and interviews.



# Focus Group Themes



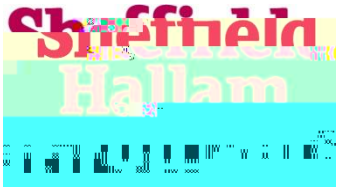


# Questionnaire Survey

- Each regional internship programme was requested to provide contact emails for completed cohorts.
- An email, with a link to an online survey, was then forwarded on (+ 2 reminders).

	Distributed to	Responses from	% NMC registered
Graduated Interns	317	104 (33%)	38.4%
Mentors / Supervisors	139	36 (26%)	30.5%
Line Managers	132	21 (16%)	41.6%

Interns were predominantly female (86.5%), evenly spread across age groups (24 to 54) and across AfC banding (6 to 8)



# Progression - Pay Banding

- 19 interns (18.2%) progressed to a higher pay band since completing the internship
- Only 1 intern had moved to a lower band

Pay Band Progressed to →

	Band 5	Band 6	Band 7	Band 8a	Band 8b	Other
Band 5	5	3	2	0	0	1
Band 6	0	0	0	0	0	0
Band 7	0	0	0	0	0	0
Band 8a	0	0	0	0	0	0
Band 8b	0	0	0	0	0	0
Other	0	0	0	0	0	0



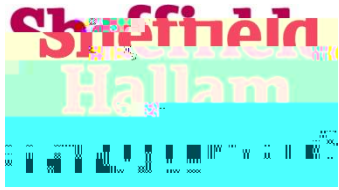
# Progression -



# Progression - Applications to ICA pathway

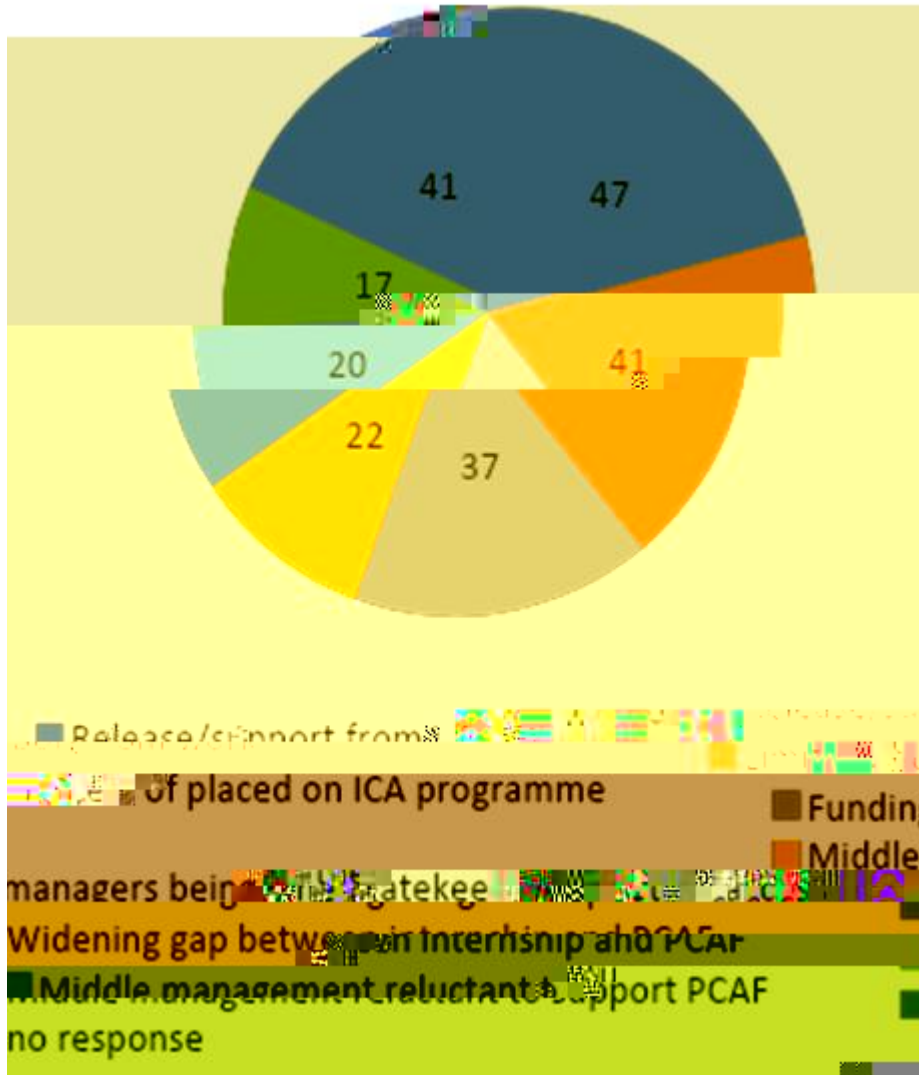
	All intern responses (n=99)	NMC (n=39)	HCPC (n=55)
Application to any higher level of ICA pathway	53 (54%)	19 (49%)	32 (58%)
No application to ICA pathway	46 (46%)	20 (51%)	23 (42%)

- Applications from HCPC registered interns were slightly higher than from NMC registered individuals (58% to 49%)
- Significantly more HCPC-registered interns applied for NIHR doctoral level study (19% compared to 8%).



# Progression - Success rates of

# Barriers to progression



Some of these intern-reported barriers were investigated further in the interview phase:

10 semi-structured telephone interviews

Interns, managers and mentors from different regions



# Challenges Identified in Interviews

*When spoken to people outside of the region there is a set transparent clear process on how people get selected for these courses it could seem quite unfair.*  
[IV5I]

- Inequity of dissemination of Internship information (professional differences)  
- Variable admissions processes

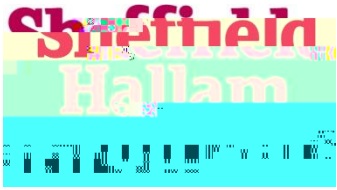
Entry to Internship

- Mismatching expectations eg. ICA progression vs. research culture  
- Challenges of backfill for Interns and Supervisors

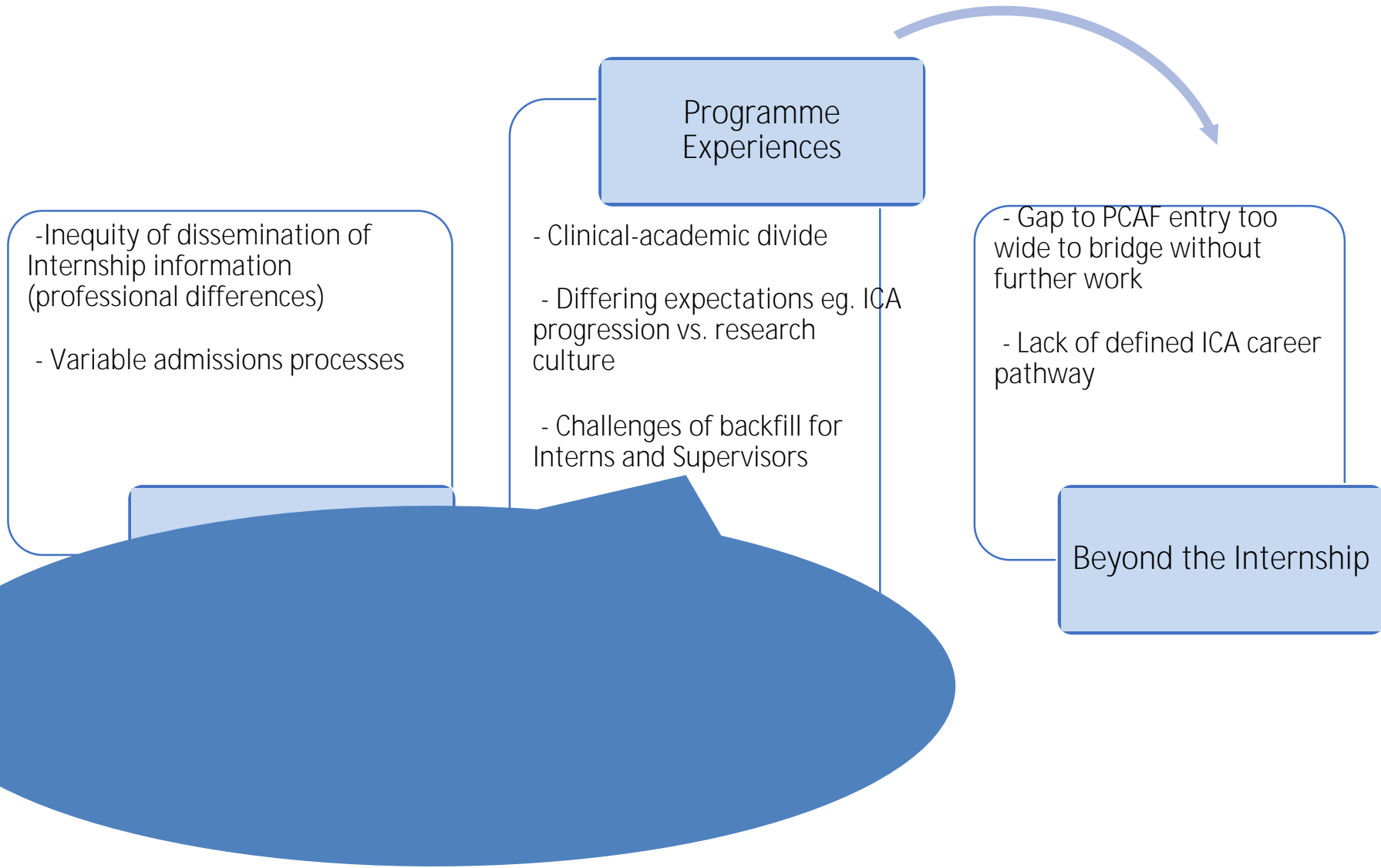
- Lack of defined ICA career pathway  
- Entry too late without further work

Beyond the Internship

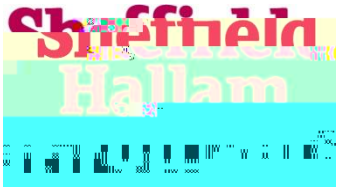




# Challenges Identified in Interviews



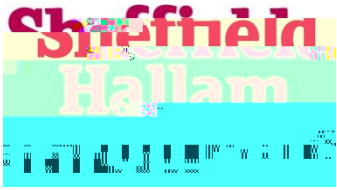




# Perceived value of the Internship

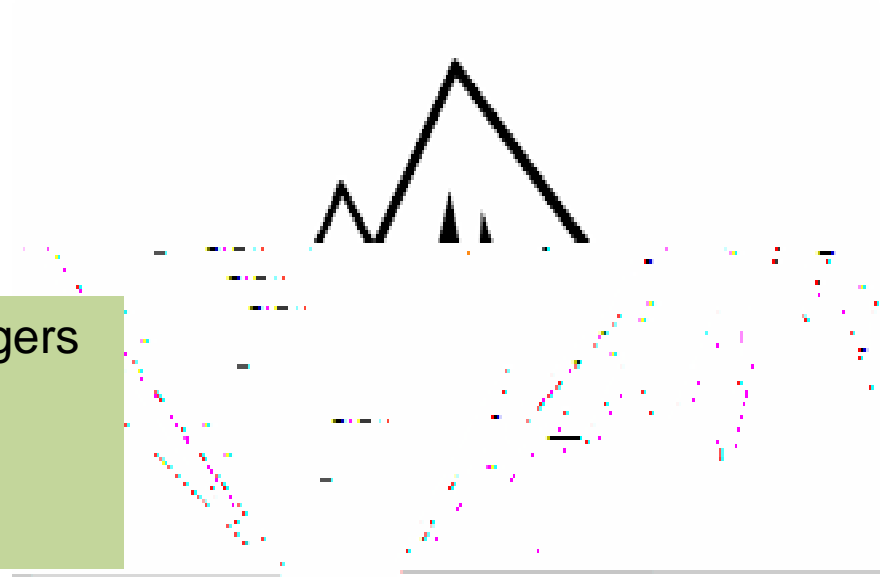
- Valued by interns, mentors and managers alike. Positive impact upon confidence, patient care and the dept in which they work.





# Climbing the ICA career mountain

Service provision challenges: middle managers experience barriers to recruitment, effective





# Final Thoughts

While national developments such as ACP / Consultant Practice are raising the profile of research as a component of clinical roles, the pursuit of a clinical-academic career will continue to be elusive for many in the absence of a defined research career structure and visible and proactive role models for all NMAHPs.

A national approach to commissioning Internship programmes may be beneficial to improve marketing, ensure equity of access and provide consistent support to link into the next stage of the pathway.

