

Health Education England: Research and Innovation Strategy - delivering a flexible workforce receptive to research and innovation

Response by the Wellcome Trust

June 2014

Key Points

- We welcome the overall vision and ambition of the strategy as a means to deliver HEE's statutory duty to promote research and contribute to an environment where research and innovation can flourish in the NHS.
- We are very concerned that the content of the strategy is not consistent with the broad definition of research and innovation used, and does not adequately address the needs of the early stages of the research and innovation pathway.
- We are pleased that HEE is considering career frameworks for clinical academics across professions. However, there is a significant risk that the approach proposed in objective 3 will create an inappropriately rigid framework.

INTRODUCTION

1. As a major provider of research fellowships for clinicians at PhD and postdoctoral level, the Wellcome Trust is pleased to have an opportunity to respond to Health Education England's (HEE) consultation on its draft *Research and Innovation Strategy*.
2. We consider HEE to have two particularly important roles with respect to research and innovation. First, to ensure effective training of the next generation of research leaders across healthcare professions. Second, ensuring that the wider healthcare workforce is research informed to ensure they can contribute to the delivery of research and innovation and use research evidence where appropriate. In addition, we support HEE's goal of building and using the evidence base to inform the delivery of education and training.
3. We welcome the overall vision and ambition of the strategy as a means to deliver HEE's statutory duty to promote research. We are particularly pleased to see that the strategy emphasises the important role of organisational culture – both within HEE and across the NHS – in creating an environment where research and innovation can flourish. However, although we support the overall vision, we do have concerns about specific elements of the strategy, which are set out in the following sections.

PROMOTING RESEARCH

4. The strategy takes a broad definition of research as “both research and related application of research and scientific enquiry to development”. The scope includes “initial research and evidence to widespread implementation across the NHS”. We welcome

this broad approach that spans the whole research and innovation pathway¹ since healthcare professionals have important roles to play in all stages of the pathway.

5. We are very concerned that the content of the strategy does not match the breadth of vision set out in the introduction. The strategy has a strong focus on innovation and the latter stages of the pathway, but the strategy is far weaker on the earlier stages of the pathway, including basic research to the application of this knowledge. For example:
 - The strategy emphasises the importance of working in partnership with the Academic Health Sciences Networks (AHSNs) and the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRCs), which are focused on the latter stages of the research and innovation pathway. These partnerships will be important, but HEE and the Local Education and Training Boards must work with a more diverse range of stakeholders to represent the diversity of research and innovation. To deliver benefits across the whole pathway, HEE will also need to work with partners focused on research, such as the Academic Health Sciences Centres, the NIHR Biomedical Science Centres and Units and Higher Education Institutions.
 - One of the aims of the strategy is to “ensure our research and innovation is patient centred and contributes to improving the quality of care”. This aim does not reflect the reality of research, since its exploratory nature means that it may not contribute to improving the quality of care. However, since research is vital to feed the pipeline of innovation to improve quality of care in the future, it must not be neglected in favour of short term benefit. The case study in box 1 demonstrates the potential of research to lead to longer term benefits in patient care.

Box 1: The Scottish Care Information – Diabetes Collaboration (SCI-DC)²

Built from an initial research focus, SCI-DC has been implemented across every Health Board in Scotland to monitor and improve the care of diabetic patients.

The diabetes audit and research in Tayside, Scotland (DARTS) study was established in the 1990s to create a register of diabetes patients for audit and research by linking different healthcare datasets. As well as creating a unique resource for epidemiological research, the integration of information proved invaluable for clinical care, leading to better health outcomes. Over a period of six years the system led to a 40 per cent reduction in amputation and a 43 per cent reduction of people needing laser treatment for eye disease that threatens sight. SCI-DC evolved from the success of the initial DARTS study and provides shared records to manage the care of diabetic patients across Scotland.

6. We welcome the overall aim and objective of promoting innovation, but these must not come at the cost of promoting research. The steps that need to be taken by HEE to support different parts of the research and innovation pathway will vary, and all elements should be considered in this strategy. While HEE may not intend the strategy to be interpreted in a limited and restrictive way, this interpretation may be taken at a local level. It is therefore critical that the content of the strategy is expanded to include the

¹ NIHR ‘innovation pathway’: <http://www.nihr.ac.uk/research/Pages/default.aspx>

² <http://www.sci-diabetes.scot.nhs.uk/background/>

early stages of the pathway, to ensure a better balance between research and innovation and acknowledge the importance of maintaining strength in the workforce across the whole pathway.

OBJECTIVE 3: TRANSPARENT AND INTEGRATED MULTIPROFESSIONAL CLINICAL ACADEMIC CAREER FRAMEWORK

7. An important priority for HEE must be to ensure that the training system supports the development of clinical academics, enabling the UK to train a cadre of the highest calibre people. We are pleased that HEE is considering career frameworks for clinical academics across professions, but we have serious concerns around the outline plans set out in objective 3.
8. Proposals to “develop a unifying Clinical Academic Career Pathway across all professional groups” and “bring[ing] together... existing initiatives” suggest a ‘one size fits all’ approach to clinical academic training. We do not consider this to be appropriate, since different professions and individuals will have varying needs that must be addressed in different ways. The current range of initiatives offers a variety of opportunities and unifying these creates a risk that the particular benefits that different schemes offer will be lost.
9. Flexibility is crucial in clinical academic training across all professions. Taking clinicians as an example, it is important that greater flexibility is introduced to training pathways to enable trainees to balance their need for clinical training with research opportunities. For clinical trainees interested in pursuing an academic career, it is vital that the pathway facilitates periods of research training – for example taking a PhD – and enables doctors to balance their postdoctoral research and clinical work. There must also be sufficient geographical flexibility in clinical posts to ensure that trainees can conduct their research in strong academic centres.
10. It is important to have clear career frameworks for all professions. However, in clarifying frameworks, it is vital that they are not made more restrictive. We hope our concerns around the proposals set out in objective 3 will be addressed before the plans are developed further for consultation. During the consultation process, HEE should seek to engage with a wide variety of stakeholders including research funders and academic organisations, and ensure that timescales are sufficient to allow informed responses.

EDUCATIONAL RESEARCH

11. We support a role for HEE in building and using the evidence base around education and training to ensure these are delivered as efficiently and effectively as possible.
12. The objectives – particularly one and two – mix elements of this educational research with the education and training needed to deliver a research-informed workforce. Both elements are important, but we think it is confusing to mix them across objectives. We would like to see these objectives redrafted to ensure greater coherence and clarity.

IMPLEMENTATION

13. Research and innovation are fundamental to ensure that the delivery of a health service that is effective, efficient and evidence-based. We therefore hope that in implementation the strategy and duty to promote research will be reflected across the breadth of HEE's activities. *Framework 15: Health Education England Strategic Framework 2014 -29* acknowledges that science will lead to "vital" progress in healthcare and that staff need "skills to respond to and adopt new research, technology and innovation". We appreciate that this is a high level document, but we are disappointed no consideration is given to ensuring sufficient clinical academic strength and leadership to drive research in the NHS in the future.
14. To underpin HEE's important role in research and innovation it is crucial that there is strong academic representation in its advisory structures, and that this advice is appropriately prioritised at the highest levels of HEE. We look forward to seeing how the HEE Advisory Groups will inform strategy and how research and innovation will be represented on the new Strategic Advisory Forum.

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