

Clinical governance in action

Professional development in R&D: defining and resourcing a scheme to support healthcare professionals in learning how to use evidence and do research

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ABSTRACT

The clinical governance agenda prioritises staff development as one key factor in the improvement of healthcare services. This paper describes a scheme designed to support healthcare professionals in learning about research and in applying these new skills within their professional roles to develop health services. The contribution of the original phase of the scheme is described as is the definition of the new scheme (PEARL – Practitioner Enterprise Awards in

Research and Learning). The new scheme reflects national recommendations for development across the service/academic boundary and its definition has required explicit acknowledgement of the different policy drivers impacting on the organisations involved.

Keywords: primary care, professional development, research, service/academic partnership

Background

Clinical governance emerged as a cornerstone of the UK government's drive towards improved quality of healthcare services in 1997. Early documentation stressed the importance of nurturing the 'human resource' to enable this improvement to take place.

The staff of a healthcare organisation will be the key to how it rises to the challenges of the new agenda. Firstly, good recruitment, retention, and development of staff will make a major contribution. Secondly, staff must be supported if they are to practise well: skills training, modern information technology, access to evidence are all important. Thirdly, staff must participate in developing quality strategies and be encouraged to look critically at existing processes of care and improve them. Finally, valuing staff and letting them know that they are valued – easily espoused but often overlooked – is a common feature of organisations that show sustained excellence in other sectors.¹

This paper describes a scheme designed to support healthcare professionals in developing their skills in using and undertaking research. The scheme is in two phases, reflecting the different funding scenarios to which it has needed to respond. The paper describes what the scheme has contributed with respect to the clinical governance agenda, and how it has evolved in response to both changing national policy and our growing understanding of the strengths and weaknesses of such an approach.

The paper is authored by an academic adviser (HB) who participated in the implementation and evaluation of the first phase of the scheme, and by a member of the local workforce development directorate of the strategic health authority (JP) who has been instrumental in helping to define and resource the second phase.

Phase 1: the Enterprise Award Scheme

The first phase of the scheme, called the Enterprise Award Scheme, was set up in 1998. To obtain an award, a healthcare professional was asked to define a programme of activities spanning formal research training (usually a Masters course) and research project activity (usually service based).² Consistent with good educational practice, each individual was encouraged to tailor this programme to their own professional aspirations and circumstances.^{3,4}

Funding was provided by NHS Eastern Region Research and Development (R&D), with the expectation that the scheme would generate outcomes of value to the national R&D policy agenda. In particular, it was expected that the scheme would increase the number of primary care professionals who had research qualifications and who might expect to have current or future involvement in robust research projects which would attract external funding and be publishable. It was also recognised that these healthcare professionals might provide a valuable mechanism for spreading knowledge about research and the use of evidence among their service colleagues.²

The evaluation of the scheme showed that outcomes of relevance to the R&D policy agenda were achieved.² Even more marked was the reported impact of the scheme on the professional contribution of those who participated. Benefits consistent with the requirements outlined by Scally and Donaldson are exemplified in Table 1.¹

However, the evaluation also raised three areas of concern.² The two concerns of most relevance to this discussion are firstly that award holders had difficulty in identifying opportunities to continue their research interests when returning to their full-time service roles, and secondly that award holders did not demonstrate much knowledge of local and national R&D policy. These are important concerns. The healthcare professionals involved were already reporting the ways in which they were able to apply their enhanced knowledge and confidence to service development, but it seems likely that these benefits would gradually be lost if these individuals were unable to maintain and update their expertise in R&D. The lack of knowledge about national R&D policy would mean that the award holders were not well informed about how to negotiate service-based opportunities for further R&D involvement, with collaborators who could help them to maintain and develop their particular R&D knowledge and skills.

Despite the apparent success of the Enterprise Award Scheme in delivering outcomes of value to both the national R&D and service agendas, the scheme was discontinued in 2002 following changes in the structure and allocation of national R&D resources.

Phase 2: the PEARL scheme

Stakeholder groups involved in, or aware of, the Enterprise Award Scheme (see Box 1) were keen to identify further funding. However, the ability of the scheme to

Table 1 Benefit to service

Benefit	Example
Use of evidence	'Have supported the practice's education programme and therapeutic decisions by being able to search the databases for appropriate evidence and research results' (GP)
Service development	'I recently set up a regional managers' forum of occupational therapy managers ... without the increased knowledge base I would not have been sufficiently skilled to conduct this forum which is now making contributions to the National Association of Paediatrics' OT guidelines for practice' (occupational therapist)
Acquisition of skills	'My communication skills have improved which benefits the patients I see and the range of health promotional activities that we can provide for them' (pharmacist)
Professional motivation and confidence	'... completely refocused my professional life ... it galvanised me into taking new learning projects and expanding all aspects of my job as a practice nurse' (nurse)
Sense of professional value	'... feeling that someone thought I was worth developing was a great morale booster' (GP)

Box 1 Stakeholders

- Healthcare professionals
- Primary and community care trusts
- Secondary care trusts
- Academic departments of general practice
- Workforce development confederation/strategic health authority
- National Co-ordinating Centre for Research Capacity Development
- Research Development and Support Units
- Postgraduate general practice education

deliver outcomes of value to both the service and R&D/academic agendas was to some extent a disadvantage, since no single funder was ready to assume sole responsibility for its continuation.

The local academic unit and the workforce development confederation decided to attempt to re-establish the scheme as the PEARL scheme (practitioner enterprise awards in research and learning). To make the new scheme viable we needed:

- to break down the resourcing of the scheme so that different stakeholders would be enabled to take responsibility for resourcing elements of the scheme that particularly reflected their own policy drivers. Resourcing might involve financial contribution or the contribution of time and expertise
- to adapt the original scheme to ensure that award holders would be better placed to sustain their involvement within their employer organisation. (Strengthening the ability of the healthcare professionals to stay involved in research activity beyond the completion of the award is important partly because this issue was raised by the award holders themselves and also because it is consistent with our understanding of how professionals learn. Learning is not just reinforced but is further increased and developed through professional application.⁵)

We perceived that these requirements could be linked together effectively since where employer service organisations are involved in funding individuals, they are also likely to have greater ownership and commitment to follow-on opportunities that make full and appropriate use of the new skills acquired.

Following discussion, we identified that various stakeholders might be prepared to commit resources to a new scheme as long as their own policy drivers were respected within the contribution to which they were committed and within the specific overall outcomes sought. Stakeholder involvement is envisaged as follows:

- **workforce development directorate of the strategic health authority (WDD):** the WDD is concerned to support the development of healthcare

professionals in line with the NHS Human Resources Strategy.⁶ The accessibility of any scheme to all healthcare professionals and its respect for existing HR developments, such as personal development plans (PDPs) and the new NHS Knowledge and Skills Framework (KSF) which will be introduced under the NHS Agenda for Change policy are important.⁷ As a general principle the WDD was prepared to consider funding costs associated with course and conference attendance but not locum cover costs.

- **service organisations:** service organisations are concerned to support quality improvement and service development and to ensure that value for money is achieved. Therefore any scheme will need to demonstrate impact on service development while at the same time requiring relatively small levels of additional resources. Service organisations are also driven by the need to recruit and retain established and valued professional staff. They may be prepared to release staff for training and consider funding backfill or locum cover. This is most likely to be the case where organisations are confident that staff are learning new skills of relevance to their professional roles, and where the objectives respect organisational needs and priorities
- **academic units of general practice/research development support units:** these organisations are concerned to support the development of R&D understanding and skills within the service community. The expectation is that the healthcare professionals concerned will be better placed to contribute to major national R&D programmes in future by, for example, representing the service perspective in the development of such studies, and promoting the value of the studies and their outcomes within the service community. These organisations are prepared to support the new scheme by providing expert advice and guidance on the selection of appropriate courses, on how to apply what has been learnt in practice, and on national R&D policy.

PEARL has been designed to balance these differing organisational needs and contributions. The revised scheme requires that the award holder negotiates their involvement within their organisation and that this organisation contributes an agreed percentage (usually 80%) of the one day a week locum cover required during the period of the award. Within the application form, the individual applicant is asked to provide details of how their plans link to the policies and priorities of the organisation with which they are working, how these plans have been incorporated into their PDP, what discussions have taken place regarding what happens beyond the period of the award and which individual within the organisation is taking responsibility for working with the applicant on these considerations.

It is expected that these requirements will ensure that both the individual and the organisation are committed to the award and to realistic and desirable further developments to which such involvement should lead.

The involvement of the different stakeholders in providing resources towards the PEARL scheme is reflected in the anticipated outcomes from the PEARL initiative. It has been important to ensure from the outset that the means are in place to monitor what has been achieved in line with the various drivers that these stakeholder organisations have identified. Table 2

summarises the outcomes identified, the rationale for their inclusion and the evidence that will be collected as the scheme is implemented for the purposes of monitoring and evaluating.

Wider relevance

In May 2003 the concept of 'health and education strategic partnerships' (HESPs) was introduced jointly by the Department of Education and Skills and the

Table 2 Outcomes for the PEARL scheme

Outcome	Rationale	Evidence to be collected
Enhanced skills and knowledge about research	<ul style="list-style-type: none"> • Supports clinical governance agenda¹ • Supports the development of an R&D culture and infrastructure⁸ 	<ul style="list-style-type: none"> • Qualification gained Self-report at start and at completion of award (tabulated response consistent with R&D skills identified in KSF⁷) • Completed research/clinical enquiry project
Knowledge about R&D strategy, both nationally and locally	<ul style="list-style-type: none"> • Gap identified from evaluation of Enterprise Awards² • Facilitates contribution to sustained R&D involvement on completion of the award² • Appropriate for senior management/leadership roles (as in KSF⁷) 	<ul style="list-style-type: none"> • Enhanced understanding should be evident in the rationale for the selection of the clinical audit/research project and in the plans proposed by the award holder as the award period draws to a close
Impact of enhanced knowledge and skills on professional contribution	<ul style="list-style-type: none"> • Supports clinical governance agenda¹ • Consistent with good professional development practice^{6,9} 	<ul style="list-style-type: none"> • Examples of application in the professional work of the award holder both as an individual and as a member of a team/peer group
Pre-planning to encompass individual and organisational needs	<ul style="list-style-type: none"> • Facilitates sustained R&D involvement on completion of the award² • Consistent with good professional development practice⁶ 	<ul style="list-style-type: none"> • Completed PDP document (consistent with format used within employer organisation) • Content of application form • Mapping of outcomes against both organisational and individual objectives
Increased understanding of the nature of service-based career paths involving research expertise	<ul style="list-style-type: none"> • Contribution to current national strategy on the development of research capacity^{10,11} 	<ul style="list-style-type: none"> • Documentation about the derivation and progress of the scheme Monitoring and reporting of the progress made and the difficulties faced by the award holders in developing their professional role with a research component
Model of partnership working and resourcing	<ul style="list-style-type: none"> • Contribution to current national strategy on partnership development between service and academia^{8,12} 	<ul style="list-style-type: none"> • Documentation about process undertaken and critical review of its strength/weaknesses

Department of Health.¹³ It was recognised that learning and research are essential to the delivery of quality healthcare services and an initial project was set up to map current workforce and HR issues at the health/education interface. This mapping project stressed the importance of contributions from both service and academia to initiatives in this area and also identified some of the current difficulties and gaps.¹² The PEARL project is an exemplar of an initiative which aims to develop skills and opportunities across this service/academic boundary. The way in which the project has been set up to acknowledge the different requirements that stakeholders may legitimately hold within the same scheme may provide a helpful model for other initiatives that are being planned at this interface.

The evaluation of the Enterprise Award Scheme suggested that it is possible to set up a scheme to deliver the requirements identified by Scally and Donaldson.¹ However, the evaluation of the Enterprise Award Scheme and educational literature alerted us to the concern that what such a scheme achieves should be judged not only in terms of short-term and easily measurable outcomes, but also in terms of whether, and in what form, that benefit is sustainable into the future.^{2,5} In defining the PEARL scheme we have attempted to ensure that we are engaging stakeholders and collecting data in a way that will make the understanding and assessment of longer-term impact more relevant and achievable.¹⁴

Our experience in defining the PEARL scheme in this way is already attracting interest from other initiatives under development and we offer this paper as a trigger to wider discussion about the nature, funding and evaluation of initiatives that provide opportunities for the development of staff and services at the service/academic boundary.

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CONFLICTS OF INTEREST

None.

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