

**Health Education England (HEE) Research and Innovation Strategy
Stakeholder Response Form**

Thank you for taking the time to review HEE’s draft Research and Innovation Strategy. This response form asks a series of questions and includes free text fields to enable you to provide detailed feedback. Please note that there are maximum word counts for some questions to ensure focussed responses and to enable us to process feedback effectively.

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Part A: Aims

Do you agree with the aims of the strategy?

Yes

Do you have any comments on the aims of the strategy? (200 words max)

As an organisation representing the UK’s leading medical researchers and committed to ensuring that medical advances are converted into healthcare benefits, we welcome the laudable aims in HEE’s strategy. We agree that an organisational culture which values research and innovation will help create a ‘future-proofed’ NHS. HEE must support tomorrow’s researchers and research leaders as well as ensuring that all those it educates can both facilitate the delivery of research and implement its outcomes. HEE must consider the breadth of the translational pathway. Although its scope is stated to include ‘initial research’ it appears focused at the translational end. The stakeholders highlighted (e.g. AHSNs and CLARHRCs) and the focus on improving quality of care are important but so is the basic biomedical research that many clinicians play a vital role in, but which may not link immediately to quality of care. The knowledge generated by this research will be a key input to horizon scanning for new developments that will transform healthcare in the future (e.g. personalised and regenerative medicine). Linking with organisations that support and synthesise the outcomes of this research (such as the Academy, medical research charities, HEIs, the Research Councils as well as BRCs and BRUs) will be essential.

Part B: Objectives

Objective One: Establish a system wide coherence to education and training which will facilitate and sustain the organisational and cultural changes required to embed research and innovation.

Is this objective appropriate and relevant?

Yes

Do you agree with what HEE plans to do to achieve this objective?

Partially

Do you have any additional comments about objective one? (200 words max)

We agree that research and innovation should be linked in one framework and that it should include the entire workforce.

The aspiration for coherence should not assume that 'one-size-fits-all'. Research methodologies used by different professional groups may differ (e.g. quantitative vs qualitative approaches) because they are addressing different sorts of research problem. The intention should be to ensure all groups are equipped to apply and understand the methodology appropriate for the problems they address, but that they all also have a broad understanding of the different ways in which evidence can be generated, together with their strengths and limitations.

Much research training currently occurs in HEIs via an 'apprenticeship model', which is particularly appropriate where research is at the cutting edge of knowledge and techniques. This experiential model is difficult to deliver to groups and cannot be replaced by teaching of theory.

We are pleased that HEE recognises its role in educating future research leaders but this must be done in partnership with those already doing this successfully across the translational pathway such as the HEIs, MRC, medical research charities and the Academy. These organisations are not recognised in the strategy but HEE's research advisory and stakeholder groups (1.6) must harness their expertise.

Objective Two: Ensure that the evidence on best practice for training in research and innovation informs and influences the delivery of effective education and training within the healthcare system.

Is this objective appropriate and relevant?

Yes

Do you agree with what HEE plans to do to achieve this objective?

Partially

Do you have any additional comments about objective two? (200 words max)

Future professional staff must be technologically literate so HEE must ensure that they receive appropriate education and training to anticipate and capitalise on the adoption and spread of new technologies. Data (including patient data) – its acquisition, analysis and interpretation underpin research and its translation and innovation. Competence in this must be a priority for education and training. As highlighted under Objective 4, it is important that HEE can access information about future training and education needs through its horizon scanning activities.

The development of metrics to monitor the success of implementation of training in research and development of innovation should be undertaken in consultation with key stakeholders

to avoid perverse incentives; reliance on unproven surrogate markers of success; duplication of existing methods or an overly burdensome process.

Developing the right incentives within the system to ensure a 'pro-research' workforce is important. Effective incentives may differ across professions and career stages.

In seeking to attract the next generation of researchers (linked to 2.2), our successful INSPIRE programme that supports HEIs to inform and excite medical and dental students about the benefits and potential of a research career may be of interest, together with our NIHR-funded support and mentoring of early postgraduate research training.

Objective Three: Undertake the development of a transparent and integrated multi-professional clinical academic career framework for patient benefit.

Is this objective appropriate and relevant?

Yes

Do you agree with what HEE plans to do to achieve this objective?

Partially

Do you have any additional comments about objective three? (200 words max)

We welcome the aspiration of a unified Clinical Academic Career Pathway across all professional groups and would hope that it builds upon the considerable progress made in establishing the Medical Integrated Academic Training pathway and the research training awards supported by funders such as the Medical Research Council and the Wellcome Trust.

However we have the following concerns and issues for consideration:

- The development of the unified pathway must not detract from the current strength of the clinical academic pathway in medicine, for example by diverting financial resources away from it or changing its structure without the support of key stakeholders.
- There must be flexibility rather than a rigid, single structure. Pathways for different professions may vary, for example based on the educational level at which they entered the system.
- Partnership with HEIs provides high quality academic experiences, supervision and mentorship for trainees in the Medical Integrated Academic Training pathway. Similar support across all professional groups will be crucial if the pathway is to succeed in its aspirations.
- Consideration should be given to establishing sufficient academic posts at the end of the pathway to satisfy demand (this is a problem in medical academia).
- Trainees should be able to join and leave at each stage – a strength of the current scheme.
- Proposals for medical academic training must be considered in the context of implementation of the '*Shape of Training*' report.

Objective Four: Establish a HEE Research Evidence Hub which will undertake an intelligence gathering, horizon scanning and evaluation function to ensure investment in future education and training is evidence informed.

Is this objective appropriate and relevant?

Yes

Do you agree with what HEE plans to do to achieve this objective?

Partially

Do you have any additional comments about objective four? (200 words max)

Clarity would be helpful around HEE's plans under this objective. To realise Objective 4, HEE appears to want evidence about: how to most effectively educate and train health professionals generically; how to train them in research and innovation (generically and specifically around areas such as genomics); and what will need to be taught in the future (e.g. horizon scanning for emerging challenges and opportunities such as proteomics, increasing co-morbidities or advances in telemedicine). First, we think that these types of evidence could have been more clearly separated. Second, it is not clear how the latter (horizon scanning for future developments) will be achieved from the plans in the strategy. The UK is a world leader in innovative biomedical research and it may be better to utilise existing expertise within HEIs, research funders (including the medical research charities) and organisations such as the Academy – stakeholders not mentioned in the strategy.

Patient and public involvement (e.g. via HEE's Patient Advisory Forum) is important, particularly in understanding how patients might access and engage with healthcare in the future. However their desire for progress in particular areas of health care needs to be balanced against an evaluation of which problems are currently tractable in a timely manner.

Part C: Implementation

What do you consider the top three challenges for implementation? (50 words max per challenge)

Challenge 1	Cultural change must occur throughout the system. Not all of this is within HEE's control but it must understand the barriers if it is to remove them. Change must include NHS Trust Boards, with an executive director responsible for promoting research within the Trust reporting on research activity at each Board meeting.
Challenge 2	Engagement of diverse stakeholder networks to support delivery of effective and excellent research. The UK's high international standing in research is funded and facilitated by different groups (HEIs, RCUK, MRC, medical research charities and the Academy) with whom HEE will need to engage.
Challenge 3	Financial and leadership resources to ensure delivery in an NHS that is undergoing change and facing budgetary challenges and restrictions.

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What are the top three considerations to ensure successful implementation? (50 words max per consideration)

Consideration 1	While the strategy is admirable, the duty to promote research should be articulated in all HEE documents and embedded in the terms of reference of its committees. We note that it is not mentioned in HEE's new strategic framework document (nor is the importance of supporting research leaders) or in the current workforce plan.
Consideration 2	HEE and its LETBs must draw on the expertise and initiatives of stakeholders from both basic and translational research, many of whom are not highlighted in the strategy. Sufficient time must be allowed for this engagement, we note that some of the actions in the annex have very tight deadlines.
Consideration 3	Developing strategies to ensure health professionals participate in training and education in research and innovation, despite the imperatives for direct delivery of care. HEE will need to require the funding of protected training time and ensure accountability across the NHS.

Part D: additional comments

Are there any additional comments you would like to make? If so, please add them below.

The UK has an exceptionally strong and productive clinical academic workforce which has made huge contributions to national health and wealth. In pursuing general research awareness this precious national resource must not be diluted. HEE should recognise that while a research-aware workforce can be trained across the UK, there are fewer world class training locations for the clinical academic workforce.

Implicit in HEE's strategy are two overarching objectives: developing a research aware (and research active workforce); and developing an evidence base aimed at improving education and training of the workforce (not aimed at research and innovation). It would have been helpful to distinguish these more clearly, not least because the stakeholders that will need to be engaged for each will not always be the same.

It is hoped that more students will be undertaking research if this strategy is successfully implemented. This will have an impact on the work of the Health Research Authority that has just published proposals for dealing with research for educational purposes in the NHS. HEE should engage with them.

Thank you for your feedback. Please return your completed form to HEE.RI@nhs.net by 5pm on 13 June 2014.