

Editorial: Improving Care and Outcome through NMAHP Research-Focused Clinical Academic Roles – An International Perspective

A warm welcome to this special issue of the *International Journal of Practice-based Learning in Health and Social Care*. We are delighted to share with you the current United Kingdom and international landscape regarding nursing, midwifery and allied health professionals (NMAHPs) research-focused clinical academic roles.

Research-active healthcare provider organisations have improved patient outcomes compared to non-research active organisations ([Care Quality Commission, 2018](#)). NMAHPs make a valuable contribution towards this research activity, particularly in terms of the patient experience, and more increasingly in regard to diagnosis and treatment. While we make particular reference to nurses, midwives, and allied health professionals within this special issue, the articles and learning are relevant to other healthcare professional groups including psychologists, pharmacists, and scientists.

The NMAHP research-focused clinical academic is a relatively new concept. Australia has a twenty-year history of developing and supporting NMAHP clinical academic roles. Despite this, there is controversy regarding the focus and value of the role (see [Carrick-Sen et al., 2019](#) in this special issue). The United States has established the role of the clinical professor for over a decade; however, clinical professors lack an established career and/or training pathway at junior or mid-career level. Within the United Kingdom, the first notion of a NMAHP clinical academic is reported in psychology in 1970 ([Thelen & Ewing, 1970](#)), followed by nursing in 1977 ([Hicks & Westphal, 1977](#)). During the 1980s, a related but different role became established: the clinical research nurse, focused on research delivery, particularly clinical trials ([Cronenwett, 1986](#); [McGillick & Fernandes, 1980](#)). Outside the United Kingdom, the first notion of a NMAHP clinical academic is reported in Canada in 1987 ([Acorn, 1987](#)). Since then – and of particular note – from the 1990s onwards, there has been increasing recognition of the role of the NMAHP clinical academic as well as increased understanding of the differences to the clinical research role ([Bender et al., 2019](#); [Butterworth, 2005](#); [Cassidy & Macfarlane, 1991](#)).

Although there is a general understanding of the term ‘clinical academic’, the notion of research capacity building is not new ([DeFries & Seipp, 1978](#); [Good, 1992](#); [Habte, 1992](#)). There is an increasing number of strategies, models, and measurement tools available ([Bethune et al., 2019](#); [Johnson, 2019](#); [Sabey et al., 2019](#)). Two articles in this special issue ([Iles-Smith et al., 2019](#); [Iles-Smith & Ersser, 2019](#)) describe novel approaches that can facilitate discussion and increased research activity during the professional development review. Furthermore, a number of articles within this special issue allude to a desire and need to combine research activity within the clinical NMAHP role to further develop evidence-based

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practice and innovation to improve treatment, patient experience, and clinical outcome (see [Cooper et al., 2019](#) in this special issue). A successful, interesting yet practical approach suggests using robust research-based service improvement methodology to improve professional practice and care outcomes (see [Bell & Collieran, 2019](#) in this special issue). Defining metrics including key performance indicators (KPIs) is fundamental when establishing new roles. It is therefore critical that research and clinical KPIs are agreed and monitored by all key stakeholders (see [Coad et al., 2019](#) in this special issue). There is a substantial link between robust service improvement methodology and research activity. Should the terminology of service improvement be more acceptable to senior clinical managers and leaders, then maybe it is timely and necessary to review the concept and scope of research activity within the clinical healthcare setting.

Recruitment and retention of high-quality staff is a global issue ([Kelly & Fowler, 2019](#); [O'Brien & Ackroyd, 2012](#); [Yeager & Wisniewski, 2017](#)). There are emerging links between workforce satisfaction, role autonomy, and retention of high-quality staff ([Bakker et al., 2010](#); [Bartram et al., 2004](#); [Cameron et al., 2004](#); [Hayne et al., 2009](#)). Investment in professional development, and encouraging staff to work at the top of the licence, contribute to high-level role satisfaction, empowerment, and autonomy ([Nedd, 2006](#)). Therefore, developing and supporting NMAHP clinical academic roles are likely to contribute to the recruitment and retention of high-quality staff. There are additional organisation benefits, including increased income and innovative reputation (see [Cooper et al., 2019](#) in this special issue).

Within the United Kingdom, the Clinical Academic Roles Implementation Network (CARIN) was established in 2017 under the Council of Deans for Health (<https://councilofdeans.org.uk/category/policy/research/clinical-academic-roles-implementation-network/>). The network is free to join, and members include nominated leads from healthcare provider organisations as well as a number of senior clinical academic facilitators. The purpose of the network is to guide and support United Kingdom healthcare organisations to develop and sustain NMAHP clinical academic roles. An additional purpose is to facilitate and share innovation and success as well as challenges. The articles within this special issue detail a number of innovations (for example, see [Bell & Collieran, 2019](#); [Iles-Smith et al., 2019](#); [Iles-Smith & Ersser, 2019](#)) that contribute to success in developing and sustaining NMAHP clinical academic roles.

As well as benefits to an organisation, additional benefits may accrue to the individual in terms of career progression, academic attainment, as well as making a valuable contribution to science – and therefore to the evidence base. The use of case studies as a methodology is particularly useful in capturing the benefits gained to individuals (see [Hiley et al., 2019](#) and [Cooper et al., 2019](#) in this special issue), organisations ([Carrick-Sen et al., 2016](#)), the profession, and of course in terms of improved patient outcomes. In summary, patients, organisations, and healthcare professionals all benefit from the development of increased research activity through clinical academic roles. If this is so good, then why isn't everyone doing it?

Despite the rapid growth of clinical academic research roles in the United Kingdom and investment globally (see [Carrick-Sen et al., 2019](#) in this special issue) a number of challenges continue to exist. Professor Alison Richardson, on behalf of Health Education England (HEE) in 2019, wrote a compelling report concerning enablers and barriers to implement clinical academic roles ([Richardson et al., 2019](#)). Despite increased understanding of the need and desire to develop the role, to do so requires investment, understanding, executive board engagement, and middle manager support as well as successful partnership-working with external agencies (for example, funders and higher education institutions). In this special issue, the focus is to highlight the ingredients that contribute to success, notwithstanding and accepting the challenges that remain. We hope that you enjoy reading this exciting collection of articles, and that they may stimulate you and your organisation to increase research capability and capacity through clinical academic roles.

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