

NIHR Nursing & Midwifery Incubator Advisory Service Pilot Evaluation

Executive Summary

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August 2022

1. Background

The NIHR Nursing & Midwifery incubator was launched to accelerate capacity building and support development of a skilled clinical academic workforce amongst the nursing & midwifery professions. One strand involved the development and testing of a new form of support and advice – a Clinical Academic Career Advisory Service. Its purpose was to provide individualized advice to nurses and midwives about clinical academic career pathways, training, development, and funding opportunities and facilitate growth in number of applications to the NIHR fellowships by these professions. The service was piloted during 2020/2021 to test operational processes and supporting resources and ascertain demand and acceptability of the approach.

Description of service

The advisory service consisted of a virtual network of advisors operating through a network of regional hubs. It was developed to provide information and support about careers and readiness to apply for a fellowship, complementing advice and guidance pertaining to fellowship applications offered by the NIHR Research Design Services (RDS).

Phase 1 of the pilot ran from Nov 20 – Mar 21, with pilot sites established in three regions – North West, East Midlands & South East. These sites developed and tested materials and operational processes. The advice service was confined to these regions so bespoke and regionally focused advice could be provided. Nine advisors were recruited to participate in the pilot – three in each region – of which 8 were nurses and 1 was a midwife. They worked with a named advisor from the relevant RDS to develop each regional service.

Phase 2 of the pilot ran from June 21 – Sept 21, hosted in the same three regions as phase 1, but eligibility to access the service expanded to individuals from any region in England. This enabled demand across a national footprint to be evaluated and test whether advisors based in particular regions could respond effectively to enquiries from individuals beyond the regions they were based in.

2. Service delivery model

The advisory service was accessed via an online enquiry form hosted on the NIHR ARC Wessex website for the purposes of the pilot. Completed forms were received by the incubator administrator screened for eligibility and, if in remit, sent to an advisor who reviewed the enquiry. Each advisor offered a one-hour advice session per week and a slot was chosen from prescheduled appointments in agreement with the person asking for advice. This process was managed by a central administrative team based at NIHR ARC Wessex.

3. How the pilot was evaluated

During the pilot access, uptake, and satisfaction with the service were monitored through an evaluation form completed following the appointment by both the person accessing the service and advisor. Feedback was also gathered from advisors & stakeholders throughout the pilot period, regularly reviewed and used to improve materials and processes.

4. Findings

A total of 72 appointments were offered and 65 appointments attended across both phases of the pilot. 50 were nurses & 15 were midwives. In general, advisors felt able to offer advice even when located in a different region to the person making the enquiry. The service was considered to be very accessible by those who used it (score 4.6/5). Overall, individuals accessing the service felt the amount of time available to discuss a query was about right (score 4.78/5), and nearly all would recommend the service to colleagues (4.87/5).

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The most frequent topic covered in the sessions was clinical academic careers/role options, followed by potential funder and/or scheme and getting yourself and your CV ready to make a high quality application. The majority of people accessing the service were early in their research careers. The outcome of accessing the service for individuals was expressed in terms of improving knowledge of who and how to access support from, range of funding opportunities and elements involved in developing a strong fellowship application and how to take next steps to explore and develop a clinical academic career

Feedback received from the cohort of nurse & midwife advisors about what motivated them to be a part of the pilot revolved around a commitment to leading and supporting growth of clinical academic nurses and midwives, driving up opportunities and driving down inequalities, especially organisational and geographical variation. Advisors felt it would be possible to sustain a contribution based on the model piloted with ongoing administrative support. They made suggestions on who else might be involved in order to grow the cohort of advisors. There was strong support for sustaining the service. Both the advisors and RDS leads considered the service had an important place in enabling growth in the number of people wishing to develop a clinical academic career in nursing and midwifery, alongside other national, regional and local interventions and favoured a national coordinating hub, with regional spokes.

6. Options for future delivery

The pilot confirmed that both regional and national models of delivery are feasible, there was demand for the service and the offer was positively evaluated by those who accessed it. It was complementary to, and did not overlap with, the RDS offer. Discussions have been held with the RDS leads involved in the pilot, the advisors themselves and the NIHR Academy team to explore options around potential funding and hosting arrangements for such a service going forward. Sustaining a service of this nature could make a significant contribution to addressing geographical and organisational inequalities.

Whilst it was feasible to deliver the service nationally, the benefits that could come from establishing a regional service, linked to a national coordinating hub, forming a critical mass of advisors who worked together across a region, in concert with other parts of research infrastructure involved in building nursing and midwifery related research capacity and capability, merits serious consideration. At the time of writing the NIHR Academy team and Health Education England are considering the merits of offering an advisory service in the longer term and most effective and efficient hosting arrangements and potential sources of funding.

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Acknowledgements

Thanks to Dr Peter Lovell, Director, RDS London, and the three regional RDS leads who supported the pilots –Dr Catherine Gedling, Dr Rachel Evley and Dr Bernadette Egan. Enormous thanks go to the advisors who gave up their time to help develop and deliver the service and participate in activities to inform the evaluation.

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