

National Institute of Health Research Faculty

Stakeholder Consultation Workshop – Woburn House, London 20th June
2006

Note of the Workshop and Plenary Sessions

1. Introduction

Ron Kerr introduced the panel and welcomed people attending the meeting. Janet Smallwood set out the agenda for the day. The day was split into three main sessions. Each session had an introduction to the theme, followed by table-based discussion and a plenary. The main conclusions were as follows:

2. Session One: the NIHR Faculty – purpose and intentions

Introduction:

Sarah Fox described the strategic context of creating the NIHR Faculty as a key strand of delivering the government's research strategy: *Best Research for Best Health*. The following points were drawn together after general discussion and plenary session.

Points made in the plenary:

On the purpose of the Faculty

- it would be easier to agree or disagree with the proposals if the ideas about the Faculty were clearer
- how will we recognise when success is reached?
- could the Faculty have a role in accreditation?

On the nature of membership

- which professions, for example, Allied Health Professionals (AHPs), clinicians, public health, will be in which categories?
- what benefits do people get for being part of the Faculty?
- what criteria can be applied for people being included in the Faculty?
- how do industry-sponsored academics fit in?
- will membership be on an individual or organisational basis?

On whether the Faculty is something new or just perpetuating current systems?

- if creating the Faculty is purely a re-badging exercise to preserve funding, what are the benefits of membership?
- is the issue about funding or is it about building best research?

On considering the consequences of changes to finance

- will funding follow individuals if they move from one organisation to another?
- will good researchers have to move to centres of excellence?
- the major funding cost element is the middle 'Investigator' layer.

On inclusion

- there should be patient involvement
- AHPs would wish to be represented on the FIG
- how do under-represented groups gain access to funding?
- research has to 'go the extra mile' to help people participate – there are a variety of models that can be used, for example, research for patient benefit and / or the active involvement of patients in research
- the 'club' should be inclusive and have 10,000 members.
- health and social care – (how) are researchers at the interface picked up?
- clinical academic research barely exists outside medicine.
- what about health services research?
- who sets the bar?
- the tie in with nurses and clinical scientists is not clear.

On careers

- there is a need to build stable career paths.
- what are centres of excellence? Buildings or (dispersed) people?
- how do we pick up and use effective structures?

On the significance of the meaning of 'honorary' status

- the term 'honorary' could be divisive
- what is the incentive for/added value of honorary membership?
- is there a real distinction between members and honorary members?

On concerns about bureaucracy

- outcomes must help to reduce bureaucracy.

On making NHS research visible and recognising quality

- will the Faculty be about national 'invisible' NHS research or international excellence?
- NHS research is rarely labelled as such.
- quality – should the significance of publications be based on their impact on practice? In which case should Nursing Times outrank Nature.

On clinical academia

- there is the potential to benefit the 40% of clinical academics who are NHS funded.
- benefits for clinical NHS researchers.
- Follows the framework established in the 1995 Walport report.

3. NIHR Membership and selection process – discussion and panel response

Introduction:

Attendees discussed who should be NIHR Investigators and Senior Investigators, the suitable criteria for selecting them, the processes for appointing Faculty members and ways of overseeing these. The main conclusions of these discussions were recorded on boards. Electronic photos of these are available on request via the NIHR enquiries email box: enquiries@nihr.ac.uk

Discussion and panel responses:

There was a high degree of consistency regarding potential membership criteria. It was suggested that this might be because HEFCE's (the Higher Education Funding Council for England) Research Assessment Exercise (RAE) offers the main model of research assessment, and agreement that replicating this in the NHS would not add value.

Some FIG members thought that the Faculty should emphasise public, patient and service user involvement and participation in research.

Another issue was whether the selection and funding of Faculty members should be for individuals or for research teams.

A recurring question was whether the purpose of creating the NIHR Faculty was to raise quality or to protect funding? The panel's view was that the purpose had to be both, that this should be clearly stated to all potential stakeholders, and that this was a positive position rather than a negative and defensive exercise.

FIG members concerns about how the Faculty Membership criteria would be applied in practice and the need to minimise bureaucracy were also noted.

4. Implementing the NIHR Faculty

Introduction:

The challenge of the final session was for group members to set a framework for a direction of travel to make sure the Faculty is implemented and successful in the longer term and continues beyond any immediate pressures.

Points made in the plenary:

On the purpose of the Faculty and its implementation:

- the purpose of the NIHR Faculty and a template for its overall structure and form must come before the detail of implementation.

- what happens if the initial criteria used for defining NIHR Faculty membership are wrong? A risk analysis on considering timing, money and metrics may be needed.
- unnecessary bureaucracy must be avoided

On redefining quality by using new and distinctive NHS criteria that highlights what NIHR Senior Investigators do, and do differently:

- the existing RAE criteria and status quo should be balanced with new criteria on the positive impacts on NHS services and practice, media presence, uptake of findings in NICE guidelines and service user involvement;
- there need to be separate pathways and criteria for leaders with 'traditional' academic values and for other senior researchers where impact on the NHS and patient involvement are highlighted;
- R&D directors can raise the profile of 'invisible' NHS research and make it much more visible;
- long term outcomes must be captured as well as short term benefits to patients;
- a balance is needed between research quality and ensuring Senior Investigators have a broad presence across the NHS;
- *not* being a Senior Investigator should not be a bad thing for a professor;
- the infrastructure to support selection must be locally driven using existing mechanisms where possible.

On clarity on funding issues:

- does the NIHR Faculty represent new investment or reinvestment?
- funding should continue for researchers that are funded at the moment, but cinderella specialties and people outside major centres also need to be funded;
- team funding to keep research teams intact is important but it might be feasible to have team-based applications for membership with individual money following individuals;
- recognise that there may be unintended consequences;
- funds could be paid as block grants or could follow the researcher, with the risk of lack of flexibility or destabilisation in each case;
- bureaucracy should not increase;
- should success in attracting one type of funding bar bids for other streams of NIHR funding?
- being inclusive of all research staff might capture more money;
- how and who should manage funding in order to support portability?
- transitional arrangements may be needed to give security to the process;
- there may be a negative impact on clinical care where this is supported by research money (though it is critical that this does not happen).

On promoting the potential benefits of membership to individuals which include:

- salary support;

- protected time to do research;
- advice and support;
- mentorship in research careers;
- advice on how and where to get funding;
- access to collaborators;
- information;
- “esprit de corps”;
- career pathways;
- access to infrastructure;
- prestige;
- support, possibly linked to outputs, provided locally, regionally or nationally.

On highlighting the benefits to organisations of having more research active staff:

- the creation of the NIHR Faculty might encourage currently non-research active organisations to buy-in to research;
- the benefits to organisations of becoming research active include being more responsive to patients, having better facilities and being more attractive to professional staff as places to work and develop careers.

On professional representation in the NIHR Faculty;

- how will a range of professional groups be represented in senior roles?
- reaching a senior role will need a career pathway to take individuals to that status;
- how should Faculty membership be linked to career stages and to different career pathways for different professional groups.

On research leadership:

- Senior Investigators could have a strategic role offering leadership in multi-professional research with patient involvement;
- The role of Senior Investigators could become too broad;
- Senior Investigators should be able to foster collaborative links between establishments.

On basic scientists

- There will be a significant number of NHS R&D-funded basic scientists in medical schools – are they to be included in NIHR Faculty despite not doing people based research?

On developing the NIHR Faculty as a true partnership ...

- NHS, universities, industry, research councils, charities, public need to be involved;
- NHS and university organisational structures need better integration.

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