FORUM
Front-line Clinician

Dr Nefyn H Williams
Academic GP
Director R+D BCUHB
What is the purpose of my job/role?

**Academic General Medical Practitioner**

- 2 days clinical work in practice in Plas Menai, Llanfairfechan
- 3 days academic research in School of Healthcare Sciences, Bangor University
  - Co-director of North Wales Centre for Primary Care Research
  - Cluster lead for primary care, public health and community development
  - Director of R+D for Betsi Cadwaladr University Health Board
How is success measured in my job/role?

• Clinical work
  • Annual appraisal and re-validation

• University work
  • REF - High quality papers published
  • Research grant income
  • PhD students etc.

• R+D Department
  • Health and Care Research Wales Key Performance Indicators
    • Number of portfolio studies and recruitment
    • Number of commercial studies and recruitment
  • Local Key Performance Indicators
    • Number of chief investigators
    • Number of principal investigators

• Minimal involvement of patients
What are the incentives to promote use of research evidence in NHS practice

• Few financial incentives
  • Quality Outcomes Framework
  • Prescribing incentive schemes
  • Prudent healthcare

• Health boards require us to discuss and reflect on NICE guidance
  • CPD, annual appraisal and re-validation
    • Reflective practice
    • Audit
    • Job satisfaction

• Teaching undergraduates and post-graduates
• Participating in research projects
What are the incentives for NHS practice to inform the research agenda?

- Role of **clinical academics** to provide **context** to research agenda
- Reflect problems of NHS back to research community
- Joint university and clinical appointments
- Programmes for developing clinical academics
  - Academic F1
  - Academic fellowship schemes, clinical academic trainees
  - RCBC scholarships
- Programmes for protected time for clinicians
  - Clinical research time competition
  - NIHR fellowships
- Participants in research projects
What are the barriers to promote use of research evidence in NHS practice

• **Time** and competing demands
• **Workforce** crisis
• Tenuous link between quality of health care and remuneration
• NICE guidance often has limited relevance
• Guidance does not reflect the complexities of individual patient care
• **Disconnect** between research evidence and patients’ priorities and the problems facing the NHS
• **Weak links** between local researchers, patients’ groups and practising clinicians
What are the barriers for NHS practice to inform the research agenda?

• Poor links between patients’ groups, clinicians and researchers
  • Academic training posts are poorly subscribed
    • Unrealistic funding
    • Uncompetitive salaries
    • Many NIHR programmes only available in England
• Lack of awareness of role of R+D department, RDCS, local Masters programme etc. amongst practising clinicians
• Mis-match in terms of reference for RDCS
  • Development of new researchers versus the need to support high quality research projects
• Problems with honorary contracts
How can we work together at the interface of research and service delivery to improve the health of the people of Wales?

• Better **co-production** with patients
• **Shared research strategies** between health boards and universities
  • Develop more **Principal Investigators** to host research
    • PiCRIS, Clinical Research Facility, Job planning
• Local plans for developing clinical academics into **Chief Investigators**
  • R+D department link interested clinicians with RDCS & Masters programme
  • Realistic funding of academic clinical fellowships
• Recruitment & retention of **clinical academics**
  • Encourage and mentor Clinical Research Time competition bids, NIHR fellowships
  • Improve links with successful local research teams
  • Increase joint academic/clinical appointments in ALL disciplines
  • Joint appraisal