Nursing, Midwifery, Allied Health Professions, Clinical Psychology, Pharmacy, Healthcare Science (NMAHPPS)

Clinical and Academic Homes Framework for Professional Practice

October 2021

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1. Introduction

This document outlines an agreed framework for the implementation of clinical and academic homes for nurses, midwives, allied health professionals, clinical psychologists, pharmacists and healthcare scientists (NMAHPPS) in the following institutions:

- Edinburgh Napier University
- NHS Lothian
- Queen Margaret University
- Robert Gordon University
- Stirling University
- University of Edinburgh

The aims of clinical and academic homes are to foster career development opportunities, enhance collaboration and develop capacity and capability in the four pillars of practice identified in the NHS Education for Scotland (NES) NMAHP Post Registration Career Framework (NES, 2020)[1]:

- Clinical Practice
- Education/Learning
- Leadership
- Evidence, Research & Development

'Clinical Homes' are intended for academic NMAHPPS staff and are set up in defined clinical or other professional services within NHS Lothian and confer an appropriate honorary title aligned to the relevant professional post graduate career framework

'Academic Homes' are intended for clinical NMAHPPS staff to make a contribution professional practice, education and research programmes within specific academic departments and confer an honorary title in line with the individual institution's processes.

These arrangements are not formal secondments agreements and do not include any funding commitments from either institution but do involve an agreed indicative time commitment. A tripartite agreement is put in place between the two institutions and the individual, which specifies the scope of the role, supervision, mentoring, anticipated outcomes and review arrangements. The individual holds an honorary contract with the host institution.

Honorary contracts are well established in both the NHS and higher education, however it is important to emphasise that honorary contracts and clinical or academic homes are not necessarily the same thing. The key difference is that the emphasis of a 'home' is to be developmental for both the individual and the institutions rather than the contract serving as a governance requirement for the individual to work in the host institution.

The Framework has been developed by the named NHS and academic institutions, however the scope for development and implementation of clinical and academic homes is not limited to these organisations. There is potential for NHS Lothian staff to have academic homes in other institutions in Scotland and wider in the UK; the emphasis is on the support and development offered by individuals in the institution and the potential mutual benefit for both organisations of entering into a tri-partite arrangement (section 7.3.1) with appropriate governance in place. Similarly academics from other institutions can approach the

[1] The pillars for practice may vary for pharmacy, clinical psychology healthcare science and these will be detailed in appropriate sections of the Framework.

professional leads in NHS Lothian to initiate discussions for a clinical home that fits with the aims and principles of this Framework.

2. Background

The Clinical and Academic Home initiative was originally introduced as one of the 12 vision statements of the Lothian NMAHP Research Framework (2011-2015), which was a collaborative framework between NHS Lothian and:

- School of Nursing, Midwifery and Social Care, Edinburgh Napier University
- School of Health in Social Science, University of Edinburgh
- School of Health Sciences, Queen Margaret University, Edinburgh

To date 13 clinical homes (12 nursing, 1 speech and language) with a research focus have been developed and each was a bespoke arrangement based on the individual's professional background, specialism and research interests. The scope of the role was agreed with local professional leads and the formal agreement included management and mentorship support. A review process was put in place and all honorary contracts required renewal every two years. Five of these arrangements remain active, with a number of post holders moving on to other roles, organisations or retiring.

There have been no academic homes under this arrangement, however it is recognised that a number of individual NMAHPs employed by NHS Lothian have honorary appointments with different academic partners, which primarily focus on education, whilst others make contributions on a more ad hoc basis. Many of the consultant level NMAHPs have relationships with academic institutions, however these have not necessarily been formalised through honorary contracts. NMAHP doctoral students do not always maintain a formal relationship with an academic partner following completion of their studies.

NHS Lothian has a long-standing commitment to creating strategic alliances to enhance clinical academic career opportunities. Over the last few years the focus from a research perspective has expanded to include clinical psychology, pharmacy and healthcare science and collaborative relationships have extended to include Stirling University and more recently Robert Gordon University. Education collaborations are firmly embedded with local higher education institutions and in recent years formal agreements for specific programmes have been made with Stirling University (e.g. Clinical Doctorate, undergraduate nursing) and Robert Gordon University (e.g. Return to Practice).

This Framework has been developed by a collaborative short-life working group (Appendix 1) with wider consultation in each participating institution and, where relevant, with national profession-specific groups. This group has become an established Clinical Academic Homes Implementation Group to oversee implementation and evaluation of the Framework and will meet four times a year.

3. Benefits of Clinical / Academic Homes

Clinical/academic home arrangements aim to create meaningful relationships at individual, team and organisational levels to provide mutual benefit for both the NHS and higher education institution (Table 1).

Table 1 Benefits of Clinical and Academic Homes

	Benefits
NHS Staff	• Access to academic mentorship and supervision • Access to resources (e.g. libraries, training opportunities, research equipment and software) • Opportunity to be included as co-investigator in research bids • Opportunity to contribute to curriculum development and delivery of learning and enhance teaching skills.

Academics	• Honorary contract conferring access to NHS systems, induction/training, health and safety protection (CNORIS). • Expansion of clinical and other leadership contacts to inform identification of research priorities • Potential for contribution to policy and guideline development • Opportunity to maintain clinical skills
Organisations	• Strengthened collaborative relationships at all levels of the organisation • Creation of vibrant professional environments committed to personal development and systematic development and integration of theory and practice • Greater mutual understanding of priorities and strategic objectives • Building capacity and capability in research, education and leadership • Supporting dissemination and translation of evidence into practice • Creating stronger partnerships and collaborative relationships between clinicians, managers and academics

Opportunities for individuals to take up a clinical or academic home have the potential to support personal and professional development and should be identified within both personal development and job plans. They are also a valuable component for succession planning for key roles in the NHS and higher education. Where informal arrangements already exist, the creation of a more formal clinical or academic home will ensure that there is recognition of an individual's contribution as well as additional support for their career development. The Framework will encourage opportunities to co-create mutually beneficial, clinically relevant research and education that contributes to the evidence base and learning with academic and practice-based rigour. It also strengthen understanding of different sector perspectives that will enhance knowledge translation, skills and funding applications.

4. Underpinning Principles

The Clinical and Academic Home Framework is designed to be flexible and responsive to individual and organisational requirements in accordance with the following principles:

- The establishment of a clinical or academic home will confer mutual benefit for both participating organisations through developing shared purpose and goals.
- The starting point for a clinical and academic homes may be either individual or theme led:
    - individual-led where there is a known candidate and clear mutual benefit for both organisations;
    - theme-led where either NHS or HEI identifies a priority area and seeks potential partnerships that could involve individuals from both institutions and could extend to research, practice, education or leadership clinical/academic homes.
- The individual will be awarded honorary status within the host organisation.
- For clinical homes the individual will be conferred an honorary title that is commensurate with their stage of the respective professional postgraduate career framework.
- For academic homes the individual will be conferred an honorary title appropriate to the organisation's academic career framework.
- All clinical and academic homes will be evaluated via the tripartite perspectives on an annual basis to ensure that they are meeting the needs of individuals and organisations.

Clinical and Academic Homes are potentially available across the participating institutions. They should align with the strategic priorities of each organisation; for clinical and academic homes that are focussed on research the research themes and priorities of the five academic institutions are identified in Appendix 2.

5. Clinical Homes

There are a range of post graduate career frameworks for the different professions (Sections 5.1 -5.4) and these will form the basis of consideration of the most appropriate level and focus of the clinical home in relation to the four pillars of practice.

5.1 Nursing, Midwifery and Allied Health Professions

NES (2020) published a revised NMAHP Post Registration Career Framework that aligns to the Career Framework for Health Levels 5-9 (Figure 1). To date most clinical homes have been aligned to Levels 7-8 of this framework, however it should be possible to develop opportunities for early career academics at levels 5 and 6. Similarly, there should be opportunities for more strategic level opportunities at Level 9.

Figure 1 NES Career Framework for Health Levels 5-9 (Scottish Government 2009)

The Post Registration Career Framework provides detailed breakdown of expected sphere of responsibility and key knowledge, skills and behaviour for individual pillars of practice at each level. These could be used to support the identification of an appropriate level of practice within the clinical home, linked to the agreed purpose and objectives, with an agreed title for the honorary role (Table 2).

Table 2 Potential Clinical Home Role Titles for NMAHPs

Level	Clinical Practice	Education/Learning	Leadership	Evidence, Research & Development
5	Honorary Practitioner	Honorary Educator	Honorary Leadership Fellow	Honorary Research Fellow
6	Honorary Senior Practitioner	Honorary Senior Educator	Honorary Senior Leadership Fellow	Honorary Senior Research Fellow
7	Honorary Advanced Practitioner	Honorary Advanced Educator	Honorary Advanced Leadership Fellow	Honorary Advanced Research Fellow
8	Honorary Consultant Practitioner	Honorary Consultant Educator	Honorary Consultant in Leadership	Honorary Research Consultant
9	Honorary Consultant Practitioner	Honorary Consultant Educator	Honorary Consultant in Leadership	Honorary Research Consultant

5.5.1 Internal Clinical Homes

There is the potential for an adapted version of this model to be extended to NHS Lothian employees whose substantive appointment is in a non-clinical department, for example clinical education.

5.2 Pharmacy

NES (2020) have published the Pharmacist Career Framework Review that identifies several principles to underpin post qualification pharmacist careers and guide consideration of the different career stages. It stresses the need to consider how a flexible and capable workforce can be sustained, allowing recognition for career advancement of current professionals. Principles most relevant to the 'Clinical Academic Home' Framework include:

- The career framework should be sufficiently flexible to allow pharmacists to customise their careers according to their professional interests and sector
- The framework should address service needs; facilitating the professional development of pharmacists at the required levels recognising specialist and consultant practice.
- The career framework should recognise and support recruitment and retention and the mobility of pharmacists.

The specific requirements and implications of a three-level framework (Figure 2) are detailed in the Post Registration Career Framework. It makes recommendations about the titles of the different career stages, educational support, supportive infrastructure, recruitment and implementation. The Post Registration Career Framework also highlights the importance of clinical and professional leadership for pharmacists at all levels and proposes several enhancements to professional development arrangements in this area.

Work is ongoing in relation to implementation of the postgraduate career framework nationally. Initially there will be a focus on aligning clinical / academic homes to advanced level practitioners and increasing that scope to consultant practitioners once these roles become established.

Figure 2 Proposed Royal Pharmaceutical Society Pharmacy Career Framework

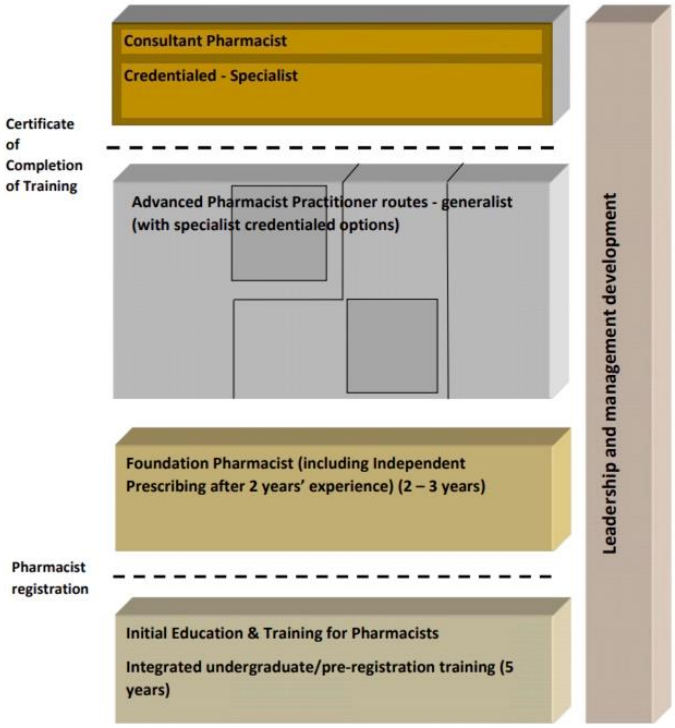


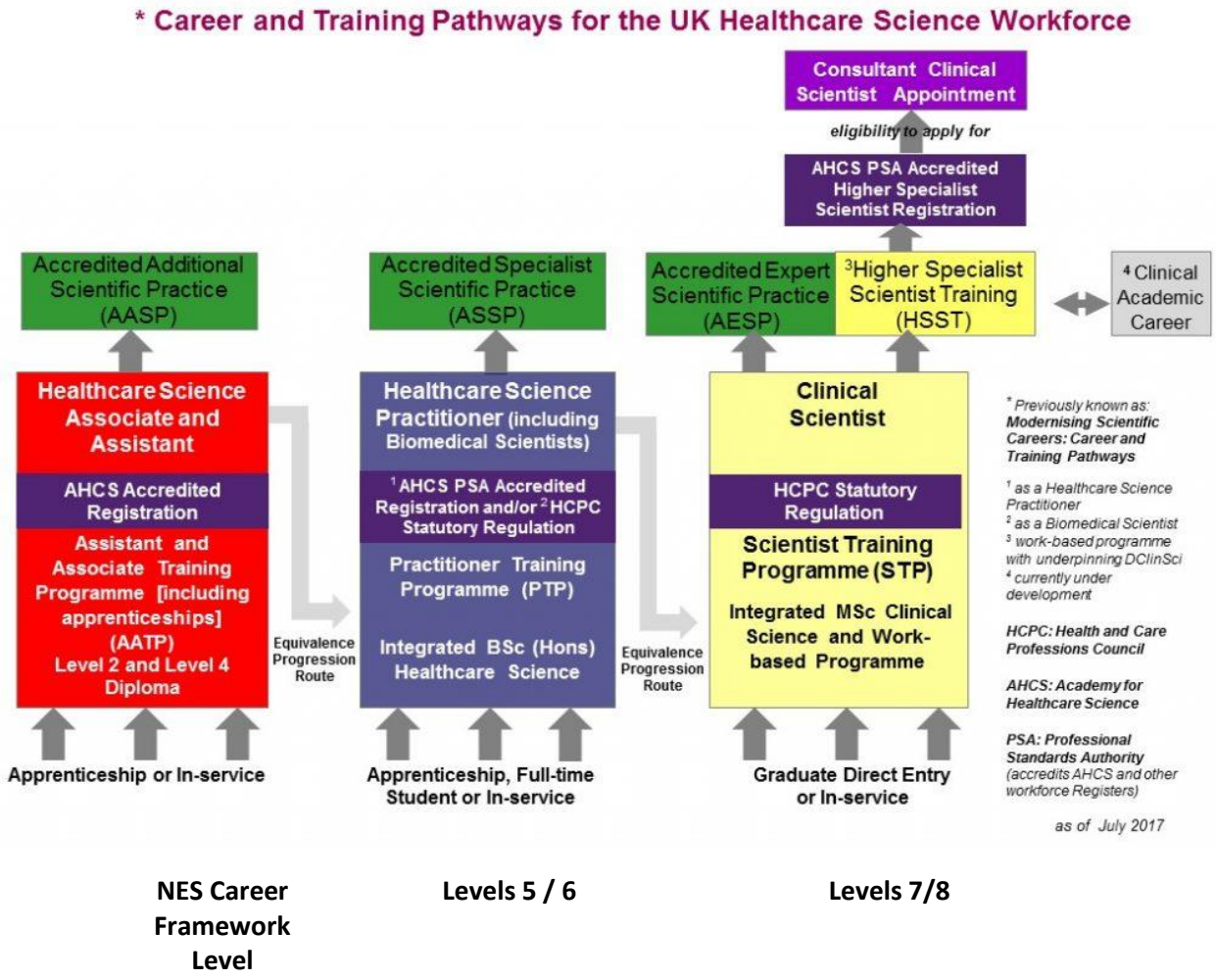
Table 3: Potential titles for Clinical Homes for Pharmacists

Level	Clinical Practice	Education/Learning	Leadership	Evidence, Research & Development
Foundation	Honorary Foundation Pharmacist	Honorary Educator	Honorary Leadership Fellow	Honorary Research Fellow
Advanced Pharmacist Practitioner	Honorary Advanced Pharmacist Practitioner	Honorary Advanced Educator	Honorary Advanced Leadership Fellow	Honorary Advanced Research Fellow
Consultant	Honorary Consultant Practitioner	Honorary Consultant Educator	Honorary Research Consultant	Honorary Research Consultant

5.3 Healthcare Science

Healthcare Science (HCS) in Scotland broadly follows the career framework outlined within the Modernising Scientific Careers pathway for the UK, which is aligned with the NES Career Framework (Figure 3)

Figure 3 Career and Training Pathways for the UK HCS Workforce.



In Scotland, post registration scientists follow the Common Core List (Table 4) which identifies shared attributes across four domains: Scientific Practice; Leadership and Management; Safety and Improvement and The Future.

Table 4: Common Core Attributes for Healthcare Scientists

Category	Serial	Common Core List (CCL)
Delivery of the science	1	Fundamental science: acquaintanceships beyond specialist area
	2	Case studies, multi-disciplinary case-based review opportunities
	3	Multidisciplinary work experiences, partnering and shadowing allied groups.
	4	Frontline service / lab awareness skills / practical skills
	5	Clinical / interpretive skills
People and Organisation	6	The patient perspective
	7	Train-the-trainer / HCS as teacher skills
	8	Leadership, management preparation, communication skills
	9	Teamwork, (in the discipline, in the HCS division, the wider HCS workforce, other groups)
	10	Planning and business skills / budget skills / procurement skills
	11	Clinical governance, corporate governance
Safety and Improvement	12	Health and Safety
	13	Regulation and compliance, (e.g. CPA, GMP, CE rules)
	14	Risk Analysis and Risk Management
	15	Incident management – Significant Event, Root Cause, Failure Modes.
	16	Quality Improvement and Quality Control tools
The Future	17	Ethics, forming a research proposal
	18	Commercial development, intellectual property, income generation
	19	Foresight, new technologies, service and workforce re-profiling

Table 5: Potential titles for Clinical Homes for Healthcare Scientists

Level	Scientific Practice	Leadership and Management	Safety & Improvement	The Future
Practitioner- level 5	Honorary Practitioner	Honorary Practitioner	Honorary Practitioner	Honorary Research Fellow
Practitioner Level 6	Honorary Senior Practitioner	Honorary Senior Practitioner	Honorary Senior Practitioner	Honorary Senior Research Fellow
Scientist – Level 7	Honorary Advanced Practitioner	Honorary Advanced Practitioner	Honorary Advanced Practitioner	Honorary Advanced Research Fellow
Scientist – Level 8	Honorary Consultant Practitioner	Honorary Consultant Practitioner	Honorary Consultant Practitioner	Honorary Research Consultant

5.4 Clinical Psychology

This section will be added at a later stage as there is work being undertaken in NHS Lothian to articulate the post qualification career pathways for clinical psychologists in practitioner and applied psychology roles.

5.5 Examples of Potential Clinical Homes for Academics

Clinical Practice	Contributing to direct clinical care in a specific clinical setting in a role linked to knowledge, skills and competence.
Education & Learning	• Co-design and produce teaching and learning resources, creating shared ownership • Improving learner experiences, creating learning environments in practice and developing practice. •
Research & Development	• Supporting research capacity development in a specific clinical setting/service – role modelling, mentoring and supporting studentship applications • Identification of applied research questions that link to service priorities • Leading collaborative research bids, involving clinical staff as co-applicants/advisors • Publication, dissemination and implementation of research – impact • Quality improvement / evidence based practice involvement
Leadership	• Space for reflection, challenging thinking through engagement with other professions and academic disciplines • Shadowing, networking, collaboration on strategic developments • Consultancy for the service

6. Academic Homes

As detailed in the clinical homes section, there are a range of post graduate career frameworks for the different professions (sections 6.1 - 6.4) and these should form the basis of consideration of the most appropriate level and focus of the academic home in relation to the four pillars of practice.

Academic homes can be considered a possibility for any NMAHPPSs where this would provide mutual benefit for both organisations. The focus should be on supporting individuals with their career development as well as the academic home enhancing service delivery, development, quality and evaluation.

Academic homes vary in both their key clinical focus and their balance between research, teaching and innovation activities. However, they are all unified in the ultimate aim to enhance clinical practice and contribute to society through these means. This variety in focus and activity fits well with the different career pathways and frameworks for aspiring clinical academics. However, mutual benefits are only likely to be maximised if the match between the individual and the academic home is appropriate. Where it is, then the benefits to the academic institution are likely to be significant. In terms of research this includes quick access to the nature and scale of real world problems that are ripe for investigation, insight into feasibility and implementation issues, and networking opportunities to enhance the research team. In terms of teaching the credibility of practitioner and the ability to point to real world examples within the teaching process are all issues that we know can enhance student experience and learning.

The range of potential opportunities and how these might align to different NHS roles are summarised in section 6.5.

6.1 Research and Development

The potential for an academic homes should be considered for NHS-based NMAHPPS doctoral students during their final year of study. This should enable the doctoral student, the NHS and the academic provider to develop plans for post-doctoral research work and research/ educational leadership development.

All NMAHPPS clinicians who already have doctoral qualifications should have the opportunity to have an academic home that will enhance their opportunities to be research active, collaborate on funded research studies and, where appropriate, participate in research supervision.

NHS staff will benefit from participation in academic research activities that include membership of research groups that bring together experts in both topic and methodologies. There will also be opportunity to participate in writing groups to help with paper and grant development.

As part of the Research Excellence Framework (REF), all HEIs have a strong focus on research impact and clinical colleagues offer strong potential to collaborate and enable opportunities for dissemination and implementation of research.

6.2 Clinical Practice

NMAHPPS consultants should have some form of academic home/appointment relevant to their role and professional development needs. Where new consultant roles are being developed initial discussions with partner organisations should be part of the process and then finalised following the appointment.

Other clinicians in specialists and advanced practitioner role should have the opportunity to have an academic home relevant to their role and professional development needs. This has the potential to integrate theory and practice through scholarly work, education and consultancy.

6.3 Leadership

Academic homes should be considered for NMAHPPS working in leadership roles. Such homes can generate a number of benefits to support the individual in their leadership role. The academic home can provide the space to stand back and reflect on clinical issues. Leadership requires creative thinking, problem solving and an awareness of wider contexts. However, having space and distance from the issues within practice on a day-to-day basis can be difficult. Secondly, the academic home can provide greater contact and conversations between both other professions and academic disciplines – challenging thinking and developing leadership skills in communication. Finally, exposure to academic homes can provide early insights into novel developments and trends that have the potential to enhance or challenge clinical practice in the imminent future. There will be opportunity for clinical and academic staff to work with or shadow the senior team in either HEI faculties or the NHS.

6.4 Education / Learning

An academic home with a focus on education and learning could be considered for NMAHPPS in consultant, specialist and practice development roles and should be planned for those in defined education roles (e.g. clinical and practice educators). This will create opportunities to co-design and produce curricula, creating shared ownership, improving learner experiences, creating learning environments in practice and developing practice. There will be opportunity to teach students at undergraduate and postgraduate level, developing effective assessments and supervision of dissertations from Hons level and beyond.

6.5 Examples of Potential Academic Homes for Healthcare Staff

Clinical Practice	**NMAHP Consultants; Advanced Practitioners** Integration of theory and practice through scholarly work, education & consultancy
Education & Learning	**NMAHP Consultants, Clinical Specialists, Clinical Educators, Practice Education Facilitators** Co-design and produce curricula, creating shared ownership • Improving learner experiences, creating learning environments in practice and developing practice. • Teaching students at undergraduate & postgraduate level, developing effective assessments • Supervision of dissertations from hons level and beyond.
Research & Development	**NMAHP Consultants, Clinical Research Nurses, NMAHPPS Doctoral Students; NMAHPPS Post-doctoral staff** • Collaboration on funded research studies – grant writing • Development of methodological expertise • Research leadership development – applications for post-doctoral fellowships • Publication, dissemination and implementation of research - impact
Leadership	**Executive Director, Director, Associate Director, chief/lead roles, clinical/service manager roles** • Space for reflection, challenging thinking through engagement with other professions and academic disciplines • Shadowing, networking, collaboration on strategic developments

7. Developing Clinical and Academic Homes

Each clinical and academic home should aim to provide bilateral organisational benefits and be established where these have been agreed at a senior level in each organisation, as well as with the individuals for whom a home is being established.

The resource committed to the clinical or academic home must be agreed by all parties. There is a need for buy-in from senior management in both NHS and HEI to recognise, on the one hand, the place of research, education and development within service priorities, and on the other, the potential benefits of ongoing clinical expertise and experience within the academic organisation.

Previous experience has indicated that the success of individual homes is founded on the development of trusting relationships and a shared purpose, which can take time to build. The initial evaluation of the achievement of objectives needs to bear this in mind when seeking to identify measureable outcomes.

7.1 Clinical and Academic Homes Implementation Group

A Clinical and Academic Homes Implementation Group will lead the implementation and evaluation of this Framework. It will include representatives of the partner organisations and adhere to the agreed Terms of Reference (Appendix 7) and will meet quarterly.

7.2 Individual arrangements

Individual arrangements can be initiated and supported at any point. Initiation of discussions may come from the individual, their line manager or a professional lead within the organisation. The process (section 7.3) may take some time to complete as any arrangements need to be based on extensive discussion, clarification of objectives, agreement of support mechanisms and completion of governance requirements.

Any proposed clinical or academic home should be clearly identified within a personal development plan and, where appropriate, job plan.

7.3 Themed approach

This proactive approach to the establishment of clinical and academic homes is intended to build more wide-ranging organisational capacity and establish networks of clinicians, managers, professional leads and academics to work in a focussed collaborative manner to take forward joint objectives that span the professional domains. Themes can be proposed by individuals/groups in either organisation and these should be in line with strategic priorities and linked to organisational planning cycles.

Themes may vary in scope at either i) individual project level; or ii) strategic level around a priority areas. The following principles will apply:

- Demand led rather than based on individual interests
- Linked to national and local priorities
- Multi-professional and multi-institutional in membership
- Ultimately self-directed
- Governance will be appropriate to the level/nature of the theme

Following the agreement of a theme and the preliminary identification of aims and objectives there will be a 'recruitment' approach to identify individuals from different disciplines and organisations that collectively can deliver meaningful outcomes. The theme will have a recognised identity within all participating organisations and establish its own leadership, operational, governance and evaluation mechanisms. The Clinical Academic Home Implementation Group will lead the initial work of establishing the theme and identification of individuals.

Individuals participating in the theme will complete the same processes that are required for an individual home, including an honorary contract.

7.4 Processes

Separate processes have been established for clinical (Appendix 3) and academic (Appendix 4) homes that reflect the governance requirements of the NHS and HEIs respectively.

Clinical home honorary contracts require the individual to join the Protection of Vulnerable Group (PVG) scheme and to complete NHS Lothian Occupational Health screening and any further risk assessment if required. The funding for the PVG should be included in the local discussion when setting up the Clinical Home. The professional lead involved in this process will ensure that an appropriate cost code is identified for the honorary contract application form.

Those in receipt of an honorary NHS contract in Scotland are automatically covered by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) https://clo.scot.nhs.uk/our-services/cnoris.aspx.

7.4.1 Clinical Academic Agreement

Following all planned discussions between key stakeholders the Clinical Academic Agreement Template (Appendix 5) will be completed and signed. There are different versions of the agreement template that reflect the different professional frameworks, which in turn identify the domain of the clinical/academic home.

Copies of the agreement will be held in the individual's personal file and will be circulated to all named parties on the agreement.

Each institution will maintain their own data recording system for all appointments including review and evaluation dates and honorary contract renewal dates.

8. Evaluation of Clinical and Academic Homes

8.1 Progress Review

The progress of each clinical or academic home will be reviewed by all three parties to the agreement within the first six months of establishment, and annually thereafter (Appendix 6).

There will be ongoing monitoring of achievement of objectives associated with each role. Where any potential risks are identified these will be discussed with the individual along with their host and home institution line manager and supporter.

8.2. Evaluation of Framework

There will be an annual review of the implementation of the Framework at the end of March each year, with each institution submitting data. This will be supported by the Clinical Academic Home Implementation Group and an annual report will be prepared and shared with all post holders and institutional stakeholders.

Funding will be sought to permit external evaluation of the Framework in terms of process, outcomes and impact.

9. Governance

The Lothian Clinical Academic Home Framework will be authorised by

- NHS Lothian - Executive Director of Nursing, Director of AHPs, Pharmacy and Clinical Psychology and the Head of Healthcare Science.
- Higher Education - Heads of Schools in all partner universities.

To ensure adequacy and transparency of governance arrangements both clinical and academic homes will require the following to be established:

- Verification of professional registration
- Honorary contract that includes appropriate Disclosure/Protection of Vulnerable Groups, occupational health clearance, start and end dates, early termination procedures, weekly time commitment, the scope and boundaries of duties (particularly extent of clinical responsibility), managerial and supervisory relationships, (where appropriate) leave of absence arrangements.
- Formal tri-partite agreement (individual, employing organisation and hosting organisation) specifying the scope of the role, jointly agreed objectives, projected outputs and outcomes, funding of the role, and commitments of the host organisation to the honorary post-holder.
- Bespoke induction relevant to setting and role.

Information governance and data protection policies will be followed in line with each institution's governance processes. At the point of finalising the tri-partite agreement, post holders will be invited to give permission for data sharing of their name, post and clinical or academic home.

9.1 Strategic Oversight

There will be ongoing review of uptake, review of progress and outcomes at the Lothian NMAHPPS Research Strategy Group. An annual report will be submitted at the end of Q2 each year and will be shared widely to individuals participating in the scheme as well as to relevant professional groups and organisational committees.

October 25 2021

Appendix 1 Membership of Short-life Working Group

Dr Juliet MacArthur, Chief Nurse Research & Development NHS Lothian
Andy Peters, AHP Research Facilitator, NHS Lothian
Sarah Smith, Healthcare Science Professional Lead, NHS Lothian
Alexa Wall, Associate Director Pharmacy, NHS Lothian
Audrey Millar, Consultant Clinical Psychologist, NHS Lothian
Dr Belinda Hacking, Director Psychology, NHS Lothian
Dr Debbie Baldie, Lead Nurse for Research and Practice Development, NHS Grampian
Dr Ashley Shepherd, Associate Professor in Health Sciences, University of Stirling
Professor Brian Williams, Professor of Health Services Research & Director of Health & Wellbeing Research, Edinburgh Napier University
Professor Alison Machin, Dean of Health and Social Care, Edinburgh Napier University
Professor Scott Cunningham, Professor of Pharmacy Education & Practice, Robert Gordon University
Professor Susan Dawkes, Head of the School of Nursing, Midwifery and Paramedic Practice, Robert Gordon University
Dr Helen Griffiths, Programme Director of the University of Edinburgh/NHS Scotland Clinical Psychology training programme
Dr Caroline Dickson, Senior Lecturer in the Nursing Division, Queen Margaret University

Appendix 2 Research Themes Academic Institutions

Institution	School/Centre	Research Themes	Lead Contacts
Edinburgh Napier University School of Health and Social Care	**Centre for Cardiovascular Health (CCVH)** Website:	• Atrial fibrillation early diagnosis • Cardiac Rehabilitation -atrial fibrillation -spontaneous coronary artery dissection -cancer • Physical Activity referral schemes • Behaviour change • Hypertension management • Critical care recovery • Medication adherence • Cardiac device management	Director Prof Lis Neubeck l.neubeck@napier.ac.uk
	Centre for Mental Health Practice, Policy and Law Website:	• Mental health and capacity law and policy • Mental health and mental capacity and human rights • Law enforcement and public health • Physical co-morbidities and health optimisation in mental health • Mental wellbeing • CPTSD • Decision-making • Psychological interventions, especially for psychosis	Director Prof Jill Stavert j.stavert@napier.ac.uk
	Midwifery	• Birth satisfaction measured using the *Birth Satisfaction Scale-Revised* (BSS-R) • Perinatal bereavement care. • Compassionate Mindfulnress Training (CMT). • Pregnant women with a BMI>35 and risk. • Neonatal and midwifery education in Vietnam. • Trauma and childbirth.	Subject Lead Prof Caroline J Hollins Martin c.hollinsmartin@napier.ac.uk

Institution	School/Centre	Research Themes	Lead Contacts
Queen Margaret University	**Centre for Person Centred Practice Research** Website: Centre for Person-centred Practice Research | Queen Margaret University (qmu.ac.uk)	• Experiences of person-centredness • Person-centred interventions • Person-centred culture • Person-centred curricula	Co-Directors • Prof Jan Dewing JDewing@qmu.ac.uk • Prof Brendan McCormack BMcCormack@qmu.ac.uk
	Centre for Health, Activity and Exercise Rehabilitation Website: Centre for Health, Activity and Rehabilitation Research | Queen Margaret University (qmu.ac.uk)	Strategies to enhance health, rehabilitation and functional activity through: • Physical activity and exercise • Functional food and nutrition • Orthotic interventions and optimising foot health	Co-Directors • Prof Cathy Bulley CBulley@qmu.ac.uk • Dr Marietta van der Linden mvanderlinden@qmu.ac.uk
	Clinical Audiology and Speech and Language Research Centre Website: Clinical Audiology, Speech and Language Research Centre | Queen Margaret University (qmu.ac.uk)	• Health care for socially vulnerable clients • Enabling new collaborations: reducing the challenges for individual researchers.	Director Prof Jim Scobbie JScobbie@qmu.ac.uk
	Institute for Global Health and Development Website: The Institute for Global Health and Development | Queen Margaret University (qmu.ac.uk)	• Contemporary health and development challenges in low- and middle-income countries and their connection to global systems and trends	Director Prof Alastair Ager aager@qmu.ac.uk Contact: Kitty Flynn kflynn@qmu.ac.uk

Institution	School/Centre	Research Themes	Lead Contacts
School of Health in Social Science, University of Edinburgh	**Edinburgh Centre for Research on the Experience of Dementia** Website: Edinburgh Centre for Research on the Experience of Dementia | The University of Edinburgh	• Social relationships and friendships, peer support, emotions and counselling • Living and dying with dementia • Dementia and design • Marginalised groups with dementia (including people with intellectual disabilities) • Risk and resilience • Working with people who have dementia to understand their experience and possible approaches to impact policy, practice and society.	Director Prof Heather Wilkinson h.wilkinson@ed.ac.uk
	Scottish Collaboration for Public Health Research and Policy Website: The Scottish Collaboration for Public Health Research and Policy | The University of Edinburgh	• Developing novel public health interventions that equitably address major health problems in Scotland • Collaboration between government, researchers and public health community to develop national programme of intervention development, large-scale implementation and robust evaluation.	Director Prof Ruth Jepson Ruth.Jepson@ed.ac.uk
	Centre for Creative-Relational Inquiry Website: Centre for Creative-Relational Inquiry | The University of Edinburgh	Qualitative research that: • is situated, positioned, context-sensitive, personal, experience-near, and embodied; • embraces the performative and the aesthetic; • engages with the political, the social, and the ethical; • problematizes agency, autonomy, and representation; • cherishes its relationship with theory, creating concepts as it goes; • is dialogical and collaborative; • is explicit and curious about the inquiry process itself.	Director Prof Jonathan Wyatt Jonathan.Wyatt@ed.ac.uk Assoc. Directors Dr Rosie Stenhouse Rosie.Stenhouse@ed.ac.uk Dr Marisa De Andrade marisa.deandrade@ed.ac.uk Dr Fiona Murray Fiona.A.Murray@ed.ac.uk Dr Nini Fang nfang@ed.ac.uk

	School/Centre	Research Themes	Lead Contacts
	Centre for Applied Developmental Psychology Website: Centre for Applied Developmental Psychology | The University of Edinburgh	• Covid19 and young people • Child & adolescent mental health • Child & adolescent injury and health • Eating and eating disorders • Trauma and development • Neurodevelopmental research • Perinatal mental health and early development • Children, adolescents and animals research	Director: Prof Jo Williams Jo.Williams@ed.ac.uk Assoc Directors • Dr Vilas Sawrikar vilas.sawrikar@ed.ac.uk • Dr Jessica Mirman jessica.hafetz@ed.ac.uk
	Health Psychology Website: Health psychology | The University of Edinburgh	• Application of psychological theory to healthy living, attitudes & behaviours	See website for staff members
	Forensic Psychology Website: Forensic psychology | The University of Edinburgh	• Offending behaviour – especially with regard to individuals with • mental health problems or learning disabilities	See website for staff members
	Psychological Therapies and Interventions Website: Psychological therapies and interventions | The University of Edinburgh	• Designing and evaluating interventions for those experiencing, or at risk of, mental health problems.	See website for staff members
	Global mental health and well being Website: Global mental health and wellbeing | The University of Edinburgh	• Promoting mental health and wellbeing around the world	See website for staff members

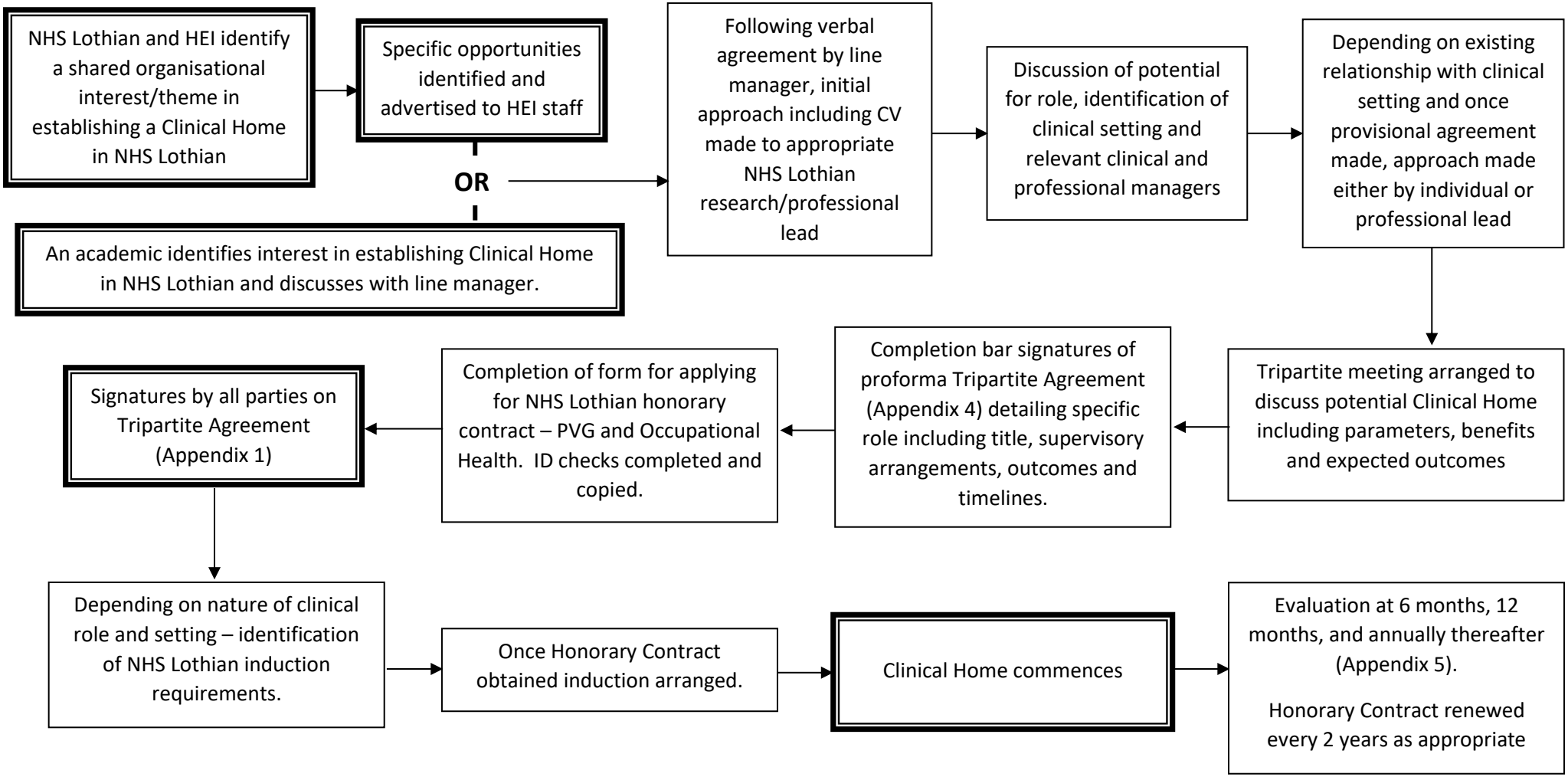
	School/Centre	Research Themes	Lead Contacts
	Policy, Professions & Care Website: Policy Professions and Care | The University of Edinburgh	• Education, workforce, practice, systems (including eHealth) • Patient factors at intersection health related policy	See website for staff members
	Sudden Interruptions in Health Website: Sudden Interruptions In Health | The University of Edinburgh	• Critical care & older people in acute phase Experience of survival, recovery & rehab – including design and application digital health products/services	See website for staff members
Stirling University Faculty of Health Sciences	**University of Stirling Health Sciences Division** Website: Health Sciences research | About | University of Stirling **CSO Nursing Midwifery and Allied Health Professions Research Unit** Website: Nursing, Midwifery and Allied Health Professionals Research Unit (NMAHP-RU) **Institute of Social Marketing and Health** Website: Institute for Social Marketing and Health | About | University of Stirling	• **Interventions to support living well -** Develops, evaluates, and implements interventions that support people/populations to live well. e.g. urinary catheter care, pelvic floor dysfunction, supporting long-term weight loss. Expertise in large scale multi-centre RCTs and process evaluations. • **Health, social care and professional practice to support living well** – Evaluation new models of care, patient experiences and outcomes, translation of research evidence into practice, implementation through research. Methodological specialisation in systematic literature reviews e.g. wound care, diabetes prevalence, urinary catheter care, nutritional labelling, efficiency of motivational interviewing, role of advanced nurse practitioners. • **Determinants of Living Well** - Understanding the behavioural and environmental risk factors for well-being and disease and determinants, including social and commercial factors. Focus on prevention non-communicable diseases through modification risk factors e.g. smoking, obesity, or alcohol consumption. Methodological specialisation using existing and linked large-scale datasets to explore determinants of health and their associated care pathways.	Dean of Faculty Health Sciences & Sport Prof Jayne Donaldson jayne.donaldson@stir.ac.uk Director CSO NMAHP Research Unit Prof Margaret Maxwell margaret.maxwell@stir.ac.uk Director Institute of Social Marketing Prof Niamh Fitzgerald niamh.fitzgerald@stir.ac.uk

Institution	School/Centre	Research Themes	Lead Contacts
Robert Gordon University	**Nursing, Midwifery and Paramedic Practice Research Group**	Research that addresses health and wellbeing of children, families, older people and the disadvantaged by undertaking impactful, innovative and interdisciplinary research to inform policy and practice. • **Organisation and delivery of health care** ▪ Digital health ▪ Palliative care ▪ Integrated care • **Health inequalities** ▪ Food insecurity ▪ Poverty and social disadvantage • **Health and wellbeing across the lifespan** ▪ Maternal, child and family health ▪ Long-term conditions and multimorbidity ▪ Health ageing (Gerontology, ageing and frailty) ▪ Mental health and wellbeing ▪ End of life care.	Research Lead Professor Catriona Kennedy, QNIS Professor of Community Nursing c.m.kennedy1@rgu.ac.uk Head of School Professor Susan Dawkes s.dawkes@rgu.ac.uk RGU/NHSG Clinical Professor: Professor Angela Kydd a.kydd@rgu.ac.uk

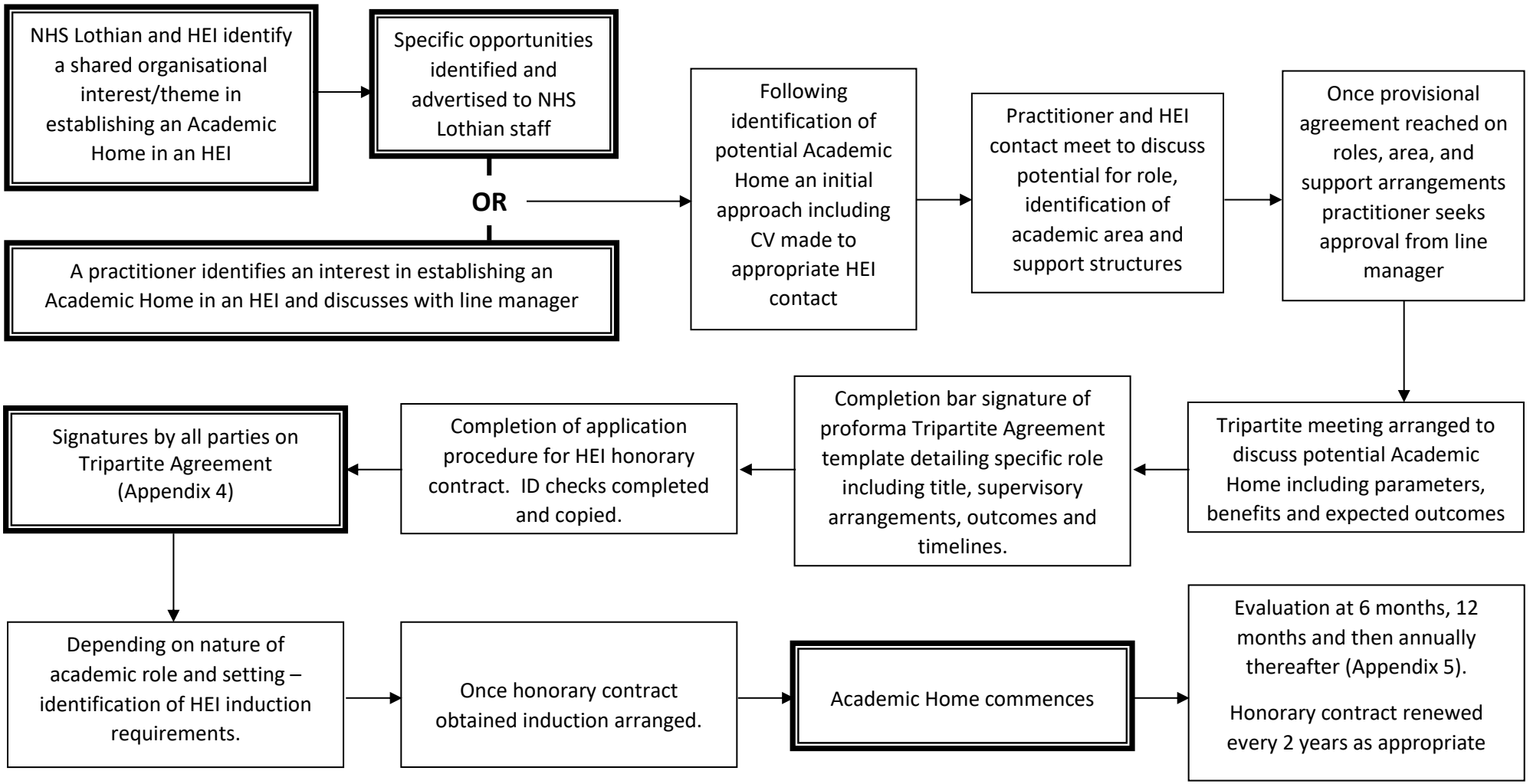
	School of Health Sciences	• **Applied practical research to enable people to live well across the lifespan in a variety of settings:** ▪ Research to enhance physical and/or mental wellbeing ▪ Research on technologies/interventions to enable living well ▪ Research to optimise/enhance psychological, social & physical functioning ▪ Research to enable living well at home, work, and in education, hospital & care settings Research in this theme includes musculoskeletal health, rehabilitation, long-term conditions self-management, digital health, and optimising athletic performance. • **Applied Educational research to inform and enhance learning & teaching practice:** ▪ Developing skills for practice ▪ Enhancing academic skills ▪ Technology to enable and enhance learning	Research Lead & Clinical Professor Allied Health Professions RGU/NHS Grampian Prof Kay Cooper k.cooper@rgu.ac.uk

NHS Lothian Professional Leads	Nursing and Midwifery	Dr Juliet MacArthur, Chief Nurse Research & Development	Juliet.macarthur@nhslothian.scot.nhs.uk
	Allied Health Professionals	Andy Peters, AHP Research Facilitator	Andy.peters@nhslothian.scot.nhs.uk
	Pharmacy	Alexa Wall, Deputy Director Pharmacy Elaine Rankine, Head of Pharmacy Education, Research & Development	Alexa.wall@nhslothian.scot.nhs.uk Elaine.rankine@nhslothian.scot.nhs.uk
	Healthcare Science	Sarah Smith, Healthcare Science Professional Lead	Sarah.j.smith@nhslothian.scot.nhs.uk
	Clinical Psychology	Audrey Millar, Consultant Clinical Psychologist	Audrey.millar@nhslothian.scot.nhs.uk

Appendix 3 NMAHPPS Clinical Home Flowchart



Appendix 4 NMAHPPS Academic Homes Flowchart



Appendix 5 Clinical / Academic Home Agreement Template

NMAHPPS Clinical / Academic Home Agreement NMAHP

Name				**Contact Details**					
Substantive Role				**Employing Institution**					
Clinical / Academic Home Role				**Host Institution**					
Clinical / Academic Home Setting				**Indicative commitment (WTE)**					
Start Date (Honorary Contract)				**End Date (Honorary Contract)**					
CV	Up to date CV should be submitted with this document								
Focus of Role (Pillars of Practice)	**Clinical Practice[2]**		**Education/ Learning**		**Leadership**		**Evidence, Research & Development**		
Career Framework for Health Level	**5**		**6**		**7**		**8**		**9**
Purpose of Role									
Key Objectives									
Host Institution Support, Mentorship & Line Management Arrangements	**Name(s), Role & Contact Details**								
	Mentor:								
	Other Key Supports:								
	Line Manager								
Induction Arrangements									

[2] Role should link to appropriate NHS job description relevant to professional and indicative of the level and scope of practice. Induction details should be commensurate with the agreed clinical role.

Review Dates	**6 months**	**Annual**	**Annual**
Authorisation			
Role Holder	I give my permission for my personal details about this role to be shared outside my organisation *Please circle and sign* Yes No		**Date**
Host Institution Supervisor/Line Manager			**Date**
Host Institution Professional Lead			**Date**
Substantive Employer Professional Lead			**Date**

Appendix 6: Clinical Academic Home Progress Report

NMAHPPS Clinical / Academic Homes Annual Review

Name of Reviewee		**Date of Review & year of review e.g. year 1, 2 etc**		
Substantive Role		**Employing Institution**		
Clinical / Academic Home Role & Setting & Indicative commitment (WTE)		**Host Institution**		
Focus of Role Please tick which pillar(s) of Practice your 'home' is focused on	**Clinical Practice**	**Education/ Learning**	**Leadership**	**Evidence, Research & Development**

Key Objectives

Please use the following table to review your agreed objectives and milestones relating to your clinical/ academic home **from last year.**

Objective	**Progress**

Referring to the objectives above, are there any factors which contributed to your success?	
Referring to the activities above, are there any factors which negatively impacted on your success?	
Briefly summarise how your role contributes to your local strategic/divisional strategy	
Plan for forthcoming year	

Authorisation		
Reviewee		**Date**
Substantive Employer Professional Lead		**Date**
Host Institution Supervisor/Line Manager		**Date**

Appendix 7 Clinical and Academic Home Implementation Group Terms of Reference

Context

NHS Lothian and its academic partners have developed a framework for the implementation of clinical and academic homes for nurses, midwives, allied health professionals, clinical psychologists, pharmacists and healthcare scientists (NMAHPPS) in the following institutions:

- Edinburgh Napier University
- NHS Lothian
- Queen Margaret University
- Robert Gordon University
- Stirling University
- University of Edinburgh

The aims of clinical and academic homes are to foster career development opportunities, enhance collaboration and develop capacity and capability in the pillars of practice for each of the professions.

Profession	Pillars of Practice
Nursing, Midwifery, Allied Health Professions, Pharmacy	• Clinical Practice • Education/Learning • Leadership • Evidence, Research & Development
Healthcare Science	• Scientific Practice • Leadership and Management • Safety and Improvement • The Future
Clinical Psychology	To be confirmed

The development phase has now progressed to implementation and the short life working group has been replaced with a NMAHPPS Clinical Academic Homes Implementation Group.

Purpose

The purpose of the NMAHPPS Clinical Academic Homes Implementation Group is to:

- Lead the implementation and evaluation of the NMAHPPS Clinical Academic Homes Framework
- Design and develop a range of resources to support communication and promotion of the Framework
- For members to act as the initial point of contact for their profession/institution for the instigation of discussions and negotiations for individual clinical and academic homes.
- Facilitate discussions that may lead to the development of a themed-based approach to implementation of clinical and academic homes
- Maintain accurate records on implementation of clinical and academic homes, including those in the development and operational phases and dates/expiry of honorary contracts.
    - Ensure that information governance and data protection policies are adhered to
    - Seeking permission from individuals to keep details and contribute key themes from annual review process to the Implementation Group and include summary in the annual report.

- Support the process of review of individual clinical and academic homes within their own institution and/or across their own professional group. Provide feedback from this review process to the Implementation Group to enable shared learning and promotion of success.
- Develop and implement evaluation strategies for the Clinical and Academic Home Framework including the identification of measures of success and expected outcomes. This may involve external evaluation processes as appropriate.
- Promote the concept and outcomes of clinical and academic homes in internal and external communications and networking.

Ways of Working

We will all seek the opinions of our representative group(s) and bring these into the planning and review work of the group
We will all contribute equally to progressing the activities of the Implementation Group
We will seek support from other group members if we are unable to deliver on work we previously agreed to progress to ensure it is not delayed
We will work in an open collegiate manner and ensure we have considered each other's views before we agree on actions
We will come to meetings prepared, having read the papers sent out before hand
We will receive papers a minimum of 72 hours before each meeting
We will regularly consider how well we are individually and collectively living out our agreed ways of working

Membership

Chair: Dr Juliet MacArthur, Chief Nurse Research & Development, NHS Lothian

Members:

Andy Peters, AHP Research Facilitator, NHS Lothian
Sarah Smith, Healthcare Science Professional Lead, NHS Lothian
Alexa Wall, Associate Director Pharmacy, NHS Lothian
Dr Audrey Millar, Consultant Clinical Psychologist, NHS Lothian
Dr Belinda Hacking, Director Psychology, NHS Lothian
Dr Debbie Baldie, Lead Nurse for Research and Practice Development, NHS Grampian
Dr Ashley Shepherd, Associate Professor in Health Sciences, University of Stirling
Professor Liz Hughes, Professor of Mental Health, Edinburgh Napier University
Professor Scott Cunningham, Prof. of Pharmacy Education & Practice, Robert Gordon University
Professor Susan Dawkes, Head of the School of Nursing, Midwifery and Paramedic Practice, Robert Gordon University
Dr Helen Griffiths, Programme Director of the University of Edinburgh/NHS Scotland Clinical Psychology training programme
Dr Caroline Dickson, Senior Lecturer in the Nursing Division, Queen Margaret University

Frequency of Meetings

Meetings will be held quarterly.

Reporting

Each professional lead and organisational representative will ensure that there is appropriate reporting within their own governance frameworks and committees/groups.

Any documents and position statements generated by the NMAHPPS Clinical Academic Homes Implementation Group will be subject to collective agreement prior to wider dissemination.

September 2021