CSO Research Strategy 2014

Response from NHS Education for Scotland

General

NES is pleased to be asked to provide comments on the draft strategy. We support the vision statement and think the six guiding principles are sound. We are particularly pleased to see the link to research and education with regard to quality improvement and welcome streamlining of processes to enable researchers. Overall we welcome the strategy and agree with its thoughtful principles and development of the themes of collaboration and effectiveness in quality improvement.

Question 1

There is undoubted benefit in consistency of operational procedures across Scotland however collaboration would be expected to be more functionally successful than prescription as to the delivery of this object. Again, involvement in appointment processes may help ensure standardisation (in line with SAoMRC advisers in consultant appointments) however the value to engagement of local empowerment to set criteria should not be overlooked.

We would suggest a two or three year initial tenure with annual review would be a reasonable way forward.

Question 2

From an operational point of view, providing reports in differing formats at varying times is a potential administrative burden. There thus would ideally be a balance of standardisation to streamline function whilst keeping the human importance of local engagement, flexibility and responsibility.

Question 3

The concern in this proposal is the creation of another layer of management when there is a stated aim implying trying to strip out bureaucracy. There are difficulties in working easily across geographies and so we advocate coordination and networking as an effective approach.

Question 4

Is this not a question for a pilot study and evaluation? Is there value in such a process?

Question 5

We welcome the recognition of the issues around translation of funded clinician sessions to job planned activity (and the explicitly required release from other activities). We see this as an issue for Boards to address with transparent process of financial governance to ensure funding is delivered where it is required thus enabling the research activity. In short, any administrative method to ensure this takes place will be helpful.

Question 6

No advice to give here.

Question 7

With educational research we do not find this is an issue to the same extent however closer working underlain by shared values and goals - a cultural commitment, in effect – would be helpful. This would require informed negotiation to achieve.

Question 8 - 9

We tend not to use patients in educational research except under specific circumstances of simulated situations. In general terms, availability of information and quality of that information would be important. This is relevant in the context of evaluative work with which we are often engaged and which as much relevance to the education and quality agendas. NES does manage the NES-CSO academic fellowships in partnership with four of the Scottish Medical Schools and these may have some patient / public engagement. We support patient engagement in this context.

Question 10

We could not indicate a figure and suggest the proportion would be flexible depending on opportunities, expertise and changing conditions.

The measurement of the impact of research (eg, papers, citations, reflection in policy) might give an indicator of its continued prioritisation for support.

Question 11

We cannot comment on much this question. We would note, however, that educational research is relatively inexpensive and so we would not like to see very large awards made to the exclusion of the funding of projects equally relevant to quality improvement.

Question 12

In our view, continued relevance in terms of function and work done, publication rates and policy impact may form part of a rational basis for review of these units. If they provide proportionate benefit, it would seem logical to maintain them.

Question 13

There are opportunities to build research alliances with regard to education across disciplines with the NHS in Scotland. This ties with HEIs whose role in undergraduate provision is well recognised.

There are also increasing opportunities for research across the health and social care interface. These too often come with an educational component in preparing the workforce for new developments.

Question 14

Yes – points well made in preceding paragraphs and chapters are clear on the value of collaboration. Outward looking innovations such as this can only help in seeing and recognising opportunities for supporting international working and raising profile.

Question 15

We would be keen to see en educational research stream in this work, relevant to the enabling of the workforce to take on new developments in quality services.

Question 16

We would suggest that investment should be to develop those who show academic promise during their clinical training and focusing on supporting them in their early years post training in collaboration with university partners. The pressure of clinical practice in primary care has, in the past, restricted many from being able to pursue this to the greatest benefit.

Question 17

We are not aware of a specific focus on medical and healthcare educational research and would suggest there is a need to support people in that area of work in which Scotland has increasing international prominence.