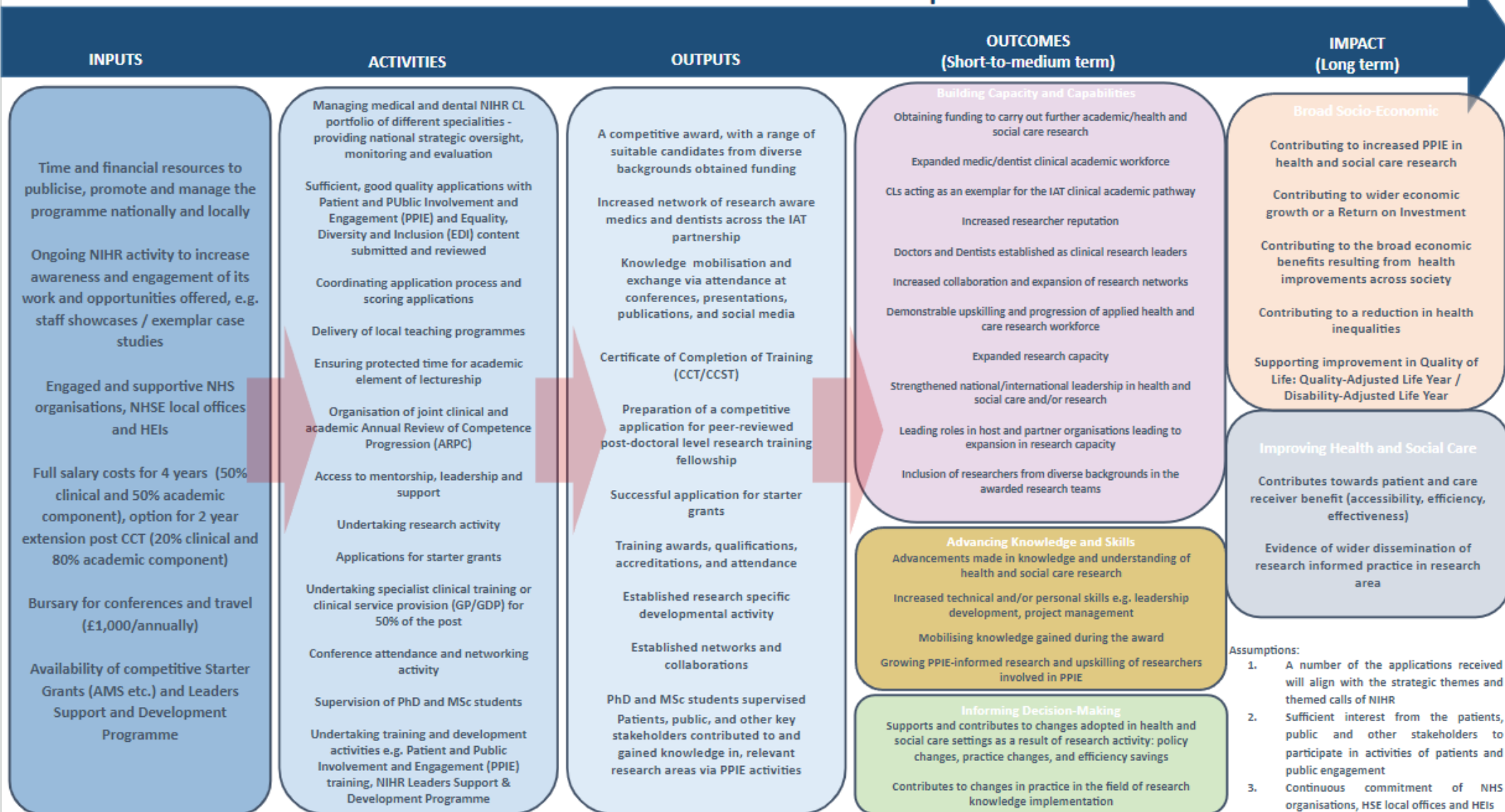




NIHR IAT Clinical Lectureship Logic Model

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Introduction

The Clinical Lectureship is a career development award included as part of the [National Institute for Health and Care Research \(NIHR\) Integrated Academic Training \(IAT\) Programme](#). As a career development award, it supports the core workstream 'Attracting, training and supporting the best researchers... to tackle complex health and social care challenges' from Best Research for Best Health: The Next Chapter. In turn, this will contribute to the overarching mission of the NIHR which is to improve the health and wealth of the nation.

The NIHR uses logic models to visually represent how a programme or research award is expected to achieve the outcomes, and resultant impact, that are defined during the development process of a programme or research award. A logic model then becomes an important tool in the process of evaluating a programme or award, which in turn guides a learning process of how a programme can be altered to better achieve its aims. The logic model is a linear flow diagram that reads from left to right, and is divided into the following sections: inputs, activities, outputs, and outcomes and impact.

Inputs

The first section in the logic model for the NIHR Clinical Lectureship is the 'inputs'. The inputs are the resources that are made available so that the programme can operate and achieve its defined goals. The inputs in this logic model are:

- Time and financial resources to publicise, promote and manage the programme nationally and locally
- Ongoing NIHR activity to increase awareness and engagement of its work and opportunities offered, e.g. staff showcase/exemplar case studies

- Engaged and supportive NHS organisations, NHSE local offices and Higher Education Institutions (HEIs)
- Full salary cost for 4 years (50% clinical and 50% academic component), option for 2 year extension post CCT (20% clinical and 80% academic component)
- Bursary for conferences and travel (£1,000/annually)
- Availability of competitive Starter Grants (e.g. AMS) and Leaders Support and Development Programme

Activities

Following the logic model from left to right, the next part of this logic model is the activities section. These are the activities of the NIHR and the researchers who hold the awards, using the resources provided by the logic model inputs.

The activities to be undertaken by the NIHR are:

- Managing medical and dental NIHR CL portfolio of different specialities - providing national strategic oversight, monitoring and evaluation
- Coordinating application process and scoring applications
- Sufficient good-quality applications with Patient and Public Involvement and Engagement (PPIE), and Equality, Diversity and Inclusion (EDI) content submitted and reviewed
- Delivery of local teaching programmes
- Ensuring protected time for academic element of lectureship
- Organisation of joint clinical and academic Annual Review of Competence Progression (ARPC)
- Access to mentorship, leadership and support
- Undertaking research activity
- Applications for starter grants
- Undertaking specialist clinical training or clinical service provision (GP/GDP) for 50% of the post
- Conference attendance and networking activity
- Supervision of PhD and MSc students
- Undertaking training and development activities e.g. Patient and Public Involvement and Engagement (PPIE) training, NIHR Leaders Support & Development Programme

Outputs

The next stage in the logic model, after the activities section, are the outputs. The outputs arise as a direct result of the previously defined activities. The outputs for this logic model are:

- A competitive award, with a range of suitable candidates from diverse backgrounds obtained funding
- Increased network of research aware medics and dentists across the IAT partnership
- Knowledge mobilisation and exchange via attendance at conferences, presentations, publications, and social media
- Certificate of Completion of Training (CCT/CCST)
- Preparation of a competitive application for peer-reviewed post-doctoral level research training fellowship
- Successful application for starter grants
- Training awards, qualifications, accreditations, and attendance
- Established research specific developmental activity
- Established networks and collaborations
- PhD and MSc students supervised
- Patients, public, and other key stakeholders contributed to and gained knowledge in, relevant research areas via PPIE activities

Outcomes

The fourth part of the logic model is the outcomes section. Outcomes are the measurable, often medium-to-long-term, changes that we expect to see as a result of the programme or award taking place. The outcomes for this model are divided into the following five different sub-sections: building capacity, advancing knowledge and skills, informing decision-making, broad socio-economic, and health impact. The outcomes within each of the five subsections are listed here:

Building Capacity and Capabilities:

- Obtaining funding to carry out further academic/health and social care research
- Expanded medic/dentist clinical academic workforce
- CLs acting as an exemplar for the IAT clinical academic pathway
- Increased researcher reputation
- Doctors and Dentists established as clinical research leaders
- Increased collaboration and expansion of research networks
- Demonstrable upskilling and progression of applied health and care research workforce
- Expanded research capacity
- Strengthened national/international leadership in health and social care and/or research

- Leading roles in host and partner organisations leading to expansion in research capacity
- Inclusion of researchers from diverse backgrounds in the awarded research teams

Advancing Knowledge and Skills:

- Advancements made in knowledge and understanding of health and social care research
- Increased technical and/or personal skills e.g. leadership development, project management
- Increased knowledge in inclusive research design
- Mobilising knowledge gained during the award
- Growing PPIE-informed research and upskilling of researchers involved in PPIE

Informing Decision-Making:

- Supports and contributes to changes adopted in health and social care settings as a result of research activity: policy changes, practice changes, and efficiency savings
- Contributes to changes in practice in the field of research knowledge implementation

Broad Socio-Economic:

- Contributing to increased PPIE in health and social care research
- Contributing to wider economic growth or a Return on Investment
- Contributing to the broad economic benefits resulting from health improvements across society
- Contributing to a reduction in health inequalities
- Supporting improvement in Quality of Life: Quality-Adjusted Life Year / Disability-Adjusted Life Year

Improving Health and Social Care:

- Contributes towards patient and care receiver benefit (accessibility, efficiency, effectiveness)
- Evidence of wider dissemination of research informed practice in research area

Assumptions

The assumptions included within the logic model are underlying principles, ideas, and beliefs that we hold about how a programme will work. The assumptions may be about a number of different things, such as the external or internal environment of the programme, the programme participants, or the problem that it seeks to address. The assumptions included in this logic model are:

- A number of the applications received will align with the strategic themes and themed calls of NIHR
- Sufficient interest from the patients, public and other stakeholders to participate in activities of patients and public engagement
- Continuous commitment of NHS organisations, HSE local offices and HEIs

Contributions and acknowledgements

The NIHR supports the principles of open research, including full and appropriate recognition of the many varied contributions to the creation of knowledge. Those that have contributed to this work are listed alphabetically according to their surname.

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