



# Benefiting from the ‘research effect’

## The case for trusts supporting clinicians to become more research active and innovative

Research is far more than clinical trials: anything that provides the evidence we need to transform services and improve outcomes should be considered ‘research’. Delivered by multidisciplinary teams – including doctors, midwives,

nurses, pharmacists, medical associate professionals, allied health professionals and others – it ranges from discovery science and high-quality improvement science to epidemiology and robust service evaluation.

### The ‘research effect’

For patients	For trusts	For staff
> Improved survival rates	> Improved recruitment and retention of staff	> Reduced level of burnout / emotional exhaustion
> Improved sense of value through taking part in research	> Meeting CQC inspections	> Better morale and job satisfaction
> Better overall care, as represented in higher CQC* ratings	> Cost-effective innovations and savings, and translation of research into practice	> Building transferable skills and developing new networks

\* CQC = Care Quality Commission



## Why is a greater focus on research needed?

- > Trusts that are more research active have been shown to benefit from the ‘research effect’: they provide a better care experience, deliver improved outcomes for patients, and find it easier to recruit and retain staff.
- > The Care Quality Commission (CQC) now includes clinical research activity within its remit for inspections.
- > Clinicians value research as an important part of their job, but feel hampered by a lack of time for research – almost two-thirds of RCP members say they want to do more.
- > Huge progress has been made in recent years in the amount of research undertaken in the NHS, but large regional variations exist in where it takes place. Significant opportunities exist to make sure research is performed in the places where it will most benefit patients and clinicians.
- > Chief executives and senior managers in trusts have a key role to play in driving change. Using job planning and appraisal processes to embed research in clinical and laboratory practice must be a key priority.

## What will the RCP be doing?

Trusts and health boards clearly face many different pressures, and a greater focus on research and innovation will require careful planning. The RCP will support these efforts by working with:

- > the BMA on appropriate job planning templates to enable time for research and innovation
- > the NIHR, the Medical Research Council and medical royal colleges to grow capability and credibility among clinicians to be research active
- > the Academy of Medical Sciences to enhance the interface between academia and the NHS to facilitate research
- > the Innovation Agency and other academic health science networks on local solutions to improve integration of research into patient care.



## What can chief executives do?

Chief executives of trusts have a key role in providing leadership. They can do this by:

- creating and owning a research, development and innovation strategy that builds on expanding research capability and resources to encourage further opportunities
- ensuring robust job planning and appraisal is in place to enable clinicians to have effective time for research and innovation
- identifying opportunities to integrate more research into healthcare delivery
- facilitating and taking part in conversations about how best to work collaboratively across the health sector to reduce uneven access to research – both for patients and clinicians.

For more information, and to read the full paper please visit [www.rcplondon.ac.uk/projects/outputs/benefiting-research-effect](http://www.rcplondon.ac.uk/projects/outputs/benefiting-research-effect)

If you have any questions or comments about this document, please email [policy@rcplondon.ac.uk](mailto:policy@rcplondon.ac.uk)

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