



# Mastering the basics Routes to impact: what do we mean by impact?

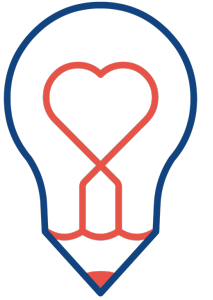
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# Session outline



## Part 1

- What is research impact?
- Making an impact and impact evidence
- Research impact examples

## *Questions*

## Part 2

- Planning impact into research design: Case study from RESTORE2

## *Questions*



# What is research impact?

And why does it matter?



# Defining impact: NIHR

‘Impact is defined as the demonstrable contribution that research makes to society and the economy, of benefit to individuals, organisations and nations.’

Generating research impact:

- Context dependent
- Takes time
- Involves serendipity
- Can be series of small, incremental changes
- Achieved through collaboration

<https://www.nihr.ac.uk/researchers/apply-for-funding/how-to-apply-for-project-funding/plan-for-impact.htm>



# Defining impact: REF2021

For REF 2021, impact was defined as 'the effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia.'

"Impact includes, but is not limited to, an effect on, change or benefit to:

- the activity, attitude, awareness, behaviour, capacity, opportunity, performance, policy, practice, process or understanding
- of an audience, beneficiary, community, constituency, organisation or individuals
- in any geographic location whether locally, regionally, nationally or internationally."

\*EXCLUDED = Impact on research or academic knowledge

\*INCLUDED = Impacts on 'students, teaching or other activities both within and/or beyond the submitting HEI'

<https://www.ref.ac.uk/publications-and-reports/guidance-on-submissions-201901/>





# REF and 'the impact agenda'

## Positives

- Drives a focus on engagement with real world issues and achieving change.
- Shifts away from inward-looking academia.
- REF2021 definitions broader, allowing more scope to include educational research.

## Negatives

- Can lead to a focus on narrow 'impacts' that can be evidenced for REF.
- Can require a 'pathway to impact' to secure funding.
- May limit opportunities for fundamental, theoretical or exploratory research.



# Making an impact...

...and proving it



# Routes to impact

## REF – Research underpinning impact

- Impact case studies for REF need to be underpinned by research that is demonstrated through outputs
  - Typically papers but also books, patents, exhibitions...
- Routes to impact:
  - **Direct** – project A resulted in impact B
  - Through a **body of work** – developed over a number of years, involving multiple researchers.
  - Impacts on public awareness, attitudes or behaviour through **engagement activities** (as long as based on research)
  - **Professional advice or expert testimony** – must demonstrate appointment to advisory role was at least in part based on research and drew on research.

<https://www.ref.ac.uk/publications-and-reports/guidance-on-submissions-201901>



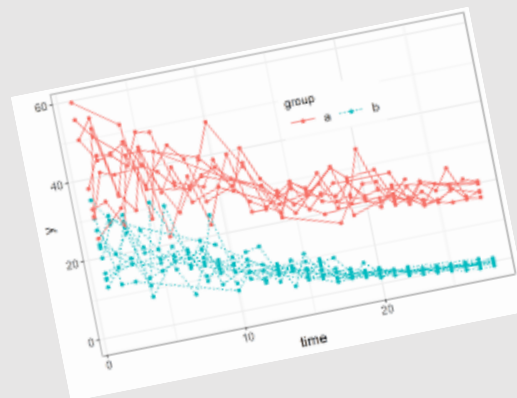


# Corroborating evidence for impact

REF Impact Case Studies require external evidence to corroborate claims made about the impact of the research.

What forms can evidence of impact take?

## Acknowledgements



Mentions, e.g. in blog Posts, news articles or published minutes

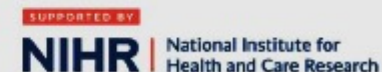


The publication was supported by research commissioned from the University of Plymouth to understand if there were any patterns in exclusions and if anything could be done to improve how exclusions are managed.  
NHS Resolution is very thankful to Dr Marie Bryce, Dr Nicola Brennan and Josephine Cockerill of the Faculty of Health, University of Plymouth for conducting the research.

## Longitudinal or evaluative data



## Unpublished, confidential testimonials





# Research impact examples



# Example - Evaluating medical revalidation to shape policy and improve doctors' experiences of regulation

<https://results2021.ref.ac.uk/impact/0929658c-abdc-4857-abfe-ea67bd276458?page=2>

## Underpinning research

Research by the CAMERa team investigated the implementation of medical revalidation (2010-2018). Six papers cited, published 2015-2019. Research funded by the Health Foundation, the GMC, and the Dept of Health.

## Impact

CAMERa's findings changed the General Medical Council's (GMC) guidance for the revalidation of approximately 250,000 doctors from 2018 onwards. In response to our research, the GMC clarified its requirements and supported the use of high-quality evidence within revalidation to improve consistency of the process, and its effectiveness as a tool for both regulation and professional development.

## Evidence

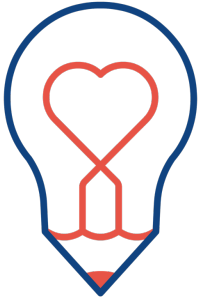
Revised GMC guidance; GMC testimonial; GMC blog; GMC press release; project reports; GMC minutes; Pearson review report.

## Examples

<https://results2021.ref.ac.uk/impact>

Title	Researchers (HEI)	Impact(s)	Evidence	Link
Benefitting patients and the medical profession by improving quality and fairness in medical education and training	McManus, Woolf, Dacre (UCL)	Influenced intro of MLA; policies on fair education and training; creation of UKMED database.	GMC testimonials; GMC Council papers; MSC testimonials; GMC blog	<a href="https://results2021.ref.ac.uk/impact/a4616eef-637b-4208-aefb-f5c461bafffc?page=1">https://results2021.ref.ac.uk/impact/a4616eef-637b-4208-aefb-f5c461bafffc?page=1</a>
Creating authentic education experiences with work-related simulation in collaboration and interdisciplinary partnerships	Chance, Mather, Fryer, Jones (Buckinghamshire New)	Built educator and student confidence; enhanced academic performance and workplace preparedness.	News article; emails from stakeholders and collaborators; project report.	<a href="https://results2021.ref.ac.uk/impact/446a3809-111b-4484-a468-9092b9dfbf0e?page=1">https://results2021.ref.ac.uk/impact/446a3809-111b-4484-a468-9092b9dfbf0e?page=1</a>
Changing policy and practice in dementia workforce education and training	Surr, Smith, Burden (Leeds Beckett)	Changed national & international policy & practice for dementia education and training.	HEE training standards; DHSC/HEE guidance; Professional body, interest group and charity docs; testimonial.	<a href="https://results2021.ref.ac.uk/impact/369d6e70-553c-49a0-b571-05a4b23cc8dd?page=1">https://results2021.ref.ac.uk/impact/369d6e70-553c-49a0-b571-05a4b23cc8dd?page=1</a>
'Taking Care': Enhancing UK nursing training using mixed-methods drama research to reconceptualise, teach and promote embodied 'care' in clinical interactions	Mermikides (Kingston)	Tools and resources used by 16 HEIs and 2500 students. Triggered formation of a national working group.	News reports; testimonials from RCN, other HEI, APPG, Public Health Wales.	<a href="https://results2021.ref.ac.uk/impact/73dbc3bb-1e89-40d3-bb77-8a51e505297e?page=1">https://results2021.ref.ac.uk/impact/73dbc3bb-1e89-40d3-bb77-8a51e505297e?page=1</a>
A solution to staff rostering problems in hospitals by means of a 'fair' algorithm	Glass (City, London)	Reduced Drs' fatigue, improved morale & patient care; cost savings; shaped HEE training capacity; Covid-19 deployment.	User report (hospital); NHS Improvement reports; Written evidence to Parliament; news reports; Drs' feedback and testimony via online forum.	<a href="https://results2021.ref.ac.uk/impact/99501bc0-8a9e-49e6-bdbb-ccceb9370f38?page=1">https://results2021.ref.ac.uk/impact/99501bc0-8a9e-49e6-bdbb-ccceb9370f38?page=1</a>

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## Part 2

- Planning pathway to impact into research design: Case study from RESTORE2

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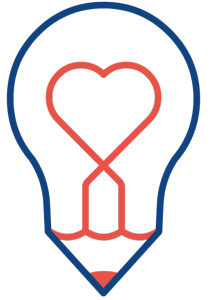
# Planning your Pathway to Impact

- NIHR Guidance

1. Engagement
2. Partnerships
3. Context
4. Materials
5. Approach
6. Timing



# Case Study: RESTORE 2



FUNDED BY

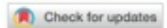
**NIHR** | National Institute for  
Health and Care Research

- Aim: To optimise the delivery of existing professional support programmes for doctors in the NHS through the use of evidence-based recommendations?
- Professional support services exist to provide help, guidance and access to additional training and support for doctors, to help with career development and to remedy problems they may have

RESTORE 1

**NIHR** | National Institute  
for Health Research

Journals Library



Health Services and Delivery Research

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Remediation programmes for practising  
doctors to restore patient safety:  
the RESTORE realist review

*Tristan Price, Nicola Brennan, Geoff Wong, Lyndsey Withers, Jennifer Cleland,  
Amanda Wanner, Thomas Gale, Linda Prescott-Clements, Julian Archer and Marie Bryce*

# Work Package 1



- Optimising delivery of professional support programme based on the RESTORE 1 recommendations using a participatory co-design approach
- 5 sites
- Data collection
  - Observations of existing professional support programmes (2-3 participants per site)
  - Participatory co-design/Participatory Action Research workshops
  - 3 workshops with 6-8 participants per site
- Output
  - Agreed action plan & list of outcome measures





# Work Package 2



- Evaluation of implemented action plan
- Realist Evaluation approach
  - to understand which recommendations have enabled change for which outcome measure, for whom, to what extent, in what contexts, how and why
- Data collection
  - 70 semi-structured interviews (15 per site)
  - professional support staff & doctors that have undertaken professional support



# Work Package 3



- Development of an 'implementation toolkit' containing NHS-specific recommendations to improve professional support programmes in the NHS
- 2 workshops per site
- 6-8 participants – professional support service leads, doctors who have engaged with professional support programmes, medical directors, educational supervisors, patients and the public
- Discussion:
  - practical advice learned from applying the recommendations
  - contextual factors and population that affect success of recommendations



# Anticipated Impact

## INSTRUMENTAL IMPACT

It will directly improve the delivery of 5 professional support programmes in the UK

## CONCEPTUAL IMPACT

It establishes the evidence base for professional support programmes in the NHS which is currently lacking.

It will test and refine the programme theory of how professional support works which will thereby provide more in-depth recommendations for professional support programmes across the NHS.

## CAPACITY BUILDING

It will produce a toolkit. This will directly serve as a framework for any NHS professional support programme provider to optimise the delivery of their existing and future programmes.



# 1. Engagement

- Know your research users: understand their key interests, perspectives, needs and expectations - know what motivates them. Understand the timescales they are working to. Recognise that different people may have different needs.
- Get the right people with the right networks, knowledge and experience on board. Preferably have at least two as co-applicants.
- Engage with research users at the planning stage and keep them involved throughout the project and beyond.
- Resource the input of research users properly within the application, with enough time and money.

# 1. Engagement



- Engaged with key stakeholders in professional support process:
  - Professional Support Units
  - Practitioners Performance Advice Service
  - coaches
  - staff involved in the delivery of professional support programme
  - a doctor that had undertaken professional support
  - researchers in remediation
  - members of relevant medical bodies
  - patient representatives
- Funded for travel costs. Patient reps were paid for their time and travel





## 2. Partnerships

- Find and cultivate people to be 'champions' for your research within the organisations that need to make the change, seeking out individuals with the right level of influence.
- Link with established networks to raise the profile of your research.
- Use existing forums, groups, meetings and events to exchange knowledge, raise awareness and get feedback on your research early and as your research progresses.

## 2. Partnerships



- Leads for professional support units are the C.I.'s at each of the five sites
- Attending national meeting of PSU's in England. Networking and showcasing best practice.



## 3. Contexts

- Understand the cultural, financial, service and policy context of your research.
- Identify and cultivate contexts where there is demand for change, with the right people and conditions to act on your research.
- Ensure that your research is fit for purpose within those contexts.



# 3. Contexts



- Understanding the contexts in which professional support is carried out within the NHS and a UK health services environment
- 5 Study sites (2 HEE, 2 Acute Trusts and national level service)
- Why they might want/need to change what they're already doing
  - recognise the need to optimise their service
  - opportunity to work with a team of experts to use rigorous research methodologies to understand and optimise their service.





## 4. Materials

- Consider a range of tailored outputs for managers, patients and carers, practitioners, industry, researchers, clinicians, and the public, as appropriate.
- Use interactive types of output and approach, as well as the traditional dissemination of reports, lay summaries, and academic papers.
- Consider stories, social media and illustrations. Be creative!

# 4. Materials



- Publications in peer-reviewed journals and presentations at conferences for academic audience
- User-friendly summaries of the findings and recommendations tailored to the needs of interested audiences including patients, professional support staff
- Development of a step-by-step toolkit
- Care Under Pressure Study animations & videos



'Care under pressure' study – C.I.'s Mattick & Pearson



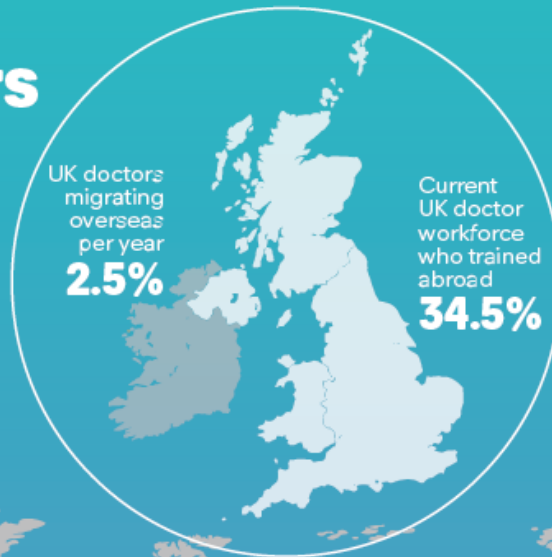
## Why is the health of your doctor important to you?

As part of the Care Under Pressure project, we asked patients this question, and here is what they told us...

This short video is free and available for you to reuse.



# Migration of doctors to and from the UK from 2010–2019



## DRIVERS OF MIGRATION TO THE UK

**Macro-level:** employment opportunities, active recruitment and poor working conditions

**Meso-level:** better training and development opportunities, a desire to experience working in a different environment, opportunities to gain clinical experience through short-term employment and opportunities for research

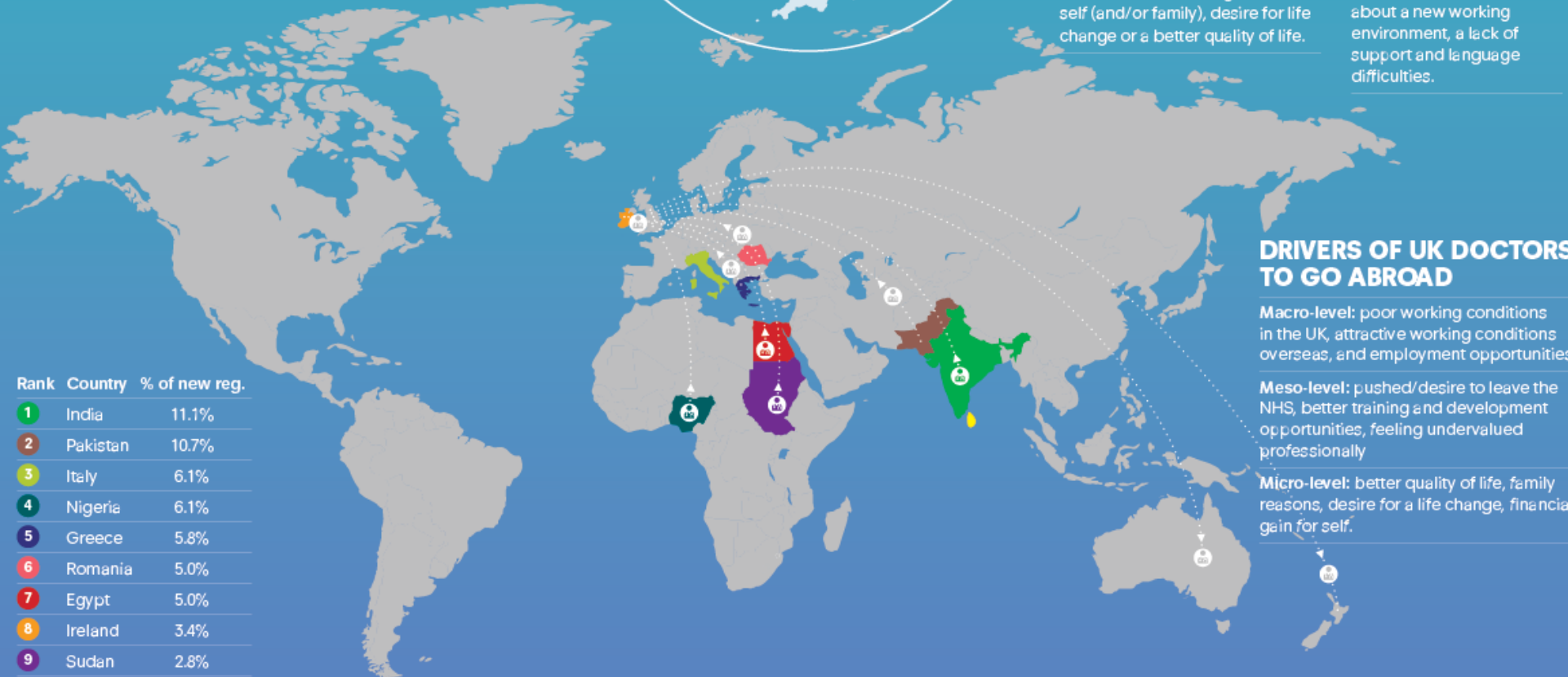
**Micro-level:** financial gain for self (and/or family), desire for life change or a better quality of life.

## BARRIERS OF MIGRATION TO THE UK

**Macro-level:** stricter immigration policies, the process of gaining registration and a healthcare system that is difficult to enter

**Meso-level:** negative job security, limited training opportunities and a negative experience of induction scheme

**Micro-level:** concerns about a new working environment, a lack of support and language difficulties.



Rank	Country	% of new reg.
1	India	11.1%
2	Pakistan	10.7%
3	Italy	6.1%
4	Nigeria	6.1%
5	Greece	5.8%
6	Romania	5.0%
7	Egypt	5.0%
8	Ireland	3.4%
9	Sudan	2.8%
10	Sri Lanka	2.7%



# 5. Approach

- Consider how best to reach and influence your target audiences through networks, educational events, audit and feedback, embedding research findings into IT systems, theatre etc.
- Use more than one method of engagement.
- Try to reach more than one audience.

# 5. Approach



- a) Professional Support Unit meetings (the leads for the different PSUs across the UK meet regularly at the Conference of Postgraduate Medical Deans (CoPMED) we plan on presenting the findings of the study at these meetings and distributing the 'toolkit' to the PSU leads)
  
- b) RO Network Meetings including both regional and national events These meetings are attended by Medical Directors (MDs)/Responsible Officers (ROs) of primary and secondary care trusts across the UK; we plan on presenting the findings of the study at these meetings and distributing the 'toolkit' to the MD's/ RO's.





## 6. Timing

- Consider what can be shared before the end of the study to maintain engagement and whet appetites for the final results.
- Take advantage of serendipity, because opportunities that lead to impact are often unexpected and unplanned.

# 6. Timing



- Sharing initial findings at stakeholder meetings.
- Migration Study funded by GMC (Brennan et al, 2021)

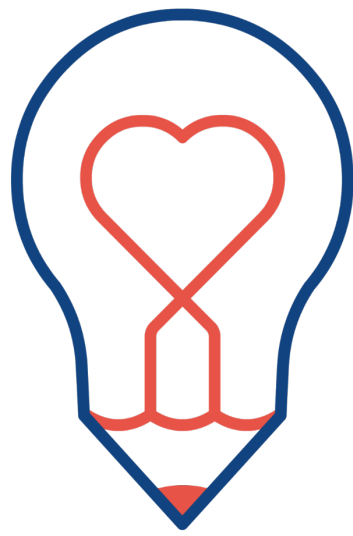
Submitted evidence to Health and Social Care Committee for inquiry on Workforce: recruitment, training and retention in health and social care and the related inquiry Expert Panel: evaluation of Government's commitments in the area of the health and social care workforce in England





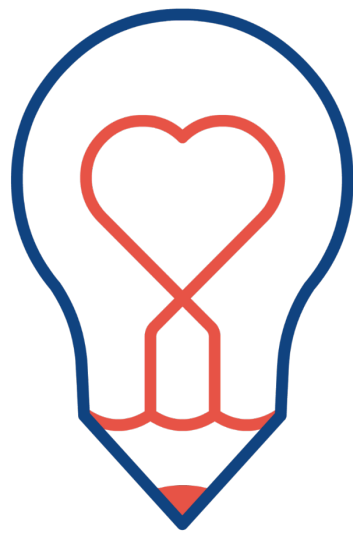
# Conclusions

- Impacts and routes to impact can be as varied as research itself.
- Impact can be a long term project (not instant and not always easy).
- Build impact into research planning where you can.
- Work with stakeholders/key audiences throughout.
- Consider multiple routes to impact – not everything will pan out!
- Look for evidence of impact (and collect it) as you go along.



# Incubator for Clinical Education Research





# Incubator for Clinical Education Research



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