



IRISH HEALTH RESEARCH FORUM MEETING
THEME: IF HEALTH RESEARCH IS SUCH
A GOOD THING, WHY DO WE MAKE IT
SO HARD FOR RESEARCHERS?

Report

Tuesday 3rd November 2015 • Gibson Hotel, Dublin

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Background

The Irish Health Research Forum (IHRF) hosted its second 2015 meeting on Tuesday, November 3rd, 2015, in the Gibson Hotel, Point Village, Dublin 1. It was attended by a wide range of key health research stakeholders, from researchers at different stages of their career, to funders, academic and health institutions, health charities and policymakers.

The IHRF developed a briefing paper for the attendees of the Forum to give some background on the day's theme and generate debate. The paper was prepared by Conor O'Carroll, a member of the IHRF steering group and a Consultant on Research and Higher Education, Policy and Funding. The document laid out the current career challenges facing researchers in the clinical and academic environment, and how the environment has changed in recent years. It can be accessed at http://media.wix.com/ugd/75eae6_1564f24bfd7b4bc7b7f855d125b168f8.pdf

Welcome

Professor Gerry Loftus, IHRF Chairperson opened the Forum, welcomed delegates and introduced the Keynote Speaker.



Keynote Address

Career challenges facing researchers

Dr Janet Metcalfe

Chair & Head of Vitae



The Keynote Address was given by Dr Janet Metcalfe, Chair and Head of Vitae, UK, who presented on 'career challenges facing researchers'. The main points she discussed were the changing research environment; researcher career aspirations; HR Excellence in Research Award, and the question of where do research staff go if they don't get academic positions? Dr Metcalfe also made a number of suggestions on how Ireland can improve its research environment.

Dr Metcalfe commenced by explaining the way in which research is being conducted and applied is changing under Agenda 2020. She cited the three 'I's as key areas of change – much more emphasis on **I**nterdisciplinary/multidisciplinary research teams, the need for **I**nternational experience, and **I**ntersectoral readiness, which is understanding the requirements of different sectors and being able to move among them.

Next, Dr Metcalfe discussed the three 'O's – **O**pen access/publication, **O**pen data/reproducibility, and **O**pen science/innovation.

The other key research changes are the increased emphasis on involving research users/engaging the public in research, and finally evidencing the impact of research, she said.

“It is no longer enough to be an excellent researcher, you need to have a whole bundle of competencies that allow you to work within this changing environment.”

Dr Metcalfe

Dr Metcalfe then explained how Vitae created the researcher development framework to support researchers to help them know what skills and attributes are needed and to help them be seen as professionals.

She reported that “researchers find it much easier to talk about their research than their competencies and what they can contribute to an organisation”, which makes intersector mobility much harder for them in terms of being able to sell themselves to employers.

According to Dr Metcalfe, there is a significant gap between the expectations of researchers and the reality of the research working environment. She quoted Vitae research showing 80 per cent of research staff aspire to a career in higher education and 60 per cent expect to achieve a career in higher education, with only 10 per cent achieving that in reality.

Dr Metcalfe said this over-focus on one career pathway is not helped by the constant reinforcement in the field, and in the media, that “academia is the first and best choice and that everything else is a failure”. Thus, she maintained that more of a focus on the other career opportunities a research background can benefit is vital, as is more support within the research community when someone says they are leaving the field.

Dr Metcalfe then outlined the details of the HR Excellence in Research Award, which is based on implementation of the European Charter and Code for researchers; and the UK Concordat equivalent. Both aim to make a research career more attractive, increase recognition of the researcher profession, and help provide career structures for researchers, and include implementation and review actions. All funders and researcher institutions as well as other relevant stakeholders in the UK have signed up to the Concordant.

According to Dr Metcalfe, researchers in the UK are being encouraged to become more involved in the change process, and also to take responsibility for their own career decisions. Fixed-term contracts are still an issue, she said, particularly in Ireland, though some progress is being made in the UK.

She called for institutions to look beyond the fixed-contract structure and “talent spot” and “talent manage” good researchers and performance manage and support talented researchers, to attract and retain them in the system.

Dr Metcalfe also suggested the removal of tenure to help improve research careers flourish. This suggestion proved controversial with many of the attending delegates, particularly the younger researchers, who said that job security in the research profession is poor enough already. In the Q&A after her presentation, Dr Metcalfe reserved her position and said that the UK abolished tenure in 1989 and “the research system has not fallen apart”. She said abolishing tenure opens up the systems and enables “more flow and movement within the academic community”.

Dr Metcalfe also highlighted progress in appraisals for researchers, work-life balance, and professional development.

One particular positive development Dr Metcalfe cited was the increase in induction for researchers coming into UK institutions for the first time. “It’s some basic good practice that is happening here that wasn’t happening before. The assumption being that you could employ somebody and throw them into a small room and tell them to get on with their research project.”

Dr Metcalfe then discussed why researchers leave their field and what they do afterwards. Quoting EU research on why researchers leave academic research (over 850 replies), Dr Metcalfe reported that three-quarters cite better long-term prospects and job security. She stressed that people are leaving the research community not because they are not good enough; “researchers are walking away from an environment that is not acceptable.”

However, Dr Metcalfe said their departure is not a negative thing, and they are not lost to the research field - they are using their research skills, knowledge and competence in associated careers or in other fields in a positive way. In addition, the majority surveyed said they would not return to their former research careers and are happy in their new roles.

Thus, there needs to be more support for the majority of researchers who are not going to have an academic career, and for the 10% who will have an academic career, the path needs to be “made easier and more structured”, she said.

Dr Metcalfe added that researchers need to have a collective voice and it needs to be a “positive and constructive voice”.

“And finally, every researcher needs to take personal responsibility for their own actions and their own careers.”

Dr Metcalfe

According to Dr Metcalfe, researchers need to be aware of the changing environment and make sure their networks and competencies are as strong as they can be and benchmark themselves.

She also maintained that researchers need to "keep an open mind" in terms of all opportunities of potential research.

"Because there are an extraordinary amount of jobs that are highly satisfying for researchers," she concluded.

Thanking Dr Metcalfe for her presentation, Prof Loftus said it had been very "thought-provoking" with "very useful, positive suggestions".

Embedding research in clinical practice – a health professions perspective

Dr Susan Coote

Senior Lecturer in Physiotherapy, University of Limerick



Dr Susan Coote, Senior Lecturer in Physiotherapy, University of Limerick, spoke about the importance of embedding research into clinical practice at the Forum.

Dr Coote commenced by explaining her own career progression, and how she had used that as a basis for her presentation as well as asking clinicians and researchers in UL for their thoughts. She said she had “done things backwards” and had ended up in “an academic job, setting up a clinical placement structure while trying to become a researcher”. However, she now leads the UL multiple sclerosis (MS) research group, has brought in €1 million in funding, graduates PhDs and publishes in high-impact journals.

“I would argue that at the moment we don’t have research careers in Ireland. I think we have PhD researchers, and we have academics and clinicians but I’m not sure if we have the bit in the middle right in order to create the career structure that’s there.”

Dr Coote

Dr Coote maintained that researchers are a valuable addition to the health service and this needs to be recognised and facilitated.

Outlining the key issues facing therapies' researchers in Ireland, Dr Coote cited inadequate time and funding; the post PhD void; access to leadership and mentorship; the need for much better research infrastructure and networks in Ireland; the lack of value of PhDs in clinical career structures; and the current research in practice career structure.

She described the post-PhD as the biggest challenge in the field, followed by the huge remuneration difference between clinical practice and research.

Dr Coote strongly welcomed the HRB Research Leaders Awards, saying they had been very useful and she hoped they would continue.

She also praised the creation of researcher clinician posts and said this needs to be expanded in Ireland.

Dr Coote stressed the value of collaboration between clinical and academic sites and the importance of co-operation between individual health professions in healthcare research, all of which help build proper research infrastructure and networks.

"Health research has to originate from and be embedded in clinical practice because ultimately we want to change the health service and how health services are delivered."

Dr Coote

Dr Coote highlighted the lack of patient registries and national patient databases in Ireland, which she said are vital to carrying out population health research.

She emphasised the learning value in visiting and working in other research institutions, both home and abroad, as well as the value of special interest groups.

Dr Coote also highlighted the difficulties and complexities in getting ethical approval for non-drug related clinical healthcare research projects. "It is actually easier to get ethics for a clinical trial of a medicine product that is very high-risk than it is to do an exercise trial, which probably has a 2% incidence of adverse effects like muscle damage."

Finally, Dr Coote contended that one of the biggest issues with health research currently is the lack of implementation of research findings. "So by embedding research in clinical practice from the get go, initiating the ideas in clinical practice, involving the clinicians in being part of the research team, we know that implementation and translation is much more effective."

Landscape for clinical research and interface with new HSE hospital groups

Professor Paul Finucane

Chief Academic Officer to the UL Hospitals Group



The next speaker was Prof Paul Finucane, Chief Academic Officer, UL Hospitals, who outlined the changing landscape for clinical research within the HSE's new hospital groups.

He began by outlining the major reforms within Ireland's health service over the last century, including the significant improvements in Limerick healthcare facilities and clinical staffing numbers in the last 15 years. Previously, a few clinicians managed to maintain a research interest and generated some funding in Limerick, and that has all changed now with a new Health Research Institute in UL among other major developments, while one of the four strategic goals in the UL Hospital Group is "to promote clinical education and research within all disciplines and across all sites within UL Hospitals such that we become a major national centre for education and research".

Thus, at a local level, an academic focus (education/ training; research/ innovation) in health is being paralleled by a dramatic improvement in the range and quality of acute hospital services, Prof Finucane told the Forum.

He highlighted the work of the HRB Clinical Research Coordination Ireland, a national integrated network of clinical research facilities that was established earlier this year. He also cited UCC's APC Microbiome Institute, which was established in 2003, as a story of health research success.

"It's an example of what can be achieved if there are enough people with vision and energy. I think they are the key ingredients. Everything else is incidental. Funding is incidental."

Professor Finucane

Continuing, Prof Finucane highlighted that there is still a divide between those who generate research outputs and those who might benefit from it. He pointed a particular finger at the HSE with regards to this issue, but acknowledged that there is an increased awareness within the HSE of a need for cultural change, with strategies now being developed to integrate research and education within health service provision.

Summarising how the research landscape is being facilitated and embedded in the new hospital groups, Prof Finucane said there are new physical facilities across the groups, ring-fenced funding, and a more coordinated approach at local and national levels. In addition, links with Industry are being strengthened, which he cited as a particular issue in Ireland. There is also more active engagement by the HSE, supported by the formal links with academic partners (UL, NUI Galway, etc) at hospital group level, he added.

He then outlined the positives of academic links, saying it is easier to recruit and retain high quality staff and resources; there are better quality and range of services; improved staff morale and enhanced branding/image; and more innovation and performance measurement.

Finishing up, Prof Finucane said there is now a realisation in the "highest levels of the HSE" that academic activity is a powerful driver of enhanced service provision.

"There is a window of opportunity with the establishment of the hospital groups, which we would do well to acknowledge and to seize," he concluded.

Panel Discussion with Audience Participation

How do we make a career in research more attractive to our best and brightest?

CHAired BY:

Dr Sara Burke,

Health Policy Analyst at Trinity College Dublin.

PANEL MEMBERS:

Dr Robert O'Connor Head of Research, Irish Cancer Society.

Dr Annalisa Montesanti Programme Manager, HRB.

Dr Mariya P. Ivancheva School of Social Justice, UCD.

Prof Dolores J. Cahill Conway Institute, UCD.

Mr Muiris O'Connor Head of R&D and Health Analytics, Department of Health.

Mr Doug Beaton Knowledge Management, HSE.

Dr Niamh Humphries Department of Epidemiology and Public Health Medicine, RCSI.



Dr Humphries said research is a very attractive career and those who work in it, like herself, feel it is a privilege to do so. "The difficulty I think is retaining people in research and motivating them and supporting them to do the best research that they can do."

She said there are parallels to the health work force, and a lack of a career structure is a real challenge.

Mr Beaton stressed that his department is just one small part of the HSE. He acknowledged the importance of enabling protected time for clinicians to carry out research. "As long as we can create the right circumstances where their knowledge and expertise is very valued, is very instrumental to improvement, and efficiency and effectiveness... and that becoming part of what their manager wants to see happening."

Prof Cahill briefly outlined some of the changes and current proposals in the academic research pathway in Ireland that she has been involved in. She said it is important that all professors do teaching and research and innovation and policy, so the research structure goes "all the way up".

Prof Cahill secured the funding in UCD to set up a careers development office, which engages with people doing a PhD and post-doc and explains how challenging an academic career is. "...you are basically working for yourself, and this is not some career where you do a PhD and then you go on. That is a hard message..."

Dr Ivancheva spoke next and she strongly disagreed with some of the points previously raised on what should be done in the research field in Ireland. She said, "we should not look up to the UK for advice on where we should be heading next".

"In order for Ireland to develop a long term research strategy, we need institutional memory, we need to attract researchers and the only way to do that is to offer tenure."

Continuing, Dr Ivancheva raised concern about fixed-term contracts and job stability, and suggested there is a widening split between natural and social science, and between teaching and research. She also maintained the research career structure impacts women disproportionately.

Dr O'Connor highlighted the need for resilience in the research career as in any career, but maintained there is disproportionate and unfair financial issues in the research area, which have to be addressed. He also emphasised the need for work-life balance. "Women, there is no question, are disenfranchised from the research environment but parents are also disenfranchised. Having children is a normal part of life and society... we need to build in supports for that."

Later in the debate, he said no one country has gotten the research model "right" yet, as the field is relatively new, at "just about 40 years old", with growing recognition of the need to adequately fund it.

“We need to move to a model that recognises that research is actually part of our culture and part of our need for society, and then you allocate a budget against it and you cost it.”

Clear goals, “making it mission driven”, is also key in the research environment, Dr O'Connor concluded.

Dr Montesanti briefly outlined the HRB's emphasis on supporting and developing the research career, and the details of its new strategy. She acknowledged that remuneration and protected time is a significant issue within health research and is something the HRB will raise with the HSE.

Mr O'Connor, who had just started his job in the Department the day before the Forum, explained how his role is the first of its kind across the entire civil service. His post aims to help develop the infrastructure underpinning health research in Ireland. He said the rollout of unique patient identifiers, among a number of new HSE ICT initiatives, will be a major benefit. He also confirmed that a health research strategy is being finalised by the Department in conjunction with the relevant stakeholders as a priority.

There were a number of contributions and questions from the audience during the panel discussion, highlighting the need for more health research funding, better connectivity between the various health and research bodies, and the importance of translating research into practice.

Feedback from the table discussions

Each table at the Forum was asked to come up with suggestions on what the barriers to healthcare research careers are and how they might be addressed.

Dr Jennifer Brennan, MRSC, Marie Skłodowska-Curie National Contact Point, MSC National Delegate, Irish Universities Association, facilitated the table discussions and gathered delegates' feedback.

Summarising the feedback she said:

1. In general, we are talking about two different, but overlapping, career paths
 - A. Clinicians carrying out research (usually on a part-time basis)
 - B. Health researchers (usually on a full-time basis and typically in academia but could also be in a clinical setting – see point 3 below)

2. Rewards for and recognition of research activities by clinicians/practitioners. Making research part of their job description. Would require a collaborative environment between HSE and HEIs, possibly including a HEA-HSE agreement?
3. Dedicated researcher posts in HSE and upskilling existing HSE staff to enable them to do research.
4. Empowering PhDs and postdoctoral researchers to take control of their own careers, giving them the opportunity/support to explore different career paths.
5. Making good institutional HR practice with regards to researchers (eg, HRS4R award) an eligibility criterion for research funding awards.
6. Funders to offer longer term grants/fellowships to support researchers' careers (5-7 years).
7. A proper research career structure to be put in place:
 - Mandated by Government, recognising that researchers are professionals and should be treated as such;
 - Appropriate learning and career development supports and careers advisory services to be put in place in the RPOs;
 - Funded by Government, perhaps through the research funders (or by an increase in the core grant);
 - Implemented in the RPOs.
8. Changing the language around research careers from negative (eg, researchers have a hard time and we should fix it because it's "not fair") to positive (eg, researchers make a strong contribution to society and economy, so what can we do to better support them).

Giving her own thoughts after the Forum, Dr Brennan said: "Thinking on the discussion at the event, it strikes me that 'researcher' is a new profession for Ireland. It has only really arisen in Ireland since we began to properly invest in research in the late 1990s. It has been allowed to develop without putting any real thought or action into how the role should be remunerated, graded and how people can have any security of employment. In my opinion, it is not too late to fix it, and our recent conversations with Government have shown a willingness to do so."

Learning Points and Next Steps

Professor Gerry Loftus

Professor Loftus closed the Forum and thanked all the speakers and delegates for their contributions, which have shown how we can improve the lot of researchers, and how research can have a transformative effect on healthcare institutions.

In his view the forum had produced messages for funding agencies; the Department of Health/ HSE; and the Higher Education institutions.

- The message for funding agencies is that they can improve the environment and career prospects for researchers by attaching a requirement for specific HR activity- for example participation in the HR Excellence in Research Award, and Athena Swan Gender Equity schemes – as a condition to providing funding .
- The message for the HSE and Department of Health is that since research improves health outcomes, they must do more to encourage research activity. This means developing flexible career structures, with protected time, for research active healthcare professionals; and salary structures that recognise and reward research excellence.

The Higher Education Institutes should build on the improvements which have flowed from structured PhDs, and the HR Excellence in Research award scheme, and ensure that PhDs and Post –Docs develop and demonstrate a range of competencies which will equip them for a variety of career options. There is also a need to revisit the debate on tenure- whilst it is family friendly and is viewed as a key component of academic freedom, tenure may inhibit mobility, and innovation.

Visit **www.ihrf.ie** to download Forum documents and view speaker presentations, videos and photos of the event.