



Amit Kulkarni & Lotte Meteyard

RCSLT Research & Development Manager Amit Kulkarni introduces Lotte Meteyard and the Clinical Academics in SLT group, who discuss what a clinical academic career is and how they can support those of you who are looking to develop one

What is a 'clinical-academic career' anyway?

Earlier this year, we were delighted to witness the spontaneous coming together of SLTs who have developed, or are interested in developing, a clinical-academic career. This community – the Clinical Academics in SLT group – originated simply from a shared interest in practice-based evidence and a love of Twitter. Here, Dr Lotte Meteyard and other members of the group discuss how it evolved and what it aims to achieve. If you are looking for peer support to become a more research-active clinician, make sure you follow them on Twitter – @ClinAcSLT.

The importance of EBP

Evidence-based practice (EBP) is a relatively new addition to the health professions (Bury & Mead, 1998; Roddam & Skeat, 2010; Dobinson & Wren, 2013); but, by now, all SLTs will understand how critical it is to the field. We need it to ensure that assessment and therapy work; that

techniques and approaches continue to be developed; that we continuously update our skills and understanding (CPD); and that services can evidence what they do and be funded.

EBP is woven from different threads. At its simplest, it is about combining current research evidence, patient preferences and clinical expertise (Sackett et al, 2000). It is the implementation of research knowledge already out there; for example, structuring services and interventions so that they implement best practice guidelines. For an individual, EBP can be about staying up to date by reading research literature and attending training, conferences or workshops. However, a vital part of the EBP tapestry is the step between being research-engaged and research-active; ie when practising clinicians do research themselves and generate new knowledge. This is the clinical-academic journey, and an increasing number of SLTs – nationally and internationally –

are finding ways to make this happen (Roddam & Skeat, 2010; Dobinson & Wren, 2013).

Establishing a network

The UK-wide network for clinical-academic SLTs (and those interested in this journey) began to take shape on 3 January 2018, when Katherine Broomfield wrote a blog entitled 'Clinical academic careers', which reflected on the opportunities and barriers facing SLTs (and other health professionals) when embarking on a clinical-academic career. After posting a link to the blog on Twitter, lively discussion ensued, and, in the following week, a network of SLTs emerged. On 10 January, the Clinical Academics in SLT network was encapsulated within a Twitter account (@ClinAcSLT, managed by Dr Abi Roper) and, in early April, a few of us met at the RCSLT London office to explore what the network could do.

Critically, we wanted to ensure that activities complement existing networks, such as the ResNetSLT online forums (blog site and monthly journal club) and the RCSLT Research Champions network.

Key issues

A number of issues were highlighted. A main talking point was that there is no single route to a clinical-academic career. This is both a help and a hindrance. Individuals can flexibly build clinical-academic activities over the course of a career – ideally, this would mean choosing to step between or combine clinical and research roles as opportunities arise. However, it is important to recognise that you do not need to pursue qualifications to be research-active. Not every person wants to pursue further study, but many want to complete projects relevant to their practice. The best way to learn about research is to do research. SLTs are already completing projects as

part of their clinical work, but may not be recognising that this is research, ie clinical-academic work. We also discussed that research can be seen as 'special' (the ivory tower) or requires a unique level of intelligence. This is, at best, a false assumption and, at worst, damaging for the profession.

For those who would like to pursue qualifications, ways to fund further study include studying part-time and through NHS-funded schemes – see resources for details. For individuals working outside the NHS, pathways are less clearly defined and opportunities less frequent. Access to a university for study or direct research support will often depend on geographic location. It is also not clear how to maintain a dual career of clinical and research work once masters or PhD study is complete, as employment tends to be divided into 'clinical jobs'



Research and Development Forum



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and ‘research jobs’. We are united in our desire not to have to choose one or the other; in fact, we believe we can do more relevant research by being clinicians. A key part of this is mentoring. Networks can help both directly, eg by finding employment or opportunities, and indirectly, by giving people a safe space to discuss their ideas, build confidence and understand what

the next step might be.

Space and time to be research-engaged and research-active should not be a luxury – particularly as it improves outcomes and services (Boaz et al, 2015). However, in the current climate, most SLTs are working flat-out to manage their caseloads and demonstrate effectiveness with limited resources, let alone find time for

other activities. We considered whether research should be part of clinical job descriptions to ensure protected time.

Strategic aims

Having a wider network of SLTs in similar situations provides the necessary support to navigate this complex new world. There is a need to develop a strategy to lobby and advocate for research activity across all levels of clinical work. Consequently, the group agreed the following aims:

- Sharing wisdom and achievements, with a longer term aim for developing infrastructure (eg competencies, education, curriculum)
- Supporting SLTs to develop a clinical-academic career path
- Formalising a clinical-academic career structure for SLTs

A summary of the meeting can be found on Katherine’s blog (see resources). Our next stop is the RCSLT Research Champions day on 5 July, where we hope to discuss our plans and open up the group to anyone who’d like to take part. We will also consider whether we should set up a clinical excellence network to provide a contact point and mentoring for SLTs at any stage of their clinical-academic career. ■

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Jo Wallinger, Honorary Research Fellow/Research Assistant (SLT) at City, University of London; Katherine Broomfield, HEE/NIHR Clinical Doctoral Fellow, Gloucestershire Care Services NHS Trust & Sheffield Hallam University; and Dr Hazel Roddam, Reader in Allied Health Practice, University of Central Lancashire



References & resources

Clinical Academic SLTs Network:
[@ClinAcSLT](https://twitter.com/ClinAcSLT)

Katherine Broomfield’s blog:
unspokenoicesproject.wordpress.com
ResNetSLT: resnetslt.blogspot.co.uk

RCSLT Research Champion Network:
www.rcslt.org/members/research_centre/champions_and_networks/rinroduction

NIHR AHP Integrated Clinical Academic Programme: tinyurl.com/ICA-programme

Mapping research capacity activities in the Collaboration for Leadership in Applied Health Research and Care communities, NIHR: clahrc-yh.nihr.ac.uk/capacity-building/national-and-international

NRS Career Researcher Fellowships:
tinyurl.com/NRS-fellowships

RCBC Wales Fellowships: www.rcbcwales.org.uk/funding-opportunities/

HSC Northern Ireland Fellowships:
www.research.hscni.net/funding-opportunities

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Roddam H & Skeat J. *Embedding Evidence-Based Practice in Speech and Language Therapy: International Examples*. Oxford: Wiley-Blackwell, 2010.

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