

NIHR Leicester Biomedical Research Centre and Clinical Research Facility Capacity Development Strategy



Contents

NIHR Leicester Biomedical Research Centre and Clinical Research Facility	Page3
Overarching Aims	Page3
Overarching Vision	Page4
Overarching Principles	Page4
Our approach	Page4
Governance and Enabling Infrastructure	Page6
Governance Arrangements	Page6
Local Initiatives	Page7
Next steps	Page7
Capacity Development	Page8
I. Context	Page8
II. Executive Summary	Page9
III. Objectives and Approach	Page9
Annex 1: Local Initiatives to support Inclusion Strategy	Page11
Annex 2: Objectives	Page14
Table 1 BRC Objectives	Page14
Annex 3: Glossary of Terms	Page16

NIHR Leicester Biomedical Research Centre and Clinical Research Facility

The **NIHR Leicester Biomedical Research Centre (BRC)** is a partnership between the University of Leicester (UoL), University Hospitals of Leicester NHS Trust (UHL), Loughborough University (LU) and the University Hospitals of Northamptonshire NHS Group (UHN). It has been funded £26.1 million to carry on with pioneering research into medical advancements within these six themes:

1. Cardiovascular
2. Respiratory and Infection
3. Lifestyle
4. Personalised Cancer Prevention and Treatment
5. Environment
6. Data Innovation for Multiple Long-Term Conditions and Ethnic Health

Overarching Aims

To undertake innovative, inclusive experimental research and clinical trial delivery to reduce the burden of disease, by supporting better prevention, diagnosis, management and rehabilitation through provision of the right treatment (drug, device, and/or lifestyle therapy) to the right individual at the right time.

To undertake discovery science using experimental, genetic, multi-omic and imaging studies, generating novel hypotheses and insight into acute illnesses, long term conditions and multiple long term conditions across the life-course (onset, accumulation, and progression), particularly within ethnic minority groups.

To use excellent facilities with a highly trained workforce to deliver the most important, innovative early phase, through to translational studies, efficiently and effectively, guided by public involvement, to address the acute and long-term conditions of major importance to the population.

To work with underserved communities, combining excellent research expertise with infrastructure and data integration, to develop a translational evidence-base that supports the NHS challenge of managing and preventing long term conditions and multiple long term conditions into the future, by:

- Better understanding mechanisms and the impact of other factors (e.g., co-morbidities, ethnicity, sex)
- Testing hypotheses
- Creating and evaluating improved diagnostic tests and tailored treatments
- Developing outstanding talent into world leading researchers

Our objectives place the BRC at the forefront of cutting-edge research into acute and long term conditions, including multiple long-term conditions. We will continue to provide excellent value-for-money by:

- Fostering collaboration with other local, externally funded research infrastructure
- Working with our networks to amplify the reach and significance of our work
- Attracting major new UK and international industry investment

We will drive wider health and societal benefit and build on our global health research, particularly regarding long term conditions and multiple long-term conditions in India and Sub-Saharan Africa, translating research for wider healthcare benefit. We will continue to shape national and international policy.

Overarching Vision

We recognise that this commitment is crucial to effecting positive change and are determined to **address disparities, diminish inequities in outcomes and experiences, and foster an inclusive, accessible, and respectful research environment and culture in which everyone can thrive.**

Overarching Principles

We will continue to communicate about our research in diverse and accessible ways, and publicise our work. Our principles are:

- **Research is valuable, contributing to health and wealth**
- **Research is for everyone**
- **Research is accountable**
- **Research has real impact**
- **Our healthcare settings are research settings**

Our approach

Leicester hosts considerable NIHR infrastructure integrated into a 'One NIHR' system locally. Our **capacity development** efforts focus on addressing gaps in various areas by creating **new positions and development opportunities, particularly for individuals who are typically under-resourced** due to their research areas (e.g., lifestyle, ethnic health, multimorbidity), professions (e.g., allied health professionals, big data methodologists), or diverse characteristics (e.g., women, minority ethnic groups).

Our **public involvement team** is integrated locally and nationally, and our Leicester BRC 2016-2022 public involvement strategy was **praised by the NIHR** and has been adopted by the Leicester CRF and other NIHR-infrastructure. Our infrastructure is well positioned to work closely within local communities, hospitals, universities and our extensive network of commercial and third-sector partnerships.

We have a **proven track-record in promoting Equality, Diversity, and Inclusion (EDI)**, which enables us to build a workforce that **reflects the diversity of the population** we serve. We foster an inclusive environment that fosters progress and well-being while considering protected characteristics.

We acknowledge that these three areas—Equality, Diversity, and Inclusion; Public Involvement; and Capacity Development—are fundamental to the Leicester BRC, and **they are interconnected rather than mutually exclusive. We recognise the interdependent nature of these core strategies (Figure 1).**

This strategy will be **implemented from 2022 to 2027 across the NIHR Leicester BRC through our action plans.** At Leicester, we understand the significance of EDI and will ensure it forms the foundation of our capacity development and public involvement objectives. Through a combination of NIHR funding and organisational match funding, we are **investing approximately £1.9 million over the next five years** in staff and consumables to ensure the highest standard of implementation for our EDI, Public Involvement and Capacity Development strategies.

Reporting and accountability mechanisms will be monitored and embedded within the governance frameworks of the BRC, which are shared with the CRF.

Figure 1: Joint BRC/CRF Strategic Priorities

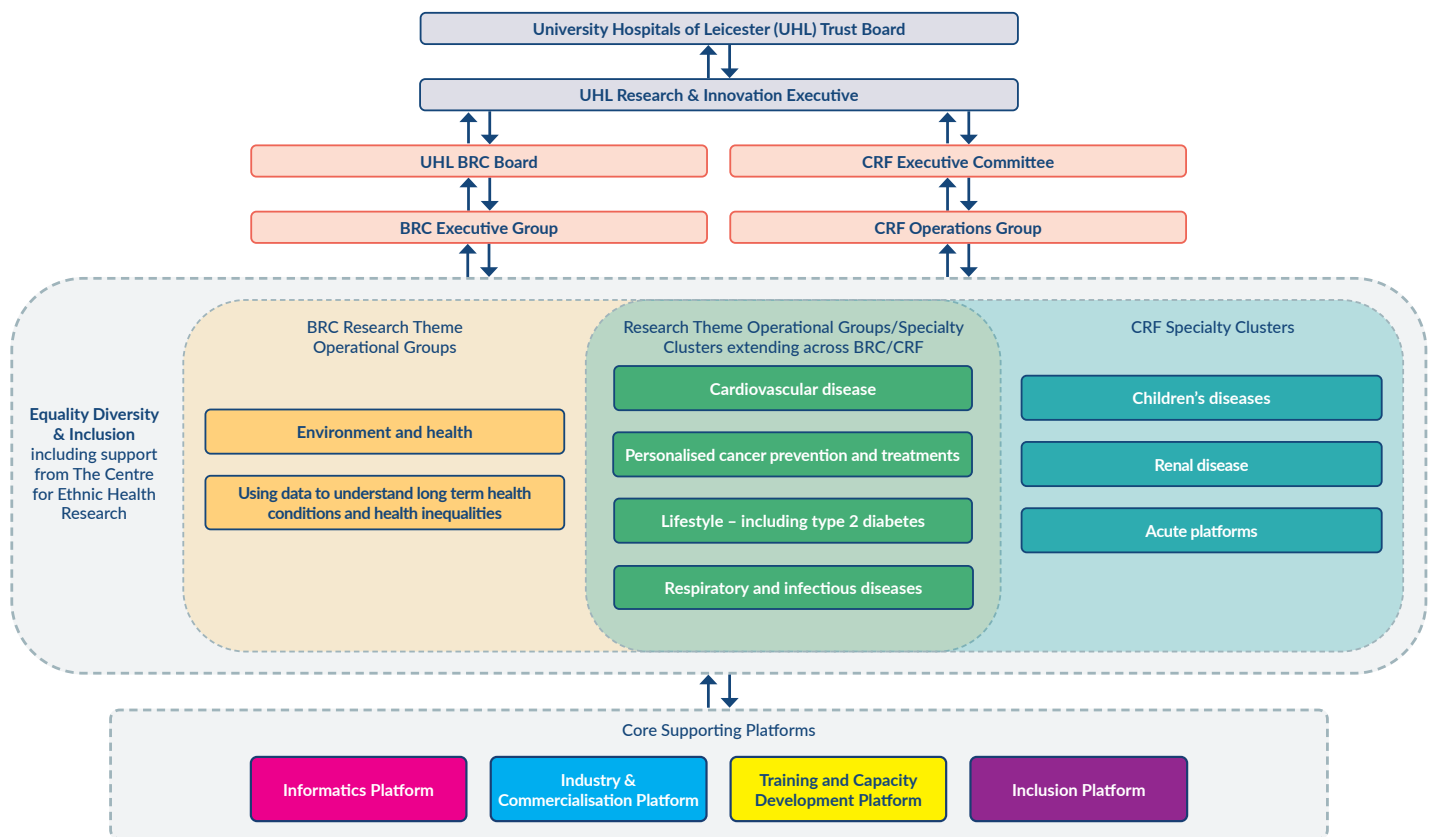


Governance and Enabling Infrastructure

A 'one NIHR' ethos is well established in Leicester where mature, integrated research and innovation management teams are embedded in our host and partner Trusts and our partner Universities. There are many examples of where these management teams come together to **work collaboratively to deliver the BRC and CRF objectives** through robust and transparent strategic and operational governance arrangements which minimise bureaucracy and ensure the rapid deployment, effective resource use and timely delivery of the Equality, Diversity and Inclusion, Patient Public Involvement and Capacity Development objectives (Figure 2).

The aligning of Leicester CRF to the BRC will support efficient and synergistic delivery and strengthen the BRC/CRF experimental medicine portfolio. **This strategy embeds core principles across both infrastructures at all levels of the operational governance structure.**

Figure 2: Joint BRC/CRF Governance Structure



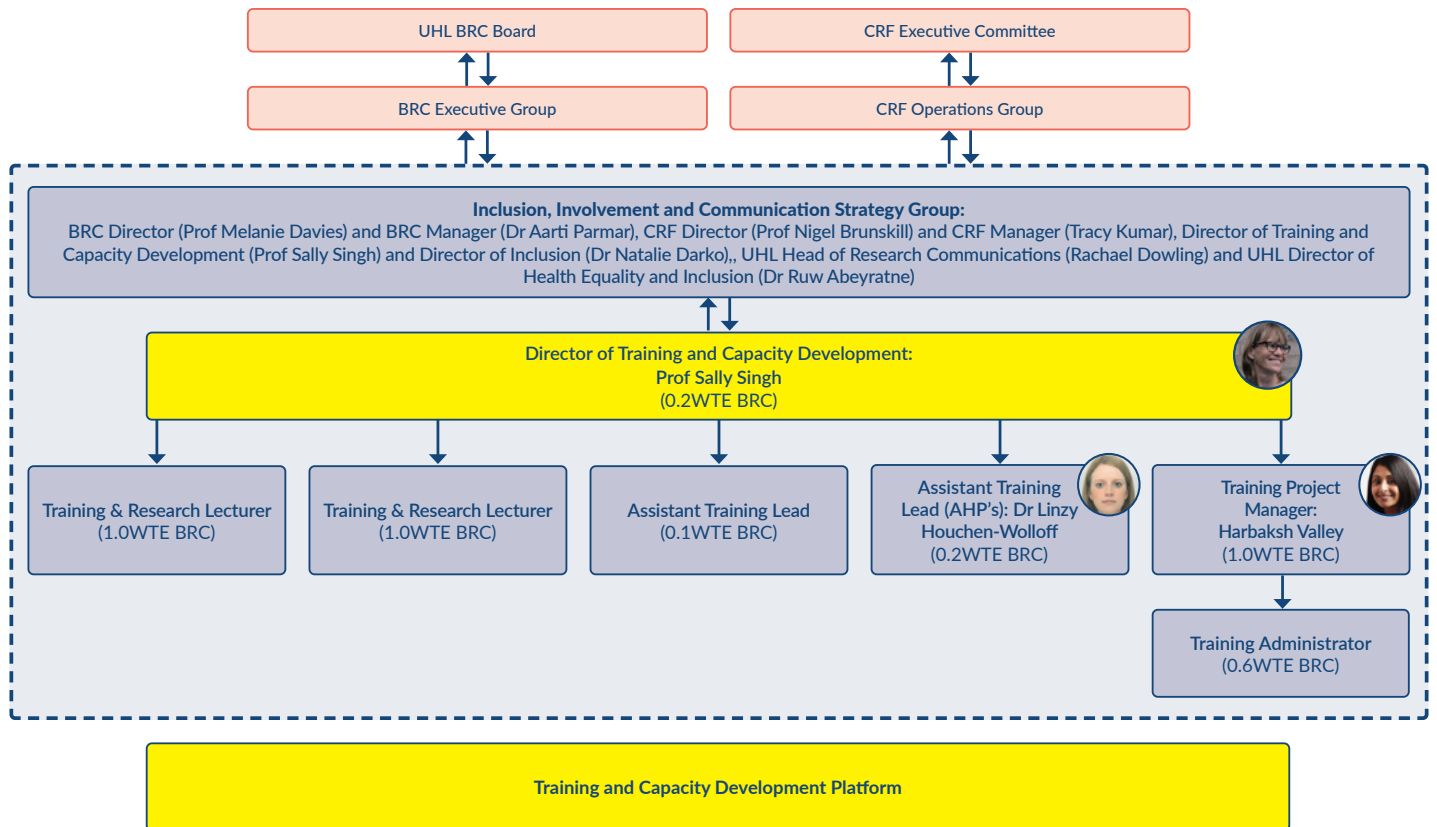
Governance Arrangements

The BRC themes and CRF disease specialty clusters will have EDI, public involvement and training representation at operational level to ensure the strategy is delivered throughout the research areas. Oversight will be through an Inclusion, Involvement and Communication Strategy Group, membership comprising BRC Director (Prof Melanie Davies) and BRC Manager (Dr Aarti Parmar), CRF Director (Prof Nigel Brunskill) and CRF Manager (Tracy Kumar), Director of Training and Capacity Development (Prof Sally Singh) and Director of Inclusion (Dr Natalie Darko), UHL Head of Research Communications (Rachael Dowling) and UHL Director of Health Equality and Inclusion (Dr Ruw Abeyratne). This team will meet quarterly to discuss and influence culture, training needs, strategic alignment and public involvement in research. Performance will be assessed against Key Performance Indicators (KPIs) derived from each strategic objective. Reporting will be through to BRC and CRF Executive Groups respectively.

Resources

The BRC Capacity Development platform (**Figure 3**) is overseen by the Director of Capacity Development (Prof Sally Singh) (0.2WTE BRC); Allied Health Professional Lead (AHP) (Dr Linzy Houchen-Wolloff) (0.2WTE BRC) and one Assistant Lead (TBC) (0.1WTE BRC). There is also an academic function through 2 training and research lecturers (1.0WTE BRC each match funded by University of Leicester), Training Project Manager (Harbaksh Valley) (1.0WTE BRC) and an Administrator (0.6 WTE BRC).

Figure 3: BRC Training and Capacity Development Staff Structure



Local Initiatives

We have a number of local initiatives in place that we will build upon and utilise to achieve our objectives. These are outlined in **Annex 1**.

Next steps

We recognise that our efforts in promoting equality, diversity, and inclusion, capacity development, and public involvement are shaped by our research and public engagement, with input from stakeholders, organisations, and the public. **Our strategies and action plans will not remain static, but rather evolve and expand as we gain insights and identify additional needs.** We are committed to **providing regular updates to the BRC/CRF Executive and Board**, reflecting our progress in implementing the strategy and action plan. This serves as a **vital mechanism for monitoring our achievements, identifying areas for improvement, and ensuring ongoing enhancement.** Furthermore, we will review the strategy on an annual basis to ensure its continued relevance and effectiveness.

Capacity Development

I. Context

This strategy details how we will develop the next generation of internationally-renowned research leaders, whilst **fostering positive research environments** for individuals to carry into their own teams. This section of the strategy relates predominantly to the BRC, but where relevant best practice will always be shared with the CRF.

We encourage and support:

- Researchers to **extend networks** through mentoring, conference attendance and wide collaborations
- Applications for **prizes/awards** and **placement opportunities**
- **Outreach and public involvement**
- Ambition within **research and career plans**
- Early Career Researchers (ECRs) to **apply for Principal Investigator awards and committee roles**
- **Enterprise-related training and development of industry links** through linked infrastructure, supported by **Knowledge exchange and impact** team at UoL Research and Enterprise Division
- **Sponsoring/promoting** talented researchers
- **Capacity development** leading to high-level research outputs.

We will drive capacity development through a **diverse approach in areas where there are real gaps**, by creating new posts and development opportunities, **focusing on people who are typically under-resourced**, due to research area (e.g. lifestyle, ethnic health, multimorbidity), profession (e.g. allied health professionals, big data methodologists), or diverse characteristic (e.g. women, minority ethnic groups). This builds upon findings from a recent benchmarking survey of 215 respondents from UHL which took place in May and June 2022. It examined the current research activity of staff at UHL and the needs and barriers that, once addressed, could increase the quantity and quality of clinical research for the benefit of patients and staff.

Key findings were:

- Respondents to the survey were from a range of clinical professions and non-clinical research support roles, and had an overwhelmingly positive attitude towards research. 83 per cent of the 215 respondents had been involved in research in the past two years, and many indicated the ways they would like to be more involved in the future
- A lack of time is the biggest barrier to conducting research, with a lack of support staff, understanding of the research processes, access to skills and training, and funding as other issues that prevent participation
- There appears to be an unequal level of access to opportunities to conduct research, with real or perceived barriers being most acutely felt among clinical scientists and allied health professionals
- Aside from differences due to profession, there is a perception that opportunities to conduct research are exclusive of women and people from ethnic minority backgrounds

We propose to update and extend this survey to new partners, and across the whole workforce as one of our early objectives. We will have a more targeted approach for this survey and integrate into local Nursing, Midwifery and Allied Health Professional (NMAHP) forums and clinical services to **understand the barriers and enablers for research to support research awareness and recruitment activities** across all partner organisations.

At doctoral level, we will offer **outstanding training in experimental medicine techniques** collaborating with the 6 existing local doctoral training programmes (e.g. MRC, EPSRC, BHF). Our established development pathways are complemented by the WT-DTP for health professionals (Director: Prof Sally Singh), hosted by UoL with UHL, LU and other healthcare, university and industry partners, and including 25 PhD studentships focusing on nurses, midwives, and allied health professionals. This WT-DTP and BRC have closely-aligned funding cycles and research areas; **mutual benefits include interdisciplinary training/support, shared infrastructure and increased sustainability.**

We strive to offer developmental opportunities (including mentoring) to all, ensure that **background does not deter individuals from undertaking or leading research**, deliver high-quality in-house and external education/training and explore innovative development opportunities with charity and industry funders/partners.

In 2021, we refreshed a comprehensive BRC Training and Capacity Development Strategy. The primary aim of this strategy was to enhance local capacity development efforts. Building upon this, a set of KPIs were established to further enhance the progress within and beyond the BRC. Additionally, a key focus of these initiatives is to foster diversity by promoting inclusion of women, individuals from non-White ethnic backgrounds, and allied health professionals in training programs and senior positions.

Our strategy included:

- **Integrates with local and national programmes/networks** (e.g. BHF Accelerator award, Midlands Health Engine)
- Wellcome Trust Institutional Strategic Support Fund, the 6 doctoral training programmes at UoL and East Midlands
- Clinical Academic Careers Advisory Group to integrate clinical academic training
- **Works with the NIHR Academy** to shape and ensure access to development opportunities
- Explicitly acknowledges our responsibilities under the Vitae Researcher Development Concordat and the NIHR Equality EDI programme
- **Covers the whole career pathway**, particularly focusing on postgraduate students and ECRs
- Considers **mental health/well-being support** opportunities

II. Executive Summary

The 2022-2027 Capacity Development Strategy is explicitly designed to ensure that the objectives of the BRC and wider NIHR Academy. We acknowledge our responsibilities under the Researcher Development Concordat and the NIHR Equality, Diversity and Inclusion programme.

Strategic alignment of Career Development

The Leicester BRC is comprised of a multi-professional workforce including medical academics, nurses, pharmacists, therapists, dietitians, nutritionists, sports and exercise scientists, clinical research practitioners, statisticians, and basic scientists, as well as managers and administrators. We aspire to offer developmental opportunities to all staff.

The BRC does not and should not operate as a silo organisation, but one that interacts seamlessly with other infrastructure and the organisations of which it is comprised.

Together with the CRF we will deliver an induction programme which includes a welcome to the BRC and an introduction to the bespoke development programmes for the individual and their role. All staff joining the BRC or CRF will benefit from a development framework in which to record a bespoke development plan agreed with their line manager. This can be updated at any time, and will be reviewed on a regular basis. This should ensure that BRC and CRF members have the skills required to progress to the next level when the opportunity arises.

Equality diversity and inclusion

Our Silver Awards have been supported by a coordinator who was appointed to work jointly across host departments to drive forward the action plans and exchange ideas with EDI groups. Our host NHS trust is also the first in the country to sign up to the Unity over Division Charter to promote tolerance, equality and diversity in the workplace.

The Covid-19 pandemic has exposed significant health inequalities in the population, including the clinical workforce. The BRC is engaged in research to address this. The BRC aspires to a workforce that is representative of the population it serves, and will work with partner organisations including the Centre for Ethnic Health and the UHL Equality office to ensure that no potential researcher is deterred from applying to do research because of their background. The Centre for Ethnic Health aims to reduce healthcare disparities by assisting individuals and organisations in inclusive research and healthcare delivery for ethnic minorities and underrepresented communities.

The BRC is committed to creating an inclusive environment that considers protected characteristics. We will work with the BRC Director of Inclusion Prof Natalie Darko, to examine training proposals to ensure they do not inadvertently perpetuate or exacerbate inequalities. We will collect such data as is required to audit, review and report progress (EDI Objective: Foster diversity within our workforce and continuously improve the cultural competency of our team members).

III. Objectives and Approach

1. **Foster a positive training and development culture**, with excellent supervision from a spectrum of supervisors who promote transparency, equity, and collaboration
2. **Increase research capacity**, through 75 funded PhD studentships and researcher roles including Research Fellows and Research Associates
3. **Provide clear person-focused career development pathways**, e.g. by encouraging all BRC staff to create a BRC Career Development Framework development plan and developing our BRC website into a 'one-stop' resource for development opportunities

4. **Promote cross-Theme/cross-partner learning and collaborations**, e.g. through the established BRC-wide Academic Clinical Excellence Seminar series and a register of Theme-organised educational activities
5. **Promote inclusive research and development opportunities for areas of high research need and historical under-investment**, e.g. provide skills training and support flexible working and protecting academic time in job plans for Academic Clinical Fellows and Clinical Lecturers (through a joint Integrated Academic Training Programme) and facilitate an increasing number of NIHR Applications/Awards from nurses and allied health professionals
6. **Build mentoring capacity** through investment in a developmental mentoring programme and advocating for the NIHR PostDoctoral Mentorship Programme
7. **Provide development for non-research staff** e.g. develop BRC project managers through sessions covering topics such as stakeholder engagements and finance
8. **Provide placement opportunities** with partners from the life sciences industry, charities and other sectors

Rationale:

1. To ensure that training in the infrastructure fulfills the expectations of the NIHR
2. To promote the NIHR Academy in the infrastructure
3. To support our new partner organisations and expanded themes with shared knowledge of capacity development

Short Term Objectives (1-2 years)

- **Align and link to other local training programmes:** Working with core training/development teams at each partner, mapping out local programmes in areas related to the BRC and general research skills. Includes local Doctoral Training Programmes
- Linkage with the BRC IT systems (led by BRC Director of Informatics -Dr Rob Free) to ensure that we have a training and capacity platform that is fit for purpose. In addition, the platform will collect meaningful EDI data for BRC staff and students
- **Benchmarking survey across partner organisations to assess research culture, skills, and infrastructure.** With a view to re-assessing annually
- **Recruit all personnel required to deliver BRC objectives**
- Set our capacity development up for success by **undertaking key strategic activities**, to reflect broadened remit, including new Themes
- Establish a database to capture protected characteristics of BRC staff and students

Medium Term Objectives (2-3 years)

- Further increase the quality of our supervisory provision by ensuring that all researchers supervising postgraduate students will have completed supervisory training. Deliver cultural competency, active bystander and public involvement training for all supervisors with a vision to cascade this training throughout local teams
- Encourage all BRC staff and students to complete the Vitae Research Development Framework (RDF) to help them explore all the aspects of being a researcher, identify strengths and prioritise areas for professional development.
- Develop cultural competency, active bystander and public involvement training for all PhD supervisors
- Provide a mentor to everybody who wants one. For consistency the model is based on the Academy of Medical Sciences programme, which has been adopted by the NIHR Academy for its own post-doctoral programme
- BRC members will be encouraged to select mentors who are not their line manager or supervisor, and who may be based in a different theme or discipline. We will monitor annually the number of trained mentors and the proportion of members in a mentoring relationship. The BRC will also advocate strongly for the NIHR Post- Doctoral Mentorship Programme, particularly for members of underrepresented groups

Long Term Objectives (4-5 years)

- Develop the next generation of research leaders, both clinical and non-medical. Monitor and support early career researchers to transition to PhD supervisors supported by developing a post-doctoral clinical academic pathway.
- Monitor and support early career researchers to transition to PhD supervisors
- Attract new staff and retain our current staff. Based on the baselining exercise, we will set appropriate targets by which to increase diversity of our workforce and leadership positions by 3 and 5 years. This will be achieved through implementation of the EDI strategy

Delivery against this strategy is supported by the Capacity Development Team. We will develop the next generation of internationally-renowned research leaders, whilst **fostering positive research environments** for individuals to carry into their own teams. Our capacity development include high-level research outputs which will incorporate inclusion including public involvement.

Annex 1: Local Initiatives to support Inclusion Strategy

Get Research Going

As part of innovative approaches to research culture and development, on the back of the 2022 staff survey, UHL R&I, BRC and the CRF are collaborating on the implementation of a structured road map to support research capacity and capability. The “Get Research Going” initiative included a Trust wide survey to identify current and prospective investigators. Having identified these individuals we will work through the structured pathway with them to get research projects started.

Health Data Science Black Internship Programme

Run by Health Data Research UK (HDR UK) and the UK Health Data Research Alliance (the ‘Alliance’), in partnership with the 10,000 Black Interns initiative, our Health Data Science Black Internship Programme aims to address the underrepresentation of early career Black data scientists in the health data science field. The UK has an urgent need for new health data scientists, and this programme not only tackles the underrepresentation issue but also offers motivated candidates the experience they need to kick-start their STEM careers.

We are collaborating with HDRUK to help transform the prospects of early career black individuals in the UK, providing them with opportunities to thrive in their future health data science careers through our Health Data Science Black Internship Programme.

We have been participating in this scheme since 2021 and have supported several students. The EXCEED/BREATHE study has supported 3 interns since 2021. Currently, we also have 2 interns recruited via the scheme for the summer of 2023. Our previous interns have had the opportunity to work on cutting-edge research projects at Leicester, including machine learning for advancing personalized medicine in mesothelioma and the use of linked electronic healthcare records to define severe asthma in participants of the EXCEED Study and UK Biobank. Previous interns have also received support through NIHR Pre Doc Fellowships and MSc Medical Statistics degrees.

Midlands Health Authority (MHA)

The MHA was established across the NHS and NIHR infrastructure in the Midlands to support a shared strategy for maximising the impact of NIHR funding for clinical experimental research through agreeing priority areas to put the Midlands at the heart of UK biomedical research excellence. The MHA intends to increase the reach and voice in national and international funding opportunities and secure regional investment to the Midlands and to this end they will work alongside the Midlands Engine and Midlands Health Innovation to increase funding to the Midlands.

Additionally, the MHA organises an annual Patient Involvement virtual events series. These events provide researchers with insights into the importance of patient involvement in the research process, from initial ideas to grant submission. Public involvement managers can also learn about the NIHR and other research landscapes, while sharing best practices. Members of the public are encouraged to become involved and learn how to support the local NHS and its research priorities.

Diet and Activity Research Translation Collaboration (DART)

This Translational Research Collaboration (TRC) involves 10 BRCs. One of the aims of DART is to increase professional research capacity within the themes of diet, activity and lifestyle, and enable cross-discipline and interdisciplinary working and training. The DART Nutrition Professionals Network has been developed and led by Leicester BRC. The network is a nation-wide body of nutrition specialist professionals working within BRCs and providing mentorship, professional development opportunities and integrated communication systems for members to share knowledge and best practice.

DART collaborators have also been successfully awarded a number of UK NRP Research Workshop grants on a range of novel topics, with the emphasis on early career researcher collaboration and development.

Developing Training Metrics

The BRC recognises the importance of demonstrating value for NIHR investment not only in research undertaking, but in developing the careers of its clinicians and academics. We will continue to strengthen our data collection processes to allow us to monitor our performance against these objectives, in conjunction with the BRC IT platform.

Online Learning

There has been a transformational change to the delivery of educational events, both nationally and in-house, with the successful adoption of virtual meetings following the impact of Covid-19. We intend to collate a register of established educational activities organised by individual BRC Themes that can be opened up to the wider BRC membership to facilitate a greater awareness of research methodologies and promote cross-theme collaborations. These will be advertised in a central online repository with support from the BRC IT Platform.

PhD Studentships

The BRC has a strategic commitment to nurture the next generation of researchers to become world-leaders in their field. To support this mission, we have invested in **75 PhD studentships** that span all of our research themes over the duration of the BRC. These are funded through a combination of **NIHR BRC (31)**, **Wellcome DTP (25)** and match funded by **University of Leicester (15)** and **Loughborough University (4)**.

Academic Clinical Excellence Seminars (ACES)

These seminars facilitated by Loughborough University have continued throughout the Covid-19 pandemic, via online delivery which has proved highly successful. These popular seminars will continue in a virtual format. Each Theme will host one half-day session per year at which newly-appointed staff can introduce themselves and their work, researchers can present their work to their peers and the wider BRC, and mini presentations on 'common thread' topics will provide essential updates. The seminars will be recorded and accessible after the event.

Raising awareness of Training Opportunities

As outlined in our short term objectives we propose a 'one-stop' resource for training opportunities, award application opening and closing dates, courses and events. We will hold stakeholder conversations with cohort 1 of our PhD students to assess how they access such information currently and understand the best way that the training calendar can be utilised going forward, with support from the BRC/Trust Communications Team for dissemination.

Promoting Research Opportunities for Nurses and AHPs

The intention is to facilitate an increasing number of strong applications for NIHR Awards from Nurses and AHPs each year. The BRC Career Development Strategy will reflect and draw from other local strategies with common aims, collaborating where possible to achieve those aims. This strategy refers to the UHL R&I Education and Training Strategy for Nurses and Midwives – 2021, and to the UHL Therapy Research Strategy – 2021. These documents set out clearly how staff in these groups will be encouraged to embark on an academic career, and what support will be provided in partner organisations.

Wellcome Trust Doctoral Training Programme (DTP)

Thanks to a generous Wellcome Trust grant awarded to the University of Leicester, a DTP offers funding for 25 Research Fellows over five years, to pursue academic research. The scheme is open to AHPs, nurses, midwives to address inequalities in profession-specific development junior doctors and GPs. This will cover three years' salary for each fellow, as well as experimental research costs and training, delivered in partnership with the University of Leicester, Loughborough University, University Hospitals of Leicester NHS Trust, Leicester City Council's Public Health team, and Leicester City CCG.

Chief Nurse Fellowship Programme

The Chief Nurse Fellows programme also include health care professionals. The BRC continues to support this programme by providing a supportive and stimulating environment that spans across to the CRF by providing clinical research placements, strengthening the relationship between clinical mainstream healthcare and research. Fellows are given the opportunity to shadow our researchers, observe specialist procedures and learn more about academic opportunities for nurses, midwives and allied health professionals. Clear career pathways and links to educational providers are provided.

Clinical Research Practitioners

Now that the Professional Standards Authority (PSA) has approved registration for CRPs as part of the Academy for Healthcare Science Accredited Register we are focusing on this 'lost tribe' by providing an internal forum for them with representation from the CRF. There is a need for a dedicated CRP career development strategy to ensure that everyone who wishes to register is able to do so. In parallel a review of CRP job plans and person specifications is being undertaken across the BRC & CRF. We are part of a working group to align the CRP strategy with the expectations of the workforce and to develop a much clearer competencies based and academic pathway.

Leicester Clinical Academic Practitioner Network (CAPN)

The Leicester clinical academic practitioner network (LCAPN) was set up with the aim to bring together non-medical research practitioners from various areas of research expertise from the region. The group is led by an academic nurse from Leicester Partnership Trust (LPT) and an academic AHP from UHL in collaboration with Leicester and Nottingham BRC/CRF. Membership has extended to healthcare scientists and pharmacists, and regionally to Northamptonshire (a new BRC partner). Knowledge, expertise and practices are shared using a constructive and collaborative workshop based approach.

Leicester BRC - East Midlands Integrated Academic Training (IAT) Joint Programme

This provides education and training for Academic Clinical Fellows and Clinical Lecturers in essential skills such as grant assessment and peer review (through the Joint Clinical Academic Training Grant Development Forum), and mock interviews. Particular support has been given to enable flexible working, and to protect academic time in job plans.

The Clinical Academic Training committee oversee the programme, which has been successful in facilitating access to IAT posts for trainees from diverse backgrounds and has a track record of developing medical academic careers. Virtual educational sessions for trainees are advertised to BRC staff. There is also a Grant Development Forum which provides trainees with advice on writing grant applications.

Annex 2: Objectives

Table 1 BRC Objectives

Objective	Timelines	Action Plan
Align and link with other local training programmes	Short term (1-2 years)	By 12 months, we will work with core training/development teams at each partner, to map out local training programmes in areas related to the BRC and more general research skills. This includes local Doctoral Training Programmes. This mapping activity will feed into a refreshed BRC Training and Capacity Development strategy. Success will be determined by the development and implementation of this refreshed strategy, and increased attendance of training/development programmes by relevant staff, each monitored by the BRC Executive Group.
Recruit all staff members required to deliver BRC objectives	Short term (1-2 years)	In the short term, we will appoint all core staff required to successfully deliver the BRC objectives by month 12. Success will be determined by appointment of relevant staff within target timelines, reviewed by BRC Executive Group
Set our capacity development up for success by undertaking key strategic activities	Short term (1-2 years)	By 18 months we will: Refresh our BRC Capacity Development strategy to reflect broadened remit, including new Themes; Develop KPIs for capacity development: improving progression within and beyond the BRC, and improving diversity in training and senior positions; Ensure at least 90% of postgraduate students and early-career researchers (ECRs) have completed individual SMART objectives training and a collaborations matrix (with ongoing review cycles, including for new starters). The KPIs will be developed in conjunction with the data-driven EDI baselining exercise to ensure that the KPIs reflect our intentions around creating a diverse workforce. this objective will be monitored by the BRC Executive Group, with progress assessed based on successful implementation of the refreshed capacity development strategy, development of capacity development KPIs/objectives, and monitoring of training records for students and ECRs within target timelines.
Further increase the quality of our supervisory provision	Short term (1-2 years)	All researchers supervising postgraduate students will have completed supervisory training. This will be assessed by review of training logs for researchers with supervisory roles, with success constituting all relevant staff trained by target timelines of 24 months.
Provide a mentor to everybody who wants one	Short term (1-2 years)	By 24 months, ensure that all individuals will have had the opportunity to have a mentor. This will be measured by the annual survey of all BRC staff performed at 24 months (see below), and reviewed by the BRC Executive Group.
Develop the next generation of research leaders, both clinical and non-medical healthcare professionals, with a specific focus on addressing barriers to promotion, including those faced by women, minority ethnic groups, allied health professionals, and other underrepresented groups	Long term (4-5 years)	Our BRC is passionate and committed to developing the next generation of research leaders with a specific focus on ensuring equal opportunities for all. The Academic Career Development Lead will lead the delivery of the BRC Capacity Development strategy within Themes. The success will be measured by the number of promotions for existing staff, delivery of short courses, completion of PhDs, successful applications for external Fellowships, and Academic Consultant appointments for Clinical trainees (S, M, L).

Objective	Timelines	Action Plan
<p>Attract new staff and retain our current staff</p>	<p>Long term (4-5 years)</p>	<p>With the expansion of our BRC and the significant investment from our Partner organisations into new posts we want to attract and retain and offer career progression particularly to those from underrepresented groups. We will measure success by: the progression of women, non-White ethnic groups, non-medical healthcare professionals and other key groups into higher level roles within or beyond the BRC; a year-on-year increase in successful fellowships applications; and an annual survey looking at the needs and satisfaction of our staff and trainees (S, M, L).</p>

Annex 3: Glossary of Terms

BRC – Biomedical Research Centre

BHF – British Heart Foundation

CAPN – Clinical Academic Practitioner Network

CCG – Clinical Commissioning Group

CRF – Clinical Research Facility

CRP – Clinical Research Practitioner

DART – Diet and Activity Research Translation

ECR – Early Career Researcher

EDI – Equality, Diversity and Inclusion

EPSRC – Engineering and Physical Sciences Research Council

HDR-UK – Health Data Research UK

IAT – Integrated Academic Trainings

KPIs – Key Performance Indicators

LGBT+ - Lesbian, Gay, Bisexual, Transgender +

LPT – Leicestershire Partnership Trust

LU – Loughborough University

MRC – Medical Research Council

NIHR – National Institute for Health and Social Care Research

NMAHP – Nursing, Midwifery and Allied Health Professional

PSA – Professional Standards Authority

SMART – Specific, Measurable, Achievable, Relevant, Time-bound

TRC – Translational Research Collaboration

WTE – Whole Time Equivalent

UHL – University Hospitals of Leicester NHS Trust

UHN – University Hospitals of Northampton

UoL – University of Leicester

R&I – Research and Innovation

WT-DTP – Wellcome Trust Doctoral Training Programme

NIHR | National Institute for
Health and Care Research

www.leicesterbrc.nihr.ac.uk

www.leicestercrf.nihr.ac.uk

 @LeicResearch