

## **Mapping research into your career journey FAQ document**

### **1. Best places to find recent research for free**

- RCSLT journals library included in your RCSLT membership - search 'journals'
- Journals collection for members: <https://www.rcslt.org/members/research/journals/>
- If you are employed by the NHS, you will have an Athens log-in. If you're not aware of this, check with your research/development department, library or information team.
- Some universities have alumni access and you might be able to get a log-in (but access may be limited)
- The RCSLT has agreement with some universities across the UK to access some of their SLT library resources
- Increasingly, papers are being published with open access, so just look for the little open access symbol.
- If you can't get access through any other means, you can also email the author/s. The corresponding author's contact details will always be published with the abstract, and they are often very willing to share their work with you if you ask.

### **2. Do any of you have any knowledge of the NIHR Pre-doctoral Fellowship and how easy or difficult it is to get onto the programme?**

- The RCSLT has a group called clinical academic mentors who are speech and language therapists who have started in some way on their clinical academic journeys, and are really happy to provide some mentoring advice to others who are interested in doing the same. If you go to the RCSLT website, you can access the form to apply for a clinical academic mentor, and then Katie will look for someone who is suitable for you. Visit [this webpage](#) for more information.
- You can also use the SLT Research Practitioner Framework Resource Map to find other networks where you could connect with peers who have been through the application process.
- We also have a resource '[roadtrip to fellowship](#)' which was developed based on previous PCAF applicants' successes and learning, as well as the reports from NIHR about the latest round of applications.
- I think the NIHR fellowship specifies that you need a year's clinical practice.
- The competition is HUGE - give yourself the best chance by giving yourself enough time (we're talking many months ) and find someone who can help you (either RCSLT clinical academic mentors, CAHPR research champions if you don't already know someone).
- This question is focused on one aspect of the NIHR clinical program, but there are other parts of that pathway, and also there are other fellowship schemes that exist relatively recently, for example, the [Wellcome Trust](#) have opened their fellowship schemes to a broader variety of allied health professionals.

- Other similar schemes exist across other nations, so check out the research careers page on the RCSLT website.
- Contact the RCSLT for small opportunities which can help build your research CV (ie being a reviewer for Bulletin, or helping review abstracts for conference etc)
- Sign up to the RCSLT bi-monthly research newsletter, where Katie and others do a fantastic job of collating the different opportunities that exist either for PhDs, fellowships, or any research funding that we hear about.
- Find a supervisor in a university as early as possible, look for someone who has published papers in your area of interest and email them to ask for support. They can help you shape your project ideas and may have experience of applications for these awards.

### **3. What are your top tips for integrating research activities alongside a full-time clinical role?**

- Network - make friends locally, find other colleagues who you can talk to, and find out their experience; you'll need local friends, including your managers. They need to know what your interests are so they can support you better.
- It may be useful to look at the [RCSLT research champions' activity menu](#), which is full of ideas of small and larger-scale activities you can be doing alongside your clinical practice.
- Use of online platforms to Network (many of them are free) and this allows you to be able to access people much further afield because geography has no barrier.
- And lastly, network outside of your profession. We're all in the same race, whatever profession. So think about multidisciplinary colleagues and multidisciplinary connections.
- And networking means making friends: be polite, introduce yourself and say why you're contacting that person. Don't just send off an email out of the blue asking (essentially) "please tell me everything you know about getting started in research". Instead, be very clear why you've chosen that person, show that you do know a little bit about what they've done and why you're asking them. Then be clear on what you are asking them about. And when they reply, do thank them and remember to update them later on about how you have used the information they sent, your progress etc.
- Involve your clinical managers and demonstrate the purpose of what you are doing, link it to a Trust objective or values etc where possible or to implementing recent clinical guidance. It takes a long time to get ethical approval for research via the NHS IRAS system, talk to your local R&D office to see how you can frame your project, where possible consider service evaluation/improvement or audit as a first step.

### **4. When/how to start integrating research into your career**

- You can never start too early. Don't be daunted and don't feel that you have to immediately start with the big first step of a secondment or full-time fellowship, whether it's Master's or PhD.

- You don't need a PhD to be research-active, you don't need a Master's degree to be research active, you need links and support with people that can help you design, and give you that academic support to undertake it systematically, but start small, start within your own clinical practice within your own clinical workload and time.
- Many people have been able to undertake very successful and very valuable small projects and publish them, disseminate them with no additional funding, with no big secondment, start small, get yourself a track record, because then when you are ready to apply for a higher profile fellowship or whatever that opportunity might be, you can show you have a track record, you can show that it wasn't just a whim, you weren't just applying on the spur of the moment because you like the thought of research, you've actually got something to be able to demonstrate you've been working towards this.
- For some examples of small-scale, practice-based projects carried out by members as part of their clinical career and their top tips, see our [webpages with case studies](#) or catch-up on [Helen Cameron and Katherine Broomfield's 'practice-based research seminars' that are featured on the RCSLT youtube channel.](#)

**5. A lot of the support and funding is available for NHS teams and roles. What is available for independent practitioners?**

- Look at everything that's out there. For example, there's an NIHR scheme, which is now open to clinicians who were employed by local educational authorities. So that's not a kind of a traditional NHS role, and it may be an opportunity for those that are in more independent style settings.
- As mentioned above, there are a lot of other funding schemes that are open to non-NHS practitioners, but you will likely need to be linked in with a university. It would be useful to familiarise yourself with the [UK Research and Innovation funding councils](#) that have relevance to your area, for example the Medical research council, or the Economic and social research council. Both run a number of different schemes, fellowships and grants schemes.
- You can also look out for other research funders to support your work which could be as an 'independent scholar'. This may include other third sector funders especially the large medical charities (the [Stroke Association](#) for example), or those areas that may have a more sociological/humanities focus (eg. [the British Academy](#)) and smaller research councils.

**6. Can you please post a link to the research newsletter?**

- Past newsletters can be found here:  
<https://www.rcslt.org/members/research/research-publications/#section-5>
- Sign up by emailing [katie.chadd@rcslt.org](mailto:katie.chadd@rcslt.org) if you'd like to subscribe!

**7. I've heard of people working say 2 days a week clinically, and 3 days a week on a PhD/other research. Is it possible to do both (working as a clinical academic) whilst working a 3/4 day week part-time with a family?**

- We talk a little about career balance during the presentations and at the end (but to begin with, it will require some careful planning, and you would need to be realistic about e.g. how long a PhD would take, but I would say a big yes!)
- Member response - I have just finished my first year of my f/t PhD, I work 2 days a week and have children. I am not going to deny that it has been challenging (esp with home schooling in the mix, as you will also have experienced with your family) but just to reassure you I don't regret my decision, it's been a great year with fabulous support. I would encourage you to talk frankly to potential supervisors and if possible PhD students who are already in the department, perhaps they are doing the same thing. Could your clinical role be a space for you to conduct PhD research in?
- I would echo this, it does take a great deal of organisation and having your managers onside to support. Consider all your childcare options and be aware that you may have to use some of your own time during busy periods. There are also pulses for the family e.g. flexibility to organise your own schedule as long as you put the hours in.

**8. Would you encourage people to go down a clinical research route in early stages of their clinical career? e.g. Band 5/6 level**

- To get started, yes absolutely. There are many benefits, ranging from your recent learning about research methodology, to the potential this brings in terms of long term career possibilities, but you may not have as much clinical expertise yet, so will have to factor this in.
- Yes definitely, I started at band 5 level, and it wasn't a disadvantage, as long as you can demonstrate a real commitment. However, be aware that it may impact your clinical career progression as you take time out to complete research. It will take you longer to develop clinical skills, depending on your pathway, and you could miss out on job opportunities. However, there are also advantages to starting your career with a plan to include research, you may just have to think longer term.

**9. Is there a list stating which areas different universities/ professors specialise in? I find it difficult to know which university/ individual to approach as I don't know who specialises in the area of my clinical interest (voice).**

- To my knowledge, things aren't quite that straightforward (unfortunately). However, one way to quickly identify the experts in your field would be to look at the authors on research papers that are of interest to you. It will list their institution & contact details - and authors will generally enjoy hearing from interested readers!
- CENs also often have academic speakers, so another idea would be to join voice CENs and network in this way- once you've found one academic in that field they will likely be able to point you in the right direction.
- Again, getting linked up with a clinical academic mentor could help with this as well - even if they do not necessarily end up being a supervisor, they will most likely know of who you could approach.
- Look at universities which train SLTs as a starting place, a quick read of the department website will tell you which areas the lecturers specialise in. You could contact them and ask who delivers the training, in voice, for instance and then email that person.

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## **10. When starting on your research journey, would you recommend completing a research project before beginning a PhD?**

- To be a competitive PhD applicant, you will need to demonstrate a level of research engagement, and completing a small-scale practice-based project, or a service evaluation/audit might be a good way to do this. It will depend slightly on what kind of route you take -- for example, the NIHR clinical academic doctoral fellowships are highly competitive and you would need to have had a level of experience to be considered here. These schemes are varied and take you through different levels, so those with less experience could start off doing an internship for example, then a masters through a PCAF, then a doctoral fellowship. They're designed to help you 'build up'.
- Academic PhDs will vary in their requirements, and sometimes your research experience at university may be sufficient to draw on and develop. Have a look at some PhD adverts on FindaPhD.com to get an idea for what they'd be looking for if this is the route you're thinking of exploring. Not all would necessarily require a Masters qualification.
- Either way, some kind of research experience and knowledge will position you more favourably.
- Consider completing an MRes even if you already have a more clinically based masters, this will give you broader research skills training and as part of the qualification you will need to complete a substantial research project which prepares you well for PhD

## **11. What are the challenges of integrating research into a clinical career, and how have you managed these?**

- It does come down to your relationship with your managers, you will need their support to navigate this journey. Try to involve them right from the beginning, you can use some of the evidence presented in the webinar to demonstrate the potential benefits to the service!
- Be proactive and go to your managers with some evidence of your commitment, perhaps a conversation you've had with a potential supervisor in a university and a project outline or an idea for a grant you could apply for. Find the evidence or ideas and take it to them!
- Think through some of the ways you could make space for research, you could ask for study leave to complete a part time course and be prepared to offer some of your own time as well- compromise! Write a work plan to show how you will fulfill your clinical obligations or offer suggestions for backfill. Work through the solutions with your manager, be honest about what you need and what you can offer.

## **12. How would you approach research whilst returning to practice?**

- This depends on you. Returning to practice brings its own demands, but it is just as possible for you to build your research skills at this time in your career as any other if you feel able to do so.

- By building relationships with your new clients, reconnecting with the evidence-base, and resharpening your clinical expertise, you are already rebuilding your evidence-based approach to practice - a fundamental step in any clinical research journey.
- You may feel that carrying out a careful evaluation of (one of) your intervention(s) actually helps you reconnect (and build on) your clinical skills. Or you may feel that building links to research/evidence networks, or even taking a role in them, would be most useful.
- There are many ways to approach research at any stage in your career. The key is finding the right way for you. Returning to practice offers you an opportunity to carefully reflect on your needs, capacity and interests, as well as taking a look at all the support out there. From this crucial starting point, you can focus your efforts on a development plan that is right for you.

**13. As an international who qualified and practises in the UK, and wants to progress towards research alongside clinical practice, do we have access to the same funding and resources to embark on a research/ masters/pHD journey? If not, please advise available support and funding for the international population working in the UK.**

- If you are a full RCSLT member working in the UK, you can access all our services whether you are from overseas or are a UK national. So for example you can join our research champions group, receive support from our clinical academic mentors, use our SLT research practitioner framework resource map, and many other things. This is the same with the support offered from the [Council of Allied Health professionals](#), and other researcher support services.
- In terms of research funding, this will vary from scheme to scheme, so you will need to check the details of any scheme / award / call you are applying to. We publicise any funding opportunities we hear about that are relevant to SLT in our bi-monthly [research newsletter](#) (as well as via other means as appropriate), so please sign up to this and check each issue for opportunities.
- It would also be very helpful for you to contact the SLPhD Network that is a free online support group to connect research-active SLTs/SLPs. This group includes many SLTs on research fellowships across mainland Europe as well as UK, so it is a valuable way to find out about a range of funding routes. The group run regular online seminars and discussion meetings. You can find more information here <https://resnetslt.com/2020/09/25/blog-linking-up-slts-in-research-across-europe/>

**14. How does the interface between NHS employers and universities work? For example, if interested in a PhD but also working clinically, would the PhD need to be arranged independently with the uni and then negotiated with the NHS employer?**

- This can vary depending on the route you chose to go down. But, for most kind of formal research (especially in an early career stage) you will have to be aligned with a university in some respect (You may become an independent scholar later in a research career). The NIHR fellowships (in England at least) often require you to have one institution (eg the university) as the 'host' but you'll have a contract with your clinical employer too. The NIHR facilitates this process though so there's quite a bit of support. You will need to approach the university/research team independently though, this will be down to you to forget these initial links.
- If you are forging your own path and looking to do a PhD and clinical work at the same time, but not via one of these fellowships then you would enrol as a student at a university (and pay your own fees, or secure external research funding to cover it) whilst you maintain your clinical post. Note that the university will require evidence that you are able to commit and sustain time for study, especially if you have a full-time clinical post. In that case they may request a letter of support from your NHS line manager, but there would not be any form of contract between your employer and the university. It is highly recommended to let your NHS manager know about your interest/intention to register for a research award, even if you are planning to complete the study in your own time. Your manager may agree to support at least some occasional study time. And it's possible that your NHS organisation may be prepared to make a contribution towards your enrolment fees, and/or they may give you advice about local small grants that you could apply for to use towards your study costs.
- Other types of funding for PhD e.g. Research Councils are independent of the NHS and have their own rules about how much work you can do alongside an award. Universities should be able to advise about other potential sources of funding and you will need to negotiate with your supervisor and employer regarding the type of other contracts you can hold and the amount of additional work you can do.

**15. What support is there for independent SLTs/those not in the NHS? (they are at a big disadvantage)**

- The RCSLT shares a range of opportunities for developing research capacity that are relevant for independent therapists, including research opportunities with the RCSLT itself, and beyond, and the dissemination of many funding opportunities from various research councils through the research newsletter.
- To carry out more formal research, it will be useful for independent therapists in particular to align themselves with a university - we would encourage you to have conversations with them about this. You will need to obtain ethical approvals for your study, either through the NHS or from an academic institution (university). This is needed for you to be able to publish your findings in a peer-reviewed journal, and also supports good research practice.
- The RCSLT can support all therapists (NHS or independent sector) with funding bids, for example, by providing a letter of support, or may be able to link you with a potential sponsor.

**16. Does having a postgraduate research degree make one more competitive for management positions?**

- This depends on what exactly you mean.
- If you are asking whether having a PG(Dip) in SLT is more effective than a BSc when it comes applying for managerial positions, this should not be the case (although we of course cannot comment on how individual recruitment panels will feel). Having an MSc will make you more competitive as it is a higher level qualification, but is not imperative for managerial positions.
- If you are asking more broadly whether undertaking further formal studies improves your chance of securing managerial roles, the answer to this is - yes, but the extent to which this is the case will depend on the qualification and the role you are applying for. Any further formal qualification improves your CV. However, you would be advised to consider what career progression route you are most interested in, and focus your further studies in this area. Although any further qualification will help to some extent, more directly relevant qualifications will of course have the most impact.
- Finally, over the coming years, it is likely that within the NHS, Advanced Clinical Practice and Consultant roles will become increasingly sought after.

**17. Sarah - Could you please tell us more work about the links in your trust's R&D/R&I teams? There sounds like quite a lot of overlap?**

- My experience is in a Trust with a very small R&D department, therefore experiences will vary depending on the setting you work in. Wherever you work, It's very important to liaise with your R&D department and involve them in your ideas and plans. They will need to approve any NIHR fellowship applications and can help you to put applications together.
- In my research post, I inform R&D of the activities I'm involved in and they help me to work in a way that is complementary to other Trust activities. They will definitely provide you with advice around ethics and the scope of projects and may also help with things like proofreading abstracts for conferences.

**18. If you have a question you would like to explore, what would you recommend as first steps to get started?**

- You can find a whole host of useful resources that will take you through the research process on our 'Sage research methods' package ([access for RCSLT members is here](#)). This will take you through developing a research question, to research design, analysis etc.
- The first port of call once refining your question is usually a literature search- this will help you find out whether your question has already been answered, or to what extent, and point you in the direction of what needs to be addressed by the research & how.

**19. Have I left it too late to develop a research career (Age 56)?**

- We encourage SLTs of any age, and at any stage in your career, to become more actively engaged in the research environment for your field of practice. Your insights and experience from clinical practice are invaluable to help you focus on real-world research priorities. And as an experienced practitioner you will already have honed your clinical reasoning and decision-making skills, and most likely your project management skills too. These personal organisational skills will be considerable assets in undertaking research studies.
- The best starting point however - as already explained above - is to become active involved with other local research colleagues (including other related professions). Networking with other colleagues at various stages along their own research career journeys will help you to identify possible opportunities, and will provide you with vital peer support.
- There is no age limit and you may find that universities and grant schemes welcome applicants with more 'life experience'! Don't let age be a barrier to exploring new career opportunities.

**20. Can individuals from Ireland access a clinical academic mentor?**

- Yes, anyone who is an RCSLT member can access a mentor - you will be asked for your membership number on the form.
- We may not be able to match you with a mentor with exactly the kind of trajectory you are thinking of exploring, but will probably be able to help to a degree.

**21. I am interested in starting my journey into research. Starting small (ish) initially with a case study for example. Do you have any pointers or advice on who best to work with within my NHS trust, to make this possible? Like you have said, it is a daunting task when you don't have any close role models within the team**

- Look for examples of projects other SLTs have completed, for instance in Bulletin or at the RCSLT conference, or the practice-based research seminars mentioned above.
- Then talk to your clinical manager and also your R&D office for advice. R&D can advise about project design and potential ethical requirements.
- You can also link up with a clinical academic mentor, or attend a Clinical Academics in SLT study day for further advice.