Discovering Allied Health Professional fellowships and the value of mentorship: a personal reflection

By Aishah Baig, Advanced Orthoptist

My journey

In my 2021 appraisal, my attention was brought to an opportunity that suddenly changed the trajectory of my career. I have always had a keen interest in research; believing it is fundamental to driving change and improving outcomes. However, like many, I was never quite sure of how to get involved. It seemed as though it was a matter of being in the right place at the right time, which was arguably partly true in my case. However, I now realise that it was more a matter of lack of awareness of opportunities. Here I will use my experience of completing the Chief Allied Health Professional (AHP) Fellowship at Nottingham University Hospitals NHS Trust (NUHT), to inform others of the emerging and existing opportunities for AHPs to develop and pursue their research, clinical academic careers and clinical project ambitions.

I am currently an Advanced Orthoptist working at NUHT. In March 2022, following application and interview, I was one of the inaugural fellows and the first Orthoptist to be awarded a Chief AHP Fellowship. This Fellowship is eligible for AHPs employed by NUHT. Fellows are funded at 0.2WTE for a year, to complete a service improvement project and build applied research and project management skills, under the mentorship of: the Chief AHP, Associate Chief AHP for Research and Innovation/Development (R&I/D) and another post-doctoral AHP at NUHT. Other areas of learning included: stakeholder-mapping and engagement; networking; academic writing, dissemination and presentation of findings; familiarisation with the Trust's Clinical Effectiveness and R&D teams. Not to mention a long list of exotic academic vocabulary.

My service improvement project was on the orthoptic-led inpatient vision screening service at NUHT, for patients admitted with fragility hip fractures. Project findings informed protocol changes related to this service. Opportunities to disseminate my findings were presented to me by mentors and building networks during the fellowship. These included: presenting at a departmental teaching session, in posters at the local NUHT research, education and practice development conference, British Geriatric Society and European Geriatric Medical Society conferences. I was also invited as a speaker to the British Orthopaedic Association congress and the findings have been published in the British and Irish Orthoptic Journal.

Opportunities such as the Chief AHP fellowship address the time pressures and lack of mentorship that often prevent AHPs from pursuing meaningful projects and career development activities. Throughout the quarterly action learning sets and monthly mentorship meetings, it was evident that the primary focus of the fellowship was personal and professional development. The mentors and project being the instruments allowing us to understand our strengths, aspirations and long-term career options.

Mentors are both role models and advisors. By sharing the knowledge, experience and networks gained from their own career path, they can inspire, guide and help to develop yours. During the fellowship, my mentors unearthed this world of existing research opportunities and supported me in applying for further funding to continue research in my chosen area. I have since applied for and been awarded a National Institute for Health and Care Research (NIHR) Pre-Doctoral Clinical and Practitioner Academic Fellowship (PCAF). This is known as a personal research training award and can take on various formats. I undertook a shorter version, known as a PCAF 'Bridge', which commenced in September 2023 at 0.8WTE for 6 months. The PCAF prepares candidates for a PhD by offering funded time and training to build academic skills, networks and develop a competitive PhD application.

The PCAF has been a continuation of this steep and exciting learning curve from the Chief AHP Fellowship. To prepare for my proposed PhD study, I have gained an introduction into: qualitative and mixed-methods research methodology, implementation science and patient and public involvement. Alien territory to me. But I have learnt skills that will broaden my range of inquiry and that are central to contemporary research improving health care delivery.

Reflections and advice

The availability and accessibility of research opportunities is not yet well-understood among AHPs, particularly Orthoptists. Not to mention the fact that these opportunities are constantly evolving and vary locally and regionally. But this landscape may soon be more navigable. A more multidisciplinary approach to research problems is being appreciated, with a burgeoning national agenda to facilitate clinical academic opportunities and roles for AHPs.

By illuminating the available research funding and training opportunities, emerging awards such as the Chief AHP fellowship can facilitate the transition of AHPs into clinical academic careers. A 'clinical academic', is as it sounds: a professional combining a clinical and research career. However, skills gained from this fellowship can also be applicable to those wishing to pursue more advanced clinical roles, leadership and educational roles. Unfortunately, these fellowships are not yet widespread. I would encourage those interested to inquire about similar local fellowships with your R&D teams and Chief AHP/ Nurse.

For aspiring (clinical) academics in particular, as mentioned previously, there are also personal research training awards for non-medical professionals, such as the NIHR PCAF. The candidate is expected to identify a mentor, PhD supervisors and organise all training and activities for the duration of this award. Please

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see: HEE-NIHR Integrated Clinical and Practitioner Academic Programme | NIHR. If not held, candidates can undertake a Masters degree as part of their training. There are also Health Education England (HEE)-NIHR Pre-Doctoral Bridging schemes, which are managed by local HEE/ University collaborations. These are university-led training awards, incorporating teaching and assignments to form a more structured programme. You are also given support in finding a suitable mentor and supervisors. These schemes can be investigated further via your R&D team, affiliated university, or at: Bridging scheme | Health Education England (hee.nhs.uk). Candidates must have a Masters, or equivalent to be eligible for this programme.

Mentors can be identified online through your regional hub for the Council for Allied Health Professional Research (CAHPR); from other professional bodies and societies, your local trusts or universities, or further afield. You can have multiple mentors and they do not necessarily need to be an Orthoptist, or an AHP. There is benefit in the different perspectives, wider networks and opportunities that other professions can bring. It may seem daunting approaching potential mentors, but I was pleasantly surprised by how eager senior academics are to help. If they can't, they are always keen to direct you to someone else who can. Before you know it, you're networking.

I was fortunate enough to have the opportunity of the Chief AHP Fellowship, with accompanying mentorship, to explore research opportunities. My journey continues as I have recently been successful for a fully-funded PhD in Rehabilitation and Healthcare Research, to continue research on the implementation of vision assessments in falls management. I hope this article is helpful for readers like myself, who were largely unaware of these emerging and existing research opportunities for AHPs. I also hope to have conveyed the invaluable role

of mentorship in guiding AHP career development.