AHP Research Think Tank

29th November 2023

Full Report + Supplementary Files

Convened by **Dr Hazel Roddam, FRCSLT**

Hosted by **University of Lincoln** & **University of Keele**

Commissioned by **NHS England WT & E Directorate**

Acknowledgement to:
Professor Chris Nester
Professor Anne-Maree Keenan
Professor Joy Conway
Dr Jo Watson

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AHP Research Think Tank – Executive Summary

This event was held on **29th Nov 2023**, to focus on strategic responses to the published recommendations of the AHP Research Summit (24th Nov 2022).

The event was commissioned by **NHS England's Workforce Education and Training Directorate**, as part of an ongoing stakeholder consultation to identify potential specific strategic implementation approaches that may be differentiated to reflect all the interdisciplinary disparities across our AHP disciplines, job sectors, work roles, geographies and protected characteristics.

A pre-event **Briefing Pack** included a structured agenda, attendance list, plus synopses and links to directly related initiatives that had been selected to provide important context and updates from the past year. This pack also includes details of the new NIHR new research capacity building investment streams launched in 2023.

A "**Lightning Report**" was delivered within 48 hours after the event to all individuals who had been invited to contribute to the Think Tank. That short report included key points generated from the discussion sessions, plus closing remarks from the event Chairs.

The event comprised **structured discussion sessions**, with multiple formats for gathering participant feedback, including Fishbowl panel interviews, Padlet boards and onscreen chat threads. The themed discussion sessions were:

- ❖ *How best to maximise the opportunities from current and future awards and fellowships etc.*
- ❖ *How best to identify and share good practice of substantive appointments for clinical-academic posts.*
- ❖ *How best to support increased visibility and transparency of quality in AHP research/researchers.*
- ❖ *Recap and reflection on the published responsibilities for driving forward the AHP Research Summit recommendations.*

Key priority needs identified were:

- ➢ Stronger communication systems and processes.
- ➢ More comprehensive and accurate intelligence of AHP research capacity and capability
- ➢ Increased visibility and influence of the AHP research community.
- ➢ Establishment of a more cohesive AHP research leaders' community.
- ➢ More inclusive visibility and representation of diversity within the AHP research leaders' community.
- ➢ Development of new shared (cross-AHP) initiatives to support increased research capability building across all disciplines, especially to increase equity of access for all the AHP disciplines.
- ➢ Active support for pre-registration student teaching, learning and experience of research, innovation and service evaluation approaches, processes, environment and culture.
- ➢ Active promotion of specific research responsibilities in AHP job roles/descriptors and career pathways; including templates and business cases for clinical-academic posts.

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AHP Research Think Tank – Purpose

This event was held on **29th Nov 2023**, to focus on strategic responses to the published recommendations of the AHP Research Summit (24th Nov 2022). This is a key step in an ongoing co-production process involving all stakeholders, with structured discussions around key themes, aiming to generate specific strategic implementation approaches that may be differentiated to reflect all the interdisciplinary disparities across our AHP disciplines, job sectors, work roles, geographies and protected characteristics. A **Briefing Pack** was circulated (see Appendix 1 below), to enable all participants to reflect on our key discussion topics in advance of the event. This included synopses and links to directly related initiatives, selected to provide important context and updates from the past year.

AHP Research Think Tank

NHS England

29th November 2023

➢ Welcome

… focus on strategic responses to the AHP Research Summit recommendations

➢ Meeting format

… generate specific strategic implementation approaches that may be differentiated to reflect all the interdisciplinary disparities across our AHP disciplines, job sectors, work roles, geographies and protected characteristics

➢ Recording & reporting

… variations across our collective AHP community will be a golden thread across the day

➢ Purpose

A "**Lightning Report**" was delivered within 48 hours after the event, that included key points from these discussions. This short report was shared with all individuals who had been invited to contribute to the Think Tank.

This **full report** was submitted to Beverley Harden at NHS England's Workforce Education and Training Directorate, who commissioned this work. The online session was recorded for the purpose of supporting the report writing but will not be made publicly available.

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Attendance

The key stakeholders who accepted this invitation included: Research leads from all 14 AHP Professional Bodies, one of the AHP PBs' Education leads, the Council of Deans of Health, and a number of members of the HARNESS Group of senior AHP practitioner researchers. The lead for the England CAHPO's BAME working group and the Deputy CAHPO at OHID were also in attendance for part of the event. The Council for Allied health Professions Research (CAHPR) was represented by the Chair and Vice Chairs of the national Strategy Board and Hub Leader Forum.

The full list of invited representatives is included in Appendix 1.

We respected the pressure on everyone's diaries, which meant that some individuals had to leave and re-join at points during the meeting. Invitees who were unable to join on the day had been asked to contribute by email and though separate conversations.

Participation

The group had the opportunity for active engagement and contributed comments throughout the full event, by

- Mentimeter Word Cloud
- Chat comments and questions
- Padlet posts
- Guided interview panel conversations
- Open discussions
- Post-event comments submitted by email.

To fulfil the event purpose of contextualising the collective contribution of comments and feedback generated in the discussions, we requested everyone to specify the relevant context and focus of their comments.

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Context - perceptions of "good news" for AHP research in the past year

At the opening of the event, all participants were invited to reflect on their own experiences of the AHP research agenda over the past year, to include personal achievements, organisational change, observations of culture shift.

There were 48 inputs to the Mentimeter Word Cloud, evidencing the surge of successful activities across all levels - national, regional, local and personal (see Figure 1 below).

Figure 1:
Word Cloud of "Good news headlines for the AHP research environment in the past year"

Context - the new NIHR investment in research training, development and careers.

Peter Thompson, Director of NIHR Academy Programmes, presented an overview of the 10 recently announced streams for Health Care Professionals (the full list of these streams was provided in the Think Tank Pre-Event Briefing Pack, see Appendix 1 below).

An online information resource package targeted at the AHP Professional Bodies has been commissioned by NHS England's Workforce Education and Training Directorate. This comprises the most recent detailed descriptors of the new funding streams, eligibility etc. This will be hosted on the University of Lincoln website and should be live by 1st February 2024 at the latest, when the link will be actively disseminated.

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Context - the new multiprofessional practice-based research capabilities framework.

Dr Jo Watson presented an overview of this new framework that has been under development for the past 18 months, specifically targeted to support practitioners.
This has been developed in response to repeated calls from the practice community over a number of years for a career framework that specifically addresses research. The framework clearly articulates how practitioners can develop their research capabilities so that they're in a position to be able to support, to participate in and to lead research.

This work is underpinned by a clear strategic purpose to maximise the skills of staff (in post, plus future generations) so that they can contribute to driving quality improvement and transformational change in care services. New, innovative, exciting and different sorts of career pathways are soundly based on core capabilities for all health and care professionals.

In addition to being used to support individual practitioners, it is also intended for service leaders and departmental managers to think about how they embed research engagement within their teams, within the setting of objectives, within their job planning and job evaluations.
The framework has direct relevance for service provider organisations who need to consider how they embed a research engaged culture within their organisation, and how they can factor in research engagement in the contracts for Commissioning of services.
And the framework is also going to comprise a really important tool for education providers at pre registration and post registration levels, to identify the skills, knowledge and capabilities that are relevant to people at their respective levels of practice.

The development of the framework has been informed by trying to accommodate as much as possible the differences in the professions, in relation to different practice contexts, the academic level of their entry qualifications, research readiness or the current levels of research engagement within a particular profession / subgroup of professions.

The Multiprofessional Research Capabilities Framework was launched at the Advancing Practice Conference in late 2023 and is due for imminent publication by NHS England.
It is structured around 8 domains, each with a number of specified capabilities>
There are 4 levels of practice: entry level, enhanced practice level, advanced practice level and consultant level.

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Headline Summary of the Discussions sessions
(Extract from Lightning Report)

1. **Discussion One – how best to maximise the opportunities from current and future awards and fellowships etc.**

The discussion highlighted the imperative for much stronger and more effective comms systems to ensure reach to all the relevant stakeholders, as well as differentiated messaging to engage commitment of support from employers/host organisations - of both prospective applicants and of prospective mentors to ensure successful applications.
It was agreed that types and levels of mentorship could be better distinguished, to include more efficient initial signposting to existing support sources, services and infrastructure.

2. **Discussion Two – how best to identify and share good practice of substantive appointments for clinical-academic posts.**

Robyn Cooke presented an overview of the CoDH commitment to influencing this agenda. Then several individuals were invited to stimulate this discussion by citing their own experience of contrasting routes and funding contracts to secure formal clinical-academic (CA) roles and posts. The respective pros and cons of alternative contractual models were weighed and there was consensus for further work to draft template business cases.
The discussion highlighted the need for clarity around definitions of CA relevant to AHPs working in all sectors, specifically including non-NHS contexts.

3. **Discussion Three – how best to support increased visibility and transparency of quality in AHP research/researchers.**

Chris Nester gave an overview of his recently completed review of AHP research in the past two national Research Excellence Framework (REF) cycles. The discussion points included a group consensus of the need for more effective and co-ordinated academic writing support, with the goal of raising visibility of highest quality academic publications across the breadth of fields of practice. This may be especially relevant to early career researchers (ECR) who may not have access to academic supervision through an HEI enrolment. In addition, there is an identified need for increased visibility and published discussions of insights and exemplars of AHP research capacity building, that are targeted at multiple audiences.
This item included consideration of whether there is the need for a new journal for AHP Research, and what would be the specific scope and focus of that.
After discussion, 20 attendees voted on a poll: 65% = No, 35% = Yes.
The proposals for the priority need of any available investment included –

- Training and mentorship, specifically for academic writing and publishing
- Some access to subsidised Open Access fees (although practitioners should be supported and encouraged to link more closely to HEIs, who could also support this)
- A special issue in an existing journal that could be a forum for papers to focus on research capability and capacity building, as well as research implementation
- Published abstracts/papers from a conference event dedicated to research capacity building and research implementation.

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4. **Recap and reflection on the published responsibilities for driving forward the AHP Research Summit recommendations.**

The slide deck included a view of the designated lead stakeholders and critical partners for each of the recommendations.

	Recommendation	Proposed Lead	Critical Partners
A Health and Care system drivers and enablers			
A1		DHSC	NHSE, NHS Employers, NIHR
A2		DHSC	NHSE
A3		NIHR	NHSE, DHSC
A4		DHSC	NHSE, NHS Employers
B Culture, environment & leadership			
B1		NIHR	DHSC, NHSE
B2	ensure that CAHPR is appropriately and sustainably funded	AHPF	CAHPR
B3	systems and approaches that support and enable effective use of data at various levels	NIHR	NHSE, CAHPR
B4	identify how to most effectively and efficiently meet a number of commonly shared needs & logistical challenges	NHSE	CAHPR, ICS / PCN
B5	identify shared values for collective efforts to expand AHP research and innovation	NHSE, CAHPR, NIHR	
B6	expansion of research mentorship capacity	NHSE, CAHPR	NIHR, AHP PBs
C Equity in research			
C1	strategic allyship and action	NIHR	NHSE, DHSC
C2	aim of eliminating recognised professional under-representation	NIHR	DHSC, NHSE, CAHPR, AHP PBs
D Visibility and accessibility			
D1	UK-wide pool of research-related resources	NIHR	CAHPR
D2	promote benefits of AHPs' engagement in research and innovation alongside practice	NIHR	CAHPR
E University / service provider partnerships & alignment			
E1	guiding principles for equitably managing joint appointments	NIHR	NHSE, NHS Employers, CoDH, Medical Schools Council, DHSC
E2	reposition the value of active research-engagement	CoDH	NIHR, CAHPR, NHSE, AHP PBs
E3	optimise equitable AHP contributions to and outcomes in future REF exercises	CoDH	REF UoA3 Chair + panel reps, NHS Employers, CAHPR
E4	evaluation of academic programmes pathways for pre-reg grads	CoDH	CAHPR, NHSE, NIHR
F Developing a sustainable pipeline			
F1	bolster research-related content and expectations in all pre-reg curricula	NHSE, CoDH	HCPC, AHP PBs
F2	expand the 'stepping stones' in pipeline for all research-engaged AHPs	NIHR	NHSE, DHSC, NHS Employers

*extract from Think Tank slide deck (see Supp File available on request)

This discussion prompted a deep reflection and fruitful discussion; including some of the take-home messages listed below.

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Headline Summary of the Chairs' closing comments
(Extract from Lightning Report)

o There is success, but only for some. It's not systematic nor equitable. Equity could be the priority focus.
o There is a need to continue these conversations and further strengthen this community. We are still learning about each other's perspectives, problems and possible solutions. No single AHP discipline has this nailed 100%.
o We could build a business case that individual departments and organisations can use. Let's write it and share it.
o Ground-up support is needed for individual AHPs; we need to focus on the first steps and what is possible for people, but the contexts for this support and starting points are very diverse. Solutions need to reflect local realities and that requires local leadership, which may not be present.
o Mentor support may be available but does not always feel accessible or pertinent. In many cases it is still insufficiently valued and supported in HEIs, nor widespread in availability in the context of developing clinical-academic opportunities for everyone.
o Partnership is key to making success systematic – HEIs and provider organisations are the vehicles for research and clinical-academic (CA) activity, so buy in from these organisations is critical.
o The journey starts from pre-registration level – could standardisation of expectations by HEIs and students help this?
o Working contexts make a big difference – pay differential, acute, community, public and private settings.
o There are gaps in helping people practice/gain confidence in publishing; the AHP PBs are at different stages from making a start to doing well in supporting their own members. How could we provide greater visibility and support across the whole sector?

Key take-home messages from the day.
(Extract from Lightning Report)

➢ The content of the full report will provide a hugely valuable asset to the incoming new Associate Director role for AHP Research at NIHR. In addition to a narrative summary of the discussions and range of contributions, the report should include full appendices of the feedback comments and questions from the day.
➢ Many illustrative examples were provided of AHP PBs' research support initiatives for their own memberships. It would be helpful for these to be shared more systematically, to provide models and templates, as well as to explore the potential for cross-disciplinary support initiatives, where appropriate.
➢ There is still an imperative for the AHP PBs to articulate their respective needs for more nuanced support, in line with the express purpose of this event. This was not comprehensively covered in this single event.
➢ It was proposed that the CAHPR national Strategy Board could facilitate a regular review of the actions [specified for AHP PBs] towards progressing the Summit recommendations.

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➢ There was a strong consensus of the need for continuity in these conversations, in a similar forum. This should be picked up by the incoming AHP Research lead at NIHR and should ensure connectivity between all stakeholder groups (including national and regional initiatives that have been evolving in the past 12+ months – for example, the HARNESS group, the imminent launch of the CAHPR senior researchers' network, the CARIN group, and the innovative SW Regional research community).

➢ More efficient and effective communication systems continue to be a key priority. It was evident that there is limited awareness of some of the directly relevant existing resources.

➢ The vital importance of authentic and transparent EDI representation in this agenda was raised. There is a risk of loss of confidence and reputational harm if this is not recognised.

➢ The question was framed about whether/how specific goals should be identified for research capacity targets, for example % of AHPs in designated CA job roles. Relevant and appropriate evaluation metrics will also need to include indicators of impact at system level and it was agreed that this constitutes another priority for stakeholder consultation.

Additional opportunity for submission of comments.

There was a further opportunity for receipt of additional comments and feedback on the specified discussion themes, to be sent by email by a hard deadline of **9am Weds 6th December**.

The feedback comments received have been incorporated into this report.

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Identified Priorities for the AHP Research agenda.

Further to the Chairs' closing remarks at the end of the Think Tank event, the subsequent reflection on the event transcripts and additional feedback received, a number of clear priority themes have emerged. These themes are presented here below, with indicative proposals for potential strategic actions.

Overview

The stated purpose of this Think Tank was to elicit more definitive strategies for differentiated support, to ensure greater equity of opportunities and success across all the AHP disciplines. This aim was realised in part, with some fruitful illustrative examples cited and some distinctive challenges for specified AHP sectors described. Naturally it would have been unrealistic to expect that these questions could be exhaustively resolved in a single event, and there was consensus that there is an essential need for facilitation of structured ongoing dialogue between all stakeholders. That will also be needed to maintain the level of energetic and authentic commitment to these identified priority actions generated here.

It was identified that the responsibility and accountability to address some of these actions rests with each respective AHP Professional Body, whilst other outcomes need to be addressed as a collective. It was proposed that CAHPR could take the leadership in sustaining this momentum, to include at a minimum an annual progress review on this agenda with representation of all the AHP Professional Bodies.

As a voluntary organisation, it was acknowledged that CAHPR has limited capacity to hold responsibility for all these identified priorities; but should further strengthen their visibility and reputation as the primary knowledge resource in relation to AHP research and innovation at all career stages. It was evident that for (almost) the majority of enquiries and perceived information gaps, relevant resources and agencies exist, but are not necessarily easily located or navigated.

There is also a clear imperative for CAHPR to demonstrate more visible diversity and equity in representation, including promotion of relevant comms for the AHP workforce UK-wide. There is a need for pro-active inclusion of all under-represented and under-recognised diversity, particularly on CAHPR's national Strategy Board. There is also the need for greater clarity and transparency about the EDI co-production work that CAHPR has led in the past year.

In addition, with the imminent launch of the NIHR AHP leadership role and new investment in development awards for AHP research capability building, it is more crucial than ever before that CAHPR is aligned as a key strategic partner; maximising their strengths in the breadth of regional and local networks, whilst continuing to grow their free-to-access curated learning resources.

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Strategic priorities

The priority areas detailed below are framed as the next steps for the continued and systematic development of the collective AHP research community, founded on shared commitment to achieve these strategic goals. Progress in the implementation of relevant initiatives and the operationalisation of specific work packages will be dependent upon positive collaborative engagement between all stakeholders, with transparency for their respective remits of responsibility and accountability.

The areas of priority focus listed below are inherently interlinked, and to some extent are co-dependent. For that reason, the listing order is not intended to convey relative weighting of the respective items, as they all carry significance and essential importance for the continuing and sustainable growth of the AHP research community.

The highly specific and detailed examples, advice and comments that were shared in the Think Tank event are too extensive to be presented in this single report. It is recommended instead that the full transcripts from the Think Tank event will be available to the incoming NIHR Associate Director for AHP Research, as well as to the CAHPR national Strategy Board, as an essential supplementary resource comprising the full breadth of the highly valuable commentary and examples that were cited and shared during the event discussion sessions.

1. **Stronger communication systems and processes.**
   It's clear that there is a very high priority that communication systems and processes ("Comms") need to be very much stronger and more effective.
   The majority of enquiries/perceived gaps are for resources and information that already exist; the lack is of the visibility and accessibility of these sources across all levels and sectors of the AHP workforce.

   More effective and efficient dissemination of news updates, especially in regard to research funding opportunities and new resources, will potentially help to boost increased equity in access to information about opportunities.

   There is also a mandate for the development of differentiated messaging, to expressly target relevant audiences across disciplines, work sectors, job roles, geographies AND protected characteristics.

   This identified intelligence gap could be addressed by more efficient and dynamic bi-directional updates between CAHPR and other key stakeholders.
   There is an important strategic need for CAHPR to be positioned as the central focus and "Go To" point of research advice and resources for all career stages [It was noted that work is currently underway on a refreshed CAHPR website, branding, vision statement and EDI statement].

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2. **More comprehensive and accurate intelligence of AHP research capacity and capability.**
There is now an urgent imperative for a mapping exercise across all the AHP disciplines. This should comprise relevant and appropriate metrics (including formal clinical-academic roles) to inform more reliable data driven future workforce planning.

3. **Increased visibility and influence of the AHP research community.**
The past few years have seen a very significant increase in the visibility of the collective AHP research community and the shared strategic agenda; including the latest developments in context and infrastructure as reported above (pages 6 & 7). However, these gains remain fragile unless there can be significantly more traction through dynamic connectivity and alignment with all the national stakeholders and initiatives – including the new NIHR infrastructure, Associate Director and RRLOs etc.

For this reason, it is vital that the incoming NIHR Associate Director for AHP Research works closely with the CAHPR leadership from the outset. In addition, the (proposed) instigation of a designated new representation role that will be accountable to the CAHPR national Strategy Board, may help to fulfil a higher reputation ambassadorial role on behalf of the collective AHP research community.

4. **Establishment of a more cohesive AHP research leaders' community.**
There is a clear need for facilitation of ongoing and regular engagement to maintain the impetus generated by the AHP Research Summit and Thank Tank.

The consensus from this Think Tank was that there is a role for CAHPR to take the lead in hosting and sustaining this as a UK-wide community forum.

In addition, and fully complementary to the upcoming NIHR Senior AHP Practitioner Researcher cohorts, there was a strong commitment to this clear purpose by a newly formed CAHPR Senior Research Leaders' network, inclusive of the HARNESS and CARIN groups.

5. **More inclusive visibility and representation of diversity within the AHP research leaders' community.**
To achieve this crucial priority aim, there is a need for pro-active engagement of individuals and groups with an express focus on equity – across disciplines, work sectors, job roles, geographies AND protected characteristics.

It is highly important to build further on the initial co-production work that was undertaken in 2022-23 in CAHPR's EDI Project, including following through on those recommendations. With an initial aim to increase visibility of equity and representation on CAHPR's national Strategy Board, this could also be expected to

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generate further strategic priorities that would inherently inform all of the other priority areas listed here.

6. **Identify specific opportunities for shared (cross-AHP) initiatives to support increased research capability building across all disciplines, especially to increase equity of access for all the AHP disciplines.**
The Think Tank discussions raised the potential benefits of increased cross-disciplinary AHP collaborative research capacity building initiatives, to specifically include academic writing and publication support, to be accessible to all AHP disciplines.
To some extent CAHPR has already progressed towards this aim, through reciprocal exchange of insights from the respective PB membership support systems and resources.
However, there is a particular need for facilitation of collaborative development of new resources and creative enterprises, including (but not limited to)
- mentorship for successful fellowship applications
- research career mentorship
- academic writing and publishing support
- access to bursary/subsidy for open access publication fees, specifically for practice-based work.

7. **Active support for pre-registration student teaching, learning and experience of research, innovation and service evaluation approaches, processes, environment and culture.**
The crucial importance of ensuring positive experiences of the research environment, culture and processes for all AHP pre-registration cohorts was acknowledged many times throughout the Think Tank discussions. Shaping expectations and appetites for career-long engagement both *with* and *in* research was agreed as fundamental to feed the "pipeline" of the future critical mass for the collective AHP community.

Recommendations arising from the discussions included the prospect of developing new teaching and learning resources aimed at equity of entry level capabilities, in a problem-based learning framework, that could be transferrable to all AHP disciplines.

Within the spectrum of research, innovation and evaluation approaches, it was also recommended to explicitly include a focus on Real World Evidence, including routinely collected data.

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8. **Active promotion of specific research responsibilities in AHP job roles/descriptors and career pathways; including templates and business cases for clinical-academic posts.**
The Fishbowl interview panel session that formed part of the Think Tank Discussion Theme Two, focused very explicitly on the respective advantages and constraints of three distinctive contractual models for clinical-academic posts.
Experienced voices informed the ensuing reflections and debate about potential solutions to these challenges; particularly acknowledging the strategic drivers for both HEI and for service provider organisations.

The consensus recommendation from the Think Tank was the call for investment in the development of template job descriptions and business cases, which could subsequently be fit for purpose to be adopted by individuals, departments and organisations.

In addition, there is a recognition of the need for formal facilitation to secure increased commitment to partnership working by the key sectors (HEIs, provider organisations and commissioners of (ICB) services, based on a foundation of identifying shared strategic aims.

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APPENDIX 1 – AHP Research Think Tank pre-event Briefing Pack

Event purpose
This event is being held as a "Think Tank to focus on strategic responses to the AHP
Research Summit recommendations".

The purpose of this event is to continue the conversation that started with the successful
NIHR and HEE/NHSE- led AHP Research Summit last year in November 2022.
These discussions will be a key step in an ongoing co-production process involving all
stakeholders, including updates on progress so far and with a focus on strategic actions for
the next steps.

We will structure the discussions around key themes from the Summit recommendations,
aiming to generate specific strategic implementation approaches that may be differentiated
to reflect all the interdisciplinary disparities across our AHP disciplines, job sectors, work
roles, geographies and protected characteristics.

Variations across our collective AHP community will be a golden thread across the day, so
that we can learn to better appreciate each other's positions. Where we can identify some
successes in each of these areas under discussion today, we need to better understand and
spotlight the key influences - and how we could replicate progress in other contexts to make
this work in reality.

Event format
To enable us to capture the full breadth of everyone's input, the online session will be run in
a structured format that will include inviting participants to engage by submitting written
comments as well as opportunities for verbal discussions.

We are circulating this Briefing Pack to enable all participants to be able to reflect on our
key discussion topics in advance of the event. The synopses below, plus the attached reports
have been selected to provide important context and updates on directly related initiatives.
The brief reference list of recent publications is not intended to be exhaustive but has been
compiled and included here as a helpful additional resource, although participants may
already be familiar with many/all of these papers.

It is important for us to be able to contextualise the collective contribution of comments
and feedback generated in the discussions, so we will be asking everyone to specify the
relevant context and focus of your contributions to these discussions.

We have committed to deliver a "Lightning Report" within 48 hours after the event, to
include key points from these discussions.
The full report will be submitted shortly afterwards to Beverley Harden at NHS England, who
has commissioned this work.
This online session will be recorded for the purpose of supporting the report writing, but the
recording will not be made publicly available.

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Pre-event actions requested

We ask all participants to please reflect on the following questions **in advance of** the Think Tank event, to ensure that we maximise this opportunity to generate both breadth and depth of insights to address our stated purpose **to generate specific strategic implementation approaches that may be differentiated to reflect all the interdisciplinary disparities across our AHP disciplines, job sectors, work roles, geographies and protected characteristics.**

Please prepare your own notes in response to these prompts, specifically in relation to your own professional role and/or experience. (If you are unable to attend all/part of this event, or if you do not have the opportunity to input all your comments during the session, please email them directly to hazeroddam@gmail.com by 31st November at the latest).

Prompt questions ….

Theme One - Research Training, Development and Career awards	*To ensure that we maximise the opportunities from current and future awards and fellowships, how can we more systematically prepare prospective applicants, as well as securing commitment to support (for secondments etc) from their managers/organisations? Can we consider potential options for establishing a co-ordinated system for incremental mentorship, including facilitation of cross-disciplinary support?*
Theme Two - Clinical Academic joint appointments	*Can you identify exemplars of good practice of substantive appointments for clinical-academic posts that may be shared? What are the essential considerations for these contracts? Can we consider how to more effectively 'sell' the value/benefits to all relevant stakeholders?*
Theme Three Visibility of AHP research excellence	*Consider any potential strategic developments to address the need for more …* *- explicit transparency of AHP research/researchers in the REF metrics, especially in multi-professional research* *- guidance for future research designs to prospectively record AHP contributions* *- guidance for future research designs to include indicators of value and impact of AHP engagement (in and with research)* *- mentorship in academic writing and publishing* *- financial investment and/or subsidy for Open Access fees* *- new dedicated target journal/s for AHP Research and/or special issues in existing relevant journals* *Consider relative potential benefits and constraints of these identified option above, also possible combinations of proposals.*

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AHP Research Think Tank event – Outline agenda 29th Nov 2023 10am – 3pm

	10am	Welcome & overview of the event format	
		Recap on the purpose of this forum Update on the recent NIHR investment for research training and fellowships at all career stages	
	10.20	Theme One - Research Training, Development and Career awards	
	11.25	5 min comfort break	
	11.30	Theme Two - Clinical Academic joint appointments	
	12.35	Lunchtime pause	
	1.15	Theme Three Visibility of AHP research excellence	
	2.20	5 min comfort break	
	2.25	Recap of identified priorities from each of the 3 themes – specifically differentiated support needs across AHP disciplines	
	2.50	Comments on Next Steps – including reflection on the Summit recommendations for allocated actions	
	3pm	Thanks and Close	

Please note that we will send the online meeting link on 27th November.

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AHP Research Summit reports 2022 (Mapped to Think Tank discussion themes)

AHP Research Summit Recommendation/s		Think Tank themes
A - Health and care system drivers and enablers		
A1	Strategically influence the development of the NHS Workforce Plan to optimise its use as a lever to meaningfully contribute to system-level change.	
A2	Influence policies, principles and approaches used throughout the health and care system to ensure that the commissioning of services routinely incorporates active research-engagement in contracts and key performance indicators.	
A3	Explore the potential roles for, and development of, regional networks providing visible leadership, support and guidance, sharing best practice and bringing together the collective efforts and resources of related entities.	
A4	Revise the relationships between research-related expectations and (a) NHS bandings and (b) levels of practice (e.g. enhanced, advanced, consultant) to optimise effectiveness and ensure coherence between individual/organisational expectations and system-level drivers.	
B - Culture, environment and leadership		
B1	Strategic action to explore and secure funding to support the introduction of a substantive, high-level national position leading on AHP Research and Innovation.	
B2	Convene a strategic, time-limited working group to explore how to ensure that CAHPR is appropriately and sustainably funded.	
B3	Strategic leadership is required to develop systems and approaches that support and enable effective use of data at various levels (e.g. local, regional, national, and with regard to particular disciplines, marginalised groups across disciplines and employment contexts, etc.).	
B4	Convene a strategic, time-limited working group to identify how to most effectively and efficiently meet a number of commonly shared needs related to job planning, embedding a spectrum of research-engagement across all levels of practice and identifying potential solutions to common logistical challenges (e.g. securing backfill).	2
B5	Explore the availability of funding to support a time-limited project to engage the AHP community in identifying shared values to serve as a unifying foundation for collective efforts to expand AHP research and innovation.	
B6	Explore the availability of funding to support a time-limited project to re-conceptualise, enhance the visibility and support the expansion of research mentorship capacity.	1
C - Equity in research		
C1	Strategic allyship and action is required to identify funding to support the development, testing, evaluation and refinement of new, co-produced, evidenced-based actions required to re-shape systems and reverse the long-standing inequities experienced by AHPs from marginalised backgrounds when it comes to accessing and succeeding in research-related careers.	1
C2	Strategic action, allyship and collaboration with professional bodies is required to scope and secure funding to support targeted actions to further advance research engagement and related career opportunities across all AHP disciplines, with the aim of eliminating recognised professional under-representation.	1

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	D - Visibility and accessibility	
D1	Explore the potential to develop a strategic approach to centralising access a UK-wide pool of research-related resources. The aim would be to create a 'one-stop-shop' or portal to access myriad existing resources / opportunities then, over time, identify and address gaps.	1
D2	Explicitly linked to D1, explore development of a coordinated and strategic approach to significantly and sustainably enhancing the visibility and promotion of AHP research engagement and associated resources, opportunities, networks, etc. This could serve as a multi-layered influencing tool promoting the benefits of AHPs' engagement in research and innovation alongside practice, normalising it and supporting broad cultural change.	1
	E - University / service provider partnership and alignment	
E1	Strategic action to develop and widely promote guiding principles for equitably managing joint appointments across provider organisations and HEIs (e.g. clinical academic roles), based on strong and committed partnerships, a single job plan and joint appraisals.	2
E2	Strategic action to reposition the value of active research-engagement in all AHP disciplines – for academics / educators and throughout pre-registration curricula.	2 & 3
E3	Strategic influencing work to optimise equitable AHP contributions to and outcomes in future REF exercises.	3
E4	Explore the availability of funding to support evaluation of academic programmes providing pathways for pre-registration graduates to progress straight into doctoral studies and / or clinical academic pathways. This must include analysis of data regarding equity of access for under-represented disciplines and marginalised groups, and be a precursor to subsequent action to address resulting recommendations.	3
	F - Developing a sustainable pipeline	
F1	Convene a strategic, time-limited working group to review and where appropriate, bolster research-related content and expectations throughout (i.e. not confined to one or two modules) pre-registration curricula for all disciplines and all entry routes.	1
F2	Convene a strategic, time-limited working group/s to develop plans to address a number of possible initiatives to augment / expand the 'stepping stones' supporting the pipeline of research-engaged AHPs.	1

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Participant list of confirmed attendees

(other contributed comments will be acknowledged in the final report).

Name	Role/Organisation	Discipline/Sector
Hazel Roddam	Lead for AHP Research agenda, NHSE	SLT
Chris Nester	Professor, University of Keele	Podiatry
Jo Watson	Independent Academic Consultant	OT
Joy Conway	Professor, Brunel University	Physio
Pete Thompson	Director of NIHR Academy Programmes	NIHR
Sue Holtum	BAAT	Art Therapy
Jane Lester Bourne	BaDTh	Drama Therapy
Johnathon Pool	BAMT	Music Therapy
Nicky Eddison	BAPO	Prosthetists & Orthotists
Judy Lawrence	BDA	Dietetics
Lauren Hepworth	BIOS	Orthoptists
Julia Williams	College of Paramedics	Paramedics
Matt Liston	CSP	Physio
Hannah Abbott	ODP	ODP
Mike Donnellon	ODP	ODP
Dawn Carnes	Institute of Osteopathy + Chair of CAHPR national Strategy Board	Osteopathy
Gillian Ward	RCOT	OT
Amit Kulkarni	RCSLT	SLT
Benjamin Bullen	Royal College of Podiatry	Podiatry
Rachel Harris	SCOR	Radiography
Lisa Roberts	Clinical Professor	Physio
Maria Avantaggiato-Quinn	AHP Director, NENC ICB	OT
Kate Grafton	Vice Chair CAHPR Strategy Board	Physio
Harriet Shannon	Vice Chair CAHPR Hub Leaders	Physio
Ruth Strudwick	Vice Chair CAHPR Hub Leaders	Radiography
Linda Hindle	Deputy CAHPO at OHID	AHP Public Health
Robyn Cooke	Policy & Research Officer, CoDH	HEI
Ed Hughes	CEO, Council of Deans	HEI
Ruth Mhlanga	Chief AHP, South Tees	Physio
Christina Malamateniou	Postgrad Programme Director, City Uni	Radiography
Caroline Alexander	Professor of Practice + Lead Clinical Academic for AHP, Imperial NHS Trust	Physio
Lisa Newington	Postdoc researcher, Imperial NHS Trust	Physio
Cherry Kilbride	Lead AHP for research, Royal Free + Professor of Neurorehab, Brunel Uni	Physio
Christine Comer	MSK Clinical Education lead, Community NHS Trust	Physio
Jill Halstead-Rastrick	Clinical Lead for research, Leeds NHS	Podiatry

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Denise Ross	Head of Academic Development, Leeds NHS	Physio
Helen Walcott	Clinical Improvement Florence Nightingale Fellowship	Physio
Lisa Robinson	Consultant AHP	Physio
Beth Baldock	R&D Manager for Kent Community NHS FT	R&D Manager
Ellie Kieller	BaDTh	Drama Therapy

Supplementary sources

1. **AHP Summit report** https://cahpr.csp.org.uk/content/nihr-hee-ahp-research-summit (also sent as an attachment)

2. **NIHR new investment in research announced August 2023** (see below for the 10 key investment areas specified)

3. *Advancing research careers for under-recognised groups in Allied Health Professions (AHPs) across the South West*

4. *Building Allied Health Professional Research Capacity, an Organisational Implementation tool* (see synopsis below)

5. **The value of allied health professional research engagement on healthcare performance: a systematic review** (see synopsis below)

6. *Understanding research quality in Higher Education Institutions providing AHP workforce training – a view through the lens of the 2021 Research Excellence Framework submissions* (see synopsis below)

7. **Short bibliography of selected recent publications, relevant to today's discussions - incl links to source publications** (see below)

Supplementary Sources – 2

NIHR new investment in research announced August 2023 for all Health Care Professions (HCPs) https://www.nihr.ac.uk/news/extra-30m-a-year-to-boost-research-careers-for-healthcare-professionals/34213

Following the Summits, through a series of workshops and discussions with leaders from the NHS, NIHR Academy, NIHR CRN Workforce and Organisational Development, and leaders from NHSE Chief Nursing Office a Programme of strategic and targeted investment was proposed to maximise NIHR's ability to address the identified barriers at different career stages covering both an academic and non-academic research pathway. This collectively represents a 'one-NIHR' approach to strengthen career opportunities for these underserved professions.

1. Provide an NIHR INSIGHT Programme: to attract HCPs into research careers early in their pre-registration training. We expect to fund up to 300 places.

2. Expand ICA Internships: Internships provide opportunities for qualified professionals to get short-term R&D experience and serve to open them to potential career opportunities. We expect to award 300 internships per annum.

3. Bursaries for NIHR-AoMRC Clinician Researcher Credentials Framework: This scheme provides the skills and recognition needed for healthcare practitioners from any profession to support and lead clinical research delivery as Principal Investigators/Chief Investigators. Bursaries will increase from the current level of 30 PGCert and 30 MRes per annum to 120 PGCert and 140 MRes per annum.

4. Accelerate for Impact (A4i) awards: A new stream to the current DSE scheme, these awards will accelerate post-doctoral careers through individual role development and the impact of research that addresses the needs of local, regional and national populations. The programme will be open to all HCPs within 5 years of PhD completion to increase the access to career critical postdoctoral development.

5. HCP In-practice Fellowships: The current NIHR In-Practice Fellowship offers pre-doctoral academic training to General Practitioners (GPs), General Dental Practitioners (GDPs) and Community Dentists, at all career stages to provide entry level training for clinicians who potentially haven't held any previous formal academic post undertake formal research training. This will be expanded to a wider range of primary care professions by extending the eligibility criteria and the number of posts available to allow professionals working in practice such as community nurses, health visitors and community pharmacists to gain access to research training, giving them the skills, experience and confidence to develop a career involving research and practice. The expanded number of posts will be for nonmedical professions who have not previously been able to access the scheme.

6. Expand support for HCPs through NIHR Application Development Awards: We will provide targeted investment for HCPs through existing NIHR Application Development Awards to provide funding to carry out preparatory work prior to a standard NIHR research application. These awards support activities that will develop academic and/or practitioner research networks or partnerships, whilst undertaking underpinning development work to add to the current knowledge base to ultimately support and inform applications to NIHR Programmes via a commissioned call or

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researcher-led workstreams. In addition there will be further calls through Research for Patient Benefit (RfPB) targeting under-represented professions as 3 lead applicants, which will cover HCPs and see an increase in HCPs as CIs, and the development of HCP Early Career Researchers, within NIHR research programmes.

7. New Generation Senior Clinical and Practitioner Research Awards: The previous HEFCE Senior Lecturer programme for medical clinical academics, was transformational in supporting a new generation of research qualified clinicians working across the interface between the NHS and academia. We will pilot a New Senior Clinical and Practitioner Research Award, with ongoing support and career development. The posts will offer greater flexibility in terms of research commitment (up to 50% research time but at least one day a week) and longer duration to encourage sustainability (5 years with an option to review and extend for a further 3 years). The scheme will be open to all clinicians but prioritised towards under-represented professions and specialties. This will enable HCPs to be prioritised to ensure all fundable applications from this group are ultimately funded.

8. New Clinical Research Leader Programme for AHPs: For AHPs there is significant underrepresentation of clinical research leadership in comparison to those in the medical, nursing and midwifery professions. We will establish a new Clinical Research Leaders programme for AHPs to run alongside the existing Senior Research Leaders Programme for Nurses and Midwives.

9. NIHR Associate Director for Allied Health Professions: The AHP community is made up of an extremely diverse range of professions. NIHR needs to ensure shared and profession-specific challenges are considered in our activities, which is currently underrepresented in the NIHR leadership. Therefore, building on the success of the NIHR Director of Nursing and Midwifery post, we propose an additional Associate Director post focussed on AHPs who will work with the NIHR Director of Nursing and Midwifery to assist with the strategic development and implementation of these initiatives.

10. NIHR Regional Research Leadership Offices for HCPs: To promote and coordinate opportunities across all non-medical professions, we will establish infrastructure to support HCP development through 12 Regional Research Leadership Offices. These will cover the same footprint as the 12 Regional Research Delivery Networks and will be established from September 2024. The NIHR Regional Research Leadership Offices (RRLOs) will be a small team that provide a focal resource at a regional level (with national reach) to coordinate, facilitate, harmonise and drive research career development, training and support, building upon existing support and opportunities such as those provided through NIHR Infrastructure. This will increase coordination and support, including sharing of best practice, for all forms of research capacity and capability development, promote and sign-post national and regional opportunities; facilitate cross-organisation system working to ensure consistent and equitable opportunity for research-related training and career development. Professor Ruth Endacott NIHR Director of Nursing & Midwifery May 202

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Supplementary Sources – 3

Advancing research careers for under-recognised groups in Allied Health Professions (AHPs) across the South West

Content

Funded by NHS England, and in collaboration with CAHPR South West, Katie Williams is leading this project with aims to support the implementation of the South West Developing a Research Skilled Workforce strategy 2023 – 2026, specifically the strategic aim to improve access and equity.

The first phase of the project is to explore and consensus-build who AHPs and AHP support workers, across the southwest, feel are 'under-recognised in AHP research career progression'. This will be done via virtual co-production workshops which are being held over November 2023.

The second phase of the project will be to explore the barriers and enablers to research career development, research delivery and research leadership for the under-recognised group defined in phase one.

The third phase of the project will be to create a summary report to identify how access and equity can be improved for the defined under-recognised group within AHPs across the South West.

Katie Williams

School of Health and Wellbeing | College of Health, Science and Society

UWE | Glenside Campus | 2G05/1H30 | Blackberry Hill, Bristol | BS16 1DD

T: 07788218336

E: katie22.williams@uwe.ac.uk

Twitter: @k_a_williams01

Working Days: Thursday-Friday

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Supplementary Sources – 4

Building Allied Health Professional Research Capacity, an Organisational Implementation tool

The organisational implementation tool has been designed as a practical guide for health and care organisations to develop their research capacity-building programmes. It offers ideas on activities to build research confidence and culture alongside a strategic aim of developing relationships between universities and health and care organisations.

Where relationships between universities and health & care organisations are a core part of the tool, stakeholder engagement has been critical in developing themes on what good research capacity building looks like to all. These themes have then been united to create collaborative values which are woven through the tool, aligning practical activities with the reasons why they are important.

Where debates arise around what is meant by research, the tool chooses to involve both research *with* clinicians, as research deliverers and research developed *by* clinicians. The tool has been designed to be used in all organisations, whether they have research-active AHP leaders or they are just starting. It aims to provide the answer for those who are asking, not why AHPs should be involved in research, but how to do it and where to start.

My contact details, should people wish to contact me are:
Helen Walcott
Neurological Physiotherapist, Frimley Health
Lecturer in professional practice, Brunel University
helen.walcott@nhs.net
@HelenWalcott6

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Supplementary Sources – 5

Chalmers et al 2023 *The value of allied health professional research engagement on healthcare performance: a systematic review*
https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09555-9

This is a landmark publication that examined the value of research engagement by allied health professionals and organisations on healthcare performance.

"This review supports the agenda for growing AHP research and innovation, and the findings generated have developed our understanding of the value of research engagement to assist AHP clinicians, managers, leaders, and academics to evaluate potential AHP research and innovation activities".

"Mechanisms that support research engagement may already be available and achievable within current organisational systems and processes, provided that there is a more equitable and proportionate investment commitment to facilitate this proactively for the AHP workforce. To secure the requisite investment, the value of AHP research engagement needs to be 'sold' to service providers and commissioners in the currency of the organisations' priorities for workforce transformation, safety culture, and quality of service user experience."

Recommendations for the design of future research studies: *"Whilst it is very encouraging to see explicit evidence of AHP research activities in this review sample, further clarity of reporting is recommended about the AHP participants, especially within multi-disciplinary teams and services. In some of the included studies, for example rehabilitation teams in specified clinical specialisms, the AHP contingent of the workforce is implicit only. Of the included studies, only five of the registered AHPs were named (occupational therapists, physiotherapists, speech and language therapists, paramedics, and radiographers)."*

…*"Our review has highlighted the need for greater specificity in future study protocols. Specifically, this includes the transparency of AHP workforce participation in uni- and multi-professional contexts, research engagement activities, and outcomes. In addition, our review has demonstrated the priority need for explicit consensus on the most relevant and appropriate indicators of value and impact of AHP research engagement."*

Supplementary Sources – 6

Understanding research quality in Higher Education Institutions providing AHP workforce training – a view through the lens of the 2021 Research Excellence Framework submissions
(NB this source is an Internal Report submitted to HEE 2023 by Professor Chris Nester, not yet publicly available. A paper publication is forthcoming, that will be accompanied by national comms)

"All references to an AHP were coded (the AHP discipline concerned, the HEI, and the UoA in which it appeared) and evaluated for its "strength" ((1) clear and obvious reference to AHP research or (2) possible link). The latter were checked by a second referee (me) with the researcher (Kate) (>1000's) to start to define a clear boundary between "AHP research" and "Not AHP research". The results above are the outcome of that filter process and you will see we have graded the strength of any link to an AHP."

"The strength of reference to a AHP in the Environment Statement was very different for different professions. The challenge of keyword searching like this was captured through case examples of reference to different professions. Some were easy to identify (e.g. podiatry), others very difficult/impossible, such as dietetics (see the word document attached). This means we cannot rust that professions have equally opportunity for their research to be found."

"Around 2/3rds of AHP associated research is in REF UoA3, but 1/3rd is spread across several other UoA (we looked at all UoA) – e.g. almost all Music Therapy was in Music UoA, not UoA3."

The top headline findings
i) *" the AHPs that have research activity where training also occurs are Physio and SLT, with most others having a mix. Some AHPs have lots of HEIs doing research in their area and yet there is no AHP training at the HEI – e.g. P&O".*

ii) *"The REF is unworkable as an effective lens on AHP research activity. Challenges with terminology related to the nature of AHP practice and the health conditions AHPs address, plus the naturally multidisciplinary work AHPs do, means that carving a trustworthy boundary around "AHP research" and research by individual AHP disciplines is very difficult".*

iii) *"There is no evidence of sector wide, high quality research activity across AHP disciplines."*

iv) *"Research activity is not proportional to the size of the professions nor consistently coinciding with AHP training provision. 50% of AHP training provision occurs in HEI settings that show no evidence of research activity related to that discipline (in their REF submissions)."*

v) *"Research experiences during pre-registration training is likely to be highly variable and the impact of this on career long engagement in research warrants attention".*

vi) *"Research activity relevant to AHP disciplines was very modest in most cases".*

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Supplementary Sources – 7

The value of allied health professional research engagement on healthcare performance: a systematic review. Chalmers et al (2023)
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Could you give me a leg up …? Models, frameworks and support structures to help aspiring clinical academic speech and language therapists. Harrall et al (2023)
https://onlinelibrary.wiley.com/doi/10.1111/1460-6984.12969

Building Research Capacity for Impact in Applied Health Services Research Partnerships Comment on "Experience of Health Leadership in Partnering With University-Based Researchers in Canada – A Call to "Re-imagine" Research". Cooke (2021)
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Enablers and barriers to progressing a clinical academic career in nursing, midwifery and allied health professions: A cross-sectional survey. Avery et al (2021)
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Embedding research (ER) led by nurses, midwives and allied health professionals (NMAHPs): the NMAHP-ER model Whitehouse et al (2021)
https://bmjleader.bmj.com/content/leader/early/2022/04/21/leader-2021-000578.full.pdf

The rise and rise of NMAHPs in UK clinical research. Jones & Keenan 2021
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8285130/pdf/futurehealth-8-2-e195.pdf

Developing sustainable nursing and allied health professional research capacity. Twelvetree et al (2019)
https://pubmed.ncbi.nlm.nih.gov/31468859/

Development of a framework and research impact capture tool for nursing, midwifery, allied health professions, healthcare science, pharmacy and psychology (NMAHPPs). Newington et al (2023)
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Florence Nightingale's legacy for clinical academics: A framework analysis of a clinical professorial network and a model for clinical academia. Pattison et al (2021)
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Weaving a clinical-academic career: Illuminating the method and pattern to follow. Di Bona, Field, Read & Jones (2018)
https://www.researchgate.net/publication/326063676_Weaving_a_clinical_academic_career_Illuminating_the_method_and_pattern_to_follow

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APPENDIX 2 – AHP Research Think Tank Discussion session Padlet Links*

(*All Padlet links are still open for additional comments)

Discussion Theme One - Research Training, Development and Career awards

To ensure that we maximise the opportunities from current and future awards and fellowships, how can we more systematically prepare prospective applicants, as well as securing commitment to support (for secondments etc) from their managers/organisations?

Can we consider potential options for establishing a co-ordinated system for incremental mentorship, including facilitation of cross-disciplinary support?

Research Training, Development and Career awards (padlet.com) (70+ comments to date)

Discussion Theme Two - Clinical Academic joint appointments

Can you identify exemplars of good practice of substantive appointments for clinical-academic posts that may be shared?

What are the essential considerations for these contracts?

Can we consider how to more effectively 'sell' the value/benefits to all relevant stakeholders?

Clinical Academic joint appointments (padlet.com) (still open for comments)

Discussion Theme Three Visibility of AHP research excellence

Consider any potential strategic developments to address the need for more …
- explicit transparency of AHP research/researchers in the REF metrics, especially in multi-professional research
- guidance for future research designs to prospectively record AHP contributions
- guidance for future research designs to include indicators of value and impact of AHP engagement (in and with research)
- mentorship in academic writing and publishing
- financial investment and/or subsidy for Open Access fees
- new dedicated target journal/s for AHP Research and/or special issues in existing relevant journals

Consider relative potential benefits and constraints of these identified option above, also possible combinations of proposals.

Visibility of AHP research excellence (padlet.com) (still open for comments)

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