

Education Reform Commission 2024/25

Royal College of Occupational Therapists on behalf of the Community for Allied Health Professions Research



Contents

1. Executive Summary.....	4
1.1. Overview of the project’s purpose and scope.....	4
1.2. Summary of key achievements, challenges, and outcomes.....	4
1.3. Final recommendations.....	4
2. Workstream Overview.....	5
2.1. Background and context.....	5
2.2. Project objectives and intended outcomes.....	5
2.2.1. Workstream 1 objective and key deliverables.....	6
2.2.2. Workstream 2 objective and key deliverables	6
3. Workstreams Overview.....	6
3.1. Workstream 1. Work Package 1: Creation of an online research resource bank for CAHPR website.....	6
3.1.1. Objectives.....	6
3.1.2. Achievements and Outcomes.....	6
3.1.3. Implementation.....	7
3.1.4. Long-term impact and sustainability considerations.....	7
3.2. Workstream 1. Work Package 2: Creation of a campaign plan for equitable access to research funding for AHPs.....	7
3.2.1. Objectives.....	7
3.2.2. Achievements and Outcomes.....	8
3.2.3. Implementation.....	8
3.2.4. Long term impact and sustainability considerations.....	8
3.3. Workstream 2. Work Package 1: Mapping of the UK practitioner - academic / clinical - academic workforce.....	9
3.3.1. Objectives.....	9
3.3.2. Achievements and Outcomes	9
3.3.3. Implementation.....	9
3.3.4. Long-term impact and sustainability considerations.....	10
3.4. Workstream 2. Work Package 2: AHP research leadership map and strategic engagement plan.....	10
3.4.1. Objectives.....	10

3.4.2. Achievements and Outcomes.....	11
3.4.3. Implementation.....	11
3.4.4. Long-term impact and sustainability considerations.....	11
4. Challenges and Lessons Learned	11
4.1. Changes to CAHPR as an organisation.....	11
4.1.1. Challenge.....	11
4.1.2. How this was addressed.....	12
4.1.3. Lessons learned for future projects.....	12
4.2. Timely communications to a wide variety of interest holders.....	12
4.2.1. Challenge.....	12
4.2.2. How this was addressed.....	12
4.2.3. Lessons learned for future projects.....	13
5. Recommendations and Next Steps.....	13
5.1. Recommendations for sustaining project outcomes.....	13
5.2. Suggested follow-up actions or future projects.....	14
6. Acknowledgments.....	15
7. References.....	16

1. Executive Summary

1.1. Overview of the project's purpose and scope

The CAHPR Accelerator Project (CAP24) aimed to support the collective AHP research and innovation agenda across all four nations. This project was undertaken to create assets for the Community for Allied Health Professions Research (CAHPR) to deliver value to the collective AHP workforce. CAHPR's membership comprises all 14 AHP Professional Bodies regulated by the Health and Care Professions' Council (HCPC).

The four key areas of focus (as listed in the bullet points in 1.2) expressly addressed the consensus priorities raised in the AHP Research Think Tank event that was convened in November 2023 namely accessible research resources; increasing investment for AHP research; accurate intelligence about the number of AHPs in joint practitioner-academic roles; increased strategic engagement with key interest holder partners.

The overarching aim of the project was to accelerate the pace of transformational change needed to assure achievement of the highest quality research and reputation for the collective allied health research and innovation community.

1.2. Summary of key achievements, challenges, and outcomes

Four workstreams were undertaken and completed within this project, delivered on time and within budget

- A research resource bank for the CAPHR website.
- A campaign plan to support CAHPR in lobbying funders of research for more equitable access to research funding for AHPs across all four nations.
- Mapping our AHP practitioner-academic / clinical-academic workforce – against the NHS Long Term Plan's stated ambition to achieve 1% of the AHP workforce in these roles by 2030.
- A leadership map of roles with strategic influence across the UK-wide AHP research landscape and development of a strategic engagement plan for CAHPR.

1.3. Final recommendations

Resource assets have been delivered to CAHPR along with a guidance pack comprising recommendations for maximising these assets, with advice on implications for ongoing sustainability. Specifically with regards to implications for future management and oversight capacity, as CAHPR is a voluntary organisation.

The implementation of these assets will benefit the wider AHP workforce through protecting and promoting excellence in research, innovation and evidence-based care.

2. Introduction

2.1. Background and context

Health Education England's Allied Health Professions' Research & Innovation Strategy for England (2022)¹ sets out three strategic vision areas that are needed to accelerate the pace of transformational change to assure achievement of the highest quality and reputation for the collective allied health research and innovation community. These are:

- Transformation of Allied Health Professions (AHP) professional identities, culture and roles
- Delivery of excellence in evidence-based Allied Health practice.
- National strategic research agendas and priorities are explicitly inclusive of Allied Health research and innovation.

The CAHPR Accelerator Project (CAP 24) was commissioned in direct response to address these priority areas. The project supports the ambitions of the NHS Long Term Workforce Plan², We are the NHS People Plan 2020/21³ and NHSE's AHP Strategy for England – 2022-2027 AHPs Deliver⁴.

2.2. Project objectives and intended outcomes

CAP24 aimed to support the collective AHP research and innovation agenda across all four nations.

The overarching aim of the project was to accelerate the pace of transformational change needed to assure achievement of the highest quality research and reputation for the collective allied health research and innovation community. The four key areas of focus address the consensus priorities raised in the AHP Research Think Tank event convened in November 2023. The areas of focus were: Accessible research resources; increasing investment for AHP research; accurate intelligence about the number of AHPs in joint practitioner-academic roles; increased strategic engagement with key interest holder partners.

CAP24 was undertaken on behalf of the collective AHP research community represented by CAHPR. The project assets (resources plus a handover guidance document) were delivered to CAHPR's Strategy Committee. Recommendations were made for immediate roll-out and for longer-term sustainability considerations, specifically with regards to implications for future management and oversight capacity, as CAHPR is a voluntary organisation.

The project objectives and intended outcomes were as follows:

2.2.1. Workstream 1 objective and key deliverables

Objective: To identify specific opportunities for shared (cross-AHP) initiatives to support increased research capability building across all disciplines, with a focus on equity of access for all the AHP disciplines to research funding.

Key Deliverables:

1. A research resource bank for the CAPHR website
2. A campaign plan to support CAHPR in lobbying funders of research for more equitable access to research funding for AHPs across all four nations

2.2.2. Workstream 2 objective and key deliverables

Objective: To create a dynamic and influential AHP professoriate and senior research leadership network with a strong emphasis on community engagement, leadership mapping and defining the clinical academic workforce. The primary focus will be on fostering collaboration, knowledge exchange, and active involvement with the community.

Key deliverables:

1. Mapping our AHP practitioner academic / clinical academic workforce - who, what, where, with recommendations to achieve ambition of NHS long-term plan² for 1% of the AHP workforce in practitioner academic / clinical academic roles by 2030.
2. A completed leadership map of roles with strategic influence across the AHP research landscape and the coordination of a working group to co-produce a strategic engagement plan.

3. Workstreams Overview

3.1. Workstream 1. Work Package 1: Creation of an online research resource bank for CAHPR website

3.1.1. Objectives

To create an online research resource bank to provide information and support to AHPs at any career stage with an interest in research and innovation. The resources will be freely available on CAHPR's website.

3.1.2. Achievements and Outcomes

- We created and launched CAHPR's first AHP Research Funding Directory – a comprehensive directory of the research funding streams open to AHPs across the UK. It includes four nation government funding for research, AHP professional body

funding and a wide range of other funders of AHP research (including charities). This is now available for free open access via the CAHPR website.

- We collated and developed a range of additional research resources for all AHPs to access freely via the CAHPR website. These include lists of uni-profession and cross-profession research networks, resources to support academic writing and writing for publication, resources to support research capacity, culture and capability building and measuring research impact.
- We created and launched a new resources section devoted to innovation, improvement and quality improvement on the CAHPR website.

3.1.3. Implementation

Using CAHPR's communication channels we have ensured that there have been announcements about the upload of these new resources on CAHPR's website, to promote awareness across all levels of the AHP workforce and to the AHP professional bodies.

3.1.4. Long term impact and sustainability considerations

- Long term impact: These extensive resources will provide a wealth of information and support for AHPs at all stages of their research and innovation journeys, enabling the further development of a research active AHP workforce.
- Sustainability considerations: Due to the constantly changing research funding landscape, it is recommended that the AHP Research Funding Directory should be reviewed quarterly to ensure that it remains an up to date and valid resource. All other resources should be reviewed yearly. These reviews will be led by CAHPR.

3.2. Workstream 1. Work Package 2: Creation of a campaign plan for equitable access to research funding for AHPs

3.2.1. Objectives

We will create resources to support CAHPR and the 14 AHP professional bodies in campaign planning to lobby for AHPs to have equitable access to research funding. The overarching aim is to support the AHP research community in securing greater funding investment; with explicit and transparent equity across the AHP disciplines, geographies, work sectors and diversity of protected characteristics. It will build on the principles of fair, accessible and inclusive research.

3.2.2. Achievement and Outcomes

- We facilitated extensive interest holder engagement to inform this work package including with the CAHPR South West Hub, Advancing research careers in under-recognized AHP project team and the Fair, Accessible, Inclusive Research for AHPs (FAIRResearch) project team ([Equity, Diversity and Inclusion - CAHPR](#)).
- We created a detailed campaign briefing document which presents the current inequities in the funding of AHP research, suggested solutions to address these inequities and the evidence base to support this, highlighting where data is lacking.
- We commissioned an external consultant who is a specialist in campaigning, and we collaboratively created a lobbying campaign plan and adaptable resources to support its implementation titled: **Mind the Gap: Closing the disparity in AHP research funding**. This package includes:
 - Campaign outline and step by step guide for implementation
 - Resources to support the campaign delivery including email / letter templates, presentation slide deck to support meetings with funders and a 'tracker' to keep an up-to-date record of campaign progress

3.2.3. Implementation

The CAHPR Strategy Committee has ownership of and responsibility for this Campaign package. They will lead on implementing this campaign and retain oversight by using the tracker to record activity and to evaluate outcomes. The 14 AHP Professional Bodies who form the CAHPR Strategy Committee, as well as the regional CAHPR Consortia and local Hubs may all use the campaign resources to engage with specified research sponsors, at national, regional and local levels respectively.

3.2.4. Long-term impact and sustainability considerations

- **Long term impact:** The comprehensive briefing document, campaign plan and resources to support the delivery of the campaign provide CAHPR with the tools it needs to lobby funders of research for more equitable access to research funding for AHPs. Through this campaign CAHPR aims to achieve substantial and sustainable research funding investment for the benefit of the collective AHP research community. This campaign plan has been designed to highlight inequity of funding between AHPs and other professional groups (including medical research careers), inequity between the AHP disciplines, inequity of funding opportunities across the four nations and inequity of access in terms of protected characteristics. This targeted lobbying of research funders will potentially support increased research capacity and capabilities of the UK AHP workforce.

- **Sustainability considerations:** CAHPR will lead in administering this campaign plan and the 14 AHP professional bodies that form the CAHPR strategy committee may also take a lead for lobbying specific funders that are of importance to their respective professions. The resource implications of campaigning (financial and in-kind) will be dependent on the scale and timing of each respective use of the campaign package.

3.3. Workstream 2. Work Package 1: Mapping of the UK practitioner - academic / clinical - academic workforce

3.3.1. Objectives

We will establish a robust set of metrics and methods to map the UK AHP clinical-academic/practitioner-academic workforce, including a pilot phase to assess feasibility.

3.3.2. Achievement and Outcomes

- We have facilitated extensive interest holder engagement in this workstream, including the creation of a very engaged consultation group. This included research leads from AHP professional bodies, representatives from the Council of Deans of Health, the NIHR Assistant Director for AHP Research, AHP practitioner-researchers and NHS managers with responsibility for AHP research capacity building.
- We collaboratively established the optimal metrics and methodology to map the UK clinical-academic/practitioner-academic workforce.
- We designed and piloted the first “Mapping the UK AHP Practitioner – Academic / Clinical – Academic Workforce Survey”. RCOT ethics approval was obtained to allow RCOT to host the pilot and the UK-wide roll out of the survey. Analysis and communication plans were agreed.
- The “Mapping the UK AHP Practitioner – Academic / Clinical – Academic Workforce Survey” was launched nationally. It closed on 09 February 2025, with 353 responses.
- We analysed the data and are writing up the results for journal publication (expected to be completed shortly post project close). A high-level internal report for CAHPR summarising the key findings was produced. The CAHPR Strategy Committee will have access to the full anonymised dataset, including profession and geography specific analyses.

3.3.3. Implementation

The survey results have the potential to be used as powerful and effective political leverage for increased commitment and support for further development of AHP practitioner-academic roles. This case will be strengthened through the high-level visibility of a robust scientific publication with independent peer review.

Prior to publication, there is a level of sensitivity to protect the data; so, the transfer of these reports to CAHPR will accordingly carry an initial embargo until publication.

3.3.4. Long-term impact and sustainability considerations

- **Long Term Impact:** The results of the survey provide essential baseline data, highlighting ‘parity and equity’ of research roles and opportunities across specialisms, across the UK. We have gained a greater understanding of:
 - How AHP practitioner-academic and AHP dedicated research time are facilitated
 - How AHP practitioner-academic and AHP dedicated research time are funded.
 - The reported security of such roles/funding
 - Reported perceptions of key operational/organisational supports.

This invaluable dataset will support benchmarking and inform strategy development and targeted support, lobbying and influencing to strengthen our AHP research communities. It will also allow us to identify learning from optimal models for Practitioner-Academic roles.

Respondents were able to enter a unique code to allow their responses to be anonymously tracked and compared in future administrations of the survey, adding further intelligence and insights.

- **Sustainability considerations:** CAHPR’s Strategy Committee has ownership of the survey template, administration plan, analysis plan and communication plan. We have also delivered a summary of ‘lessons learned’ and recommendations to improve future administration of the survey. CAHPR has responsibility to lead future administration of the survey, recommended optimally every two years. This will demand resourcing of appropriate expertise and capacity for the survey conduct, analysis and report writing.

3.4: Workstream 2. Work Package 2: AHP research leadership map and strategic engagement plan

3.4.1. Objectives

A completed leadership map of roles with strategic influence across the AHP research landscape and creation of a strategic engagement plan.

3.4.2. Achievement and Outcomes

- We facilitated extensive interest holder engagement to inform this workstream, including holding a range of consultation conversations with those in strategic leadership roles.
- We have collaboratively and comprehensively mapped strategic leadership roles with influence in the AHP research landscape across the UK.
- We have developed a tool to support CAHPR regional hubs in mapping their own local leadership roles with strategic influence.
- We have explored how best to establish effective and meaningful two-way communication between strategic leaders and CAHPR through a series of internal and external consultation conversations. This has informed the development of recommendations for CAHPR to proceed in more strategic engagement at all levels, nationally, regionally and locally.

3.4.3. Implementation

The mapping tool and engagement plan were delivered to CAHPR's Strategy Committee. Recommendations were made for immediate implementation and for longer-term sustainability considerations.

3.4.4. Long-term impact and sustainability considerations

Long-term impact: Mapping strategic leadership roles and creating stronger more effective routes of communication will enable CAHPR to increase its potential for influencing the collective AHP research agenda, including more efficient, effective and timely outward communication. These strengthened networks will also ensure greater currency and accuracy in intelligence gathering and inbound communication, to enable CAHPR's Strategy Committee to remain fully informed of the changing political and environmental influences on our shared AHP research agenda.

Sustainability considerations: At the present moment, CAHPR's Strategy Committee are finalising their governance processes and policies as a newly formed Community Interest Company (CIC), before being fully ready to implement all the strategic engagement recommendations.

4. Challenges and Lessons Learned

4.1. Changes to CAHPR as an organisation

4.1.1. Challenge

Throughout the course of this project, CAHPR has undergone some very considerable organisational changes. An initial application to become a charitable incorporated organisation (CIO) was unsuccessful, and a director was appointed and left after a short

time. However, in the past few weeks CAHPR has been successfully established as a Community Interest Company (CIC); with some operational and governance priorities of this transition still being finalised. It remains CAHPR's strategic intention to continue strengthening their eligibility to successfully achieve CIO status in the future.

During this same timescale, it has been noted that CAHPR's leadership are increasingly being invited as key partners in national level policy development initiatives. This is directly attributable to the sustained and dedicated efforts (since publication of the AHP Research and Innovation Strategy, 2022) to boost CAHPR's visibility and recognition as the credible authority representing the AHP research agenda.

This period of rapid organisational and contextual changes has presented some challenges to CAP24, most specifically in terms of gaining consensus on the focus, form and function of the research leadership mapping and engagement plans.

4.1.2. How this was addressed

From the outset of the CAP24 workstreams, we have worked flexibly and responsively to all the organisational changes within CAHPR.

Throughout the duration of the project we reported regularly to the CAHPR Strategy Committee, to ensure full reciprocal transparency of ongoing developments; specifically, where we had identified potential overlap or risk of duplication of conversations.

In addition, we recruited a small Advisory Group from the wider membership of CAHPR's Strategy Committee. We met quarterly with this group for advice and guidance.

4.1.3. Lessons learned for future projects

We recommend that an Advisory Group is essential to ensure sense-checking and to assure the balance between adherence to the project commission and responsiveness to rapidly changing contextual factors and influences.

4.2. Timely communications to a wide variety of interest holders

4.2.1. Challenge

All 14 AHP professional bodies were major interest holders in this project. Each professional body has its own internal and external communication strategies and varied resources. This presented some difficulties in for example cascading information about the 'Mapping the UK Practitioner-Academic / Clinical-Academic Workforce Survey' to all of the professional bodies' membership within the CAP24 tight timelines. For example, some of the AHP professional bodies send information bulletins to their membership quarterly - given CAP24's very tight timescales the project team were not able to account for this.

4.2.2. How this was addressed

CAP24 team collaborated with the CAHPR strategy committee who were a real asset in supporting the cascade of information, as were the interest holder links the CAP24 team had and made throughout the project who were able to personally support in cascading information to their networks.

Extra emphasis was placed on social media updates to reach the widest target audiences.

4.2.3. Lessons learned for future projects

We recommend that future projects consider the varied resources and communication strategies of each AHP professional body and plan in a minimum of three months for information to be shared by all to their membership.

5. Recommendations and Next Steps

5.1. Recommendations for sustaining project outcomes

1. Quarterly review of the CAHPR AHP Research Funding Directory, to be completed. Future support options for this may include inviting CAHPR Hub members to work on this on a 'task and finish' basis, under guidance from some of the AHP professional bodies' research and innovation teams. Students on placement with professional bodies could contribute towards these updates.
2. Annual review of the new resources added to the CAHPR website to ensure that they remain up to date and valid sources of information. This should be led by CAHPR Strategy Committee, with potential options for resourcing this as outlined above.
3. CAHPR will need to determine the optimal timing for the commencement and implementation of the campaign plan to lobby research funders. The Tracker spreadsheet in the Campaign package will facilitate a shared record of all campaigning activities, that may be undertaken separately (including by AHP Professional Bodies, CAHPR Hub leaders etc).
4. The mapping survey of the UK AHP Practitioner-Academic / Clinical-Academic Workforce should ideally be administered every two years. If possible, this should alternate with the year the Clinical Academic Roles Implementation Network (CARIN) survey is delivered (at an organisational level) to minimise survey fatigue. CAHPR should lead this, but will need to secure relevant ethical approval, provision for secure data storage, and sufficient funding to engage appropriately experienced administration and analysis of the survey.
5. The recommendations for strategic engagement (between CAHPR and the identified AHP strategic leadership posts) should be implemented as soon as CAHPR has the appropriate organisational systems and governance in place.

5.2. Suggested follow-up actions or future projects

- 1.** A copy of this report will be shared with CAHPR Strategy Committee.
This will be in addition to the resource assets described above for example, the outputs from each of the four workstreams.
- 2.** A paper is currently being prepared on the findings from the survey of the UK AHP practitioner-academic/clinical-academic workforce for open access publication (funded by CAHPR).

6. Acknowledgments

- The CAP24 team wish to thank all members of the CAHPR community, as well as all other partners and interest holders. Everyone we have approached has been extremely generous with their time, sharing their experiences, opinions and advice.
- Thanks are also due to NHSE for commissioning and funding CAP24, for the immediate and future benefit of all the AHP workforce.

7. References

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