

Research Forum for Allied Health Professions Newsletter



August 2013

Welcome to the August 2013 edition of the Research Forum for Allied Health Professions newsletter.

Our Vision

'All AHP practice will be knowledge and evidence based, within a respected culture of high quality research'

The Research Forum for Allied Health Professions (RFAHP) is a group with a national strategic remit, comprising professional officers and member representatives from 12 Allied Health Professions.

British Association of Art Therapists, British Association of Drama Therapists, British Association for Music Therapy, British Dietetic Association, British Association of Prosthetists and Orthotists, British and Irish Orthoptic Society, British Association / College of Occupational Therapists, College of Paramedics, Chartered Society of Physiotherapy, Royal College of Speech and Language Therapists, Society and College of Radiographers, Society of Chiropractors and Podiatrists

What is in this RFAHP Newsletter?

- Thought leadership paper "Making the most of Allied Health Professionals" from the Centre for Workforce Intelligence.
- AHPRN/RFAHP horizon scanning
- Professional Body updates
- AHP Early Career Researchers
- Glossary of key terms
- Useful links

Thought Leadership Paper “Making the most of Allied Health Professionals” from the Centre for Workforce Intelligence

<http://www.cfwl.org.uk/publications/making-the-most-of-allied-health-professionals>

The CWfI convened an AHP thought leadership group in England to support those responsible for commissioning services and education, including LETBs and to complement the AHP QIPP pathways. There are 73851 full time equivalent AHPs working in the NHS in England. Amongst other information that demonstrates how very valuable AHPs are to the workforce, this document includes some useful statements that we know already but are succinctly written:

- AHPs are in the main first contact practitioners
- We work across a wide range of locations and sectors in acute, primary and community care
- Perform functions of assessment, diagnosis and treatment and discharge throughout care pathways across health and social care

Information relating to research by AHPs and support for AHP research is relatively restricted within this document. In section 5, ‘AHPs as clinical academics’ is discussed as part of a method of ensuring health education and training delivers excellence in practice. *“The success for these new developments for services delivered by AHPs is dependent upon an academic workforce that is fit for purpose”* and the document goes on to explain where student numbers (education commissions) for the smaller AHP professions are reduced this could result in non-viable education programmes and courses with resultant loss of academics from the system – encouraging to see stated but there is no indication of a solution which remains a challenge for the smaller AHP professions. In practice it is not much easier for the larger AHP professional groups.

The Clinical Academic Training Programme, as the document notes, operates at four levels relevant to research education – Masters, Doctorate, Clinical Lecturer and Senior Clinical Lecturer. Last year internships were offered to help NMAHPs get on the research education ladder. There was very patchy dissemination of this information last year, some excellent and in other areas very, very delayed. The RFAHP and others have worked hard notifying the new leads of past difficulties and the need to avoid the same happening this year.

For NHS England colleagues who want to get into research, there is a new internship call. Please note these are not called NIHR internships, they are administered outside the NIHR programme. The best point of contact is a university local to you that runs NMAHP programmes/courses.

This approach to AHP research and support for AHP research is commendable, but it remains a challenge to support AHP research alongside and beyond this research education pathway. It also has potential to restrict the numbers of AHPs who are research-able, research active, or research leaders.

It is good to see AHPs having a high level document that recognises the essential role that we play in health and social care.

AHPRN/RFAHP Horizon-Scanning

At a very informative discussion held in March 2013, representatives of the RFAHP and Allied Health Professions Research Network discussed how best AHP researchers and the groups that represent their interests could work together to progress key policy, influencing and infrastructure activity.

The RFAHP has discussed priority areas for focused action. These were agreed as:-

- the development of a single voice to represent AHP research interests
- the need to support managers and influence the culture within workplace settings
- reviewing the remits of the RFAHP and AHPRN
- the requirement to understand and represent the interests of AHP researchers in all 4 UK countries
- the impact of AHP research.

These key areas will be taken forwards through discussion at a meeting in the autumn.

Professional Body updates

The **British and Irish Orthoptic Society** tells us that the Sight Loss and Vision Priority Setting Partnership, overseen by the James Lind Alliance, has now completed. This project aimed to produce lists of priorities for a wide range of eye diseases and conditions and has resulted in the top ten research priorities being agreed for twelve categories of eye conditions. The BIOS stroke referral form and care pathway have now been released for public access. You can find them on the BIOS website.

The **Royal College of Speech and Language Therapists** advises that its research networks continue to grow and they now have over 40 champions from all sectors of the profession. They also have a team of clinical researchers who contribute to a monthly round up of the most recent research across Speech and Language Therapy. Three published studies are highlighted in each issue of their Bulletin magazine. Bi-monthly research newsletters are also published and these include information on a range of resources to support research activity.

For the second year running, the **Society and College of Radiographers** has granted two undergraduate research bursaries, in partnership with the Nuffield Foundation. We congratulate the successful awardees and wish them well with their projects. A research think tank is being planned for the autumn, with a focus on barriers and facilitators to undertaking research in radiotherapy and the roles of therapeutic radiographers undertaking research.

The **College of Occupational Therapists** continues to develop its eBooks collection for members, which receives very positive feedback. The collection now numbers 57 titles. In 2013, 3 grants were made by the United Kingdom Occupational Therapy Research Foundation and we congratulate the successful applicants.

AHP Early Career Researchers

In this edition we provide more examples of where allied health professionals are developing successful early research careers.

Dr Jo Patterson, NIHR Clinical Lectureship Fellow

My interest in clinical research began whilst working in Auckland, in a unit with an active research programme. On my return, I took an MSc in Advanced Clinical Skills funded by a Macmillan Education grant, while working full-time as a SALT in head and neck cancer. From this point onwards, I knew I wanted to pursue my passion for research while maintaining a clinical practice. I had plenty of ideas and questions, but limited time to put them into practice. I knew I had to secure more funding and needed to further develop my research skills.

In 2005, I was awarded a part time NIHR Doctoral Fellowship. My PhD was a longitudinal prospective cohort study, using mixed methods, looking at swallowing outcomes in head and neck cancer. I had a mixed clinical / academic supervisory team and planned a comprehensive research training programme. Being based in a health services academic institution was invaluable to developing new academic networks. Throughout this time, I gained confidence in presenting my work and publishing in peer reviewed journals. I returned to full time clinical work at the end of the fellowship.

Translating research findings into practice was a natural progression, including initiatives such as implementing a core set of outcome measures, producing patient tailored information, identifying patients at risk of protracted dysphagia and cascading findings to other health care professionals.

With the help of my academic supervisor, I then secured some Flexibility and Sustainability Funding to release me for 30% FTE, to build my research outputs and apply for more long-term funding. In December 2012, I was awarded an NIHR Clinical Lectureship, which involves a 50:50 split of clinical / academic time. My research aims to develop a cognitive behavioural model of dysphagia, addressing the way people manage and think about this chronic condition, to be delivered in combination with traditional swallowing therapy techniques. The projected benefits are; reduced dependency on supplementary feeds, earlier return to oral feeding, improved compliance with therapy, improved swallowing-specific quality of life and problem-solving approach to dealing with symptoms. This fellowship is an exciting opportunity to build on my clinical/research career, further my national and international collaborations, develop research capacity amongst AHPs and other multi-disciplinary members, enhance my clinical skills and embed future projects in practice, with clear potential for benefitting patients.

Dr Anna Horwood, MRC Clinician Scientist Principal Research Fellow

After many years of teaching orthoptics I have moved increasingly into research, but still manage to maintain a clinical workload.

My research interests have moved from small-scale clinical studies to publicly-funded laboratory research but with a strong clinical bias. I am currently a Principal Research Fellow and MRC Clinician Scientist at the University of Reading, with a long collaboration with Professor Tricia Riddell in the School of Psychology, where we have built a unique child vision testing laboratory.

My journey into research started via teaching orthoptics, but I soon realised that I needed higher level research skills. At the time the only course available locally was an MSc in Research Methods in Psychology (which was well out of my field), but it turned out to be really useful for wider health-related research.

The MSc led to me being offered a research job in the new vision laboratory - and the chance to register for a PhD. Our lab research into the development of eye focusing in infants fitted perfectly with clinical research I was already doing, so my thesis combined the lab and clinical studies. It described and explained how and why very young babies have intermittently crossed eyes that settle down by 3 months of age, and how they differ from infants who develop genuine squints. This work has changed clinical guidelines for GPs, ophthalmologists and orthoptists and has changed advice given to new parents.

Our lab is studying the way the processes of eye focusing (accommodation) and convergence, that are used when looking at near objects, interact and develop. This has a big influence on whether a child's vision develops normally, and if these systems become unbalanced, what type of orthoptic problem occurs, such as childhood squint, glasses or eye strain. Our work is changing how we understand binocular vision.

I am regularly asked to speak at conferences around the world and I publish in major paediatric ophthalmology journals. For the past eight years I have been funded by a NIHR Post-Doctoral Research Capacity Development Award, followed by a current MRC Clinician Scientist Award which is also funding an orthoptist Research Assistant. She has been able to study for her own PhD, with her thesis based on one of the grant research strands, so building additional research capacity for the profession. My work is being used as one of the four REF Impact Case Studies for our 700-strong School of Psychology on the basis of its influence on clinical practice. As PI on these projects I have gained valuable grant-writing and project management experience and I am also a NIHR Senior Fellowship Mentor.

When I started my first little clinical project I never envisaged getting to this level of research. It was a rather precarious struggle, and I still work on fixed term contracts, but it has definitely been worth it.

Andrew Morris, NIHR Master's in Research

My interest in combining a clinical and academic career was first ignited by a clinical reflection whilst training. I was unsure how a patient felt about receiving dietary advice and making lifestyle changes to accommodate the discussed diet. It was this area of practice that I wanted to investigate, and is part of dietetic practice which I still find exciting!

Presenting research at a national level fuelled this passion for research and I continued to seek opportunities to increase my exposure to research by networking. Data inputting for a national audit on malnutrition, although tedious, gave me real-life experience of conducting research. I still wanted to continue this career path and felt the MRes NIHR would provide a great experience before considering a PhD.

My NIHR AHP application to Birmingham University was successful to investigate the experiences and perceptions of service users and their families of the renal dietetic service for peritoneal dialysis. This knowledge gap was identified through clinical reflection informed by literature review. The NIHR application process was competitive and I started learning from this stage on how to communicate daily clinical issues into an academic environment in order to disseminate my message.

The NIHR programme challenges my pre-conceptions of current practice and service delivery. Personal development from clinician into a researcher has allowed the freedom to evaluate the current service objectively. This has allowed more freedom for entertaining ideas on delivery of our current service and hopefully will produce a more effective evaluation. I have developed personal and research skills which I would not have acquired without the support from the NIHR course at Birmingham.

It is a demanding professional course which is extremely rewarding. It encourages practical research skill development such as networking at research conferences and interdisciplinary working. If you are committed to including research into your practice then I would recommend this course on a fulltime basis as it allows professional and personal development away from the clinical environment.

RFAHP glossary of terms

Members of the RFAHP are aware of the huge range of different organizations, activities and acronyms that research-interested AHPs need to understand. In this edition of the newsletter we bring you a glossary of some of the more common terms and contexts – with thanks to Dr Emma Pagnamenta from the RCSLT for her contribution. Please let us know if there any others you would like added.

Acronym	Name	Details	URL
AHPF	Allied Health Professions Federation	A UK wide organisation to promote inter-professional working enabling AHPs to provide high quality care for patients and their carers across the whole of the health and social care sectors.	www.ahpf.org.uk
AHPRN	Allied Health Professions Research Network	Network of 22 local hubs across the UK and Republic of Ireland bringing together clinicians, students, managers and academics to support and develop AHP clinical research.	www.csp.org.uk/ahprn
AHSNs	Academic Health Science Networks	12-18 across England to align education, clinical research, informatics, training and education and healthcare delivery and to improve patient and population health outcomes by translating research into practice and developing and implementing integrated health care systems (from 2013)	http://www.dh.gov.uk/health/2012/06/ahcn/
AMS	The Academy of Medical Sciences	Fellowship organisation of researchers that works on policy and career support. (AHPs not currently represented)	www.acmedsci.ac.uk
AUKUH	Association of UK University Hospitals	UK Leadership body promoting interests of University hospitals (service, teaching and research). AUKUH National Clinical Academic Careers Group for nursing, midwifery and AHPs leads on development and implementation of clinical academic careers	http://www.aukuh.org.uk/
EOF	Education Outcomes Framework	Key document in relation to the function of Local Education and Training Boards (LETB). Outlines outcomes on education, staff capability, adaptable and flexible work force, NHS values and behaviours and widening participation	http://hee.nhs.uk/work-programmes/education-outcomes/
HEE	Higher Education England	New national leadership organisation responsible for ensuring that education, training, and workforce development drives the highest quality public health and patient outcomes.	http://www.hee.nhs.uk/
HRA	Health Research Authority	Protects patients from unethical research whilst enabling them to benefit from participating in research. The National Research Ethics Service has transferred to the HRA.	www.hra.nhs.uk
HS&DR	Health Services and Delivery Research Programme	Funds research to improve the quality, effectiveness and accessibility of the NHS. Merges 2 former NIHR Programmes (Health Services Research Programme and Service Delivery and Organisation Programme).	http://www.netscc.ac.uk/hsdr/
HTA	Health Technology Assessment Programme	Commissions independent research about the effectiveness, cost and impact of healthcare treatments (NIHR)	http://www.hta.ac.uk/

IRAS	Integrated Research Application System	Single system for applying for permissions and approvals for health and social care / community care research in the UK.	www.myresearchproject.org.uk
LETB	Local Education Training Board	Local boards to lead on planning and education commissioning, ensure security of supply of the local health and care workforce and support national workforce priorities set by HEE	http://www.hee.nhs.uk/tag/letb/
NIHR	National Institute of Health Research	Provides framework to position, manage and maintain the research, research staff and infrastructure of the NHS in England. Holds research funding from the Department of Health	http://www.nihr.ac.uk/Pages/default.aspx
NRES	National Research Ethics Service	Manages NRES Research Ethics Committees (RECs).	http://www.nres.nhs.uk/
RECs	Research Ethics Committees	Review applications for research and give an opinion about the proposed participant involvement and whether the research is ethical.	http://www.nres.nhs.uk/
REF	Research Excellence Framework	New system for assessing the quality of research in UK higher education institutions (HEIs). Will replace the Research Assessment Exercise (RAE) and will be completed in 2014.	http://www.ref.ac.uk/
RFAHP	The Research Forum for Allied Health Professions	National strategic organisation that lobbies for and promotes AHP research.	http://www.ahpf.org.uk/RF/AHP.htm
RfPB	Research for Patient Benefit	Funds regional applied research projects in health services and social care (with budget of up to £250,000)	http://www.ccf.nihr.ac.uk/RfPB/Pages/home.aspx/

Strategic aims for the RFAHP

1. To be the primary point of contact for strategic matters relating to AHP research.
2. To enhance the research capacity and capability of the Allied Health Professions.
3. To contribute to national and regional policy development in order to represent the interests of AHP R&D.
4. To increase funding opportunities for AHP research through lobbying funders and policy setting bodies.
5. To promote identified research priorities.
6. To promote opportunities for professional research collaboration.
7. To act as an expert resource for members, policy-makers and the AHPF on research matters

Contact information

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The RFAHP website can be found at <http://www.ahpf.org.uk/RFAHP.htm>. The RFAHP formally thanks Ann Green, Chair of AHPF for her support in hosting RFAHP pages on AHPF website.

Our thanks too to Fiona Mellor, RFAHP for her work on the web pages. The RFAHP website can be found at <http://www.ahpf.org.uk/RFAHP.htm>. We are grateful to the Allied Health Professions Federation for hosting our website.

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or through your Professional Body Research Officers