

## **2017 CAHPR Activity Report**

### **1. Executive summary**

This report provides a summary of strategic activities undertaken by the Council for Allied Health Professions Research (CAHPR) in 2017.

CAHPR delivers activities to build research capacity and capability at local and national levels for all allied health professionals (AHPs) and is committed to raising the profile and impact of AHP research. This is delivered through three components: the Strategy Committee, Regional Hub Network and Professoriate.

At a strategic level, CAHPR has responded to two consultations focussing on the Research Excellence Framework and created a five-year operational plan. CAHPR fosters AHP research interests through representation on key external groups and continues to host annual public health research awards.

CAHPR regional hubs support AHPs locally through events, small grants, peer support and top tips on research topics. There are 21 active hubs with approximately 150 AHPs involved in running them. In 2017, hubs reported hosting over 35 events which were attended by a wide range of AHPs. CAHPR hubs created two new top tips booklets bringing the popular series to ten in total.

CAHPR has continued to make positive progress towards delivering its mission in 2017. It continues to form new external links and to reach out to NHS Trusts and higher education institutions.

In order to support the hub network and ensure all AHPs are able to benefit from CAHPR support and resources a strategic approach to marketing and communications that includes all member professional bodies is required.

### **2. Introduction**

CAHPR is the representative voice of 13 AHP professions on research matters. A full list of members can be found at appendix 1.

The council's mission is to develop AHP research, strengthen evidence of the professions' value and impact for enhancing service user and community care, and to enable the professions to speak with one voice on research issues, thereby raising their profile and increasing their influence.

To deliver its mission CAHPR has set out four strategic objectives:

- To meld outward-facing strategic activity with capacity-building at all levels to develop the scale, depth and quality of AHP research activity
- To create a UK wide structure (within the context of national priorities and European and international developments) for AHP research, underpinned by a supportive regional network
- To promote research collaborations across the AHPs, between practitioners and with other organisations and professions, and in ways that promote patient and public involvement
- To maximise AHP organisations' shared capacity for strategic research and influencing

CAHPR is organized with three groups a strategy committee, a professoriate and a UK-wide regional hub network. The strategy committee is the overarching committee, with responsibility for overseeing the structure's outward-facing activity, its operations and continued development. It is made up of representatives of each of the 13 member allied health professions, two consultant and two service manager representatives.

The CAHPR professoriate enables AHP professors from across the UK to meet, sharing perspectives and expertise in order to develop AHP research, see appendix 2 for details. The professoriate feeds into the work of the council and identifies priorities for the strategy committee.

The regional hub network is a network of 21 active hubs; they provide support to AHPs at a local level as well as supporting CAHPR to deliver its strategy at a regional and national level, through events, mentoring and advice. The Regional Hub Forum brings all hub leaders together for two meetings a year.

This report provides an overview of the activities undertaken by CAHPR. It is divided into three sections: strategic activities, CAHPR Hub activities and conclusions.

### **3. Strategic activities**

#### **3.1. Policy**

CAHPR responded to two policy consultations, enabling members to speak with one voice to influence research policy. These consultation responses were developed with input from all CAHPR committees.

Consultation on the second Research Excellence Framework

<http://cahpr.csp.org.uk/documents/consultation-response-second-research-excellence-framework>

Supplementary questions on the second Research Excellence Framework

<http://cahpr.csp.org.uk/news/2017/10/02/response-submitted-research-excellence-framework-2021-supplementary-questions>

### **3.2. Strategy**

CAHPR created a five year operational plan 2017-2022. This was led by the Strategy Committee with input from the Regional Hub Forum and Professoriate. Workshops using a range of methods were used to make sure all three groups could feed in. This included mapping hub activities to strategic priorities and identifying hubs' contribution. The plan set out CAHPR's mission, strategic objectives, priority themes and activities for the five-year period.

### **3.3. Public Health Research Awards**

For the third year, CAHPR developed awards in partnership with Public Health England (PHE) to showcase the contribution of AHP research in public health.

Each winner received an expenses paid trip to the PHE conference and displayed a poster. This included conference booking and travel costs. For full details of the winners see appendix 3.

2017 was the most successful year so far with 18 expressions of interest and 15 applications. For the first time service evaluations were accepted. Improvements made included putting potential applicants in touch with their local CAHPR hub for support and encouraging previous winners as well as CAHPR hubs to promote the awards on social media.

The awards will run again in 2018 and applicants will be encouraged to contact their local CAHPR hub for support.

### **3.4. Promotion and marketing**

CAHPR has been promoted by committee members and CAHPR staff through participating in the following events:

- National Association of Educators in Practice conference
- British and Irish Orthoptic Society Scientific conference
- NHS Research and Development Forum

- Royal College of Occupational Therapy (RCOT) Annual conference, Clinical Academic Careers application support workshop, R&D Review launch symposium and regional listening events
- Chief AHP Officer conference
- #LincsAHPs
- Physiotherapy UK 2017
- College of Podiatry annual conference
- Advancing Healthcare Northern Ireland
- Society and College of Radiographers scoping event
- Council of Deans 20th anniversary event.

In addition, CAHPR has featured in professional body member publications from RCOT and CSP. This year there has been increased promotion of CAHPR activities on social media by professional bodies and committee members.

The CAHPR webpages were moved from the CSP website to a microsite as part of the overall restructure. This gave more flexibility to control content and reduced CSP branding. <http://cahpr.csp.org.uk/>

### **3.5. Advisory roles**

Expert advice was given to the British Association of Drama Therapists to set up research grants.

CAHPR advised on the development of the NIHR AHP strategy and it is now closely aligned to the CAHPR 2017-2022 Operation Plan.

## **4. CAHPR Hub Network Activity**

CAHPR hubs are networks of local, research active allied health professionals that work to increase research capacity and capability. Each hub is run by a group of academic health professionals on an honorary basis. They are organised into two roles Hub Leaders and Hub Facilitators. Hub Leaders have overall responsibility for running the hub, applying for CAHPR funding and reporting on activities. Hub Facilitators contribute to specific activities depending on their expertise/interests e.g. mentoring, organising hub events, and running hub projects. In 2017, there were 24 approved hubs (of which 3 hubs were on hold due to leaders standing down). Hubs that relaunched with new Hub Leaders include West of Scotland and Surrey and Sussex. The Midlands hub divided into East and West Midlands in keeping with plans for a consortia model and to

improve coverage of the midlands region. Three hubs are currently on hold due to Hub Leaders standing down: Essex, Greater Manchester, Hertfordshire.

This information below is based on the information returned by 18 of the hubs. It summarises information collected via evaluation and monitoring forms on activities between 1 January and 31 December 2017. The evaluation and monitoring forms for each hub and the raw data collected in this report are held by the CSP.

#### **4.1. Hub monitoring and evaluation results**

Hubs were asked to reflect on their contribution to four key CAHPR priorities (sections 4.2 – 4.5) and local activities (sections 4.6 – 4.8). Examples from different hubs have been used to highlight activities within these key areas; individual hub activity is available on request.

#### **4.2. Support and influence managers to create a positive research culture for AHPs within their workplace**

Although this remains a challenging aim there has been positive progress in 2017 with more activities being reported in this area. Hubs have worked towards this aim by helping to create a positive research culture, delivering events and establishing relationships with local managers.

For example:

The Cumbria and Lancashire hub supported clinical teams and services to develop a positive and supportive culture for evidence-based practice and for evaluation of new ways of working at a whole service level. Support was provided through a workshop on approaches to service evaluation designs and processes as well as a complimentary research skills mentorship initiative. This focussed on supporting clinical AHPs to design and undertake a systematic service evaluation of an innovative public health initiative.

Supervisors from the South Central hub have supported an innovative programme in which recent AHP graduates are employed for two days per week on a Band 5 clinical role and engaged as a PhD student for three days. Communication and liaison with clinical managers as well as research and development leads has ensured the success of this clinical academic programme supported by local NHS trusts. They also organised local events for clinicians and managers to promote involvement in research and integration into practice.

The Midlands hub ran a workshop for managers that looked at balancing the management of clinical services with research. South Yorkshire ran an event entitled how to persuade your manager to support your research project and also discussed CAHPR and research challenges at a local

managers group. They met with local managers in addition to contributing to a local Research Design Service meeting about facilitating AHP research.

Cheshire and Merseyside worked with some local AHP managers individually as an informal arrangement achieved through local contacts. Similarly, North Scotland reported good links with AHP directors and lead AHPs in Grampian and Tayside. Surrey and Sussex made links with the Western Sussex Clinical Academic Programme and held discussions with paediatric speech and language therapy managers in Sussex Community NHS Trust.

In addition to hub activities, CAHPR ran a well-received session on making the case for research in service delivery at Physiotherapy UK. It included an overview of the benefits of research inclusion to a service from Dr Hazel Roddam CAHPR Strategy Committee Vice Chair, examples of how to support research engagement from Dr Carol McCrum, Consultant Physiotherapist, East Sussex Healthcare NHS Trust and Ruth Heaton, Therapy Manager, Central Cheshire Integrated Care Partnership. It concluded with creation of CAHPR top tips on enabling research activity <http://cahpr.csp.org.uk/documents/cahprs-top-tips-leaflets>.

CAHPR Strategy Committee members and hub leaders participated in an NIHR CRN event on developing sustainable AHP research careers. This event aimed to consider how to make the best of AHP talent across the system harnessing the expertise and energy of current and aspiring AHP leaders to:

- Explore and increase visibility of the breadth of AHP research career choices including delivery focused roles and clinical academics
- Explore collaboratively the enablement of a system wide model for AHP careers in research.

### **4.3. Joint working**

As 2017 was the second year of the transition towards consortia working for hubs they were required to include an element of joint working in their activities. This has been more challenging for less established hubs and partnerships will take time to establish, however, there are good examples from several hubs.

The North West hubs have been working in partnership for several years. As described in section 4.4 one of their key successes has been establishing a dynamic social media presence. The hubs share learning through an annual joint meeting between Cumbria and Lancashire, Cheshire and Merseyside

and the Isle of Man sub-hub. This has helped them to compare mentoring offers and to learn from each other.

South East Scotland and North of Scotland worked together to deliver webinars and have been involved in the development of a subsequent UK-wide joint project with four hubs to deliver a webinar series. All three hubs in Scotland are planning to work together on an event in 2018, which will showcase local research and promote CAHPR.

South Yorkshire, Yorkshire and North East England delivered a small grants scheme together, with support from NIHR Devices for Dignity. Five applicants were awarded between £500 and £1000 funding each and outputs from these projects will be disseminated via CAHPR.

It is expected that joint working will develop further in 2018 as the Strategy Committee approved funding for three joint projects in addition to regular hub funding. The topics chosen by hubs were: a webinar series, research symposia and a bursary scheme.

#### **4.4. Develop and share strategic links**

This year hubs have expanded links to work with multiple higher education institutions and NHS trusts as well as reaching out to find new AHPs. Existing relationships with external partners have also been strengthened.

Several hubs delivered joint events with new partners. For example the North East England hub ran a well attended joint event with the NIHR Clinical Research Network (CRN) North East and North Cumbria at Teesside University. The event promoted AHP research within the region and highlighted where CAHPR and NIHR CRN initiatives overlap as well as where they differ.

This hub also secured additional funding and administration support for a small grant scheme from NIHR Devices 4 Dignity (D4D). Applicants highlighted how their proposed project met the NIHR D4D agenda and one grant was awarded to a project that met D4D aims and objectives.

Kent worked with the Centre for Health Service Research at the University of Kent to support the Integrated Clinical Academic Programme for AHPs, Nurses and Midwives. The hub has been involved in interviewing candidates and mentoring interns as well as delivering some of the workshops. This hub also worked with East Kent Hospitals NHS Trust to deliver a research and innovation catalyst event.

South Yorkshire and Yorkshire have strengthened links established with the local CLAHRC in 2016 through working together on a post-doctoral fellowship project. This secondment was designed to help secondees

become self-sustaining or to develop their post-doctorate experience to enable their career to progress to the next level. One physiotherapist and one art therapist received funded support for one day a week for six months. One submitted an NIHR post-doc funding application and set-up two in the water skype clinics to support AHPs develop research ideas. The other submitted a funding proposal, wrote a job and person specification for a principle clinical research fellow, wrote CAHPR Medical Technology top ten tips and guidance, identified a mentor for themselves and has developed networks to mentor others.

#### **4.5. To ensure that CAHPR has high visibility with all stakeholders (AHP researchers, clinicians and managers)**

Hubs continue to use a mixture of, social media, websites, face-to-face contact and email circulation lists to promote CAHPR.

For example:

Cumbria and Lancashire and Cheshire and Merseyside have successfully implemented social media initiatives to promote the visibility of AHP research activity and news. The hubs focussed on Twitter as the channel for dissemination of research information.

Both hubs have achieved a significant increase in followers, with the support of a consultant: 25% for Cumbria and Lancashire and 35% for Cheshire and Merseyside. These followers include many national policy makers and strategic level health service managers, as well as clinical practitioners.

Both hubs have achieved an average of 30-35 original tweets per month over the past year, which has generated an average reach to approximately 40,000 linked Twitter accounts per month.

Additionally other social media platforms have been updated with directly relevant research news items, with a minimum of one new item per month. The average number of Cumbria and Lancashire hub blogsite views per month in 2017 was 1828 (compared to 1,000 average monthly views in 2015 and 200 average monthly views in 2014).

These activities demonstrate a steady incremental growth in awareness of CAHPR and show what can be achieved with expert consultancy support.

South Yorkshire and Yorkshire have set up a joint website to promote local CAHPR activities and established a joint Twitter presence for both hubs. Similarly, South Central updated their hub website and increased



engagement on social media platforms. Surrey and Sussex relaunched on twitter.

Hubs continue to work on widening participation. For example, North East England has participated in events for paramedics, speech and language therapists and physiotherapists. London has made a concerted effort to reach NHS AHPs through facilitators visiting most major Trusts in the region.

#### **4.6. Local Hub Activities**

Below is a brief summary of the local activities undertaken by the hubs in 2017

Hubs reported the types of activities they undertook in 2017, which were categorised as follows:

- Lectures
- Workshops
- Conferences
- One to one support
- Other.

##### **4.6.1. Lectures**

Six hubs reported running 11 lectures which were attended by 10 to 90 people from a range of allied health professions. Topics included demystifying research, how to become a clinical academic, share your research and an introduction to CAHPR.

##### **4.6.2. Workshops**

Ten hubs reported holding 21 workshops. Workshop topics included: research career journeys, meet the researchers, how to be an AHP Clinician who researches, how to get into research and critical thinking.

London continued to deliver popular writing workshops and several hub facilitators are training to run them in future. Feedback has been consistently excellent and a growing number of delegates are submitting and publishing papers. Those who have not yet managed to publish report feeling in a better position to submit or liaise with co-authors.

##### **4.6.3. Conferences**

Six hubs ran or participated in conferences. Conference topics included: research opportunities in the North East, career development and leadership for Band 5.

A key success reported by the Hertfordshire hub was a conference delivered in conjunction with the Department of Allied Health Professions and Midwifery entitled Bridging the Gap: Improving care by listening, understanding and implementing patient/client and carer centred research. Delegates were asked which aspect of the conference had most impact on their practice and responses included; getting service users involved earlier in the research process, using social media to disseminate research and having a better understanding of literature searching.

#### **4.7. Top Tips**

The popular top tips series has been expanded to cover the following topics:

Statistics - Keele South East Scotland

Seeking Ethical Approval Cheshire and Merseyside

At the end of 2017, there were ten top tips in the series and a new format had been introduced for easy on screen reading. Approximately 9,000 copies of top tips were distributed by CAHPR hubs and professional bodies in 2017. In addition top tips on preparing a scientific poster were provided to approximately 200 poster presenters in preparation for the CSP annual conference.

The Top Tips series is available here

<http://cahpr.csp.org.uk/documents/cahprs-top-tips-leaflets>.

#### **5. Conclusion**

CAHPR has continued to make positive progress towards delivering its mission in 2017. As described above there are many positive examples of CAHPR supporting and working with managers to create a positive research culture. CAHPR hubs have continued to form new external links and to reach out to NHS Trusts and higher education institutions. In addition, they are starting to work more closely together and to establish good working relationships between hubs.

Hubs, committee members and CAHPR staff have worked to raise CAHPR's profile in 2017. In order to support the hub network and ensure all AHPs are able to benefit from CAHPR support and resources a strategic approach to marketing and communications that includes all member professional bodies is required.

## **Appendix 1**

### **CAHPR members**

- British and Irish Orthoptic Society
- British Association of Art Therapists
- British Association of Drama Therapists
- British Association for Music Therapy
- British Association of Prosthetists and Orthotists
- British Dietetic Association
- College of Paramedics
- College of Podiatry
- Chartered Society of Physiotherapy
- Institute of Osteopathy (joined in December 2017)
- Royal College of Occupational Therapists
- Royal College of Speech & Language Therapists
- Society and College of Radiographers

## **Appendix 2**

**Table 1 No. of hub leaders and facilitators by profession 2014 – 2017\***

<b>Profession</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Physiotherapists	40	55	75	69
Occupational therapists	15	21	22	20
Radiographers	6	6	19	14
Speech and language therapists	2	12	14	9
Paramedics	4	8	10	8
Podiatrists	5	5	7	5
Dieticians	2	5	7	7
Orthoptists	1	3	3	3
Prosthetists	1	0	1	1
Art therapists	0	0	1	2
Dramatherapists	0	0	1	1
Other**	13	9	11	13
Blank	8	0	0	0
<b>Totals</b>	<b>84</b>	<b>124</b>	<b>171</b>	<b>152</b>

Although the total number of hub leaders and facilitators reported in 2017 is smaller, CAHPR hubs have increased their social media presence. This means a greater number of AHPs have access to CAHPR hubs.

\* Each year different numbers of hubs completed evaluation and monitoring reports. Figures should be interpreted with this in mind.

\*\*Others include administration/support staff.

**Table 2: CAHPR Professoriate membership by profession**

<b>Profession</b>	<b>Number</b>
Physiotherapists	46
Speech and language therapists	19
Occupational therapists	16
Podiatrists	10
Radiographers	8
Dieticians	7
Music therapists	4
Orthoptists	4
Art therapists	1
Dramatherapists	1
Paramedics	1
<b>Grand Total</b>	<b>118</b>

**Table 3: One to one support provided by hubs**

<b>Category</b>	<b>Definition</b>	<b>Instances reported</b>
Advice	Answering a specific query	65
Mentoring	Prolonged, structured programme of support	18
Quick Contact	3.5 hours or less	20
Review	Reviewing applications/research	7
Other		5

13 hubs stated that they provided one to one support.

Common topics for support were: advice on writing abstracts, clinical academic careers, practical support with research and service evaluations.

A variety of outcomes were reported such as: applications made for research fellowships and NIHR schemes, service evaluations, systematic reviews, research projects, posters and conference presentations.

This year, there have been some inconsistencies in reporting, as the categories are open to different interpretations. Further clarity is required on how to define advice, mentoring and quick contacts as well as how this information can better show the support hubs provide to individual AHPs. It is currently difficult to compare results between years due to differences in the way the categories are used.

## **Appendix 3**

### **CAHPR Public Health Research Awards 2017 winners**

- Laran Chetty, physiotherapist

#### **Promoting workplace wellbeing through employee engagement**

- Esther Clift, physiotherapist

#### **Who uses exercise in later life? A critical ethnographic study**

- Dr Clare Pettinger, dietician

#### **Uncovering the complexity of workplace wellbeing using a cross-case analysis approach**

- John Renshaw, paramedic

#### **The BHF PocketCPR smartphone application: 'Staying alive' with bystander CPR**

Short case studies are on the CAHPR website <http://cahpr.csp.org.uk/cahpr-public-health-research-awards>

## **Appendix 4**

**Table 1: 2017 total spend**

<b>Meeting costs</b>	
Telephone conferencing	868
Travel expenses	11,253
Venue	3,222
<b>Meetings total costs</b>	<b>15,343</b>
<b>Capacity Building</b>	
External events	710
Hub funding	28,313
Marketing resources	3,239
<b>Capacity building total costs</b>	<b>32,262</b>
<b>Grand total</b>	<b>47,605</b>

This table shows core costs for CAHPR meetings and capacity building. CAHPR is funded through a proportionate subscription made by each professional body (i.e. each professional member organisation provides funding to CAHPR based on their own membership figures).

Additional funding is provided by the Chartered Society of Physiotherapy to cover staff and operational costs.

CAHPR hubs submit annual applications for funding. In 2017 the maximum level of funding available per hub was £3,000.

£3,200 Additional funding for the Public Health Research awards was provided by Public Health England.

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