

DRAFT 2018 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 2018.

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 four consultations focussing on supporting research. 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 20 active hubs with approximately 165 AHPs involved in running them. In 2018, hubs reported hosting over 35 events which were attended by a wide range of AHPs. CAHPR hubs created three new top tips booklets bringing the popular series to 13 topics in total.

CAHPR has continued to make positive progress towards delivering its mission in 2018. The allied health professions involved have become more diverse. It continues to form new external links and to reach out to NHS Trusts and higher education institutions. A new partnership with the National Institute of Health Research (NIHR) has been established and a new joint project to support AHP Research Champions has been successfully launched.

Progress has been made in using marketing and communications to support the hub network and ensure all AHPs are able to benefit from CAHPR support and resources. The results of this activity can be seen in the significant increase in occupational therapists, speech and language therapists and radiographers involved in running hubs. Continued marketing and communications that includes all member professional bodies could make an even greater impact.

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 20 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 to share learning and discuss issues.

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

Supporting Research in the NHS: A consultation covering changes to simplify arrangements for research in the NHS and associated changes to the terms of the NHS Standard Contract. Strategy Committee service manager and consultant representatives led the development of this response.

Research Excellence Framework 2021 draft submission guidance, panel criteria and working methods. This was led by Emeritus Prof Ann Moore

Consultation on the manual for developing NICE guidelines led by Prof Dawn Carnes, Strategy Committee representative for Osteopathy.

A briefing with key messages was produced on the HEE NHS workforce strategy consultation. This aimed to inform AHP responses to the online consultation.

CAHPR consultation responses are available here:

<https://cahpr.csp.org.uk/content/cahpr-policy-and-consultation-responses>

3.2. Public Health Research Awards

For the fourth 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.

2018 further built on previous interest with 22 applications. Potential applicants were put in touch with their local CAHPR hub for support.

These awards will be run again in 2019 with support from Public Health England and AHPs4PH.

One of the winners Rafiah Badat, Speech and Language Therapist, stated that

“I have corresponded with both CAHPR London and CAHPR Sussex and Surrey hubs. My positive experience has led me to volunteer as a facilitator for the latter.”

Rafiah has since gone on to a NIHR Fellowship. For full details of the winners see appendix 3.

3.3. NIHR CAHPR AHP Research Champions

To encourage local engagement in research CAHPR and NIHR Clinical Research Network (CRN) are working together to develop AHP Research Champions across each of the local CRN geographies.

AHP Research Champions have been appointed in all 15 LCRN areas. The Champions come from eight different allied health professions. Details can be found here <https://sites.google.com/nihr.ac.uk/nihrahpsinresearch/ahp-research-champions>

The first of three workshops for AHP Research Champions was held in November. The workshop introduced champions to the scheme, the support on offer and gave them the opportunity to start making plans.

Champions will be able to apply for a small amount of activity funding in 2019.

This project has been funded by NIHR CRN until the end of 2019. An application to extend the scheme for a further year with NIHR funding has been made.

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 or clinical 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 2018, there were 24 approved hubs. Four Hubs were on hold due to Hub Leaders standing down: Essex, Greater Manchester, Hertfordshire, West Midlands. CAHPR East Anglia relaunched with a new Hub Leader.

This information below is based on the information returned by 15 of the hubs. It summarises information collected via evaluation and monitoring forms on activities between 1 January and 31 December 2018. 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; details of individual hub activity is available on request.

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

Hubs have continued to work towards this challenging priority as capacity allows. Hubs have delivered targeted events, developed new resources and strengthened relationships with local managers and people in relevant roles e.g. research facilitators.

For example:

South Central delivered an event as part of the joint project on research symposia with the North East England hub. It was targeted at promoting research to local clinical managers.

South Yorkshire and Yorkshire developed a new resource which will be of value to managers. The Practitioner Research Knowledge and Skills Framework was developed using a blend of expert knowledge through consultation within the CAHPR network, and the systematic integration of existing research competency frameworks. It describes the integrated knowledge and skills needed to perform applied research within a range of practice settings and at different levels or complexity.

Clinical academic success stories have been highlighted on CAHPR South Central webpages and facilitators have contributed to NIHR 'Building a research career: a guide for aspiring clinical academics and their managers'.

Several hubs have provided support and guidance to AHPs apply for the NIHR Integrated Clinical Academic Programme Predoctoral Clinical Academic Fellowship scheme. Keele provided advice, helped to review statements, gave feedback and helped applicants plan their next steps.

North of Scotland supported AHPs to apply for NHS Research Scotland Chief Scientist Officer fellowships.

4.3. Joint working

2018 was the third year of the transition towards consortia working for hubs and the first year of additional funding for joint projects. Hubs were required to include an element of joint working in their activities and given the opportunity to apply for additional funding for agreed topics: research symposia, a bursary scheme or a webinar series.

4.3.1. Joint Projects

Two joint projects were successfully completed. However, arrangements are likely to be different in 2019 to make better use of hubs' capacity and expertise.

Research Symposia

South Central and North East England successfully collaborated to deliver two research symposia:

AHPs working with industry for real world impact held at Teesside University. The event was live streamed and is available [here](#).

Engaging NHS management to increase research. A recording of the event is available [here](#).

The hubs collaborated remotely due to geographical challenges and supported each other through shared administration and dissemination of events

Small bursary scheme

This project was run by five CAHPR hubs with support from the central CAHPR team. The hubs involved were London, Oxfordshire, Yorkshire, North East England and Keele.

The small bursary scheme funded six early career AHPs to attend conferences to present their research. 18 applications were received then reviewed against set criteria by a panel of Hub Leaders and Facilitators. This enabled three physiotherapists, two speech and language therapists and an orthoptist to present their research at international or national conferences.

4.3.2. Joint activities

In addition, several hubs shared events and coordinated shared activities.

For example

North East England and the Yorkshire hubs ran a popular small awards funding scheme, attracting 22 applications, the most to date. Four applicants received approximately £1000 funding. Two of the 2017 awardees who have now completed their projects have progressed as follows:

Developed their innovation, subsequently securing funding from Versus Arthritis to pilot the product and working towards an NIHR i4i funding bid in partnership with Sheffield Hallam University and Sheffield Teaching Hospitals Trust.

Progressed to a funded PhD at Newcastle University on the basis of the small project work.

South Central Hub and South West England hubs promoted events across each other's regions and this led to a South West England AHP winning a prize at the South Central Dragon's Den.

All three hubs in Scotland held a useful and productive meeting with NHS Education for Scotland. All three hubs are discussing and working towards collaboration and mutual promotion of activities

4.4. Develop and share strategic links

Hubs have continued to expand 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.

CAHPR Oxfordshire have developed a relationship with the Equator Centre at Oxford University. This has resulted in presentations at events and a discount on the continuing education programme for CAHPR hub members.

CAHPR North Scotland has built links with NHS boards and the NMAHP director and AHP Director at NHS Grampian. This resulted in a successful CAHPR research event with NHS Grampian and a commitment to a yearly event.

CAHPR East Midlands has established links with the East Midlands Clinical-Academic Practitioner Network and CLAHRC East Midlands. Collaboration has been consolidated with joint events and planning for future projects such as writing a CAHPR top tips leaflet together.

The Yorkshire CAHPR hubs have worked with CLAHRC Yorkshire and Humber. This has been an invaluable link with a common aim of developing research capacity amongst AHPs but the available resource is likely to reduce. The hubs have been building a relationship with the NIHR AHP lead and local AHP research champions.

North East CAHPR partnered with industry (Healthcare Innovation Centre) to run the research symposium described earlier. For the second year the hub secured extra funding and administrative support for the small grants scheme from NIHR Devices 4 Dignity. The hub plans to re-approach the local Academic Health Science Network for funding in 2020 highlighting what has been achieved with previous funding.

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. Hubs have made changes to the way data is handled to comply with the EU General Data Protection Regulation (GDPR).

For example

Cumbria and Lancashire CAHPR has moved away from mailing lists and is using a blogsite and Twitter feed for promoting and disseminating relevant AHP research news and information. This is complemented with personal links through student cohorts, clinical and strategic partner contacts and signposting to the hub blogsite.

South Central CAHPR made a concerted effort to increase followers and engagement on social media platforms. As a result followers increased from 100 to over 300 in 12 months.

This hub has engaged with other networks and groups to reach new AHPs such as The Active Living and Rehabilitation Research Group and FortisNet (interdisciplinary hub of expertise in regenerative medicine, orthopaedics, prosthetics and assistive technologies).

Oxford CAHPR has developed stronger links with Oxford Brookes University. A key success was the “CAHPR Conference” held at Oxford Brookes. This drew the highest attendance to date with 32 people and received excellent feedback. It showcased local AHP research, included 10 oral presentations and 11 posters along with a prize for the best poster and the best presentation.

Cheshire and Merseyside CAHPR continue to deliver research bursaries, with five completed and recorded on the hub [website](#). In addition five AHPs have secured on-going bursaries and these individuals will be targeted for future succession on the hub committee.

4.6. Local Hub Activities

Below is a brief summary of the local activities undertaken by the hubs in 2018

Hubs reported the types of activities they undertook in 2018, which were categorised as follows:

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

4.6.1. Lectures

Six hubs reported running seven lectures which were attended by 15-100 people from a range of allied health professions. Topics included How to undertake a research project, Implementing research into clinical practice and Clinical academic careers and CAHPR.

4.6.2. Workshops

15 hubs reported holding 26 workshops. Workshop topics included: Writing for publication, searching for evidence, meta-synthesis, research first steps and supporting your AHP career as an AHP practitioner.

South Central delivered a dragons den activity, where AHP clinicians could pitch for up to £250 to support research activity and dissemination. In total there were four successful applications for funds to support clinicians to present their research both in the UK and overseas. Following successful applications for funding local AHP clinicians have been able to disseminate their research to national and international conferences including; Physiotherapy UK, Society of Back Pain Research and the Thoracic Society meeting.

4.6.3. Conferences

Five hubs ran or participated in conferences. Conference topics included: AHPs working with industry for real life impact, Engaging NHS management to increase research at the coal face and the CAHPR Oxfordshire Conference.

4.7. Top Tips

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

- Medical Technology
- Enabling research activity
- Getting your abstract accepted

At the end of 2018, there were 13 top tips in the series. Approximately 6000 copies of tops tips were distributed by CAHPR hubs and professional bodies in 2018.

An additional resource providing quick guidance on research, treatment and, excess treatment costs was also created in 2018 and is available [here](#)

The Top Tips series is available here

<https://cahpr.csp.org.uk/content/cahpr-top-ten-tips>

5. Conclusion

CAHPR has continued to make positive progress towards delivering its mission in 2018. As described above there are many positive examples of activities to promote CAHPR and AHP research. CAHPR hubs have continued to support AHPs to increase research capacity and capability and to reach out to new networks. In addition, hubs have worked more closely together, with several starting to act as regional consortia. Two joint projects were successfully delivered and there is potential to continue to fund additional activities of this nature if practical adjustments are made to the model.

Hubs, committee members and CSP staff supporting CAHPR have continued to work to raise CAHPR's profile in 2018. This has contributed to an increase in the diversity of allied health professions involved in running CAHPR hubs. Further progress could be made to ensure all AHPs are able to benefit from CAHPR support and resources through a strategic approach to marketing and communications that includes all member professional bodies.

Contact details:

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<http://cahpr.csp.org.uk/>

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
- 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 – 2018*

Profession	2014	2015	2016	2017	2018
Physiotherapists	40	55	75	69	68
Occupational therapists	15	21	22	20	26
Radiographers	6	6	19	14	22
Speech and language therapists	2	12	14	9	18
Paramedics	4	8	10	8	6
Podiatrists	5	5	7	5	9
Dieticians	2	5	7	7	8
Orthoptists	1	3	3	3	3
Prosthetists	1	0	1	1	2
Art therapists	0	0	1	2	1
Dramatherapists	0	0	1	1	1
Music therapists	0	0	0	0	1
Osteopaths**	0	0	0	0	0
Other***	21	9	11	13	17
Totals	84	124	171	152	165

Although the total number of hub leaders and facilitators reported in 2017 and 2018 is smaller than 2016, CAHPR hubs have significantly increased their social media presence. This means a greater number of AHPs have access to CAHPR hubs.

Hub leadership has further diversified, with greater involvement from occupational therapists, radiographers and speech and language therapists. Most notably, the number of speech and language therapists and radiographers has increased by 100% and 57% respectively.

Hubs have also reported involvement from professions who are not CAHPR members within the 'other' figure.

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

** The Institute of Osteopathy joined CAHPR in 2018.

***Others include administration/support staff and some other non-member professionals.

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Table 2: CAHPR Professoriate membership by profession

Profession	Number
Physiotherapists	38
Speech and language therapists	8
Occupational therapists	14
Podiatrists	7
Radiographers	4
Dieticians	6
Music therapists	1
Orthoptists	2
Art therapists	1
Dramatherapists	1
Paramedics	1
Osteopaths	1
Grand Total	84

Professoriate membership has decreased to 84, from 118 members reported in 2017. This decrease follows introduction of the EU General Data Protection Regulation (GDPR) in May 2018. During 2018 all members of the Professoriate were asked to sign up again to the Professoriate via a new GDPR-compliant membership form. Those who have opted not to sign up have now been removed from the list.

The new membership number represents 68% of professors on the original Professoriate list. This GDPR compliant membership is likely to be a true representation of engagement with CAHPR. The majority of professors have agreed to share contact details with CAHPR hubs and selected partners, such as NIHR.

Table 3: One to one support provided by hubs

Category	Definition	Instances reported
Advice	Answering a specific query	78
Mentoring	Prolonged, structured programme of support	63
Quick Contact	3.5 hours or less	16
Review	Reviewing applications/research	22
Other		9

14 hubs stated that they provided one to one support.

Common topics for support were: clinical academic careers and practical support with service evaluations and research. Hubs also reported longer-term support with applications recorded as mentorship.

A variety of outcomes were reported such as: service evaluations, help to publish research, successful application for research fellowships and help to apply for research awards.

Appendix 3

CAHPR Public Health Research Awards 2019 winners

Rafiah Badat, Speech and Language Therapist

Investigating the feasibility of using digitally-enhanced language disorder therapy to improve vocabulary and influence wellbeing

Alison Bruce, Orthoptist

Effect of adherence to spectacle wear on early developing literacy: A longitudinal study

Short case studies are on the CAHPR website

<http://cahpr.csp.org.uk/cahpr-public-health-research-awards>

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Appendix 4

Table 1: 2018 total spend

Meeting costs	
Telephone conferencing	67
Travel expenses	3,659
Venue	970
Meetings total costs	4,696
Capacity Building	
External events	101
Hub funding	29,328
Hub joint project – UK small bursary scheme	2,000
Hub joint project – research symposia	2,000
Marketing resources	10,213
Capacity building total costs	43,642
Grand total	48,338

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 and joint projects. In 2018 the maximum level of funding available per hub was £3,000 and £2,000 was ring fenced per joint project.

£1,500 Additional funding for the Public Health Research awards was provided by Public Health England.

£19,500 Additional funding for the NIHR CAHPR AHP Research Champions scheme has been provided by NIHR. This scheme is funded to run from 2018 to the end of 2019.