

Research Forum for Allied Health Professions Newsletter



January 2012

Welcome to the January 2012 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 11 Allied Health Professions.

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

What is in this RFAHP Newsletter?

(and many thanks to all RFAHP contributors)

- RFAHP welcomes new Vice-Chairs
- Update on the Allied Health Professions' Research Network(AHPRN)
- Working with the NIHR Health Technology Assessment (HTA) programme
- AHP research can contribute valuable impact to the REF
- Professional Bodies updates

The Research Forum for Allied Health Professions Welcomes its new vice-Chairs

In the last year, the RFAHP has greatly valued the input of its vice-Chair Professor Kate Springett, the first person to hold this new role which was developed to support the Chair's work. Kate has now stepped up to take on the role of Chair herself, leaving a vacancy for her replacement vice-Chair.

The RFAHP is delighted that 2 of its members have volunteered to take on the role of vice-Chair. Dr Mary Hickson, the BDA member representative, will take on the role until December 2012.



Mary tells us: *I have served on the RFAHP committee since September 2005, firstly as the BDA officer representative, and then as the membership representative. I have one more year remaining to serve and I am pleased to support the committee as Vice Chair during this time. My post at Imperial College Academic Health Science Centre gives me a unique perspective of both the NHS and academic settings, and the demands and advantages of each. I am an active researcher with my own programme of research in the area of nutrition. I currently supervise six PhD and several Masters' students and have recently started a new Masters of Research in Human Nutrition. I teach on other MRes courses and run my own short course in Research skills, developed with the needs of AHPs in mind. I support and enable clinical therapists from a variety of professions to establish themselves in a research role; and use this experience as a member of the AHP Research Network London Hub.*

Dr Judy Lawrence, the BDA research officer, will be taking on the mantle of vice-Chair from January 2013.



Judy says: *I am the new research officer for the BDA and was previously a lecturer at King's College London. My research interest is food choices particularly those made by women. I have worked with women from ethnic minority communities and also with women who have previously been diagnosed with breast cancer to try to understand the influences on food choices.*

The first ever UK-wide Allied Health Professions Summit.

I attended a Summit for AHPs in December 2011 on behalf of the Research Forum for Allied Health Professions to discuss the future vision for AHPs. The Summit was organised by the Chief or Leads for the Allied Health Professions from all four United Kingdom countries, with attendance of around 200 AHPs with range of backgrounds and strategic level responsibilities. In an accelerated learning event we were asked to consider in depth "What is the vision for Allied Health Professions 2015 and beyond?" through a series of questions (table 1), and sub-questions. Emerging themes are given in table 2.

'Research' ran through many of the responses given by each table of delegates at the Summit, though in my view there was a tension around the perceived nature of this research. Research was often seen as being needed quickly rather than awaiting a rigorous and necessarily lengthier process, whilst there was also agreement that the quick research findings needed to be thorough and informed. Nevertheless these strategic, high-level delegates definitely viewed research as key to the future of AHPs, and a particular emphasis was placed on outcomes.

You will see from the extracted comments (table 3) there are issues still for research in, and applied to practice that were identified. These include methods of sharing good practice and use of the evidence base, how to work together to optimise effort in research, and avoiding being protective of one's own profession to ensure valuable collaboration. These are points that the RFAHP will discuss to see how best to advise in our strategic role.

Table 1.

Questions given to delegates at the AHP Summit to aid probing of "What is the vision for Allied Health Professions 2015 and beyond?"

1. How might a graduate allied health professional be different in 2021 from 2011?
2. What is the allied health profile and sphere of influence in 2011 and what might this be like in 2021?
3. How is the allied health group of professions viewed by other clinical professions?
4. What are the advantages and disadvantages of a profession specific profile?
5. What are the unique values shared by the allied health professions now, that will be important in the future?
6. What are the unique attributes of the allied health professions now in 2011 that will be different & important in 2021?
7. What does an "AHP" behave like in 2011 and what will be different, in 2021?
8. What could be gained by front line allied health professionals from greater collaboration?

Table 2.

Key Themes for AHPs emerging from presented responses to the questions in table 1.

- Need for a clearer brand.
- Need increased visibility and leadership
- Focused on outcomes for patients
- Part of the solution to economic challenge
- AHPs are enablers
- Strengthening our values and our accountability
- Improved organisation of influencing and communications
- Education, care and learning

Table 3.

Information that is research related emerged through commentary (*verbatim extracts from the Summit Report*)

[AHPs need to be] Technologically prepared – evidence and knowledge of contribution to outcomes.

How we can work together collectively as AHPs – strategically and operationally?
 Strategically – joint research, workstreams, eg/ return to work.
 Operationally - locally through pathways – goes on all the time.

Good practice is not always shared within organisations let alone further afield.
 More journal clubs, joint research. Business modelling – economic modelling - evidence base.

Stop being over protective about own individual professions. And be clear about how individual professional bring added value to patient pathways.

Collaboration – some shared initiatives across the UK. Shared research priorities. Quality and economic fiscal position. Common pathways and priorities. Not to lose sight of individual professional needs.

Demonstrate outcomes and benefits.

AHPs presenting themselves as the solution – a positive contribution based on strong evidence and best practice for patient care, mutual understanding and respect for other professionals.

Professor Kate Springett, Chair of the RFAHP

Working with the NIHR Health Technology Assessment (HTA) programme

The HTA programme is the largest single national research programme for the NHS. It funds the production of independent research information about the effectiveness, costs and broader impact of healthcare treatments and tests for those who plan, provide or receive care in the NHS. Its remit includes all interventions used to promote health, prevent and treat disease, and improve rehabilitation and long-term care.

The HTA programme identifies evidence gaps for its commissioned research by inviting suggestions through its website, consulting with key stakeholders within the NHS and by extracting research recommendations from high quality evidence syntheses. All suggestions received are considered by one of six expert advisory panels:

- **External Devices and Physical Therapies Panel** – covers physical therapies, rehabilitative interventions and external devices
- **Physiological and Community Therapies Panel** – interventions in the areas of mental health, learning disability, dementia and primary care
- **Disease Prevention Panel** – research to promote health, prevent disease and reduce health inequalities
- **Interventional Procedures Panel** – procedures which involve entering the body (eg. surgery), that are used for diagnosis or treatment
- **Diagnostic Technologies and Screening Panel**
- **Pharmaceuticals Panel**

The panels meet regularly and shortlist from all the suggested topics. They consider which topics are the most important to the NHS and in particular the burden of the health problem and its cost, the degree of current uncertainty, the urgency and the cost of the research. For each shortlisted topic a more detailed vignette is produced which clarifies the research question and the extent of the health problem. The panels consider the vignettes at a subsequent meeting and make recommendations to a Prioritisation Strategy Group which in turn will agree priorities to be taken on by the commissioning team. An open call is then advertised to researchers to submit proposals for any prioritised topics.

How is the RFAHP involved with the programme?

The RFAHP works closely with the HTA programme, in particular the External Devices and Physical Therapies Panel (EDaPT). Before each EDaPT meeting we find experts to comment on the importance of any of the suggested topics which are of relevance to AHPs.

In the initial round of discussions the panel just need brief comments on why the topic is important (or in some cases why it is not important). For any shortlisted topics relevant to any AHP, we try to find experts to provide more detailed comments on the research vignettes.

How else can AHPs be involved with the programme?

Suggest topics via the HTA website <http://www.hta.ac.uk/suggest/index.shtml>
Apply to be a peer reviewer (referee), panel member or Board member – for more information <http://www.hta.ac.uk/workwithhta/index.shtml>

Look out for HTA calls for research and submit a proposal
<http://www.hta.ac.uk/funding/index.shtml>

AHP research can contribute impact to the REF

The RFAHP recognizes the strategic importance of allied health professions' research and the potential for its contribution to the Research Excellence Framework. AHPs may have much to offer many university departments outside those devoted specifically to health sciences and clinical training. Because of our close links to patients, our research can lead relatively quickly to changes in practice (in comparison to other research which may take many years to pass from lab to patient) so AHPs have the potential to be particularly valuable in the new Research Excellence Framework which will now be used for judging university research quality.

All academic departments will have to consider the impact of their research on the outside world and prepare "impact case studies" as part of their submission, giving specific examples of where a department's research is making a real difference. We may underestimate how valuable AHP contacts and expertise can be to some non-clinical academic disciplines – ranging from engineering and design to food science and psychology. Collaborations with AHPs can be very good ways for a university to demonstrate their research impact – and for AHPs to forge links, get involved in research and benefit from expertise outside clinical healthcare.

In the current difficult funding climate universities may also welcome an AHP's ability to access funding streams only available to healthcare professionals. There may be a university department near you that would be very pleased to work with an AHP!

Professional Body Updates

The Society of Chiropractors and Podiatrists tells us that its Research Student Network is going from strength to strength, and made an excellent contribution to the recent Annual Conference. To find out more contact Dr Anthony Redmond a.redmond@leeds.ac.uk.

The Chartered Society of Physiotherapy has recently announced its award winners for the CSP Service Excellence Awards 2011. Five awards were available – Care Closer to Home, Promoting Self-management, Research in Practice, Technology, and 7-day Working Awards. The overall winners were the James Cook University Hospital 7 Day cardiothoracic physiotherapy team. Learn more at www.csp.org.uk/news-events/events/csp-awards. CSP Physiotherapy Works has also produced 2 new briefings on Dementia Care and Critical Care. This brings to 10 the number of A4 sized briefings that have been produced to make the economic case for physiotherapy.

The College of Occupational Therapists has reported an increasing number of members becoming engaged in AHPRN activity at local level both as emerging hub leaders and through benefiting from individual support and mentorship.

The **RFAHP newsletter is available on the web**, through the Allied Health Professions Federation web address:
<http://www.ahpf.org.uk/>

Thank you to the Chair of the AHPF.

The RFAHP formally thanks Gill Dolbear, 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 NEWSLETTER – CONTACT INFORMATION

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Information snippets

NIHR Clinical Research Network

<http://www.crncc.nihr.ac.uk/>

It is worth getting to know your Comprehensive
Local Research Network.

Generally AHPs are not very involved in the clinical
trial work undertaken and you will know the value
of AHP input http://www.crncc.nihr.ac.uk/about_us

Research Forum for Allied Health Professionals

Chair: Professor Kate Springett

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or through your Professional Body Research Officers

Arts Therapies Advisory Group, The British Dietetic Association, British Association of
Prosthetists and Orthotists, British and Irish Orthoptic Society, British Association/College
of Occupational Therapists, Chartered Society of Physiotherapy, Royal College of Speech
and Language Therapists, Society and College of Radiographers, Society of Chiropractors
and Podiatrists.