CAHPR REVIEW 2021

Joanne Cooke, Adrian Robertson and Chris Drake

THE MID YORKSHIRE HOSPITALS NHS TRUST

Executive summary

Background and method

The CAHPR review aims to inform the Council's next strategic steps. It is based on a consultation with key stakeholders which used a range of methods including online and targeted questionnaires to AHPs and professional bodies, semi structured interviews with wider stakeholder groups, a Focus Group with CAHPR leaders, and review of website and online materials. Information was gathered and analysed by Mid Yorkshire NHS team under the direction of the Review Steering Group. The report and recommendations are based on the triangulation of findings.

1. What has worked well?

The following areas were considered CAHPR successes.
CAHPR was widely viewed as providing both **signposting and a 'way in'** to research, enabled by a board practitioner base. It acts as a 'shop window' for funding and career development opportunities and provides support for Allied Health Professionals (AHPs) who need confidence to take first and next steps. The **actionable resources** such as the Ten Top Tips and Practitioner Framework were universally liked and used. CAHPR offers many **Networking opportunities** providing **peer support**, whilst also offering easy access to experience researchers. Regional Hubs were particularly useful in doing this. It provides research support to a wide range of professional groups, increasing **reach and inclusion** for frontline practitioners, whilst also providing a critical mass of research expertise. The **unique blend of expertise** from research, education and practice has a potential address workforce development; help provide opportunities for collaborative research, and provides a critical mass of potential mentorship, coaching and advice for early career AHPs.

2. Areas for change and consideration

The review highlighted areas for development and change. Whilst there was evidence of CAHPR's impact, some of this activity is **not visible** to wider AHP audiences and to the membership. A more formal **communications strategy** to inform the wider workforce should be considered.

There was strong consensus that CAHPR could and should have a role in **lobbying and influencing the wider research landscape** to increase opportunities and visibility of AHP research. Many key informants thought that this was an unfulfilled potential.

The review also provided some light on the **structure and function of CAHPR**. The general structure was seen as conceptually well-developed but **poorly resourced.** This limited resource gives an unwelcome message about the value of research and research capacity development to the AHP workforce.

The locally driven Hub actvity has led to some duplication of effort, variable delivery, and unequal access across sites. The Professoriate was seen as a really useful resource consisting of a wealth of expertise and wisdom that was often underutilised. More could be achieved through increased strategic direction, coordination and leadership of the Professoriate and Hub actvity.

Those consulted suggested a shift towards an **increase in cost-effective online resources** and web-based activities, which could be centrally coordinated, complemented by **regional Hub actvity undertaken in partnership** with others such as HEE, and ICSs.

Some of those consulted suggested that continued **CSP hosting arrangement**s presented some difficulties linked to perceptions of inclusion from wider AHP groups, and that as a maturing organisation CAHPR might work towards independence from this arrangement.

Issues around **inclusion and diversity** were also identified. Groups that were less visible include practitioners from a BAME heritage, however the review findings also highlighted that such groups have a clear ambition to progress. Some AHP groups were not included in CAHPR membership, and wished to get involved, and devolved nations were underrepresented. Practitioners who were not NHS based also felt less supported. Plans for inclusion of these groups should be developed, as well as planning more work around Public and Patient Involvement and Engagement (PPIE)

3. **CAHPR's role in supporting research in practice. Getting research into AHP career planning**

The report concludes that CAHPR had a major role in supporting research in AHP career planning by offering clarity of where research fits into the **'roadmap' of career progression**. The Council should support navigation along these pathways. The three research routes

include: (1) Evidence Based Practice (EBP) and use of evidence; (2) Delivery, collaboration and coproduction; (3) Clinical academic careers. Individual practitioners might move along and between these pathways within their career, and this is why support and navigation is needed.

The review concluded that CAHPR has a role in **addressing the workforce development challenges** arising from a limited research culture in the workplace where research is not seen as mainstream actvity. Many stakeholders want to work in partnership with CAHPR to do this. Examples of activities at individual, organisational and system-wide levels are provided in the report. CAHPR could identify and disseminate **research impact case stories** to illustrate where AHPs have made a difference and share these to influence managers and others.

4.   CAHPR's place in the research support landscape

CAHPR's role includes **supporting research in clinical careers, first steps** to research and **strategic influence and lobbying** the wider system.

Partnership work with other research and workforce planning organisations was clearly supported by the review, and CAPHR members acknowledged the strength that CAHPR has in speaking as one voice for AHP research. Partnership activities include: **Lobby funding bodies** to have a say in what research gets funded. Describing research and quality improvement **impact and outcomes** to make visible the role of AHPs in research and innovation. Support **workforce planning** and **culture** to enable research to become more mainstream in practice and undertake **priority setting** activities to influence research funding bodies. Partnership work could be planned by developing strategic inks between key organisations and members of Professoriate and the Strategy Group.

Given the poor resourcing of Hubs many thought links to the regional Educational Infrastructure/ ICS and devolved nations networks could help with supporting these structures.

5.   Sustainable funding models

Most stakeholders thought a **blended approach to funding** CAHPR should be recommended. This could include: **Increasing the funds from subscriptions** by expanding membership and reviewing subscription rates; applying for funds to undertake **projects**; **sponsorship;** developing a **journal;** delivering **conferences and workshops** and working

more closely with relevant partners to support workforce development and evaluation. CAHPR might also consider applying for **charitable status** as a cost-efficient next step.

6. Recommendations

Refresh and review strategic vision in the light of this review focussing on supporting research in AHP careers, articulating the **relevance and impact** of AHP research to services and the public, and increasing research opportunities through working in partnership and influencing others.

Plan activity based on unique range of expertise to increase activities that utilises expertise from practice, academia and management. An expanded set of activity could include mentorship; buddying peer support systems; providing online actionable products for example career development / navigation tools and support for managers; increasing visibility of role models and impact case studies; and undertaking priority setting activities to inform funding bodies. Funding to develop and deliver these activities should be sort underpinned by CAHPR's track record and unique range of expertise.

Adopt a wider remit around research and practice. Plan signposting and navigation activities to support research-practice career pathways linked to three routes which include: (1) research use and evidence-based practice and quality improvement, (2) collaboration, coproduction and delivery of research, and (3) clinical academic pathways

Plan for inclusion and diversity. Future strategic plans should include aspects of inclusion and diversity.

Develop a communication strategy. Consider developing a communication strategy that aims to increase CAHPR's visibility to target audiences, with regular feedback to membership organisations. The communication strategy should consider a shift in balance towards provision of more centralised online resources, and delivery of content that includes actionable, interactive products, and to seek funding to develop these.

CAHPR structure. The current CAHPR structure fits with its vision and function but is limited in delivery by the level of resource received. A rebalance of Hub activity should be considered to make use of online meetings. More coordination of Hub activity is recommended to reduce duplication. Plan work in partnership with others to support face to face meetings at a regional level (e.g. ICS/ HEE/ AHP Councils and Faculties). The

Professoriate should be asked to address specific strategic tasks linked to lobbying and influence. Consider a distributed leadership model with a number of named Professoriate members who could to link a specific stakeholder organisation as CAHPR representatives, and linking to the Strategic Board. Consider co-ordinating a wider stakeholder group to support advice and influence in the research and quality improvement landscape.

Partnership with others. The review highlighted the need and possibilities of working in partnership with other influential stakeholder organisations in the research and workforce planning landscape. This could lead to pooled resources and highlight where CAHPR might provide funded services to meet need. Partnership work may also add weight to strategic influence.

Develop a blended funding model. Sustainable funding models were explored by the review. A move towards a more cost effective workplan should be considered including more online meetings and delivery of online products. A blended approach to funding is highly recommended. Funding options include increasing subscription rates which could be supplemented by funded project work; seeking sponsorship; and undertaking fundraising activities such as a journal, funded workshops and conferences. It is worth exploring developing a service provision model with national professional leads or acting as a funded advisory service to other national bodies (e.g. NIHR, charities). It might also be worth exploring cost efficiency ideas such as becoming a charity or pooling resources with others. Funding developments should be undertaken in a step-wised manner, to reduce risk and secure the longevity of this highly needed resource for AHP practice.