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MINUTES of the second meeting of the Shadow Health Professions Council's Education and Training Committee held on Wednesday 13 February 2002 at Whitefield House, 186 Kennington Park Road, London SE11 4BT

Present :

Ms Christine Farrell
Dr. Graham Beastall
Mrs. Shaheen Chaudhry
Ms Helen Davis
Mr. Paul Frowen
Prof. Anthony Hazell
Mr. Laurence Hughes
Prof. Rosemary Klem
Prof. Jeff Lucas
Mrs. Jacki Pearce
Mr. Gordon Sutehall
Prof. Diane Waller

Ex Officio : Prof. Norma Brook

Also in Attendance

Dr. Peter Burley – Secretary
Ms Alice Murdoch

[with Ms C. Farrell in the Chair]

ITEM 1 02/01 ELECTION OF CHAIRMAN AND VICE CHAIRMAN

1. **Chairman**

1.1.1 The Committee noted that two candidates had been nominated to stand for the office of Chairman. They were Prof. Anthony Hazell and Prof. Diane Waller.

1.1.2 Each candidate gave a short presentation. A secret ballot was held and Prof. Waller was elected by a majority vote.

1.1.3 Prof. Waller thanked the Committee for electing her to the office of Chairman.

[with Prof. Waller in the Chair]

2. **Vice-Chairmen**

It was agreed to appoint two vice-chairmen. Two nominations had been received from Mr. Gordon Sutehall and Ms Eileen Thornton (in absentia). They were duly declared elected. Mr. Sutehall thanked the Committee for his election.

3. **Convenor**

The Committee placed on record its appreciation of the work carried out on its behalf by Ms Christine Farrell as convenor over the last three months.

ITEM 2 02/02 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from : Mr. Michael Collins, Miss Mary Crawford, Prof. John Harper, Dr. Robert Jones, Mr. Colin Lea, Ms Gill Pearson, Ms Pamela Sabine, Ms Eileen Thornton, and Dr. Anna Van Der Gaag.

2.2 It was noted in this context that Ms Sylvia Cliffe had resigned from SHPC (and hence the Committee) following a bereavement. The Committee expressed their condolences to her. Pending a review of membership after a new OT alternate representative on the Council had been appointed, the Council had appointed Mary Crawford to the Committee.

ITEM 3 02/03 APPROVAL OF THE AGENDA

On the recommendation of the Chairman,

It was

RESOLVED (1)

that the agenda be approved.

ITEM 4 02/04 MINUTES

It was agreed that the minutes of the first meeting of the Shadow Health Professions Council's Education and Training Committee held on 10 December 2001 be confirmed as a true record and signed by the Chairman.

ITEM 5 02/05 MATTERS ARISING

The Committee received the Secretary's report.

ITEM 6 02/06 SECRETARY'S REPORT

None.

ITEM 7 02/07 MAINTAINING THE CONTINUITY OF CPSM'S EDUCATION APPROVAL AND CONTINUED APPROVAL WORK IN THE FIRST TRANSITIONAL PERIOD

7.1 The Committee received and discussed the Executive's report.

7.2 It was agreed that the Committee should make a statement of commitment to explore new working methods during the transitional and consultation periods.

7.3 It was also agreed that a systems analysis of CPSM functions was needed to inform HPC's considerations.

7.4 The Secretary clarified that any of the former Board members concerned in the arrangements would be appointed by HPC under its authority.

7.5 Several members commended the need for continuity in decision-making.

7.6 It was noted that the financial implications of this proposal were that costs for educational (re-)approval work in 2002 / 3 would be likely to be no greater than for 2001 / 2 and any major variations would be caused by changes elsewhere (eg. in members' expenses regimes) not directly related to educational issues.

It was

RESOLVED (2)

that the report be recommended to the Council for appointment of the advisory groups and that discussions be held with the members, bodies, and officers concerned.

ITEM 8 02/08 BRIEFINGS FOR THE COMMITTEE

8.1 The Secretary reported that a number of offers had been made by outside bodies to provide briefings for the Committee. Outstanding offers were by the General Osteopathic Council on how it had approached its equivalent tasks, by the Centre for Higher Education Research and Information (part of the Open University) on the background to Quality Assurance in health courses, and the South East England Credit Accumulation and Transfer Consortium's health network on how academic credit could assist HPC's registration functions (in a way denied to CPSM).

8.2 The Committee decided to accept briefings in principle on the basis of 30 minute sessions at the start of each meeting with the executive planning the programme. The briefings would start after April 2002.

8.3 Members asked specifically for briefings on Programme Specifications, Progress Files, and qualifications and credit frameworks.

ITEM 9 02/09 CLINICAL SCIENTISTS AND MEDICAL LABORATORY TECHNICIANS BOARDS' REGISTRABLE QUALIFICATIONS

The Secretary reported that proposals for a registrable qualification for each profession, which could carry over to HPC, were now with the Privy Council. There was no action SHPC needed to take on this, but it had been identified earlier as one of HPC's biggest " risks " if CPSM had not discharged its statutory functions in time.

ITEM 10 02/10 DATES OF FUTURE MEETINGS

It was agreed to meet at 10.30 a.m. The dates of the next meetings under SHPC were 15 and 25 March 2002.

For HPC, the Committee's scheduled meetings would be on the Wednesday two weeks before each Council meeting as follows :–

1 May 2002,
22 May 2002,
3 July 2002.

[Subsequent to the meeting HPC has fixed its dates for the rest of the year which would give the following dates subject to confirmation :

- 4 September 2002
- 25 September 2002,
- 16 October 2002, and
- 27 November 2002] .

At 11.30 a.m.

Joined by the members of the CPSM's Educationalists Forum

Members appointed to the Council and Boards :-

Prof. Jackie Campbell (Arts Therapists Board),*
Mrs Catherine Lawrence (Occupational Therapists Board),*
Prof. Mike Pittilo (Prosthetists & Orthotists Board),*
Mr. Paul Turner (OT Board, teacher in HE),
Prof. Don Watson (Orthoptists Board).*

* Appointed by the Council after consultation with the Secretary of State for Education and Skills and the Scottish Executive.

Chairmen and Secretaries of the five joint validation committees / joint advisory committees :-

Ms Stephanie Hobson and Ms Remy Reyes (OT JVC),
Ms Kathy Burgess (Radiographers JVC),
Dr. Gaye Powell and Ms Sylvia Stirling (SLT JVC),
Ms Margaret Curr (Physiotherapists Joint Validation Committee), and
Mr. David Ashcroft (Chiropodists Joint Quality Advisory Committee).

Other relevant Board and Committee Chairmen :-

Mrs Gail Stephenson (Orthoptists Board).

Other Bodies :-

Ms Julie Swan (Quality Assurance Agency),
Dr. Kate Clarke (Council for Validating Universities),
Ms Eve Jagusiewicz (Universities UK),
Ms Rosemarie Simpson (Health & Care Professions Education Forum)
Ms Barbara Clague (Centre for the Advancement of Inter-professional Education)
Dr. Margaret Sills (Learning and Teaching Support Network for Health and Scientific Practice),
Ms Sandy Goulding (Department of Health), and
Ms Sally Gosling (Allied Health Professions Forum)

Also in attendance

Mr. Don Lorimer
Dr. Peter Burley – Clerk
Mr. Gerald Milch
Ms Niamh O'Sullivan
Ms Lucinda Pilgrim

ITEM 11 02/11 INTRODUCTIONS AND WELCOMES

11.1 The Chairman of ETC introduced herself and welcomed the members of CPSM's Educationalists Forum to the ETC. She explained that the Forum was an informal advisory body to the Council at CPSM designed to facilitate multi-professional discussion of educational issues. She paid great tribute to the Forum and to its (and CPSM's) ethos of voluntary service.

11.2 The Secretary reported that the working arrangements for the first transitional period (after 1 April 2002) had been agreed at ETC. This meant that most of those present would be being approached in due course by HPC to ask them to continue their work for another year.

11.3 As follow-up from the previous ETC meeting, Prof. Lucas raised the point about the need for clarification of the maintenance of funding under the Multi-Professional Education and Training Levy (in order to continue to be able to meet NHS targets for student recruitment.

11.4 Apologies for absence were received from Ms Helen Allen and Mrs Mary Macdonald, Ms Patricia Ambrose, Prof. Linda Challis, Ms Mary Embleton, Prof. Judith Hitchen, Mr. Alan Hutchinson, Prof. Anne de Looy, Prof. David Rogers, and Mrs. Sandra Sexton.

ITEM 12 02/12 NOTES OF THE MEETING OF THE CPSM EDUCATIONALISTS FORUM HELD ON 7 NOVEMBER 2001

Agreed.

ITEM 13 02/13 ANY MATTERS ARISING

None.

ITEM 14 02/14 CHAIRMAN'S, PRESIDENT'S, AND SECRETARY'S REPORTS

The Chairman re-inforced the need to treat the first transitional period as a quite separate period from the long-term implementation of Part IV of the OIC. The Committee would need to keep these parallel tracks of its work in mind.

ITEM 15 02/15 STANDARDS OF PROFICIENCY FOR REGISTRATION

15.1 The Committee noted the background information supplied.

15.2 The Secretary reported that this was the most important item for the long term development of HPC. The proposal was for QAA to be invited to express interest in being SHPC's (ie DoH's) agent to take the work forward to develop proposals for consultation.

15.3 It was agreed that the Committee would need to approve a brief for the work. This should be in two stages, the first would be a scoping exercise and the second would move into greater detail.

15.4 The meeting directed that the brief include asking whether the Standards should also be multi- (at least in part) or only be uni-professional, with a view to seeking to progress HPC's multi-professional ethos at this early stage if possible.

15.5 QAA agreed that if the brief was clear about the intended outcomes and if QAA could call upon the expertise within the professions it would give very careful and sympathetic consideration to its role as facilitator in the exercise.

15.6 Proficiencies might operate at different levels in different professions.

15.7 Dr. Beastall reported on the parallel work being carried out in Clinical Science (in National Occupational Standards) where different levels were established between overarching and modality specific proficiencies.

15.8 Standards of Proficiency should not be confused with common or core curricula or generic health working.

15.9 Prof. Pittilo cautioned that the divisions between DoH and HEFCE funded provision was a potential difficulty the project would need to address.

15.10 The public needed to understand the difference between proficiency and benchmarking. The public also needed to understand exactly what State Registration meant and how the different functions at HPC interacted. The Committee directed that this discussion be referred to the Communications Committee.

15.11 It was clarified that Standards of Proficiency would need to be consistent with Subject Benchmarks and other documents but were not likely to be one of the key interactions with higher education.

15.12 The brief – and the project – should (one or the other) clarify just how prescriptive the Standards should be.

15.13 The brief and project (between them) should clarify how the Standards would be used by HPC. It was agreed that those seeking " grandfathering* " and non-UK qualified applicants were the most obvious users.

15.14 This meant that the Standards had to be set at a realistic level – as advised earlier by CPSM's lawyers.

* This is the process whereby bona fide practitioners can seek entry to the Register at a change in legislation despite not holding an approved qualification.

ITEM 16 02/16 REPORT ON THE DoH / QAA PROTOTYPE REVIEWS FROM THOSE WHO ATTENDED THE STEERING GROUP MEETING ON 8 JANUARY 2002

16.1 The Secretary reported that Prof. Norma Brook had been appointed to the Steering Group in her capacity as President. Prof. Rosemary Klem had been appointed as an expert from CPSM, Dr. Peter Burley had been appointed in both capacities, and Dr. Robert Jones had been appointed as an NHS manager. In addition Prof. Jeff Lucas had been appointed to evaluate the prototype reviews.

16.2 The reviews in six sites were now underway and ETC would need to take very careful note of their evaluation for the purposes of the proposals it would make for consultation in due course on the implementation of Part IV of the OIC.

16.3 Those present at the Steering Group reported very positive progress with the work and that it would be a focus of ETC's attention.

16.4 The meeting received Prof. Pittilo's letter to Ms Goulding on the extension of Subject Benchmarking. Prof. Pittilo clarified that he (as co-chairman of the Shared Framework Subject Benchmarking Group) and DoH were in agreement on the issues. He confirmed the value of including more professions in the shared framework. Ms Goulding clarified from DoH's side that Subject Benchmarking was still being progressed – even if not all in the same format. CAIPE confirmed that Subject Benchmarking was proving a key tool for the pursuit of inter-professional education. CAIPE put its good offices at QAA's, DoH's, and HPC's disposal.

ITEM 17 02/17 RESEARCH ASSESSMENT EXERCISE (RAE)

17.1 The Committee received the outline report of results from the 2000 / 2001 RAE noting the improvement of AHP performance since the last RAE. The interaction between research and teaching meant that ETC would need to keep itself informed about the RAE.

17.2 Prof. Diane Waller forwarded some comments from Prof. Gerry McKenna around the process of the RAE. These comments covered areas such as the benefit of user involvement, focused joint submissions, strategy statements, assessment methods, and the improvement in the quality of submissions. He commented also on the funding decisions arising from the RAE, which appeared to be detrimental to the interests of health and scientific professions. She expressed great concern about the levels of funding for research.

17.3 The general conclusion was that the reduction of the unit of resource was a serious issue. It tied in with risks to funding elsewhere in how the Multi-Professional Education and Training Levy might be implemented. The accumulation of adverse funding decisions might prove a major disincentive for maintaining a research base in the professions.

17.4 It was agreed that these concerns could best be pursued in the short term via the Council of Nursing (and Allied Health Professions) Deans and via Universities UK.

17.5 It was agreed that the President of HPC and Chairman of the Committee should seek a meeting with UUK (Health Committee) and the Standing Committee of Principals.

[Secretary's note : in hand between the secretariats].

ITEM 18 02/18 UP–DATE ON THE BIDS ACCEPTED BY THE DoH FOR MODERNISING EDUCATION AND TRAINING IN ENGLAND

18.1 The Secretary reported that the issues raised by these bids had been discussed at a meeting of the Joint Validation Committees held on 23 January 2002. Full papers on that meeting would be put on the next agenda.

18.2 Ms Curr reported on a meeting between 11 of the PSM Boards and professional bodies on 23 January 2002 to look at qualifying education programme validation and review procedures. The meeting was to work towards a shared value statement to be submitted to ETC.

18.3 The Secretary reported that CPSM had made direct contact with all the bids, meetings had been held with two so far, one was being held on 18 April 2002, and one bid had felt it did not need a meeting. Each bid was considering its position on what level of new approval – if any – was required.

ITEM 19 02/19 LIAISON WITH THE UK COUNCIL FOR GRADUATE EDUCATION

Held over to next meeting.

ITEM 20 02/20 LAUNCH OF THE FUNDING COUNCILS' STRATEGY REPORTS ON RESEARCH IN NURSING AND ALLIED HEALTH PROFESSIONS

20.1 Those present at the launch on 4 December 2001 reported on a positive event, but one which underlined the multiplicity of government initiatives and funding and that not all were yet connected up in detail.

20.2 In this context Prof. Lucas reported that therapy assistant Foundation Degrees were HEFCE funded in England.

20.3 Also in this context Ms Goulding reported that there was going to be a strategic agreement between DoH and HEFCE. DoH acknowledged the continuing importance of HEFCE (and DfES).

20.4 Prof. Campbell commended all members to read the reports, but was disappointed by the various responses to them. Prof. Lucas commented on the risks of not promoting a research conscious workforce.*

* [The reports can be found at http://www.hefce.ac.uk/Pubs/hefce/2001/01–64.htm and http://www.hefce.ac.uk/Pubs/hefce/2001.01–63.htm]

ITEM 21 02/21 CPSM'S RESPONSE TO THE FUNDING COUNCILS' CONSULTATION ON " INFORMATION ON QUALITY AND STANDARDS OF TEACHING AND LEARNING "

The Committee noted CPSM's response. The Secretary reported that the specific (disaggregated) information needs for health courses were recognised by QAA, DoH, and the HE sector as a whole in wider contexts outside this consultation.

ITEM 22 02/22 REPORTS OF SIGNIFICANT CONFERENCES SINCE THE LAST EDUCATIONALISTS FORUM

22.1 The Secretary reported attending :

- a conference on a UK overview of QA run by the Centre for Higher Education Research and Information,
- UKCC's consultation on the future of nursing quality assurance,
- a briefing conference on Workforce Development Confederations,
- the General Social Care Council's national consultation event on codes of conduct.

22.2 Prof. Campbell reported on a forum for the interaction of HE and DoH IT systems. The meeting acknowledged the importance of this initiative which led into the areas of e-learning, the (former) University for Industry (now " Learning Direct), and other distance learning initiatives.

ITEM 23 02/23 UP-DATE ON DoH CONSULTATION AND OTHER PAPERS

23.1 Ms Sandy Goulding reported on the Medical Education Standards Board consultation.

23.2 Ms Jagusiewicz confirmed that the UUK consultation on fitness for practice in medical education would be published over the next few months. It would come to ETC in due course.

ITEM 24 02/23 FORWARDING THE REPORT TO CPSM COUNCIL ON THE OUTCOME OF THE DfES'S REVIEW OF INDIVIDUAL LEARNING ACCOUNTS (ILA

24.1 The Committee noted the report.

24.2 Ms Goulding reported that an NHS ILA scheme would continue to run in some form. It would be known as the NHS Learning Account. The AHPF CPD project was aware of this and would be taking it into account.

ITEM 25 02/25 THE ENHANCEMENT OF QUALITY IN HIGHER EDUCATION

Received.

ITEM 26 02/26 ANY OTHER BUSINESS FROM THE MEETING(S)

26.1 Future Fora

26.1.1 It was agreed that the representatives invited to the CPSM Educationalists Forum should meet with ETC at least once every three months to maintain the networking and dialogue CPSM had achieved. This process should be seen more as a continuing workshop not as a formal consultation.

26.1.2 It was agreed to seek the necessary authority for any expenditure required for such meetings. The sums involved, however, could not be quantified until sometime in April.

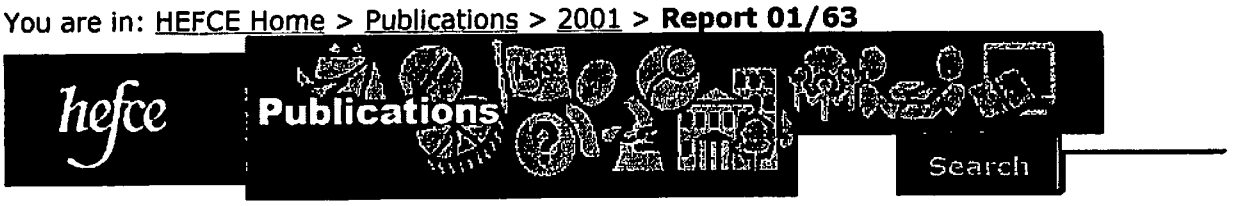
26.2 Consideration of Approval of non-Accredited Courses and Qualifications

The query was raised of whether ETC could approve education and training provision which enjoyed no other forms of external accreditation and approval (eg. by QAA or the Qualifications and Curriculum Authority).

The Secretary reported that this was within ETC's discretion, but was not a decision to be taken lightly. Advice should be taken from the Department of Trade and Industry and the Department for Education and Skills. This was because recognition of unaccredited provision would be ultra vires at least to the " first " Directive (EEC 89/48). It would have the effect of moving all HPC's professions either into the " second " Directive (EEC 92/51) or even into being deemed unregulated for the purposes of European law.

This topic would need to be addressed on its own if the occasion arose.

CHAIRMAN



Report 01/63

Research in nursing and allied health professions

Report of the Task Group 3 to HEFCE and the Depa Health

To:	Heads of HEFCE-funded higher education instit Heads of universities in Northern Ireland
Of interest to those responsible for:	Research funding; departments dedicated to o incorporating nursing, midwifery, health visitir health professions within HEIs; those within th Department of Health or other organisations c with research in departments of the type desc above.
Reference:	01/63
Publication date:	November 2001
Enquiries to:	Tom Sastry, tel 0117 931 7458, e-mail t.sastry@hefce.ac.uk

Contents and executive summary (read on-line)

Please note that references in this document to the CPNR/CHEMS repc research in nursing and professions allied to medicine' refer in fact to research in nursing and the allied health professions', which is availab HEFCE web-site as HEFCE 01/64.

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Report
[MS Word 232K | Zipped Word 73K | Adobe PDF 124K | Zipped PDF 1

Annexes
[MS Word 74K | Zipped Word 16K | Adobe PDF 47K | Zipped PDF 40k

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Executive summary

Purpose

1. This report presents the findings and recommendations of Task Gro working group set up jointly by the HEFCE and the Department of Hea was to explore ways of better enabling the research base to contribut knowledge and the delivery of health services, by nurses and member health professions (AHPs) [note 1].

Key points

2. The recommendations cover all research relevant to nursing and Al of whether it is undertaken by members of the professions concerned. summarised in Annex A.

3. Our examination of the current funding system for health professio (Chapter 2) shows that it is characterised by two types of underfundin

- underfunding relative to comparable professions: education rese 4.5 times as much funding as nursing research. For some AHPs t capacity and funding are scarcely measurable
- underfunding relative to the size of the professions: only 3.9 per nursing academics are defined as research staff, whereas there a nurses for every researcher whose salary costs are supported th council research grant.

4. Funding is also skewed towards short-term projects. There is a sho funding for the type of co-ordinated programme funding and follow-up associated with projects supported by processes dependent upon peer as the Research Assessment Exercise (RAE). This may be responsible perception that researchers have to choose between targeting either ' or 'NHS research'.

5. We argue that this is dangerous: it is important that high quality re encouraged – whether blue skies, or research of the most immediate a and that all types of research develop alongside each other. Only this develop the knowledge base while developing the capacity to produce research to inform practice.

6. We consider that there is a compelling case for research relevant tc allied health professions (Chapter 3). This is based on the needs to:

- ensure that higher education institutions (HEIs) are able to train aware professionals
- facilitate research awareness for practitioners and administrators evidence-based practice and policy
- understand the research priorities and needs of the health servic
- enable specific interventions or specific approaches and phenom evaluated
- establish the knowledge base and ensure that there is scope to u underpinning work informing directly applicable research.

7. The historic lack of research funding for nursing and AHPs has had effect (Chapter 4). However, there is now a consensus for action to de research capacity, embracing not only the HEFCE and the DH but Rese Councils, research charities and representatives of the professions the

8. We maintain that the research base has the potential to deliver imp provided that there is additional support (Chapter 5). We note that th indicators are all improving, although in most cases from a very low b

- RAE ratings
- numbers of research-active staff submitted to the RAE
- levels of research income
- postgraduate student numbers
- collaborations with researchers in other disciplines.

9. In the absence of development funding, it is unlikely that it will be HEIs to maintain this improvement to the point where it becomes self-

10. Our main recommendation for delivering improvement is the estal fund to develop and expand the capacity for high quality research in AHPs (Chapter 6 and Annex C).

11. The purpose of such a fund should be to develop capacity in priori as a primary aim, to fund specific research projects; however in pursu it might support research projects as well as research posts or infrastr projects.

12. We suggest that such a fund be controlled by a governing board, decide on funding priorities. We envisage that this governing board w expected to meet specific performance targets over the period of its p existence, which we suggest should be not less than seven years.

13. We also recommend that efforts are made by the governing board with other funders, to co-ordinate funding priorities.

14. We envisage the governing board having the freedom to review it priorities and to allocate resources in whatever way it feels is most li its objectives.

15. There is a need to support career development and research oppo health professions researchers, teacher researchers and clinician-rese (Chapter 7). The proposed fund has a role in supporting research trair research career development, and we consider there are other activiti require investment either from the fund or from some other source.

16. We consider that it is essential that teachers in HEIs are familiar w techniques and where possible are active researchers.

17. We argue that Workforce Development Confederations should fun following as part of their support for the development of an appropriat teaching workforce:

- PhD opportunities for staff employed by HEIs whose posts are fu teaching through Multi-Professional Education and Training (MPE

- some time for staff employed in HEIs, whose posts are funded b undertake research.

18. Our analysis suggests that the new fund is likely to support the fo activities, unless the governing board is satisfied through the co-ordin mechanisms that they are adequately supported:

- PhD opportunities for newly qualified staff and other non-MPET fi candidates
- full-time post-doctoral research posts
- time for research for academic staff in clinical posts
- provision for experienced research staff (research leaders) to be of clinical and/or teaching duties to supervise, lead and otherwis research.

19. Funding for capital items should fall within the remit of the propos not necessarily exclusively so).

20. We believe in the importance of promoting collaboration between professions and research departments, and in interdisciplinary arrang drawing in researchers from other traditions (Chapter 8). We recomm portion of the fund be earmarked to develop research networks and st dissemination within and beyond the academic setting.

21. We reject the notion that funders should attempt to direct a conce research activity into a few centres of excellence. We do however con grants from the proposed fund should be allocated on the basis of qua simply fitness for purpose.

22. We are confident that, by recognising and rewarding quality, thes will provide scope for the best centres to compete internationally in th strength, and are clear that funding arrangements should provide the means to do so. At the same time, our proposals envisage the develo research capacity beyond centres that are currently strong.

1. See glossary for definition of allied health professions.

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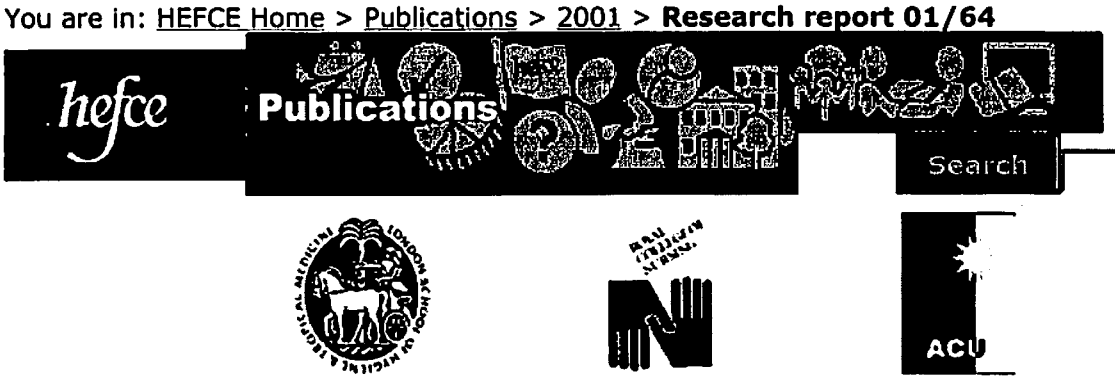

Research report 01/64

Promoting research in nursing and th health professions

Main report
Content and executive summary (read on-line)

Technical annexe
Content and executive summary (read on-line)

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Main report
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Technical annexe
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Executive summary

Background

1. This report is the culmination of a nine-month study undertaken for team from the Centre for Policy in Nursing Research, CHEMS Consultir

Association of Commonwealth Universities, the Higher Education Cons and the Research Forum for Allied Health Professions.

2. We were asked to map the present position as regards university re nursing, midwifery, health visiting and the allied health professions (A the demand for such research, and then to explore the case for furthe by HEFCE and the Department of Health.

3. Our findings have been presented in two volumes: this main report the demand and on the business case, while the Technical Annexe giv findings as regards research activity in the disciplines concerned.

4. The mapping study used several approaches to collecting data, sinc from previous studies that very little data already existed. A wide-ran questionnaire survey was sent to 121 academic departments. Visits w 11 institutions (from which three case studies were developed). A bibl analysis was commissioned of the publications for six professions in th Trust's research outputs database, and extensive interviews and consi held with research councils, NHSE and Department of Health staff, cha and members of institutions.

Demand for research

5. The demand for research is rarely identified or quantified, so we de categorise it in three ways: policy- and R&D-driven demand, that iden professional groups, and relative demand compared with other benchr

6. Recent policy changes in the NHS such as the move to more home community-based care imply an extension in the roles of nurses, midv AHPs. Government is now stressing the weight to be given to evidenc aspects of health and social care, placing the onus on the service and community to deliver such evidence. Recent policy statements have ic between the demand for, and the supply of, research in many areas. I as the National Institute for Clinical Excellence (NICE) are looking for i evidence in order to inform clinical guidelines for practitioners; eviden required for other priority areas such as the National Service Framewc

7. The shortage of health service researchers is considered by some t to the NHS's R&D programme as a whole, and research in primary car particular gap. A recent study referred to a vicious circle of disadvanta because there were few well-qualified researchers (and little sustainec in developing this capacity), the research outcomes were limited in nu quality.

8. Three of the relevant professions (nursing, physiotherapy and occu therapy) have recently carried out consultation exercises asking their which topic areas they thought research was a priority. These findings passed on to funders, but have had disappointingly little impact so far wide range of opinions is collected by the panels of the Health Techno Assessment (HTA) programme, whose role it is to prioritise topics for funding. We analysed a sample of the topics put forward and found th potentially applicable to nursing, midwifery and AHPs. NICE has also b presented with a number of research topics to appraise in the same di

9. Our survey of demand involved an analysis of research proposals si two NHS Regional Offices; this showed that a significant number of pr the relevant professions were not funded (although this may have bee quality). Discussions with the Council of Deans of Nursing and Heads (Midwifery and Health Visiting and the Research Forum for Allied Healtl served to confirm both the areas where they thought research was ne demand for more research capacity and investment in novice researcl

10. We compared research activity in nursing, midwifery and AHPs wit education and social work, two professional areas with similar profiles of education the weakness in research capacity and outputs was recoç by the creation of a special teaching and learning research fund mana by the ESRC. This now has a budget approaching £23m, which is usec 'enhance the system-wide capacity for research-based practice in teac learning'.

11. Social work as a discipline shares many of the same concerns as r midwifery and the AHPs – no co-ordinating body for funding research, an evidence base to inform practice, and remaining invisible as a disc many funders are concerned. Despite this, however, its academic dep succeeded in the RAE, with 16% of departments gaining a rating of 5 (compared with 3% in nursing and midwifery).

12. A comparison of the 1998–99 research income between academic shows that nursing and AHP departments received the lowest proporti research council funding of all subjects.

Findings from the mapping study

13. There is evidence that nursing, midwifery and AHP departments ai increasing research income, since the 50 departments responding to c showed an increase from £3m in 1996–97 to £9.7m in 1999–2000. Th funders have been the Department of Health, NHS regional offices anc HEFCE support for research has been £3m a year of QR funding to 11 in Unit of Assessment 10 (UOA), which covers nursing and midwifery. £7m a year which has gone to UOA 11 will have reached AHP departr although we do not know the proportion.

14. The capacity to do research has also been increasing: over the fiv to 1998–99 nursing, midwifery and AHP research staff in universities l number from 97 to 240; however, this represents only 3.9% of the to 6,174. Comparable figures for other benchmark disciplines are from e 7.6% and social work/studies with 13.3%.

15. In the RAE for 2001 the number of submissions in UOA 10 (which nursing, midwifery and health visiting) increased by 19% – the secon any discipline. In addition, the number of Category A and A* staff incr 50% over the 1996 figure – the second highest percentage of any dis However, the number of such staff, at 623, is still low in comparison v of full-time teaching staff. In UOA 11 (which includes the allied health the submissions were 10% higher than in 1996 but the number of aca increased dramatically by 57% (the highest of any discipline) to 1,06€ we do not know what part of this increase can be attributed to the AH

16. Postgraduate student numbers in nursing have also grown over th timescale by 94% and amounted to 3,700 in 1998-99. All but 435 of t time.

17. The bibliometric analysis we commissioned has shown a matching published papers over the last ten years, although the outputs for nur midwifery have not increased since 1995. Authors from hospitals and account for a substantial minority of the papers in all disciplines.

18. In dietetics, midwifery and speech and language therapy, we foun six of the papers had a foreign author (as a sign of international collat the same disciplines had a high number of authors from different addr indicating inter-university collaboration within the UK.

19. A high proportion of published papers revealed no funding source, they were self-funded: this percentage was 83% for occupational ther nursing, 71% for physiotherapy, 57% for midwifery, 46% for speech a therapy and 38% for dietetics. In the NHS as a whole, 47% of fundinç papers is unacknowledged, which means largely unfunded. The UK go provides funding for the research behind 33% of publications in all of

20. Respondents to our questionnaire gave us information on their res outputs, which averaged out at only 1.8 papers over the whole of the years for the 1900 staff involved. They also told us the present numbe among their staff, which was an average of 16% of the total number.

21. Finally, our survey enquired about the number and type of collabo which nursing and AHP departments had with other departments or in nursing and midwifery it was usual to have two formal links with othe and two with other institutions, but to have more than five collaborati arrangements with NHS-related organisations. These figures were low AHP disciplines.

The case for investment

22. We explored some of the arguments for more investment in resea commissioned a brief paper from Dr Steve Hanney, an expert in this a surprising that no serious study has been made of the cost benefit of i health research generally. However, Dr Hanney's paper (presented in Annexe) identified five different arguments for further investment in li payback model he and Professor Martin Buxton had earlier developed service research in general. The five benefits are: knowledge generati research and research use, enhanced executive decision making, cost effectiveness of different interventions and broader benefits such as e from a healthier workforce.

23. As part of our benchmarking activity we looked at funding for nurs in the USA and Canada. In the USA, the National Institute for Nursing established as an entity of the National Institutes of Health in 1993 an receives some $90m annually from Congress. This sum is equivalent t registered nurse. In Canada, a capacity building exercise has been lau providing research support for ten years for a programme of nursing r training awards centred on newly-created chairs in institutions. This h successful in attracting matching funding from other agencies and spo

24. One chapter in our report reviews the options for providing resear future. It is clear that there are partners other than the HEFCE and th of Health (DH) that will be willing to share in the programme. Some cl the Medical Research Council have already expressed interest. In exar funding models we reached the following conclusions:

i. Support will be needed for capacity building, research programm research environments such as centres and networks.
ii. Dedicated funding must be available for the AHPs because their : and needs differ so much from the other professions.
iii. Discussions will be needed with Workforce Confederations conce research element in their training contracts.
iv. All NHS Regions will have to be committed to working closely wit in collaborative ventures.

25. On the basis of calculations that bring research expenditure into li disciplines, we suggest that HEFCE and the DH might need to set asid between £6m and £17m.

26. The business case for investment is summed up in Chapter 6 with arguments:

i. The investment is needed by the NHS as the public is being poor the current capacity for research in nursing, midwifery and the A outputs from it.
ii. There is a demand for research which is not being met.
iii. If one interprets 'payback' in a broad sense, there are economic for such investment.
iv. Research in these disciplines is underweight compared with two national peer groups and the UK is less generous than the USA a which are investing in research capacity.
v. The RAE ratings for research in these disciplines show that they strengthened nationally and the departments need more of the r so that they can respond to demand.

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