

Annex A

Summary of recommendations

1. The HEFCE and the DH should establish a fund to enhance the volume of high quality health-related research.
2. There should be a seven-year minimum period for additional funding to be channelled through the new fund.
3. A board consisting of nominees of the funders should be established to oversee the set-up and strategic direction of the fund. The role of the board would be to review the processes, programmes and priorities of the fund and to nominate peer reviewers where appropriate. This board would have responsibility for monitoring the need for research and the development of capacity, and adjusting funding priorities accordingly.
4. The HEFCE and the DH should enter into discussions with other funders at an early stage to establish mechanisms for co-ordinating investment in health professions research.
5. At the mid-point of the life of the new fund, the governing board or the funders should report upon the state of the research landscape in nursing and AHPs. This report should be sufficiently detailed to enable HEIs to focus their planning upon areas of research where they are likely to enjoy a comparative advantage, should they choose to do so. It should also provide the fund's stakeholders with a reliable account of the researchers and research groups working in key sub-fields.
6. Workforce Development Confederations should be mandated, as a core responsibility, to support research training for teachers in higher education. And in the long term confederations should aim to ensure that all teachers in HE possess research degrees, or have access to the support necessary to acquire them. Support for research training should cover the full costs of providing staff with study leave as well as the costs of tuition.
7. NHS units should continue to work closely with HEIs to develop research training partnerships, using the framework for collaboration developed by HEFCE/DH Task Group 2.
8. It should be within the remit of the proposed fund to support HEIs in providing opportunities to study for research degrees, for academic staff in HEIs whose posts are not funded for teaching. This support should cover the full costs of providing study leave as well as the costs of tuition.
9. The governing board should be able to take a broad view of the best means to enhance research capacity. For example, it should be within its remit to fund:
 - post-doctoral research posts
 - sabbatical leave to enable teachers in HEIs and practitioners to engage in research

- senior research posts, including professorships, where the development of research capability at a national level is inhibited by a lack of research leaders in particular areas.
10. The HEFCE and the DH should ensure that the proposed fund supports innovative approaches to the creation of roles straddling academia and practice.
 11. The governing board should consider proposals for developing interdisciplinary research capacity on the same basis as those for developing capacity within the professional disciplines, but should not consider funding proposals which exclude nurses and AHPs altogether.
 12. The funding bodies should consider these proposals as a starting point for discussion about how such a fund should be distributed and administered.
 13. The final outcome of the discussions should be clear performance targets, enabling the success of the fund in building capacity to be objectively measured.
 14. A portion of the fund should be earmarked to support leading institutions in designated fields within health-related research in developing mutually beneficial research networks, drawing in researchers attached to other institutions.

Annex B

Task Group 3: Membership and terms of reference

Membership

Professor Janet Finch – Chair	Vice-Chancellor, Keele University
Professor Cliff Bailey	R&D Director, NHS Northern and Yorkshire
Professor Jennifer Wilson Barnet	King's College London
Professor Senga Bond	University of Newcastle
Tracy Bury	Head of R&D, Chartered Society of Physiotherapy
Professor Tony Butterworth	Chief Executive, South Trent Workforce Development Confederation
Professor Sally Byng	City University
Dr Eileen Martin	Chair of Council of Deans, Council of Deans and Heads of UK Faculties for Nursing, Midwifery and Health Visiting
Professor Gerry McKenna	Vice-Chancellor, University of Ulster
John Rushforth	Head of Research Policy, HEFCE
David Moore	Assistant Chief Nursing Officer
Professor David Thompson	University of York
Ali Wilson	NHS Northern and Yorkshire

Karen Hancock, then of the Scottish Higher Education Funding Council, attended several meetings as an observer.

Terms of reference

- to consider how the DH/NHS and the HEFCE might promote better integrated and better targeted public investment in high quality research relevant to nurses and PAMs
- to consider how HEFCE policies in support of high quality research and the DH/NHS R&D strategic objectives and priorities might be achieved through high quality health-related research in developing areas of R&D, such as those led by or related to the nursing and PAM communities
- to consider the contribution of the DH/NHS and the HEFCE to supporting the development of R&D led by or related to nurses and PAMs, including capacity-building, in particular by considering:
 - existing provision and use of funding and whether there is a need for special and/or targeted funding
 - the provision and use of research infrastructure and whether there is a need to develop this (for example through centres of excellence)
 - the opportunities and mechanisms for collaboration between researchers and institutions, across disciplines and sectors (including links with social work, psychology and education research).

Annex C

Proposals for a capacity-building fund for research in nursing and allied health professions

1. Funding should be earmarked for expenditure upon research relevant to nursing and AHPs within HEIs or within the context of collaborations involving HEIs. Institutions should be obliged to spend it for this purpose.
2. Funding should be distributed only to institutions that are able to demonstrate a strategic commitment to nursing/AHPs research.
3. It should be within the remit of the fund to support research relevant to the practice of nursing and allied professions. However, the fund should not be obliged to fund research relevant to each profession.
4. The process for allocating or distributing funds should be as unburdensome and economic as possible.
5. Funding should support the development of capacity to undertake high quality research in a number of thematic fields (perhaps to be identified with the strategic priorities of the funders).
6. The goal of the fund should be to enhance the capacity of the system to deliver high quality research in the fields specified by the governing board. This might be achieved through earmarked funding for PhDs or post-doctoral fellowships, for example, or by funding research projects which encompass a strong capacity-building dimension. However, funding would not be justifiable for projects which make little contribution to the long-term goal of building capacity.
7. A portion of the fund should be earmarked for activities such as the development of research networks and innovative forms of dissemination, both within and beyond the research community.
8. While it may seek to provide incentives for strategic collaborations where this would be helpful, the fund should allow HEIs to identify their own partners and should not make collaboration a pre-condition for the release of any funds not specifically earmarked for promoting collaboration.
9. Funding should support projects on the basis of quality or on the basis that the support will enable high quality research capability to emerge.
10. Judgements regarding the quality of research that will inform funding should be made by genuine peers.

11. The priorities of the fund should be regularly reviewed by a board comprising nominees of the funders.
12. In designing and reviewing its funding mechanisms, the governing board should be obliged to consider:
 - a. The effect of its actions on the development of research capability as well as on the research outputs produced.
 - b. The effect of its actions upon professions at different stages of development.
13. The success of the fund should be measured against clear performance targets to be agreed before funding starts.
14. The governing board should have the freedom to review its funding priorities and to allocate resources in whatever way it feels is most likely to satisfy its objectives and meet its performance targets.

Annex D

Stages of enhancing research

Stages	Typical activities	Operational and organisational implications	Possible funding and resource implications
ENABLING ACTIVITIES			
1 ↓	Appreciation of research-led practice.	Basic research awareness. Understanding of the need for evidence in relation to practice. Ability to synthesis original research. Clarifying expectations of entry-grade practitioners.	HR practices which provide time, resources, incentives and appraisal of performance. Effective supervision and basic support mechanisms for dissemination of research to be in place. Recognition of issues in initial staff induction processes.
2 ↓	Basic application of research-led practice and teaching.	Practice-based professional development. Incorporation of research-led practice into clinical practice curriculum.	Workforce Confederations may need to review curriculum for nurse training to ensure this aspect is covered.
3 ↓	Acquisition of knowledge and skills in research.	Research-based professional development. Acquisition of appropriate professional and postgraduate qualifications. Within hospitals and trusts, commissioning research and development to address defined priorities.	Operational support for professional development to 'good' or 'best' practice levels. Contractual recognition of time for engagement in practice-based professional development.
		Operational support to enable staff to obtain qualifications such as Masters and PhD. Coherent human resource management strategies to match aspirations for career development. Consistent practice across hospitals/ trusts to ensure application of 'good' or 'best' practice.	Such support will have financial implications in respect of time allowed for CPD.
			There will also be a cost to allowing staff to take time off for study, as well as the need to provide fellowships and assistantships to those who are studying.

Stages	Typical activities	Operational and organisational implications	Possible funding and resource implications
DEVELOPMENTAL ACTIVITIES			
4 ↓	Integration of research skills into practice.	Existence of research strategies in nursing and AHP departments and mechanisms to implement them. Internal professional development activities to embed research and other activities within teaching.	Within HEIs, time for teaching staff to integrate research and related professional activities into practice. Within the curriculum, a planned interaction between research and teaching is needed.
5 ↓	Development and enhancement of research expertise.	Integration and synergy between related activities in HEIs. Development of specialist research centres and research staff. Enhanced inter-institutional collaboration, both within HE and with the NHS	Removal of barriers to developing expertise to a high level. The need for specialist research careers. Appropriate funding from research councils.
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Stages	Typical activities	Operational and organisational implications	Possible funding and resource implications	
APPLICATION ACTIVITIES				
6	Application of research capacity to local needs.	Planned collaboration with local trusts and related initiatives. Effective dissemination of research findings to local practice.	Need for incentives to all parties to disseminate and apply research, etc.	Support and appropriate funding from local trusts. Need for funding to be available over time and not wholly project based in order to develop sustained capacity.
7	Application of research capacity to regional needs.	Planned collaboration with regional and related initiatives. Effective dissemination of research findings to regional practice.	Need for incentives to all parties to disseminate and apply research.	Support and appropriate funding from NHS regions. Need for funding to be available over time and not wholly project based in order to develop sustained capacity.
8	Application of research capacity to national needs and priorities.	Strategy to support research agreed with Government, and funding made available to HEIs to implement. Effective dissemination of research findings to national practice.	Need for incentives to all parties to disseminate and apply research.	Support and appropriate funding from research councils, NHS, charities nationally. Need for funding to be available over time and not wholly project based in order to develop sustained capacity.
9	Achieving excellence in research and engaging in international activities to enhance capacity	Involvement by HEIs in collaborative international research activity. Research outputs published in highly selective peer reviewed journals.	Need for a stable institutional base for such activities to take place.	Importance of high quality international research needs to be recognised by all major international research funders.

Annex E

Data sources for Figures 1 and 2

The data used in Figures 1 and 2 are derived from returns made by HEIs to the Higher Education Statistics Agency (HESA). The figures for QR allocations are based on the mapping of RAE Units of Assessment onto HESA cost centres published in HEFCE C6/94 'Cost centres'.

It should be noted that HESA cost centre 5 (nursing and paramedical studies) includes many of the professions we have included under the allied health professions as well as nursing.

HESA cost centre 5: Nursing and paramedical studies

Art Psychotherapy Unit
Chiropody
Health and nursing studies
Health and paramedical studies
Institute of Advanced Nursing
Nursing
Nursing and community health
Nursing and health studies
Nursing and midwifery
Occupational therapy
Occupational therapy and physiotherapy development
Orthopaedic mechanics
Paramedical and health sciences
Physiotherapy
Podiatry and physiotherapy
Speech pathology
Speech therapy
Therapy and nursing

HESA Cost centre 6: Health and community studies

Applied community studies
Applied social studies and social work
Building and environmental health
Centre for Complementary Health Studies
Centre for Health Service Studies
Community, health and nursing
Community and race relations
Community and youth studies
Community studies health, nursing and social work
Health and applied social studies
Health and behavioural sciences

Health and biological sciences
Health and community studies
Health and life science
Health and public services
Health and science
Health and social work
Health care studies
Health sciences
Health Services Research Unit
Social care
Social policy and social work
Social work
Social work and community studies
Social work and health
Social work and social policy
Social work studies

Annex F

Glossary

AHPs (allied health professions)	For the purposes of this report the allied health professions should be taken to include: medical laboratory scientific officers; nutritionists and dieticians; radiographers (diagnostic and therapeutic); occupational therapists; physiotherapists; speech and language therapists; art, music and drama therapists; health promotion professionals; and podiatrists. This is not intended to exclude other similar professions except where they have historically enjoyed levels of research funding and a tradition of research in advance of the professions listed above.
Applied research	Research considered to be of direct use to practitioners or other users. The Task Group considers that research which is not applied in this narrow sense also influences practice in the long run, and therefore holds that a simple distinction between 'applied' and 'non-applied' research is unhelpful.
CPD	Continuing professional development (of which research training and research opportunities will be a part for some staff).
CPNR/CHEMS	The team led by the Centre for Policy in Nursing Research and the Commonwealth Higher Education Management Service engaged to provide the evidence base upon which this report depends. Their report is available with this document on the HEFCE web-site at www.hefce.ac.uk under 'Publications'.
Curiosity-driven research	Research undertaken by researchers solely in pursuit of their own research interest and not attracting a research grant or contract.
DH	Department of Health
Dual support system	The arrangement by which the costs of publicly funded research projects are deemed to be supported jointly by higher education institutions using grant from the funding councils and funds from the commissioning body (usually a Research Council or government department). In nursing, because of historically poor RAE ratings, the ratio of funding council support to public project funding is very low. This means that most HEIs make a substantial loss on publicly funded projects. (See Infrastructure below.)
Funding councils	The national bodies responsible for distributing public funds to higher education institutions to support teaching, research and related activities. (See HEFCE below.)
Health and community studies	In data returns provided to the Higher Education Statistics Agency by higher education institutions, the categorisation most closely

	corresponding to allied health professions.
Health professions research	Generic term employed in this report to refer to research relevant to nursing and/or allied health professions.
Health services research	A term for research into the effectiveness of specific practices in the management or delivery of health services. Often identified with applied research (see above).
HEFCE	Higher Education Funding Council for England, one of four UK funding bodies. The others are the Scottish Higher Education Funding Council, the Higher Education Funding Council for Wales and (in Northern Ireland) the Department for Education and Learning.
HEI (higher education institution)	Umbrella term for universities and colleges of higher education.
High quality research	For the purposes of this report high quality research is considered to be research which best advances knowledge and understanding.
Hub-and-spoke model	A model of collaboration between (in this case) HEIs in which a designated institution (the hub) acts as a senior partner while other institutions are given clear roles and encouraged to develop expertise in areas where they have a comparative advantage over the hub.
Infrastructure	In this report the term 'infrastructure' is used to refer to the costs which, under the dual support system, ought to be funded through HEFCE grant. Classically, research councils support the marginal costs of undertaking research (for example, any equipment needed specifically for the project or any research assistants employed specifically to work upon it) while HEIs are expected to find other costs (salaries of permanent staff, 'generic' items of equipment, heating and lighting) from their own funds (of which HEFCE grant is normally the main component). These costs are referred to as 'infrastructure' in the report. (See Dual support above.)
MPET	Multi-Professional Education and Training funds paid by DH to support training. MPET incorporates the old NMET levy (Non-Medical Education and Training) which supported the costs of training non-medical health professions. The posts of many staff in HEIs involved in teaching are funded directly through NMET/MPET rather than out of the funds of the HEI at which they are based.
NHS	National Health Service
Nursing	For the purposes of this report 'nursing' includes midwifery and health visiting, and the term 'nurses' includes midwives and

	health visitors.
PAMs (professions allied to medicine)	A designation broadly consistent with allied health professions (although also including optometry). It is used in the report only to refer to the RAE UoA of the same name or to statistics based upon that unit. Otherwise the term allied health professions (see above) is preferred.
QR funding	Quality-related research funding: the portion of HEFCE grant allocated on the basis of RAE ratings.
Research-active staff	Staff whose work is submitted to the RAE for assessment. The number of staff submitted, and the rating awarded, influence the amount of funding allocated as a result of the exercise. HEIs therefore have to balance the desire to maximise the number of staff submitted with the desire to get the best rating possible by submitting their strongest staff.
RAE	<p>Research Assessment Exercise. Periodic peer review assessment of the quality of research undertaken in UK HEIs. Assessments are made in each of 68 subject areas (units of assessments or UoAs). Each HEI is allowed to make submissions in as many or as few UoAs as it chooses. UoAs include nursing (UoA 10) and professions allied to medicine (UoA 11).</p> <p>The results of the most recent RAE influence the amount of government funding HEIs receive from the UK funding councils. Current ratings are derived from the 1996 RAE. An RAE is currently under way (RAE 2001) and its results will influence future funding.</p>
Research capacity	The capacity of the research base to deliver high quality research.
Research Councils	The six bodies responsible for distributing public money from the Office of Science and Technology for different aspects of scientific, medical and economic and social research.
Task Group 2	Predecessor of Task Group 3, it examined partnerships between NHS units and HEIs.
Workforce Development Confederations	Regional bodies established in April 2001 to replace the old Education and Training Consortia. They are intended to 'bring together NHS and non-NHS employees to plan the whole healthcare workforce'. For further information see www.wdconfeds.org/