Allied Health
Research Plan
2020-2029
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An electronic version of this document is available at https://www.health.qld.gov.au/ahwac/

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Background

Allied health is committed to Queensland Health’s vision that ‘By 2026 Queenslanders will be among the healthiest people in the world’ (1). Research is a critical enabler of contemporary health care delivery as it ensures that the current and future workforce has the capacity and capability to provide effective and safe health services.

The Health Practitioner (Queensland Health) Certified Agreement (No. 1) 2007 (HPEB1), provided much needed investment in allied health research capacity (2). Prior to this time there were only six dedicated allied health research positions in Queensland Health and allied health research funding of $100,000 per year. HPEB1 and the subsequent establishment of the Health Practitioner Research Capacity Building Program, saw an annual investment of $2.2 million to create 15 new research positions and provided additional research funds of $300,000 per annum. For the past twelve years, this Program has been administered and monitored by the Allied Health Professions’ Office of Queensland (AHPOQ).

The aims of the Health Practitioner Research Capacity Building Program are to:

- Enhance clinical skills and improve patient outcomes through building a greater understanding of the role of research and evidence in improving health practitioner clinical practice.
- Enhance research skills and experience in the general workforce.
- Build infrastructure that supports health practitioners, research and researchers.
- Create networks for communication, coordination and collaboration.
- Focus on research that is relevant to clinical practice and then translate this research into practice.
Health Practitioner Research Fellow positions

Through HPEB1, 20.7 full time equivalent Health Practitioner Research Fellow positions were established across the state including five university partner-funded positions (3). The number and arrangement of these positions has varied over time. Research fellows have ranged from early career researchers through to professorial level and spanned the allied health professions.

The outcomes of these positions are monitored through annual reporting on peer reviewed publications, presentations on their research activity, the number of research higher degree students supervised, and successful funding applications.

Data collected from 2011 to 2019 highlights the following achievements:

- 1,542 publications in peer-reviewed journals (with additional publications submitted and under review).
- 1,328 national and international conference presentations.
- Co-supervision of 562 honours, masters and doctoral degree students.
- Over $29.5 million in research funding.

In 2015 the Allied Health Professions’ Office of Queensland commissioned a qualitative research project to explore the impact of the research fellow positions on allied health research capacity, as well as the mechanisms that facilitated or hindered their success. The study identified that the research fellow positions were critical in increasing clinicians’ skills and engagement in research activities and improving research culture, which have had a positive impact on patient outcomes and clinical service changes (4).

Health Practitioner Research Scheme

The Health Practitioner Research Scheme was established in 2009 with the aim of adding to the research expertise of health practitioners and the evidence base for health practitioner services.

Since 2009, there have been 1019 applications to the scheme, with funding awarded to 175 research projects. Funding has been awarded to both novice and experienced researchers and now targets research projects that are aligned to, or examine service delivery and workforce models, including models that expand allied health scope of practice.
Research capacity

Two health practitioner research capacity surveys have been conducted, with base level data collected in 2012 and the comparison data collected in 2015. Findings from the 2015 survey indicated high levels of external and multidisciplinary collaboration in research projects, as well as an increase in the number of junior staff undertaking research as part of their workload. Although these results should be interpreted with caution due to a small sample size, staff from regional and rural areas consistently reported lower levels of perceived support for research activities when compared to staff from metropolitan centers. Additionally, allied health professionals in regional and rural areas reported a lack of local implementation and sharing of evidenced-based knowledge. In line with findings from 2012, respondents indicated the need for ongoing support in key research activities such as applying for and obtaining grant funding and publishing findings in professional journals.

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<th>Impact to date</th>
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<tr>
<td>Investment in the Health Practitioner Research Capacity Building Program has contributed to:</td>
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<tr>
<td>- Increased allied health research skills and activity</td>
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<td>- Increased collaborations with academic institutions</td>
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<tr>
<td>- Increased research outputs</td>
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<td>- An improved research culture</td>
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<tr>
<td>- An enhanced profile of allied health research at health service, national and international levels</td>
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The next 10 years will see unique challenges and changes for the delivery of allied health research and a rapidly expanding integration of digital technology into clinical settings.

Research initiatives have contributed to the evidence base for allied health expanded scope of practice roles and models of care.

The Health Practitioner Research Fellows have conducted and published numerous studies about research capacity and research capacity building in regional areas. There have been demonstrated improvements in research capacity in regional and rural areas, however, there continues to be challenges that could be addressed through mechanisms to enhance research capacity building including access to research support, developing infrastructure i.e. (technology, website of resources) that supports health practitioners, research and researchers, and enhancing networks and communication strategies.

This 10-year Plan builds on the achievements of the last twelve years and provides direction for the development of Queensland Health allied health research over the next ten years, further building the research capacity and capability of the allied health workforce.
Introduction

The Queensland Allied Health Research Plan (the Plan) underpins the research enabler in the Optimising the allied health workforce for best care and best value: A 10-Year Strategy 2019-2029. The plan will guide the development of allied health research in Queensland over the next ten years, further building the capacity and capability of the allied health workforce.

Consultation was undertaken with Queensland Health groups and external partners in the development of this plan. Queensland Health stakeholders included directors of allied health, allied health research and workforce development leaders and advisory groups. External partners in Queensland who were consulted included representatives from the university and research sector and consumers.

The Plan is well aligned to the Queensland Advancing Health Research 2026, Queensland Health’s approach for supporting health and medical research.

Vision

Build the capacity and capability of the allied health workforce to support quality research that further develops the evidence base for allied health.

Guiding principles

Research drives improvement and innovation and supports the delivery of high quality and evidence-based allied health care to improve outcomes for consumers.

Providing and participating in research is core business for all allied health professionals and allied health assistants.

Holistic and person-centered care is central to providing research.

Collaboration and partnerships are central to the development and delivery of research including consumer and community involvement which is integral across all areas of allied health research.
<table>
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<tr>
<th>Strategic priorities</th>
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<tr>
<td><strong>Promote and embed a research culture, including translation of evidence into practice, within the allied health workforce.</strong></td>
<td><strong>Build research partnerships and collaborations across sectors, health services, consumers, industry, health teams and academic institutions, and at local, state, national and international levels.</strong></td>
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</tbody>
</table>
Priority 1: Research culture

Promote and embed a research culture, including translation of evidence into practice, within the allied health workforce.

Key initiatives

- Continue investment in the Health Practitioner Research Capacity Building Program provided through the Health Practitioners (Queensland Health) Certified Agreement (No. 1) 2007 to ensure that allied health staff are well placed to make an effective contribution to health service research agendas.

- Support clinicians and leaders to demonstrate and communicate the value of investing in allied health research, including articulating the outcomes for health services and the health system, consumers and communities.

- Implement the Allied Health Translation of Research into Practice initiative across professions and health services.

- Implement health service set research targets and enablers for research activity and accountabilities and communicate expectations regarding the targets and enablers.

- Develop and implement a statewide set of core research activity metrics that support benchmarking and system level planning and reporting.

- Engage senior executives to sponsor and support allied health research and connect it to broader health service strategies including opportunities to develop sustainable models of resourcing research.

- Deliver resources that build the capacity of the allied health workforce to develop and deliver research and to translate evidence into clinical practice.
• Research outcomes and the value of allied health research are communicated, including through dissemination of findings (e.g. peer review publications, conference presentations and social media at a state, national or international level).

• All allied health staff report regular engagement in research activities as part of their work role, which includes participating in clinical research or using evidence to guide practice.

• Allied Health Translation of Research into Practice initiative is embedded across 5 Hospital and Health Services.

• Research activity is measured and reported locally and at a statewide level.

• All HHSs include research activities and capacity building for research activities as a component of workforce, service or operational plans for allied health.

• Consumers are involved in all aspects of allied health research activity.
Priority 2: Research partnerships and collaboration

Build research partnerships and collaborations across sectors, health services, consumers, industry, health teams and academic institutions, and at local, state, national and international levels.

Key initiatives

- Build further collaborative partnerships between health and education sectors to connect health and research priorities, identify and influence research opportunities and facilitate access to specialist research knowledge and advice.
- Allied health research leaders contribute to major research projects that are aligned to identified state, national or international research and health priorities.
- Establish and maintain formal mentoring and support from senior researchers for novice and experienced researchers in regional, rural and remote areas to build research capacity.
- Support inter-agency / inter-sectoral research networks to provide leadership and advocacy regarding critical issues affecting allied health research such as governance, policy and processes.
- Partner with Aboriginal and Torres Strait Islander organisations and researchers in collaborative research and its translation into better health outcomes.
- Enhance collaborative partnerships with consumers, engaging consumers in the planning, co-design and implementation of research.
- Adopt a strategic approach to identifying professional partnerships that will enable funded research positions.
- Create and strengthen links with university research partners, including through use of honorary appointments and other identified strategies.

Indicators of success

- 100% of designated research fellows contribute to, or collaborate on, major research initiatives including state, national and international competitive grant scheme applications that are aligned to health service, state or national priorities and the agenda of partnered institutions.
- Inter-professional, multi-site research projects are led by, or include, allied health researchers and are aligned to statewide research priorities.
- 10% of applications for the HPRS have a chief investigator from a category A (rural) or B (remote) location (7) and 30% of applications for the HPRS include an investigator (chief or other) from a category A (rural) or B (remote) location.
- 100% of research projects supported by HPRS funding demonstrate consumer involvement in some or all aspects of the research process in line with the International Association for Public Participation, Spectrum of Engagement and National Standard 2, Partnering with Consumers.
## Priority 3: Career structures and pathways

Develop research career structures and pathways for allied health professionals.

<table>
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<tr>
<th>Key initiatives</th>
<th>Indicators of success</th>
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<tr>
<td>• Work collaboratively with research partners to develop, implement and evaluate</td>
<td>• Allied health research pathways are developed and implemented for clinician-</td>
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<tr>
<td>sustainable research training pathways including support for health practitioners</td>
<td>researchers to obtain formal qualifications and to progress a research career.</td>
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<tr>
<td>to complete research higher degrees to build the research workforce within allied</td>
<td>• HHSs establish and monitor targets, and implement local support processes/</td>
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<td>health from early career to senior research fellow / consultant clinician researcher</td>
<td>programs, for the proportion of allied health staff completing higher research</td>
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<td>level.</td>
<td>degrees.</td>
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<td>• Implement programs to actively drive research career transitions including</td>
<td>• There is a 5% increase in the number of dedicated allied health research positions</td>
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<tr>
<td>clinician-researcher to research higher degree; post-doctoral to senior research</td>
<td>in Queensland health services.</td>
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<td>fellow and to senior research academic or research centre management role.</td>
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<tr>
<td>• Partner with universities to identify research higher degree opportunities that</td>
<td></td>
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<tr>
<td>meet health and university priorities.</td>
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<tr>
<td>• Implement career pathways that promote the integration of clinical and research</td>
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<td>skills.</td>
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Implementation

This Plan outlines the strategic priorities, key initiatives and indicators of success towards achieving an overarching vision over the next 10 years.

As we progress to implementation, there will be a continued focus on collaboration, innovation and the use of new technology. Governance and review mechanisms will be established to ensure that the initiatives and indicators in this plan reflect contemporary, best practice solutions. This will include measures to monitor progress and measure success at regular intervals over the 10-year period.

Queensland Health is committed to work in collaboration with the research community, including Hospital and Health Services, university, research institutes, industry partners and health consumers to implement this plan and invest in research to build the capability and capacity of our emerging, new and existing professional and support workforces to effectively meet the health care demands of the future.
References


