



Government of **Western Australia**
Department of **Health**

Allied Health and Health Sciences Research and Knowledge Translation *A Strategic Framework*

April 2018

1. Introduction

This framework is the result of extensive collaboration by the Office of the Chief Health Professions Officer, with the Western Australian Health Translation Network (WAHTN) consumers, WA universities, the Department of Health (DoH), Health Service Providers (HSPs), and other sectors. The vision of the WA health system is to deliver a safe, high quality and sustainable health system for all Western Australians. This framework provides a statewide strategic vision and evidence-based strategies to support the WA health system to embed allied health and health sciences' (AHHS) research and knowledge translation as core practice. It will facilitate alignment with our mandatory *Research Policy Framework*. This strategic framework provides a reference point for health professionals to better lead, generate, innovate and apply evidence based knowledge, this document.

2. Background

The Chief Health Professions Officer (CHPO) represents 25 health professions comprising 11 allied health and 14 health science professions. This accounts for approximately one third of the health workforce within the WA health system. Allied Health and Health Science (AHHS) professionals provide crucial services that facilitate important outcomes, not only for individual clients, but for the WA health system as a whole. Our AHHS workforce provides services in a multidisciplinary health system that aims to deliver evidence based and sustainable health care for Western Australians. The benefits of translating research and knowledge into evidence-based practice are better patient outcomes and health system efficiencies.

A focus of the *WA Health Reform Program (2015 - 2021)* and the 2016 *WA Health Research Policy Framework* is supporting research and innovation by embedding a vibrant, relevant and effective research culture into the core activities of the WA health system. Our health system recognises research and innovation as central to delivering continuous improvement and excellence that is responsive to the needs of local communities, and consumer and carer experience.

Emerging funding options, such as the national Medical Research Future Fund (MRFF) and the Future Health Research and Innovation Fund (FHRIF) represent significant opportunities for further developing the research and knowledge translation capacity of our health professionals.

The WA health system is undergoing a significant period of change to ensure its sustainability. The Sustainable Health Review will guide the WA health system to put patients first, embrace innovation and technology, and improve financial sustainability. Developing the research and knowledge translation capacity of our AHHS professions supports these objectives.

3. Building Research Capability

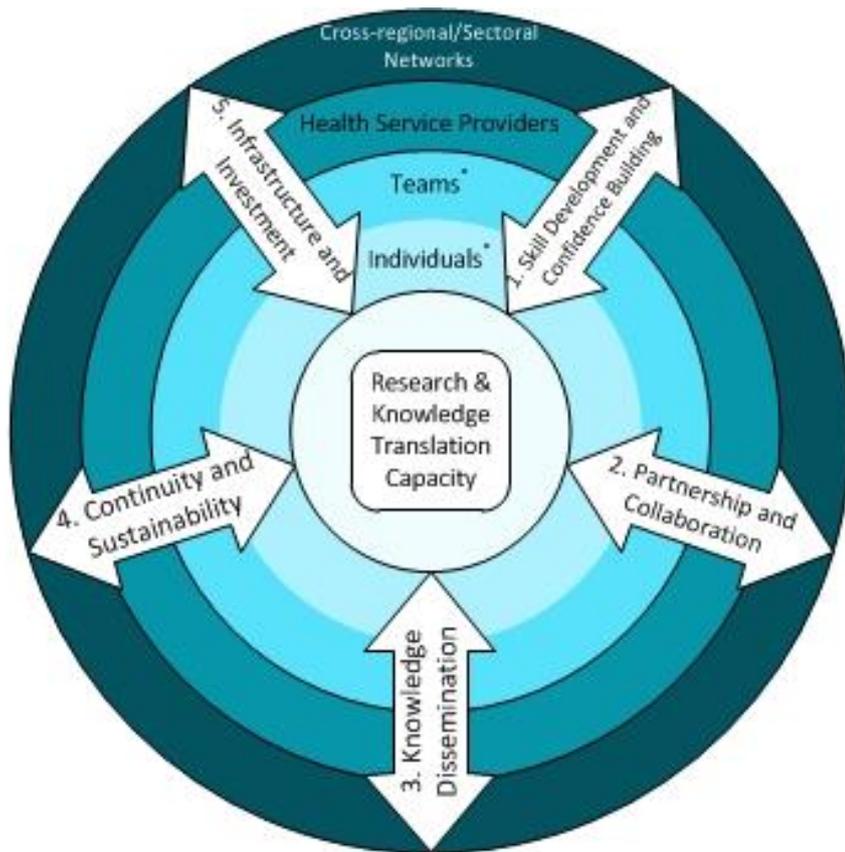
The following evidence-based approaches for successful research and knowledge translation capacity building form the foundation for the strategic priorities presented in this framework:

- A multi-strategy whole of system approach across individual, team/Department, HSP and cross-regional network levels.
- Embedding and supporting research driven by consumer priorities and clinical practice into core practice.
- Linking policy and strategies to measurable outcomes.
- Developing infrastructure and investment, including protected clinician research time and dedicated AHHS research support positions.
- Developing research and knowledge translation skills and confidence across ability levels.
- Developing linkages, partnerships and collaborations.

- Disseminating research and knowledge translation findings and capacity building information.
- Building in continuity and sustainability, including organisational commitment.

These approaches are depicted in Figure 1 below and apply across the individual, team, HSP and cross-regional network levels. These approaches form the framework’s ‘key strategy areas’, against which priority strategies are aligned by ‘best fit’ in Appendix 1 (Achieving the Vision). The key strategy areas are not mutually exclusive. For example, infrastructure and investment is crucial to the continuity and sustainability of research.

For definitions of key terms, please refer to Appendix 2.



* The ‘individuals’ and ‘teams’ rings represent consumers/carers/community and the WA health system workforce, with the potential to conduct, manage, review and/or govern research and access participants, their tissues or their data (Research Policy Framework, 2016).

Figure 1: Key Strategy Areas For Building the Research and Knowledge Translation Capacity and Culture of AHHS Professionals in the WA Health System: Framework Model (adapted from Cooke et al., 2008).

3.1 Vision

To make research and knowledge translation core practice for allied health and health science (AHHS) professionals within our health system for the benefit of Western Australians.

3.2. Purpose

To build the research and knowledge translation capacity and culture of AHHS professions in the WA health system in alignment with the *Research Policy Framework* (2016).

3.3. Aims

In line with the *Research Policy Framework* (2016) principles, this framework aims to:

- Ensure research is relevant and important to consumers through research partnerships with consumers and the community.
- Integrate research and knowledge translation capacity and culture as core functions of AHHS professions across all levels of the WA health system.
- Develop the existing and next generation of AHHS researchers capable of innovative healthcare by developing research skills and the ability to lead research.
- Promote research collaborations and participation within AHHS professions to grow discipline-specific evidence and practices as well as collaboration between other health professionals.
- Share research and knowledge translation activity as well as capacity building initiatives, enablers, and tools to capitalise on research and knowledge translation opportunities.
- Invest in new and build on existing infrastructure and opportunities to support sustainable AHHS professional research and knowledge translation leadership and culture.
- Guide evaluation of capacity building strategy implementation.

This framework provides an integrated means of coordinating and implementing capacity building priorities via strategies that acknowledge health system strengths, enablers and barriers relevant to complying with the *Research Policy Framework* (2016). The strategies are supported by example outcome measures to guide health service reporting and evaluation.

3.4. Scope

The scope of the framework is inclusive of all HSPs and AHHS professionals in the WA health system. Health services have a responsibility to comply with the principles of the *Research Policy Framework* (2016). This framework supports such alignment by providing strategies (Appendix 1 - "Achieving the Vision") for implementation as appropriate.

Implementation requires:

- Health services, executive and inter-disciplinary support for strategies.
- Shared accountabilities amongst all AHHS professionals for research, innovation and evidence-based translation of knowledge into practice.
- Reporting and evaluation of capacity building outcomes.

Appendix 1: Achieving the Vision

Strategy	Example KPI
Key Strategy Area 1: Skill Development and Confidence Building	
1. Facilitate and promote a common language for AHHS professional engagement along the research continuum including developing staff expectations as research participators, consumers and/or generators.	<ul style="list-style-type: none"> • Increased staff awareness and knowledge of expectations related to research along the research continuum. • Number of staff participating in research as participants, consumers and generators.
2. Raise awareness of and support AHHS professionals to undertake ongoing education/mentoring and skill development opportunities (profession-specific and inter profession), taking into account level of 'research consciousness'.	<ul style="list-style-type: none"> • Number (%) of AHHS professionals receiving research mentoring. • Number (%) of AHHS professionals attending profession specific/ inter-profession research seminars/education sessions (WAHTN on-line learning, CAHS Research Skills Seminar Series). • Number of visiting experts invited to present. • Database of profession and HSP identified mentors hosted on the WAHTN AHHS enabling platform.
3. Measure and record baseline health professional research skill level data (qualifications, skills, training and experience) to align with training and education needs and support workforce planning (taking into account team staffing profiles).	<ul style="list-style-type: none"> • Completion of the Health Practitioner Research Capacity and Culture Tool Survey (Section 3 – Individual level) by HSP AHHS staff. • Number (%) of AHHS professionals with research qualifications, skills, training and experience.
4. Provide a tool (e.g. database) for health professionals to record ideas for future research based on clinical experience.	<ul style="list-style-type: none"> • Tool established and utilised by health professionals/HSPs.
Key Strategy Area 2: Partnership and Collaboration	
1. Enhance accessibility and processes of consumer engagement in all aspects of research, from conceptualisation of a research proposal to knowledge translation and disseminating the research findings: <ul style="list-style-type: none"> - Link into the WAHTN Consumer and Community enabling platform. - Build a community of practice for consumer groups. 	<ul style="list-style-type: none"> • Consumer communities of practice established. • Strategic Framework revision 12 months post-launch based on consumer feedback. • %of AHHS professional led research generated with consumer input. • %of AHHS professional led research with continuous consumer input through the research pipeline.
2. Identify “diagnosis specific” research and knowledge translation priority areas (consumer informed and aligned with funder and HSP priorities).	<ul style="list-style-type: none"> • AHHS research priority areas identified.

<p>3. Establish a formal AHHS collaboration to support grant writing and review completed proposals.</p>	<ul style="list-style-type: none"> • Formal collaboration/s established to offer support for funding submissions.
<p>4. Represent AHHS professions as an additional WAHTN AHHS enabling platform, supported by a Statewide AHHS Strategic Alliance.</p>	<ul style="list-style-type: none"> • Creation of an AHHS enabling platform within the WAHTN structure. • Creation of a Statewide AHHS Strategic Alliance within this enabling platform.
<p>5. Map current key local, national and international partnerships and assess future opportunities for inter-professional and/or multi-site collaborations.</p>	<ul style="list-style-type: none"> • Frequency and type of new and existing research partnerships.
<p>6. Align research data systems and websites to link health professionals to each other, research and knowledge translation information and pathways:</p> <ul style="list-style-type: none"> - AHHS researchers/affiliations and activities (including projects/studies/trials, higher degree research, publications, presentations, conferences abstracts and events); - Relevant ethics committee contact details; - Links to funding opportunities (e.g. Research Development Unit, NHMRC, and Medical Research Futures Fund). - Clinical trials networks (ACTA) and data registries. - Communities of interest. - Professional development research opportunities. 	<ul style="list-style-type: none"> • Addition of relevant AHHS research links as part of the WAHTN AHHS research enabling platform (central 'one stop shop'). • Number of WAHTN AHHS research enabling platform website hits. • Number of research grant applications by AHHS professionals. • Number of successful research grant applications by AHHS professionals. • Number of clinical trials networks and data registries used as part of research. • Lists of AHHS teams working together cross-referenced to the number of facilities or organisations involved.
<p>7. Support access to the existing WA Health Library Information Network (WAHLIN) and its proposed open research repository.</p>	<ul style="list-style-type: none"> • Number of AHHS professionals accessing WAHLIN for systematic literature review training or research activity support. • AHHS professional input to and use of the proposed WA Health Library Information Network (WAHLIN) open research repository.
<p>8. Work with professional associations and universities to incorporate research/knowledge translation into AHHS courses (where absent).</p>	<ul style="list-style-type: none"> • AHHS courses with limited/inadequate research content identified in collaboration with professional associations.
<p>9. Simplify HSP (including multi-site) administrative processes across the research continuum (e.g. Ethics approval) to expedite and provide greater access to relevant contacts.</p>	<ul style="list-style-type: none"> • HSP (including multi-site) ethics approval process reviewed to identify clinician/researcher issues. • Proposal approval timeframe for all submissions reduced across sites.
<p>10. Partner with industry and not-for-profit non-government sectors to</p>	<ul style="list-style-type: none"> • Engagement with private industry and not-for-profit non-government funders

translate research evidence into policy and practice including co-sponsored PhDs with research.	<p>during research conceptualisation.</p> <ul style="list-style-type: none"> • Funding contribution from industry received. • Number of industry co-sponsored health professional PhDs.
Key Strategy Area 3: Knowledge Dissemination	
1. Initiate WA based AHHS research conferences/forums.	<ul style="list-style-type: none"> • Statewide AHHS research conference held in WA annually (with national and international presence), modelled on the successful Victorian symposium. • Website access for non-attendees to conference information – proceedings, contacts.
2. Establish local research forums and communications within Health/other media platforms.	<ul style="list-style-type: none"> • Details of statewide/local forums promoted to WA health system.
3. Facilitate timely AHHS research and innovation presentation and publication to all stakeholders.	<ul style="list-style-type: none"> • Platforms developed to link AHHS research and knowledge translation projects and plain language findings to consumers via social media eg. Closed Facebook groups, podcasts, patients ICT infrastructure in HSPs. • Number of publications by AHHS professionals. • Number of first author AHHS professional publications. • Number of AHHS professional conference presentations (local, national, international). • Number of reference groups established for each research project to support finding dissemination. • AHHS committee involvement (e.g. Health Round Table, National Health Standards) and AHHS. • AHHS engaged as journal peer reviewers or on editorial Boards. • Development of co-edited AHHS research journals and papers.
Key Strategy Area 4: Continuity and Sustainability	
1. Promote AHHS research and knowledge translation excellence, leaders and profile through award program/s.	<ul style="list-style-type: none"> • Award program/s developed to showcase and recognise AHHS professional research success. • Proportion of research submissions meeting award quality criteria.
2. Facilitate clinician access to biostatistics programs to support research data analysis.	<ul style="list-style-type: none"> • % of AHHS professionals reporting access to appropriate statistical software.
3. Implement appropriate health professional researcher position titling to ensure access to relevant infrastructure (e.g. Clinical Researcher and Professional Practicing Scholar).	<ul style="list-style-type: none"> • Appropriately titled positions created in each health service and approved by the CHPO.

4. Examine current recruitment practices (JDFs) and ongoing professional development requirements to reflect Strategic Policy Framework principles (Appendix 1).	<ul style="list-style-type: none"> • Number of performance and/or recruitment and selection practices that include references to research, knowledge translation or evidence based practice.
5. Assess differences between clinical and research salaries to propagate joint appointments (similar to the current medical model).	<ul style="list-style-type: none"> • Salary difference between clinical and research roles identified. • Salary difference addressed.
6. Evaluate Strategic Framework strategy implementation/outcomes.	<ul style="list-style-type: none"> • HSPs develop and report on strategic framework adoption into policy, reporting annually on strategies implemented. • Standardised consumer/community outcome measures developed and implemented as part of all research.
Key Strategy Area 5: Infrastructure and Investment	
1. Embed the Chair of Allied Health co-appointment model across all HSPs, providing a clinical/academic interface and career pathway opportunities for clinician researchers.	<ul style="list-style-type: none"> • Number of Chairs of Allied Health (or equivalent) positions established in health services.
2. Establish additional AHHS Research Director positions in HSPs to provide leadership and guidance to AHHS staff.	<ul style="list-style-type: none"> • Number of Research Director positions across health services.
3. Develop AHHS Research Fellowships/support grants to provide quarantined clinician research time (backfill and/or project funding) for early and mid-career researchers.	<ul style="list-style-type: none"> • Funding received for AHHS Research Fellowship program. • AHHS Research Fellowships granted across all HSPs.
4. Investigate WA Health-HSUWA-PACTS Industrial Agreement funding for dedicated research positions and backfilling of clinician time (e.g. Fellowships) and post-graduate study leave.	<ul style="list-style-type: none"> • Discussions held with HSUWA. • Renegotiation of the WA Health-HSUWA-PACTS Industrial Agreement to provide funding to support these initiatives.

Appendix 2: Acronyms and Definitions

Acronym/Term	Definition
ACTA	Australian Clinical Trials Alliance
AHHS	Allied health and health sciences
CAHS	Child and Adolescent Health Service
DoH	Department of Health
HSP	Health Service Provider - Health Service Provider means a health service provider established under s. 32 of the <i>Health Services Act 2016</i> and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), Quadriplegic Centre and Health Support Services.
HSUWA	Health Services Union Western Australia
Knowledge translation	A dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Australians, provide more effective health services and products, and strengthen the health care system(8).
MRFF	Medical Research Future Fund
NHMRC	National Health and Medical Research Council
Research	Original investigation undertaken to gain knowledge, understanding and insight as described in the NHMRC “Australian Code for the Responsible Conduct for Research” 2007.
Research capacity building	Process of individual and institutional development which leads to higher levels of skills and greater ability to perform useful research (Throstle, 1992, p 1321). This includes research capability, defined as the administrative and corporate support provided by a public hospital to support research activities (e.g. Research Directorate and Human Research and Ethics Committees) (IHPA, 2014).
RDU	Research Development Unit (DoH)
WA	Western Australia
WA health system	The WA health system is comprised of the Department of Health, Health Service Providers (NMHS, SMHS, CAHS, WACHS, EMHS, Quadriplegic Centre and HSS) and to the extent that contracted health entities provide health services to the State, the contracted health entities.
WA-HSU-PACTS	WA Health Services Union Pay and Condition Tool (Industrial Award)
WAHLIN	WA Health Library and Information Network
WAHTN	WA Health Translation Network

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