

Institution: Edge Hill University
Unit of Assessment: 3 - Allied Health Professions, Dentistry, Nursing and Pharmacy
<p>a. Overview</p> <p>Edge Hill University (EHU) is committed to producing excellent research to inform evidence based practice and applying the results to professional practice. To support this, significant investments have been made in staffing and infrastructure since the RAE 2008, including £180m on campus, with a purpose built £14.2m facility to house the Faculty of Health and Social Care (FOHSC). The FOHSC portfolio has expanded since 2008, and includes: Nursing and Midwifery, Paramedic Practice, Operating Department Practice, Applied Health and Social Care (AHSC) (non-professional registered programmes) and Social Work (reported in UoA: C22). The Faculty produces applied research for professional practice through its Evidence-based Practice Research Centre (EPRC) (http://www.edgehill.ac.uk/eprc/), established in 2007. The centre is staffed by a multi-professional team working in two thematic areas of programmatic research:</p> <p>a) Supporting Care and b) Improving Professional Practice through Education. This submission focuses on the two programmatic research themes relating to nursing and health care research.</p> <p>b. Research strategy</p> <p>Since 2008, the FOHSC research strategy has focused on producing programmatic research that influences clinical practice and impacts on the health and wellbeing of service users locally, nationally and internationally. Research programmes are now led by the EPRC, which is emerging as a strongly performing research unit. This is evidenced by an increase in grant capture through regionally funded responsive short projects, highly competitive NIHR funding and an increased volume in research output since the last RAE (mean 20 paper per FTE UoA 3 return). The changing professional care landscape and shifts in UK health and social care policy has prompted a consolidation of our research programme into two central themes to which staff are attached. Cross theme working is embraced to draw upon specific staff expertise. This is reflected in strategic staffing appointments of post-doctoral Research Fellows and Research Assistants to expedite these two programmes of work.</p> <p>Supporting Care (O'Brien, Bray, Brown G, Jack, Kaehne, Knighting, Roe, Rogers)</p> <p>Work in this theme responds to current national and international agendas and includes supporting care practices for people with long term conditions (including end of life care). These include best practices regarding care and support for cancer patients, those with neurological conditions and incontinence management. For example one of our key achievements has been the development of work relating to the support of carers. The NIHR (RfPB) funded project Carers Alert Thermometer (CAT) (Jack PI, O'Brien and Roe with external collaborators) is due to be completed in late 2013. This project originated in concerns raised by community staff about the lack of consistent identification of increasing carer burden. This led to a locally-funded pilot project (Jack and O'Brien) and ultimately, the RfPB grant award. Children and young people also feature in this theme including long term conditions, transitions in to adult services and end of life care. We also have a growing stream of work around supporting children undergoing medical procedures.</p> <p>Improving Professional Practice through Education (Brown J, Christiansen, Jinks, Kirton, Shaw, Richardson)</p> <p>Our second theme of work focuses on addressing national challenges resulting in a programme of research which aims to provide the evidence to inform curriculum planning and delivery. This ensures professional staff are equipped to meet the changing face of health care and meet the needs of society. Work in this theme includes: identifying factors that influence medical and dental career options; identification of best evidence for medical education in the use of simulation; preparation for effective communication in end of life care and exploring the areas of compassion and patient safety. Similarly we are currently undertaking an investigation of Specialist Trainees' perceptions of being a leader in clinical practice (Brown J, Shaw). This aims to contribute to the evidence base of effective clinical leadership. Exemplars of our successful work in both themes is further discussed in section e).</p> <p>Organisation of Research: Faculty staff are generally coordinating their research activity within the two thematic frameworks. Additionally, there are some University-wide projects which link to</p>

both themes, for example studies have included staff from the departments of psychology and performing arts, providing an interdisciplinary element to the studies. To promote sustainability and developing future research leadership, the thematic groups are led by Readers (**O'Brien** and **Brown J**) with support from the professorial team. The FOHSC also engages in other research related activity that reaches a wide professional and public audience. It organises a regular series of public lectures and several conferences with eminent speakers. In 2012 we held a child health series that included presentations by Professor Tanya Byron (of the BBC series, The House of Tiny Tearaways); and Professor Julie Taylor (NSPCC). This goes hand in hand with a strong collaborative spirit between students and research active staff. Students are encouraged to attend public lectures and 'research into practice' sessions where current research projects are discussed. All events are disseminated via University social media sites promoting multiple access for students, staff and clinical practitioners.

Partnerships and Patient and Public Involvement Strategy (PPI): To address society's challenges, we have developed strong partnerships and have a dedicated PPI Strategy that informs the identification and delivery of meaningful research. Building upon initial links for education we are now showing steady progress with research collaborations, our partnership strategy is based on generating effective research links with local, national, and international health and social care providers and other academic units. One example of this is with Alder Hey Children's Hospital where we are partners in the Alder Hey Children's Nursing Research Unit. **Bray** has played a key role in establishment of this Unit. Similarly, we have long established partnerships with Aintree University Hospital including a shared appointment of **Rogers**, building from an initial partnership around the Practice Development Unit. Other examples of research partnerships that are emerging include: Walton Centre for Neurology, the Liverpool Women's Hospital with the new appointment of a Professor of Midwifery and the engagement of Clatterbridge Centre for Oncology in the CAT project future development. In addition we have strong research links with Queenscourt Hospice, and the Marie Curie Palliative Care Institute, Liverpool around developing collaborative palliative care research studies. This partnership approach has already produced additional grant capture and informed future research planning.

Our PPI strategy has led equally to strong collaborative connections with the Motor Neurone Disease Association and latterly local carer organisations who are actively involved with the EPRC. Our annual 'Communication: the Key to Success' conference addressing Autism / Asperger's Syndrome (www.edgehill.ac.uk/autism) in collaboration with a local diagnostic assessment centre, has attracted approximately over 1000 delegates, approximately 30% of whom are parents or carers. Their engagement with the conference has led to the establishment of an Autism Spectrum Condition (ASC) Research Forum for parents and interested parties. This forum informs over 100 parents and carers of our research activity, and allows them to participate directly in developing new projects. This has shown early promise as a project investigating the parental and carer experiences of accessing dental services for their children with ASC the findings of which have now been disseminated including reporting back to participants at the EHU Conference.

Dissemination: All projects have a dissemination plan, thus ensuring key findings are both publicly available in multiple formats for professional and lay audiences. Research staff utilise the entire range of dissemination techniques such as stakeholder events, newsletters, press releases, radio broadcasts and the use of social media. Dedicated project websites and blogs are used to provide ongoing information for research participants (www.edgehill.ac.uk/carers). We have seen a tangible impact of this approach on timely implementation of research into practice. The evaluation of a local hospice at home service has resulted in the model being quickly funded and replicated in another area is evidence of this (Woodlands Hospice, Liverpool).

Future Strategy: The consolidation of our research into two strong programmes of work has positioned our future strategy to focus upon increasing the level of evidence we provide to impact on professional practice through education and evidence in supporting care within the national and international arena. A central aspect of this strategy is to maximise our existing links with the local, national and international health and social care community. Our strategy also includes short term goals of producing high-quality research, supporting capacity building and ensuring our research impacts upon academia, clinical practice and health care professionals. We will achieve this in a number of ways: by effective succession planning to ensure sustainability and by making

Environment template (REF5)

strategic appointments at Reader and Professorial level, along with early career researcher appointments. Additionally we will develop joint posts and secondments with clinical partners from areas of clinical expertise. Continuing capacity building will develop the research potential of current staff, particularly in emerging areas such as paramedic practice. The development of a Graduate Teaching Assistant Scheme and increased bursaries for staff from health and social care partners to undertake PhD's is also a central plank of our strategy. This will be augmented by targeting external funding bodies such as ESRC, NIHR and charities to increase the number of post-graduate students. Our long term goals are to maximise our potential for undertaking larger collaborative multi centre studies. A key element of our future strategy is the diversification of funding, to include social care and European sources in order to increase grant income. The importance of rapid dissemination of all findings coupled with a pathway to impact will underpin all research studies.

c. People, including:**i. Staffing strategy and staff development**

Staff contributing to this submission comprises a team of Professors, Readers, Senior Research Fellows, Academic Managers, Senior Lecturers and Research Assistants from a variety of nursing, medicine, AHSC and education related backgrounds. The number of research active staff has expanded since the RAE 2008 reflecting increased grant income and emerging programmatic research. One example is the appointment of Knighting as a post-doctoral Senior Research Fellow to support work around paediatric palliative care. The staffing strategy includes developing shared appointments with clinical partners (**Rogers, Shaw**), creating substantive posts (**Kaehne, Kirton, Knighting**), providing clear career progression routes for staff (**Bray, Brown J, O'Brien**), investing in capacity building (**Christiansen, Richardson**) and the appointment of Visiting Professors which has greatly strengthened research activity as reflected in a 50% increase in staff included in this submission compared to the RAE 2008.

Embedding staff in clinical practice organisations assists in the identification of clinical research questions, as well as the translation of research findings into practice. Secondments from clinical partners have also been developed as a progression route for emerging researchers. **Bray** was initially seconded from Alder Hey Children's Hospital and has subsequently developed into an independent researcher. She was recently awarded a Readership. Brown (J) (Reader) has a fractional secondment to Health Education North West (Mersey Deanery) (HENWMD) managing a research programme of postgraduate medical education. This established programme of work has been highly instrumental in informing doctors' and dentists' educational policy and curricula (**Kirton**). Visiting Professors provide an external reference group for the EPRC. Long standing appointments include: Ellershaw (national deputy clinical lead for the End of Life Care Programme until 2013); de la Cuesta (University of Alicante); Barrett (Clinical Gerontologist, Merseyside); Lowe (independent medical statistician) and more recently Nolan (University of Sheffield) strengthening our research focus around carers (2012). Following the diversification of the Faculty portfolio with the integration of ODP, paramedic practice and a programme of AHSC activity, we developed a staffing strategy and accompanying staff development programme that can be individually tailored to meet the needs of staff moving into academia from clinical practice, for example focusing on writing for academic journals.

Reflecting the University's commitment to the Concordat to Support the Career Development of Researchers we have implemented a comprehensive programme of training through our Research Capacity Building programme (RCB) which is provided centrally. The RCB is explicitly mapped on to the Researcher Development Framework (RDF). Workshops are designed to address the framework domains and offer guidance on how to access other support. A research mentoring database exists, which gives staff access to Professors and Readers with relevant research expertise from across the University. Internal funding is provided for research support, travel for data collection and additional teaching relief. The EPRC developed a Fellows programme in 2009 to support novice researchers and early career researchers within the FOHSC. The Fellows are mentored by the EPRC staff and are supported in undertaking all aspects of the research process by an individualised research training programme and an annual Fellows' Conference to showcase projects in progress. Workload adjustment is made for these staff and monitoring of their progress is made via the University appraisal and annual academic return system. This model has over 20 staff being mentored since its development, with the

inclusion of early mentees in this submission (**Richardson**). Three Fellows have taken up senior posts elsewhere and returned in their respective University's assessment.

Supporting part time PhD study for staff who have moved from clinical roles into academia, has been a priority, with a sabbatical scheme introduced in 2008. Currently there are 16 staff undertaking doctoral studies at UK institutions, with six members of staff recently completed (one included in this submission). Enabling these staff to become independent researchers is a priority and a support group to provide specific postdoctoral (health related) mentorship has been established, along with opportunities for them to become Senior EPRC Fellows. Newly appointed early career researchers (ECRs) have been concentrated in the AHSC field. **Brown (G)** included in this submission, is an example of this. The steady success of the overall strategy is illustrated by **Brown (J)**, **Bray** and **O'Brien** who have progressed from completing PhD via part time routes to being promoted to Reader. **Kirton**, who was appointed as a junior research assistant, has progressed to a higher grade, is completing a part time PhD and leads on her own projects.

EHU is committed to supporting people in developing as researchers and is fully committed to equal opportunities in both its recruitment processes and its training and development for research staff. Staff with recognised/declared disabilities are provided with support to enable them to progress their research careers and are supported with accessing funds from the Government's Access to Work Scheme. The University has been awarded the Disability Two Ticks mark. Staff members for whom English is not a first language have access to funds to provide assistance with writing for publication. The University is in the process of making an application for an Athena Swan Bronze award and is aware of the need to ensure that women are able to reach their full potential as researchers and future leaders. As such, all staff actively are encouraged to attend courses such as Vitae's Leadership in Action and, where appropriate, mentors (both in internal and external) are arranged to offer extra support.

ii. Research students

The University endorses the Concordat to Support the Career Development of Researchers with the provision of compulsory research training programmes. This is delivered centrally through staff research training opportunities (RCB programme) as well as the Graduate School programme of research training for students. Additionally students are encouraged to use external resources provided by Vitae as well as maximising University development opportunities to promote their transition to becoming independent researchers. This runs alongside the provision of dedicated post graduate student resources at central and faculty level which includes study rooms; IT facilities; a bursary scheme and funding conference attendance. Students can access FOHSC research workshops and master classes provided by the EPRC. These include practical workshops, for example data collection, systematic reviews and NHS research ethics processes. Students can attend the monthly EPRC research seminar series as well as present at them. Recently we have been successful in securing funding from the Alder Hey Children's Hospital to provide three part time studentships. These students are due to commence during 2013/14. One of these is a paramedic, representing the widening portfolio of the Faculty provision. This is a model we plan to replicate within other local partners. Research students' progress is monitored by the Graduate School and all supervisors undertake a programme of training and regular updating to ensure quality standards are maintained.

d. Income, infrastructure and facilities

Grant income has followed an upward trajectory and has more than doubled since the RAE 2008. The number of grant applications and successful awards has grown substantially with a 58% (57/96) success rate in grants awarded in open and closed competitions. We have had particular success in undertaking short projects that are required to address local and regional practice and policy questions. For example, we recently undertook a North West evaluation of the 'Six Steps to Success End of Life Training Programme for Care Homes'. The results have already been used to promote the UK dissemination of the programme. Also, the OSCAR project helped the NHS East Lancashire Trust in the future design of the obesity service. This short project work stream has been fundamental to our future planning, allowing us to demonstrate a track record of timely project completion. Consequently we are now in the position to undertake larger commissioned projects, for example the Paediatric Rapid Discharge Pathway which is currently being piloted in the North West of England. There has also been an increase in the number of grants where University staff are lead or co-applicants in highly competitive calls, such as NIHR, including

Programme grants. **Jack, Roger, Roe, O'Brien** are NIHR Faculty members. A more recent award (although funding not reported in this submission) is to **Roe** as co-investigator on a five-year NIHR Programme grant (£1.9 million) led by Challis (University of Manchester) to determine home support for dementia care (commencing Autumn 2013). Additional income awarded after the census date is £21,164 for the final instalment for the CAT project. We have also received around £40,000 of NIHR Capacity Building Funding which is currently supporting further RfPB applications building upon our research portfolio around carers and bereavement.

Infrastructure: The University adheres to the Concordat to Support Research Integrity which is reflected in its Code of Practice for the Conduct of Research and has established a framework for research ethics approval for all staff and students. This is operationalised by having University and faculty research ethics and governance systems in place. University sponsorship of projects for NHS research is guaranteed by the central Research and Enterprise Support Office. To promote cross-faculty and inter-disciplinary working the University established three research institutes. The Post Graduate Medical Institute (PGMI) aims to build upon our educational links with clinical partners bringing together a multi-professional group of researchers from across the University and from a wide range of NHS clinical partners. Early success of this approach has already been shown with the evaluation of a leadership programme for medical specialist trainees awarded to EHU (led by **Brown J**). The new Institute for Public Policy and Professional Practice focuses on enabling cross-faculty work and projects with external collaborative partnerships, examining the impact of changes in social policy on professional practice, particularly in health, social care and education. The Institute for Creative Enterprise hosts several projects in which FoHSC staff collaborate with computer scientists on developing technologies for assisted living.

Facilities: The University has widely invested in facilities including dedicated space on two clinical sites (Alder Hey Children's Hospital and Aintree University Hospital), which is promoting collaborative research with clinical partners. IT Facilities support research staff by facilitating access to research relevant software. Dedicated clinical laboratory space and skills laboratories have been developed for developing work around simulation (**Shaw**) and to support forthcoming projects with local clinical partners.

e. Collaboration or contribution to the discipline or research base

Our internationally clinically-based research collaborations directly contribute to the enhancement of healthcare practice and its knowledge base. For example, **Jack** led the evaluation of the novel programme run by Hospice Africa Uganda that educated nurses to prescribe morphine independently. This seminal work influenced the WHO, which, along with the African Palliative Care Association, promotes this approach as a model of extending the provision of palliative care in Sub Saharan Africa. Research with Hospice Africa has also included an evaluation of the Community Workers Scheme which has enabled expansion of palliative care provision. Jack also led the research element of the Tropical Health and Education Trust (THET) Links Programme to support the provision of the first Palliative Care degree programme in Sub-Saharan African. All of these collaborations have contributed to new approaches in palliative care clinical practice in Sub-Saharan Africa.

Roe is founding editor/member of the Cochrane Incontinence Review Group. Her collaborations with colleagues in Australia, Canada and the USA have resulted in a series of systematic reviews providing best guidance on effective global clinical practice. **Roe's** international reputation in the field of systematic reviews has resulted in an award from the *American Journal of Nursing* (Research Category 2009). Further collaborative projects on incontinence led by **Roe**, includes a NIHR Funded Programme Grant looking at management of incontinence after stroke. Similarly **Roe** led a systematic review on the management of incontinence in care homes. She was also a co-investigator on a HTA systematic review of respite care for frail elderly that has contributed to policy decision making.

Work undertaken by **Christiansen** and **Jinks** evaluated the roles of Hong Kong based advanced nurse practitioners (ANP). This study explored changes in the working practices of junior doctors and findings contributed to the introduction of new ways of working for ANPs in Hong Kong. **Kaehne** has been the principal investigator on a number of research projects funded by the National Institute of Social Care and Health Research, NHS, and Welsh Government. These include studies which have focused on issues surrounding children with learning disability and their transition from child to adult service users. He currently collaborates with the Social Services

Environment template (REF5)

Improvement Agency on 'Research into Practice', in Wales. **Brown (J)** and **Shaw** manage a research strand in postgraduate medical education. This work informs medical education and ultimately clinical practice at local and national levels. A recent collaboration with the Faculté de Médecine Paris-Descartes and the Groupe Hospitalier Cochin-Broca-Hotel Dieu, Batiment Port-Royal, Paris investigated the career intentions of final year French medical students.

Other national academic collaborations include on-going work on funded NIHR projects (**Jack, Roe, and O'Brien** with Nolan, (University of Sheffield) and Lloyd Williams, (University of Liverpool) (CAT study). **Jack** in collaboration with the University of Liverpool, undertook a systematic review on best supportive care in lung cancer. This influenced recommendations for lung cancer trials to have a clear definition of best supportive care. **Roe** has collaborated with the University of Manchester (PSSRU) on DH funded policy work and a European funded project 'RightTimePlaceCare' examining policy and practice for dementia services in the community. **Roe's** collaborations also include the DH funded national project 'Partnerships for Older People' (POPP) to develop health and social care services for older people promoting their health, well-being and independence. These projects have impacted on service delivery for older people living in the community. **Brown (G)**, an early career researcher, previously worked on a national intervention trial entitled CRIMSON, which included a randomised control trial, explored the effectiveness of joint crisis plans in reducing compulsory hospital admissions for people with severe mental illness. As part of this study, **Brown (G)** co-wrote an update to a Cochrane review, which considered the effectiveness of interventions requiring user-held personalised information for routine care of people with severe mental illness. **Brown (G)** is continuing to develop this work since her move to EHU and specifically focusing upon the effectiveness of psychological interventions for people with mental health problems in prison.

Contribution to discipline: The activities of our research theme groups illustrate how our work has contributed to, and influenced the development of healthcare practice. Within the **Supporting Care** theme, where end of life care is a work stream, **Jack** is known for her research in this field. She currently holds the chair of the Palliative Care Research Society and has collaborated on a number of national and international studies. She led an action research project in association with the National Council of Palliative Care to modernise the Palliative Care Minimum Data Set, featured as a case study in this submission. Within the non-cancer field, we have research that centred on the experiences of patients with neurological conditions. **O'Brien** (with **Jack**), co-led a NIHR (RfPB) grant in collaboration with Lancashire Teaching Hospitals NHS Trust, on the optimisation of services for people with Motor Neurone Disease. This work has resulted in key publications and recommendations and specific training for carers. The importance of the work was recognised through its inclusion in the 2011/12 NIHR annual report. **Jack** and **O'Brien** were also part of the national working group that developed the Liverpool Care Pathway for neurological conditions. Likewise, **Roe's** work contributes to our **Supporting Care** research programme. She has extensive national and international research experience in gerontology, including the organisation and delivery of care services for older people. Similarly **Rogers** has developed an international reputation in the field of quality of life for patients with head and neck cancer modifying the UW-QOLV4 (University of Washington) head and neck cancer quality of life questionnaires to include mood and anxiety domains. He is an expert in the management of patients treated with bisphosphonates. He has been principal investigator for a number of research projects in this field and was invited to participate in national and European expert committees reviewing clinical guidelines.

The **Supporting Care** theme encompasses research involving children and young people. **Bray** was funded by the Burdett Trust to research child health professionals' confidence and competence in discussing sexual and relationship health with young people. Additional funding to translate these findings into an e-learning resource was obtained from Innovate NoW stream (NHS Regional Innovation fund for the North West). **Bray's** work also includes preparing children/families for surgery and clinical procedures, the latter (clinical holding) has received funding from the Children's Research Fund. **Shaw's** clinical role, focuses on neonatal, chronic and congenital lung disease. **Shaw** is a member of the Royal College of Paediatrics and Child Health working group who are developing national paediatric emergency oxygen guidelines and a similar group looking at paediatric simulation. **Shaw** and **Bray** are investigating the long-term experiences of children with chronic lung diseases. **Knighting** is helping to lead the development

Environment template (REF5)

of research around paediatric end of life care which is a key feature of our research plans post 2013. Current projects include the evaluation of the Paediatric Rapid Discharge Pathway, as well as an educational project around palliative care education for specialist medical trainees in neonatology. **Jinks'** work that focused on childhood obesity issues has resulted in funding to undertake a systematic review of weight loss interventions for young people with a learning disability.

Our second theme of work **Improving Professional Practice through Education**, includes an established strand of work featuring our strong collaboration that exists with HENWMD (who were one of the pilot sites) surrounding the implementation of the national Modernising Medical Careers Programme. Our expertise in this field is illustrated by **Brown (J)** who was commissioned to write an editorial in the *British Medical Journal* in 2010 on the impact of the high volume of doctors who change speciality pathway. More recent research in response to the Tooke Report (2008) has been around work based assessment, such as the use of case based discussions and multi-source feedback in Specialist Training (**Brown J, Shaw**). Our reputation in this area of work has been enhanced by undertaking a National Evaluation of the Work Based Assessment tools in Dental Foundation Training (**Kirton**).

The importance of preparation for clinical practice and the development of clinical practice are embedded in this theme of work. For example a recent study explored health care professionals' communication skills with distressed families and patients before and after undertaking the Simple Skills Secrets communication training. This training showed the statistical significant improvement in staff confidence after the course (**Jack, O'Brien and Kirton**). A novel study examined nurse training records from the 1950s and 1960s defining what constituted 'a good nurse' over time (**Jinks and Richardson**). The findings from this historical study have been valuable in helping to interpret some of the recent issues highlighted by the Francis Report (2013). We are developing work that investigates student nurses' delivery of safe and compassionate care (**Bray, O'Brien, Christiansen**). Other studies by **Christiansen** have focused upon education around student nurses and patient safety. Patient safety is also embraced through recommendations produced through two Best Evidence in Medical Education (www.bemecollaboration.org) reviews. These highlight the most effective educational interventions in hand washing compliance and competence in aseptic insertion and the maintenance of central venous catheters in acute care (**Brown (J), Shaw**). More recently reflecting the expansion of the faculty portfolio, **Shaw** is developing work from his experience in simulation in multi-professional education to the paramedic practice arena and exploring the impact on enhancing paramedic students' clinical practice.

Esteem measures: In addition, we contribute to the development of healthcare knowledge through undertaking external professorships and fellowships, grant reviews and editorial roles as well as peer review work.

External Professorships and Fellowships: **Rogers**, Hunterian Professor Royal College of Surgeons of England, Fellow of the International Academy for Oral and Facial Rehabilitation. **Jack**, Visiting Professor Hospice Africa Uganda, Honorary Fellow University of Liverpool. **Roe**, WHO, DH fellowships, Fellow-Royal Society for Public Health, Queen's Nursing Institute, Honorary Fellow University of Manchester, PSSRU and Visiting Professor Edith Cowan University, Australia.

Grant reviewers: **Jack, O'Brien, Roe, Rogers, Brown (J):** NIHR (RfPB), and SDO programmes, Invention for Innovation (i4i) Programme; **Jack**, Arthritis Research Campaign, BUPA programme, Irish Health Board (Doctoral awards); **Jinks**, Scottish Office and Welsh Assembly; **Roe** BUPA, British Council and MRC, Health Services and Public Health Research Board/ Populations Health Research Board, **O'Brien**, MND Association and the Wellcome Trust and **Bray** HTA.

Editorships: **Roe** is an editor of *Journal of Advanced Nursing*. Editorial board membership include: *Nurse Researcher*, *Journal of Palliative Care and Medicine* (**Jack**), *Oral Oncology Editorial Board*, *British Journal Oral and Maxillofacial Surgery* and *World Journal of Clinical Oncology* (**Rogers**), *British Journal of Neuroscience Nursing* (**O'Brien**), *Journal of Child Health Care* (**Bray**) and *International Journal of Older Peoples' Nursing* (**Roe**).