

<p>Institution: Oxford Brookes University</p>
<p>Unit of Assessment: 3, Allied Health Professions, Dentistry, Nursing and Pharmacy</p>
<p>a. Overview</p>
<p>This return comprises 12 applied health researchers based in the Faculty of Health and Life Sciences. The Faculty was created in 2011 when the University was restructured from eight Schools into four Faculties. It brought together the School of Health & Social Care, the School of Life Sciences and the Department of Psychology in order to consolidate and strengthen the University's investment in health research described in our return to UoA 12 in RAE 2008. The researchers returned here remain based in the department of their parent discipline, which provides access to specialist equipment, technical support and discipline-based continuing professional development, and work collaboratively across departments on multi-disciplinary studies. These studies aim to inform policy development, clinical practice and education of nurses and midwives working in specialist, community and public health settings and of allied health professionals working in the fields of nutrition and rehabilitation.</p>
<p>Applied health research in the University is built around two main research groups which are a continuation of the groups established prior to RAE 2008: Centre for Rehabilitation (developed from the Rehabilitation & Enablement group) and Public Health & Supportive Care (renamed from Health Promotion and Health Services Research). Experienced and successful senior researchers lead themes within each group, which are described further below.</p>
<p>Researchers in the third group of our return to RAE 2008, Biomedical Sciences, are returned in UoA 5 Biology for REF 2014. Other researchers in the Faculty are returned to UoA 4 Psychology, Psychiatry and Neuroscience.</p>
<p>b. Research strategy</p>
<p>In response to feedback from the RAE 2008 panel, two overarching aims during the REF assessment period were (1) to develop greater synergy between research themes within groups and between the groups and (2) to build a critical mass of researchers for all research themes.</p>
<p>The first aim was achieved by appointing staff who could work across themes when vacancies arose (eg Wheeler), funding four new interdisciplinary studentships, and facilitating and supporting research grant applications which brought together researchers across research teams and between groups. The second aim was achieved through University funding for the appointment of five new early career fellows and the establishment of two new Doctoral Training Programmes, and through external funding for new appointments to Professorial, Reader and Senior Research Fellow posts. For most of the REF assessment period the number of staff engaged in each of the research groups was higher than during the previous RAE assessment period, which led to increased research activity and outputs. Recent departures of senior staff to major research intensive institutions (eg Henry to Singapore Institute of Clinical Sciences, and Neale to Institute of Psychiatry, KCL) and of three early career fellows to established lectureships and another to an NHS training scheme has temporarily reduced numbers but are themselves evidence of the high quality of our research and of an environment supportive of the career development and progression of our researchers.</p>
<p>Over the next REF period our aims are (1) to continue to build capacity, capability and synergy in our research groups, (2) to increase the quality and quantity of our research and (3) to develop further its practical applications for enhancing health and well-being.</p>
<p>Our strategy to achieve each of these aims includes the following: (1) when new vacancies arise, appoint staff who are research active in areas relevant to our research groups, identify a mentor and support them to engage with research; make new appointments to strengthen the Supportive Care theme which links researchers across the Faculty concerned with cardio-respiratory, cancer and palliative care (posts have been advertised); establish a new programme of seminars and workshops relating to substantive, methodological and knowledge exchange topics and drawing on the strengths of outstanding researchers in the Oxford area; (2) strengthen and extend our collaborations with world-leading research groups, clinicians and industry through active engagement with both the Oxford Health Sciences Network (AHSN) in relation to its themes of long term conditions, public health & well-being, and children & young people, and, should it be designated, with the Oxford Academic Health Sciences Centre (AHSC) (one of 7 shortlisted by the</p>

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Department of Health, comprising Oxford Brookes, Oxford University, Oxford University Hospitals NHS Trust and Oxford Health NHS Foundation Trust), which is committed to joining basic research to effective translational and multi-professional research programmes including those in nursing and the allied health professions; and (3) consider potential impact at the start of studies and as they come to an end, review their potential for a Knowledge Transfer Partnership, follow-on or proof of concept funding or other knowledge exchange activity; encourage participation in public engagement activities and promote knowledge exchange activities through workload planning.

More specific achievements over the current REF period and future aims for the next REF period are set out below for each of the Research Groups.

1) Centre for Rehabilitation (Collett, Dawes, Esser, Pinon, Wade): The Centre for Rehabilitation was established in 2011 with a grant of £600,000 from the Elizabeth Casson Trust to bring together researchers with a focus on developing and enhancing rehabilitation strategies, initially for people suffering from long-term neurological conditions. It builds on the team led by Dawes which has grown from three staff in 2007 to more than 20, depending on research funding and collaborative projects involving visiting academics, plus research students. The Centre aims to develop affordable, accessible approaches to measurement and treatment in relation to three themes: movement, rehabilitation and exercise. Research in each of these themes is developed collaboratively with users, both children and adults, and a user steering committee.

Movement: The focus of this theme is the development of tools for measuring and monitoring movement for use in clinical trials and clinical care. **Esser** carried out a series of studies funded by the Department of Health, Wellcome Trust and Technology Strategy Board, initially working collaboratively with **Dawes** as a PhD student in the Faculty of Technology Design & Environment. This work produced DataGait, a device to measure gait which has subsequently been licenced for use as an iphone application. During a three month residency at the Science Museum, **Collett, Dawes** and **Esser** used this device to collect data on movement from a large general population sample and subsequently from 700 individuals with various neurological conditions which has enabled them to establish the validity of the tool for obtaining standard gait parameters and to conduct innovative analyses of gait to classify conditions and their severity.

Exercise: The aim of research in this theme is to enable people with long term neurological conditions to engage in physical activity to improve their health and well-being. It has been developed in collaboration with patients and clinicians and in response to clinical questions on optimal dose (intensity, duration) and place of delivery (home or community). Studies include a Stroke Association funded study of a new approach to rehabilitating walking after stroke (**Dawes** and **Wade**), an NIHR RfPB funded study to explore the effect of exercise delivered over a longer period (six months) in people with Parkinsons Disease and an MS Society funded trial of varying doses of exercise (**Collett** and **Dawes**). Further research with colleagues in Cardiff and across EU has led to Dawes writing the UK National Occupational standards for exercise for long term neurological conditions. Funding has recently been awarded by the NIHR Oxford Biomedical Research Unit for similar research with patients with dementia.

Rehabilitation: Research in this theme looks at the effects of rehabilitation interventions and also at their underlying mechanisms in order to develop and test new interventions. **Dawes** works closely with the FMRIB Centre at Oxford University exploring rehabilitation for stroke survivors. She has also conducted a Huntington's Disease (HD) Association funded study of a home-based physiotherapy intervention programme targeted for people with early-mid stage HD and now leads a Work Package exploring rehabilitation interventions for traumatic brain injury across Europe on a 33 million euro grant from the EU. **Wade** combines research on long-term neurological conditions with clinical practice as Consultant in Neurological Rehabilitation at the Oxford Centre for Enablement. His research spans systematic reviews and meta-analyses of drug trials and trials of complex interventions particularly in relation to the effectiveness of motor imagery in improving outcomes in neuro-rehabilitation. **Pinon's** research utilises fundamental neuropsychological techniques to explore plasticity in cortical and subcortical mechanisms and specifically the prefrontal cortex. Her research is informing the further development of rehabilitation research to enable people to take an active part in the community into later life.

Two new areas of work have recently been established within this theme and developing these is an important objective for the next REF period. The first (led by Green) is with children with neuro-disability. The focus here is on understanding the neuroplasticity of motor learning and movement behaviour and uses 3-D motion analysis and advanced MRI technology to optimise rehabilitation (eg applications of virtual rehabilitation technologies in rehabilitation). The second (led by Moosavi and Walthall) widens the Centre's area of interest to include patients suffering from cardio-respiratory conditions. The focus is on breathlessness in health and disease and ranges from the neuro-physiological mechanisms underlying dyspnoea in cardio-pulmonary disease to clinical trials of novel interventions and supportive care for patients at end of life.

2) Public Health and Supportive Care Research Group (Burns, Clegg, Foxcroft, Lonsdale, Smith, Watson, Wheeler). This group brings together nurses, allied health professionals and health services researchers with a common interest in understanding behaviours, lifestyles and other factors that impact on health, and aims to develop and evaluate interventions to protect and promote health and well-being. It addresses four research themes in areas of national and international importance, with senior researchers leading the research and working collaboratively across themes and between groups. This group has varied between 16 and 24 staff, depending on research funding and staff departures, plus research students.

Mothers, Children and Families: Researchers working on this theme aim to provide evidence to improve the care provided to women during pregnancy and childbirth, and to develop and test psycho-social interventions with families and children to promote pro-social behaviour. In collaboration with colleagues at the OUH NHS Trust Women's Centre, **Smith** and **Burns** have developed a Brookes-funded programme of midwifery-led research to inform the 'normalising childbirth' agenda. Studies have examined the relationship between place of birth and intrapartum interventions, events and outcomes. A large multi-centre study provided evidence on the safety and efficacy of using a birthing pool during labour and waterbirth and has led to new links with Norway and Australia. Social enterprise funding has also been awarded to support the development of a community intervention based on Zumba Fitness classes for pregnant women into a sustainable commercial activity and as a platform for developing further interventions.

Together with colleagues in Europe and the USA, **Foxcroft** has been instrumental in developing the new field of Prevention Science. Building on his earlier work on alcohol misuse, his current research aims to identify psycho-social interventions with the potential to prevent a wider range of behavioural risk factors in children and young people and to test their effectiveness in large randomised controlled trials, including four large trials funded by MRC, NIHR, Australian MRC and the Polish government. He and colleagues in the My Strong Family Centre secured government funding for knowledge exchange activities which led to the adoption and implementation of, initially, the Strengthening Families Programme 10-14 UK and more recently the Good Behaviour Game in the UK and other countries (eg Russia, Spain, East Africa). They have also received Government funding to adapt the SFP10-14UK for other settings (e.g. Muslim families).

Drug and Alcohol research theme: This theme brings together researchers with complementary methodological skills in systematic reviews, randomised controlled trials and large scale surveys to address the prevention and treatment of alcohol and illicit drug use. **Foxcroft, Lonsdale** and **Smith** have well-established programmes of research on community based interventions for alcohol misuse funded by Alcohol Research UK and European Foundation for Alcohol Research. For **Foxcroft** and **Smith**, this includes two methodological studies in primary care, to establish the diagnostic accuracy of alcohol misuse screening tests and to validate screening instruments and produce statistical models to predict population prevalence of alcohol disorders using Bayes Theorem. For **Lonsdale**, this includes interventions to reduce alcohol consumption and binge drinking amongst corporate employees and undergraduate students, nationally and internationally. **Foxcroft** is also an investigator on a large NIHR funded RCT of a school-based alcohol misuse prevention programme while **Smith** and **Burns** are currently evaluating alcohol screening instruments for use with women in primary and antenatal care settings. **Lonsdale's** recent work on public views on minimum pricing identified widespread scepticism about the potential effectiveness of the policy and has led to further work to find more effective ways of establishing lay perceptions of the antecedents to binge drinking as a basis for

more acceptable interventions. **Smith** is leading a new programme of work on co-morbid alcohol misuse and depression including an analysis of hospital trends using record linkage in collaboration with Oxford University.

Nutrition and Food: The Functional Food Centre (FFC) provides the context for research on this theme, supporting leading edge research on tackling obesity, improving glycaemic control and reducing inflammation in order to improve health and well-being and building on this research to develop and deliver services to support the food industry. **Clegg's** research has looked at the role of nutrients and functional foods on gastrointestinal transit and consequently the role that gastric emptying plays in satiety, and at the relationship between gastric emptying, satiety, glycaemic response and energy expenditure. More recent work has begun to extend this by looking at the way in which food ingredients and preparation can influence these factors. **Wheeler** works in the area of public health nutrition, particularly the assessment of nutritional status and dietary intake during pregnancy, including micronutrient and fatty acid status, body composition and growth status. **Wheeler** and **Smith** are also collaborating with colleagues at the National Perinatal Epidemiology Unit on the foetal alcohol effects of binge drinking during pregnancy. Further collaborative research across themes in this group includes a behavioural and nutritional intervention to promote healthy habits in young adults, and a study of the diet and nutrition of drug users receiving opioid substitution treatment. **Foxcroft** has also published with colleagues in this theme on diet and the risk of unipolar depression in adults.

Supportive cancer care: Research in this theme aims to improve the supportive care delivered to cancer patients and their families by conducting high quality quantitative and mixed methods research, clinical trials and systematic reviews and by working with clinicians and managers to transfer findings into practice. **Watson**, who leads this theme, has a number of long-standing external collaborations. Working with colleagues in the University of Oxford she has completed a series of Cancer Research UK funded studies addressing the health and supportive care needs of long term cancer survivors and close family members which has resulted in 7 peer reviewed publications. She and colleagues have also completed studies on the psychological impact of familial ovarian cancer screening (funded by the BUPA Foundation), the role of primary care in early follow-up of cancer patients (funded by Macmillan Cancer Support), and the late effects of pelvic radiotherapy (funded by Macmillan Cancer Support). She is currently chief investigator of a Prostate Cancer UK funded multi-centre pilot RCT of a nurse-led psycho-educational intervention delivered in primary care to prostate cancer survivors (developed through the National Cancer Research Institute Primary Care Clinical Studies Group, and in collaboration with Oxford, Cambridge, Edinburgh, Bangor and Surrey Universities). She is also co-investigator of a large HTA-funded trial, led by University of Warwick exploring the role of mammographic screening as part of follow-up care for women over 50 with breast cancer. **Smith** is Statistical Editor, Cochrane Gynaecological Cancer Review Group and has completed a number of systematic reviews on cancer treatments, funded by an NIHR Programme Grant for Applied Research.

Over the next REF period an important objective of this theme is to develop collaborative work with the new cardio-respiratory team in the Centre for Rehabilitation around their common concern for supportive care (eg in relation to breathlessness and fatigue).

Dissemination and User Engagement:

Research is disseminated through publications, presentations at national and international conferences, and a variety of other innovative means. The Centre for Rehabilitation website hosts forums which describe its research and encourage interaction amongst clinicians, patient groups, their families and researchers. Between 2011 and 2013, it received 8534 unique pageviews. Excellent relationships with local/national user groups and societies have been established and findings are disseminated directly to more than 700 patients and their families through the Centre's user steering group, through Soapbox talks and a blog. The Functional Food Centre holds an International Functional Food Conference held every two years which brings academics and business together to explore the concept of functional foods and the latest scientific developments in this field. Other innovative public engagement strategies are led by a Research and Science Communications Fellow (Osterrieder) whose role is to promote and co-ordinate outreach activities,

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which include the annual Brookes Science Bazaar (for schools and individuals in the local community), interdisciplinary partnerships between health sciences and humanities, and events at the 'Amazing Acts' Festival at the Pegasus Theatre, Oxford. Osterrieder also runs public engagement training and training in the use of social media in disseminating research for staff and research students in the Faculty.

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

In making new appointments over the REF assessment period, the Faculty has sought to select candidates with the potential to achieve excellence in their research and who could contribute to building and sustaining critical mass in our research groups. All new appointments to Professorial (**Wade**), Reader (Green) and Senior Lecturer (Moosavi) posts have come from established research intensive Universities (University of Oxford, Kings College London, and Imperial College) and have an outstanding track record of research. New staff appointed at earlier stages in their career (**Clegg, Collett, Esser, Lonsdale, Wheeler**) also demonstrated prior evidence of research capability and a commitment to developing a research career.

Support for researchers is guided by the Concordat to Support Career Development of Researchers and its implementation is overseen by Research and Knowledge Exchange Committees at both University and Faculty level. The University also complies with the European Charter for Researchers and the Code of Conduct for the Recruitment of Researchers and in recognition of this received the European Commission's HR Excellence in Research Award. The Faculty's commitment to promoting the attractiveness and sustainability of a research career can be seen in the support given to outstanding doctoral and post-doctoral researchers to progress to more senior positions. For example, over the course of the REF period, **Esser** completed a PhD with the Rehabilitation group and progressed to an Early Career Research Fellowship and **Collett** progressed from an Early Career Research Fellowship to a Senior Research Fellowship.

All newly appointed staff join a research group and take part in the range of research-related activities they provide. Those at earlier stages in their career also attend the University's course on Research Management Training which covers a range of topics including project design and management, writing research grant applications, data management, Intellectual Property, knowledge exchange, research ethics and Good Clinical Practice. The Faculty's Research Training Co-ordinator organises further generic training at the Faculty level and supports Departmental Research Leads in organising topic specific training. Early career researchers also benefit from a dedicated research funding scheme which provides them with £2,000 for research expenses in each of their first three years and an annual competitive research funding scheme for additional support. A Research Mentoring Scheme, supported by teaching relief for both parties, is also offered, matching mentors and mentees within broad subject areas with a view to establishing independent and supportive relationships between more and less experienced researchers.

Further support for the career development of researchers is provided through a workload planning scheme whereby academic staff are allocated generous research time allowances in their first three years of employment and through personal research plans whereby staff plan and review their research against a rolling five year strategic plan.

The University is committed to supporting the advancement of women's careers, and has appointed women to senior management positions including Chancellor, Vice Chancellor and Executive Dean. In the Faculty of Health & Life Sciences, women have been appointed to both Dean (Pro-Vice Chancellor) and Associate Dean (Research & Knowledge Exchange) posts, providing positive role models and a supportive environment for women to progress. The positive effects of this can be seen in the career progression of women at all levels. For example, over the course of the REF assessment period **Clegg** progressed from a research fellowship to a Senior Research Fellowship and, while on maternity leave, was recently appointed to a lectureship; **Smith** progressed from a part-time lectureship to a full-time lectureship and was recently appointed to a Readership; and **Dawes** progressed from a Readership to a Professorship. An ethos of diversity and equality also enables **Watson** to work part time while leading a research team and to employ a trial co-ordinator who is a wheelchair user. In recognition of its support for women's career progression in the STEMM subjects, the University received an Athena SWAN bronze Award in 2012. It has also been awarded Investors in People Gold Status, reaffirmed in 2012 and 2013, in recognition of its commitment to the development of all staff in the institution.

ii. Research students

Formal training for research students is provided within the context of two multi-disciplinary Doctoral Training Programmes (DTP), in Community & Health Sciences and in Children & Young People. Each DTP is led by a post-graduate research tutor and a deputy with responsibility for admissions, fostering student development and monitoring student progress. All research students undertake a three year training programme, keeping a diary to record training activities which post-graduate research tutors monitor annually. Training includes generic courses and events offered by the University, the Graduate College, and Faculty and topic-specific events organised within each DTP. Students are supported to attend selected external training events and conferences. All research students are also expected to give at least one seminar in their Departmental seminar series and to present a poster and give an oral presentation at the annual Faculty Postgraduate Symposium. Research students also help run a University-wide postgraduate society and a Faculty-wide 'postgraduate village' which holds a variety of events and fosters a supportive community amongst post-graduate students.

All students are supervised by a team of experienced researchers comprising a Director of Studies and two other supervisors with relevant topic or methodological expertise, usually from different departments or disciplines. New staff who wish to supervise research students are required to attend a training programme, and experienced supervisors a biennial update session, organised by the Faculty's Research Training Co-ordinator. Supervisions are held regularly and key points from the sessions summarised in writing and circulated to the team. Students and supervisors provide annual reports which are reviewed by the post-graduate tutors and monitored by Research Degree Sub-Committees at Faculty and University levels.

Since the last RAE the number of PhD students who have secured externally funded or competitively won internal studentships has increased (to 28) and the proportion of PhD students who are full-time has more than doubled. All full-time students have their own desk and are housed together with others in their research group. This has generated a lively research environment for students, and supported a range of activities which have contributed to their research training. Many of these activities were organised by the students themselves, including one-day workshops on methodological topics (eg Grounded Theory and IPA) and a health psychology interest group which runs its own seminar series. In addition, students have given oral presentations at international conferences (eg International Psycho-Oncology Conference, (2013)), published in international journals (eg Drugs: Education, Prevention and Policy (2012) and been co-applicants on research grants (eg Wellcome Trust, MS Society).

d. Income, infrastructure and facilities

New research funding awarded to researchers over the REF assessment period totalled more than **£3,300,000**. Applied health research has been supported by a range of funding bodies including Research Councils (ESRC, EPSRC, MRC, Australian Research Council), the National Institute for Health Research (HS&DR, Public Health, RDS, RfPB, Oxford BRC and Oxford BRU), UK and international charities (eg Action for Children, Alcohol Research UK, Big Lottery, British Academy, Burdett Trust for Nursing, Cerebra, Cochrane Collaboration, Elizabeth Casson Trust, European Huntington's Disease Network, Gossveiller Foundation, Huntingtons Disease Association, Macmillan Cancer Support, MS Society, National Academy of Parenting Practitioners, NSPCC, National Treatment Agency, Parkinsons Disease Society, PF Charitable Trust, Pilgrim Trust, Remedi, Prostate Cancer UK, Sir Halley Stewart Trust, Stroke Association, Wellcome Trust), government and local authorities (DfES, Cornwall & Scilly Isles PCT, Oxfordshire PCT, Scottish Executive, Technology Strategy Board), European organisations (EU Framework Programme 6 and 7, European Commission Public Health Programme, EURRECA, European Foundation for Alcohol Research) and industry (eg British Potato Council, Diageo Europe, GlaxoSmithKline, Horizon Science, Malaysian Palm Oil Council, Premier Foods, Weetabix Limited and many other national and international companies).

Both research groups are housed with their PhD students in modern, well-equipped accommodation. The Centre for Rehabilitation has its own state-of-the-art human performance and biomechanics laboratories and the Clinical and Exercise and Rehabilitation (CLEAR) Unit, designed exclusively for people who require a high level of supervision due to their medical condition and used by Brookes and external NIHR funded researchers to conduct clinical trials.

Dawes has access to the fMRI facilities at Oxford University and **Wade** to the research facilities at

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the Centre for Enablement, Nuffield Orthopaedic Centre.

Food and nutrition researchers have benefitted from HEIF investment and University funding which has refurbished dedicated laboratories for nutrition and food research which complement their access to a suite of facilities shared with the Functional Food Centre. **Clegg** also has use of a mass spectrometer at the National University of Ireland and receives benefits in kind from Energy Testing Solutions in the use of an ECAL energy expenditure monitor. All other members of the Public Health & Supportive Care group are housed together in a dedicated HEFCE SIF-funded research building, which facilitates support and collaboration amongst research teams.

Both research groups also benefit from access to NIHR funded infrastructure in Oxford including the Research Design Service (South Central), Thames Valley Comprehensive Local Research Network and TV Primary Care Research Partnership as well as access to UK CRC registered clinical trials units that support trials in cancer, respiratory disease, musculoskeletal research and primary care. These facilities and access to them will be further strengthened through the AHSC (should it be established) and the ANSN's R&D Programme which will provide an enabling platform to support research and facilitate adoption of innovation.

e. Collaboration and contribution to the discipline or research base

Clegg: collaborates with industry in undertaking satiety and energy expenditure research as well as providing consultancy on the methods and outcomes of this work. This has included Aduna, Energy testing solutions and Friesland Campina.

Dawes: collaborates with: Cambridge University and UZA (Antwerp) on an EU funded study of traumatic brain injury (2013-18); NIHR Oxford BRU, Cognitive Health Theme on a study of dementia (2012-17); Cardiff University on studies of Huntingtons Disease (2009-2017); Maastricht University on neuro-rehabilitation research (2009-2017); and Oxfordshire Sports Partnerships on a Lottery funded project on physical activity in the community (2012-present). She works with the Physiotherapy working group, European Huntingtons Disease Network developing guidance for physiotherapy and HD (2011-present). She is a named collaborator on the Oxford CLAHRC.

Foxcroft: was a Board member of NIHR Public Health Research Programme (2010-13) and of Alcohol Research UK (2005-10). He is Editor of the International Cochrane Collaboration Drugs and Alcohol Group and on the Editorial Board of *Drugs: Education, Prevention and Policy*. His co-authored book *Drug Policy and the Public Good* was awarded the BMA Public Health Prize (2010). He has worked with the UN Office for Drugs Control advising on development and evaluation of prevention programmes in East Africa and Brazil (2012-13), with the European Monitoring Centre for Drugs and Drug Addiction advising on the effective implementation of prevention programmes (2012), with the National Drug Research Institute at Curtin University on the evaluation of a drug education programme (2010-14), with the University of Alberta on assessment of international research evidence on school based alcohol misuse prevention (2012-13) and with a number of institutions evaluating a range of prevention programmes, including the Institute for Psychiatry and Neurology in Warsaw (2009-15), Cardiff University (2009-2014), and Liverpool John Moores University (2011-15). He is President Elect of the European Society for Prevention Research.

Lonsdale: has a longstanding collaboration with Curtin University, Perth, Australia.

Smith: is Editor, International Cochrane Collaboration Gynaecological and Orphan Cancer Review Group (2005 – ongoing) and a member of the Grant Advisory Panel, Alcohol Research UK (2013 – ongoing). She collaborates with Kings College London and Oxford University and is a key stakeholder in the OxAHSN's proposed Maternity Network.

Wade: is Editor of *Clinical Rehabilitation* (1994-current). He has chaired the DoH Rehabilitation Prescription working party (2012-13), the Inter-Collegiate Stroke Working Party (1990–current) and the National Clinical Audit of services for people with multiple sclerosis (2006-2012). He has longstanding research collaborations with KCL, Cardiff University and York University, and internationally with University of Maastricht, and Hogeschool Zuyd, Heerlen, the Netherlands.

Watson: is a member of the NIHR Research for Patient Benefit Advisory Committee (2013-ongoing) and the Tenovus Psychosocial Advisory Committee (2010-ongoing). She is a member of the NCRI Primary Care Clinical Studies Group and Chair of Survivorship sub-group (2005-ongoing), the NCRI Psycho-oncology Clinical Studies Group (2013, ongoing) and was a member of the Macmillan Palliative Care Collaborative (2010-2012). She has longstanding research collaborations with the Universities of Oxford, Bangor, Cambridge, Cardiff, Edinburgh and Surrey.