Taking an Evidence-Based and Inclusive Approach to Setting Priorities in Research in our Research Group

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Conflict of Interest

My research has been supported and funded by a range of organisations and funders. None of them had any involvement in the design or implementation of the studies or interpretation of the results. I do care and committed to minimising bias in the scientific process. I am affiliated with a range of organisations representing that. I do not have any other conflict of interest to report.

NIHR, NERC, Medical Protection Society Foundation, Brown University Center for Human Rights and Humanitarian Studies Research, ESPRC impact acceleration account fund, Turing Development Network, University of Plymouth, PDSE, Public Health Wales, EU Cost Action, Iranian Centre for Dental research, Shahid Beheshti University of Medical Sciences, Dental Education and Training limited, GMC, National Institute for Health and Care Excellence (NICE), EU FP7 Marie Curie Initial Training Network, the Cochrane Collaboration, University of Plymouth, IQWiG, NHS North Devon, Wrigley.

Cochrane Database of Systematic Reviews | Review - Intervention

New search

Interventions for the management of mandibular fractures

Mona Nasser, Nikolaos Pandis, Padhraig S Fleming, Zbys Fedorowicz, Edward Ellis, Kamran Ali Authors' declarations of interest

Version published: 08 July 2013 Version history
https://doi.org/10.1002/14651858.CD006087.pub3

Implications for practice

There is a shortage of high quality evidence relevant to treatment modalities considered in this review; the effectiveness of interventions for management of mandibular fractures without condylar involvement remains unclear. Clinical decisions regarding the most appropriate management of these cases must be based on clinical experience, and the nature of the presentation taking into account patients' preferences and choices.

Cochrane Database of Systematic Reviews | Review - Intervention

Irrigants for non-surgical root canal treatment in mature permanent teeth

Zbys Fedorowicz, Mona Nasser, Patrick Sequeira-Byron, Raphael Freitas de Souza, Ben Carter, Marc Heft Authors' declarations of interest

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Cochrane Database of Systematic Reviews | Review - Intervention

Adhesively bonded versus non-bonded amalgam restorations for dental caries

Anirudha Agnihotry, Zbys Fedorowicz, Mona Nasser Authors' declarations of interest

Version published: 08 March 2016 Version history
https://doi.org/10.1002/14651858.CD007517.pub3

Authors' conclusions

There is no evidence to either claim or refute a difference in survival between bonded and non-bonded amalgam restorations. This review only found one under-reported trial. This trial did not find any significant difference in the in-service performance of moderately sized adhesively bonded amalgam restorations, in terms of their survival rate and marginal integrity, in comparison to non-bonded amalgam restorations over a two-year period. In view of the lack of evidence on the additional benefit of adhesively bonding amalgam in comparison with non-bonded amalgam, it is important that clinicians are mindful of the additional costs that may be incurred.

Authors' conclusions

Although root canal irrigants such as sodium hypochlorite and chlorhexidine appear to be effective at reducing bacterial cultures when compared to saline, most of the studies included in this review failed to adequately report these clinically important and potentially patient-relevant outcomes. There is currently insufficient reliable evidence showing the superiority of any one individual irrigant. The strength and reliability of the

East Mediterr Health J. 2007 May-Jun;13(3):727-30.

Health research priority setting in developing countries of the eastern Mediterranean region: partnering with the Cochrane Collaboration

Z Fedorowicz [1], E Waters, P Tugwell, M Nasser

Affiliations + expand

PMID: 17687847

Free article

What is Research Prioritization?

Research prioritization can be defined as an interpersonal activity that leads to the selection of the topics to be studied and the methods to be used in research. The results inform decisions made by policy makers and leaders.

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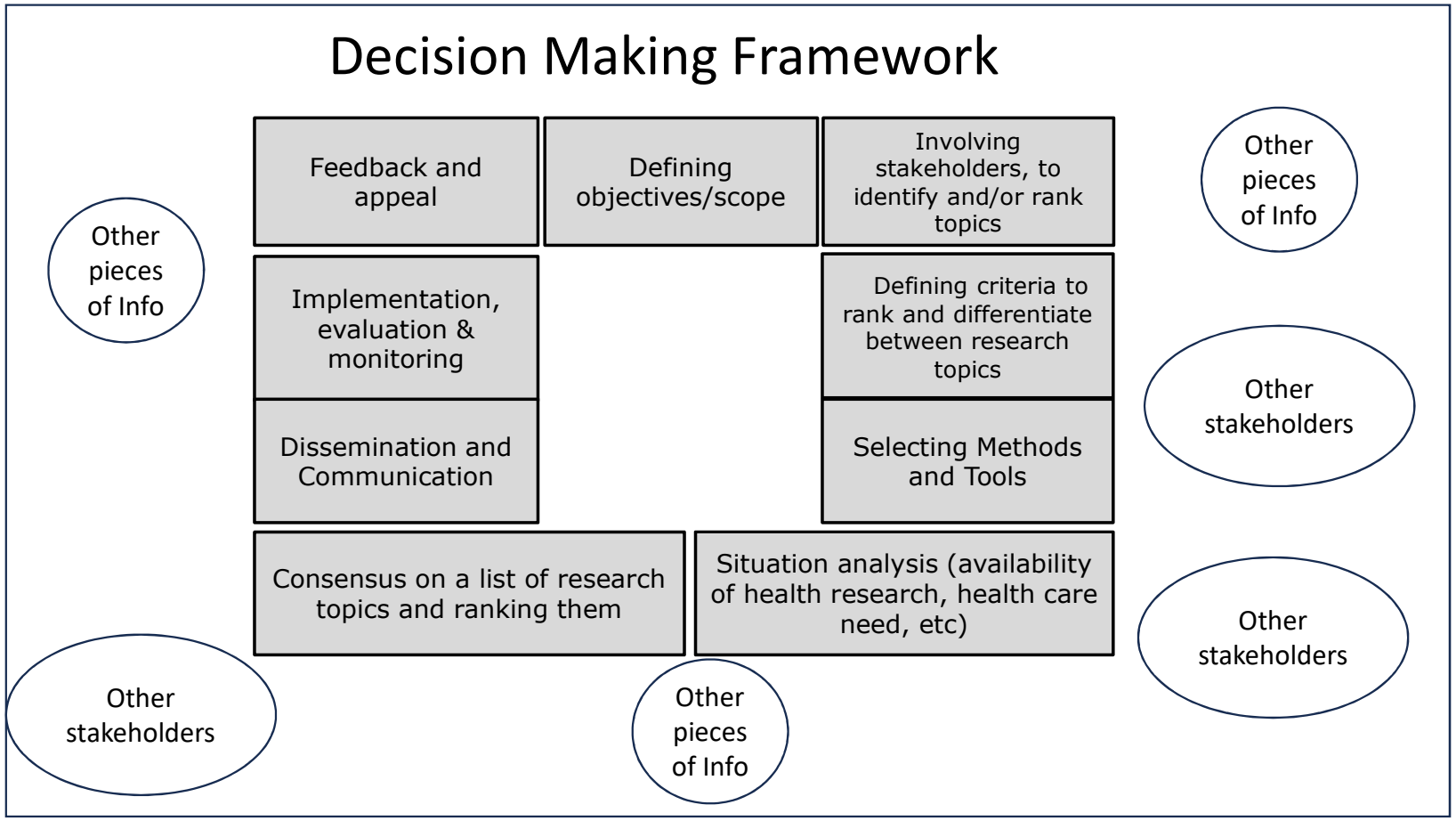

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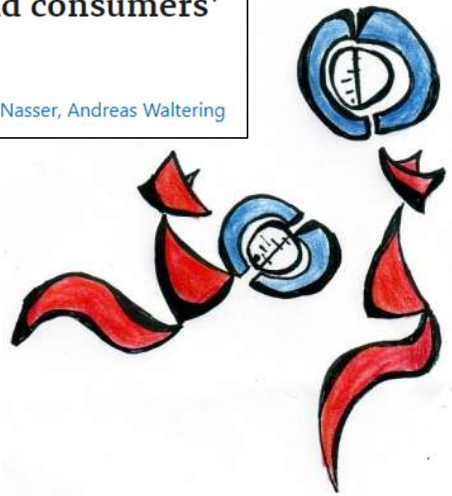
Sibbald SL, Singer PA, Upshur R, Martin DK. Priority setting: what constitutes success? A conceptual framework for successful priority setting. BMC Health Serv Res. 2009 Mar 5;9:43.

Int J Technol Assess Health Care. 2011 Oct;27(4):348-56. doi: 10.1017/S0266462311000547.

Choosing health technology assessment and systematic review topics: the development of priority-setting criteria for patients' and consumers' interests

Hilda Bastian [1], Fülöp Scheibler, Marco Knelangen, Beate Zschorlich, Mona Nasser, Andreas Waltering

Healthcare evidence	Editorial considerations	Patients'/consumers' interests
Systematic reviews of the effects of health and self care	Balanced mixture of topics	Patients'/consumers' expressed concerns
Evidence of impact of information as an intervention in topic area	Currently topical issues	Information sought by patients/consumers
	Potential adverse effects of publishing information	Topics that attract readers' interests
	Priorities of commissioning bodies (payers)	Unmet information needs
	Workload and other resource issues	Burden of disease
		What experts believe patients/consumers need or want to know



The Milbank Quarterly / Volume 87, Issue 2 / p. 339-367

Comparative Effectiveness Research and Evidence-Based Health Policy: Experience from Four Countries

KALIPSO CHALKIDOU, SEAN TUNIS, RUTH LOPERT, LISE ROCHAIX, PETER T. SAWICKI, MONA NASSER, BERTRAND XERRI

Attributes	NICE	HAS	IQWiG	PBS
3. Topic selection and prioritization process	Run by NICE based on explicit criteria: final approval for new technologies to be reviewed remains a ministerial responsibility.	* For single HTA, initiated by companies seeking listing on formulary. * For multiple HTA, annual consultation with Ministry of Health and insurers. * Suggestions from other stakeholders (medical societies, patients' associations) also considered by HAS.	Commission from Federal Joint Committee, Ministry of Health, or IQWiG's own initiative.	N/A. No prioritization required. The PBAC's work program is determined by the timing of submissions made (usually) by pharmaceutical companies seeking listing of medicines on PBS formulary. All submissions received before a specified lodgment date are considered.

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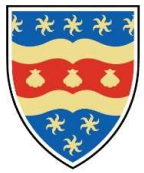
Of the 66 groups surveyed, 29 had a system in place to inform the selection or prioritization of topics for Cochrane reviews. Fifteen groups used a more comprehensive structured approach that eventually resulted in a list of ranked priority titles for authoring, updating, or disseminating Cochrane reviews. Most groups involved researchers, practitioners, and patients in their prioritization processes.

Sibbald's 2009 framework for successful health priority setting exercises:

- *(process elements):* Stakeholder Engagement, Use of explicit process, Informational management, consideration of values and context, revision or appeal mechanisms;
- *(outcome elements):* stakeholder acceptance, positive externalities, decision making quality, stakeholder understanding, shifted priorities;

Accountability of Reasonableness(Martin 2003):

- Relevance,
- Publicity,
- Appeals,
- Enforcement



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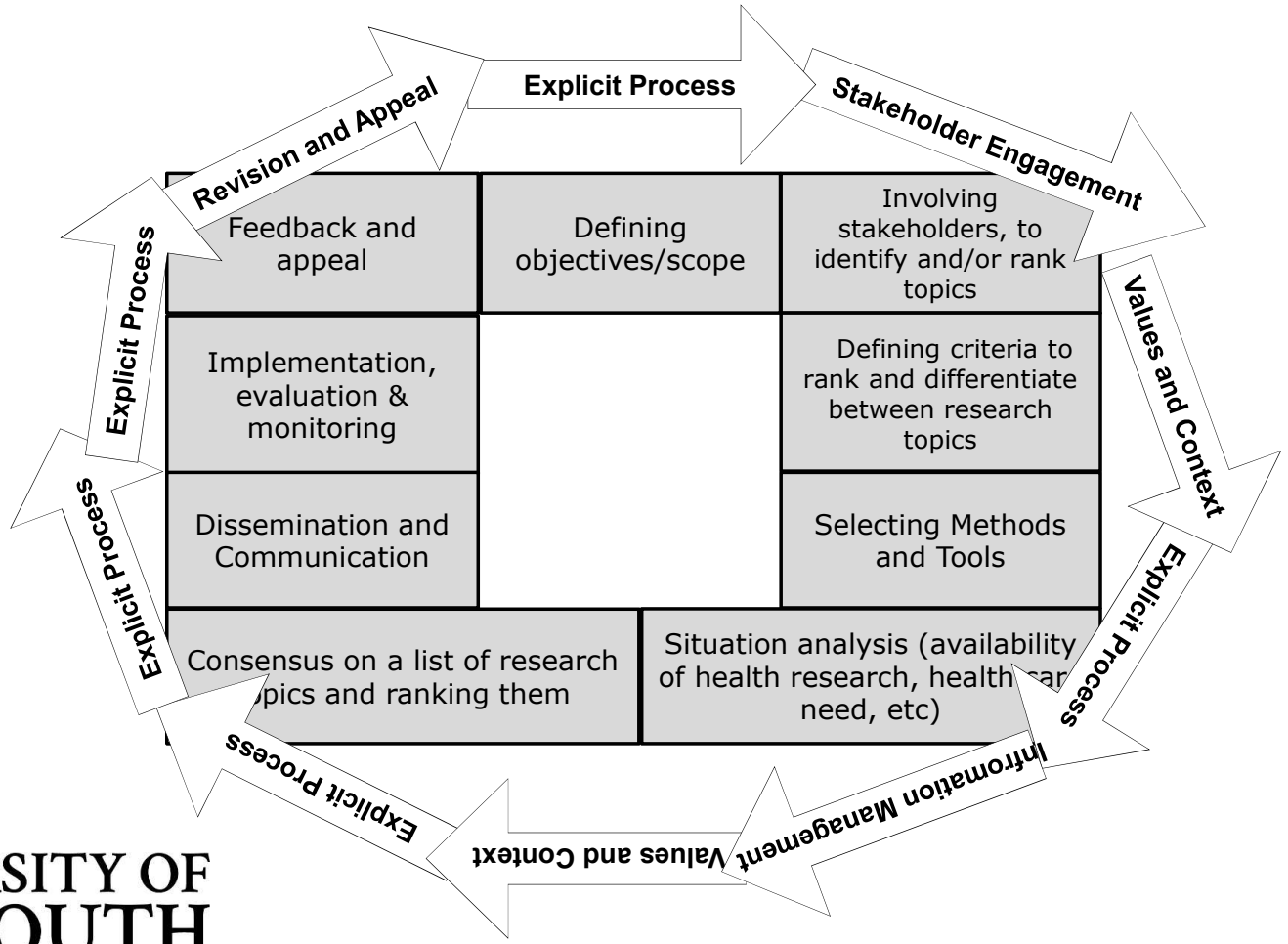
- D. Martin, P. Singer A strategy to improve priority setting in health care institutions. Health Care Anal, 11 (1) (2003), pp. 59–68
- S.L. Sibbald, P.A. Singer, R. Upshur, D.K. Martin Priority setting: what constitutes success? A conceptual framework for successful priority setting



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Sibbald SL, Singer PA, Upshur R, Martin DK. Priority setting: what constitutes success? A conceptual framework for successful priority setting. BMC Health Serv Res. 2009 Mar 5;9:43.

- Stakeholder engagement has been explored in several strategies, however, there are a lot of uncertainties on the best methods and processes to achieve it.
- The process of deciding and ranking topics wasn't always transparent and accountable to the stakeholders and there were rarely mechanisms to provide opportunities to appeal or provide feedback on the process.
- The uncertainties in the underlying information and data and their impact is not acknowledged
- The need to develop strategies for a research priority setting portfolio instead of a single research priority setting exercise.
- There is uncertainties around the scope of a research priority setting exercise, the timing and methods to update it and how to incorporate diversity and equity in the process;
- Research prioritisation process need to be adapted to the context that they conducted in

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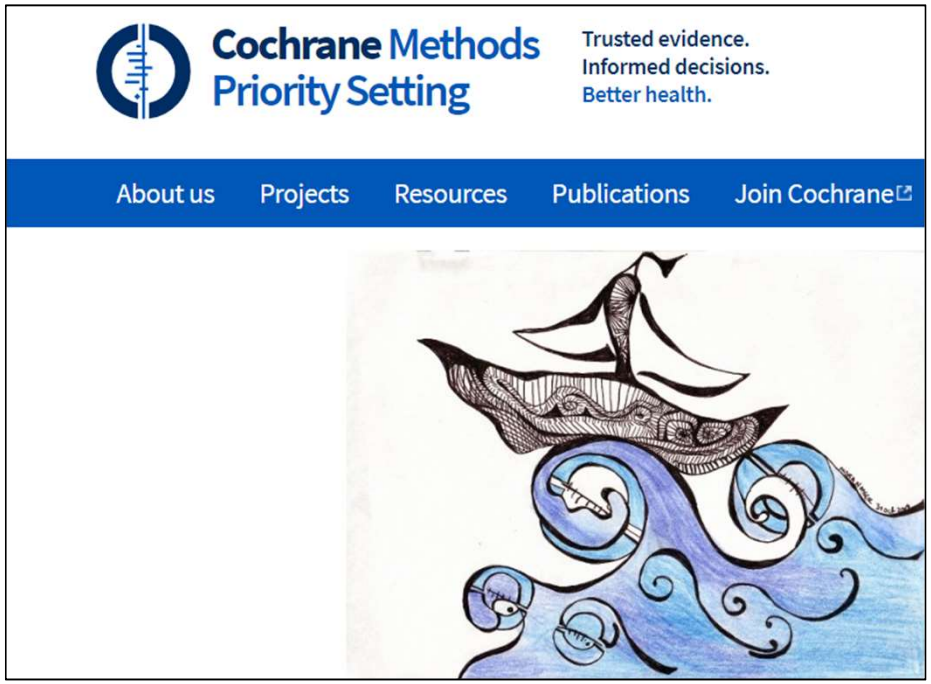
- We need a portfolio approach to thinking about research priority setting;
- Engaging with stakeholders or data (or combination of them) to set priorities is much more than just setting priorities for research e.g. building partnerships, mutual learning opportunities, being accountable;
- A more complex approach is not necessarily better
- A diverse range of methods to conduct systematic review is needed to address the questions that arise

Sally Crowe



https://methods.cochrane.org/prioritysetting/

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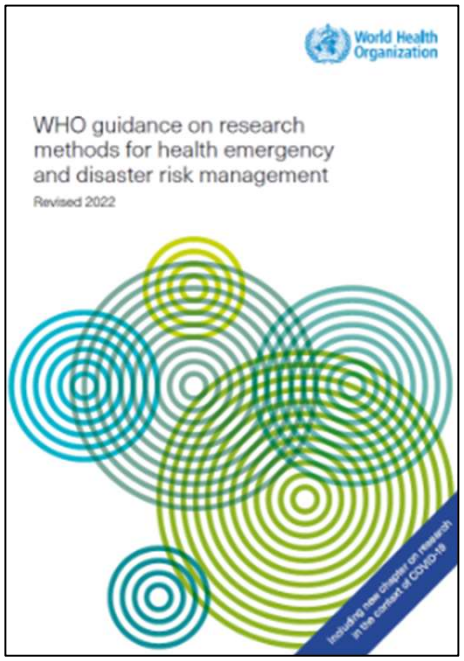

Preparatory Phase

People:
Establish a team to conduct the priority setting at the country level. Ensure regional representation and consider equity and gender balance. Ensure that potential conflicts of interests are managed.

Objectives:
Define/agree on the objectives of the priority setting, why it is needed an whom it is for/who will use it.

Context:
Familiarise the team with the national setting, its health research structure, organisations and institutions.

Stakeholders:
Ensure the group engaging in the priority setting process includes key research funders of the country, healthcare professionals, patients and carers.

Evidence:
Collate and synthesize (quantitatively or qualitatively) relevant data and literature on the policy areas to be considered for prioritization. Consider whether breaking down topics by local regions would be more effective than national approaches.

Priority Setting Phase

Criteria:
Establish an appropriate criteria for prioritization, such as health burden of disease; available evidence; potential impact of intervention/treatment on health outcomes; feasibility, cost, patient or political interest. Criteria should be adapted as appropriate for the national context and setting.

Agree on principles and values that guide the priority setting (need, equity etc.)

Method:
Establish an appropriate method for prioritization, such as CHRNI, Delphi method, expert consultation, JLA, online or in-person forums, or surveys and decide whether to use a formal ranking/scoring approach or an informal consensus based approach.

Reporting:
Transparently report the details of the exercise, including the types of stakeholders involved and the operational details of including them (i.e. cost, timelines, etc.), methods, implementation and evaluation plans to publish as a report or academic publication, and share on social media etc as appropriate. Provide enough information for individuals to judge the scope and relevance of the priority setting exercise and be able to replicate the process if needed.

Follow-up Phase

Dissemination:
Develop a dissemination strategy. The knowledge translation of the prioritised research topics, including disseminating priorities to key organisations, to maximize awareness and increase the likelihood that related research is undertaken.

Research:
Incorporate the results of the priority setting into research funding calls and agendas to ensure the outcomes of the exercise are funded and relevant research is implemented.

Evaluation:
Conduct outcome and process evaluations of the priority setting exercise and the subsequent implementation of research to see whether (i) the priority setting was conducted in an optimal manner and (ii) if the outcomes of the research funded from the prioritized topics had the intended effect/ benefit on funding flows, national policy and/or public health.

Sustainability Phase

Institutionalization:
Develop a formal mechanism or cyclic process whereby evidence-informed priority setting informs the funding of prioritised research, which in turn underpins policy-making and future priority setting exercises.

Peer-learning and sharing:
The priority setting process has learning opportunities for differnet stakeholders beyond the priority setting results. Find mechanisms to share the experience of the process, the results and evaluation with neighbouring countries within the region or sub-region via conferences, meetings or reports.

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Tan A, Nagraj SK, Nasser M, Sharma T, Kuchenmüller T. What do we know about evidence-informed priority setting processes to set population-level health-research agendas: an overview of reviews. Bull Natl Res Cent. 2022;46(1):6. doi: 10.1186/s42269-021-00687-8. Epub 2022 Jan 6. PMID: 35013662; PMCID: PMC8733764.

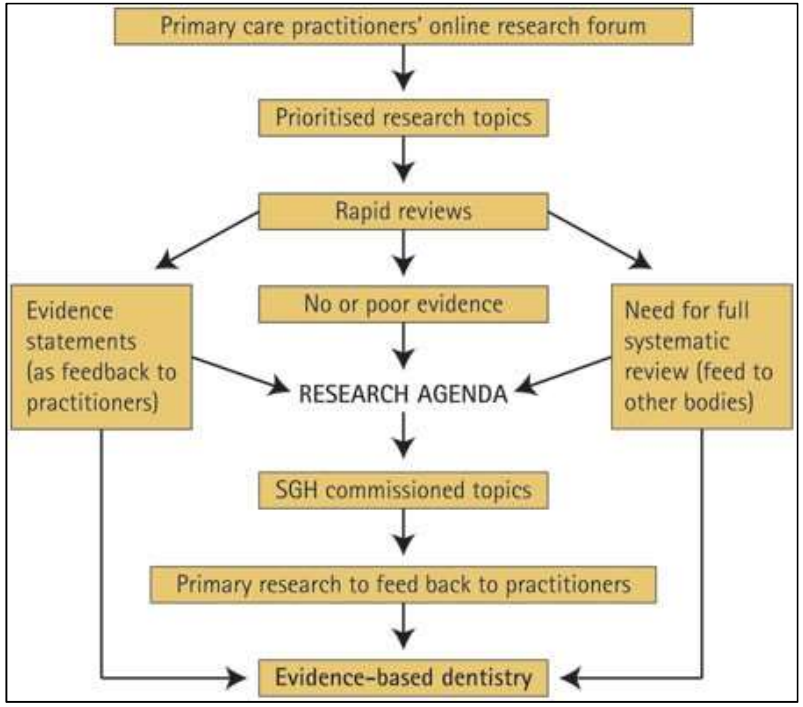
Elizabeth Kay

General | Published: 26 September 2014

Involving dental practitioners in setting the dental research agenda

C. Fox, E. J. Kay & R. Anderson

British Dental Journal **217**, 307–310 (2014) | Cite this article



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Research Question from a priority setting exercise	Research Question from a priority setting exercise	Research Question from a stakeholder	Research Question from a stakeholder	Research Question from a stakeholder	Research Question from a stakeholder	Research Question from a stakeholder
How anxiety affects the decision making of dentists?	Can we be more environmentally friendly in dental practice?	The issues around referral in primary dental care	Restorative Dental Risk Score: Using meta-prognosis to improve holistic patient care.	How to change oral health services to meet the need of children with disability	Oral Health in Vulnerable infant Population	Monitoring Brain in space flights
Systematic review	Systematic review	Systematic review	Systematic review	Systematic review	Systematic review	Systematic review
Plessas A, Nasser M, Hanoch Y, O'Brien T, Bernardes Delgado M, Moles D. Impact of time pressure on dentists' diagnostic performance. J Dent. 2019 Mar;82:38-44.	Grose J, et al. Exploring attitudes and knowledge of climate change and sustainability in a dental practice: A feasibility study into resource management. Br Dent J. 2016 Feb 26;220(4):187-91.	Allen Z, Richardson J, Nassar M, Moles D. Dentists' perceptions of their professional roles regarding referrals within primary dental care in England: a qualitative study. Community Dent Health. 2020 Aug 31;37(3):229-234. doi: 10.1922/CDH_00016Allen06. PMID: 32673473.	Developing a Practical Restorative Dental Risk Score: Using meta-prognosis to improve holistic patient care – Mark Steven Howe	Improving Oral Health Services for Children with Disability Shiamaa Al-Mashhadani (PhD)	Evaluation of a Multicomponent Oral Health Education Intervention in a Vulnerable Infant Population: A Mixed Methods Study – Nicole Thomas	Evaluating Approaches to Monitor Brain in Space: Mitigating Spaceflight Associated Neuro-Ocular Syndrome – Jon Sen
Anxious 'tells': Working with patients and dentists to reveal signs and triggers of stress and anxiety in the clinic (AngsT) Funded by MPS foundation Mona Nasser, Michael Punt, Hannah Drayson, Sally Hanks, Nick Peres, David Cunliffe	Richardson J,et al. What's in a bin: A case study of dental clinical waste composition and potential greenhouse gas emission savings. Br Dent J. 2016 Jan 22;220(2):61-6.					

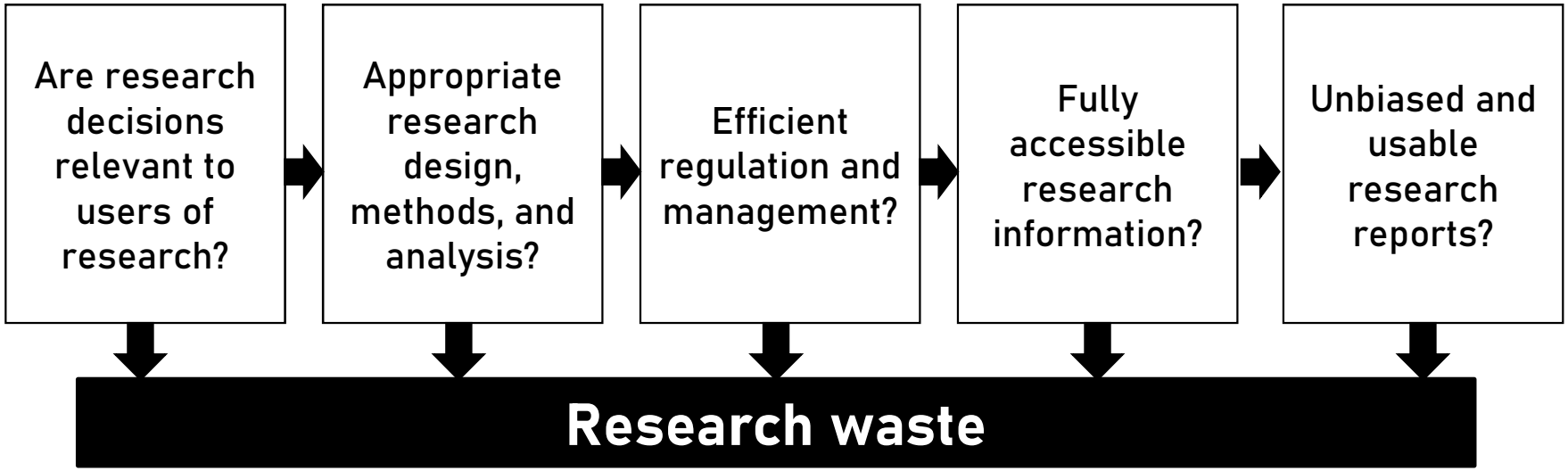
Dr. Mark Steven-Howe

Dr. Shiamaa Al Mashhadani

Dr. Nicole Thomas

Dr. Jon Sen

Avoidable waste or inefficiency in biomedical research



Paul Glasziou and Iain Chalmers: Is 85% of health research really "wasted"?

January 14, 2016

Lancet 2014;383:101–4

Table 1 – Funding agencies used in the survey and samples of data from the project (further details available in S5 and S6)					
Funding agency	Country	Are patients and the public involved?	New research requires systematic reviews of existing evidence?	Public access to full protocols for completed or ongoing research?	Funding to undertake "research on research"?
Patient-Centered Outcomes Research Institute (PCORI)	USA				
Nederlandse organisatie voor gezondsheidsonderzoek en zorinnovatie (ZonMw)	Netherlands				
National Institute for Health Research (NIHR)	UK				
Medical Research Council (MRC)	UK				
National Health and Medical Research Council (NHMRC)	Australia				
Canadian Institutes of Health Research (CIHR)	Canada				
National Institutes of Health (NIH)	USA				
Deutsche Forschungsgemeinschaft (German Research Foundation) (DFG)	Germany				
French Ministry of Health (FoH)	France				
l'Agence Nationale de la Recherche (ANR)	France				
Danske Regioner (DR)	Denmark				

Nasser M, Clarke M, Chalmers I, Brurberg KG, Nykvist H, Lund H, Glasziou P. What are funders doing to minimise waste in research? Lancet. 2017 Mar 11;389(10073):1006-1007. doi: 10.1016/S0140-6736(17)30657-8.

Nasser M, Clarke M, Chalmers I, Brurberg KG, Nykvist H, Lund H, Glasziou P. How can research funders add value to research as part of a special session on responsible research conduct for funding agencies. Work Research integrity conference, Amsterdam, Netherlands. 28-31 May 2017

THE LANCET

Volume 389, Issue 10073, 11–17 March 2017, Pages 1006-1007

Correspondence

What are funders doing to minimise waste in research?

Mona Nasser [a], Mike Clarke [b], Iain Chalmers [c], Kjetil Gundro Brurberg [d e], Hanna Nykvist [e], Hans Lund [f], Paul Glasziou [g]

THE LANCET

Volume 387, Issue 10027, 9–15 April 2016, Pages 1573-1586

Review

Increasing value and reducing waste in biomedical research: who's listening?

Dr David Moher PhD [a b], Paul Glasziou FRACGP [c], Iain Chalmers DSc [d], Mona Nasser DDS [e], Patrick M M Bossuyt PhD [f], Daniël A Korevaar MD [f], Prof Ian D Graham PhD [a b], Prof Philippe Ravaud MD [g], Prof Isabelle Boutron MD [g]

Nicola Low @nicolamlow

@trished @TheLancet @monalisa1n @iainchalmersTTi @PaulGlasziou Are funders funding research to see if the practices reduce waste in output?

25/03/2017, 07:08

Medical research funders, governments and research waste – are taxpayers getting 'bang for their buck'?

By Mona Nasser - posted Tuesday, 14 March 2017 Sign Up for free e-mail updates!

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It's estimated that 85% of medical research is wasted.

This is not because it was a bad idea to carry it out in the first place, or that scientists and researchers are profligate with their projects. The waste comes from asking the wrong question, bad design or poor reporting – and in a study carried out with colleagues from around the world, and published online in The Lancet, we found that at the root of this issue were funding bodies not taking responsibility for the efficiency of the research they have used public money to fund, and governments not holding those funding bodies to account.

Lars G. Hemkens @LGHemk... · 14h

There is an elephant in the room for improvement

> **Mona Nasser** @monalisa1n
> How do funding agencies compare to each other #researchwaste

Zachary Munn @ZacMunn · 1h

Very interesting - @nhmrc time to start requiring systematic reviews prior to funding new research?

> **Kari Tikkinen** @KariTikkinen
> Explored in @TheLancet "What are funders doing to minimize waste in research?" Best job by the UK's @OfficialNIHR. thelancet.com/pdfs/journals/...

TimesHigherEducation @timeshighered

Funders 'not doing enough' to reduce medical research waste bit.ly/2n0yLXi

Sarah Knowles @dr_know · 11h

Very glad "research on research" is being recognised. Gets dismissed (avoided?) as 'naval gazing', I think it's getting our house in order

> **Mona Nasser** @monalisa1n
> How do funding agencies compare to each other #researchwaste @iainchalmersTTi @PaulGlasziou @tweethlund @ebrnetwork @CAPSMG #lancet

SIMON DENEGRI'S LAY REVIEW

The public, health research and democracy

Lancet study puts NIHR top of the intl league table for health research in the public interest inc. public involvement @TheLancet

Ari Friedman @AriBFriedman · 12h

Would love to see this including PCORI, AHRQ, as well as how good they are at funding social sciences.

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EVIR ENSURING VALUE IN RESEARCH

Where health research funders from around the world come together to advance their practice and increase the value of research

Guiding Principles

The following principles have been agreed by members as a guide to help health-related research funders increase the value of their research. The journey towards full realisation of the principles will be different for every organisation, follow the links to see how each one could be applied.

Relevance and expressed need		High quality research that minimises bias			Open and transparent research and research funding	
Set justifiable research priorities	Design, conduct and analysis are robust and appropriate	Regulation and management are proportionate to risks	Complete information on methods and findings are accessible and usable	Findings are appropriately and effectively disseminated
Priorities are set involving those who use and are affected by health research New research should be set in the context of a systematic review or rigorously determined evidence gap	Designed using advances in research methods and taking steps to reduce bias Studies registered at inception	Actively manage research in a risk proportionate way Protocols, methods and materials should be made available early	Methods, interventions and findings reported in full Support replication and reuse of data	Findings should be set in the context of previous evidence and systematic reviews Disseminate knowledge to end users. Usage of new knowledge should be supported and facilitated

www.evir.org

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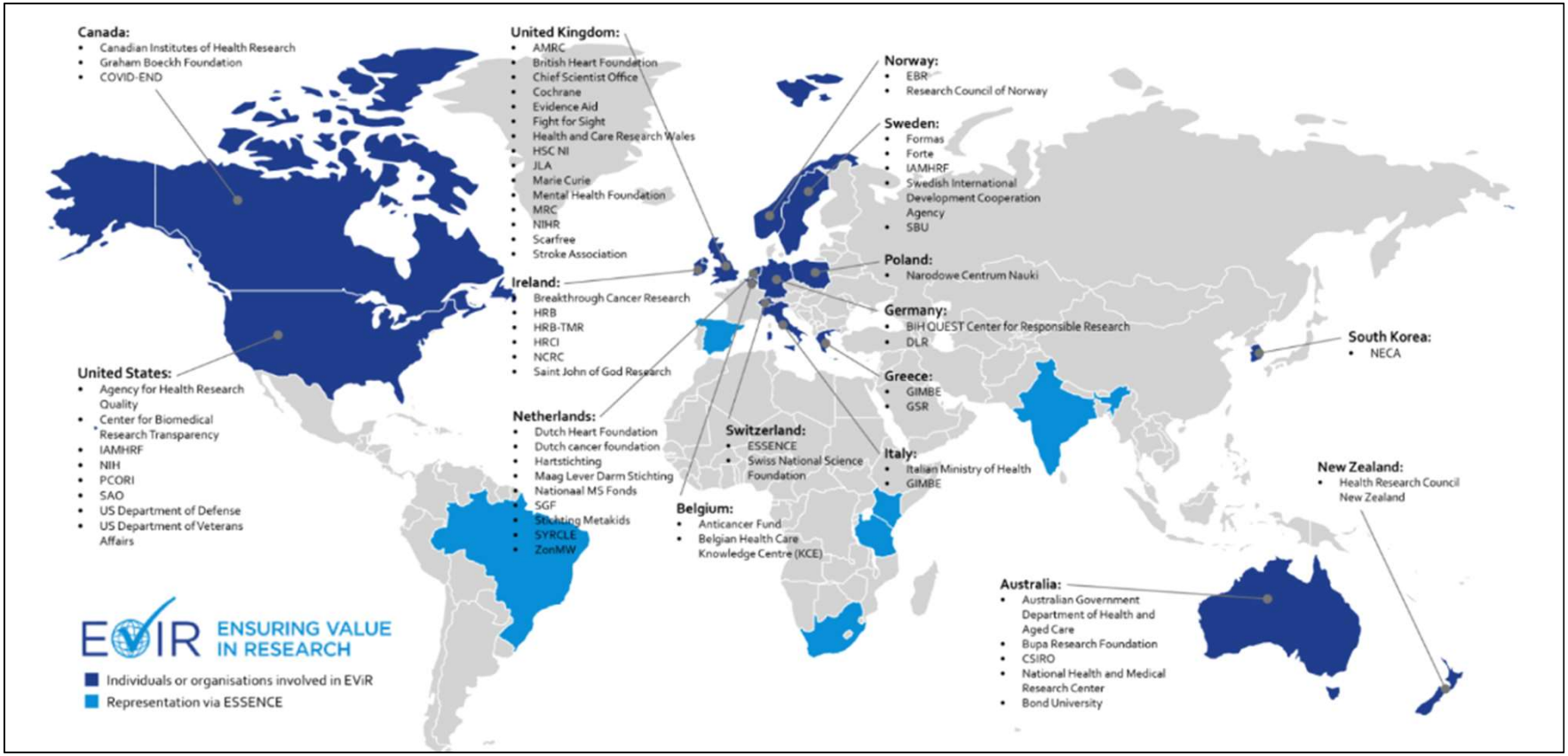

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The Evidence-Based Research Network

IF I HAVE SEEN FARTHER, IT IS BY STANDING ON THE SHOULDERS OF GIANTS
- ISAAC NEWTON

Vision

A world in which the cultural norm and expectation is that decisions about research are based on transparent and systematic use of evidence.

Mission

Transparent and systematic use of evidence to inform decisions about research

https://ebrnetwork.org/

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evbres
Evidence-Based Research

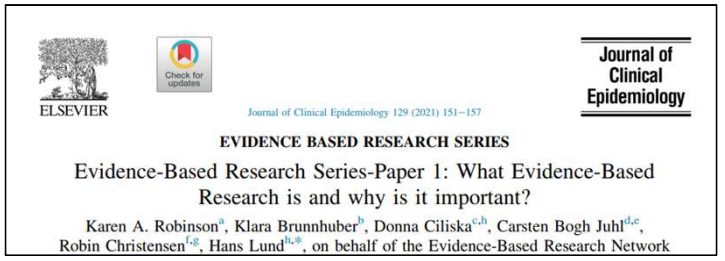
4th EBR Conference

We are pleased to invite all to the Evidence-Based Research Conference – in person in Prague, Czech Republic!

The EBR Conference will be held September 9th as a satellite event to the Global Evidence Summit (10-13 September 2024).

The theme for this year's conference is **Bridging Silos**. Keynote speakers and panels will address EBR Across Disciplines and EBR Moving Beyond the Global North.

Registration for the 4th EBR Conference will be opening soon. Please check back intermittently for updates. We will be sharing the link for registration here.


ELSEVIER

Journal of Clinical Epidemiology 129 (2021) 151–157

Journal of Clinical Epidemiology

EVIDENCE BASED RESEARCH SERIES

Evidence-Based Research Series-Paper 1: What Evidence-Based Research is and why is it important?

Karen A. Robinson[a], Klara Brunnhuber[b], Donna Ciliska[c,h], Carsten Bogh Juhl[d,e], Robin Christensen[f,g], Hans Lund[h,*], on behalf of the Evidence-Based Research Network


ELSEVIER

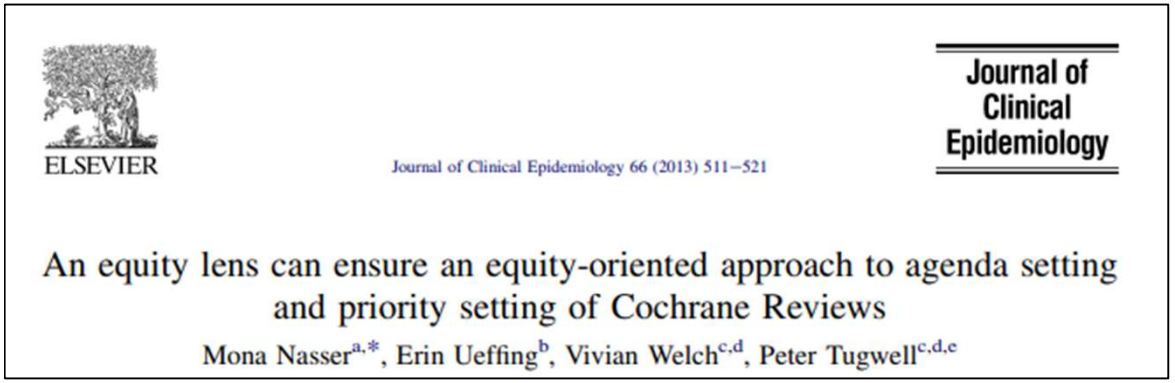
Journal of Clinical Epidemiology 129 (2021) 158–166

Journal of Clinical Epidemiology

EVIDENCE BASED RESEARCH SERIES

Evidence-Based Research Series-Paper 2 : Using an Evidence-Based Research approach before a new study is conducted to ensure value

Hans Lund[a,*], Carsten B. Juhl[b,c], Birgitte Nørgaard[d], Eva Draborg[d], Marius Henriksen[e], Jane Andreasen[f,g], Robin Christensen[h,i], Mona Nasser[j], Donna Ciliska[a,k], Mike Clarke[l], Peter Tugwell[m], Janet Martin[n,o], Caroline Blaine[p], Klara Brunnhuber[q], Karen A. Robinson[r], on behalf of the Evidence-Based Research Network



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Journal of Clinical Epidemiology 66 (2013) 511–521

Journal of Clinical Epidemiology

An equity lens can ensure an equity-oriented approach to agenda setting and priority setting of Cochrane Reviews

Mona Nasser[a,*], Erin Ueffing[b], Vivian Welch[c,d], Peter Tugwell[c,d,e]

All the included prioritisation strategies for Cochrane reviews aimed to prioritise reviews focusing on the effectiveness of health care interventions. We intended to develop an equity lens to guide the process of prioritisation of systematic reviews of health care interventions to increase the proportion of prioritised research questions which can contribute in reducing the health inequity gap or evaluate interventions that can be potentially effective in disadvantaged groups (across the different dimensions of PROGRESS-PLUS).

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PROGRESS +

Brown & Evans: PROGRESS

Place of residence
Race/ethnicity/culture/language
Occupation
Gender/sex
Religion
Education
SES
Social Capital

Plus (Oliver et al. 2012)

1. **Personal characteristics** that attract discrimination (e.g. age, disability);
2. **Features of relationships** (e.g. smoking parents, excluded from school);
3. **Time-dependant relationships** (e.g. leaving the hospital, respite care, other instances where a person may be temporarily at a disadvantage).

1) Disadvantaged stakeholders involved?

2) Explicitly consider reducing inequity?

3) Understandable and transparent and inclusive?

4) Consider differences in prevalence, severity and urgency of health problems and impact or value?

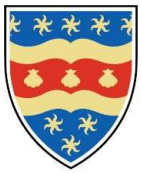
5) Consider severity and urgency in disadvantaged populations?

6) Consider potential differences in the impact in disadvantaged?

7) Consider differences in valuing the impact or severity of the disease of disadvantaged ?

8) Consider different values and preferences?

9) Opportunity for stakeholders to feedback and appeal the results?



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10) Produced more relevant topics for disadvantaged?

11) Increase likelihood of awareness of priorities?

12) Increase funding of topics relevant to disadvantaged groups?

13) Increase engagement of researchers who work with disadvantaged groups?

14) Increase engagement of disadvantaged groups or decision makers or practitioners who work with disadvantaged groups ?

15) Improve use of prioritized topics by policy makers and decisions makers who work with disadvantaged groups use ?

16) Change policies, legislation or clinical practice in favour of disadvantaged groups?

17) Increase feedback from disadvantaged groups or decision makers, researchers and practitioners who work with disadvantaged groups?

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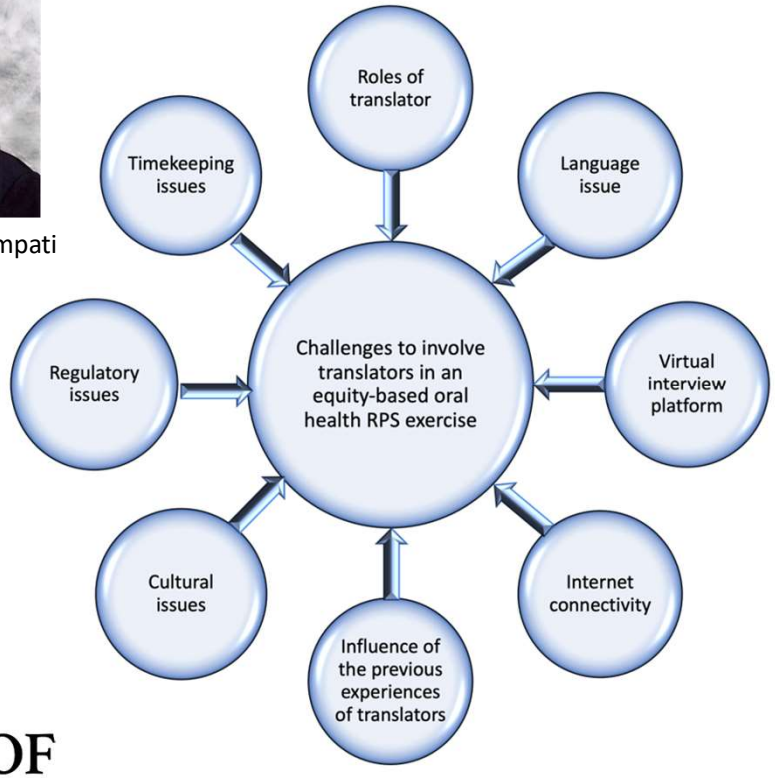
Multi Ethno-Linguistic Toolkit for Stakeholder involvement (MELT^S)

Dr. Prashanti Eachempati

Dr. Sumanth Kumbargere Nagraj



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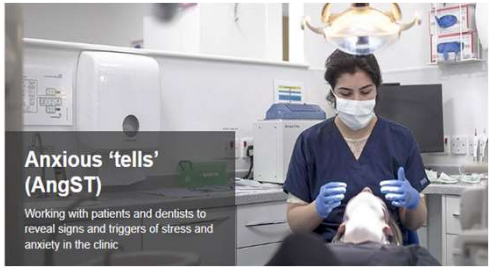
MetaFuturism Lab



Plymouth Institute of Health and Care Research (PIHR)

From cutting-edge discovery research to translation into novel interventions and application within the community

About us | Our experts | Our groups | Our facilities | Knowledge mobilisation

From basic research discovering the causes of disease, through to evaluating novel ways of delivering care to the most vulnerable people in society, the Plymouth Institute of Health and Care Research (PIHR) is a thriving community that conducts adventurous world-leading research with the explicit purpose of improving the health and care of the populations we serve. At the heart of PIHR's mission is a desire to solve the problems that really matter to people.

Our mission is to promote an interdisciplinary, inclusive enterprise with a real commitment to working across boundaries in order to meet the needs of the people of the South West and other rural, coastal, and deprived communities worldwide.

If you have a query about the institute or an idea for a collaboration please contact us via: PIHRSupport@plymouth.ac.uk

Research themes

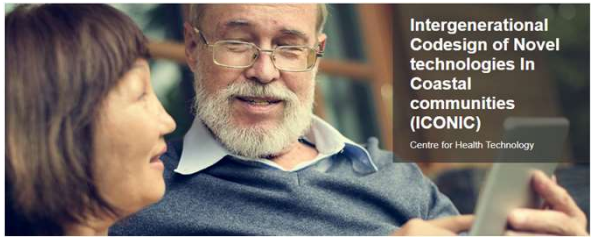
Brain and mind

Future Ready Health and Care

ESA is calling for Citizen Scientists

Posted on **Tuesday May 9th, 2023** by **Laura**

Are you passionate about human space exploration? Do you want to be a part of something truly out of this world? Look no further – this is your chance to support a space medicine project focused on radiation protection and contribute to the challenge of exploring new frontiers.



EPIC

A collaborative project focusing on eHealth technologies to help grow businesses based in Cornwall and the Isles of Scilly

A Centre for Health Technology project

Our main objectives are to:

- Deliver high-quality research which supports the needs of the population and workforce in the South West and beyond.
- Develop the capacity and capability for research within the workforce to enable evidence-based practice and inform quality improvement activity.
- Support the leaders of health and social care professionals to develop their research workforce.
- Embed a clear clinical academic career path to assist the transition from undergraduate student to senior research leadership roles.
- Influence regional, national, and international decision-making within this arena, resulting in demonstrable impact.

What are the South West Clinical Schools?

The South West Clinical Schools are a collaboration between the University of Plymouth and health and social care organisations operating in Cornwall, Devon and Somerset. The School of Nursing and Midwifery and the School of Health Professions lead this initiative which aims to support all health and social care professionals undertaking and supporting research.

We seek to overcome long-standing barriers to collaborative working across these sectors by supporting colleagues at all stages of their research careers, whether they are already involved in research or thinking about getting involved.

Our collaboration focuses on research important to health and social care services, across the life course, within families and communities, and strengthening the workforce.

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Award ID: NIHR159369

Shortlist:

Cornwall Health Determinants Research Collaboration

The Plymouth Health Determinants Research Collaboration (PHDRC)

NIHR | Health Determinants Research Collaboration Plymouth

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Workshop details

Title	Conducting research priority setting in multisectoral contexts: A case study on sustainability and health services
Session Details	Workshop Session A1 Tuesday, Sep 10, 2024 11:00 - 12:30 Hall G5

Any Questions?

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www.monanasser.org

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