



## **BACCH Research Strategy Working Group Report to BACCH Executive**

### **Terms of Reference**

1. Refine the scope of research in Community Child Health including clinical disciplines, multidisciplinary nature, interagency working and population health.
2. Map existing successful academic teams in the UK researching in community child health.
3. Develop a methodology and process to prioritise research areas as patients, carers, clinicians and academics
4. To provide a roadmap for the different ways in which those wishing to pursue research in this field can be supported and funded
5. To produce a written report by summer 2022 on the above recommending next steps to the BACCH executive.

### **Members of the working group**

Chair - Mitch Blair, Professor of Paediatrics & Child Public Health, Imperial College, London

Jo Garstang – Consultant Community Paediatrician/Visiting Senior Lecturer at Birmingham Community Healthcare NHS FT/Birmingham University

Michelle Heys - Clinical Associate Professor. Population, Policy & Practice Dept. UCL GOS Institute of Child Health

Ian Male - Consultant Community Paediatrician/Honorary Senior Lecturer at Sussex Community NHS FT/ Brighton and Sussex Medical School

Alison Kemp - Emeritus Professor, School of Medicine, Cardiff

Catherine Tuffrey - Consultant lead for research in community paediatrics in Solent

Charlotte Wright - Professor of Community Child Health (Medicine), University of Glasgow

### **1) Scope**

BACCH is an organisation whose members (around 850) are clinicians practicing paediatrics in a number of settings. It has several affiliated sub-specialist groups which have themselves developed relationships to many other organisations and RCPCH. Many BACCH members have an interest in one or more of these areas of practice:

- Neurodisability (BACD)
- Child Protection (CPSIG)
- Child and Adolescent Public Health (BACAPH)
- Paediatric Mental Health (PMHA)

To our knowledge, other than BACD, no other BACCH affiliated groups have developed and / or published their own research strategies or infrastructure and the working group agreed that the scope of research is very wide compared to organ/body system-based specialties and therefore difficult to define. It was also recognised that research is an important contributor to improved service provision and that BACCH members should help the specialty develop and keep up to date with worldwide developments in the various fields of practice.

Discussions with health visitor and school nursing and allied health professional colleagues suggested that the scope of community child health research needs clearer definition is too great and areas of joint interest and focus for an interdisciplinary group were the following:

- **Social Paediatrics** (safeguarding, vulnerable children addressing health inequalities)
- **Child development** (growth, nutrition, neurodevelopment, mental health and wellbeing, health promotion)
- **Child Population Health** (including life course, health promotion, environmental health, health services research, integrated care)

## **2) Mapping of existing academic centres /teams**

There are very few dedicated academic research departments of “community child health” now as compared to the 1980s and 1990s (those in bold are still very active even if not badged in the same way).

- **Bristol**
- **Brighton and Sussex**
- Charing Cross/Imperial
- Edinburgh
- **Glasgow**
- **GOSH/UCL**
- **Kings College**
- Leicester
- Norwich
- Nottingham
- Reading
- Royal Free
- Sheffield
- Warwick

However Academic Departments of Paediatrics have been subsumed into other groupings.

In order to keep a live database of research active individuals both in academic and non-academic centres was felt to be outside the capacity of BACCH and the partner organisations to maintain. However, a list of individuals who could support enquiries would be helpful and this could be hosted by one or more organisations with support from the others. We initially started to map all the research activity in each University in the UK but the process was in excess of the resources we had and this would be an important task to complete as a snapshot. Community child health academics are often part of other multidisciplinary groups outside traditional child health departments (e.g., nursing social care, education, primary care and public health) and feel strongly that high quality research outputs in their field are strengthened by being in such groups, often with non-clinician scientists.

### **Recommendations**

- a. A mapping exercise is undertaken to describe the various research groupings which exist, where they are based and what themes are being researched. The existing NIHR networks (e.g. ARC, AHSN etc) including PPI where children and young people have been involved in research and development, could be further examined in order to explore opportunities for more collaboration between groups*
- b. That interviews with Heads of groups should be considered with a view to describing some of the success AND sustainability features.*
- c. Where they exist, existing trainee networks such as in the Midlands should be identified and supported by BACCH in terms of raising their profile and providing senior advisory and mentorship support where possible*

### **3) Prioritising research**

Prof Jeremy Parr described the emerging development of a research strategy for the British Association for Childhood Disability which involved parents and others but had a very clear scope in terms of interventions, drug and non-drug therapies. Clearly a number of research questions and stated priorities of importance to both parents /carers, patients and professionals may well have already been answered by existing research and that would be important to describe as part of the process.

The James Lind Alliance help to develop research prioritising exercises including facilitating face-to-face meetings but at a cost of £50,000-60,000. The handbook is available on their website, and it was clear that a focused approach would be better than the very wide scope that encompasses community child health in its entirety.

#### ***Recommendations***

A similar exercise should be carried out in an interdisciplinary forum to help prioritise research questions for BACCH which are focussed on three categories using the Lind methods.

- Social Paediatrics (safeguarding, vulnerable children addressing health inequalities)
- Child development (growth, nutrition, neurodevelopment, mental health and wellbeing, health promotion)
- Child Population Health (including life course, health promotion, environmental health, health services research, integrated care)

### **4) Career pathways**

A wide-ranging discussion took place highlighting the loss of critical mass of research active individuals over time in and the desire to improve this. It was recognised that time allocated for trainees and permanent staff had become more and more constrained over a period due to service and contractual commitments.

The Working Group requested data from the RCPCH workforce about the numbers of participants who have dedicated PAs for research in their contracts:-

The latest data from RCPCH census suggests that of 250 paediatricians with a community child health responsibility, only 9 (less than 4%) had dedicated research PAs

Despite this being as yet unpublished data, it is clear that there are very small numbers of BACCH members with dedicated time for research 9PAsAs per week for the entire community child health workforce is clearly an underestimate of the time spent on research by **all** members but an indication of the difficulties in prioritising this activity along with clinical and other administrative pressures in the current NHS. We have asked for previous census data to look for trends over time.

There was recognition that inspirational centres of excellence allowed staff to get involved in research activity, but usually when and if there was sufficient flexibility and clarity about pathways for research.

There was further discussion about the importance of encouraging undergraduates to become involved through medical student and nursing student project opportunities. These early career experiences can be very influential. Members also discussed the pros and cons of out of programme research experiences and the funding for these.

#### ***Recommendations***

- a. Trust Boards and Medical Directors (including Directors of R and D) should be encouraged to support consultants and staff specialist doctors in community child health undertaking research with dedicated PA time for research. Service commitments should be backfilled with funding where possible.
- b. The RCPCH census should include more detailed information about research PAs and sources of funding

## **5) Research Training and Education**

We also discussed the importance of clinicians and practitioners being *research aware* so that they can critically appraise literature and keep up to date with developments in their fields. Often highly relevant research questions are generated by clinicians which those with more formal academic experience and qualifications are well placed to support and clarify.

We agreed that this should be explored in more depth with regard to both providing "research clinics" for people to bring the ideas at existing conference meetings and secondly to develop a number of Research Advice Clinics which could be multidisciplinary clinics which with the opportunities of virtual conferencing could be held successfully if appropriately advertised in the organisation newsletters and e-newsletters etc.

It was agreed that members of all associated organisations should have increased exposure to inspirational leaders, trainees and other professionals who have been involved in research as a way of inspiring the next generation.

It was recognised that with current workforce shortages, Schools of Paediatrics (Deanery's) may be under some service pressure not to release trainees for long periods of time for them to complete MDs or PhDs. This restriction limits trainees from taking full advantage of their research experience and training out of programme. We also discussed the funding of such opportunities via charities and others.

### **Recommendations**

- a. Work with the RCPCH to better describe and communicate pathways of training and opportunities for research*
- b. Discussions take place with College Committees and Schools of Paediatrics about the feasibility of allowing longer periods of release for out of programme research training than is current.*
- c. Support the RCPCH in its bid to develop and enhance NIHR support for child health research.*
- d. Consider the development of specially funded community child health research fellowships.*
- e. Explore sources of funding for these including as part of broader College fundraising strategy e.g. covenants, specifies donations etc.*
- f. Increase opportunities to expose BACCH members to cutting edge research presentations and keynote addresses*
- g. Aim to have a number of research clinic sessions*
- h. Explore how women who wish to pursue academic careers in community child health can be specifically supported*

## **6) BACCH Infrastructure to support research**

Set up permanent BACCH research support group whose functions would be to establish:

- A database facility (set up and maintenance) to help BACCH members connect to active researchers in the field. This could be co-funded by IHV and SAPHNA plus others, if including several organisations
- Explore Dedicated BACCH research fellowships
- Increase number of BACCH prizes for research
- Support research theme prioritisation processes
- Work closely with College Research and Policy Division (BACCH representatives on key committees)
- Organise a separate more detailed periodic BACCH survey regarding community child health research activity of members
- Carry out bibliometric research to support mapping of centres and outputs
- Ensure best evidence is available to members on community child health topics via website
- Organise research training events/weekends (reinvigorate the CPRG)

The membership of this group should include both BACCH and organisations who wish to work closely with BACCH, especially representatives from primary care, nursing, allied health professionals, social care and education to reflect the scope of BACCH research activity. BACD, BACAPH and PMHA should consider BACCH representatives sitting on their own research groups if they have this function.

**Report approved by BACCH Council, 23 June 2022**



British Association for  
Community Child Health

***BACCH is the professional membership organisation for doctors and other professionals working in paediatrics & child health in the community***

British Association for Community Child (BACCH) | 5-11 Theobalds Road | London, WC1X 8SH  
Tel: 020 7092 6082/4 | Email: [bacch@rcpch.ac.uk](mailto:bacch@rcpch.ac.uk) | Twitter: [@commchildhealth](https://twitter.com/commchildhealth) | [www.bacch.org.uk](http://www.bacch.org.uk)

BACCH is an incorporated charity limited by guarantee in England & Wales: Charity number: 1129758, Company number: 06738129