



AIIHPC

All Ireland Institute of
Hospice and Palliative Care

Hospice and Specialist Palliative Care Providers on Island of Ireland: How Do We Increase Research Activity?

Recommendations, Survey Results
and Event Report



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About the All Ireland Institute of Hospice and Palliative Care

The All Ireland Institute of Hospice and Palliative Care (AllHPC) is a leading organisation with national and international influence promoting excellence in palliative care. AllHPC is a collaborative of hospices, health and social care organisations, charities and universities on the island of Ireland. AllHPC's aim, with our twenty-six member organisations, is to ensure excellent palliative care is available for everyone at the right time and place across the island of Ireland.

As the palliative care sector's institute, AllHPC is:

- Involving service users, carers and communities in palliative care delivery and development
- Working to integrate palliative care across the health system so people are supported as early as possible
- Supporting the development of specialist palliative care services for everyone who needs them

AllHPC's Palliative Care Research Network

AllHPC established the Palliative Care Research Network (PCRN) in 2012 to address the need for more collaborative multidisciplinary research in palliative care on the island of Ireland. The PCRN offers the palliative care research community on our shared island opportunities to create and engage within a collaborative environment, supporting the development of excellent, high quality, clinically relevant and innovative research projects that reflect, inform, and contribute to the advancement of AllHPC's work programmes

Introduction

A key priority for AllHPC's Palliative Care Research Network is to create an academic–clinical environment to foster innovation as outlined in AllHPC's PCRN Strategic Plan 2023-2027. This includes a commitment to identify the barriers and facilitators to clinical site involvement in palliative care research, generate a baseline of current activity and increase future research activity.

This report includes recommendations for hospice and specialist palliative care providers to support and increase research activity based on results from an:

- AllHPC survey of hospice and specialist palliative care providers on island of Ireland on current and future research activity (May 2024), and,
- All Ireland hospice and specialist palliative care provider event involving PCRN members and key stakeholders to share the survey results, learn from key experts and discuss common challenges and solutions (June 2024).

Key Findings from the All Ireland Survey

Key findings on current and future research activity were derived from a survey completed by 27 participants from 18 hospice and specialist palliative care providers including clinicians (22%), nursing and allied health professionals (30%), and management staff (48%).

Research Involvement

- 63% of organisations surveyed across the island of Ireland are engaged in research with 44% leading on research studies, 19% involved in recruiting to studies, and 33% expressing an interest in future involvement.
- In the ROI, 6 hospices and specialist palliative care provider organisations are leading or developing research, 2 organisations expressed an interest in future involvement, with 1 organisation not involved or interested in participating in research
- In NI, 3 hospices and specialist palliative care provider organisations are leading or developing research, 3 participate in recruitment to research studies, and 3 are not involved but interested.

Strategic Focus

- 59% of organisations surveyed have a current strategic focus on research in their organisation's strategic plans, 22% do not but are interested in developing a strategic focus and 19% are not interested.
- In the ROI, all 9 organisations reported either a current strategic focus in their organisation's strategic plans (67%), or interest in developing this focus on research (33%).
- In NI, 56% of the 9 organisations currently include research in strategic plans, 11% are interested in doing so, and 33% do not include it and are not interested.

Ongoing Research and Funding Sources

- In June 2024, when the survey was administered, there were 44 research projects across eight organisations on the island of Ireland.
- In the ROI, 34 projects (77%) were taking place within five organisations and in NI 10 projects (23%) were taking place within across three organisations.
- Most projects focused on health services research (43%) and cancer (25%) and were primarily observational studies (69%).

- Funding for studies was mixed, with 41% unfunded, 34% externally funded (mainly awarded by Irish funding streams), and 23% funded in-house.
- 86% of the projects are currently ongoing, with 14% having completed dissemination.

Ethical approvals and study focus

- Ethical approval was secured for 19 (43%) projects through universities and 18 projects (41%) through internal organisational processes, with 2-3 ethical approvals sought or granted for 15 (34%) projects.
- Most participants were staff/health care professionals/medical students (35%), followed by patients (22%).
- Multiple outputs were expected from most projects, the top three mentioned outputs were publications (79%), followed by dissemination events (56%), and workshops with staff (44%).

Barriers and Enablers to Research Activity

- Resourcing was identified as the main barrier, with lack of protected time and competing demands highlighted.
- Research knowledge, was the next barrier identified, included limited access to research training, infrastructure, and expertise, particularly in organisations without existing strategic research plans.
- Only those involved in developing/leading research, ranked leadership to support palliative care research in their top 5 barriers.
- Key enablers included staff resourcing (especially allocated research time), collaboration with universities, charities, and policymakers, and supportive clinical leadership, particularly in organisations not yet strategically engaged in research.



Key Themes which Emerged at the Event - June 2024

High-level challenges to and proposed solutions for increasing research activity from 45 participants representing over 30 organisations from the island of Ireland and internationally that emerged from the open session discussions at the event.

KEY THEMES

- A dedicated research function within organisational structures is essential, to increase research capacity.

CHALLENGES

- The lack of protected time, funding, leadership, and governance in some organisations point to the need for systemic change.
- Cultural and structural shifts within organisations are required if research activity is to increase.

SOLUTIONS

- Include research within organisational strategic planning process and strategic plans and foster a research-positive culture with protected time and mentorship.
- Create dedicated research roles, such as research leads and clinical academics and embed a culture of continuous learning and staff training in research. Distribute workloads to ease capacity pressures.
- Build collaborative networks to build trust, share resources and knowledge among clinicians, researchers, policymakers, and funders.

KEY THEMES

- There is a need to expand opportunities for sustainable funding to support the growth and development of palliative care research across the island of Ireland.

CHALLENGES

- There is limited funding available, alongside significant competition for funding.
 - Complex application processes and ethics approval processes.
- There are regional disparities in research funding between Northern Ireland and the Republic of Ireland.

SOLUTIONS

- Increase engagement in sector-wide networks, like AIHPC.
 - Clearly communicate research impact.
- Cross-border collaboration is essential to building a more equitable and resilient research funding environment across the island.
Develop a clear-co-ordinated strategy for clinical research in palliative care across the island.

KEY THEMES

- Multi-disciplinary and multi organisation collaborations are key to growing hospice and palliative care research.

CHALLENGES

- Limited time, lack of awareness, academic-clinical disconnects, funding competition, and fragmented application processes can hinder joint research efforts.
- Overcoming these challenges requires more than coordination; it calls for a cultural shift toward valuing collective research endeavours.

SOLUTIONS

- Embed research into strategic plans and establish mentorship and partnership structures.
 - Foster a collaborative mindset through shared goals within organisations and build strong networks with other organisations including through AIHPC.
 - Promote joint roles, bridging the academic and clinical gap.
- Develop unified research priorities, work on larger projects rather than smaller fragmented projects.

Recommendations

The recommendations below are for hospice and specialist palliative care providers.

Invest in Research Infrastructure

- Establish and embed dedicated research roles within organisation (e.g. clinical academic posts, research officers) to lead and coordinate research and impact practice.
- Allocate protected time for staff to engage in research as part of formal job role planning to build sustainable capacity and support team-based, interdisciplinary research approaches to reduce individual burden and improve project sustainability.
- Invest in and provide access to research training programmes to build internal confidence, skills, and long-term capacity supporting continuous professional development for all staff levels.
- Simplify ethics approval processes to reduce administrative burden and accelerate research activity.

Strengthen Strategic Leadership and Planning

- Position research leadership at both senior management and clinical levels to ensure strategic alignment and system-wide support
- Foster a research-positive culture by including in mission statements, performance metrics, and organisational values.
- Integrate research as a core function within organisational structures and strategic plans
- Strengthen access to research expertise and infrastructure within organisational structure through internal development or external partnerships with universities including academic mentorship, charities, and research bodies, such as AllHPC's Early Career Researcher Forum

Secure and Diversify Sustainable Research Funding

- Develop internal capacity for navigating funding applications, including cost estimations and alignment with funder priorities.
- Use compelling narratives that showcase real-world clinical impact to strengthen funding applications.
- Engage with sector-wide networks like AllHPC to stay informed and receive support on upcoming funding calls and collaborative opportunities.

Build Capacity Through Collaboration and Collaborative Networks

- Ensure inclusive engagement by actively involving all staff levels, service users (PPI), and policymakers in research design and direction. Encourage joint research initiatives and support partnership arrangements with universities including through AllHPC's PCRN to co-develop research questions and facilitate access to infrastructure and expertise.
- Develop regional networks to facilitate shared research priorities, pooled resources, and mentorship opportunities and share successful models and experiences to inform and uplift under-resourced or emerging research organisations.
- Continue to develop collaborations at national level and across jurisdictions to create an all-island framework for multi-site research collaboration and infrastructure development.

In Conclusion

The aim of this report is to support and increase research activity in hospice and specialist palliative care providers on the island of Ireland into the future.

The steps outlined in the recommendations section, based on the survey and event results taken together, will enable broader, more sustainable engagement in research across hospices and specialist palliative care providers. They will ensure closer collaboration with academic partners to increase the impact of clinical-academic palliative care research that improves the quality of life for people with life-limiting conditions and their families.



Acknowledgements

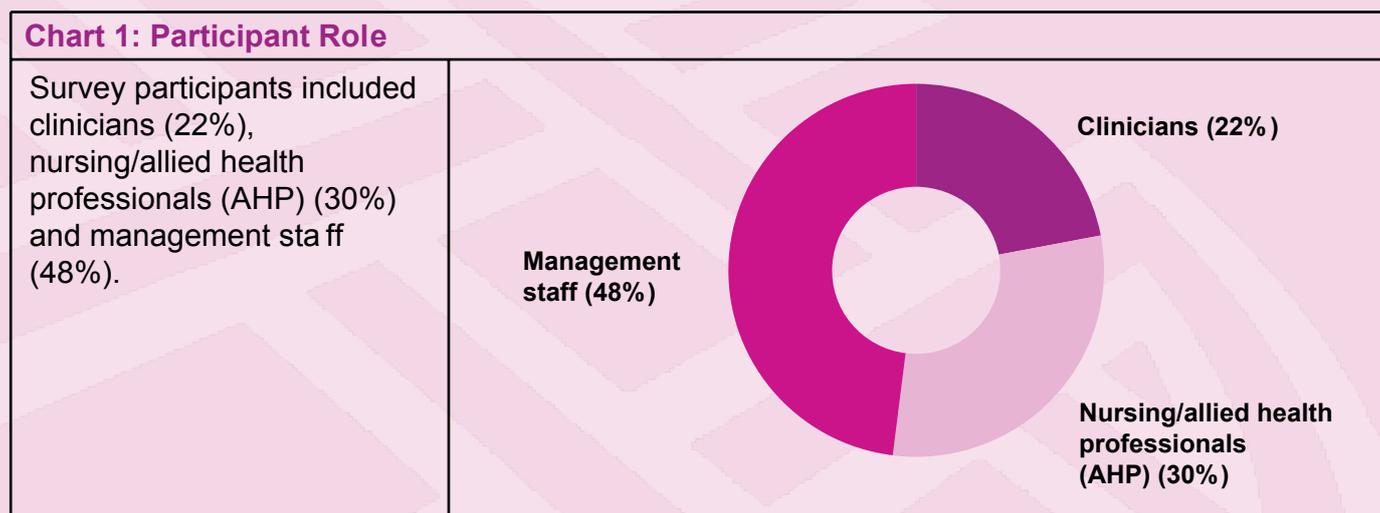
Thank you to the hospice and specialist palliative care providers who participated in the survey, and the chairs, speakers, panellists, facilitators, and participants at the event, who gave generously of their time and knowledge. We wish to acknowledge the support of the participants who attended the workshop whose comments were used to develop the recommendations. We would like to thank the PCRN Strategic Scientific Committee, AllHPC's Board, the AllHPC team for their support and guidance of AllHPC's PCRN. Finally, we would like to thank the HRB and Health and Social Care R&D Division, Public Health Agency who provide funding support. This report was compiled by Dr Mary Rabbitte, Research Programme Manager, AllHPC and Dr Jackie Boylan, independent facilitator/researcher from Connect Research.

Appendix One - Survey Results

Participants and hospice and palliative care provider organisations.

Table 1: Participants hospice and palliative care provider organisations by jurisdiction

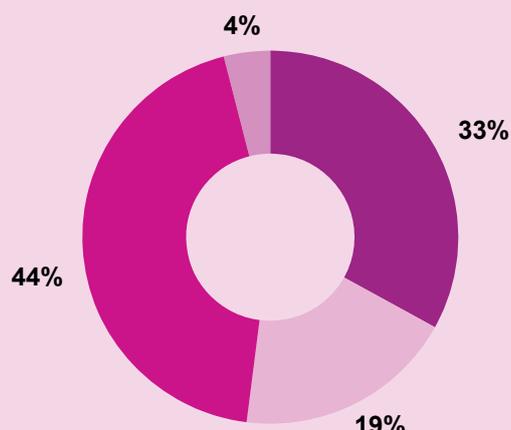
Organisation		
Republic of Ireland (n=9)		
Academic Department of Palliative Medicine/ Education and Research Centre/ Our Lady’s Hospice & Care Services	LauraLynn Ireland’s Children’s Hospice	North West Hospice Sligo
		South East Palliative Care Centre Dunmore Wing UHW Waterford
Galway Hospice Foundation	Marymount University Hospital & Hospice, Cork University Hospital	St Francis Hospice, Dublin - Raheny and Blanchardstown
Laois/Offaly Specialist Palliative Care Team	Milford Care Centre	
Northern Ireland (n=9)		
Belfast Health and Social Care Trust	Northern Health and Social Care Trust	Foyle Hospice Derry
Western Health and Social Care Trust	South Eastern Health and Social Care Trust, Ulster Hospital (Base) and Down area	Southern Area Hospice Services
South Eastern Health and Social Care Trust	Northern Ireland Hospice	Marie Curie NI



Involvement in Palliative Care Research

Chart 2: Involvement of participant s' organisations in research

A total of **17 (63%)** participants reported that their organisations were involved in palliative care research. Of these, **5 (19%)** reported their organisation was involved in recruiting patients to external research while **12 (44%)** were also involved in developing or leading on research. With the exception of one participant (**4%**), those that weren't actively engaged in research were interested in getting involved (**33%**).



It is important to note that this survey captures individual participant responses and individual opportunities to be involved in research may differ across teams/sites within organisations.

Research involvement by jurisdiction

Research involvement varies notably by jurisdiction. In the ROI, 6 (67%) hospices and specialist palliative care provider organisations are leading or developing research, and 2 (22%) organisations expressed an interest in future involvement, with 1 (11%) organisation not involved or interested. In NI, 3 (33%) hospices and specialist palliative care provider organisations are leading or developing research, 3 (33%) participate in recruitment to research studies, and 3 (33%) are not involved but interested.

Focus on research in organisations strategic plans

Strategic focus on research participation varies by jurisdiction. In NI, over half of the participants (56%) reported that research participation is included in their organisations strategic plan, while 33% said it was not and 11% said it was not but they would be interested. In contrast, all participant organisations in the ROI indicated either a current (67%) or interested in including (33%) a focus on research in their strategic plans, with none reporting no interest.

Barriers to Conducting Research

There were 8 barriers to rank in order of importance with 1 being the highest and 8 being the lowest. Barriers were categorised as follows:

Research Knowledge			
No formal palliative care research training	Understand what research is / what is needed to conduct research	Understand how to apply for research funding	Access to research support, expertise, infrastructure
Organisational Culture		Resourcing	Patient and public perceptions
Perception of research as not part of routine care	Leadership to support palliative care research	Lack of protected time/ competing demands	Patient and public perception of palliative care research

The median of median organisation rankings for all participants are presented below.

Table 2: Barriers ranked in order of importance

Rank	Barrier
1.	Lack of protected time and competing priorities
2.	Access to research support, expertise, infrastructure
=3.	Understanding how to apply for research funding
=3.	Understanding what research is and what is needed to conduct research
5.	No formal palliative care training
6.	Leadership to support palliative care research
=7.	Perception of research as not part of routine care
=7.	Patient and public perception of palliative care

The top barrier was related to Resourcing, whilst the remaining top 5 were related to Research Knowledge. Barriers that were not ranked highly were related to Organisational Culture and Patient and Public perceptions.

In general, there was a lack of variation between the participant subgroups.

- “Lack of protected time and competing demands” emerged as a key barrier across most groups, except among those not actively involved in research, who ranked it slightly lower.
- It is also notable that clinicians and interested participants who had no active strategic research plans, highlighted the importance of “Access to research support, expertise, infrastructure” (median=2.5).
- Barrier ranking varied little between organisations with a strategic research focus and those who did not, though the importance attached to having “Access to research support, expertise, infrastructure” did differ. Those that had no strategic research focus but interested in developing this, ranked this issue highly (median=1.5) compared to those that did have a strategic research focus ranking it lower (median=4) and those who had no research focus and didn’t express an interest in developing one (median=6).

The top 5 enablers were related to Resourcing, followed by Collaboration and Knowledge enablers, with “Collaboration with universities, charities, and policy makers” being the most important one in that category. The remaining lower ranked enablers were related to Leadership, Collaboration and Knowledge, and Patient/Public Engagement categories.

- There was little variation across sub-groups with resourcing ranking consistently high across all groups, though the quite specific item “support with ethical approval” was generally not considered an important enabler.
- Participants interested in research and from organisations without strategic research plans but not involved in research, did rate the role of “Supportive clinical lead” as an important enabler
- Clinicians (median rank=3.5), those not involved in research (median rank=2) and ROI participants (median rank=3) also highlighted the importance of “Collaboration with universities, charities, policymakers”.
- All groups, apart from those not involved in research ranked “Allocated staff time for research” as a high enabler.

Participants also shared the following:

We try to give protected time for our care staff to be involved in research but this can be challenge due to competing demands.

Collaborative opportunities such as those facilitated through meeting platforms by AllHPC.

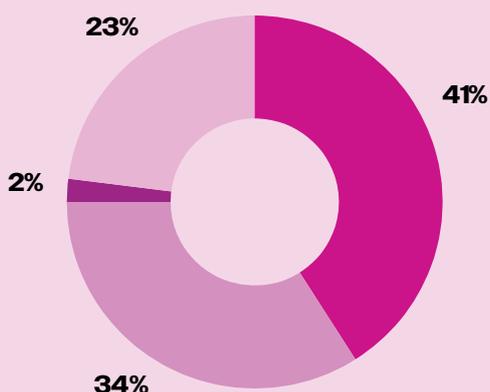
Hospice and Palliative Care Providers Research Projects

Of those who completed the survey, 9 (33%) shared information on projects from 8 organisations, whilst 18 participants from the remaining 10 organisations responded that they are not currently involved in research. There were 44 projects reported in total. It is noted that this is reflective of survey participants and not an exhaustive list of research conducted in Hospice and palliative care providers across the island of Ireland.

In June 2024 most research projects reported were in ROI in the Milford Care Centre, St Francis Hospice and Our Lady's Hospice & Care Services (Academic Department of Palliative Medicine/ Education and Research Centre) and in NI in Marie Curie.

Chart 3: Project funding

Participants were asked if their projects had received funding and if so where it came from. The majority of projects are not funded (41%), with 34% receiving external funding followed by 23% being funded in-house.



External funders:

For those projects externally funded, 20% did not state where the funding came from. Table 4 shows where the funding is coming from for the 80% of projects that shared details on their external funding.

Table 4: External funders

Republic of Ireland	UK	International
<ul style="list-style-type: none"> Irish Health Research Board Irish Cancer Society Dublin City University Postgraduate Research Scholarship HRB APA award Science Foundation Ireland Enterprise Ireland HEA North/South Research Programme 	<ul style="list-style-type: none"> Northwest Cancer Research Grant NIHR & UK Research and Innovate/Medical Research Council 	<ul style="list-style-type: none"> Global Oncology Programme MSD Horizon Europe Princess Margaret Collaborative Research Grant

Most external funding is coming from Irish funding organisations, followed by four large scale awards of international funding.

Table 5: Research projects by category and type of funding

Category	N. of Project	N. Externally Funde	N. Internally Funded	N. Not Funded
Health Services Research	19	4	2	13
Cancer	11	7	4	0
Patient Experience And Decision Support	6	1	3	2
Dementia And Neurodegeneratio n	3	3	0	0
Children’s Palliative Care	2	0	0	2
Frailty	1	0	1	0
Education	1	0	0	1
Clinical Management	1	0	0	1
Total	44	15	10	19

A large majority of the reported projects are related to health services research, followed by the area of Cancer. The remaining categories have small numbers of projects.

Further information on the projects shared included the participants and type of study, the method of investigation, status of the project, if ethical approval was sought/granted and outputs/expected outputs. These are presented below.

Table 6: Participants/type of study

Participants/Type of study	N
Staff/HCPs/medical student s	16
Patients only	10
Staff & patients/family/carers/ general populatio n	6
Systematic review /scoping review	8
Patients & family	4
Total	2

The total sum of participants/type of study is greater than the number of projects as mixed methods studies have each methodology recorded

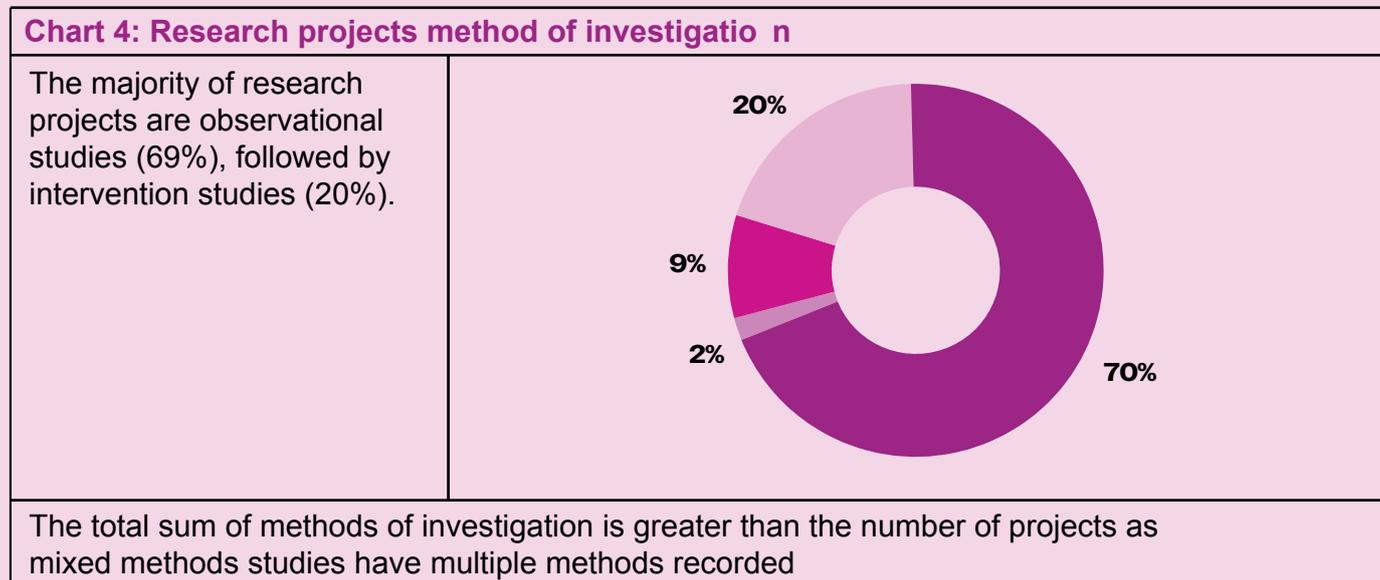


Chart 5: Ethical approval for research projects

The majority of projects were granted University ethical approval (n=19; 43%) closely followed by their organisation (n=18, 41%).

2 – 3 ethical approvals were either granted or sought for 15 of the projects.

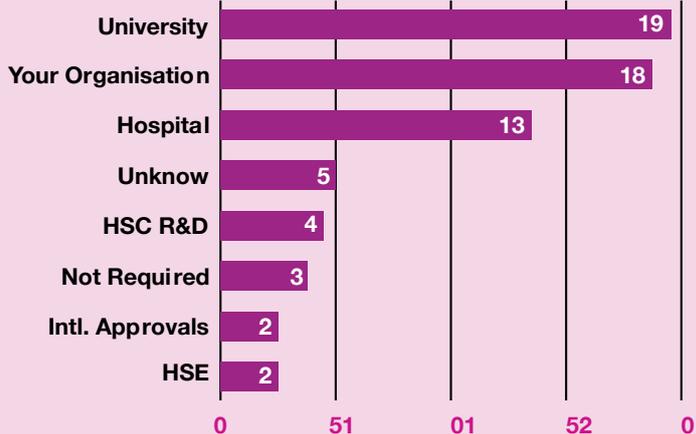


Chart 6: Output/expected outputs from projects

Outputs / expected outputs. This was completed for 34 out of the 44 projects. Multiple outputs were reported for the majority of the projects, the top 5 are shown here.



Appendix Two - Event Report

Background

The All Ireland Research Active Hospice and Specialist Palliative Care Provider event was held in the Ashling Hotel on the 12 June 2024. The aim of this in-person event was to improve care for people with palliative care needs by bringing together hospices and specialist palliative care providers, CEOs, and research leads, who are research active or interested in developing researcher capability with researchers, policymakers, funders, charities, and PPI contributors. The focus was on sharing the results of an All Ireland Research Hospice and Specialist Palliative Care Provider Survey to encourage discussion of the opportunities, challenges and way forward for further developing research in adult and children's hospices and specialist palliative care services on the island of Ireland in line with policies and priorities. The event was supported by the Health Research Board, Health and Social Care R&D Division, Public Health Agency and Health Service Executive (HSE) and was approved for CPD by Royal College of Physicians Ireland.

Audience

45 participants from over 30 different organisations from the island of Ireland and internationally including representatives from Hospices and Specialist Care Providers, members of the Palliative Care Research Network (PCRN) and Early Career Researcher Forum (ECRF), health and social care professionals, policymakers, charity representatives, funders, and Voices4Care members.

Programme Overview

Opening

Karen Charnley, CEO AllHPC opened the event.

All Ireland Hospice and Specialist Palliative Care Provider Research Activity

Dr Mary Rabbitte, Research Programme Manager, AllHPC, provided an update on research activity and presented the results of a survey on research activity across hospice and specialist palliative care providers on the island of Ireland from May 2024.

Leading Hospice Research Learnings from UK

Invited speaker Prof Christina Faull, Consultant in Palliative Medicine LOROS hospice, Professor Palliative Medicine University of Leicester, UK spoke about what the landscape of research is in the UK and gave insight into how to progress the Palliative Care research agenda.

Leading and Delivering Research on island of Ireland

Prof Karen Ryan, Consultant in Palliative Medicine St Francis Hospice, Mater Misericordiae University Hospital, Professor School of Medicine, University College Dublin spoke about how palliative care research is being progressed and what needs to happen for it to be continued.

Kasia Patynowska, Research Nurse, Marie Curie Northern Ireland provided the audience with insight into the role of a Research Nurse within palliative care research.

Engaging Public and Patient Involvement Contributors

This panel session was chaired by Voices4Care member Will Higgins. He was joined in discussion by Dr Mary Nevin, Assistant Professor Nursing, Dublin City University and Dr Janet Diffin, Programme Manager, HSC R&D, Public Health Agency. Together they discussed the ongoing development of the role of PPI in palliative care research, and what the future holds for it.

Making Research Governance Easier

Dr Una Molloy, Advanced Nurse Practitioner, St Francis Hospice, chaired this session and spoke about her experience of the ethical approval process and how to make the process more accessible.

Gurmel Bhachu, Senior Research Governance Manager, Marie Curie UK spoke about how to make research governance easier for hospices using his experience within Marie Curie.

Dr Mary Clare O'Hara, National Programme Manager, HSE spoke about how the current ethical approval system is structured within the HSE and future plans for improvement.

Barriers, Opportunities and Resources for Hospice Engagement in Research

Invited speaker Prof Catherine Walshe, Professor of Palliative Care, Lancaster University, UK spoke about her research on the barriers and opportunities for palliative care research in hospices. She also presented the resources that are available to support researchers doing research in hospice and specialist palliative care provider sites.

Open Session

The event concluded with an open session, facilitated by Dr Jackie Boylan (independent facilitator), featuring roundtable discussions on five topic areas that included, lack of protected time, research infrastructure, funding access, funding and research strategy, and collaboration. The aim of the open session was to identify the key barriers and enablers to advancing palliative care research across hospice and palliative care providers on the island of Ireland.

Slides and video recordings are available at:

<https://professionalpalliativehub.com/events/past-events/research-active-hospice-and-specialist-palliative-care-providers/>

Open Session Themes

Theme 1: A dedicated research function within hospice and specialist palliative care provider organisational structures is essential to increase research capacity.

- Participants felt that a strong, sustainable research culture in palliative care requires a well-developed organisational infrastructure where research is not treated as an add-on, but as a core element of clinical practice.
- Current challenges - such as lack of protected time, limited funding, unclear governance, and a lack of leadership support in some organisations - highlight the need for systemic investment in research capacity.
- Participants highlighted that addressing these issues involves both cultural and structural change: simplifying ethics processes, embedding research within strategic plans, and creating dedicated roles such as clinical academic posts and research officers.
- Participants felt that organisations must prioritise leadership, strategic planning, and access to expertise, while building collaborative networks that share resources, knowledge, and workload. It was felt that strengthening partnerships across institutions, academia, and healthcare services should help foster momentum and long-term engagement. Central to this is the provision of protected research time and a commitment to continuous learning.
- Collaboration across stakeholders - clinicians, researchers, policymakers, and funders, are seen as essential to embedding research in hospice and palliative care organisations.

Theme 2: There is a need to expand opportunities for sustainable funding to support the growth and development of palliative care research across the island of Ireland.

- Participants highlighted that securing sustainable research funding in palliative care requires a coordinated, strategic approach that addresses both structural and capacity-related challenges.
- Many organisations face barriers such as limited funding opportunities, complex and fragmented application processes, a lack of internal infrastructure, and reliance on alignment with more established specialties. These issues are especially evident when comparing research capacity across jurisdictions, highlighting disparities between Northern Ireland and the Republic of Ireland.
- Participants felt that in order to overcome these challenges, organisations must strengthen leadership, embed research within strategic priorities, and invest in dedicated roles and internal capacity. Cultivating a research-minded culture, supported by protected time, academic mentorship, and collaborative leadership, empowers staff to actively engage in research development and funding pursuits.
- Participants felt that success also depends on greater visibility and connectivity. Engaging in sector-wide networks, such as AIHPC initiatives, and staying aligned with national and international research trends enhances organisations' ability to identify and succeed in funding opportunities.
- It was also suggested that strategic storytelling, including compelling narratives of research impact, further supports competitive funding applications.
- Importantly, it was suggested that fostering cross-border collaboration may help create a more unified and equitable research environment across the island of Ireland. By pooling knowledge, sharing successful models, and leveraging diverse funding streams - such as competitive grants, philanthropic contributions, industry partnerships, and infrastructure awards, organisations can reduce dependency on short-term funding alone and build a resilient, well-resourced research ecosystem.

Theme 3: Multi-disciplinary and multi-organisation collaborations are key to growing hospice and palliative care research.

- Participants highlighted the significant barriers such as limited time, lack of awareness, academic-clinical disconnects, funding competition, and fragmented ethics processes can hinder joint research efforts.
- It was felt that overcoming these challenges requires more than coordination; it calls for a cultural shift toward valuing collective research endeavours.
- Participants felt that the solutions lie in fostering a collaborative mindset supported by shared goals, stronger networks, and mutual respect across disciplines and organisations. Promoting unified research priorities, developing joint roles like clinical academics, and distributing workload can ease capacity strains.
- Embedding research within strategic plans and establishing formal mentorship and partnership structures further strengthens collaboration. To ensure long-term success, these efforts must be underpinned by sustainable planning, inclusive engagement, and leadership commitment - creating a system where collaboration is not only possible but prioritised. This theme underscores the importance of creating a collaborative ecosystem where research is shared, strategic, and sustainable.