

GENERAL PAEDIATRIC INCUBATOR

LAUNCH EVENT: REPORT

3rd November 2025



Building Research Capacity in Hospital & Community Child Health



GENERAL PAEDIATRIC INCUBATOR

The General Paediatrics Incubator, led by Dr Katrina Cathie and Dr Lee Hudson, is a NIHR-supported Incubator. We aim to address key issues and increase capacity for research in general and community paediatrics, focussing on health from newborn to late adolescence. We have brought together a range of key stakeholders across multidisciplinary teams (MDT), who share an ambition to improve and increase research in general and community child health. Our stakeholders include Children and Young People (CYP) and parent and carer groups, expertise across the age range, and key networks including General and Adolescent Paediatric Research Collaborative in the United Kingdom and Ireland (GAPRUKI) and British Association for Community Child Health (BACCH). The General Paediatrics Incubator sets a national blueprint for transforming paediatric research. Through collaboration, inclusivity, and structural reform, it aims to embed research into everyday clinical practice—creating a connected, empowered, and equitable community dedicated to improving child health outcomes across the UK. Overall, we aim to increase capacity and delivery of general and community child health research.

Acknowledgements

Thank you to our study advisory group, stakeholders and everyone who attended.

SUPPORTED BY

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Contents

Executive Summary	3
1. The General Paediatric Incubator.....	5
2. About the Launch Event	8
3. What are the current issues/challenges to conducting paediatric research in hospital and community child health?	11
4. What are the solutions to the identified challenges for conducting paediatric research in hospital and community child health?	17
5. Attendee Feedback	29
6. Logic Model	31

Executive Summary

Launch Event Highlights

The launch event, held on 3 November 2025 at UCL's Institute of Education, brought together 39 participants from across the UK, including clinicians, allied health professionals, academics, and young people's representatives. There were two discussion sections focused on identifying challenges and exploring solutions in order to increase capacity in paediatric research. Event feedback was highly positive, with an 85% response rate and an average rating of 4.52/5. Attendees found the event inspiring and inclusive, valuing its structure and networking opportunities.

Core Challenges Identified

The event explored barriers to paediatric research through five work packages (WPs):

Network Development (WP1):

- Limited mentorship and role models
- Difficulty navigating research systems and networks
- Fragmented collaboration and lack of inclusive frameworks

Gap Analysis (WP2):

- Bureaucratic NHS processes and time constraints
- Insufficient funding, capacity, and research prioritisation
- Risk-averse culture and limited leadership engagement

Prioritisation Exercise (WP3):

- Research overshadowed by adult health priorities
- Workload and time pressures for clinicians
- Lack of consensus on methodologies and outcome measures
- Tension between biomedical and disability-inclusive frameworks

Capacity Building (WP4):

- Insufficient training, mentorship, and protected research time
- Weak research culture and unclear career pathways
- Limited collaboration and governance support

Patient & Public Involvement and Engagement (PPiE) (WP5):

- Difficulties engaging children, parents, and carers
- Limited diversity and awareness of children's rights
- Ethical challenges around consent and assent

Across all WPs, themes of inclusion, equity, mentorship, and cultural change emerged as vital to long-term improvement.

Solutions and Strategic Vision

Network Development (WP1):

Create inclusive, searchable research networks; implement a “ladder mentorship” model where participants evolve from mentees to mentors; and hold regular webinars on research skills and confidence-building.

Gap Analysis (WP2):

Embed research in NHS structures with protected time, improved access to funding, and clearer mentorship. Promote awareness campaigns, job-plan incentives, and research champions in every department.

Prioritisation Exercise (WP3):

Standardise paediatric research methodologies and develop *core outcome sets* using consensus (Delphi) methods. Foster collaboration between general, community, and acute paediatrics, and enhance youth participation in setting priorities.

Capacity Building (WP4):

Integrate research training into medical education; establish mentor databases and regional mentorship hubs; advocate for research leadership roles with protected time; and enhance visibility of paediatric research impact.

Patient & Public Involvement and Engagement (PPIE) (WP5):

Build a connected national framework for meaningful child and family involvement. Develop an RCPCH-hosted repository of PPIE activities, standardised researcher training, and annual youth–researcher summits.

The cross-cutting themes highlight the need for stronger collaboration, inclusivity, and sustainability in paediatric research. Key priorities include connecting MDTs, promoting diversity and equity, strengthening mentorship and infrastructure, standardising research methods, and improving visibility through shared learning. Ultimately, the goal is to embed research into everyday NHS practice, supported by leadership, recognition, and a sustainable culture of participation.

Aspirations

Signposting:

Create searchable databases of mentors, researchers, and PPIE groups. Clear guidance on funding, training, and collaboration opportunities.

Guidance:

Develop research “how-to” resources, job plan templates for protected research time, and toolkits for inclusive working and PPIE.

Support:

Implement ladder mentorship, monthly peer discussions, and national mentorship schemes with NIHR and RCPCH.

Events:

Establish annual research symposia, PPIE summits, mentorship webinars, and storytelling sessions featuring children and families.

1. The General Paediatric Incubator

Challenges

Our incubator proposal addresses key issues for research in General Paediatrics (including community paediatrics) across the MDT.

Challenges for research in this area are especially affected by:

1. Changing epidemiology and influences in child health and a paucity of regular research to address care
2. Inadequate research skill sets in professionals delivering care (but who are willing and enthusiastic)
3. Lack of joined up MDT research co-working
4. Paucity of Children and Young People (CYP) and carer involvement in directing and co-designing research
5. Capacity and barriers to research delivery beginning early in professional careers

Aims

We have brought together a range of key, knowledgeable stakeholders across MDT groups. This includes representative professional groups, CYP and carer groups, and expertise across age groups. We have engaged those with existing incubators to learn from their experience. Our incubator will pull together a large range of stakeholders who already have the knowledge, networks and shared ambition to improve research in general and community paediatrics, but lack combined resource.

Led by our panel, guided by our steering group and driven by our stakeholders we will then sequentially:

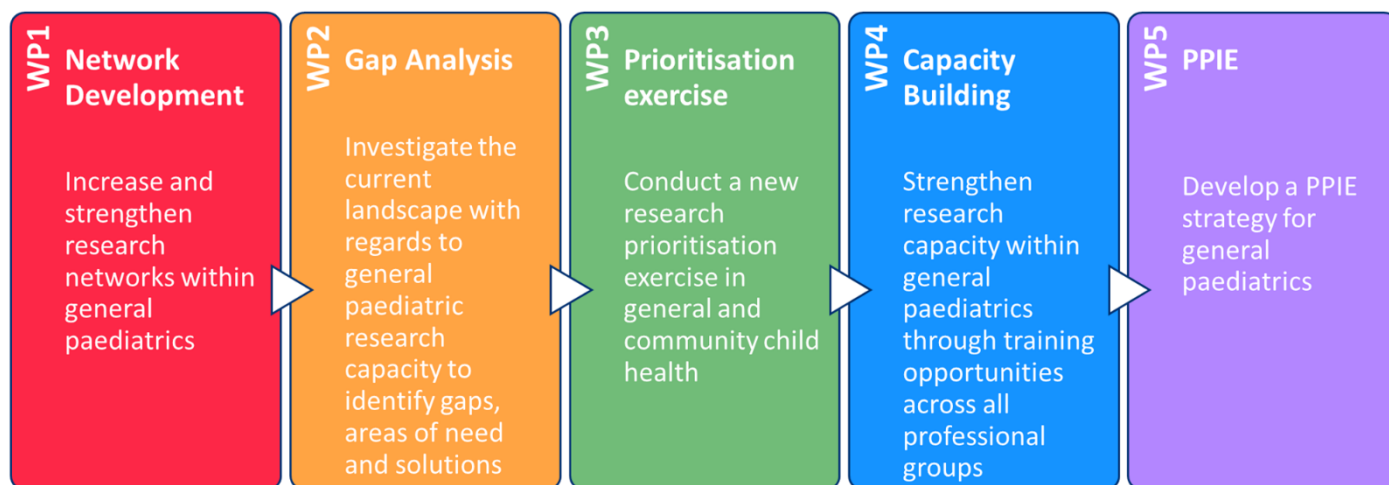
1. Map baseline specific areas of need/barriers across the MDT
2. Compile group proposed solutions and a prioritization exercise (including CYP)
3. Action findings by building both research training and routes to maximise capacity based upon 1 and 2

At the centre there will be attention to equality, diversity and inclusion (EDI) in the makeup of our steering and stakeholder panel, but also within our proposed aims and strategy.



WPs

The incubator is comprised of five WPs:



Planned Outputs

Planned outputs over the 3-year period of the incubator:

	WP1	WP2	WP3	WP4	WP5
Year 1	Completion and publication of an allied membership strategy document by M12	Completion of baseline research participation survey by M12	Start research prioritisation exercise	Establish a mentorship programme 2 mentorship pairs 1 research training day	Successful involvement of PPI groups in WP3 prioritisation exercise ensuring representation from diverse backgrounds
Year 2	Identification of a link healthcare professional in >80% paediatric units by M24	Publication of report on baseline research participation survey by M18	Completion of research prioritisation exercise	Support 1 RF application 5 mentorship pairs 1 research training day	
Year 3	Gather data on diversity to ensure meeting EDI incubator aims		Publication of report on research prioritisation exercise & Submission of 4 PICO's to the HTA by M36.	Support applications for 2 RFs 5 mentorship pairs 1 research training day 1 conference	Completion and publication of PPIE toolkit for professionals working in general paediatrics to run their own PPIE event



Collaborators

The Incubator has a wide range of key collaborators and stakeholders, inclusive of various HCPs:

- GAPRUKI
- BACCH
- Paediatric Emergency Research in the UK and Ireland (PERUKI)
- British Association of General Paediatrics (BAGP)
- Royal College of Paediatrics and Child Health (RCPCH)
- Primary care
- Neonatal networks (Neonatology NHS England)
- NIHR Research Delivery Network (RDN) children's speciality group
- NHS England
- NIHR HealthTech Research Centre in Paediatrics and Child Health
- Association of Paediatric Chartered Physiotherapists
- British Dietetic Association Paediatric Group
- CYP Gender Service London
- National primary care RDN Lead
- Royal Pharmaceutical Society
- Public First
- Tissue Engineering and Regenerative Medicine Surgical Theme of the NIHR Biomedical Research Center GOSH Programme
- Canadian Paediatric Inpatient Research Network (PIRN)
- Children's Inpatient Research Collaboration of Australia and New Zealand (CIRCAN)
- Royal College of Physicians Ireland, Faculty of Paediatrics
- Pharmacy
- Psychology and Psychiatry
- Primary care
- Dieticians
- Academics experienced in research across the life course
- Paediatric trainees
- The Society of Health Play Specialists



Incubators:

- Emergency care
- Paediatric intensive care
- Radiology

PPI Groups:

- National Network of Parent and Carers forums (NNPCF)
- Lifelab
- RCPCH&Us
- Leeds Young Research Owls (LYRO) PPIE group

2.About the Launch Event

The Launch Event was hosted at UCL's Institute of Education on the 3rd of November 2025 (10am-3pm). This is the first event of this nature that we are aware of to bring together a wide range of stakeholders, including professional groups working within the general and community child health field. This in person event allowed for connections to be formed, we hope that this will lead to greater collaboration amongst researchers in this area as well as into related networks and professional groups. At this meeting challenges and solutions were discussed in relation to research capacity in general and community paediatrics. This report contains key findings from this event.

Event Attendees & Agenda

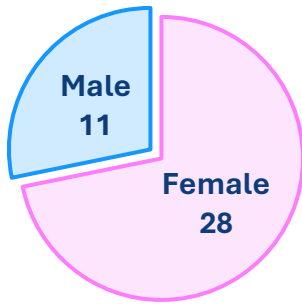
There were 39 attendees in total, attendee information is on the following page.

The first hour of the event involved an introductory talk from project leads Dr Katrina Cathie and Dr Lee Hudson: introducing the General Paediatrics Incubator; describing how the NIHR incubator programme relates to the NHS 10 year plan and the UK research workforce strategy; and attendees were asked what they hope to achieve by their involvement in this incubator (results shown in Slido word clouds, on page 10).

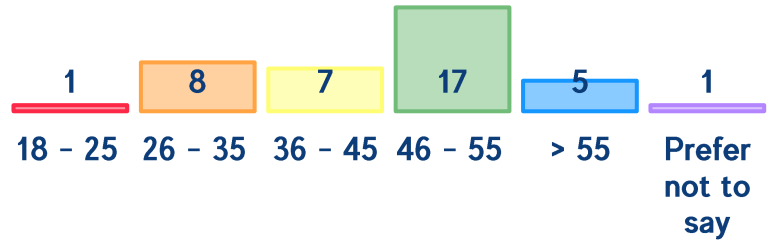
The morning discussion addressed challenges and the afternoon discussion addressed solutions.



Gender



Age

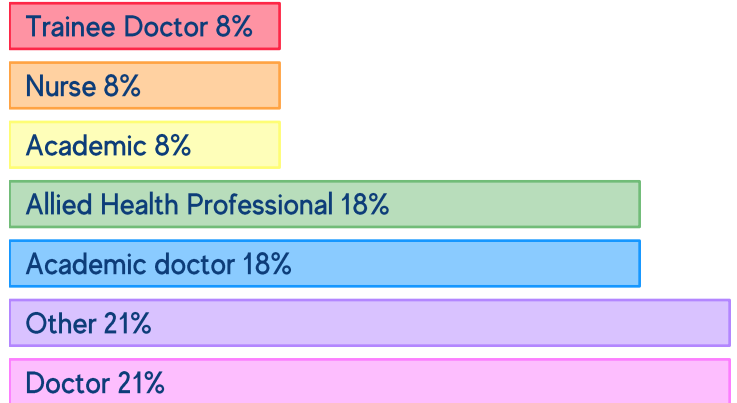


Ethnicity

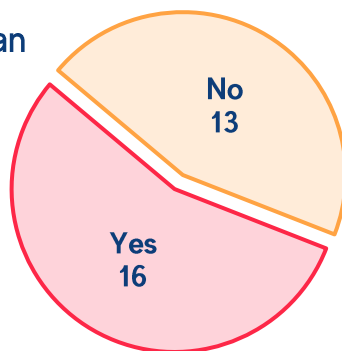


- Asian or Asian British
- Black, Black British, Caribbean or African
- Other
- White

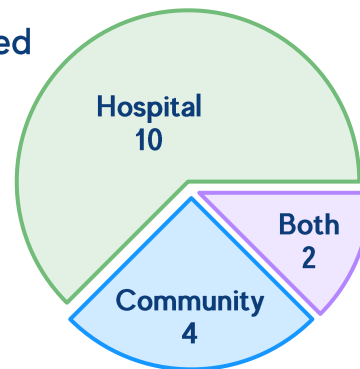
Profession



Paediatrician



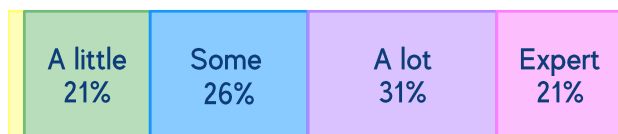
Based



Involved in research

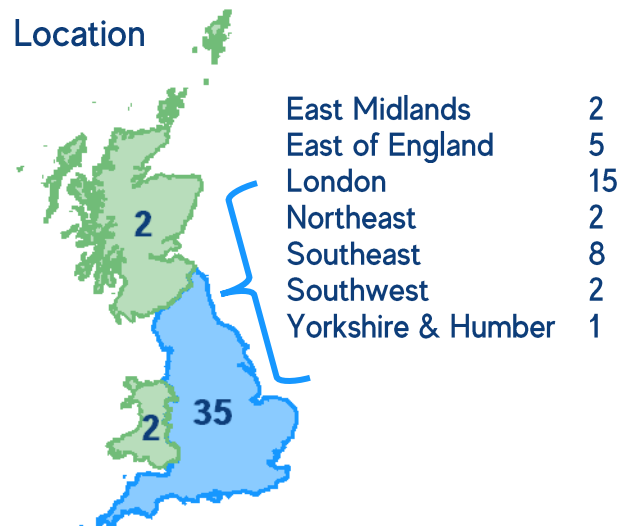


Research Experience



None
3%

Location



Slido Word cloud: What do you hope to get from this community/incubator?



Slido Word cloud: What do you think you can bring/give to this community/incubator?



3. What are the current issues/challenges to conducting paediatric research in hospital and community child health?

The above question was posed to all attendees for discussion. The discussion utilised the 1-2-4-All method for collaborative brainstorming: 1 minute of thinking individually, 2 minutes in pairs, 4 minutes in groups of four and then the whole table. Ideas were collected in relation to each WP and collated for display (see p. 16). Finally, attendees 'voted' on ideas to measure agreement amongst the audience.

Network Development (WP1)

The main challenges are difficulties in system navigation, lack of time and prioritization, cultural and leadership gaps, and insufficient role models in General Paediatrics research networks.

Key Challenges Identified:

1. Navigating systems and networks

Non-clinicians find it difficult to navigate systems and access opportunities to do research in General Paediatrics.

2. Structural and cultural barriers

Time constraints

Lack of infrastructure

Cultural barriers and level of leadership

Research not being seen as a priority

3. Lack of role models

Few visible figures to guide or inspire participation in research or network development.

Voting:

- Lack of role models (most votes)
- Issues for non-clinicians navigating systems/networks
- Time, culture, and leadership barriers



Gap Analysis (WP2)

Systemic barriers (bureaucracy, capacity, funding) and **cultural challenges** (risk aversion, lack of research prioritization) hinder effective paediatric research and innovation

Key Challenges Identified:

1. Capacity and Staffing

Need for better governance and research capacity development.
Limited time and capacity among junior and senior staff for research.

2. Workload, Work–Life Balance, and Time Constraints

Heavy workload and limited time are major barriers to conducting research and maintaining balance between clinical and research responsibilities.

3. Bureaucracy and Red Tape

NHS R&D approval process is time-consuming and deters participants.
Excessive bureaucracy within NHS research processes.

4. Risk and Ethics

Risk-averse culture and ethical approval barriers hinder progress.
Need to streamline governance without compromising ethics.

5. Funding and Sustainability

Financial sustainability and ongoing funding are major concerns.
Difficulty in maintaining research projects long-term.

6. Research Culture and Priorities

Lack of motivation or incentive for paediatric research.
Few research questions linked to practical clinical improvements.
The culture prioritizes other tasks over research.

7. Collaboration and Communication

Issues with connecting research priorities to clinical teams.
Need for better cross-team and cross-institution collaboration.

Voting:

- Workload / Work–life balance / Lack of time
- NHS R&D bureaucracy / approval process (most votes)
- Financial sustainability
- Capacity (junior and senior staff)



Prioritisation Exercise (WP3)

The discussion highlighted four key challenges: Researchers face time and workload barriers; Child health is undervalued compared to adult-focused areas; a need to broaden frameworks beyond purely biomedical models; and, the diversity of paediatric conditions complicates research prioritisation and funding focus. Overall, the session reflects a strong call for balance, inclusivity, and recognition of child health as a distinct research priority.

Key Challenges Identified:

1. **Child Health Prioritisation vs. Adult Focus**

Paediatric research is often overshadowed by adult-based priorities, leading to underrepresentation of child health needs and issues.

2. **Biomedical vs. Disability Justice Frameworks**

A tension exists between traditional biomedical models of child health and more inclusive, justice-oriented frameworks that consider disability and social factors.

3. **Diversity and Complexity of Conditions**

The wide range and variability of paediatric conditions make research prioritisation and resource allocation challenging.

4. **Equity, Inclusion, and Representation**

Broader issues around representation, inclusivity, and systemic bias affect who participates in and leads paediatric research.

Voting:

- Adult-based prioritisation over child health
- Biomedical dominance vs. disability justice frameworks
- Wide variety and complexity of paediatric conditions



Capacity Building (WP4)

Overall, participants identified **time pressures**, **lack of training**, and **limited mentorship** as major obstacles to research engagement. Strengthening **funding opportunities**, **collaboration**, and **governance** was seen as essential for long-term sustainability and to foster a stronger **research culture** in General Paediatrics.

Key Challenges Identified:

1. Lack of Time, Skills, and Resources

Participants highlighted limited time, insufficient training, and a shortage of resources as major barriers to engaging in research and capacity-building efforts.

2. Mentorship and Supervision Gaps

A need for structured mentoring, supervision, and career development opportunities was identified to support early-career researchers and clinicians.

3. Motivation and Research Culture

Low motivation and lack of visible pathways for research involvement contribute to weak research culture within paediatrics.

4. Funding and Incentives

Limited access to funding opportunities and unclear incentives for pursuing research roles were seen as key obstacles.

5. Collaboration and Governance

Improved collaboration between clinicians, academics, and institutions—along with stronger governance—was viewed as essential for sustainable capacity building.

6. Workshops and Skill Development

Suggestions included targeted workshops, writing support, and training programs to strengthen research skills and confidence.

Voting:

- Lack of time, skills, and training for research
- Need for mentorship and supervision structures
- Limited funding and unclear incentives
- Weak research culture and motivation
- Improved collaboration and governance



Patient & Public Involvement and Engagement (PPIE) (WP5)

Key challenges include **access and engagement**, **parental burden**, **limited awareness of children's rights**, and **ethical issues around consent**. There is a clear need for more **inclusive, practical, and sustainable PPIE approaches**.

Key Challenges Identified:

1. Access and Engagement Challenges

Difficulties reaching and engaging service users, parents, and carers, with mention of “burnout or fatigue” among participants and families.

2. Parental Concerns and Burden

Parents often feel overburdened or unsure about their role in research, leading to limited participation.

3. Knowledge and Application of UNCRC (United Nations Convention on the Rights of the Child)

Limited awareness and understanding of children's rights and how to apply them practically in research.

4. Consent and Assent for Children

Ethical and practical challenges around gaining appropriate consent and assent from children in research contexts.

5. Lack of Diversity in PPIE

Insufficient inclusion of diverse populations and underrepresentation of certain groups in paediatric research.

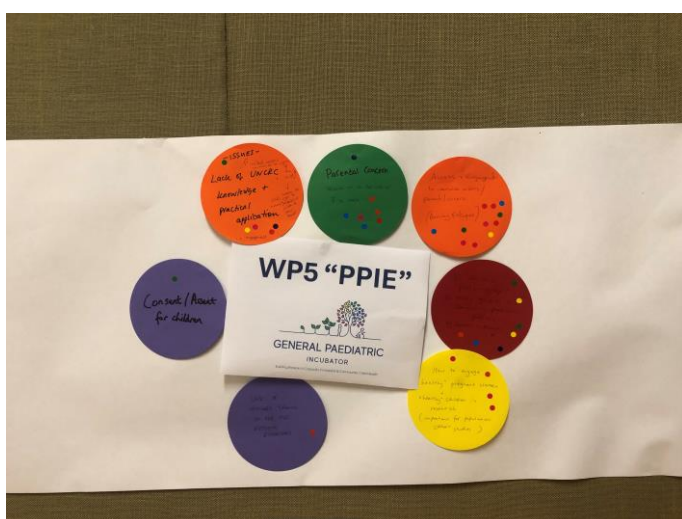
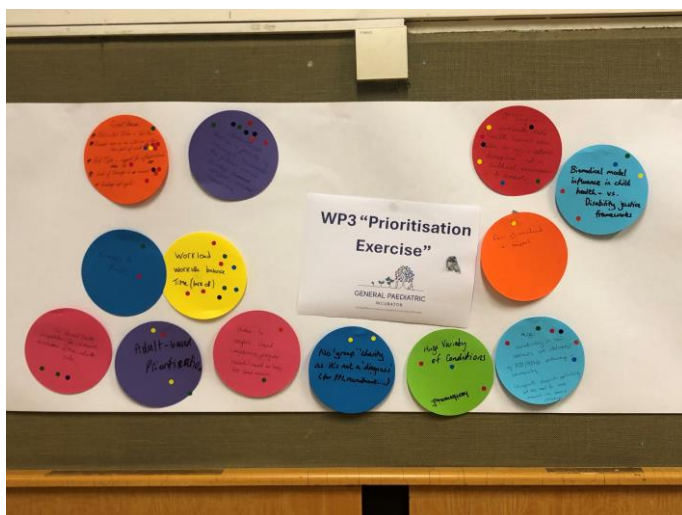
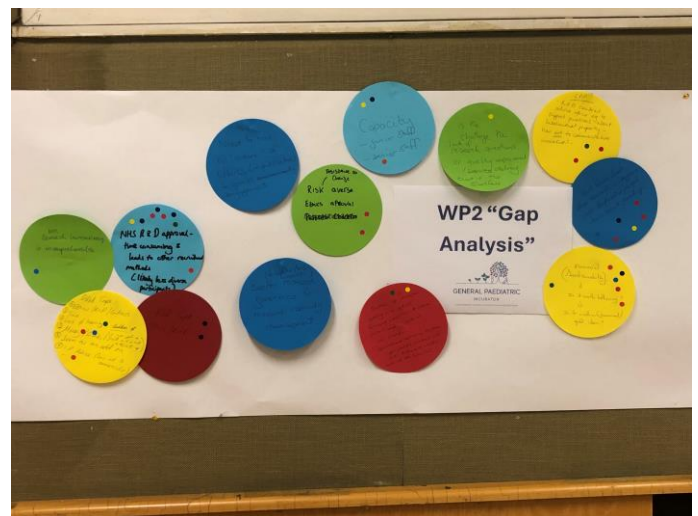
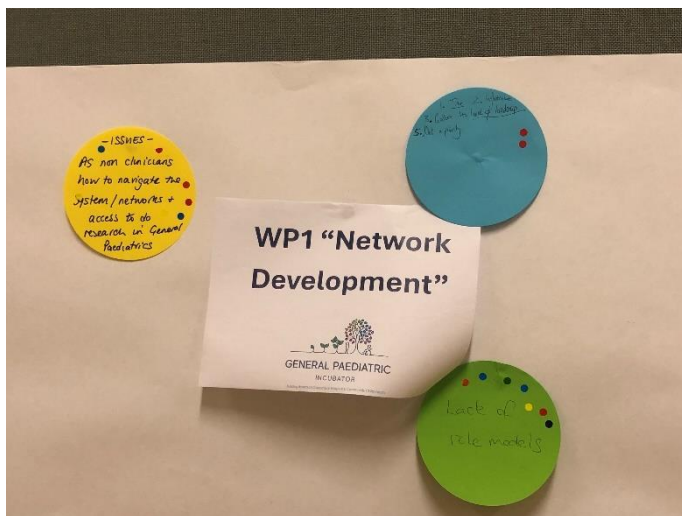
6. Engagement with Healthy Participants

Difficulty involving healthy children and pregnant women, which affects prevention and cohort studies.

Voting:

- Access and engagement with service users / parents / carers
- Parental concern and burden
- Lack of knowledge and practical application of UNCRC
- Lack of diversity and inclusion in PPIE
- Consent and assent for children





4. What are the solutions to the identified challenges for conducting paediatric research in hospital and community child health?

The above question was posed to all attendees for discussion. Similarly, the discussion utilised the 1-2-4-All method for collaborative brainstorming. Ideas were collected using provided worksheets. In relation to each WP, attendees were asked for: key ideas about change; describe future changes (5-10 year dream); examples of achievable steps; actions; who needs to be involved; and any other input.

Network Development (WP1)

Focus on improving inclusivity, collaboration, and mentorship in paediatric research and MDTs.

Key Ideas

- **Inclusion & Representation**
 - Under-represented groups and protected characteristics need better visibility
 - Equal MDT representation across community, district, and tertiary levels
 - Language and frameworks for describing networks should be inclusive of all professionals
 - Need to address challenges of connecting different MDT groups and sharing skills effectively
- **Mentorship & Role Models**
 - Greater need for mentors and visible role models to inspire others
 - Not enough capacity for traditional mentorship programmes
 - Mentorship should evolve into a system linking peer support and different experience levels
- **Research Connectivity**
 - Need to identify and link existing researchers and research-interested individuals
 - Currently, there is no simple way for people with research ideas to find collaborators or mentors

The Dream (5-10 years)

- **Representation & Diversity**
 - Equal MDT representation across paediatric networks with diverse voices and experiences fully integrated
- **Mentorship & Support**
 - A culture where mentorship and peer support are embedded and sustainable



- Each person both gives and receives mentorship (“ladder plan”)
- A supportive environment normalising challenges and sharing diverse research journeys
- **Research Collaboration**
 - Any individual with a research idea can easily find others to collaborate with, mentor them, or offer advice
 - A connected, searchable, and inclusive research ecosystem within paediatrics

Achievable Steps

- **Building Knowledge & Sharing Learning**
 - Gather experiences of successful and unsuccessful MDT networks
 - Share exemplar projects and promote shared learning across different sites
 - Use inclusive and consistent language in describing network participation
- **Mentorship Structures**
 - Identify peer support options for mentors
 - Create a “ladder” mentorship structure: Year 1 – be mentored, Year 2 – mentor someone else
 - Set up monthly mentoring sessions and 2–2.5 hour Q&A discussions
 - Run webinars on key issues: “Problem Page”, “Imposter Syndrome/Failure”, and “Alternative Research Careers”
 - Establish a 1-year research mentorship programme for under-represented trainees
- **Research Mapping**
 - Conduct mapping exercises to identify researchers by topic, specialty, and location
 - Survey professional groups to understand existing networks and members
 - Use a “snowball” approach — current members share with their contacts to expand reach
 - Build a basic research database and move toward a searchable public database over time

Actions

- Share exemplar projects and lessons learned from both successful and unsuccessful MDT networks
- Develop and share methodology skills (quantitative and qualitative) across groups
- Learn from past experiences to guide future MDT development
- Establish mentorship-focused webinars and online resources
- Link mentorship initiatives with NIHR, RCPCH, TReCS, and Hexitime
- Conduct mapping and surveys to connect existing researchers
- Engage professional bodies to help expand participation and maintain an evolving research database

Who needs to be involved?

- Different MDT professional groups



- NIHR Mentorship Scheme
- RCPCH, TReCS, and professional groups across paediatrics
- Hexitime (collaboration/timebanking platform)
- Existing mentors and mentees
- Current research-active members and those interested in research

Gap Analysis (WP2)

Aim to create a sustainable, inclusive research culture in paediatrics by empowering professionals with skills, time, funding, and mentorship. Make research a recognised and supported part of everyday NHS practice, accessible to all roles and career stages.

Key Ideas

- Build motivation and outlets for people who want to engage in research
- Address power structures and bureaucratic barriers that discourage research
- Improve awareness and access to grant funding for general/community paediatric research
- Educate and demystify how to do research; embed training for trainees and early career staff
- Increase protected time and recognition for research activity within job plans
- Coordinate smaller QI projects and connect regions to undertake larger studies
- Create mentoring programmes and networks to support multi-site research and co-production
- Shift organisational culture so research is viewed as part of everyday NHS practice

The Dream (5–10 years)

- A culture where everyone feels equipped, empowered, and supported to do research, regardless of role
- Protected and recognised time for research embedded in NHS structures
- Networks of mentors and research champions across hospitals and community settings
- Ready access to funding information, training, and application support
- Bureaucratic processes streamlined so that research can begin promptly and efficiently
- Visible role models and research leadership across professional groups
- Every department has a research champion and clear research pathways for staff development

Achievable Steps

- Conduct a gap analysis to identify who wants to do research and what prevents them
- Develop a shared online resource listing grants, funding support, and training opportunities
- Pilot mentoring schemes and create a national mentor network
- Identify departmental “research facilitators” to guide interested staff
- Encourage departments to include research in job descriptions and training schemes
- Promote small research or mentoring grants (e.g., via NIHR or NNRF)



Actions

- Run awareness campaigns on research roles, skills, and opportunities
- Host annual research symposia with workshops and practical sessions
- Link with funders and senior paediatricians to share insights on successful applications
- Develop research champions in every unit (doctors, nurses, AHPs, psychologists, etc.)
- Establish a centralised platform of research-active staff for collaboration
- Engage RCPCH, NIHR, NNRF, and training scheme leads in supporting infrastructure

Who needs to be involved?

- Paediatric trainees and early-career researchers
- Departmental and regional research facilitators
- Senior paediatricians and mentors
- RCPCH, NIHR, NNRF, and local NHS Trusts (including R&D departments)
- Universities and training scheme leaders
- Allied Health Professionals and MDTs

Prioritisation Exercise (WP3)

Aim to build consensus on key clinical, societal, and cost-related outcomes to strengthen evidence and relevance in general paediatric research. Standardised paediatric research methodologies and core outcomes through collaboration between clinicians, researchers, and PPI groups.

Key Ideas

- **Methodology & Outcomes**
 - Need for clarity and consensus on research methodologies and outcome measures
 - Importance of choosing key outcomes that are clinically, societally, and cost-relevant
 - Consider using Delphi methods to agree on standards
- **Engagement & Scope**
 - Incorporate schools and youth sources for patient and public involvement (PPI)
 - Strengthen collaboration between General Paediatrics, acute care, and other specialities
 - Broaden focus to include epidemiology and inpatient presentations to identify priority research areas

The Dream (5–10 years)

- Established, standardised paediatric research methodologies with agreed outcome measures
- Close integration between General Paediatrics, acute care, and community research networks
- Active participation from schools, young people, and the public in shaping research priorities
- A national or collaborative framework (possibly via RCPCH or NIHR) for methodology and outcomes alignment



Achievable Steps

- Agree on preferred methodological approaches
- Establish consensus on use of PPI (Public and Patient Involvement) in defining outcomes
- Identify and define a core outcome set relevant to General Paediatrics
- Review existing epidemiology and data on acute presentations and inpatients to highlight key research priorities

Actions

- Host discussions with PPI representatives and relevant professional groups to agree on methods and priorities
- Explore Delphi or consensus-based approaches to define methodologies and core outcomes
- Analyse existing paediatric data (epidemiology, acute presentations, inpatient data) to guide focus areas
- Choose key outcome domains — clinical, societal, and cost-based — to standardise measurement across studies

Who needs to be involved?

- PPI representatives and youth advisory groups
- Paediatric researchers and methodology experts
- RCPCH and NIHR (for national alignment)
- Epidemiologists and data analysts
- Clinical and community paediatric networks

Capacity Building (WP4)

Aim to build a sustainable culture where all clinicians are supported and expected to engage in research and innovation. Embedding research into everyday paediatric practice by strengthening mentorship, skills, and protected time for research.

Key Ideas

- Lack of mentorship and structured research guidance
- Limited research expectations and opportunities in paediatric training
- Insufficient research skills among general and community workforce
- Need to demonstrate the value of research in General Paediatrics and embed it in professional culture



The Dream (5–10 years)

- Dedicated paediatric research leads in every deanery/trust with protected time for research (e.g., 2 PAs)
- Research participation fully embedded in junior doctor and ACP training pathways
- Clear mentorship and leadership structures with accessible resources for skill development
- National network connecting mentors, researchers, and clinicians across paediatrics and allied health
- Recognition of research as a core component of all paediatric job plans

Achievable Steps

- Identify lead mentors/collaborators through existing networks
- Increase awareness and participation in existing research and training programmes (e.g., API scheme)
- Advertise available research skills courses and build a network for mentorship opportunities
- Establish a database of research leads and mentors willing to support junior researchers
- Define protected research time in job plans for DGH and community trusts
- Create a mentorship programme through GAPRUKI and TRN, supporting early-career researchers

Actions

- Use existing networks (GAPRUKI, TRN, RCPCH) to promote mentorship and advertise opportunities
- Build an online platform or newsletter listing current training, courses, and mentorship opportunities
- Develop a recognised research mentorship programme under GAPRUKI/TRN umbrella
- Collaborate with WP1 and link initiatives to recruit senior researchers and allied health professionals
- Raise the profile of research through dissemination and implementation of latest findings at local, regional, and national levels
- Advocate for inclusion of research time and support in job plans and appraisals

Who needs to be involved?

- GAPRUKI, TRN, RCPCH, AHPs, Medical colleges, Council for Allied Health Research (CAHRR)
- Local Trust Research Leads, Deaneries, Paediatric Research Networks, Junior Doctor bodies

Patient & Public Involvement and Engagement (PPIE) (WP5)

Aim to embed meaningful, equitable patient and public involvement across paediatric research by connecting existing networks and standardising best practice. Focus on empowering children, young people, and families to actively shape research priorities and delivery nationwide.



Key Ideas

- Prioritise lived experience equitably across community and research settings
- Build on existing networks (e.g. RCPCH, Generation R, NIHR) and reduce duplication
- Improve accessibility, coordination, and visibility of PPIE work
- Increase researcher training and accountability in PPIE practices
- Strengthen relationships between researchers, children, young people, and families

The Dream (5–10 years)

- A national, connected PPIE framework integrated across General Paediatrics
- Standard practice for children's and families' voices to be heard, respected, and shape research
- Diverse and inclusive PPIE representation guiding priorities at all levels
- Easily accessible repository and tools for researchers to engage meaningfully with communities

Achievable Steps

- Map existing PPIE groups and resources; identify gaps
- Renew incentives, recognition, and reward for involvement
- Create an RCPCH-hosted repository of PPIE activity and best practices
- Initiate a joint national meeting for young people and researchers to co-develop strategy

Actions

- Develop a national advisory group for PPIE in General Paediatrics
- Host online repository of PPIE work and toolkits
- Deliver standardised training for researchers
- Collaborate with NIHR, RCPCH, and charities (e.g. Barnardo's, Action for Children)
- Share findings and stories through digital "talking heads" and outreach

Who needs to be involved?

- RCPCH, NIHR, Generation R & YPAGs, NNPCFs, charities (e.g. Barnardo's)
- PPIE experts, community representatives, and experienced parents/carers
- Researchers, AHPs, and young people's advisory group



Cross Cutting Themes

Across all WPs, the central vision is for an **integrated, equitable, and sustainable paediatric research ecosystem**. Common goals include improving connectivity, standardising methods, empowering diverse voices, and embedding research as part of everyday paediatric care. Together, they form a coherent roadmap for transforming General Paediatrics into a **collaborative, data-driven, and patient-informed discipline**.

1. Collaboration and Connected Networks

- Every WP stresses the need to **connect existing efforts**, avoid duplication, and work across institutions, professional groups, and regions
- WP1 (data) and WP4 (research culture) especially highlight **cross-departmental integration**, while WP5 (PPIE) emphasises connecting community and professional voices
- There's a strong call for **national coordination** — shared resources, platforms, and communication channels

2. Equity, Inclusion, and Representation

- **Equity** is a recurring anchor: ensuring children, families, and clinicians from diverse and underserved backgrounds are included
- WPs 3 and 5 call for inclusive outcome setting and PPIE; WP4 adds inclusion in access to research skills and mentorship
- There's a desire to “**democratise**” **paediatric research**, making it relevant and accessible to all

3. Building Research Infrastructure and Capacity

- All WPs identify the need for **infrastructure** — data systems (WP1), methodological standards (WP3), research time and mentorship (WP4), and integrated PPIE frameworks (WP5)
- WP2 and WP4 overlap on **training, leadership, and mentorship**, showing that capacity-building is seen as the foundation for progress

4. Standardisation and Shared Methodology

- WP1 (data harmonisation) and WP3 (methodological consistency) strongly align — both call for **core outcome sets**, consistent methods, and shared tools
- Standardisation is viewed as essential for scaling, reproducibility, and credible national research outputs

5. Visibility, Communication, and Dissemination

- Every WP calls for improved **communication** — both internally (across teams) and externally (to the public and professionals)
- WP4 and WP5 emphasise **showcasing impact**, creating online repositories, and embedding a culture of shared learning

6. Sustainable Culture Change

- Each WP moves beyond technical fixes to envision a **cultural shift**: research embedded in daily paediatric practice, inclusive by design, and valued as part of routine care
- WPs 2, 4, and 5, in particular, describe this as a “**normalisation**” of research and engagement across all paediatric roles



Theme	Common Thread Across WPs	Illustrative Actions / Priorities	Enablers / Next Steps
Collaboration and Connected Networks	All WPs highlight the need for stronger collaboration across institutions, professional groups, and regions, avoiding duplication and enhancing connectivity.	Develop shared communication channels, online collaboration platforms, and joint meetings to link MDTs, researchers, and PPIE partners.	Create a national network map and coordination group to support cross-WP integration.
Equity, Inclusion, and Representation	Ensure underrepresented groups, protected characteristics, and diverse voices are integrated into paediatric research and decision-making processes.	Embed inclusive practices in mentorship, PPIE, and workforce planning; ensure language, access, and representation are equitable.	Develop inclusive recruitment frameworks and shared diversity metrics across WPs.
Building Research Infrastructure and Capacity	All WPs call for structured mentorship, training, and resources to support sustainable research capacity in General Paediatrics.	Invest in mentorship schemes, skills training, and leadership development; allocate protected research time in job plans.	Establish regional mentorship hubs and coordinate training offers through RCPCH, NIHR, and partner networks.
Standardisation and Shared Methodology	WPs 1 and 3 emphasise consistent research methods, harmonised data, and agreed outcome measures to improve quality and comparability.	Develop core outcome sets and methodological standards; share exemplar data frameworks across networks.	Create cross-WP methodological guidance and promote use through training and publications.
Visibility, Communication, and Dissemination	A shared need for better communication—internally between networks and externally with stakeholders, funders, and the public.	Create repositories, newsletters, and case studies to share successes and promote transparency.	Coordinate a joint communication strategy across networks, including digital dissemination tools.
Sustainable Culture Change	Research and innovation should become embedded in everyday paediatric practice, supported by leadership, recognition, and incentives.	Encourage NHS Trusts and training bodies to value and reward research activity; highlight impact through evidence sharing.	Develop a long-term research culture framework aligned with NHS and NIHR strategies.





Signposting

Clear and accessible pathways to help professionals at any career stage locate:

- Research opportunities, mentors, collaborators, and training
- Information about funding, methodologies, and PPIE best practice
- Examples of successful research and network development

Goals & Actions:

- Map existing researchers, mentors, and networks by topic, specialty, and region
- Identify PPIE groups, youth networks, and community partners
- Connected, searchable database of researchers, mentors, and PPIE groups
- Nominate departmental “research facilitators” as local points of contact
- Repositories of guidance and other information
- Newsletters, and case studies to share successes and promote transparency
- Coordinate research opportunities through RCPCH, NIHR, and partner networks
- Publicise exemplar MDT network projects and lessons learned
- Highlight diverse research journeys through videos, blogs, and case studies
- Recognise and promote local research champions and leads



Guidance

To empower professionals with the knowledge, confidence, and practical skills to design, deliver, and disseminate high-quality paediatric research.

Goals & Actions:

- **Training & Education (Webinars & Workshops):**
 - Research skills and methodology
 - Mentorship, imposter syndrome, alternative careers
 - PPIE engagement
 - Embed structured research education in training pathways and curricula
 - Research skills events
- **Frameworks & Documentation**
 - Standardised research methodologies and core outcomes
 - “How-to” guides: PPIE, inclusive working, and starting research in the NHS
 - Provide job planning guidance for including protected research time





Support

Foster a culture of collaboration and mutual support, ensuring every paediatric professional can both access and provide mentorship, peer learning, and guidance.

Goals & Actions:

- **Mentorship & Peer Networks**
 - Launch a “ladder mentorship” model (Year 1: mentee → Year 2: mentor)
 - Establish national and regional mentor networks connecting clinicians, AHPs, and researchers
 - Host monthly mentoring/Q&A sessions and themed discussion forums
 - Link with NIHR, RCPCH, TReCS, and Hexitime mentorship initiatives
- **Collaborative Networks**
 - Strengthen collaboration between community, district, and tertiary teams
 - Build joint initiatives between GAPRUKI, TRN, NIHR, and RCPCH to promote research participation
 - Establish research champions in every department to guide and inspire others
 - Develop national PPIE advisory groups co-led by young people and researchers
- **Culture & Wellbeing**
 - Foster a culture that celebrates challenges, shared learning, and inclusivity
 - Recognise mentorship, PPIE, and research engagement in appraisals and awards



Events

Create regular, accessible opportunities for professionals, mentors, and families to connect, learn, and co-develop research.

- Annual Paediatric Research Symposium
- National PPIE Summit
- Research Network Development Days
- Monthly Mentorship Drop-ins and peer “Research Exchange” Webinars
- Digital “talking heads” featuring children, families, and researchers.
- Showcase Week / Research Festival
- Cross-Network Collaboration Days
- “Problem Page” and “Imposter Syndrome” Webinars



Summary Table

Theme	WP1	WP2	WP3	WP4	WP5
Signposting	Research network database and map		Publication of research prioritisation exercise	Mentor & training application scheme or platform	Comprehensive PPIE list or map
Guidance	Dissemination of information via networks (e.g., funding and training opportunities). Highlighting personal stories and successes.	Publication of findings from gap analysis survey	Prioritisation exercise impact, evaluation and future directions	Repository of research skills resources. Advanced skills webinar series.	PPIE training toolkit
Support	Increase MDT network and representation. Strengthen collaboration.	Develop strategy and resources to address barriers and enhance facilitators	Hold grant writing workshops centred on PE outputs	Mentorship webinars. Peer support forums. Ladder mentorship.	National PPIE advisory group committee
Events	Research exchange events. Bursaries or awards to enhance inclusion.	Events to address barriers and facilitate research, e.g., development days and annual awards	PE project research conference panels, showcases or festivals	Hold annual conference for early career researchers. Regular networking events.	PPIE summit, storytelling series



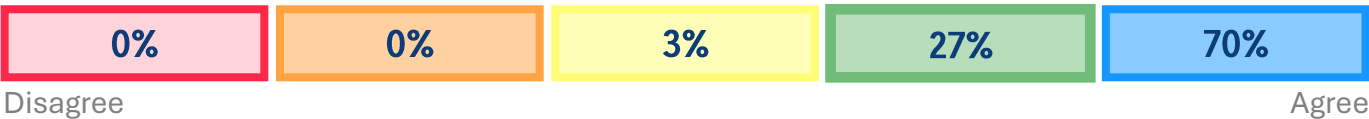
5.Attendee Feedback

33 (85%) attendees completed the feedback form. Here is what they thought about the event:

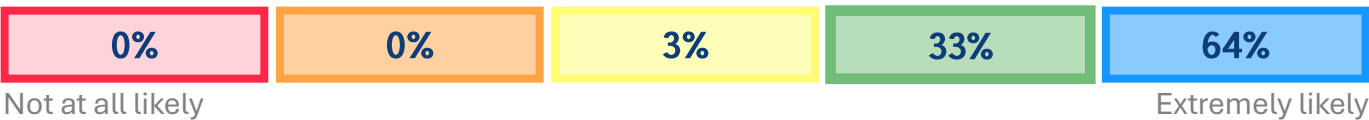
What did you think of the event?



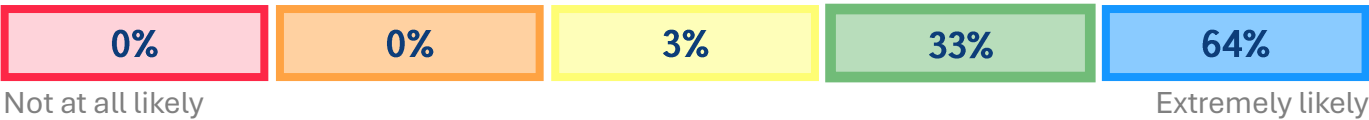
Are you inspired to be involved in increasing research capacity in General Paediatrics?



Based on your experience with this event, how likely are you to attend future ones?



How likely are you to recommend events like this to a friend or colleague?



How satisfied were you with the following aspects of the event:

% that indicated they were satisfied



Free text comments and suggestions:

Participants found the event inspiring, engaging, and well-organized, with many expressing enthusiasm for future sessions. The Waitrose lunch voucher system was praised for its flexibility, inclusivity, and reduced food waste, though some suggested allowing more time for lunch to support networking. Attendees valued the inclusive approach but recommended further improving diversity and representation across gender, ethnicity, career stages, and professional backgrounds, as well as using more multidisciplinary language. Suggestions included offering research training, alternating between in-person and virtual meetings, and holding similar sessions for working groups. Feedback also highlighted the importance of effective facilitation, more time for breaks, and maximising in-person interaction rather than using digital tools during face-to-face events.

8 respondents (36%) answered with 'Great'



6. Logic Model

COMPONENTS	DESCRIPTION
GOAL / VISION	To build a connected, inclusive, and sustainable research culture in general and community paediatrics that improves child health outcomes across the UK.
INPUTS & RESOURCES	• NIHR support and funding • Leadership from Dr Katrina Cathie, Dr Lee Hudson, and the Steering Group • Stakeholders from MDTs, including clinicians, AHPs, academics, and CYP/carer groups • Collaboration with RCPCH, GAPRUKI, BACCH, PERUKI, and NIHR networks • Engagement/Time
KEY ACTIVITIES IDENTIFIED	• Host launch and follow-up workshops to identify challenges and solutions • 5 Incubator WPs: Network Development, Gap Analysis, Prioritisation Exercise, Capacity Building, and PPIE • Map existing networks and research capacity • Establish mentorship and peer-support structures • Create guidance, training, and communication platforms • Build a national repository for research and PPIE resources • Highlight personal experiences, case studies and success stories
IMMEDIATE OUTPUTS	• Launch event report and findings (challenges, priorities, and solutions): ○ GAPRUKI and associated network established and increased ○ Agreed set of priority actions and shared vision for each WP ○ Mentorship models, webinars, and training plans outlined ○ PPIE framework and national advisory group proposed
SHORT-TERM OUTCOMES (1–2 YEARS)	• Increased awareness of research opportunities and mentorship availability • Improved collaboration and communication between general and community paediatrics • Greater inclusion of CYP, carers, and underrepresented professionals • Clearer guidance on methodologies, PPIE, and funding access • Research priorities align with NHS 10 Year Plan
MEDIUM-TERM OUTCOMES (3–5 YEARS)	• Standardised research methods and outcome measures in paediatrics • Functioning national mentorship and PPIE networks • Visible role models and equitable participation across MDTs • Stronger research culture and leadership in General Paediatrics • Increased capacity, quality, and diversity in paediatric research • Measurable improvements in child health outcomes
LONG-TERM IMPACT (5–10 YEARS)	• A national, inclusive research ecosystem that values paediatric research equally to adult health • Sustainable culture of collaboration and continuous improvement • Research embedded in NHS job plans and training pathways • Advancement of research priorities that align with NHS 10 Year Plan • Policy influence



NIHR Incubators

Current

Name	Website	Contact
Acquired Brain Injury Social Care Network Incubator	www.linkedin.com/company/heads-together-braininjury	
AI & Digital Healthcare Incubator	www.digitalhealthincubator.ai	ai.incubator@uhb.nhs.uk
Applied Health and Care Research Methodology Incubator	methodologyincubator.org.uk	methodology@newcastle.ac.uk
Clinical Education Incubator	clinicaleducationresearch.org	clinical.education.incubator@newcastle.ac.uk
Community Rehabilitation Incubator	www.citystgeorges.ac.uk/research/centres/community-rehabilitation-research	communityrehab@sgul.ac.uk
Diagnostic and Therapeutic Radiographers Incubator	www.imperial.ac.uk/medicine/study/clinical-academic-training-office/radiographers-incubator	radresearch@imperial.ac.uk
Emergency Care Incubator	www.rcemlearning.co.uk/emergency-care-incubator-2022	ecincubator@rcem.ac.uk
Knowledge Mobilisation for Research Inclusion Incubator		research.incubator@keele.ac.uk
Mental Health Social Care Incubator	sites.manchester.ac.uk/mhsci	mhsc.incubator@manchester.ac.uk
Oral Health Research: informing policy across the UK Incubator	sheffield.ac.uk/dentalschool/research/themes/transforming-oral-health/incubator	oralhealthincubator@sheffield.ac.uk
Paediatric Critical Care Incubator	pccresearchincubator.org.uk	PCCResearch@imperial.ac.uk
Palliative and End of Life Care Incubator	www.pri-uk.org	info@PRI-uk.org
Pharmacy Professionals Incubator	pharmacyresearchprofessionals.org.uk	pharmacyincubator@leicester.ac.uk
Race Equity and Diversity in Careers Incubator (REDiC)	www.redic-incubator.com	redic.incubator@contacts.bham.ac.uk

Previous

Name	Website
Advanced surgical technology	
Mental health research	https://mentalhealthresearch.org.uk/
Nursing and midwifery	https://www.nihr.ac.uk/career-development/support-by-profession/nurses-and-midwives
Public health	https://sphr.nihr.ac.uk/
Social care	https://sscr.nihr.ac.uk/career-development/

