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EXERCISE & SPORTS SCIENCE AUSTRALIA

Submission on the
Enhancing SIRA's research program Consultation Paper May 2021

State Insurance Regulatory Authority (SIRA) NSW Government

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Judy Powell (MPH, GradDip[Man], BAppSci[PE])
Policy and Advocacy Advisor
Exercise & Sports Science Australia
policy@essa.org.au

Joanne Webb
Manager Policy & Advocacy
Exercise & Sports Science Australia

P 07 3171 3335 **F** 07 3318 7666
E info@essa.org.au **W** www.essa.org.au
A Locked Bag 4102, Ascot QLD 4007

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1.0 About Exercise & Sports Science Australia

Exercise & Sports Science Australia (ESSA) is the peak association for exercise and sports science professionals in Australia, representing more than 8,000 members, including university qualified Accredited Exercise Physiologists (AEPs), Accredited Sports Scientists, Accredited High-Performance Managers and Accredited Exercise Scientists.

AEPs are nationally recognised allied health professionals (AHPs) who provide clinical exercise interventions aimed at primary and secondary prevention; managing acute, sub-acute and chronic disease or injury; and assist in restoring optimal physical function, health, and wellness. Exercise physiology is a recognised and funded profession under compensable schemes such as Medicare Benefit Services (MBS), Department of Veteran Affairs (DVA), the National Disability Insurance Scheme (NDIS), private health insurance (PHI), and state and territory-based workers' compensation schemes.

Accredited Exercise Scientists apply the science of exercise to design and deliver physical activity and exercise-based interventions to improve health, fitness, well-being, performance and assist in the prevention of injury and chronic conditions. They coach and motivate to promote self-management of physical activity, exercise and healthy lifestyles and work in the National Disability Insurance Scheme as personal trainers and allied health assistants (AHAs), in fitness businesses, for sporting bodies, in corporate health and as AHAs for exercise physiologists and other allied health professionals.

ESSA welcomes the opportunity to respond to questions on the Consultation Paper: Enhancing SIRA's research program, May 2021.

2.0 Introduction

ESSA commends SIRA on the investment that is being made into a research program '*to facilitate evidence-informed policy, scheme design, and supervision activities that supports high-quality health and return to work outcomes for injured people receiving care under the NSW workers compensation (WC) and compulsory third party (CTP) schemes (person injury schemes)*' [1].

Overall, the consultation paper has been received well and viewed positively. The paper acknowledges the impact of research could be further enhanced in a number of areas [1]:

- *implementing a more strategic approach to setting and defining research priorities*
- *increased focus and translation of findings to key stakeholders*
- *planning for and effectively evaluating impact*
- *facilitating opportunities for research collaboration and co-design across the sector.*

ESSA would be delighted to work directly with SIRA in these areas.

This submission provides specific recommendations on enhancing SIRA's research program, followed by direct responses to the specific questions asked within the consultation paper.

3.0 Summary of Recommendations

Recommendation 1: That SIRA actively engage peak professional bodies such as ESSA in the co-design of research for knowledge generation, translation and evaluation.

Recommendation 2: That SIRA's policies that specify research be noted in SIRA's Enhancing Research Program.

Recommendation 3: That SIRA expand its organisational goals to include 'positive healthcare provider experience.'

Recommendation 4: That additional information be provided on each priority area including the interconnected nature of priorities identified.

Recommendation 5: That Functional and Physical Health be considered as an additional research priority.

Recommendation 6: That clarity be provided on the criteria used to identify priority areas for research.

Recommendation 7: That the first research objective be reworded to, *'facilitate a collaborative approach to knowledge generation and translation to optimise outcomes for injured people'*.

Recommendation 8: That consistent language be used so it is clear how the guiding principles relate to particular stakeholders within the WC and CTP schemes. This may include defining each term in a glossary to enable understanding of the difference between customer, scheme participant and injured person.

Recommendation 9: That the language used in the final principle be aligned with SIRA's organisational goals to say, *'focussed on delivering optimal outcomes for injured people.'*

Recommendation 10: That SIRA use a variety of ways to effectively collaborate with stakeholders such as active consultation, workshops and symposiums.

Recommendation 11: That SIRA consider research quality when determining research priorities and align activities with the NHMRC Research Quality Strategy.

Recommendation 12: That SIRA engage people with lived experience including injured people and healthcare providers in determining research priorities.

Recommendation 13: That SIRA engage a range of people with lived experience including allied health professionals, supporting them with training and mentoring to effectively contribute to SIRA's research program to assist in all stages of the research cycle.

Recommendation 14: That SIRA adopt a culturally inclusive approach to the knowledge implementation and translation of activities.

Recommendation 15: That SIRA engage peak professional bodies such as ESSA in the review of translational material.

Recommendation 16: That real-time data on outcome measures with comparison between healthcare providers be considered to assist in knowledge implementation and translation.

Recommendation 17: That SIRA include success measures for stakeholder engagement and ensure that the experience of healthcare providers is included.

Recommendation 18: That the first success measure be reworded to, *'Generate knowledge collaboratively to optimise outcomes for injured people'*.

Recommendation 19: ESSA recommends that benchmarks for success measures use both qualitative and quantitative data.

4.0 Alignment of research program objectives with SIRA's organisational goals

SIRA's consultation paper poses specific questions on aspects of regulatory responsibility and on SIRA's approach to research. The specific questions are limiting because they inhibit the opportunity to provide feedback on gaps that exist within the consultation paper. For example, it would be useful to understand how this program intersects with other guiding policies such as the Health Outcomes Framework for the NSW Workers Compensation and Motor Accident Injury/Compulsory Third Party Scheme (the Health Outcomes Framework) [2].

The Health Outcomes Framework requires the utilisation of research to investigate the *four essentials of value known as the Quadruple Aim for the delivery of healthcare that improves:*
1. *health outcomes that matter to patients*
2. *experience of receiving care*
3. *experiences of providing care*
4. *effectiveness and efficiency of care.*

SIRA's organisational goals, as outlined in the consultation paper, addresses only three of the four essentials of value. Importantly, the *experience of providing care* or *positive provider experience* is a notable omission. As the

P 07 3171 3335 **F** 07 3318 7666
E info@essa.org.au **W** www.essa.org.au
A Locked Bag 4102, Ascot QLD 4007

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research objectives and approach will directly contribute to the achievement of SIRA's organisational goals it appears that one of the four essentials of value for the delivery of healthcare has been overlooked.

Recommendation 1: That SIRA actively engage peak professional bodies such as ESSA in the co-design of research for knowledge generation, translation and evaluation.

Recommendation 2: That SIRA's policies that specify research be noted in SIRA's Enhancing Research Program.

Recommendation 3: That SIRA expand its organisational goals to include 'positive healthcare provider experience.'

5.0 Responses to SIRA's consultation questions

5.1. Do you have any comments on SIRA's current research priorities? Can they be improved, and if so how?


Figure 1

In Figure 1, each priority appears to be independent, when in reality, they are inter-related. It should be acknowledged that, for example, pain management, service delivery, and mental health can go hand in hand. Another example is value based care which has an influence on all these priority areas. Australian Centre for Value-Based Health Care [3] describes a value-based care approach as collaborative and driven by patients, clinicians, and the community. The aim of value-based care is to deliver the best outcome for the patient and the best value for the system. In short, Figure 1 should reflect the interconnected nature of the research priorities identified. Alternatively, text could be provided alongside Figure 1 to explain the interconnected nature of the priorities.

ESSA notes pain management has been identified as a priority and supports this. However, it is unclear whether this particular area would include non-pharmacological interventions and be connected with research related to functional and physical health. Functional and physical health is not highlighted in the priorities and it is unclear

how this is going to be investigated through the research program. The WC system dashboard on the SIRA website provides data for the bodily location of injury (see image below) [4] which predominantly relates to physical health yet this is not featured as a priority in SIRA's research program and appears to be a gap.
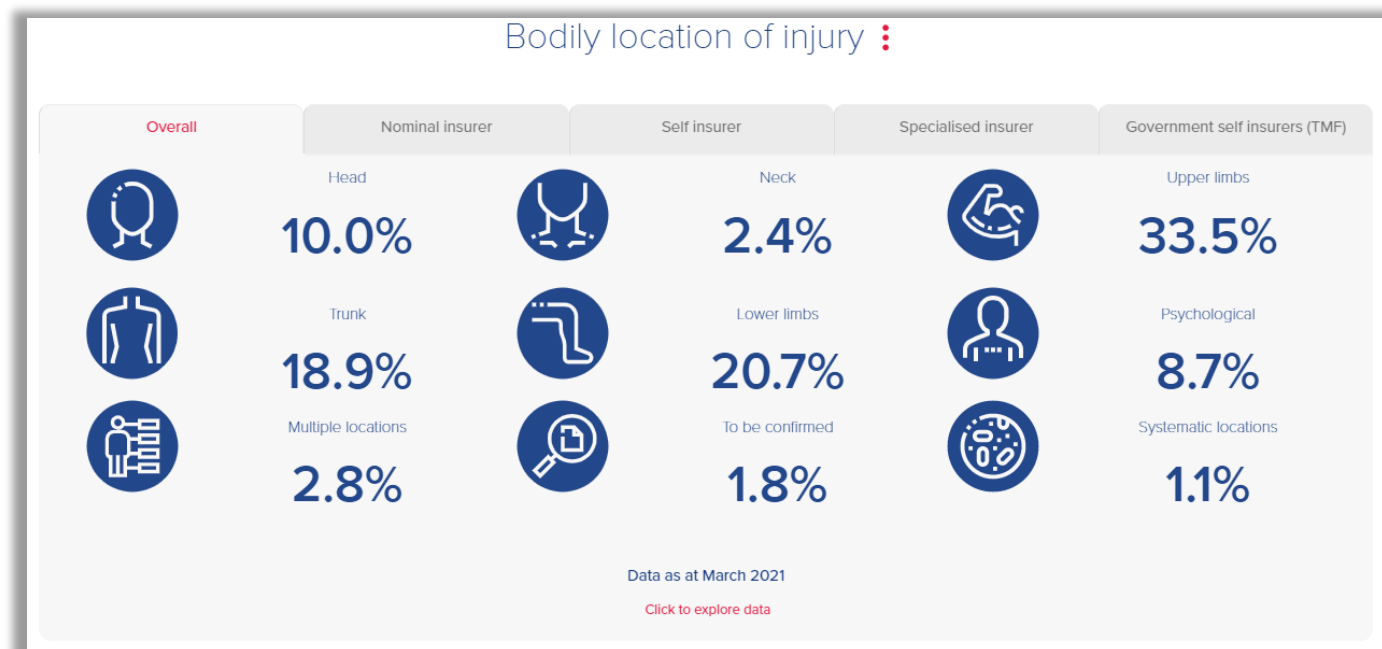
Additionally, recovery and return to work are noted as a priority but activities of daily living are absent. It is unclear whether they would fit under recovery, pain management or the new priority suggested as functional and physical health, noted above.

Clinical guidelines and pathways have been highlighted as an identified priority, however it is unclear which clinical guidelines are being referenced and whether this relates to state, national or international clinical guidelines and on which topic areas, such as pain management. Further to this, it is unknown why this has been identified and the intended purpose of providing research in this area.

The service delivered by AEPs cuts across the research priorities identified by the Research Program and therefore they are an ideal stakeholder group to engage.

Overall, it would be helpful to better define each research priority, their interconnectedness and outcomes for injured people.

Recommendation 4: That additional information be provided on each priority area including the interconnected nature of priorities identified.

Recommendation 5: That Functional and Physical Health be considered as an additional research priority.

Recommendation 6: That clarity be provided on the criteria used to identify priority areas for research.

5.2. Do you have any comments on SIRA's proposed research objectives? Can they be improved, and if so how?

> SIRA's proposed research objectives are to:
> - facilitate a collaborative approach to knowledge generation and translation to improve care, recovery and return to work outcomes for injured people
> - invest in research and translation activities to address current, novel, and emerging challenges for the schemes
> - activate knowledge translation across the sector through collaborative partnerships
> - facilitate mobilisation of knowledge within SIRA by applying new knowledge to existing organisational insights.

The language used in the first research objective is not aligned with the language in SIRA's organisational goals. Not all people who are managed in the WC and CTP schemes will return to work, and SIRA's organisational goals are reflective of this with an emphasis on *optimal outcomes for injured people* rather than specifying a need to *improve care, recovery and return to work outcomes*. It is important for people to maintain their sense of worth in the community through extension activities such as volunteering, linkages with support organisations, or other services. ESSA members are well placed to support those in active rehabilitation, and those who are not able to return to work, but who may require mental or physical health support to adapt to a new existence.

Recommendation 7: That the first research objective be reworded to say, *'facilitate a collaborative approach to knowledge generation and translation to optimise outcomes for injured people'*.

5.3 Do you have any comments on SIRA's research guiding principles? Can they be improved, and if so, how?

> As a result, SIRA developed a set of guiding principles to underpin the future direction of the program. The principles require SIRA's future research and translation activities to be:
> - customer focussed
> - co-designed with customers and scheme participants
> - applicable to multiple injury types
> - applicable to both CTP and WC schemes
> - leveraged on existing evidence
> - focussed on delivering long-term health and wellbeing outcomes.

Throughout the document there are a number of different terminologies used and it would be helpful to understand the difference and/or similarity between customers, scheme participants, stakeholders and injured people. The ambiguity of this terminology creates uncertainty about how the guiding principles will apply to the different stakeholders within the scheme.

P 07 3171 3335 **F** 07 3318 7666
E info@essa.org.au **W** www.essa.org.au
A Locked Bag 4102, Ascot QLD 4007

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The interface with other policies may also be challenging when the language is not aligned. For example, the Health Outcomes Framework refers to injured persons, healthcare providers and the Quadruple Aim refers to patients. Engaging with the Lived Experience Framework [5] refers to consumers throughout where there is a focus on consumer-led research and co-design.

It is assumed that customer-focussed relates to consumers/injured people, and ESSA members are well equipped with the knowledge and skills to support research activities in this space. Customers, however, may also include employers but it is unclear from the consultation paper if the terminology used, encompasses this stakeholder group.

It is hoped that 'scheme participants' include healthcare providers, peak professional bodies and insurers. If this is the case then the principles will have included relevant key stakeholders. Consistency of terminology and clear definitions of the stakeholders within each would reduce ambiguity.

The language on the final point could be updated to align with SIRA's organisational goals, i.e. *focused on delivering optimal outcomes for injured people*.

Recommendation 8: That consistent language be used so it is clear how the guiding principles relate to particular stakeholders within the WC and CTP schemes. This may include defining each term in a glossary to enable understanding of the difference between customer, scheme participant and injured person.

Recommendation 9: That the language used in the final principle be aligned with SIRA's organisational goals to say, *'focussed on delivering optimal outcomes for injured people.'*

5.4 How effective do you think a research community of practice would be? Please comment on what you see as the key benefits and key challenges of a research community of practice.

ESSA supports the concept of a well-facilitated Research Community of Practice (COP). Having consulted ESSA academic members to inform this submission, ESSA members advise that well-run COPS can afford excellent opportunities for collaborative research, knowledge translation, end user engagement, and upstream information transfer. In this case, the benefits of a formal Research COP would include the refinement of research priorities for the sector, linking with relevant research partners, and enabling agility, to swiftly respond to industry needs.

Some challenges identified in implementing a Research COP [6]:
- Personal – equal and active engagement of participants [7].
- Management – evaluation of the effectiveness of the community and achieving results.
- Community – creating vision that support the community in connecting to strategy.
- Technology – configuration of systems to exchange, retain and capture information.

5.5 How effective do you think a collaborative model would be? Please comment on what you see as the key benefits, and the key challenges, of a need and/or topic collaborative model?

It is unknown from the consultation paper what criteria is being used by the George Institute for Global Health to identify potential strategic partnerships for SIRA and how they may be engaged in a collaborative model.

The implementation of a model of collaboration based on a need and/or topic specific basis for research purposes may create efficiencies in resource utilisation, as it is assumed that this model would use a targeted approach to engage with key stakeholders for knowledge generation, translation and evaluation. Benefits may include ideas generation, sharing of expertise, and cross collaboration between disciplines.

Some challenges may include:
- funding
- ensuring even and appropriate representation by Medical and Allied Health
- allowance for gap analysis
- avoidance of pet topics
- establishment of selection criteria for engagement and control for bias
- strong and intelligent leadership.

5.6 How can SIRA effectively collaborate with stakeholders to prioritise new research opportunities as they arise?

A key focus should be identifying and engaging the right stakeholders. A Research COP with the right representatives including service providers, such as AEPs would be well linked with relevant stakeholders. AEPs engage with injured people, insurers, employers and the regulator within WC and CTP and therefore have a good idea of where research may be required to enhance outcomes.

The Consultation Paper highlights a section on identifying opportunities and areas of need which outlines alternate means of engaging with key stakeholders through active consultation, workshops and symposiums. Inviting the right stakeholders to participate in these activities will help in the identification and prioritisation of new research opportunities, and the process for engagement should be transparent.

Recommendation 10: That SIRA use a variety of ways to effectively collaborate with stakeholders such as active consultation, workshops and symposiums.

5.7 Apart from the guiding principles, are there any other factors that SIRA should consider when determining research priorities and if so, what are they?

Consideration needs to be given to research quality. The National Health and Medical Research Council (NHMRC) have developed a Research Quality Strategy [8] which aims to ensure the highest quality and value of research

through the provision of guidance and support for good research practices throughout the research cycle. The NHMRC state that:

'The Australian and international community expects research to be conducted responsibly, ethically and with integrity. High quality research that is rigorous, transparent and reproducible maximises the opportunity for benefits to be gained.'

The NHMRC has a number of guiding principles noted in the strategy to ensure high quality research including respect, rigour, transparency, accountability, innovation and efficiency. They also refer to a number of applicable Australian codes to assist in relation to integrity and accountability. Additionally, the NHMRC have raised issues related to establishment of research questions and topics.

Alignment of SIRA's research program with the NHRMC Research Quality Strategy would appear to be of benefit.

Another consideration is the engagement of people with lived experience during the planning stage of research. This is critical when issues are discussed surrounding the research topic and the possible benefits of the project to stakeholders. People with lived experience are often viewed as the direct consumer and in the case of SIRA, injured people. ESSA contend however that employers, healthcare providers, case managers and other stakeholders also have lived experience of the WC and CTP schemes and can provide valuable insights into operations and outcomes.

Recommendation 11: That SIRA consider research quality when determining research priorities and align activities with the NHMRC Research Quality Strategy.

Recommendation 12: That SIRA engage people with lived experience including injured people and healthcare providers in determining research priorities.

5.8 How might SIRA best involve people with lived experience in designing, translating and evaluating research?

People with lived experience may encompass a broad range of individuals engaged in different parts of the WC and CTP scheme. SIRA holds a database of employers, claimants (customers/consumers) and healthcare providers who could be accessed to engage in research, notwithstanding privacy guidelines. It will be important to have those with lived experience from various stakeholder groups to share a variety of experiences, both positive and negative.

There are examples already in practice of organisations that are actively engaging consumers in their research programs. For example, the National Heart Foundation have provided a guide with their Research Program titled Consumer Guide for Researchers [9] – this document provides valuable insights into strategies to effectively engage people with lived experience in research including direct involvement, skills development and representation. They state that, *Institutions who wish to involve the public more fully must commit to a few guiding principles toward this goal, including the following:*

- *Incorporate community involvement at all stages of the research cycle.*

- *Identify and minimise barriers to consumer participation in research studies.*
- *Support community-involvement initiatives through training, capacity building, and support for both researchers and consumers.*
- *Explicitly define the level of consumer involvement at each stage of the research cycle, with respect to the project's objectives.*
- *Respect the time and effort invested by consumers and acknowledge it through meaningful remuneration or by other means.*
- *Develop a formal policy on consumer involvement in the institution's research reflecting the considerations listed above.*

The National Health and Medical Research Council (NHMRC) also has valuable information on how to undertake meaningful and authentic engagement with consumers on research including [10]:

- *Planning of consumer involvement*
- *Considering the goals of consumer involvement at each stage of development*
- *Deciding what type of consumer expertise is needed*
- *Deciding on appropriate levels of engagement*
- *Identifying and recruiting consumers*
- *Establishing expectations*
- *Ensuring effective communications with consumers*
- *Supporting effective consumer involvement*
- *Reporting consumer involvement*
- *Acknowledging consumer contributions*

Finally, Cancer Australia also have an initiative to engage consumers in research through the Consumer participation in Priority driven Collaborative Cancer Research Scheme (PdCCRS) [11]. This initiative provides training for consumers to be involved as members of the Grant Review Committees.

The lived experience of healthcare providers can provide valuable insights into operations and outcomes, and research is a particular area where allied health professionals can be better engaged. Eastern Health have taken a particular interest in this area providing valuable information for Fostering Research Culture in Allied Health Services [12]. They cite a range of peer reviewed literature which support the following benefits for engaging allied health professionals in research:

- *There is an association between a strong research culture and improved organisational performance [13].*
- *About 1 in 7 allied health clinicians is 'very interested' in research [14].*
- *Small group training and mentoring is an effective way to help clinicians 'Step into Research' [15].*
- *A cultural shift is required to improve the uptake of Evidence based practice in allied health [16].*

Healthcare professionals can also assist in recruitment of injured people to be involved in research.

Recommendation 13: That SIRA engage a range of people with lived experience including allied health professionals, supporting them with training and mentoring to effectively contribute to SIRA's research program to assist in all stages of the research cycle.

5.9 How might SIRA strengthen the effectiveness of its knowledge implementation and translation activities?

Knowledge implementation and translation can be strengthened by ensuring all material is relevant to all users. This means taking a culturally inclusive approach such that barriers to engagement are reduced to support engagement for all people. In particular, knowledge translation and implementation activities will need to pay special attention to culturally and linguistically diverse groups, people with disabilities, and Aboriginal and Torres Strait Islander peoples.

SIRA can strengthen the effectiveness of its knowledge implementation and translation by sharing outcomes Nationally and Internationally, i.e. providing open access for the public good. This will contribute to the body of evidence and help to build SIRA's reputation, building trust in SIRA, and the schemes it regulates.

A process of engaging peak professional bodies such as ESSA in review of translational materials may assist in translating evidence into practice. ESSA has a Research Committee that could assist in review of identified materials for academic rigour prior to dissemination.

The provision of real-time data on outcome measures and opportunity for comparison between healthcare providers has the potential to drive performance. This may include research into classification of injured people by physical and psychological parameters, their journey through the scheme with treatment from healthcare providers considering timeliness and duration of interventions for expected outcomes. Comparison can then be made between performance of healthcare providers for classified types of injury.

Recommendation 14: That SIRA adopt a culturally inclusive approach to the knowledge implementation and translation of activities.

Recommendation 15: That SIRA engage peak professional bodies such as ESSA in the review of translational material.

Recommendation 16: That real-time data on outcome measures with comparison between healthcare providers be considered to assist in knowledge implementation and translation.

5.10 Do you have suggestions to improve SIRA's proposed approach to planning for and responding to research impact?

It is unclear from the consultation paper how evaluations will be undertaken to inform future research activities and the period of time that impacts from research are expected to translate into practice. Essentially, closing the loop from impacts through to co-create relevant research, thus current research and translation in practice informing future research.

For impact, data needs to be made available over the long term and for utility should be findable, accessible, interoperable and reusable as advocated by the Australian National Data Service via the FAIR data principles [17].

5.11 What evaluation tactics would be valuable in this context and why?

It is assumed that evaluation tactics will involve methods of measuring uptake and adoption of research. To this end, evaluation may involve the use of qualitative and quantitative measures, via a variety of methods such as surveys, interviews and economic data analysis. Utilisation of these evaluation tactics early in the data capture could help to identify barriers and provide solutions to improving uptake and adoption and thus taking a continuous quality improvement approach to translation.

5.12 Do you think SIRA's proposed success measures can be improved, or are there are other success measures that should be included?

The inclusion of a measure of stakeholder engagement may be useful and could provide insights into:
- levels of engagement
- satisfaction with engagement
- barriers to engagement
- benefits to engagement.

The Victorian Department of Health and Human Services has developed a Stakeholder Engagement and Public Participation Framework and Toolkit [18] which points to the model from the International Association for Public Participation [19] and the needs of evaluation to:
- *continually improve efforts in engagement by building a knowledge depository of prior experience*
- *test the assumptions of the effectiveness of engagement activities.*

SIRA may find these resources useful in the development of measures for stakeholder engagement.

As a key stakeholder the inclusion of improving the healthcare provider experience will be important to assess. track and measure.

As noted earlier in this submission, the first success measure will require rewording to remove the reference to return to work as this may not be relevant to all injured people through the WC and CTP. Measures of success may need to consider return to work and activities of daily living.

Recommendation 17: That SIRA include success measures for stakeholder engagement and ensure that the experience of healthcare providers is included.

Recommendation 18: That the first success measure be reworded to, *'Generate knowledge collaboratively to optimise outcomes for injured people'*.

5.13 How would you like to see each measure benchmarked?

Outcomes will need to be measurable with qualitative and quantitative data and review of progress over time.

Recommendation 19: ESSA recommends that benchmarks for success measures use both qualitative and quantitative data.

6.0 References

1. State Insurance Regulatory Authority, *Enhancing SIRA's resesrach program*. 2021, NSW Government: May 2021.
2. Authority, N.S.W.S.I.R., *Health Outcomes Framework for the NSW Workers Compensation and Morot Accident Injury/Compulsory third Party Schemes: Consultation Paper.* 2020.
3. Australian Healthcare and Hospital Association. *Australian Centre for Value-Based Healthcare*. 2020; Available from: https://valuebasedcareaustralia.com.au/.
4. State Insurance Regulatory Authority. *Workers Compensation system dashboard*. 2021 [cited 2021 6 July]; Available from: https://www.sira.nsw.gov.au/open-data/system-overview.
5. Authority, N.S.W.G.S.I.R., *Engaging with Lived Experience, A strategic framework for guiding our work impacting mental health*. 2020.
6. Chetty, P., *Challenges in implementing communities of practice in organizations*, P. Guru, Editor. 2012.
7. Tarmizi, H., G.-J. de Vreede, and I. Zigurs, *Leadership challenges in communities of practice: Supporting facilitators via design and technology.* International Journal of e-Collaboration (IJeC), 2007. **3**(1): p. 18-39.
8. National Health and Medical Research Council, *NHMRC's Research Quality Strategy*. 2019, Commonwealth of Australia: Canberra.
9. National Heart Foundation of Australia, *Heart Foundation Research Program: Consumer Guide for Researchers*. 2020.
10. National Health and Medical Research Council. *Consumer Involvement*. 2018 [cited 2021 6 July]; Available from: https://nhmrc.gov.au/guidelinesforguidelines/plan/consumer-involvement.
11. Cancer Australia. *Consumer participation in Priority-driven Collaborative Cancer Research Scheme (PdCCRS)*. [cited 2021 6 July]; Available from: https://www.canceraustralia.gov.au/research-data/research/priority-driven-research/consumers-and-grant-review-committees.
12. Eastern Health. *Fostering Research Culture in Allied Health Services*. [cited 2021 6 July]; Available from: https://www.easternhealth.org.au/site/item/809-fostering-research-culture-in-allied-health-services.
13. Harding, K., et al., *Organisational benefits of a strong research culture in a health service: a systematic review.* Australian Health Review, 2016. **41**(1): p. 45-53.
14. Stephens, D., N. Taylor, and S.G. Leggat, *Research experience and research interests of allied health professionals.* Journal of Allied Health, 2009. **38**(4): p. 107E-111E.

15. Harding, K.E., et al., *"A Great First Step into Research": Stepping Into Research Is an Effective and Sustainable Model for Research Training in Clinical Settings A Report of 6-Year Outcomes.* Journal of allied health, 2016. **45**(3): p. 176-182.

16. Harding, K.E., et al., *Not enough time or a low priority? Barriers to evidence-based practice for allied health clinicians.* Journal of Continuing Education in the Health Professions, 2014. **34**(4): p. 224-231.

17. Australian National Data Service. *The FAIR data principles*. [cited 2021 6 July]; Available from: https://www.ands.org.au/working-with-data/fairdata.

18. Department of Health and Human Services. *Stakeholder Engagement and Public Participation Framework and Toolkit*. 2019 [cited 2021 6 July]; Available from: https://www.dhhs.vic.gov.au/publications/stakeholder-engagement-and-public-participation-framework-and-toolkit.

19. International Association for Public Participation, *Public Participation Pillars*. International Association for Public Participation.