Culturally embedding Public involvement and Engagement activity within the School of Medicine: A five-year action plan.

Context and Scope
The 2020-25 Action Plan has been developed to support the practice of public involvement and engagement across the School of Medicine’s core research and teaching activity. Working collaboratively with external partners (Health and Care Research Wales (PI Forum); Welsh Government; Charities; Funders and Regulators), adopting bottom up as well as top down approaches, this plan aligns with the UK Standards for Public Involvement and elements of the National Coordinating Centre for Public Engagement EDGE tool to support and improve the quality and consistency of this increasingly important area of work, and its impact on our core business.

Actions have been divided into short (1-2 years) medium (3 – 4 years) and long-term (5 years >). Goals and progress indicators have also been identified. Delivery of this plan will be managed by the School’s Engagement Manager and Academic Leads alongside the passion, commitment and ‘good will’ of our MEDIC Champions and Lead Public Contributor. Whilst every effort will be made to deliver as much as possible within the current resource available, this huge portfolio of work would benefit from additional staff investment to fully achieve the vision of successfully embedding public involvement and engagement within the culture of the School. Some of the actions detailed are focussed on building evidence of PI and PE added value to support a business case for additional support and resource.

The actions outlined below have been organised under the six key headings from the UK Standards for Public Involvement.

1. INCLUSIVE OPPORTUNITIES
It is important that our research and teaching is informed by an inclusive and diverse public experience and insight to ensure patient priorities, identified needs and outcomes are central to our work. The inclusivity and reach of our public engagement work also has an important part to play in widening participation, recruiting Welsh domiciled students, raising attainment and aspiration levels of future researchers and healthcare professionals. Equality, diversity and inclusivity in public involvement and engagement will be achieved by taking deliberate action to reach, engage with and involve a wide range of people. Socioeconomic factors as well as protected characteristics will be considered in the delivery of the following actions.

ACTIONS
Short-term
1.1 Re-visit existing public contributor databases across the School and collate best practice learning from their establishment. Draw on relationships and learning from internal and external stakeholders. (Sarah Hatch, Alisha Newman, Jessica Yang).
1.2 Test the feasibility of utilising online platforms (including social media) to manage equal, diverse and inclusive public involvement (and engagement) opportunities. (Alisha Newman, Jessica Yang, Sarah Hatch).
1.3 Investigate non digital routes of engagement and involvement, working within the constraints of a global pandemic. 11% of people in Wales do not have access to the internet; those most
excluded are the elderly, those of low socio-economic status and those of poor health. (Sarah Hatch, Alisha Newman, Jessica Yang, Leanne Sawle).

**Progress/Impact Indicators:** Best practice learning report on existing volunteer databases within the School; Delivery of two pilot projects testing the feasibility of utilising online mechanisms to engage and involve the public; List of recommended tried and tested non digital routes of engagement and involvement.

**Medium to Long-term**
1.4 Work with researchers and external partners to identify opportunities and tailor public contributor recruitment strategies to reach diverse and hard to reach groups of society, as identified by research/teaching need. (Refer to PI&E project brief for more information).

**Progress indicators:** Case study evidence of successful involvement of hard to reach groups in our research and teaching.

### 2. WORKING TOGETHER

We deliver better research and teaching when we engage and work together on a common purpose, not only with members of the public but with each other.

**ACTIONS**

#### Short-term

2.1 Make distinction between School PI and PE work, and university-wide activities via Public Contributor Network and the College Public Engagement Network. Effectively signpost existence of different Networks to maximise benefit to the School (Sarah Hatch).

2.2 Catalogue existing PI and PE resources and materials across the School/College and make them available on the intranet. To include key contacts, PI guidelines, evaluation tools, risk assessments, induction and training resources, impact assessment tools, dissemination plans, recognition of barriers and ways of addressing them. (Sarah Hatch, Kali Barawi).

2.3 Continue to raise the profile of PI and PE, in particular, with senior colleagues in the University, and Welsh Government to highlight case for coordinated joined-up approach to engaging different stakeholders (particularly school children across Wales) and managing and maintaining a diverse population of public contributors to HEI research and teaching. (Matthias Eberl, Sarah Hatch, Jim Fitzgibbon (internally and externally WG, HCRW).

2.4 Re-visit PI&E project brief and refine and update recommended options for a joined-up School/College wide volunteer database/online platform (Sarah Hatch, Alisha Newman, Jessica Yang).

2.5 Work with Finance and HR services to recognise the importance of the public contributor role and its increasing importance to research and teaching. Work with colleagues to ensure that processes and procedures are tailored to public contributors and are fit for purpose (adapted expense form is a priority area). (Paper to University Executive Board to action at University wide level. Senior team to prepare and present in partnership with external partners: Health and Care Research Wales; Welsh Government).

**Progress indicators:** Intranet pages featuring shared PI and PE resources from across the School/College; Senior recognition of the expertise and value of the Engagement (Involvement) Academic/Professional and a commitment to help acquire additional further resource to support the
development of PI and PE on the University’s core business (research and teaching); Updated PI&E project brief presented to School Executive; Tailored expense forms and procedures for public contributors.

3. SUPPORT AND LEARNING

Promote and support learning that builds confidence and skills for PI in research/teaching and PE in research. NB. At present the College of BLS already run a selection of public engagement training sessions. There is, however, an identified gap in PI training and support.

There is inconsistency across the School for recognising time and effort required to deliver quality PI and PE activity. Largely recognition of PI in research activity can be achieved through successful grant and journal output. PE in research activity focussed on raising aspirations and getting children excited about science, staff believe, does not get recognised or rewarded sufficiently within the current University infrastructure. Despite the added value benefits it brings to the University in terms of fulfilling our civic mission duty, positive impact on student recruitment numbers and the development of key transferable engagement skills for our members of staff.

ACTIONS

Short-term

3.1 Working with colleagues responsible for teaching programmes within the School to support the embedding of PI elements within undergraduate and postgraduate teaching as well as PhD studentships wherever appropriate and relevant. (Jim Fitzgibbon, Sarah Hatch, Justine Bold). (Refer to audit of PI research and teaching activity across School/BLS College).

3.2 Encourage and embed a constructive forum for people to talk about PI and PE, share best practice and inspire local students and staff – e.g. ensuring at least two seminars from local themed/divisional seminar series focus on PI and PE activity. (MEDIC Champions to implement within all represented areas of the School).

3.3 Approach senior colleagues (Divisional Directors, Engagement Leads etc) to offer support for a PI and PE culture change within their Divisions and to raise support for centrally coordinated Public Engagement (Science in Health) and PI activity (Matthias Eberl, Jim Fitzgibbon, Sarah Hatch, MEDIC Champions to raise across local meetings).

3.4 Develop staff PI training (PhD induction; How to submit a research application with quality PI) (Jim Fitzgibbon, Sarah Hatch).

3.5 Investigate the development of CPD in PI and/or a postgraduate accredited course in collaboration with Health and Care Research Wales (Jim Fitzgibbon, Sarah Hatch, Justine Bold).

3.6 Develop discipline specific mentoring scheme particularly in the basic science areas where it is more difficult to see how PI and PE could benefit research (Leanne Sawle).

3.7 Embed PI and PE requirements within academic role descriptions for research and teaching and include as part of the annual PDR and induction process. (Matthias Eberl, Sarah Hatch to follow up with HR colleagues)

3.8 Embed appropriate reflection and reporting of PI and PE activities in Tariff Breakdown and Staff Workload. (Sarah Hatch, Jessica Yang)

3.9 Enhance visibility and recognition of PI by awarding a MEDIC Star Award specifically for PI, in addition to the existing Engagement Award (Matthias Eberl, Sarah Hatch)

3.10 Encourage all academic staff to complete Engagement and PI tab on their research/or teaching profile. (Sarah Hatch)
Progress indicators: Additional involvement of members of the public in our undergraduate and postgraduate programmes including the appointment of members of the public to sit on relevant governance committees within the School; Increased number of divisional seminars raising profile of PI and PE; Increased (%) staff involvement in centrally coordinated Science in Health initiatives; PI training and mentoring provision for staff; PI and PE requirements included in relevant job descriptions and PDR’s for all academic staff; Recognition of both PI and PE within research and teaching activity of workload model; MEDIC STAR Award for PI activity in addition to Engagement Award; Increased (%) use by members of staff of Engagement tab as part of web Research Profile.

4. COMMUNICATIONS
To date, there still appears to be much confusion as to what is public involvement in research and teaching and public engagement in research.

ACTIONS
Short-term
4.1 Review definitions of PI, PE and ‘public’ on the intranet. Simplify and improve content and ensure definitions are unambiguous. Define difference between PI, PE and Communications. (Alisha Newman & Sarah Hatch).
4.2 Stress the crucial relevance of PI and PE during COVID pandemic, and the need to reach out to all stakeholders even during lockdown when arguably PI and PE are even more relevant now than before (Matthias Eberl/Second PI & E Academic Lead/Jim Fitzgibbon to School Executive).
4.3 Work with School/College/University COMMS to help promote PI and PE activities via print and online media. Utilise Pulse and School’s twitter: cumedicengage. (Sarah Hatch; Academic Leads; Lead Public Contributor; MEDIC Champions)

Medium-term
4.4 Publish PI and PE activities in appropriate academic journals to promote our work and share best practice externally, and at the same time raise the academic profile of the people involved and the School as a whole. (ALL)

Long-term
4.5 Develop regular communication of quality PI and PE activity taking place across the School (Sarah Hatch (TBC)).

Progress indicators: Revised School intranet content on PI and PE; Published works on PI and PE activity taking place in the School of Medicine in recognised Journals; Quarterly communication of PI and PE activity taking place across the School.

5. IMPACT
It is essential that we capture and share the difference that PI and PE make to research and teaching. PI and PE are valued and promoted by Government, funders and regulators. Evidencing the added value of PI and PE will support a business case for additional support and resource.

ACTIONS
Short-term
5.1 Create a lay panel, within the School, that alongside traditional duties (review of lay summaries, patient information sheets) work with staff on the scope of PE and PI involvement within research and teaching (including intended outcomes and impact), developing mutual values, fostering positive working relationships and the implementation of evaluation tools. (Jim Fitzgibbon, Sarah Hatch, Matthias Eberl).
5.2 Develop and deliver new excellent quality case studies evidencing the intended outcomes, added value and impact of PI and PE as well as best practice examples (Mohammed Ali, MEDIC Champions, Sarah Hatch) and effective implementation of Standard 5: Impact and Standard 1: Inclusivity of the national PI standards.

5.3 Review and analyse data collected from MEDIC Survey on PI in research proposals and determine impact on grant success. (Sarah Hatch, Jessica Yang)

5.4 Contribute to REF Impact cases (ALL).

**Progress indicators:** Staff access to public contributors willing to support research and teaching within the School; Case studies evidencing impact of PE and PI; Paper highlighting the importance of PI in grant success.

6. GOVERNANCE

We involve the public in our governance and leadership so that our decisions promote and protect the public interest.

**ACTIONS**

**Short-term**

6.1 Appoint Lead Public Contributor to work as part of the School of Medicine PI and PE senior management team. *(COMPLETED)*

6.2 Recruit additional public contributors to support the work of different aspects of the PI and PE portfolio of work, when required *(Sarah Hatch).*

6.3 Appointment of two experienced Academic Leads for PI and PE to sit on the School Executive to provide academic leadership across the School and beyond. *(IN PROGRESS)*

6.4 Ensure PI and PE are standing items on School Executive meetings *(COMPLETED).*

6.5 Introduce PI roles across School Committees to add value *(Sarah Hatch).*

**Progress indicators:** Diverse PI appointments to relevant governance committees within the School, following the establishment of a framework supporting applications from under-represented groups, for example, Black, Asian and Minority Ethnic and disabled candidates.

*This Action Plan and accompanying infographic were approved in January 2021 by the School of Medicine Executive*

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