In a time of great uncertainty across the entire public sector, effective knowledge transfer – and the strengthening of practice and leadership through shared expertise – can become a linchpin means of maintaining and improving quality in general public service without the benefits of increasing capital support. This gives us cause to seriously reflect on the prevalent relationship between research and practical knowledge in the healthcare sector. Traditionally, ‘academic’ investigation has largely been framed for academic audiences, or at least seen in this way from outside the academic community. Moreover, modern researcher ‘grading’ systems such as the UK’s Research Excellence Framework (REF) often value papers in terms of their publication in the most exclusive (and therefore expensive) ‘high-impact’ journals. This has led to the widespread perception/complaint that health research is often impenetrable – or outright inaccessible – for the professional communities in which its techniques and findings could potentially make the most difference. In short, academic structures both old and new can drive an artificial divide between ‘researchers’ and ‘practitioners’. This, in turn, prospectively inhibits widespread dissemination of important knowledge, implicitly devalues research emanating from outside of academia, and stymies potentially valuable cross-agency collaborations at a time when they are ever more valuable. Fortunately, there has been a recent reaction against this prevailing trend through the rise of Open Access journals, which have an important role to play in forging a new dynamic between ‘academic’ and ‘professional’ communities. Most of these journals, however, and despite their free-to-access character, continue to promote a one-way flow of knowledge. The vast bulk of authors remain employees of universities, and the reporting conventions remain true to the standards of their forebears.

The Cumbria Partnership Journal of Research, Practice and Learning has been, from its foundation, manifestly tasked with fostering innovation, communication and collaboration within the regional healthcare sphere, and this issue represents a further step forward in this regard. In the following pages, thus, one will find a variety of papers that address these imperatives in a number of distinct and, ideally, more reciprocal ways than may be evident in traditional research journals. Herein, and often in direct collaboration with a diversity of authors from the Cumbria Partnership itself, one will find contributions from academics at a number of universities in the North West and beyond: Birmingham Newman, Lancaster, Liverpool John Moores, Manchester, and my own institution, the University of Cumbria. In some cases, this contribution is a relatively direct exercise in academic knowledge-transfer. The five papers in the first section of the journal each outline, in a brief and practitioner-friendly manner, the dynamics of a major social scientific qualitative research method (respectively: ethnography, interpretative phenomenological analysis, grounded theory, conversation analysis and narrative analysis) and its applications in healthcare. It is hoped that these short accounts will help introduce the approaches to unfamiliar readers, certainly, and thereby assist in ‘demystifying’ empirical studies based upon those approaches. It is also hoped, however, that they might help promote active investigation in the future, and active discussion about how we might best understand the health-related issues around us.

In the second section, the highly prominent issue of leadership within the UK’s public healthcare system comes to the fore. The work of the NHS leadership academy, and the structuring of the NHS leadership framework, stand as direct testament to the contemporary relevance of this matter. The three papers included all address CPFT’s own management/leadership training programmes. Two report the outcomes of evaluations conducted by Health and Social Care Evaluations (HASCE) at the University of Cumbria, the other is an insightful reflective piece by CPFT’s Pippa Orr on the experience of conducting a ‘change project’ within one of said programmes. The former are tasked with informing future practical interventions, the latter points the way towards future research.

The remaining papers are largely collaborative research enterprises with strong academic and practical implications. The work by Adam Joiner and Sam Dearman, on the development of ‘medical professionalism’ among psychiatry trainees, is an excellent example of this. The matter of reciprocity between communities is perhaps, however, most clearly evident here in the papers from Neil M. Thomas and Leighan Meddick. These report different aspects of a partnership between the Westmorland General Hospital Renal Unit and the University of Cumbria that gave rise to a physical activity intervention for patients undergoing dialysis. The reflections upon process, obstacles and outcomes are highly illuminating in terms of the intervention itself,
but also the practical business of doing this kind of partnership work.

In conclusion, welcome to the new issue of the CPJ! We hope it will provide an interesting read for anyone attached to the health services, either professionally, academically, or both. Do not hesitate to contact any of the authors to discuss any of the issues arising. One never knows from where a productive collaboration may spring.

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