Training Needs Analysis for Personal and Public Involvement (PPI) in Health and Social Care Research

Plain language summary

In 2025, Health and Social Care Research & Development (HSC R&D) Division carried out a survey to understand how researchers involve members of the public in research, and what training and support they need to do this well. We received responses from researchers working in universities and Health and Social Care settings across a range of research areas.

Most people who responded said that involving the public in research helps make studies more relevant, useful, and meaningful. However, many also said they are unsure how to find and work with Personal and Public Involvement (PPI) contributors, how to plan for PPI in research projects, or how to evaluate the impact of involvement. Some people also stated that it can be difficult to know where to find PPI contributors and how to keep involvement going throughout a project.

Researchers told us that they would find practical, skills-based training delivered through short workshops helpful. A strong need for case studies that show how to involve people in real research situations, rather than just explaining what PPI is, was also highlighted.

Based on what we heard, HSC R&D Division will refresh its PPI training to ensure it meets the needs of researchers. We will also explore ways to provide ongoing support to ensure PPI remains a valued part of Health and Social Care research.

HSC Public Health Agency
Research and Development

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Introduction

Personal and Public Involvement (PPI) in research ensures that patients, service users, carers, and members of the public, are meaningfully involved as partners in developing and shaping research. Rather than being participants in a study, PPI contributors help to identify research priorities, improve study design, support interpretation of findings, and strengthen the relevance and impact of research. Several resources and frameworks such as the UK Standards for Public Involvement exist to highlight what effective PPI should look like. Meaningful PPI enhances the quality, credibility, and real-world usefulness of research by ensuring that it is grounded in the experiences and priorities of the people it intends to benefit.

Current PPI training and support provision within HSC R&D Division

Since 2012, Health and Social Care Research & Development (HSC R&D) Division has supported researchers through the Building Research Partnerships (BRP) training programme (an overview of what is covered in this training is provided in Appendix A). This is co-delivered with the NI Cancer Trials Network and facilitated by an experienced public contributor and member of PIER. The training introduces PPI concepts and practices to both researchers and the wider public.

Due to the limited face to face opportunities during the COVID-19 pandemic in 2020, HSC R&D Division shifted to on-line delivery of the BRP training. In 2023, the BRP training was further redesigned to consist of two sections. This followed an evaluation carried out with HSC R&D Division's award holders which indicated a desire for the

PPI training to be more accessible. Section 1 now consists of a series of pre-recorded presentations which provide an introduction to PPI, addressing topics such as why PPI is needed, how it can be incorporated into the research life cycle, roles and responsibilities of researchers, PPI roles in research, and examples of PPI case studies. These pre-recorded presentations are hosted on the Public Health Agency's Engage website to enhance accessibility and visibility to the wider public. The website has been visited2,487 times highlighting the relevance of these videos. Section 2 consists of a 2-hour virtual and interactive workshop in which attendees are assigned to small groups and encouraged to discuss how to incorporate PPI into a research project. It is recommended that attendees complete both Section 1 and Section 2 to fully benefit from the training. To complement the move to virtual delivery, HSC R&D Division also developed two PPI resource libraries, one specifically for researchers, and one for patients, carers and members of the public. A google analytics review (in February 2026) indicated that the PPI resource library for researchers had 684 visits and the one for patients, carers and members of the public had 552 visits. This data demonstrates the usefulness and reach of these resource libraries to date.

HSC R&D Division have also provided bespoke PPI training sessions for different research teams at both Queen's University Belfast (QUB) and Ulster University (UU) on request. These sessions cover similar information to BRP training, but are adapted for the particular research area or team. HSC R&D Division's PPI lead currently acts as the main point of contact for PPI training and support and can be contacted for 1:1 advice or support.

Evaluation of previous Building Research Partnerships training sessions

Evaluation of Face to Face BRP training

An evaluation of the training from 2012 – 2021 demonstrates consistently positive feedback, with participants describing the training as relevant, engaging, and valuable for supporting meaningful collaboration between researchers and the public. Satisfaction levels remained high throughout the nine-year period, and many attendees reported increased confidence in understanding PPI concepts, improved communication with public contributors, and greater motivation to embed PPI within their research practice. During 2012 – 2021, attendees at the BRP included 292 researchers and health and social care professionals, 101 service users and PPI representatives and 17 who selected “Other”. Two face to face BRP training sessions have also been conducted (in September 2024 and 2025) in response to demand from the research community for a return to in-person training. In total, 34 people attended both sessions and positive feedback similar to that reported in the 2012-2021 BRP training evaluations was received. Attendees consistently reported that the session provided excellent opportunities to engage with others and that they were more confident in both raising awareness and encouraging more people to become involved in PPI.

The 2012-2021 evaluation also highlighted the strength of bringing researchers and public contributors together in shared learning environments. Participants frequently

noted that hearing lived experience perspectives deepened their understanding of PPI and enhanced the credibility and impact of the training.

While the BRP training was strongly received overall, a number of areas for enhancement emerged in participant feedback. These included requests for more discipline-specific examples, additional practical tools to support implementation, and greater clarity around how to apply PPI throughout the research cycle. Some participants also noted that although the foundational concepts were well covered, further support was needed to help translate learning into day-to-day practice, particularly in working with contributors beyond the initial engagement stages.

Evaluation of Virtual BRP training

Feedback following Section 1 (pre-recorded introductory videos) has been limited to date. However, of the attendees who provided feedback, most found the material useful and engaging, and were keen to explore practical application in greater depth during the live session. Questions raised focused predominantly on implementation issues, including how to identify and access PPI groups, how to engage stakeholders early, how to involve contributors across all stages of the research cycle, and how to evidence the impact of PPI on research outcomes. Participants also sought examples relevant to early-stage and preclinical research, secondary data studies, and non-health contexts. Evaluation feedback from Section 2 of the virtual BRP training (2 hr follow-up session) indicates that attendees found the sessions highly relevant, engaging, and practically useful. Attendees particularly valued the interactive elements of the training, including breakout group discussions, opportunities to reflect

on real-world challenges, and hearing from facilitators' and peers lived and professional experiences. These aspects were consistently highlighted as supporting deeper understanding of how to set up, approach, and work effectively with PPI contributors in practice. The virtual sessions were rated excellent by 86% of respondents or attendees and 100% agreed they would recommend the training to others.

Purpose of the survey

HSC R&D Division conducted a survey in June 2025 to explore researchers' familiarity with PPI, their experience in involving public contributors, the challenges they encounter, and the types of support or training they would find most useful. The purpose of the survey was to identify what PPI training and resources that researchers across Health and Social Care and academic settings in Northern Ireland need.

Findings

Overview of survey respondents

As shown in Figure 1, a total of 83 individuals completed the survey. Respondents represented a wide range of professions across both academic and HSC settings. The largest group were university-based researchers (39%, n=32), followed by HSC employees (30%, n=25), and research trainees or students (17%, n=14). Smaller numbers identified as clinical academics (7%, n=6) or reported other roles such as charity-based researchers, research nurses, project managers, or retired academics (7%, n=6).

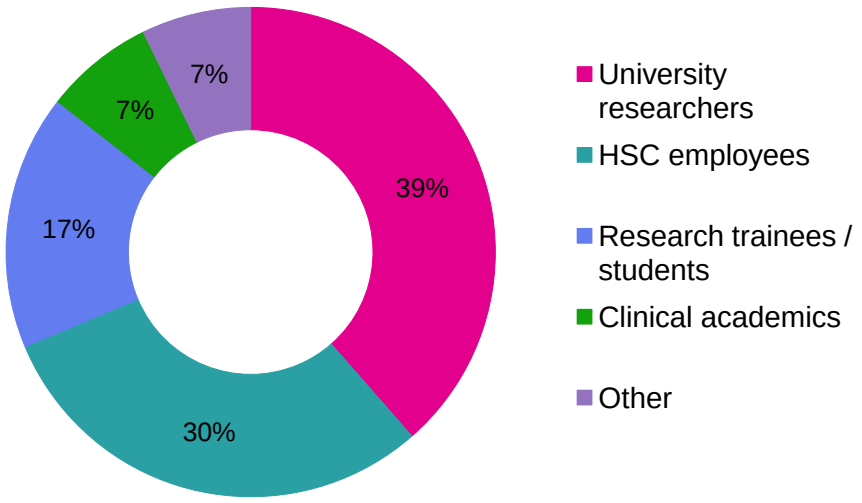

Figure 1. Survey respondents' current role at the time they completed the survey

Respondents also worked across diverse fields (Figure 2) of research, including public health (n=22), clinical or biomedical research (n=19), nursing and midwifery

(n=12), psychology (n=7), allied health professions (n=6), and social work or social care (n=6), with additional representation from policy, secondary data analysis, and other applied settings.

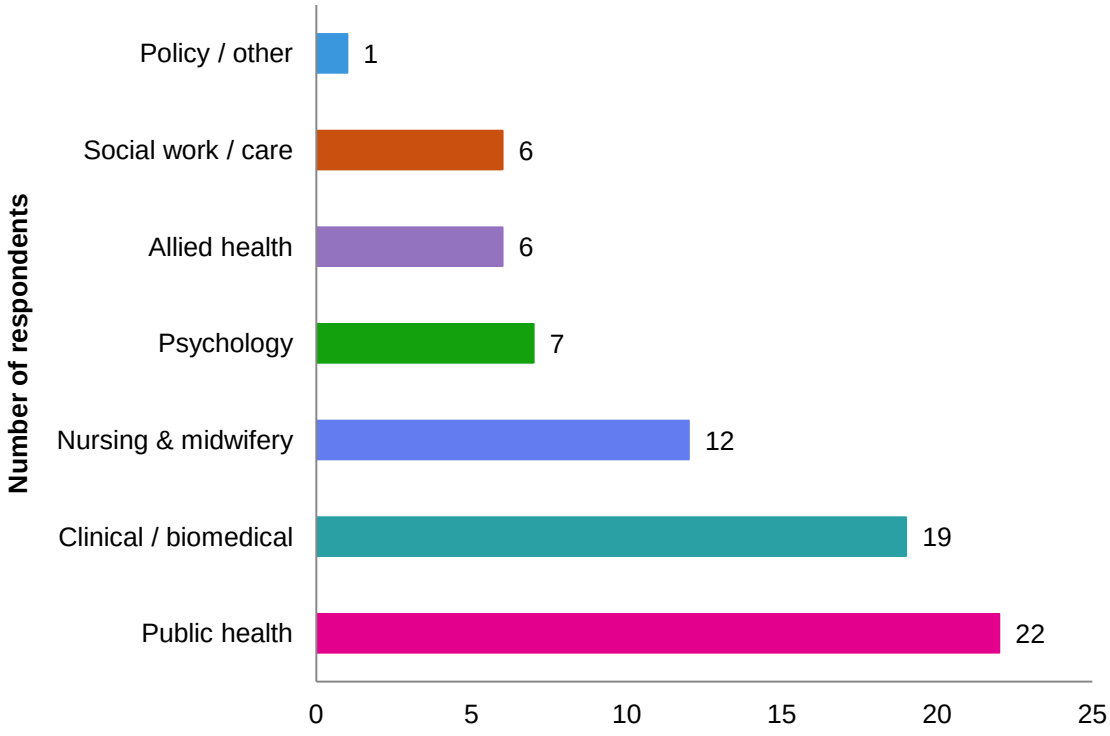

Figure 2. **Area of research for survey respondents at the time they completed the survey.**

Confidence in incorporating PPI into research

When asked how confident researchers were at incorporating PPI into their research, most selected that they were very confident (Table 1). However, on the Likert scale provided in the survey, 27.7% selected either 1, 2, or 3, suggesting that nearly a third

of survey respondents were still lacking in confidence in incorporating PPI, highlighting the need for PPI training and support.

Table 1. Survey respondents' confidence level in conducting PPI.

On a scale of 1 - 5 (1 = "Not all confident" and 5 ="Very confident"), how confident are you in your current ability to incorporate PPI into your research?	% selected
1	2.4%
2	3.6%
3	21.7%
4	34.9%
5	37.3%

Motivations for learning more about PPI

Figure 3 shows the primary motivation for learning more about PPI was to 'Improve the quality of my research' (n = 66), 'I have a personal interest in involving the public (n = 38) and 'Ensuring my research is ethical (n = 33). Responses to 'Other' included gaining funding, not applicable and unsure.

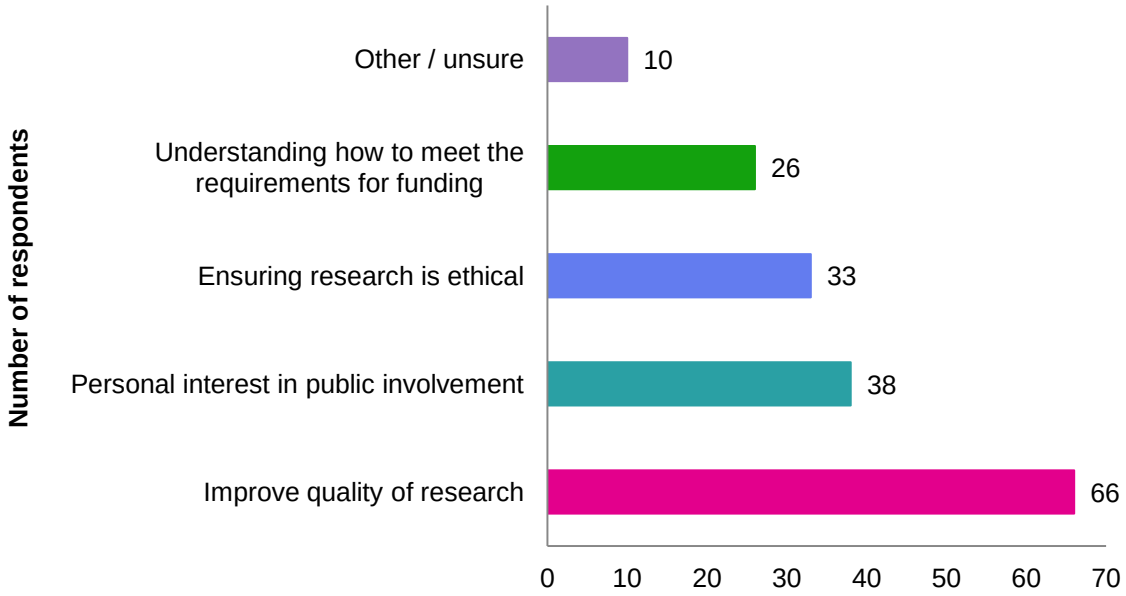

Figure 3. **Survey respondents were asked what their main motivation was for learning more about PPI. Respondents could select more than one option.**

However, despite these motivations for learning more about PPI familiarity with the UK Standards for Public Involvement was low (Figure 4). While 43 (52%) respondents reported being somewhat familiar with the UK Standards for Public Involvement, 22 said they were not familiar, and only 17 (21%) indicated they were very familiar.

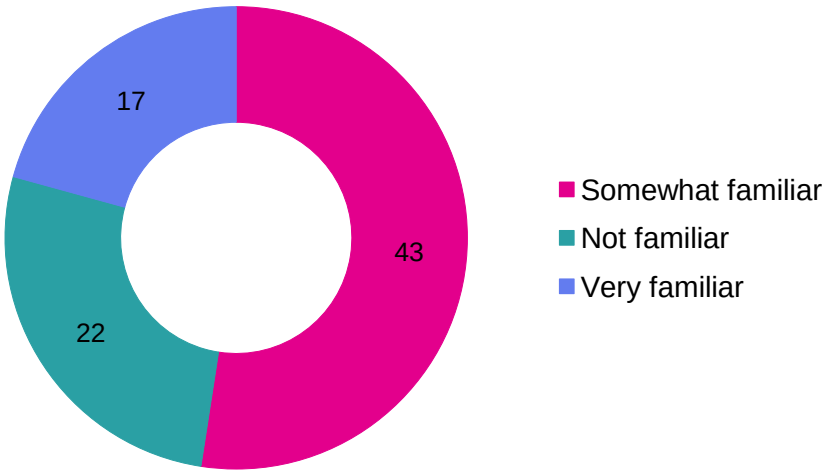

Figure 4. Number of survey respondents who were familiar with the UK Standards for Public Involvement.

Experience of incorporating PPI throughout the research life cycle

Respondents were asked which stages of the research cycle they have incorporated PPI into. As illustrated in Figure 5, the most commonly reported stage was the dissemination of results (n= 45), study design and methodology (n = 44) and informing the research topic (n = 43). Analysing data was the least commonly reported stage of research in which PPI was incorporated (n = 17).

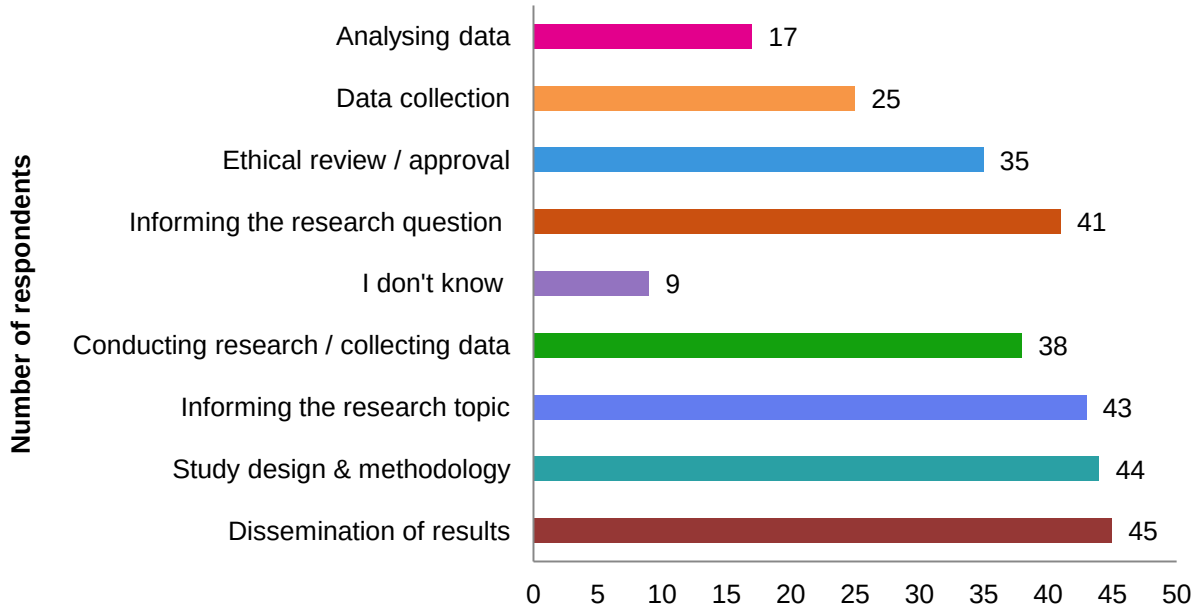

Figure 5. **Stages of the research life cycle were PPI was most commonly incorporated by survey respondents.**

Enablers to PPI in HSC research

Table 2 shows that access to funding or resources specifically for PPI (n = 59), guidance or training on PPI (n = 58), clear guidance or frameworks for PPI (N = 52), and access to established PPI networks or panels (N = 51), were most commonly selected when respondents were asked what would make PPI easier. Flexibility in timelines to accommodate PPI (n = 43) and support from institutional leadership (n = 36) were also commonly selected.

Table 2. Survey respondents were asked what would make incorporating PPI into their research easier. Survey respondents could select more than one answer.

	N
Access to funding or resources specifically for PPI activities	59
Guidance or training on how to conduct PPI effectively	58
Support from institutional leadership or supervisors	36
Clear guidelines or frameworks for incorporating PPI	52
Opportunities to collaborate with experienced PPI contributors	46
Availability of tools or templates for planning PPI (e.g., checklists, consent forms)	43
Positive attitudes and buy-in from the research team	25
Flexibility in timelines to accommodate meaningful PPI involvement	43
Access to established PPI networks or panels	51
Recognition of the value of PPI by funders or peer reviewers	39
Support from funding bodies	35
Other*	4

Barriers to PPI in HSC research

Researchers were asked about any barriers to PPI they have experienced, (see Figure 6). A lack of funding for PPI related activities (n = 32) was the most common barrier to incorporating PPI effectively. Maintaining PPI over the course of a project (n

= 27), not knowing how to find and contact PPI contributors (n = 22) and being unsure of how to include PPI within grant applications (n = 22), were also commonly reported.

Of note, 22 people selected “Other”. Barriers cited included having limited buy in from senior researchers and academic staff, being new to PPI and still understanding the concept. One respondent noted that when designing a clinical trial, it can be difficult to find PPI contributors with the specific conditions being investigated.

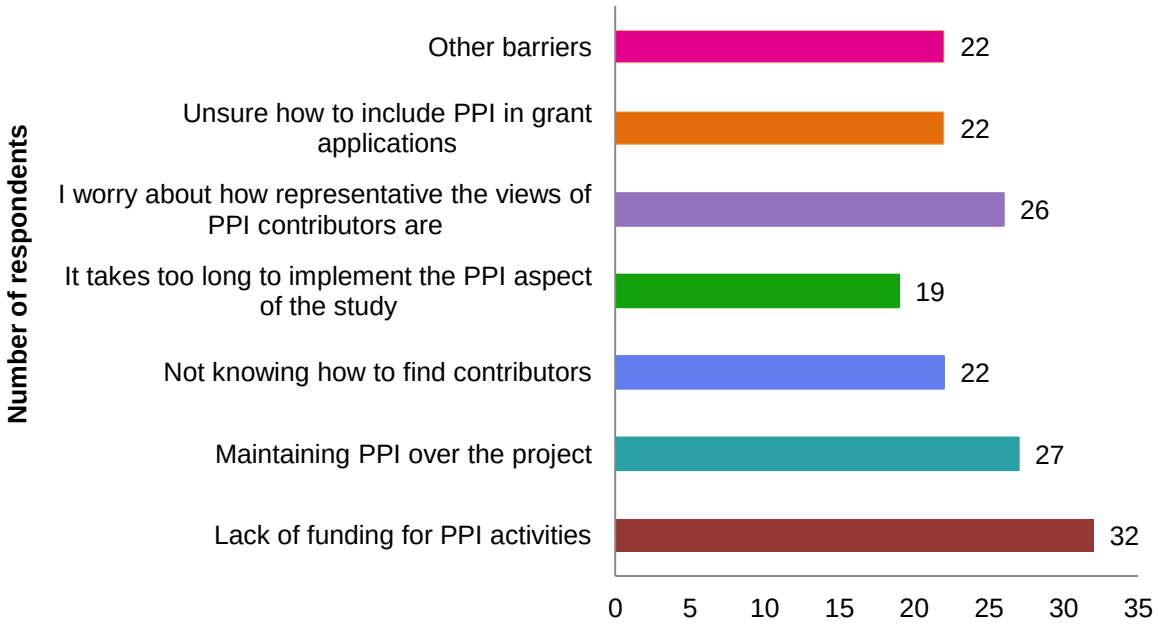

Figure 6. Column chart showing the key challenges survey respondents faced when incorporating PPI into their research. Survey respondents could select more than one option.

Awareness and perceptions of current training

Three questions were included in the survey to determine if respondents had previously attended BRP.

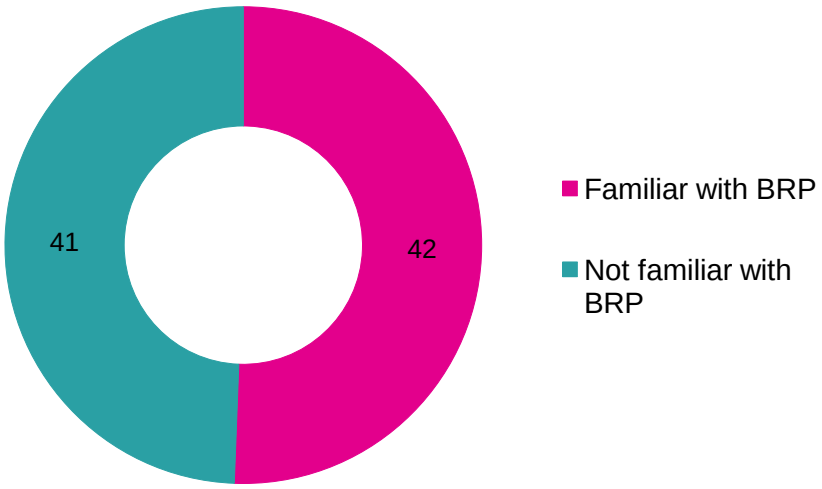

Figure 7. Respondents' familiarity with Building Research Partnerships training

In total, 42 (51%) of people were familiar with BRP (Figure 7), of these 42 people, almost half (48%, n = 22) had previously attended BRP and as shown in Figure 8 most attendees found the training to be either very helpful or helpful.

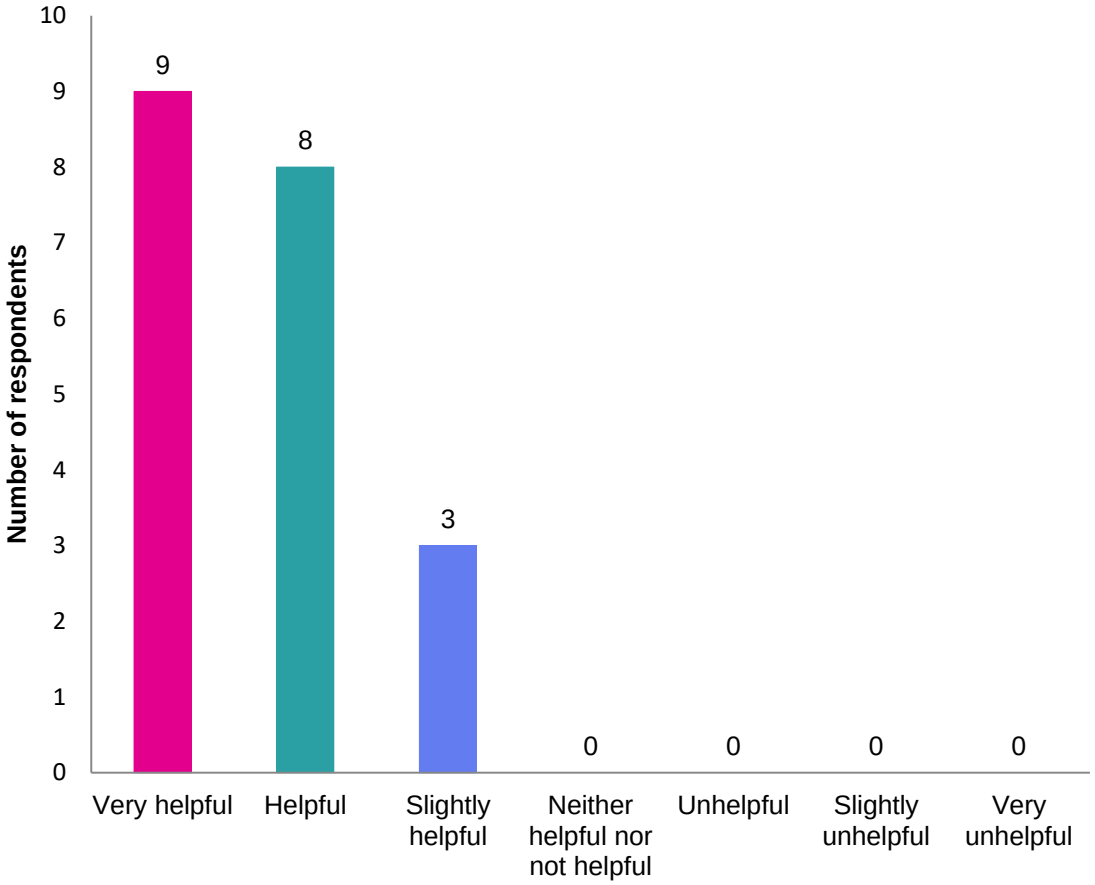

Figure 8. **Respondents who had previously attended Building Research Partnerships, were asked to rate how helpful they had found the training.**

Future training preferences

The final part of the survey asked what aspects of PPI researchers would most like support or training on. Most respondents selected ‘practical steps to involve PPI contributors’ (n = 49) as a key area for inclusion in future training (Figure 9), followed by evaluating the impact of PPI (n = 33), and identifying and engaging with PPI contributors (n = 33).

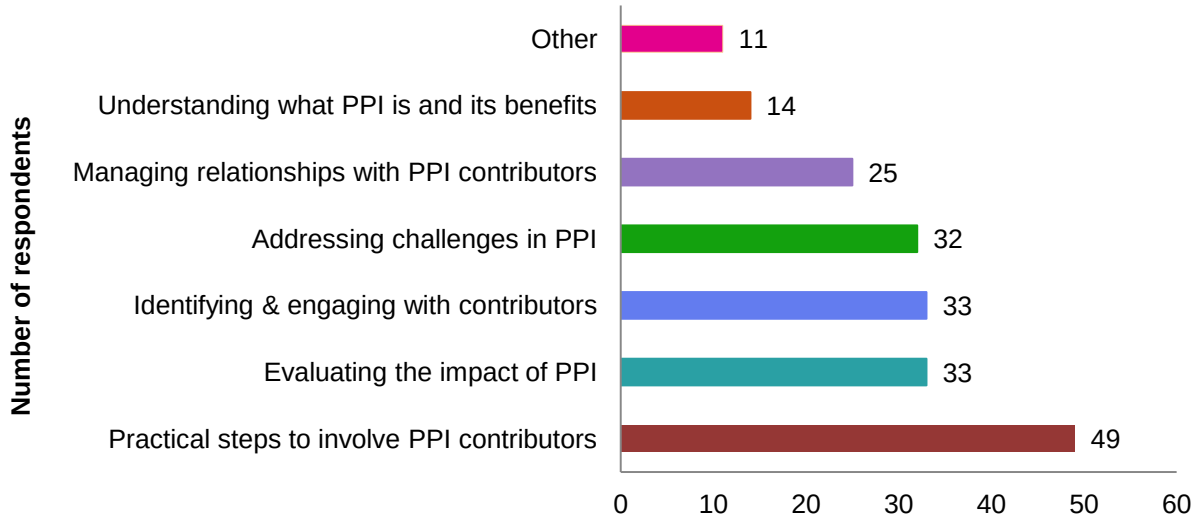

Figure 9. **Respondents were asked which aspects of PPI training they would like support or training on. Up to three answers could be selected.**

The results indicated a preference for in person (n = 30) and virtual workshops (n = 26) (Figure 10). Pre-recorded online videos and webinars were least preferred.

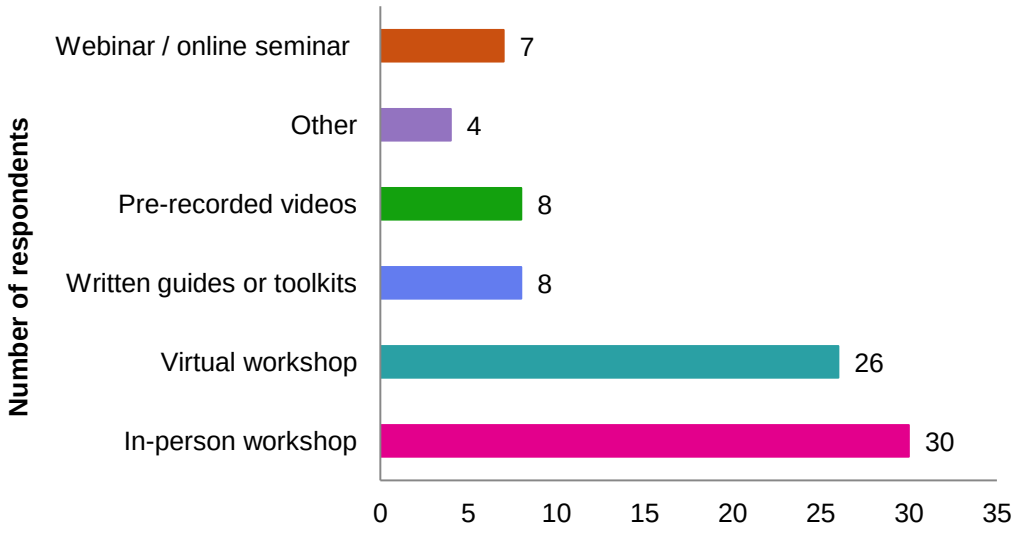

Figure 10. Preferences for future PPI training formats

Furthermore, Figure 11 shows that people would prefer shorter PPI training sessions, such as 1 – 2 hours (43%, n = 36) or a half-day session (37%, n = 31). Full day (10%, n = 8) and sessions less than one hour (10%, n = 8) were the least preferred. Overwhelmingly, survey respondents were keen to here from a PPI contributor (Figure 12).

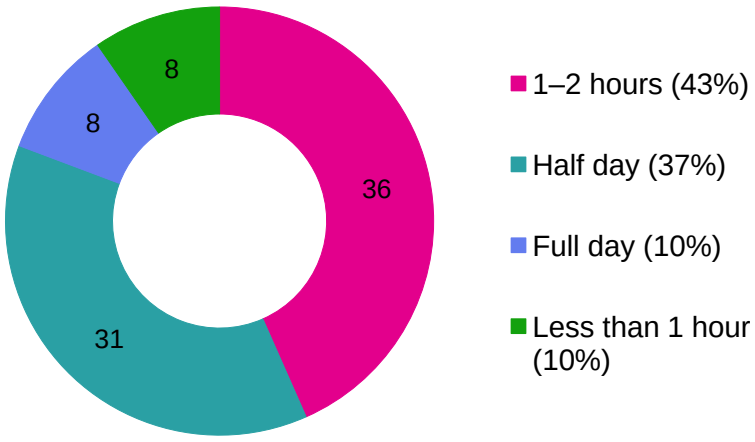

Figure 11. Preferences for time spent at future PPI training sessions.

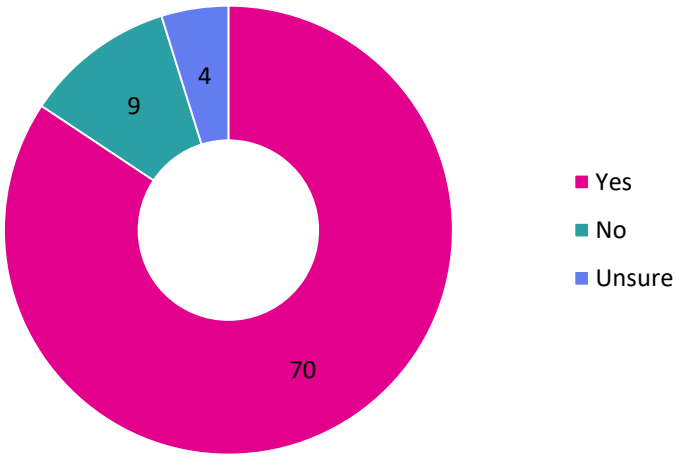

Figure 12. Number of respondents who believed it would be helpful to hear from a PPI contributor at future PPI training sessions.

The final question asked respondents what type of PPI support would be most beneficial moving forward. As highlighted in Figure 14, information on financial support for PPI was the most commonly selected answer (n = 39), followed by structured platforms for connecting with PPI contributors (n = 33), and access to resources for recruiting PPI contributors (n = 26).

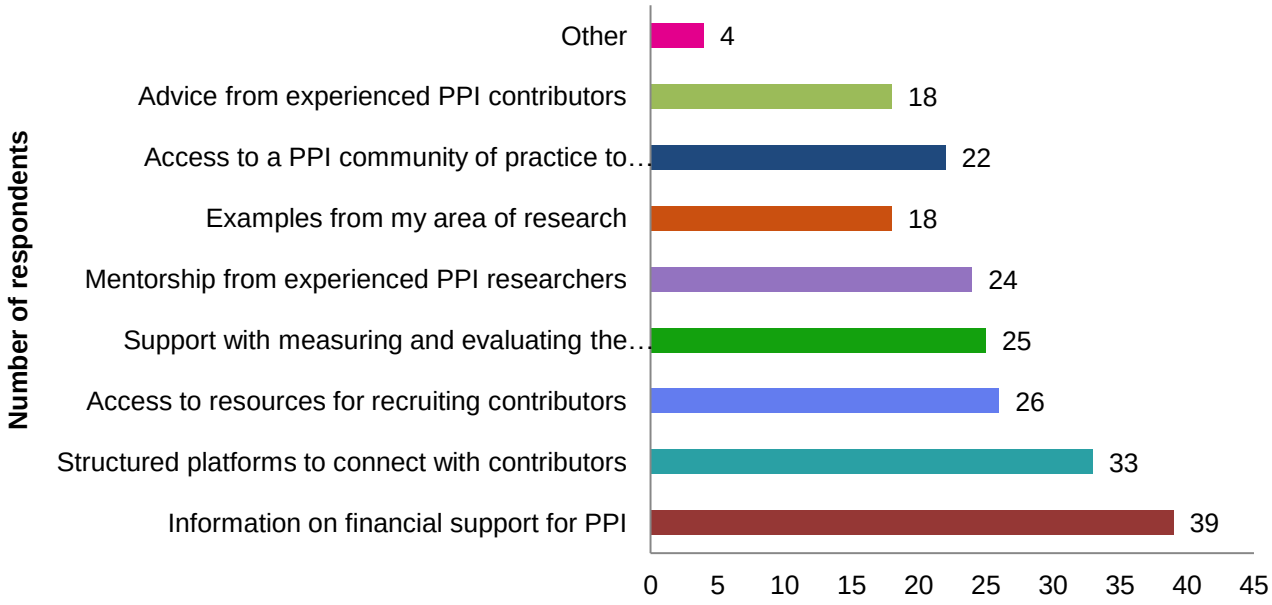

Figure 13. Respondents were asked what type of support PPI would be most beneficial to them moving forward. More than one answer could be selected.

Discussions with PPI contributors

In addition to the researcher survey, two separate discussions were held with members of the Public Involvement Enhancing Research (PIER) (one discussion with two PPI contributors and another one-to-one discussion) to understand their perspectives on what supports meaningful involvement and what researchers need in terms of skills, behaviours, and training. Their insights provided an essential complement to the survey findings and help ensure that future training is shaped not only by researchers' needs but also by the expectations and experiences of the PPI contributors who work alongside them.

The discussions could be enveloped into 4 main themes including;

Challenges in PPI

PPI contributors described a number of recurring challenges that affect the quality and consistency of involvement. Although researchers reported a high level of familiarity with PPI (Figure 3), PPI contributors felt that researchers may not be clear on the definition of PPI, particularly in more traditional laboratory-based or clinical science settings. PPI contributors felt that this lack of understanding can lead to uncertainty, hesitation, or involvement that feels tokenistic rather than meaningful. One contributor noted that some researchers *"don't know what PPI is, don't see it as relevant,"* while another described researchers as being "*too scared to ask PPI contributors to do certain things*" due to not understanding the role. Another challenge highlighted by PPI contributors was being brought into projects too late, after decisions had been made, which made involvement feel like a tick-box exercise. As one contributor explained: *"If you're brought in once the research is already designed, you can give your views, but it's very hard to change anything — it feels tokenistic."* PPI contributors also highlighted a lack of clarity in roles and expectations "*Researchers need to know what they are asking the PPI person to do — clarity is so important*."

Skills and support researchers need

PPI contributors identified several areas where researchers would benefit from additional PPI training. First and foremost was communication, not only sharing information clearly, but listening actively and recognising the value that PPI contributors bring. Another priority was relationship building with many contributors emphasising how difficult it is to build trust and rapport in short online meetings.

Similar to researchers, PPI contributors were keen to meet in person where possible, *"Just online is detrimental — you need the coffee break moments. That's where the partnership builds."* Contributors also felt that researchers would benefit from training in structuring meetings, managing discussions, and using practical tools like vignettes, scenarios, or case studies to bring PPI to life. Public contributors noted that it was important to have clear learning objectives with any PPI training session, "*You need to know what people should achieve by the end of the session — and check that learning has happened*."

Recommendations for researchers

PPI contributors offered clear advice for researchers on how to work effectively and respectfully in partnership with the public:

- **Value PPI as a genuine partnership**: Use the word partnership, researchers are experts in their field, but PPI contributors are experts in their experiences.
- **Prioritise communication and listening**: Actively listening, not just hearing. Show that the input matters.
- **Set expectations**: clear role descriptions which set out why they are involved, what the researcher hopes they will contribute, and what decisions they can influence.
- **Build relationships**: Small relational moments matter. Coffee breaks, informal discussions, and time to get to know each other help build confidence and trust.
- **Involve contributors early**: Early involvement helps ensure the contributors insights genuinely shape the research and prevents tick-box approaches that feel disingenuous.

- **Use training methods that reflect real research practice:** Contributors strongly recommended using case studies, vignettes, reflective exercises, and opportunities for both researchers and PPI contributors to share their stories.

Discussion

The survey results indicate a strong commitment among researchers across HSC and academic settings to involve the public meaningfully in research. Most respondents were familiar with the concept of PPI, recognised its value in improving the relevance and quality of research and had well-intentioned motivations for learning more about PPI. However, familiarity with the UK Standards for Public Involvement was more limited, suggesting a gap between broad awareness of PPI and knowledge of best-practice approaches in day-to-day research. The barriers identified by researchers included difficulty finding PPI contributors, challenges maintaining relationships over time, uncertainty about costing and planning for PPI and limited dedicated funding. There was a relatively even distribution of incorporating PPI across different stages of the research life cycle. Overall, these findings suggest that the challenges to PPI are practical and structural rather than conceptual or attitudinal.

Importantly, there was strong interest in developing skill-based competencies in PPI practice. Respondents emphasised a need for practical guidance on how to identify, engage, and work collaboratively with PPI contributors, and how to evaluate the impact of involvement. Support from institutional leadership was identified as an important enabler for effective PPI. This highlights the need for continued collaboration between HSC R&D and academic institutions to promote a culture where meaningful involvement is expected, supported, and appropriately resourced. Preferences for training formats leaned strongly towards interactive learning via in-person or live virtual workshops, with less interest in passive formats such as pre-recorded videos. Furthermore, the majority of respondents expressed a desire for ongoing support, rather than one-off training. A further key finding was the

importance of involving PPI contributors at the earliest stages of the research process. While contributors expressed a clear desire to be involved from the outset, researchers identified a need for support in how to do this in practice.

Several of the findings in the current training needs analysis survey reflect the findings of the previous BRP evaluations and in discussions with members of PIER, specifically;

1. ***Need for follow-on support***: Participants valued the introductory content but felt uncertain about translating learning into ongoing projects without further support. This aligns closely with current survey findings where 67 (82%) of respondents expressed a desire for ongoing PPI support after training.

2. ***Desire for more practical, real-world examples***: While BRP was successful at explaining what PPI is, participants noted the need for more in-depth illustrations of how involvement works at different research stages. For instance, incorporating PPI into data analysis was the research stage least selected by respondents. This directly mirrors the current finding that case studies are among the top requests for future training, both from researchers and from PIER members.

3. ***Demand for more flexible training formats***: Some previous attendees at BRP found it difficult to attend full-day or fixed-slot training sessions. This report reinforces this need with respondents showing a clear preference for shorter, modular training formats, whether in-person or virtual.

Using the data reported above, the following two sections outline what HSC R&D Division should continue to do and what should be considered for future PPI training provision.

What HSC R&D should continue to do

- Host Section 1 (Introduction to PPI) on the PHA's Engage website to ensure wide reach for both the public and researchers, but not direct resources to the development of any additional pre-recorded background material.
- Co-deliver the 2-hour BRP training virtual sessions (Section 2) which bring together researchers and members of the public for practical insights on PPI.
- Continue to deliver shorter 2-hour bespoke PPI training sessions to different Universities and research teams across Northern Ireland upon request.
- Add to and refine the PPI resource library for researchers and the PPI resource library for patients, carers and members of the public that sit within HSC R&D Division's website.
- Where possible, continue to involve public contributors in all PPI training sessions.
- Continue to raise awareness of the Health Research Authority's and NIHR's payment guidance for PPI contributors, and signpost to the cost calculator which helps researchers plan and budget for PPI.
- Signpost people to the PPI in Research Support Small Grant Scheme and other information on financial support for PPI.

- Signpost people to good examples of previous role descriptions and mutual agreements for effective partnerships with PPI contributors.

What HSC R&D should consider doing

- Wider promotion of the 1:1 sessions that are available with HSC R&D Division's PPI lead. This will also help with continued support after people have attended any PPI training and support researchers with PPI in grant applications. This can be achieved via promotion in the HSC R&D Division newsletter.
- Raising awareness (through the addition of a monthly PPI section to the HSC R&D Division's newsletter and social media) of existing PPI resources, the training that's already on offer from HSC R&D Division (e.g. Virtual Building Research Partnerships training), and other external training and support opportunities.
- Raising awareness of the PPI in Research Small Grant scheme through the development of case studies on how this scheme can be successfully used to develop PPI initiatives.
- Consider setting up a PPI shared learning group which meets quarterly to share learnings, experiences and advice for attending and/or facilitating PPI meetings.

- Develop a range of accessible case studies, for example through written summaries or short interviews with researchers and public contributors, to support shared learning and help translate existing guidance into practice. Topics for case studies identified through the survey include identifying and engaging public contributors, incorporating PPI into secondary data research, early stage and pre-clinical research, establishing PPI groups, and sustaining relationships over time.
- Determine if any additions are needed to the existing training content that is delivered by HSC R&D Division and amend accordingly. For example, PPI "myth busting". It is clear that additional information is needed to highlight that PPI is not an exercise in being representative, but rather to incorporate experiential knowledge from the beginning and throughout the research project.
- Raise awareness and enhance promotion of the UK Standards for Public Involvement through the HSC R&D Division newsletter, PPI presentations, and Building research partnerships training. Ensure the standards underpin future PPI training and resources developed by HSC R&D Division.
- Review and adapt the current full day in-person Building Research Partnerships training to explore a shorter, more flexible half-day format.

- Develop a series of one to two hour virtual interactive 1-2-hour workshops which include input from PPI contributors, and with clear learning objectives. In each of the interactive workshops, a PPI contributor or researcher with relevant experience on the topic could be invited to speak. These sessions will allow flexibility and support researchers at different stages of experience and collectively, will help researchers translate training and learning into everyday practice.

The following topics should be considered within workshop content:

Identifying and engaging with PPI contributors

- Survey respondents highlighted a need for support in identifying appropriate PPI contributors and engaging with individuals and groups in a meaningful and inclusive way. This includes understanding where to find contributors, how to approach and communicate with them to ensure meaningful involvement.

Building and sustaining relationships and managing expectations

- There was a clear need for guidance on developing and maintaining positive working relationships with PPI contributors and managing reciprocal expectations over time. This includes establishing trust, setting clear expectations, and ensuring ongoing communication and feedback throughout the research process.

Connecting with PPI contributors

- Participants identified a need for more structured opportunities to connect with PPI contributors. This may include developing or accessing networks, forums or events that bring researchers and public contributors together, as well as learning from existing groups or initiatives that support involvement. HSC R&D Division could facilitate this through an annual event or online discussion were PPI contributors and networks are brought together for shared learning in PPI.

Planning and costing PPI in funding proposals

- Respondents indicated a need for support in how to effectively plan and cost PPI within research proposals. This includes understanding what costs to include, how to justify these costs, and how to ensure that involvement is appropriately resourced from the outset.

Evaluating the impact of PPI

There was a strong interest in understanding how to evaluate and demonstrate the impact of PPI. This includes identifying appropriate methods for capturing impact, understanding what meaningful impact looks like, and how to report this in funding applications and outputs.

Conclusions

There is clear enthusiasm among researchers to strengthen meaningful involvement with the public. The demand for current HSC R&D Division training remains high and continues to receive positive feedback, However, a refreshed approach to the what is currently offered will help promote consistency, decrease practical barriers, and support the integration of PPI as a valued and embedded component of HSC research.

In addition, it is important that academic institutions reflect on how they can best support and encourage PPI amongst the research community, including senior leaders, otherwise despite the enhanced offering of training and support, researchers may still encounter the barriers as outlined in the report.

Appendix A. Agenda of Building Research Partnership training

Building research partnerships section 1Section 1 consists of a series of pre-recorded presentations introducing PPI in research, which can be accessed at any time. These pre-recorded videos cover topics such as;

- Defining PPI
- Why PPI is needed and should be incorporated into the research life cycle
- Roles and responsibilities of researchers
- PPI roles in research
- PPI case studies

Face to face Building Research Partnerships (Section 2 example agenda)

09.30am – 4.00pm

09.30am	Registration
10.00am	Welcome and Introductions (Session 1)
	What is research? (Session 2)
	Why is PPI important? (Session 3)
	Comfort break
	Involvement throughout the research cycle (Session 4)
12.40pm	**Lunch**
1.10pm	Partnership - roles and responsibilities (Session 5)
	Communicating research (Session 6)
	Comfort break
	Current Research and Patient Involvement + Funding Applications (Session 7)
	Sharing learning and action planning (Session 8)
4.00pm	**Close**

Virtual Building Research Partnerships (Section 2 example agenda)

10.30am – 12.15pm

10.30am	Housekeeping and introductions
10.45am	Practical PPI planning exercise ▪ Initial considerations when planning for PPI ▪ Roles and responsibilities ▪ Methods of involvement ▪ Challenges and solutions
11.45am	**Open PPI Q&A session**: discussion with the panel and other attendees
12.05pm	Close

Further information on the Building Research Partnerships training, including how to access Section 1 and register interest in live sessions, is available via the HSC R&D Division website.