



Royal College of Occupational Therapists' Research and Development Strategy 2019-2024

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The Royal College of Occupational Therapists is a wholly owned subsidiary of the British Association of Occupational Therapists (BAOT) and operates as a registered charity. It represents the profession nationally and internationally, and contributes widely to policy consultations throughout the UK. RCOT sets the professional and educational standards for occupational therapy, providing leadership, guidance and information relating to research and development, education, practice and lifelong learning. In addition, 10 accredited specialist sections support expert clinical practice.

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Executive summary

The purpose of the *Royal College of Occupational Therapists' research and development strategy 2019–2024* (the Strategy) is to:

1. Inform, guide and direct the development of research in the occupational therapy profession in the UK.
2. Inform, guide and direct the activity of the Royal College of Occupational Therapists (RCOT) in relation to supporting the development of research confidence, capability and capacity within the occupational therapy profession in the UK, and the quality and impact of the associated research outputs.

The Strategy builds on those that have preceded it, recognising the progress that has already been made, along with the ongoing need to build the capability, capacity and enthusiasm for research in the profession. It takes account of contemporary drivers for a research-engaged culture, highlighting the benefits for those accessing occupational therapy services, departments and organisations, individual occupational therapists and the profession as a whole.

RCOT's vision for research is that within the next decade a UK-wide culture that embraces engaging in and with research as every occupational therapist's business will become embedded within the profession. This professional culture will recognise and value a spectrum of engagement, from working actively *with* existing research evidence, to participating *in* the development of the evidence base.

The *RCOT research and development strategy 2019–2024* provides the basis upon which we will:

- i. effect a step change in research confidence, capability and capacity within the occupational therapy profession in the UK;
- ii. support the effective understanding and implementation of existing evidence in occupational therapy practice;
- iii. support the generation of new knowledge and the continued expansion of the evidence base underpinning the practice of occupational therapy and demonstrating its clinical and cost effectiveness;
- iv. enhance the experiences and outcomes of the individuals, groups and communities accessing the evidence-informed services of occupational therapists in the UK; and
- v. promote recognition beyond our own profession of the quality, relevance and impact of research undertaken by occupational therapists and its contribution to the health and wellbeing of the nation.

Ten key principles underpin the Strategy, the first of which is that the individuals, groups and communities we work with are at the core of occupational therapy practice, and the effectiveness and efficiency of service delivery are at the core of this Strategy. Progressing the vision and aims of the Strategy is recognised as a shared endeavour between RCOT and its members. Accordingly, actions are identified for both.

Building the research capacity of our profession and the evidence base demonstrating the clinical and cost-effectiveness and impact of our contributions, and firmly embedding that into day-to-day practice, is in all our interests.

Royal College of Occupational Therapists' research and development strategy 2019–2024

Introduction

Occupational therapists improve the lives of individuals, groups and communities through supporting people to do the things they need and want to do. By increasing people's independence and promoting their health and wellbeing through participation, occupational therapists also save money for health and social care services. Changes in the direction and structures of contemporary service delivery provide a rich range of opportunities for our profession to expand its reach to support and transform the lives of even more people across the four nations of the UK. To make the most of these opportunities, it is crucial that we use evidence-based interventions, robustly evidence the impact and the cost-effectiveness of our services, and continue to expand the evidence base, particularly as the scope and nature of practice evolves. Engaging in and with research is therefore central to the role of every occupational therapist in the UK, wherever they work.

The *Royal College of Occupational Therapists' research and development strategy* sets out our vision of an embedded professional culture of engagement in and with research, our specific aims over the next five years and the key principles that will guide the shared endeavours and actions of RCOT and our members. The Strategy is based on feedback gathered from extensive member consultation during a two-year RCOT Research and Development Review that ran from June 2017 (see Appendix 1 for an overview), policy drivers, professional and regulatory body expectations, research evidence and best-practice guidance.

Background

The first *College of Occupational Therapists: research and development strategy* was published in 1997 (Eakin et al 1997) and represented a milestone in the development of the profession in the UK. It set out the importance of research and development (R&D) activity for all occupational therapists, whether as consumers of research, participants in research or active researchers. This Strategy raised the profile of research and development within the profession and saw the establishment of the College R&D Board.

The 1997 R&D Strategy was reviewed in 2000 to reflect on its impact, re-examine its objectives in the light of changing policy contexts (including the emphasis on clinical governance, clinical and cost-effectiveness), promote the role of carers and people who access occupational therapy services in occupational therapy research, and devise a focused but flexible plan for the next five years. The review reaffirmed the centrality of research to the development of the profession and was informed by the Department of Health's (DH) (2000) publication, *Meeting the challenge: a strategy for the allied health professions*, which emphasised the need for the Allied Health Professions (AHPs) to enhance their skills in accessing, appreciating and using research evidence.

The resultant 2001 *R&D strategic vision and action plan* (Ilott and White 2001) was broad in approach, stating that 'occupational therapy research' incorporated research examining the processes and outcomes of practice interventions, theory, education, management and service delivery. It reiterated the central importance of research to the profession, once again identifying research as a domain of concern for all occupational therapists, regardless of their employment sector, grade or area of practice. It highlighted the personal responsibility of all occupational therapists to promote an evaluative culture to improve practice, and to use the best available evidence to inform quality, effectiveness and equity. Progress against the five key objectives identified in the 2001 Strategy was reviewed in 2007 (White and Creek 2007), and a number of further actions to support continued movement towards the stated vision were highlighted.

In the intervening decade, the landscape of health and social care practice has changed considerably, as has the infrastructure supporting knowledge creation and research. The complexity and pace of change is driven by advances in care, an ageing population and increasing complexity of needs, together with drivers such as the *Care Act 2014* (Great Britain. Parliament 2014), Northern Ireland's *Health and wellbeing 2026: delivering together* (Northern Ireland. DH 2016), Scotland's *Health and social care delivery plan* (Scotland. Scottish Government 2016), *A healthier Wales: our plan for health and social care* (Wales. Welsh Government 2018), *The NHS long-term plan* (NHS England 2019) and *The Topol review* (Topol 2019). All of these factors contribute to an age of unprecedented pressure on statutory service provision and a certainty that health and social care cannot continue to be provided according to historical models. New models of service delivery have emerged, and continue to be sought, and with them come a range of opportunities, challenges and threats. The need for the profession to robustly demonstrate clinically and cost-effective services that actively contribute to central and local government agendas and priorities, making a demonstrable difference to the health and wellbeing of the population, has never been greater (Green and Lambert 2017).

Occupational therapy and research

The National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) draw on the best available research evidence to develop practice guidelines that identify and promote good practice to improve health and social care. The quality of existing evidence has resulted in the role of occupational therapy being increasingly recognised within guidelines produced by both organisations. Examples include: *Risk reduction and management of delirium* (SIGN 2019), *Rheumatoid arthritis in adults: management* (NICE 2018), *Management of early rheumatoid arthritis* (SIGN 2011), *Parkinson's disease in adults* (NICE 2017), *Motor neurone disease: assessment and management* (NICE 2016), *Assessment, diagnosis and interventions for autism spectrum disorders* (SIGN 2016), *Stroke rehabilitation in adults* (NICE 2013), *Management of patients with stroke: rehabilitation, prevention and management of complications, and discharge planning* (SIGN 2010a), *Spasticity in the under 19s: management* (NICE 2012), *Diagnosis and management of psoriasis and psoriatic arthritis in adults* (SIGN 2010b), *Management of hip fracture in older people* (SIGN 2009) and *Mental wellbeing in over 65s: occupational therapy and physical activity interventions* (NICE 2008).

Nevertheless, there is an ongoing need to build the capability, capacity and enthusiasm for research in our profession, to ensure that the evidence base underpinning occupational therapy practice continues to expand and that the next generation is willing and able to contribute to its development. There are clearly already areas of excellence, and RCOT acknowledges that not every occupational therapist will go on to,

or will wish to, follow the path of a dedicated research career. However, consultations across the membership indicate that, alongside tackling practical barriers to engaging in and with research, many believe that new entrants to the profession and those already practising within the workforce would benefit from stronger fundamental research skills and greater confidence to use them, to ensure they are well positioned to take the agenda forward.

RCOT acknowledges the considerable external pressures on services, and recognises that many occupational therapists may hold strongly to their identities first and foremost as practitioners (Carra et al 2017) and therefore may find it initially challenging to envisage or embrace engaging in and with research. However, a systematic review by Upton and colleagues (2014) highlighted a worrying gap between the recognition *in principle* of the value of evidence-based practice to decision-making and the provision of appropriate interventions for individuals, and its implementation in practice; an observation reiterated more recently by Lehane et al (2019).

The professional culture of occupational therapy in all sectors of health and care and across the UK needs to evolve to position engaging in and with research as a matter of professional pride underpinning the quality and efficacy of the services we offer to the individuals, groups and communities we work with (Di Bona et al 2017). We need to recognise and value the wide variety of ways in which occupational therapists can engage in and with research to provide effective assessments and interventions that address what matters most to the people we work with, to enhance their own practice, and to contribute to the expansion of the evidence base underpinning practice more broadly. As three strands of cord spiral around each other to form a sturdier rope, the profession is strongest and most effective when education, practice and research are effectively interconnected, which will be crucial in continuing to develop and enhance a research-engaged occupational therapy culture.

Contemporary drivers for a research-engaged culture

Evidence suggests that a whole-systems approach is valuable in strengthening a research culture and increasing research capacity within organisations and the workforce (Gee and Cooke 2018, p1). Clearly an RCOT R&D Strategy cannot on its own influence the entire health and care economy of the UK, but it can add its voice to policies and initiatives driving change in this direction, and it can reassert the importance of occupational therapists recognising their personal responsibility to keep informed of developments in the evidence base, translating them as appropriate into their day-to-day practice.

A key framework guiding contemporary practice in health in England is the *NHS constitution* (Department of Health and Social Care 2019). The third of its seven key principles states that 'the NHS aspires to the highest standards of excellence and professionalism', and highlights that innovation and research are 'integral to driving improvements in healthcare services for patients'. *AHPs into action* (Chief Allied Health Professions Officer's Team 2017) embraces practice within and beyond the NHS, and sets out commitments and priorities designed to transform care, improve services and efficiency, and therefore deliver significant impacts for individuals and populations served by AHPs in all settings. It identifies system leaders as having responsibility for ensuring support for AHPs, including occupational therapists, engagement in continuing professional development (CPD) and research activities. Impact 4 calls upon AHPs themselves to 'deliver evidence-based/informed practice to address unexplained variances in service quality and efficiency' (p17), and Priority 3 emphasises the need to

'evaluate, improve and evidence the impact of their contributions' (p45). This framework clearly recognises that research-engaged AHPs help to strengthen the services they offer, make more efficient and effective use of time and better demonstrate the value of what they do. Reinforcing the importance of research evidence underpinning practice, regardless of the context in which it is delivered, the National Institute for Health Research (NIHR), which offers training and funding opportunities across all four nations of the UK, has recognised a need for greater support to build research capacity within the social care context (NIHR 2017, NIHR 2018b), which is such an important area of practice for occupational therapists.

The stated aim of Health Education England's (HEE) *Research and innovation strategy* (HEE 2014) is to develop a more flexible workforce that is able to respond to changing patterns of need and service delivery by encouraging staff to embrace research and innovation and creating a culture within which doing so is valued as an integral part of all healthcare roles. Northern Ireland's *Making life better: a whole system strategic framework for public health 2013–2023* (Department of Health, Social Services and Public Safety 2014, p103) identifies in Theme 6 that 'building capacity for research and strengthening the evidence base relating to public health issues will be vital to secure health benefits across all socioeconomic groups'. Similarly, *Health and Care Research Wales (HCRW) strategic plan 2015–2020* (HCRW 2016) recognises the central role R&D plays in improving the health, wellbeing and prosperity of the population, and its Strategic Aim 5 is to increase research capacity in health and social care in Wales. In Scotland, the Chief Scientist Office's (2015) *Delivering innovation through research: Scottish Government health and social care research strategy* reasserts a vision for 2020 in which the population is able to live longer, healthier lives supported by sustainable high-quality health and social care services. When identifying the need for a national conversation about the future of health and social care over the next 10 to 15 years, research is recognised as having a key role to play in supporting the delivery of Vision 2020 and planning for the longer term.

These key documents, indicative of the range of others guiding service developments and delivery across the four nations, clearly position research as a core function of health and social care, a statement explicitly made in the *UK policy framework for health and social care research* (Health Research Authority (HRA) 2017). Here, research is identified as essential for health and wellbeing by virtue of its role in improving the evidence base, reducing uncertainties and underpinning improvements in care. These principles translate into drivers targeting particular areas of practice, as illustrated by the *Framework for mental health research* (DH 2017). Recommendation 10 in this document calls for sustained efforts to expand research capacity, bolster clinical-academic research across the professions, and strengthen research awareness and participation among those working with and supporting people with mental health problems in the UK, which naturally include occupational therapists.

Regulatory and professional body expectations

The strength and consistency of the messages in these high-level cross-disciplinary drivers across the four nations of the UK could not be clearer, and they are entirely consistent with the standards and expectations set out by the Health and Care Professions Council (HCPC) as the regulator and RCOT as the professional body for occupational therapists.

The HCPC's (2013) *Standards of proficiency: occupational therapists* require occupational therapists' skills and knowledge to be up to date, highlighting the importance of career-long learning (Standard 3.3). They expect occupational therapists to assure the quality of

their practice (Standard 12) and be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and research processes (Standard 13.7). Occupational therapists are expected to use research, reasoning and problem-solving skills to determine appropriate actions (Standard 14.13), recognise the value of research to the critical evaluation of practice (Standard 14.22), be aware of a range of research methodologies (Standard 14.23) and be able to evaluate research and other evidence to inform practice (Standard 14.24).

As the only professional body for the profession in the UK, the College of Occupational Therapists' (COT) (2017) *Professional standards for occupational therapy practice* require occupational therapists to use national guidelines, research and other evidence to underpin and inform their practice (Standard 1.5), demonstrate and enhance the quality, value and effectiveness of the service/s they provide (Standard 8), and seek out and engage with CPD opportunities relevant to their individual learning and development needs (Standard 9.6), which will include the development of research-related skills where appropriate. Along similar lines, COT's (2015) *Code of ethics and professional conduct* expects occupational therapists to be aware of current policy, guidelines, research and the best available evidence, incorporating it into their work as appropriate (Standard 2.2.5), be aware of the value and importance of research as the basis of the profession's evidence base (Standard 6.1), access, understand and critically evaluate research and its outcomes, incorporating it into practice as appropriate (Standard 6.1.1), and disseminate the findings of research activity to benefit those accessing services and the profession, and to contribute to the body of evidence (Standard 6.1.9).

Further, RCOT's (2017) *Career development framework* highlights the importance of all occupational therapists continuing to develop their knowledge, skills and ways of thinking by making *Evidence, research and development* one of the essential four pillars supporting practice. The importance of effective integration of research, practice and continuing education as an integral part of professionalism is also supported by the interprofessional *Principles for continuing professional development and lifelong learning in health and social care* (Interprofessional CPD and Lifelong Learning UK Working Group 2019).

The first two of the *RCOT strategic intentions 2018–2023* (RCOT 2018) are to position the profession and RCOT members for the 21st century and to enhance the profile of the profession to a range of audiences. Building a professional culture within which engaging in and with research for the benefit of the people who access our service is the expected norm can only help to accelerate progress towards achieving these intentions.

Acknowledging the challenges

Despite the overwhelming rationale for it, the barriers to engaging in and with research are well documented (Upton et al 2014, Boaz et al 2015, Borkowski et al 2016, Birken et al 2017, Di Bona et al 2017, Matus et al 2018, Marjanovic et al 2019). They include issues such as lack of time, lack of management support, low levels of confidence and the absence of research mentorship and leadership, all of which were evident in the feedback received from RCOT members during the R&D Review. While in no way dismissing the barriers and challenges, we must also acknowledge that without robust evidence demonstrating the efficiency, effectiveness and impact of interventions and models of service delivery, occupational therapists may find themselves in a position where they are unable to maintain their current roles, diversify into new areas or expand their scope of practice (Matus et al 2018).

It is, however, equally important to recognise the extent to which individuals, teams and departments are already engaged in activities focused on improving services (e.g. audit against established standards to identify possible gaps and quality improvement projects to address those gaps). These activities are valuable in themselves, including in terms of informing future research enquiries and facilitating the translation of research evidence into practice, and potentially provide a pathway or vehicle to becoming more engaged in and with research. Assessing the local starting point, then taking an incremental approach to overcoming barriers together with actively embracing the facilitators of engaging in and with research, is an achievable strategy that has many benefits. Research evidence highlights that '...when clinicians and healthcare organisations engage with research there is the likelihood of improvement in their healthcare performance, even when that has not been the primary aim of the research' (Boaz et al 2015, p10). In addition to having positive effects on health outcomes, satisfaction with care and organisational efficiency, and beyond expanding the profession's research capacity and evidence base, involvement in research also offers individual occupational therapists opportunities for personal (as well as professional) development, enhanced job satisfaction and broader career opportunities (Matus et al 2018, Di Bona et al 2019).

The degree to which the profession has embraced research has progressed notably since the first *College of Occupational Therapists: research and development strategy* was written in 1997 (Eakin et al 1997), and even since the most recent Strategy was reviewed in 2007 (White and Creek 2007). However, within the context of contemporary health and care environments, the time is right to seek a step change that will elevate our profession and the services we offer to the next level, positioning us for the 21st century.

Purpose of the *Royal College of Occupational Therapists' research and development strategy*

The purpose of the Strategy is to:

1. Inform, guide and direct the development of research in the occupational therapy profession in the UK.
2. Inform, guide and direct the activity of the Royal College of Occupational Therapists (RCOT) in relation to supporting the development of research confidence, capability and capacity within the occupational therapy profession in the UK, and the quality and impact of the associated research outputs.

Vision for research

RCOT's vision for research is that within the next decade a UK-wide culture that embraces engaging in and with research as every occupational therapist's business will become embedded within the profession.

This professional culture will recognise and value a spectrum of engagement, from working actively *with* existing research evidence, to participating *in* the development of the evidence base. Participating *in* research offers a range of activities contributing to the overall spectrum, including facilitating the progress of a research project, developing research skills through postgraduate studies, undertaking individual research projects and leading teams of researchers and portfolios of research (Matus et al 2018) to generate new knowledge.

All occupational therapists and occupational therapy support workers, regardless of their role, employment context or area of practice, will recognise that at a personal level they can at the very least contribute something small to a much bigger shared endeavour for the benefit of the individuals, groups and communities we work with, and for the benefit of the profession as a whole.

Strategic aims

The *Royal College of Occupational Therapists' research and development strategy* outlines our approach over the next five years to supporting, facilitating and driving progress towards the vision. It provides the basis upon which we will:

- i. effect a step change in research confidence, capability and capacity within the occupational therapy profession in the UK;
- ii. support the effective understanding and implementation of existing evidence in occupational therapy practice;
- iii. support the generation of new knowledge and the continued expansion of the evidence base underpinning the practice of occupational therapy and demonstrating its clinical and cost effectiveness;
- iv. enhance the experiences and outcomes of the individuals, groups and communities accessing the evidence-informed services of occupational therapists in the UK; and
- v. promote recognition beyond our own profession of the quality, relevance and impact of research undertaken by occupational therapists and its contribution to the health and wellbeing of the nation.

Involvement of people who access services and the public

As a charity, RCOT has a responsibility to deliver public benefit. As a profession, occupational therapy is committed to person-centred practice and recognises that the people we work with bring different, and equally important, knowledge and expertise that are essential to a genuine partnership approach in research. National guidance indicates that the principle of working together with people who access services and the public should underpin all aspects of the research process (INVOLVE 2013, 2018, NIHR 2015). Accordingly, and in line with the national standards for public involvement in research (NIHR 2018a), RCOT is committed to working towards the development of an occupational therapy workforce capable of working collaboratively with people who access occupational therapy services during all stages of the research process. Further, this Strategy outlines RCOT's intention, in relation to research and development, to begin to build the strategic engagement of people who access occupational therapy services, their carers and the public into the business and governance of the organisation.

Key principles underpinning the Strategy

1. The individuals, groups and communities that we work with are at the core of occupational therapy practice, and the effectiveness and efficiency of service delivery are at the core of this R&D Strategy. RCOT expects people who access occupational therapy services not only to benefit from the evidence base underpinning practice, but also to play an active role in shaping research to

- develop new knowledge in line with national standards for public involvement in research.
2. All occupational therapists are expected to work towards developing and embedding a culture of research engagement across the profession. Engaging in and with research is core to practice, not separate from it or an optional extra. It is every occupational therapist's business.
 3. Graduates of pre-registration occupational therapy programmes must appreciate the value of engaging in and with research, and have a sound education in both qualitative and quantitative methodologies and data analysis that they are confident to use to inform and improve their practice (CAHPR 2016, McCormack et al 2019, Ward et al 2019).
 4. It is equally important that occupational therapists already on the professional register are able to critically appraise and, where appropriate, implement the research evidence emerging from both qualitative and quantitative methodologies for the benefit of people who access their service (Morris and Smyth 2017).
 5. RCOT has a responsibility to take actions commensurate with its role as the professional body to support its members to engage in and with research, and to create the foundation for and development of the cultural change we wish to see. We will support our members to support each other in developing their confidence and skills to engage in and with research.
 6. There is an inclusive spectrum of engagement in and with research along which every occupational therapist and occupational therapy support worker can find a place, and along which they can incrementally progress should they choose to do so. This spectrum is illustrated within the RCOT's (2017) *Career development framework* (see Appendix 2). It extends from effectively understanding and implementing existing research evidence at the 'knowledge application' end of the spectrum, to leading major primary research programmes and interdisciplinary research teams to generate new high-quality, impactful evidence to guide and inform practice at the 'knowledge generation' end, and encompasses the incremental stepping stones in between.
 7. All RCOT professional members have a personal responsibility to meet HCPC and RCOT standards and to manage their own continuing professional development appropriately. This includes the development of their research-related knowledge, skills and confidence, which contributes towards the quality and efficacy of the services each member is able to offer to the individuals, groups and communities they work with.
 8. Progressing the vision and aims of the RCOT's R&D Strategy is recognised as a shared endeavour between RCOT and its members. None of us can individually effect all of the changes required, but together we can each contribute something to a larger collective movement for the benefit of the people who access our services, and our profession.
 9. Mirroring the strengths of multi- and interdisciplinary approaches to working with individuals, groups and communities, it is recognised that much of the evidence underpinning occupational therapy practice will emerge from a multi- and interdisciplinary research context, and much of the primary research undertaken by occupational therapists will occur within the context of multi- and interdisciplinary research teams. We aim to support occupational therapists to confidently take their place in these research projects and programmes.

10. The Strategy should be reviewed in 2023/24 to monitor progress and to ensure that momentum is maintained towards, and appropriate action is taken to achieve, the stated vision.

To achieve our strategic aims, over the next five years RCOT will:

- A. Enhance and clarify the minimum threshold expectations regarding research knowledge and skills development in the RCOT's (2019) *Learning and development standards for pre-registration education*.
- B. Explore the recognition of placements in practice-based research settings (Baltrucks and Callaghan 2018, Birken et al 2017) as contributing to the 1000 hours of successful practice experience required within pre-registration programmes.
- C. Revise the *Evidence, research and development* pillar of the RCOT's (2017) *Career development framework*, and the CPD resources and opportunities associated with it, to more effectively meet the needs and reflect the roles and responsibilities of occupational therapists working from post-doctoral to chief investigator levels.
- D. Develop and signpost CPD resources and opportunities linked to the *Evidence, research and development* pillar of the RCOT's (2017) *Career development framework* to facilitate the building of research-related knowledge, skills and confidence in an incremental manner (Gee and Cooke 2018).
- E. Support members to develop the skills and confidence to work meaningfully and collaboratively with people who access occupational therapy services in all stages of the research process.
- F. Galvanise a cadre of occupational therapy Research Champions/Advocates to actively promote and encourage their colleagues' engagement in and with research, signposting the range of learning, development and funding resources and opportunities available and encouraging others to follow in their footsteps.
- G. Establish an RCOT Occupational Therapy Research Network to support the development of a research community for networking, mentoring and information sharing and to advance research capability and capacity in the profession across the UK, ensuring effective links with existing profession-specific networks (e.g. the Occupational Therapy Research and Evidence Based Practice Network (ORiENT) in Wales) and Council for Allied Health Professions Research (CAHPR) hubs.
- H. Encourage members to actively engage in the existing multidisciplinary CAHPR hubs across the UK (<https://cahpr.csp.org.uk/content/regional-hubs-and-contacts>) to expand their networks, benefit from multidisciplinary perspectives and access a wide range of expertise.
- I. Create an RCOT Research and Development Internship to offer a recent graduate of a pre-registration programme the opportunity to develop their research-related skills and confidence by working alongside colleagues within the RCOT Education and Research Department on live, real-world projects.
- J. Build progressive stepping stones to support the development of research capability and capacity into the design and structure of RCOT's Annual Awards for Learning, Development and Research and the RCOT Research Foundation (formerly UK Occupational Therapy Research Foundation) funding opportunities (Gee and Cooke 2018).

- K. Offer Early Researcher Prizes at both pre- and post-registration levels through the RCOT Research Foundation to recognise and celebrate the development of research capability.
- L. Focus RCOT Research Foundation grant funding on early to mid-career researchers, providing opportunities for the development of research knowledge, skills and experience, and therefore supporting research career progression through viable applications for larger external grant funding to develop the evidence base.
- M. Include within RCOT Research Foundation grant funding a commissioned call for systematic reviews to extend the assimilation and development of the evidence base underpinning occupational therapy practice.
- N. Develop an RCOT Peer Review Academy to provide (and develop skills in providing) expert insight and peer reviews for applications to the RCOT Annual Awards for Learning, Development and Research, RCOT Research Foundation grants and any other proposals requiring external review.
- O. Clearly signpost members to externally available research networks, opportunities and sources of funding (Gee and Cooke 2018).
- P. Encourage mutually advantageous partnerships between universities and practice to help build research capability and capacity, address key issues of importance to practice and policy, and facilitate the engagement of people who access services and the public in research (Upton et al 2014, Nowrouzi-Kai et al 2017, Gee and Cooke 2018).
- Q. Continue to work with the NIHR Occupational Therapy Research Advocates in England and their equivalents from the devolved nations (and seek to facilitate the creation of equivalents, where they are lacking) to support occupational therapists to make viable applications to government-funded clinical academic grants and to other major competitive funding opportunities.
- R. Lobby for, and facilitate across the UK, the development and uptake of career structures and pathways that embrace engagement in research alongside practice-based roles, including, but not limited to, government-funded clinical academic career pathways (Westwood et al 2018).
- S. Revise the research priorities for occupational therapy in the UK through a Priority Setting Partnership with the James Lind Alliance.
- T. Develop opportunities for people who access occupational therapy services, their carers and the public to strategically inform the business and governance of RCOT R&D-related activity, taking advice and liaising with other organisations experienced in this area.
- U. Encourage the development of methods reflective of the modern health and care environment and advances in digital technology to support research into complex interventions and practices that enable the profession to investigate and demonstrate the impact it may have on occupation, health and wellbeing.
- V. Commission research to undertake a contemporary assessment of occupational therapy research in the UK to benchmark its nature, scale and impact using a methodological approach that can be repeated in approximately five to 10 years' time to monitor the impact of the R&D Strategy and our progress in the development of research capacity and dissemination of high-quality, impactful research outputs.
- W. Work with RCOT Branches (specialist sections and regions) to support and align their research-related activity with this Strategy to optimise impact.

To achieve our strategic aims, RCOT asks the following of its members:

- a. Recognise the inseparable relationship between high-quality effective practice, ongoing education, and engaging in and with research, and recognise that time invested in engaging in and with research adds value to services.
- b. Actively seek out, critically consider and effectively implement existing research evidence.
- c. Be curious about how practice could be improved (Di Bona et al 2019), and incrementally build the capability and capacity to generate new evidence.
- d. Be aware of and consider the opportunities and benefits of adopting a research perspective when initiating quality improvement projects, practice developments or service innovations.
- e. Understand that research-related knowledge and skills can be learned and developed like any other, and that the principles of activity analysis can be used to plan a graded approach to developing research confidence and skills for the benefit of the people we work with, individual services and the profession as a whole.
- f. Share research-related knowledge and skills with peers and with colleagues in practice, even if they are more 'senior'. We all have something to learn from each other and we all have something to teach each other.
- g. Turn around the idea of 'paying back' a favour and adopt a 'pay it forward' approach as research-related knowledge and skills develop, to facilitate the progress of others along their journey (particularly when reaching the higher levels within the *Evidence, research and development* pillar of the RCOT's (2017) *Career development framework*). Just as each of us might seek a role model or mentor at various stages, we can also offer our experience to mentor someone else.
- h. Show visiting students where the local R&D Department is, and talk with them about how the service actively engages in and with research and any studies that are running.
- i. Be willing to proactively influence organisational and departmental cultures to embrace the value of engaging in and with research. For example, make a list of the people to influence, send them a copy of this Strategy, asking what they can do to support it, then follow this up with them after an appropriate interval.
- j. Take a proactive approach to building individual, team and/or departmental networks of mutual support to share learning and foster and facilitate knowledge exchange and research collaborations (CAHPR 2018, Gee and Cooke 2018, Slade et al 2018).

This includes recognising the value of multi- and interdisciplinary perspectives and approaches, and making links with groups such as CAHPR through their network of local hubs, the Research Design Services, one of the NIHR Applied Research Collaborations (ARCs), regional Academic Health Science Networks (AHSNs) across England, the NIHR School of Social Care Research, and/or the Wales School of Social Care Research. It also includes developing strategic collaborations and partnerships between teams, services and organisations, including universities, industry and disciplines beyond those normally found in health and care environments.

- k. Ensure that research outputs extend beyond academic peer-reviewed presentations and publications to include local dissemination that helps bridge the

research–practice gap, having a direct impact on practice and demonstrating direct benefit for the people who access services (Gee and Cooke 2018, Slade et al 2018).

Departmental leads and service managers are particularly asked to:

- l. Reinforce the inseparable relationship between high-quality effective practice and engaging in and with research, and clearly demonstrate the value that is placed on engaging in and with research as part of core business contributing to excellent service delivery (Borkowski et al 2016, Matus et al 2018, Slade et al 2018).
- m. Recognise that building a culture of engaging in and with research facilitates the demonstration of clinical and cost-effectiveness, encourages innovation, and empowers staff to reflect on their practice and make effective use of current evidence to deliver high-quality interventions and outcomes for the people accessing services (CAHPR 2018).
- n. Appreciate that finding a way to allocate elements of finite staff time and financial resources to engaging in and with research will provide a return on investment through longer-term benefits to those who access services and to organisations (Ozdemir et al 2015, Gee and Cooke 2018). Research by Matus et al (2018) highlights that investing in research capacity building offers benefits on a number of levels:
 - At a practitioner level, benefits include enhanced attitudes towards research, increased use of research evidence to inform practice, the development of critical thinking skills, a strengthened culture of evidence-based practice and an increased likelihood of greater job satisfaction.
 - At a service level, having practitioner involvement in research positively influences the infrastructure and process of care, provides a basis to inform the delivery of high-quality evidence-based healthcare and strategic service planning, and underpins the effective evaluation and demonstration of the quality and efficiency of the services being provided.
 - At a societal level, there is the potential for more successful translation of research findings into and impact on practice, enhancing outcomes for people accessing services.
- o. Identify skills from the *Evidence, research and development* pillar of RCOT's (2017) *Career development framework* to build research engagement at an appropriate level into the job descriptions of all occupational therapy staff, and set and review related annual objectives (Gee and Cooke 2018, Matus et al 2018, Slade et al 2018).
- p. Identify manageable pockets of protected time, allowing individuals and teams to engage in and with research for the benefit of the service and those who access it (Gee and Cooke 2018).
- q. Build mutually beneficial partnerships between practice and universities to support research skills development, and to identify and address pressing practice questions (Nowrouzi-Kai et al 2017, Slade et al 2018).
- r. Facilitate the development of career structures and pathways that embrace research and research skills development within practice, optimise the return of previous investments (such as funding for higher degrees) and effectively harness the developing knowledge, skills and experiences of staff (Slade et al 2018).
- s. Explore frameworks, evidence and resources that offer guidance on how to build research into your own working environment (see, for example, Association of UK

University Hospitals (AUKUH) (2016), Gee and Cooke (2018), HEE (n.d.), Marjanovic et al (2019), Matus et al (2018), Slade et al (2018), Westwood et al (2018) and/or CAHPR's (2018) *Top tips on enabling research activity*).

- t. Recognise that commitment and support from leaders and managers is crucial, and that a multifaceted approach is required to successfully build a culture of and capacity for research (Matus et al 2018).
- u. Include research, innovation and service improvement as a standing item on meeting agendas, along with a regular slot to monitor and evaluate its impact.
- v. Role-model active engagement in and with research, proactively seeking out related learning opportunities and resources as appropriate.

Taking on the challenge

Improving lives is what occupational therapists do. Building the research capacity of our profession and the evidence base demonstrating the clinical and cost-effectiveness and impact of our contributions, and firmly embedding that into day-to-day practice, is in all our interests:

- It ensures that the individuals, groups and communities we serve receive the best possible input from the profession.
- It enables services to be developed and delivered in the most effective way.
- It enables individual therapists to thrive and develop their careers.
- It raises the profile of our profession.
- It positions us well to navigate the uncertainties and complexities of health and care in the modern age.

Glossary

Research

Within the context of the UK-wide Research Excellence Framework (REF) 2021, which spans all academic disciplines, research is defined as ‘a process of investigation leading to new insights, effectively shared’ (REF2021 2019a). It includes:

the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction. It excludes routine testing and routine analysis of materials, components and processes such as for the maintenance of national standards, as distinct from the development of new analytical techniques.

(REF2021 2019a, p90)

The Health Research Authority (HRA 2017 p6) defines research as:

the attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods. This excludes audits of practice and service evaluations. It includes activities that are carried out in preparation for or as a consequence of the interventional part of the research, such as screening potential participants for eligibility, obtaining participants’ consent and publishing results. It also includes non-interventional health and social care research (i.e. projects that do not involve any change in standard treatment, care or other services), projects that aim to generate hypotheses, methodological research and descriptive research.

While the HRA definition explicitly states that audit and service evaluations are not considered to be research, this needs to be understood within the context of those activities which require HRA approval. Evaluations undertaken in everyday practice that are underpinned by knowledge acquisition, generation and sharing, and that use research methods to enhance rigour, are a necessary part of examining the outcomes of standard practice but do not fall within the scope of activities requiring HRA approval. These and other activities, such as quality improvement projects that employ robust research methods, are, however, recognised by RCOT as falling within a spectrum of research engagement.

This spectrum of engagement in and with research encompasses activities focused on applying existing evidence and those generating new, high-quality, impactful evidence (see Appendix 2). All occupational therapists should be able to position themselves at some point along this spectrum to enhance the outcomes and experiences of the individuals, groups and communities they work with and/or to make a contribution to expanding the evidence base underpinning practice.

Research capacity building

Matus et al (2018) identify that research capacity building relates to a process of individual and institutional development of sustainable abilities and skills enabling individuals and organisations to undertake high-quality research. They highlight that the

aim of research capacity building is to strengthen healthcare professionals' existing practice-related expertise with complementary research skills that enable them to contribute to the production of high-quality research which advances the knowledge base of their profession, demonstrates the effectiveness of interventions, influences funding bodies and enables evidence-based practice.

Research culture

A research culture has been described as an organisational environment in which service delivery is based on the best available knowledge and research findings, and which enables and supports the generation of new knowledge and the translation of evidence into practice (Borkowski et al 2016). A culture of research is considered to be essential for building research capacity. Strong leadership and supportive management structures have been identified as vital elements of a successful research culture, as have structures and strategies such as the allocation of time to research, mentoring, professional education, staff research positions and research infrastructure (Borkowski et al 2016, Slade et al 2018).

Building an organisational culture of research is recognised to facilitate the demonstration of clinical and cost-effectiveness, encourage innovation and empower staff to reflect on their practice and to make effective use of current evidence to deliver high-quality interventions and outcomes (CAHPR 2018).

Research impact

Within the context of the UK-wide Research Excellence Framework (REF) 2021, which spans all academic disciplines, impact is defined as 'an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia' (REF2021 2019a, p68). It includes (but is not limited to) an effect on, change or benefit to:

- the activity, attitude, awareness, behaviour, capacity, opportunity, performance, policy, practice, process or understanding
- of an audience, beneficiary, community, constituency, organisation or individuals
- in any geographic location, whether locally, regionally, nationally or internationally.

Impact also includes the reduction or prevention of harm, risk, cost or other negative effects.

Within the assessments undertaken during REF2021, research impact will be judged in terms of:

- reach, which refers to 'the extent and/or diversity of the beneficiaries of the impact, as relevant to the nature of the impact', rather than in purely geographic terms or in terms of absolute numbers of beneficiaries', and
- significance, which refers to 'the degree to which the impact has enabled, enriched, influenced, informed or changed the performance, policies, practices, products, services, understanding, awareness or wellbeing of the beneficiaries' (REF2021 2019b, p64).

Quality improvement

Quality improvement refers to the designing and redesigning of work processes and systems that deliver healthcare with better outcomes and lower cost, wherever this is possible. It ranges from redesigning how teams deliver individual services to larger-scale reconfigurations of speciality services for particular groups. It includes the redesign of training, budgeting processes and information systems, and requires leadership and a culture that understands and values quality improvement (Ham et al 2016). It is important to note that every member of staff can contribute to quality improvement initiatives, which often emerge as 'bottom-up' activities based on the insights of frontline staff regarding how to do things differently and/or how to address particular challenges.

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Appendix 1: The RCOT Research and Development Review activities

The RCOT Research and Development Review ran over approximately two years from June 2017. It encompassed a wide range of activities, member engagement opportunities and focused pieces of work, including:

- 1 R&D Review Launch Symposium, London. 12.06.17
- 2 #OTalk Research tweet-chat: 'Engaging occupational therapists in and with research'. 05.08.17
- 3 Listening Event (Northern Ireland). 10.11.17
- 4 Listening Event (Scotland). 17.11.17
- 5 Discussions with Council of Occupational Therapy Education Directors (COTED) regarding pre-registration education curricula. 21.11.17
- 6 Listening Event (Manchester). 04.12.17
- 7 Listening Event (Wales). 26.01.18
- 8 Review of RCOT Annual Awards. Concluded March 2018
- 9 Engagement with RCOT Occupational Therapy Consultants' Forum. 11.04.18
- 10 Engagement with an RCOT member about her doctoral work exploring research capacity in occupational therapy. 12.04.18
- 11 Promoting R&D Review and 'early thoughts' in a keynote at the event celebrating 70 years of occupational therapy education in Derby. 26.04.18
- 12 Engagement with RCOT Specialist Sections R&D Leads. 01.05.18
- 13 Promoting R&D Review and engagement in and with research at Coventry University final year student research conference. 23.05.18
- 14 Exploring the development of the East Sussex Research Escalator. 30.05.18
- 15 Supported a member in sharing her approach to promoting research engagement in practice via an RCOT Conference 2018 R&D Fringe Session. 11.06.18
- 16 Supported two members to showcase their approaches to promoting research engagement in practice, specifically targeting occupational therapy service managers, via an RCOT Conference Insight Session entitled 'RCOT R&D Review – Supporting your team to engage in and with research'. 13.06.18
- 17 Postgraduate Research Student Listening Event. 12.07.18
- 18 Review of UK Occupational Therapy Research Foundation. Concluded July 2018
... recommendations taken to and approved by RCOT Council. Jan 2019

19	Consultation with RCOT staff.	25.07.18
20	#OTalk Research tweet-chat: 'Creating a vibrant occupational therapy research community – the way forward?'	04.08.18
21	Desk-based research scoping of research knowledge and skills-related content of pre-registration education programme. ... poster presentation at RCOT Conference.	Concluded Sept 2018 June 2019
22	Asynchronous focus group e-consultation with occupational therapy professors.	Oct/Nov 2018
23	Secured funding for 18-month-long RCOT/James Lind Alliance Research Priority Setting Partnership.	Oct 2018
24	Engagement with RCOT Branches Forum.	13.11.18
25	OT Show presentation.	22.11.18
26	Commissioned research team to undertake a Contemporary Assessment of Occupational Therapy Research in the UK.	Dec 2018
27	Review of the research policy, infrastructure and funding arrangements of the four home nations of the UK.	Concluded Jan 2019
28	RCOT Board: Research and Development networking event at Conference: 'Draft RCOT R&D Strategy – members' consultation event'.	17.06.19
29	#OTalk Research tweet-chat: 'Testing out the new draft RCOT R&D Strategy'.	02.07.19
30	Additional consultation/testing the draft RCOT R&D Strategy with RCOT staff; external peers and supporters with appropriate knowledge, experience and expertise; members of all six RCOT Boards, the UK Occupational Therapy Research Foundation (UKOTRF) Advisory Group, the RCOT Consultants' Forum, the RCOT Branches' Forum, RCOT Specialist Section R&D Leads and a selection of members broadly representative of the range of RCOT members (e.g. associate members, students, recently qualified members, more experienced practitioners, academics, post-registration research students, clinical academics, senior researchers).	March–July 2019

Appendix 2: Illustrative examples of the research in practice spectrum

RCOT's (2017) *Career development framework* is an overarching set of guiding principles for occupational therapy and offers a structured process to guide careers, learning and development within our profession. There are four Pillars of Practice, as shown below in Figure 1, and each pillar has nine levels of career development, as shown in Figure 2.

The Career Framework Pillars of Practice

Professional Practice	Maintain occupation at the centre of practice. Deliver safe, effective, person-centred and ethical practice. Use professional judgement, reasoning and decision making.
Facilitation of Learning	Teach, mentor, supervise and/or assess others. Facilitate placement learning. Create and evaluate learning environments, tools and materials.
Leadership	Identify, monitor and enhance own knowledge and skills. Guide, direct and/or facilitate teamwork. Design, implement and manage professional and/or organisational change.
Evidence, Research and Development	Influence broader socio-economic and political agendas. Create, use and/or translate evidence to inform practice. Design, implement, evaluate and disseminate research.

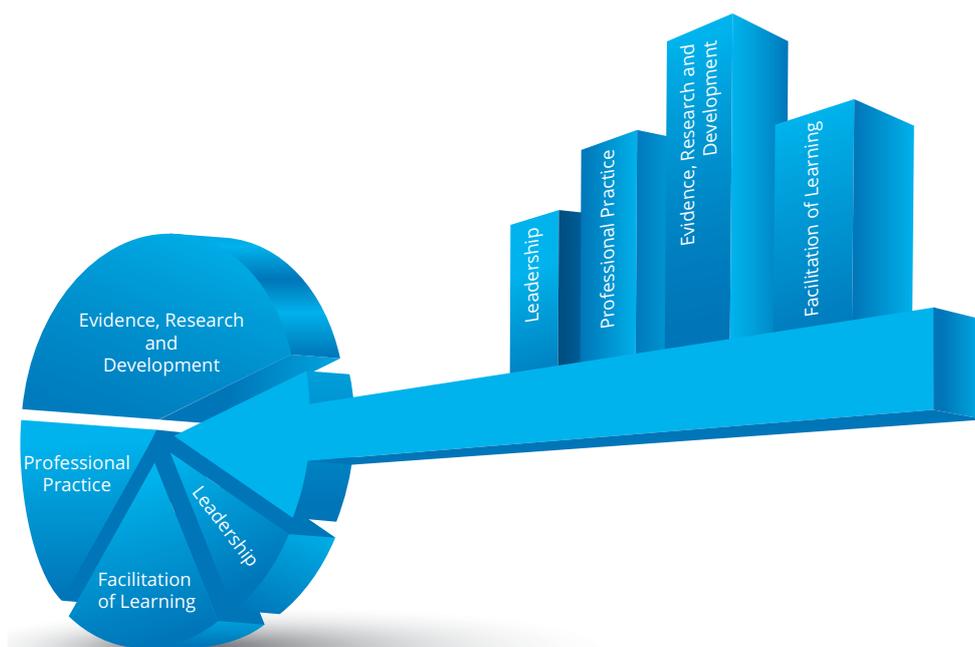


Figure 1: Career pillars



Figure 2: Career levels

The *Evidence, research and development* pillar includes the following suggestions for engaging in and with research at the different career levels:

Career Level 1 – Basic general knowledge and an awareness of the role of occupational therapy

- Positively question your own and others' practice to create opportunities to generate new knowledge or understanding.
- Include research as a standing item on team meetings – and use it actively.
- Understand and comply with research governance processes.
- Take part in quality improvement projects.

Career Level 2 – Basic understanding of occupational therapy and the field of work

- Understand and comply with research governance processes.
- Undertake service evaluation processes and contribute to quality improvement initiatives with guidance.
- Sign up to receive the RCOT R&D Bulletin (available to RCOT members only).
- Take part in a journal club.

Career Level 3 – Knowledge and understanding of facts, occupational therapy procedures, processes, principles and general concepts in a field of work

- Find a buddy to assist in skills development – volunteer your time to support their work as a CPD opportunity.
- Support the recruitment of research participants.
- Undertake an audit and contribute to quality improvement initiatives with minimal guidance.
- Sign up to receive monthly *British Journal of Occupational Therapy* alerts (<https://journals.sagepub.com/home/bjo> – scroll down to bottom right).
- Set up a journal club.
- Use RCOT evidence-based practice guidelines.

Career Level 4 – Knowledge and understanding of occupational therapy principles, procedures, processes and general concepts within a field of work

- Undertake systematic information searches.
- Develop knowledge of different research approaches.
- Create research noticeboards with guidance to inform content.
- Respond to RCOT Practice Guideline development opportunities.
- Undertake participant recruitment and consent activities as part of a team.
- Engage in/set up audit activities and contribute to quality improvement projects.
- Disseminate evidence/share findings of audits and service evaluations.
- Prepare presentations or posters.

Career Level 5 – Comprehensive, specialised, factual and theoretical knowledge and understanding of occupational therapy and of the boundaries of that knowledge

- Identify evidence gaps and contribute to the formulation of critical questions for further research, including research questions for pre-registration occupational therapy students at local universities.
- Contribute to small grant applications and awards with support.
- Contribute to the development of clinical guidelines.
- Set up small-scale research or quality improvement projects.
- Submit abstracts for conferences.

Career Level 6 – Critical understanding of theory and practical occupational therapy knowledge

- Facilitate the involvement of people who access occupational therapy service, staff and/or students to co-design and co-produce aspects of research.
- Contribute to peer review processes, e.g. journal reviewer, conference abstract reviewer.
- Contribute to the supervision of research assistants and Master's students identifying and linking with local trials/studies (not necessarily occupational therapy-specific or led).
- Develop larger grant applications.
- Dissemination and publication of research findings.

Career Level 7 – Highly specialised knowledge and critical awareness

- Build partnerships between practice and local Higher Education Institution and/or other external organisations, including industry.
- Identify trends and changes in the health, wellbeing and needs of a population that warrant research.
- Contribute to the development and evaluation of guidelines and policy at a local, regional and/or national level.
- Support the strategic vision to create a culture which supports others to engage in research and service and quality improvement at an operational level.

Career Level 8 – Most advanced and specialised knowledge and skills

- Supervise Master's, doctoral and post-doctoral projects.
- Contribute to substantial external proposals for funding.
- Develop international research links.

Career Level 9 – Innovate and advance occupational therapy in the wider context

- Supervise others to contribute to substantial external proposals.
- Create and embed a research culture at a strategic level.
- Contribute to substantial external proposals for funding and multi-centre trials.
- Develop an international research profile.

Adapted from: RCOT (2017) *Career development framework: guiding principles for occupational therapy*. See: www.rcot.co.uk

Royal College of Occupational Therapists' Research and Development Strategy 2019-2024

Royal College of Occupational Therapists

The *Royal College of Occupational Therapists' research and development strategy 2019-2024* is intended to inform, guide and direct the development of research capability and capacity in the occupational therapy profession in the UK and the quality and impact of the associated research outputs. It builds on the research and development strategies that have preceded it and takes account of contemporary drivers for the research-engaged culture within the profession that RCOT seeks to cultivate. Highlighting the benefits for those accessing occupational therapy services, departments and organisations, individual occupational therapists and the profession as a whole, the Strategy promotes a spectrum of engagement, from working actively *with* existing research evidence, to participating *in* the development of the evidence base. Ten key principles underpin the Strategy and, recognising that achieving the Strategy's aims is a shared endeavour between RCOT and its members, actions are identified for both.

The *Royal College of Occupational Therapists' research and development strategy 2019-2024* is of relevance to all occupational therapy personnel, regardless of the context within which they work, departmental and organisational leads and managers, service commissioners, providers of pre and post-registration education and funders of research.

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