

# Advancing occupational therapy: Research and Innovation Strategy

2025–2035



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# Forewords

Occupational therapy is essential for health, social care and societal wellbeing. It helps individuals manage their health and engage in meaningful activities, reducing pressure on health and care services. Research and innovation drive our profession forward, improving health outcomes and creating career opportunities. This new co-produced Research and Innovation Strategy, is part of our 10-year Workforce Strategy. It aims to enhance our workforce's ability to engage in research and apply evidence in practice, improving service quality and reducing health inequities.

Our vision is for our members to be changemakers, championing research and innovation. Embracing values of equity, diversity and belonging, together we will advance a culture of curiosity, collaboration and continuous improvement to enhance the lives and wellbeing of people and communities we work with. Our aim is to influence a positive culture for research and innovation and build the capacity and capability of our current and future workforce to embrace and actively engage with research, innovation and quality improvement activities.

This strategy is for the entire UK occupational therapy workforce, including our support workers, learners, practitioners, educators, researchers and leaders. It is also relevant for decision makers and those who access occupational therapy services.

By collaborating with individuals with lived experience and colleagues from allied health professions, we can enhance our visibility and influence, securing fair access to investment and infrastructure. Research and innovation thrive when everyone participates, and we need a workforce capable of generating and sharing evidence in a continuous cycle of improvement.

**Join us in advancing occupational therapy to drive positive change and improve lives.**



**Odeth Richardson** (she/her)

Chair of BAOT Council and RCOT Board

# Forewords

In 2024, we published our Occupational Therapy Workforce Strategy positioning the profession for 2035 and beyond. At the heart of this Workforce Strategy is recognition of the importance of a robust evidence base to ensure not only the future of the profession but how and where we are most effectively positioned across education, health and social care.

The phrase 'knowledge is power' recognises that knowledge allows us to do new things and to evolve. This new Research and Innovation Strategy sets out how we can work together, regardless of level of practice or sector, to build that evidence base and harness its power. With over 48,000 registered occupational therapists, and also occupational therapy support workers and learners, along with people with lived experience, we can all contribute to achieving this. The strategy and three-year action plan outlines our commitment as the professional body to lead, however, to build capacity and capability, and shape the context and culture of research and innovation in occupational therapy, we need everyone to commit. This is our opportunity to develop a professional movement that expects within our practice we not only keep abreast of and apply existing evidence, we also actively contribute to its growth.

We've established key pillars from HCPC standards, RCOT professional standards, and RCOT Career Development Framework, along with national AHP research and innovation guidance. Our Research and Innovation Strategy is set to launch this movement and propel our profession forward.



**Karin Orman**

Director of Practice and Innovation, RCOT

# Introduction

**Occupational therapy plays a vital role in health, social care and society. It enables people to manage their health and care needs and to do the occupations that they want, need and like to do. An occupation is any activity that supports physical, mental, emotional and spiritual wellbeing.**

By helping people manage their health, it saves money and reduces pressure on health and social care services. With a new UK government 10-year health plan expected in 2025 focussing on prioritising services outside of hospital and strategies to keep people healthy and prevent illness, occupational therapy is key to a better future for many people. It must be included in the strategic planning and allocation of resources to manage health, education, housing and care needs in the UK.

Research and innovation drive our profession forward to improve people's health and wellbeing and create growth opportunities for your career. As part of our 10-year Workforce Strategy (RCOT 2024), this Research and Innovation Strategy aims to build the capacity and capability of both our current and future workforce to actively engage in research and innovation. Our goal is to enable the occupational therapy workforce to generate and integrate research and real-world evidence into practice, improving service quality and care, and reducing health inequities.

Through this strategy, we're committed to achieving transformational impact and sustainable change, enabling services guided by evidence and equipping occupational therapists with the information they need to deliver the best services to the people and communities we work with. We took an inclusive approach and co-created our strategy with members, stakeholders and people with lived experience. Although we found many of the known barriers to research and innovation engagement still exist, as identified in previous RCOT research and development strategies (RCOT 2019, White & Creek 2007, Illot & White 2001), there is a definite cultural shift towards the need to use evidence to support change and a desire to improve the evidence base for occupational therapy.

## Who is this Research and Innovation strategy for?

This strategy is relevant for the UK occupational therapy workforce, inclusive of all career stages, employment sectors and job roles including:

- support workers
- learners (current students and apprentices)
- practitioners
- educators
- clinical practitioner academics
- quality improvement practitioners
- researchers
- professional, policy and service leaders.

It is also relevant for key decision makers and system leaders who commission, fund, design, organise and evaluate occupational therapy, and the people who access occupational therapy services, their families and carers and communities. By partnering with people who have firsthand experience of receiving occupational therapy, as well as colleagues from allied health and other health and care professions, education and industry, we can enhance our visibility, reputation and influence. This collaboration will help us secure fair access to investment and infrastructure, benefiting everyone, including future leaders in occupational therapy research and innovation.

## Research and innovation are everybody's business

Research and innovation thrive when everyone gets involved because groundbreaking ideas emerge not from a select few, but from a collective commitment to curiosity and progress. We need an occupational therapy workforce that is capable of finding, using and generating evidence. We need to share that learning widely with others in a continuous cycle of quality improvement.



# What do we mean by research and innovation?



Research is defined as the attempt to create generalisable or transferable new knowledge to answer or refine clearly defined questions with systematic and rigorous methods. This excludes audits of practice and service evaluations (NHS Health Research Authority, 2023).

Innovation refers to both invention (creating new ideas, products, services or models of care) and adoption (implementing what has worked elsewhere) (Care Quality Commission, 2022).



Research and innovation are connected, with research often leading to innovation and vice versa. Innovation can emerge from the findings, discoveries or insights gained through research activities. Similarly, innovation can drive further research through creating new challenges, opportunities or avenues for exploration and entrepreneurship. This partnership drives progress by turning research ideas into practical applications and creating new challenges for further research. This relationship fosters continuous improvement, addressing complex problems and developing impactful solutions. It bridges the gap between researchers and practitioners, promoting interdisciplinary practice and accelerating the implementation of research into practice, ultimately improving health, wellbeing and care outcomes (Health Education England, 2022).

Quality Improvement (QI) involves a systematic and co-ordinated approach to solving a problem using specific methods and tools with the aim of bringing about measurable improvement in UK health and social care systems (Jones, Kwong & Warburton 2021, p3). Through its systematic and evidence-informed approach, QI provides a robust framework for translating research evidence and innovation into practice while generating valuable local knowledge. This methodological rigour enables healthcare organisations to pilot, evaluate, and implement innovations in ways that are responsive to local needs and circumstances. Research aims to create new knowledge to improve practice, but there's often a delay between publishing research and its widespread adoption, causing delays in benefits to people accessing services (Collins 2018). QI allows health and care providers to adapt research findings to their local context, to find out what works best in that setting or environment, generating new knowledge. It uses systematic methodology for implementing and evaluating innovation. QI and research cross in improvement science, which studies QI methods to ensure their effectiveness (Backhouse & Ogunlayi 2020) and implementation science which is the study of how to get research findings and best practices used in everyday practice (Dolansky, Horvat Davey & Moore 2024).

Knowledge mobilisation refers to the process of actively transferring, sharing, and applying evidence to drive change. That evidence could come from real-world evaluation, innovation or research. Real-world evaluation emphasises measuring outcomes and understanding implementation in practice settings.

Ultimately, the impact of these activities is improved outcomes for people accessing services, the workforce or the system they work within.





# UK context for research and innovation

## Challenges and opportunities

The transformation of health and social care delivery is essential to meet the evolving needs and expectations of the diverse communities served by occupational therapy practitioners (RCOT Workforce Strategy, 2024). Research and innovation are crucial in driving improvements through transformation. Evidence shows that research-led and evidence-informed practice enhances workforce capability and ensures high-quality care (Slade et al., 2018, Chalmers et al., 2023).

Using structured tools to collect impact data can significantly benefit healthcare organisations and the broader health system (Holliday, Jones & Cook 2023) and using systematic quality improvement methodology supports innovation and adoption. Across the UK, partnerships that span several organisations, such as Integrated Care Systems (ICSs) in England, Integration Joint Boards in Scotland, Welsh Regional Partnership Boards and the ICS in Northern Ireland, are increasingly looking to drive change across and between organisations and networks using improvement approaches (Jones & Pereira 2023).

Enhancing practice expertise with research skills is most effective when organisations treat research as core business and Allied Health Professionals (AHPs) see their research engagement as valued and integral to their roles, not as an additional or elitist task (Matus et al., 2018). When practitioners and health and care organisations engage in research, there is the likelihood of improvement in their performance, even when that has not been the primary aim of the research (Boaz et al., 2015). Improvement approaches have been shown to have a positive impact on workplace culture, autonomy, job satisfaction and development of key professional skills (Jones & Pereira 2023).

Prioritising the capacity building of the occupational therapy workforce in research and innovation is essential due to its many benefits, such as enhanced service delivery and quality for people accessing services, career advancement and job satisfaction for therapists, and broader positive effects on organisations and society (Chalmers et al., 2023, Jones & Pereira 2023, Comer et al., 2022, Health Education England 2022, Newington et al., 2021).

The Multi-professional Practice-based Research Capabilities Framework (NHS England 2024) provides a structured approach to developing research skills within one of the four pillars of practice. It encourages health and care professionals to integrate research into their daily work. The Framework is focused on health and care professionals working in England

but it offers a useful reference for the other three nations. We also support using frameworks, including the RCOT Career Development Framework, to guide research skill development at all career levels. However, we know that significant disparities, for example in gender, disability and race, exist in access to education, developmental opportunities and careers related to research and innovation. AHPs often have fewer opportunities compared to doctors and nurses, and there are also noticeable differences among the AHP disciplines (Baltrucks & Callaghan 2018). A summit held by the National Institute for Health and Care Research (NIHR) and Health Education England in 2022 (Watson 2023) called for action, allyship and collaboration to further advance research related engagement and career opportunities across all AHPs to eliminate recognised professional underrepresentation and improve equity. Recognising this disparity, the NIHR announced in 2023 it will spend an additional £30 million per year to increase research opportunities for healthcare professionals in England, including occupational therapists, to embrace research in their careers. It includes funding for a range of new and expanding programmes of activity (National Institute for Health and Care Research 2023).

Strategically, the occupational therapy workforce needs to take full benefit of the new funding opportunities offered. However, funding alone will not close the gap. Scaling and spreading innovation within the NHS, public health and social care is a well-recognised and long-standing challenge (Albury et al, 2018). We need action at multiple levels to achieve the transformational change outlined in national policy documents across the UK including those in:

- **England** – NHS Long Term Plan (NHS England 2019) and related strategies such as the Allied Health Professions Strategy for England 2022-2027: AHPs Deliver (NHS England 2022), the AHP Research and Innovation Strategy for England (Health Education England 2022), Adult Social Care Workforce Strategy 2024 (Skills for Care 2024) and Against the Odds (Albury et al 2018)
- **Northern Ireland** – Research for Better Health and Social Care Strategy 2016–2025 (Department of Health, Social Services and Public Safety 2016) and the AHP Research and Innovation Strategy for Northern Ireland (Department of Health Northern Ireland, 2023)
- **Scotland** – The Scottish Health and Social Care: National Workforce Strategy (Scottish Government 2022) and Scottish Research and Development and Innovation Strategy 2021-2024 (NHS Scotland 2022)
- **Wales** – A Healthier Wales (Welsh Government 2021), Ymlaen – Welsh Research, Innovation and Improvement Strategy for Social care 2024 to 2029 (Social Care Wales 2024), Making research careers work: a review of career pathways in Health and Social Care in Wales (Health and Care Research Wales 2022); the Welsh NHS Framework for Research and Development – Research matters (Health and Care Research Wales 2023) and the associated Priority Project to develop an action plan to increase capacity and capability for doing and using research in the nursing, midwifery and 13 allied healthcare professions (to be published 2025).

We have a key role here in advocating, influencing and lobbying for change within all four nations, across all sectors, but we also need all members and stakeholders to take meaningful and impactful actions within their areas of influence.

Equity of opportunity for the occupational therapy workforce across the four UK nations is crucial, but it's equally important to address the significant underrecognition of minoritised researchers, including women, people of colour, LGBTQIA+ individuals, disabled people and those with intersectional identities among those receiving grant funding (Gladstone et al, 2023). A report found that while overall grant success rates for men and women were similar, UK-based Black, Asian and minority ethnic applicants had significantly lower success rates compared to White applicants, with Black applicants experiencing the lowest success rates. Additionally, women and Black, Asian and minority ethnic applicants were less likely than men and White applicants to apply for higher-value or more senior schemes (Wellcome, 2021). To address inequity in research grants, opportunities for support with innovation and careers for people from minoritised groups, a multifaceted approach is required to create a more equitable research funding environment where all researchers can thrive.

We recognise that a diverse research and innovation community is needed – it is vital that we create equitable environments that enable all our workforce, including those from marginalised groups, people of colour, LGBTQIA+ people and disabled people to achieve their potential. Through our Equity, Diversity and Belonging Strategy (RCOT 2023), we will work with members, volunteers, learners, colleagues, partners and stakeholders to create a sense of belonging to the diverse, authentic and empowering research and innovation culture we are building together.

Setting research priorities can maximise the benefits of research efforts and investment. We published the top ten research priorities for occupational therapy in the UK in 2021 (RCOT 2021) and the occupational therapy research community has made some progress towards addressing these priorities (Martin and Ward 2024). However, there is more to be done to refocus research efforts and promote future priority-driven occupational therapy research. We recognise the rise in Artificial Intelligence (AI) applications within research and innovation and in health and social care services more broadly, and support using AI-based tools ethically and transparently.



Ultimately, research and innovation aim to improve the lives and wellbeing of the people and communities we work with. We can't do this without understanding the needs, challenges and priorities of those people and working together in partnership with them. The UK Standards for Public Involvement (UK Public Involvement Standards Development Partnership 2019) developed by NIHR, Chief Scientist Office (CSO) Scotland, Health and Care Research Wales and the Public Health Agency Northern Ireland sets out a framework for what good public involvement in research looks like and is adaptable to different situations including innovation.

Meaningful involvement of people with lived experience, their families and carers can make a real difference to health and care research and innovation. However, we need to support the occupational therapy workforce to enable those voices to be heard and changes are needed in the way in which people who access services, communities and the public are engaged and involved in occupational therapy research, innovation and quality improvement activities (Atkin, Thompson & Wood 2020). It is important that we encourage our researchers and innovators to take an inclusive approach to involving under-represented or under-recognised groups in our research and innovation, but we also need more research by and about the specific needs and challenges of the diverse groups of people accessing our services.

Together with recommendations that will support change to the environments where occupational therapists work, we will focus on supporting our members to develop their skills and confidence to undertake, evaluate and disseminate research, innovation and quality improvement activities. There is an urgent need to focus on growth, career pathways and stability, sustainability and leadership within our occupational therapy research and innovation community. There is an opportunity to influence the forthcoming revision and expansion of the RCOT Learning and development standards for pre-registration education to ensure that research and innovation are firmly embedded in curricula and early careers development, along with opportunities for research and innovation within practice placements.

Occupational therapy is not the only allied health profession seeking to address these challenges and make the most of opportunities for advancement. Through working in partnership with our allied health professional colleagues, other health and care colleagues in education, non-profit organisations and companies, we have an opportunity to secure greater visibility, reputation and influence and to achieve proportionate access to investment and infrastructures.

# Our vision

We want our member to be changemakers, championing research and innovation. Embracing values of equity, diversity and belonging, together we will advance a culture of curiosity, collaboration and continuous improvement to enhance the lives and wellbeing of people and communities we work with.

Our aim is to influence a positive culture for research and innovation and build the capacity and capability of our current and future workforce to embrace and actively engage with research, innovation and quality improvement activities. We will do this through focussing on our four priority areas from our Workforce Strategy (RCOT 2024).

## Optimising occupational therapy



### We will:

- **support** occupational therapy practitioners to be changemakers, using their skills and knowledge to lead and co-design innovative products, interventions and services that improve people's lives and wellbeing
- **champion** innovative service delivery models that improve access to occupational therapy and achieve health equity for all.

## Retention and career development



### We will:

- **support and promote** the development of all occupational therapy practitioners, especially those from historically marginalised and under-represented communities, to be where they want to be, at each stage in their career
- **build** our profession's capacity, confidence, and capability to incorporate leadership, learning, research, and innovation into practice.

## Demonstrating value and impact



### We will:

- **build** our real-world and research evidence for occupational therapy and justify investment in the occupational therapy workforce by quantifying the impact
- **work with our leaders** to put the case for how and where to deploy our expertise to add the most value for people and their families, the wider health and care system and to avoid critical shortages within the occupational therapy workforce.

## Effective workforce planning



### We will empower the occupational therapy workforce to:

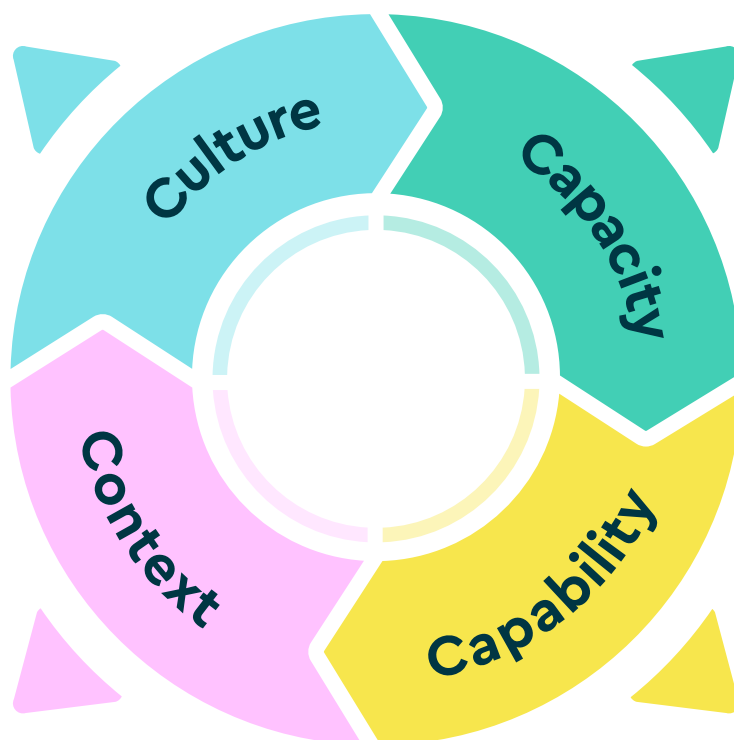
- **contribute** to, access, and use the workforce planning data and intelligence available to them
- **use the data** and intelligence to make informed decisions about their positioning within the health and care system.

# Four areas for action

Aligned with other national research and innovation policies and strategies, our Research and Innovation Strategy includes four areas for action to achieve our aim. These are inter-dependent and are equally important to achieve transformational impact and sustainable change.

**Culture** (beliefs, values and behaviours) of expectation within the occupational therapy workforce that research and innovation are everybody's business.

**Capacity** (availability and engagement) of the whole occupational therapy workforce to implement research and innovation in practice together with people with lived experience.



**Context** (situation or environment) for the occupational therapy workforce to have equitable access to sustainable support, infrastructures and investment for research and innovation.

**Capability** (skills and knowledge) of individuals to undertake and achieve excellence in research and innovation activities, roles, careers and leadership.

| Area       | We will:  |
|------------|---|
| Capacity   | <ul style="list-style-type: none"> <li>• lobby for funding and career development opportunities in all areas of occupational therapy practice, including clinical practitioner academic posts and research and innovation implementation delivery roles</li> <li>• undertake strategic influencing of funders, including charities in all four UK nations</li> <li>• work in partnership with the Community for Allied Health Professions Research (CAHPR) and other networks, to develop a stronger voice for AHPs by lobbying and campaigning together</li> <li>• influence workforce planning in terms of job roles and leadership opportunities</li> <li>• identify and promote career development opportunities at all levels, including research and innovation responsibilities, pathways, secondments, substantive career routes, clinical practitioner academic and leadership roles</li> <li>• encourage involvement of the whole occupational therapy workforce to engage in research and innovation.</li> </ul>   |
| Capability | <ul style="list-style-type: none"> <li>• influence the pre-registration occupational therapy curriculum through the revised and expanded RCOT Learning and development standards for pre-registration education (to be published in 2026) so new graduates are confident in research and innovation skills</li> <li>• provide targeted support to our occupational therapy learners to help them understand and engage with research and innovation</li> <li>• create supportive online communities that enable early career occupational therapists to apply and develop their research and innovation skills</li> <li>• identify learning and development needs for continuing professional development and promote opportunities to members</li> <li>• support the development and use of frameworks to guide planning and the development of researchers to ensure they meet the needs of our profession</li> <li>• support our members to make use of AI in research and innovation activities</li> <li>• support our members to understand how to use routinely collected data in quality improvement</li> <li>• support our members to understand the value of economic evaluation in research and quality improvement</li> <li>• encourage the use of systematic improvement methodologies within new and developing areas of practice</li> <li>• support our members to learn about and use systematic methodologies and tools for quality improvement</li> <li>• provide the opportunity for our members to develop research and innovation leadership behaviours.</li> </ul> |



| Area              | We will:  |
|-------------------|---|
| <b>Capability</b> | <ul style="list-style-type: none"> <li>• build our research community where members can develop confidence, support and learn from one another</li> <li>• build our innovation community where together members can learn about leading change</li> <li>• support active uptake of evidence and related resources, with an explicit focus on implications for practice</li> <li>• make occupational therapy evidence more accessible, timely and relevant for evidence-informed decision and policy making</li> <li>• develop and disseminate research evidence syntheses, rapid reviews and evidence-based guidelines to support improvement</li> <li>• work in partnership with CAHPR and other networks to develop and share resources</li> <li>• continue to fund research and innovation activity through the RCOT Research and Innovation Fund</li> <li>• support our members to understand and recognise barriers to inclusion</li> <li>• advocate for meaningful involvement of people with lived experience, and diverse communities in research and innovation activities, and support our members to do this</li> <li>• equip our members to drive sustainable change that creates a positive impact which endures and evolves</li> <li>• celebrate and promote our research and innovation activities.</li> </ul> |
| <b>Context</b>    | <ul style="list-style-type: none"> <li>• embed the principles of our Equity, Diversity and Belonging Strategy in all that we do</li> <li>• support and develop our members who take on community volunteer roles in delivery of the Research and Innovation Strategy</li> <li>• advocate for fair, accessible, inclusive research (FAIR) so that the occupational therapy workforce has the same opportunities as other health and care professions</li> <li>• work in partnership with the Community for Allied Health Professions Research (CAHPR) to develop a campaign for FAIR research</li> <li>• advocate for equitable access to roles and research opportunities for those with protected characteristics in all four UK nations</li> <li>• promote funding and research that improves health and wellbeing outcomes for minoritised and historically under-represented and under-acknowledged people</li> <li>• support pre-registration occupational therapy programme providers to meet the minimum standards for research and innovation education experience as defined in the revised and expanded RCOT Learning and development standards for pre-registration education (for publication in 2026)</li> </ul>   |

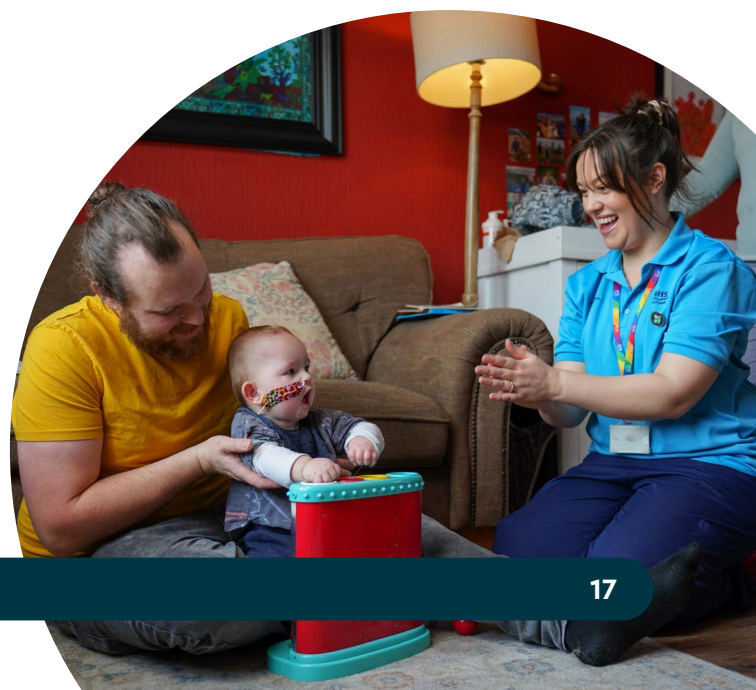
## Area We will:

### Context

- recognise and share good practice in research and innovation education through our online communities
- encourage and support development of partnerships between higher education and occupational therapy service providers
- advocate for more occupational therapists represented at local, regional and national level forums for senior research and innovation leaders
- strengthen partnerships with existing partners and stakeholders across all four nations
- develop new external partnerships with companies and charities across all sectors that align with our values
- make a commitment to environmental sustainability in occupational therapy research and innovation initiatives
- promote priority-driven research and re-focus attention on the top 10 priorities for occupational therapy research in the UK.

### Culture

- acknowledge differences between UK nations, whilst influencing systematic resourcing for research and innovation across all sectors
- enable access to role models and explore mentorship opportunities
- support and enable our learners to engage in research and innovation opportunities within practice placements
- provide organisational support for engagement between research and innovation leaders through our online communities
- support and enable our members to actively involve people with lived experience, their families and carers in co-producing research and innovation
- support leaders within organisations to understand the benefit of research and innovation and be able to articulate the impact
- influence the occupational therapy workforce to shift perceptions of research and innovation from 'nice to have' to 'must have' throughout their career.



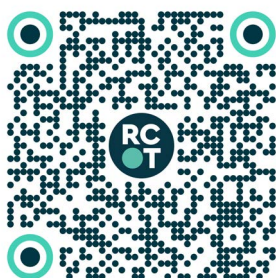
# How we will implement our Research and Innovation Strategy

Our strategy outlines how we will support the occupational therapy workforce in developing and integrating evidence from research, innovation and quality improvement into practice. We will implement this strategy through a series of three-year action plans. The first covering 2025–2028 is available at [www.rcot.co.uk](http://www.rcot.co.uk).

The action plans will be relevant for the following groups.

## People who access services, their families and carers and the wider public

- Promoting research and innovation that promotes better health and wellbeing outcomes for everyone including minoritised and historically under-represented and under-acknowledged people.
- Involving people with lived experience across all four nations.
- Engaging in meaningful and appropriate co-production.
- Harnessing lived experience to creatively explore novel assessments, interventions and technologies.
- Promoting diverse representation from all communities.
- Advancing access to involvement from seldom heard/easy to ignore communities.



## Individuals

- Planning your career development.
- Supporting discussions during supervision or appraisal.
- Building your research and innovation curiosity, capability and confidence.
- Making a commitment to integrating research and innovation into everyday practice and sharing your learning.
- Addressing learning needs in how to work with under-represented communities, in both research and innovation.

## Service and team managers/leads

- Job planning.
- Developing job descriptions.
- Workforce planning.
- Setting the culture for research and innovation in your team.
- Planning continuing professional development (CPD).
- Identifying opportunities for learners to engage in research and innovation and share their learning while undertaking practice-based learning.

## Leaders within organisations or systems

- Fostering a culture that values and supports engagement with research and innovation in everything you do and sharing learning.
- Enabling research and innovation activity, overcoming barriers to engagement within teams and services that you lead.
- Developing policies and processes to support research and innovation.
- Commissioning, funding, designing, organising or evaluating occupational therapy.

## Education programme providers

- Planning or revising the learning outcomes and content of academic programmes of study.
- Designing other CPD opportunities.
- Developing research and innovation practice placement opportunities.

# How we developed our Research and Innovation Strategy

Our strategy has been informed by the occupational therapy workforce across the UK, including our members, people with lived experience, their family members and carers, RCOT colleagues and other stakeholders.

We developed our strategy through a series of national strategy shaping and validation workshops, and an online survey. This was followed by discussion and consultation with our RCOT Research and Innovation Advisory Group, UK and Country advisory groups, networks and forums to develop our vision, scope and content for the strategy and action plan.

We'd like to thank all those who helped to shape this strategy and will guide our work going forward, especially our research and innovation advisory group members – Helen Atkin, Maria Avantaggiato-Quinn, Mary Birken, Emily Corrigan, Meg Donohue, Alice Gair, Julian Jeyasingh Jacob, Clair Le Boutillier, Linda du Preez, Nadia Mansour, Isaac Samuels, Vimal Sriram, Emma Underwood, Sienna-Mae Yates.



# Useful terminology and language

**Health and care system** describes a system consisting of all organisations, people and actions whose focus is to promote, restore or maintain the health and wellbeing of its populations. We've used system as shorthand for health and care system in the strategy at times.

**Innovation** refers to invention (creating new ideas, products, services or models of care) and adoption (implementing what has worked elsewhere).

**Intersectional identity** is a concept that recognises how different aspects of a person's social and cultural identities (for example, race, gender, sexuality, class) intersect to create unique modes of discrimination and privilege.

**Improvement science** is the study of Quality Improvement methods to ensure their effectiveness.

**Implementation science** is the study of how to get research findings and best practices used in everyday practice.

**Knowledge mobilisation** refers to the process of actively transferring, sharing and applying evidence to drive change. That evidence could come from real-world evaluation, innovation or research findings.

**Occupational therapy workforce** is the collective term for occupational therapists, support workers and learners.

**Occupational therapy learner** an individual enrolled in an occupational therapy pre-registration programme, regardless of which entry route into the profession the learner is enrolled in. Learners may also be known as students or, in the case of apprenticeship pre-registration programmes, apprentices.

**People with lived experience** of occupational therapy refers to individuals who have personally received occupational therapy services either for themselves or for someone they support. These individuals have firsthand knowledge and insights about the impact of occupational therapy on their daily lives, health and wellbeing. Their experiences can provide valuable perspectives on the effectiveness of OT interventions, challenges faced and the overall journey of recovery or adaptation.



**Quality Improvement (QI)** involves a systematic and co-ordinated approach to solving a problem using specific methods and tools to bring about measurable improvement in health and social care systems. It uses a systematic and evidence-informed approach and provides a robust framework for translating research evidence and innovation into practice while generating valuable local knowledge. This methodological rigour enables healthcare organisations to pilot, evaluate and implement innovations in ways that are responsive to local needs and circumstances.

**Research** attempts to create new transferable knowledge by addressing clearly defined questions with systematic and rigorous methods.

**Real-world evaluation** emphasises measuring outcomes and understanding implementation in practice settings. This might include audit, service evaluation or service satisfaction feedback.

**Stakeholders and partners** refer to organisations or individuals that have an interest in the profession or can influence or work collaboratively with us. For example, Chief Allied Health Professions Officers/Advisers, AHP leads and government departments with responsibility for health, social care and education, research funders, universities, non-profit and voluntary organisations, such as charities, social enterprises, and community groups, and companies that align with our values.

**System level commissioners and decision makers** are leaders that plan, allocate resources and funding and monitor services within a health and social care system.





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