



Review of Specialist Section Research & Development Strategies

September 2007



REVIEW OF SPECIALIST SECTION RESEARCH AND DEVELOPMENT STRATEGIES

Introduction

In 2001, the 'College of Occupational Therapists' Research and Development Strategic Vision and Action Plan' (Ilott and White, 2001) was published to provide a framework for the activities of the College's Research & Development Group and Board for the next five years. On publication, the COT R&D Officers worked with the specialist sections of the College to develop their own research and development strategic vision and action plans (COT 2003a, 2003b, 2003c, 2003d, 2003e, 2004a, 2004b, 2004c, 2004d, 2004e, 2005a, 2005b). The structure for these plans followed the COT strategy, with associated action points being tailored to the needs of each specialist section. Specialist sections signed up to reviewing progress in achieving the action points on an annual basis, and it was agreed that an overall review of the strategies would take place in line with the review of the COT R&D Strategic Vision and Action Plan in 2006.

The review of the COT research and development plan was undertaken as planned, and has since been published (White and Creek, 2007). Following this review, the specialist sections were contacted for an update on individual strategic visions and progress with the action plans. The following report provides a summary of progress across the specialist sections as at August 2007. This review was undertaken on the understanding that the stage of research development clearly varied across the sections, and as plans were developed for a five-year timescale, progress in some areas would be limited. In reviewing their activities some specialist sections noted a problem with measuring progress in achieving the objectives of their original strategies. It was felt that although they could highlight the initiatives they had developed to support members in working towards the fulfilment of the identified action points, it was difficult to assess to what extent members had engaged in research activity. The report will therefore proceed by reviewing the activities undertaken in support of members.

Objective 1- Contribute to the creation of a 5-year strategic framework for occupational therapy in collaboration with other allied health professions.

This first objective was concerned with seeking to establish research and development as an integral part of occupational therapy (Ilott and White, 2001). The actions for specialist sections in relation to this objective included encouraging members to become research aware; supporting members to develop research networks; and highlighting opportunities to attend relevant research events. Many specialist sections sought to take forward these actions by appointing a dedicated Research & Development Officer to their National Executive Committee (NEC). For some sections this was a new position on the NEC, for others an existing committee member has taken on responsibility for leading on R&D issues. The Specialist Section R&D Officers and nominated committee members were involved in this review, and although their specific responsibilities may vary across the sections, their main remit is to promote the development of research skills and knowledge in their areas of practice.

Specialist sections have focused on improving communication with their members and encouraging discussion around research related issues. Sections have utilized various means of communication to promote research opportunities and ensure members remain informed of research developments. Some examples of initiatives developed to communicate with members are outlined in Table A.

Table A: Research related communications with members
<p>Specialist section newsletters/ journals</p> <ul style="list-style-type: none"> ➤ Used to communicate research opportunities to members e.g. information on research skills training, research awards and funding, and new research resources. ➤ Include articles from specialist section R&D Officers on their activities in support of the membership, and research-related articles to inform and update the membership. ➤ Members attending relevant study days and conferences are invited to submit articles writing up their experiences. ➤ Summaries of members' research activities appear as a regular feature.
<p>Email distribution lists</p> <ul style="list-style-type: none"> ➤ Email distribution lists developed to ensure members are collectively informed and consulted regarding developments in research.
<p>Discussion fora and websites</p> <ul style="list-style-type: none"> ➤ On-line discussion fora have been developed to provide an active forum for the discussion and dissemination of research information. ➤ Committee members check the forum and provide feedback and follow-up as necessary and plans are in place to extract the main themes of discussion for further review. ➤ Websites used to highlight research and development activities being undertaken by members, and outline how specialist sections can support the members with research and related activities.

The majority of the specialist sections have been involved in organising successful annual conferences and study days to support members in developing research and CPD skills. Specialist section annual conferences and CPD events provide members with opportunities to share their research findings with a wider audience, through the submission of research papers and posters. They also provide the opportunity for some members to develop their critical appraisal skills and become involved in reviewing abstracts for inclusion in conference programmes.

Objective 2- Contribute to the inclusion of the allied health professions in policy formulation, implementation and evaluation.

Aiming to ensure the contribution of an informed occupational therapy perspective to policy consultation exercises, this objective demanded action from specialist sections. Six years on, specialist sections have been successful in beginning to develop strategic links and engage in networks in order to promote the contribution of occupational therapy research. Amongst others, specialist sections have identified the creation of strategic links with those organisations in Table B. Activities undertaken with these organisations have included developing benchmark documents and guidelines, and membership of advisory panels, steering groups and working parties.

Table B: Key strategic links

- Age Concern
- Arthritis Research Campaign
- Arthritis and Musculoskeletal Alliance
- British Geriatrics Society
- British Orthopaedic Association
- British Society of Rehabilitation Medicine
- Chartered Society for Physiotherapists
- Department of Health, England
- Department of Health, Social Services and Public Safety, Northern Ireland
- Help the Aged
- Greater London Authority
- Multiple Sclerosis Society
- National Association of Providers of Activities for Older People
- National Institute for Clinical Excellence
- National Library for Health
- Northern Ireland Housing Executive
- Palliative Care Research Society Executive
- Royal College of Physicians
- Royal College of Psychiatry
- UK Stroke Research Forum
- Vocational Rehabilitation Society

The specialist sections provide informed responses to a number of relevant consultation documents, and are often called upon as specialist experts to contribute to College responses. Between the period May 2006 and April 2007, specialist sections provided a significant contribution to at least 24 consultations from a range of external organisations, whilst also providing expert advice on a number of COT publications (Cusack 2006, 2007a, 2007b).

Objective 3: Support the establishment of centres of excellence with sufficient infrastructure to sustain a research-active community of occupational therapy personnel.

Although this was an objective in the 2001 Research and Development Strategic Vision and Action Plan (Ilott and White, 2001), COT adopted a different approach as a result of the publication of the Task Group 3 report (Higher Education Funding Council for England, 2001) and scoping study of occupational therapy research and development activity in Scotland, Northern Ireland and Wales (Creek and Ilott 2002). The Task Group 3 report concluded that research support should relate to quality and not just fitness for purpose, whilst the scoping study concluded that there was, at that time, an absence of research communities able to advance structured programmes of occupational therapy research. Therefore, the College sought to work with specialist sections to identify alternative sites of expertise, which could provide mentorship to research interested members (White and Creek 2007).

Initial progress in this area has included the development of links with local educational establishments. Specialist sections have begun to develop these contacts both to promote the inclusion of research evidence within the educational curricula, and to explore opportunities for developing occupational therapy research in partnership with universities. Some sections have also sought to identify the research skills of their own members, in order to establish a network of occupational

therapists that have experience in writing successful research funding and ethics applications, and articles for publication.

Objective 4- Reinforce the requirements and responsibilities regarding the research capacity of all members.

This objective was concerned with the College's expectation that occupational therapy practice is evidence based and grounded in established research findings (COT 2005c). Actions identified by the specialist sections in support of this objective included seeking ways of enthusing members to engage in research; encouraging members to access existing research training; and developing new evidence-based clinical guidelines.

Some specialist sections made funds available to increase research capacity amongst their membership. A number of sections have offered small grants to support research and related activities and have funded small-scale research projects and attendance at national and international conferences to present research findings. The College itself also administers a range of annual awards for education, research and CPD. Of those BAOT members who have received an annual award since 2004, 13 have mentioned a link with a specialist section.

As outlined in Table C, the College's Specialist Section Clinical Forum has also supported project work, by making funds available for activities that enhance the sections' business plans.

Table C: Specialist Section Clinical Forum funded projects

- An evaluation of enquiries to Specialist Section Independent Practice online directory and enquiry line.
- Investigation of the scope for practice placements with practitioners working outside of statutory services.
- An audit of current clinical practice against the 'Principles for Education and Practice- Occupational Therapy Services for Adults with Learning Disabilities'.
- A project to establish the priorities for Rheumatology Occupational Therapy research in the UK.
- Systematic review of pain management strategies.

Specialist sections have continued to develop new, evidence-based clinical guidelines and review existing ones, systematically developing recommendations for effective practice based upon the best available evidence. Guidance documents published by the College since 2001, which have been developed by specialist sections, are listed in Table D.

Table D: COT publications developed by specialist sections

Guidance documents

- Occupational therapy clinical guidelines for rheumatology (COT 2003f)
- Principles for education and practice: occupational therapy services for adults with learning disabilities (COT 2003e)
- National clinical guidelines for stroke (COT 2004f)
- Occupational therapy interventions in cancer (COT 2004g)
- Falls management guidance (COT 2006a)
- Upper limb prosthetic rehabilitation (COT 2006b)

- Fatigue management for people with multiple sclerosis (Harrison 2007)

Research reports

In addition, specialist sections have been involved in developing research reports published by the College. Those of particular note include:

- 'Doubly disadvantaged: waiting lists for children with Developmental Coordination Disorder': a report of a survey of waiting lists and times for children with DCD wishing to access occupational therapy services across the UK (COT 2003g)
- 'Building in evidence: reviewing housing and occupational therapy': an overview of the evidence base that demonstrates the occupational therapy contribution in the field of housing and adaptation work (Awang 2004)

Objective 5: Promote the priority research topics and diversity of methods

There has been some mapping of research priorities within the specialist sections. In addition, all sections were recently given the opportunity to contribute to the College commissioned 'Priorities for Occupational Therapy Research' (POTTER) project (Bannigan et al, 2006). A consensus conference was held as part of the project, and sections were able to share their research priorities as part of the objective to identify the current national research priorities for occupational therapy research. The recent publication 'Building the evidence for occupational therapy: priorities for research' (COT 2007) brings together the work on priority research areas carried out within the profession. The publication suggests a broad framework of areas through which research questions can be tailored, and the areas where research is needed to build the evidence-base.

Objective 6: All members are expected to promote the evaluative culture to improve practice

The final objective identified the responsibility of occupational therapists to be committed to CPD, the dissemination of good practice, and the implementation of research and related activities (Ilott and White 2001). Members of specialist sections have clearly been supported to disseminate good practice and implement research findings, as demonstrated under Objective four. Specialist sections have also aimed to support members to achieve the minimum standard of dedicated time for research/quality enhancement activities (Ilott and White, 2001). This area may need greater emphasis, particularly in light of the Health Profession Council's requirement for all health professionals to continue to develop their knowledge and skills whilst they are registered. An audit of BAOT members undertaken in 2005 revealed that 60% of respondents received some level of dedicated time for CPD activity which was used to support a range of learning tasks (White 2005). However, it is not clear how far this percentage is reflected amongst specialist section members.

The future of specialist section research & development strategies

This report has provided an overview of progress in achieving the objectives outlined in the research & development strategies. Advanced research skills are not commonplace amongst occupational therapists, and the development of these skills and research capability must be the priority of the specialist sections. In fact, it has been suggested that basic training in research and research methods is still needed.

The College has recognized that not all occupational therapists will be pro-active researchers and that only a few will be research leaders (Eakin et al 1997). The objective for 1% of occupational therapists to be research leaders, acknowledges that the minority will have the potential and ability to lead programmes, teams and research centres (Ilott and White, 2001). Nonetheless, all occupational therapists have a responsibility to be research aware and to acquire the skills to function as consumers of research (White and Creek, 2007).

With appropriate support and guidance from the College, specialist sections have a duty to ensure practice is evidence based and consistent with established research (COT 2005c). The current review has revealed the specialist sections efforts to achieve this goal with their members. However, continued engagement in the activities described in this report is essential for the advancement of the skills needed to develop as research consumers and to contribute to the continuing development of the profession. The College will continue to support the building of research capability amongst occupational therapists, as highlighted in the 'actions for the College' listed in the recent review (White and Creek, 2007), and provide ongoing assistance with the research and development activities of the specialist sections.

Having achieved a positive start in developing research skills and capacity, the next stage for specialist sections is to build on successful beginnings by considering how a more focused and strategic contribution can be made. Sections have an important role to play in engaging with strategic opportunities for occupational therapy research, as clearly reflected by White and Creek (2007). Contributions from specialist sections are particularly needed in the key areas outlined in Table E.

Table E: Actions for occupational therapy personnel (from 'College of Occupational Therapists' Research and Development Strategic Vision and Action Plan: 5-year Review')

1. Occupational therapists should seek out opportunities to contribute to committees and consultations where they can promote the contribution of occupational therapy research. A key to future developments will be engagement with the range of strands that constitutes the information management agenda across the four UK nations.
2. Members are encouraged to continue to lobby for protected time to achieve the required CPD standard and to use such time for learning that embraces the breadth of research-related skills. By fulfilling individual responsibilities for personal development, developing targets for annual achievement through personal development plans and appraisal systems and engaging with research findings, occupational therapists will increasingly be able to offer evidence-informed interventions and discard practice that has been shown to be ineffective.
3. It is anticipated that new research directions will open up that may be accessible to occupational therapists and those with an interest in becoming career researchers are encouraged to grasp new opportunities, challenges and partnerships. Occupational therapists should be aware of, and engage with, government and professional priorities when undertaking research activity and target their efforts in directions that will benefit services users and the profession.
4. Research governance requires that research outputs are disseminated and, as the number of occupational therapists undertaking research activity increases, the number of publications to support occupational therapy practice will also rise. By contributing articles to peer-reviewed journals or by presenting research findings at relevant professional conferences, the

evidence to underpin professional practice will be enhanced and more opportunities will become available for occupational therapy research to be recognised within national guidelines.
(White and Creek 2007, p.126).

This report has provided some insight into how the research and development strategies have been adopted and taken forward by the specialist sections. It is clear that the strategies have been used differently depending on the research maturity of the section in question. Whilst some have used the strategies as a tool for the development of research supportive initiatives, for others there continues to be a concern with developing basic research skills. In 2007, the specialist sections themselves are in the best position to identify what the future priorities should be in reference to the changing agendas in their own fields of practice. In the context of their progress to date, and with the support of the College, specialist sections must now consider their activities for the future.

Using the suggested future objectives in this review as a framework, specialist sections will need to consider how they will tailor their action plans to continue to support members to acquire the skills to function as consumers of research and contribute to the future strategic input into occupational therapy research. Although there is significant further work to do, which will be dependent upon the experience and commitment of members, it is clear that specialist sections have engaged with the need for research and development activities to support their practice.

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