Priorities for occupational therapy research in the United Kingdom: executive summary of the POTTER project

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Short Report

The College of Occupational Therapists commissioned the POTTER project to inform its work and the work of its research foundation. The aim was to identify its members' views about the current national priorities for occupational therapy research in the United Kingdom. A five-stage study was conducted. The main method was a national survey of the professional body's membership (n = 7000); 2,661 completed questionnaires were returned (38% response rate) and the respondents represented the current membership. The main research priority was a need for research into the effectiveness of occupational therapy. The findings have implications for research capacity building and the commissioning of occupational therapy research.

Priorities for Occupational Therapy Research in the United Kingdom: Executive Summary of the POTTER Project

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Introduction

In the College of Occupational Therapists' (COT's) business plan 2005-2006, there was a commitment to revise the 'Research and development strategic vision and action plan' (Ilott and White 2001) and to develop a United Kingdom (UK) Occupational Therapy Research Foundation. An understanding of current research priorities was needed to inform both activities. To develop this intelligence, the COT commissioned a research project to identify research priorities for occupational therapy research in the UK. In commissioning this project, one of the COT's primary concerns was that the project be inclusive in its methodology. This summary provides an overview of the project (Bannigan et al 2006a) and the key recommendations that arose from it (Bannigan et al 2006b).

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The POTTER project: methodology

The Priorities for Occupational Therapy Research (POTTER) project was commissioned by the COT in July 2005. It was a collaborative project across each of the four countries of the UK and was designed in five stages (see Fig. 1). The knowledge gathering involved reviewing literature about existing gaps in the occupational therapy knowledge base, service users' and carers' perspectives and government policy. This was used to develop an understanding of the context for research in occupational therapy. Two consensus conferences were held to consult key constituents, including Council members, COT officers, representatives from the COT specialist sections, non-members and occupational therapists working in new or marginal areas of practice. The aim of these consensus conferences was to generate research priorities for occupational therapy in the UK. The findings from both days were collated and were used to develop a survey tool. The whole project team was involved in analysing the data to generate a list of items for the survey tool and, through discussion, the team tried to ensure that the concerns of the participants were reflected rather than the team members' own views.

The survey tool was piloted with occupational therapy academics, students and clinicians. Piloting highlighted the need to state explicitly that respondents were to rate the level of research priority, not the importance to occupational therapy, for each of the items. The tool was used to conduct a national survey involving a random sample of 25% of the

Fig. 1. An overview of the POTTER project methodology.

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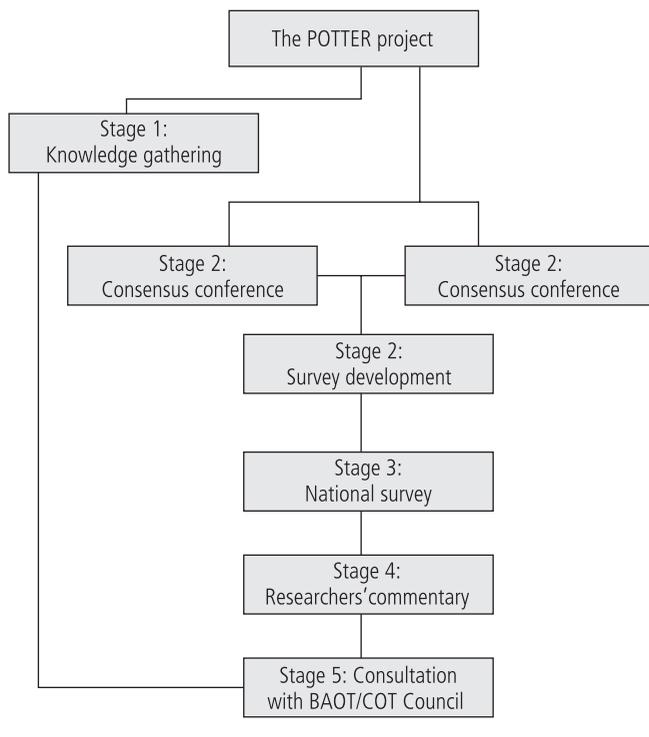
COT membership (that is, 7,000 members based on 2005 figures). A researchers' commentary on the results of the survey was undertaken. This was because researchers have a key role to play in delivering research priorities and so could provide a valuable insight into how prepared the profession is to deliver on the research priorities identified by the survey. In the final stage of the project, the British Association of Occupational Therapists/College of Occupational Therapists (BAOT/COT) Council was consulted about the findings of the survey so that they had an opportunity to review them. Ethical approval for the project was given by York St John University Ethics Committee.

The POTTER project: key findings

The knowledge gathering identified gaps in the occupational therapy literature, as follows:

(a) Nearly all of the COT specialist sections have research priority lists (see COT 2007) and most of these identify topics around the effectiveness of occupational therapy.

(b) In policy terms, the priorities for research in each of the four countries were identified as:
- *England:* Ageing and older people, coronary heart disease, diabetes, genetics, mental health and public health (Department of Health 2003).
- *Northern Ireland:* Cancer, child health and welfare, endocrinology and diabetes, epidemiology, infectious diseases, neurosciences, and trauma and rehabilitation (Central Services Agency 2006).
- *Scotland:* Cancer, cardiovascular and cerebrovascular disease, mental health and public health (Chief Scientist Office 2001).

- *Wales:* Prevention and early intervention, service organisation and delivery, and chronic disease management (Wales Office of Research and Development for Health and Social Care 2006).

(c) The literature on service users' and carers' views of occupational therapy was not very robust, for example, a number of small studies were identified, so the findings are not generalisable. (This suggested that there needs to be more focus on service users and carers in occupational therapy research.)

Research priorities were identified in the consensus conferences and these formed the basis of the survey tool.

In the national survey, 7,000 questionnaires and reminders were distributed and 2,661 (38% response rate) completed questionnaires were returned. The sample was largely representative (see Table 1) and so met the project brief to be as inclusive as possible. The top 10 research priorities based on the responses of the whole sample are listed in Table 2. This shows clearly that, for the respondents in this survey, the effectiveness of occupational therapy was the main research priority for occupational therapy. Subgroup analysis indicated some differences between countries, employment group and membership group (see Bannigan et al 2006a, 2006b). The largest number of missing topics (n = 158), that is, the topics that the respondents felt should have been included in the questionnaire, were also about effectiveness in occupational therapy.

Table 1. Demographic information of the respondents

	n	Percentage of respondents	Percentage within COT membership
Country of employment			
England	2166	82.01	77.65
Northern Ireland	65	2.46	3.16
Scotland	283	10.72	10.29
Wales	127	4.81	4.93
COT membership category			
Professional	2043	77.09	71.4
Associate	59	2.23	3.6
Non-practitioner	9	0.34	N/A
Private practitioner	39	1.47	N/A (?1.6)
Student (pre-registration)	470	17.74	22.5
Retired	25	0.94	0.9
Other	5	0.19	N/A
Main area of employment			
Clinical practice	1843	70.00	N/A
Management	188	7.14	N/A
Student (pre-registration)	433	16.45	N/A
Academia	65	2.47	N/A
Not working	43	1.63	N/A
Other	61	2.32	N/A

N/A = data not available. ? = guesstimate.

Table 2. Top 10 research priorities based on the responses of the whole sample

Priority number	Research topic	Mean rank
1	Long-term effectiveness of occupational therapy	1
2	The benefits of occupational therapy from the service user's point of view	2.5
3	Effectiveness of early occupational therapy (that is, in the acute stages of an illness/disease)	5
3	Effectiveness of occupational therapy for people with mental health problems	5
3	Effectiveness of occupational therapy for people with neurological conditions	5
6	Effectiveness of occupational therapy (in general)	5.5
7	Effectiveness of occupational therapy in cognitive rehabilitation	7
8	Developing new valid and reliable outcome measures for use in occupational therapy	7.5
9	Effectiveness of specialist areas of occupational therapy	8
10	Effectiveness of occupational therapy in intermediate care	8.5

A search of OTseeker, a database that contains abstracts of systematic reviews and randomised controlled trials relevant to occupational therapy, indicated that although some research has been conducted into each of the topics listed in the top 10 research priorities, none had been researched comprehensively. The researchers' commentary and the COT Council discussion indicated that the top 10 priorities should be a starting point rather than an end point because the profession needs to be more strategic in its priority setting for research (see COT 2007).

Limitations of the study

The main limitations of this study were related to the development of the items for the questionnaire. The approach to the consensus conferences of not directing the participants was adopted because the researchers had a vested interest in the outcome, but more direction may have been appropriate. The team has no insight into what the respondents based their decisions on. However, if criteria, such as demographic trends, burden of disease, potential benefits or policy (Bennett et al 2006, Department of Health 2006), were to be used in future studies then the methodology would need to be developed in such a way as to militate against bias.

The response rate was not ideal. However, the number of respondents equates to 10% of the current BAOT/COT membership and this survey was one of the largest research prioritisation exercises, if not the largest, ever conducted. It is possible that the background of the respondents may have skewed the data, but effectiveness is a dominant theme, which suggests that this may not have been the case.

Priorities for occupational therapy research in the UK: a strategic overview

A representative sample of BAOT/COT members, constituting 10% of the BAOT/COT membership, has confirmed that research into the effectiveness of occupational therapy is still the key research priority for occupational therapists in the UK, as it was in the last national prioritisation exercise conducted by Ilott and Mountain (1999). This finding, alongside the diversity and number of important research questions identified, means that there are implications for research capacity building and commissioning research (see Bannigan et al 2006b). These have been expressed as recommendations for action. The overarching recommendation is that occupational therapists working in the UK need to take personal responsibility for making sure that the research priorities inform and shape their research activities. This is because, regardless of their level of engagement in research, all have an obligation to participate in research (COT 2005). There were also a number of specific recommendations, which have also been listed.

Recommendations for the College of Occupational Therapists

The recommendations for the COT were as follows:

- No more research prioritisation exercises should be conducted in occupational therapy in the UK for the foreseeable future, that is, until a substantial amount of effectiveness research has been conducted.
- As discrete occupational therapy research is unlikely to be funded by outside agencies, it should be the focus of the research commissioning of the UK Occupational Therapy Research Foundation. (This does not preclude occupational therapists from tailoring their research questions to match other funding bodies' requirements.)
- It is the membership's view that the effectiveness (including cost-effectiveness) of occupational therapy should be the overarching theme for commissioning occupational therapy research. A horizon-scanning exercise, such as that used for the urgent research priorities exercise (COT 2006), should be used to develop calls for future bids. It may be useful to work with the OTseeker team to explore how the database can be used to support this activity. The current research priorities in each of the four countries (above) and plans for guideline development, by the National Institute for Health and Clinical Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Clinical Resource Efficiency Support Team (CREST), should also have a bearing on this process.
- The COT should provide a steer to encourage researchers to focus on developing research programmes as a means of achieving a body of effectiveness research in occupational therapy in the UK. Achieving this aim is likely to involve the COT acting as a facilitator; for example, lobbying

external commissioners, developing leadership development programmes for post-doctoral researchers, and encouraging practitioners and managers to get involved in data collection. This type of activity is likely to enable researchers to move from focusing on discrete studies to whole programmes of research.

■ The COT could also broker meetings between occupational therapy researchers and funding bodies/commissioners, as they recently have done with the Strategic Promotion of Ageing Research Capacity (SPARC) network. This will facilitate a mutual understanding of how occupational therapy researchers can deliver on the research priorities of funding bodies/commissioners, using language that communicates strategically the work that occupational therapists do, such as lifestyle redesign rather than working with older people.

■ The COT could explore with other professional associations and the World Federation of Occupational Therapists the need to develop a coordinated global response to developing the evidence for the effectiveness of occupational therapy.

Recommendation for occupational therapy practitioners and managers

■ Practitioners and managers need to support the conduct of research by getting involved in the data collection for occupational therapy research projects, in line with the COT's *Code of Ethics and Professional Conduct* (COT 2005, Bannigan et al 2007).

Recommendation for occupational therapy educators and students

■ As the most energy consistently spent in conducting research in occupational therapy is used to achieve higher education awards, educators should work in partnership with their students to develop, conduct and disseminate programmes of research around the topics identified in the POTTER project, taking into account the subtle differences in the priority lists for each of the four countries in the UK (see Bannigan et al 2006a).

Recommendations for occupational therapy researchers

Researchers need to take responsibility for increasing research into the effectiveness of occupational therapy by:

■ Exercising leadership
■ Developing and leading research groups and coordinated programmes of research
■ Forming collaborative partnerships with practitioners and managers, as part of their research groups, to conduct clinical or practice-based research
■ Ensuring that service users and carers are included in the development and conduct of occupational therapy research
■ Using their research group(s) to work collaboratively with multidisciplinary teams of researchers so that occupational therapy research is incorporated into multidisciplinary team research proposals.

It is hoped that occupational therapists in the UK will respond positively to the challenges presented by these recommendations in order to ensure that there will be a significant increase in the research about the effectiveness of occupational therapy in the near future.

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