CSP research strategy, 2012 - 2016

Section 1: Purpose, starting points and context

The strategy’s purpose
This document sets out the research strategy of the Chartered Society of Physiotherapy (CSP) for 2012 to 2016. It articulates CSP ambitions for UK physiotherapy research over this time period.

While focusing on UK physiotherapy’s research capacity, activity and profile, the strategy’s central ethos is one of collaboration and partnership to enhance patient care and service delivery. The strategy builds on the profession’s research achievements to date. At the same time, it directly addresses current and emerging imperatives within health and social care, including to strengthen the integration of research with practice and education.

The strategy is inclusive of all CSP members and all levels and types of research. It is targeted at both members and external audiences (see Appendix 1).

Starting points - UK physiotherapy research achievements to date
The research capacity, achievements and profile of UK physiotherapy have developed substantially over recent years. They are outlined below.

- Research capacity
  CSP members holding a Master’s degree and PhD have increased by 48% and 42% respectively between 2009 and 2012. Increasing numbers of physiotherapists have taken up clinical academic development opportunities (with members of the profession having secured 31% of clinical lectureship awards and 17% of clinical doctoral awards within the NIHR clinical academic training schemes since 2009). 46 physiotherapists currently hold a professorial title, while two are NIHR senior investigators.

- Research outputs
  Increasing numbers of physiotherapists are securing publication in high-impact, highly-ranked international journals. The CSP’s own journal, Physiotherapy, has developed significantly, with its now holding an Impact Factor of 1.558 and being

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1 These percentages are derived from analysing 2012 CSP member profile information.
2 This reflects the number of academic physiotherapy staff holding a professorial title who were approached by the CSP research lead in November 2011 regarding their potential interest in networking through a physiotherapy UK professoriate.
indexed in Medline. Academic physiotherapy performs increasingly strongly within individual universities’ overall research activity.

- **Research profile**
  UK physiotherapy’s research profile has grown significantly. Members of the profession have been increasingly successful in securing representation - both for physiotherapy and allied health professions [AHPs] more widely - on national, regional and international committees and networks relating to research activity (including research translation), capacity, dissemination and impact. Examples include members sitting on the Research Excellence Framework [REF], NICE guideline and NIHR grant and awards panels, including for clinical academic research training and research for patient benefit [RfPB]).

- **CSP investment in research**
  CSP investment in the profession’s research capacity, outputs and profile has increased substantially. This has included through the Society’s initiation and primary funding of the AHP Research Network [AHPRN], consolidating its dedicated research and development [R&D] team within its Practice & Development function, and the completion of a research priority-setting exercise in 2011 (all with oversight from the CSP R&D Sub-committee). The CSP Charitable Trust has expanded the number and size of its awards to support member research projects, including within schemes that reflect the CSP Research Priorities.³

**Contemporary health care: Strengthened imperatives**

UK physiotherapy operates in a context of rapid change. Developing physiotherapy practice, service delivery and education in response to patient and population group needs is critical to delivering quality, cost-effective care within increasingly diverse sectors and settings.

A strong culture of research, development and innovation (including the rapid translation of research into practice and education) needs to underpin the profession’s engagement in enhancing patient outcomes and experience and enhancing productivity through service evaluation. This is essential for demonstrating the value and impact of physiotherapy interventions to health care planners and commissioners.

More specifically,

- UK physiotherapy practice, service delivery and education must be underpinned by a robust evidence base and a commitment to research-informed practice
- Research-related activity must form an integral part of all CSP members’ physiotherapy roles and learning and development
- UK physiotherapy practice must demonstrate a strengthened alignment to research evidence, and an engagement with translational research
- Research must underpin and inform UK physiotherapy’s continued development as a profession and workforce
- UK physiotherapy must engage in inter-professional, cross-sector collaboration – including in terms of research activity – to help achieve integrated, accessible and timely care for service users
- CSP members must generate, share and use research to enhance and substantiate their contribution to delivering high-quality, cost-effective patient care
- CSP members must engage in service evaluation and re-design
- CSP members must engage in innovation and improvement initiatives.

Section 2: Components of the strategy
The CSP research strategy is expressed as a vision, mission statements, underpinning principles, aims and objectives. Collectively, these articulate the following:

- Where does the CSP want UK physiotherapy research to be by 2016? (Vision and mission statements)
- What are the values informing this? (Underpinning principles)
- What does the CSP want to achieve by realising its vision? (Aims and objectives).

Key terms used in the strategy are explained in Appendix 2.

The CSP’s vision:
Vision: By 2016, UK physiotherapy will have a considerably strengthened evidence base, achieved and sustained through an increased capacity to produce, share and translate high-quality research into practice. In these ways, UK physiotherapy will demonstrate its central focus on enhancing the quality of patient care and improving the productivity, value and impact of its services and education, and increase its influence as a discipline and key contributor to UK health care.
**Mission statements**

**UK physiotherapy**

- Enhances patient care by its strengthened engagement in high-quality research activity and the translation and use of research findings in practice
- Demonstrates its impact, value and cost-effectiveness through expanding its evidence base
- Increases its capacity for research activity and challenges on-going obstacles to expanding this capacity
- Widely shares its research findings
- Raises its research profile and influence, including through engaging in networks and alliances that are focused on achieving practical, swift knowledge transfer and innovation in practice and service delivery.

**Underpinning principles**

The following principles underpin the strategy:

- UK physiotherapy is committed to undertaking, sharing and using research to enhance the quality and cost-effectiveness of patient care
- UK physiotherapy is committed to engaging in collaborative research that promotes cross-sector, inter-professional activity, working in partnership with patients and complying fully with research ethics and governance protocols
- The CSP and its members are committed to gathering and sharing information to demonstrate the value and impact of UK physiotherapy in addressing population, patient and service needs
  - Support access to and use of research
  - Chart UK physiotherapy’s onward development as an evidence-based, research-informed profession.

**Aims and objectives**

The strategy aims are as follows:

1. To strengthen how UK physiotherapy develops, shares and uses research
2. To expand UK physiotherapy’s research capacity
3. To raise UK physiotherapy’s research profile and to increase its influence.

Objectives relating to each of the aims are listed below.

**Objectives under Aim 1 (Research development)**

1a. Expand UK physiotherapy’s evidence base through research activity that is focused on addressing identified research priorities within patient care, service delivery and related areas of physiotherapy practice and education
1b. Disseminate findings from research activity, using all channels and media
1c. Strengthen the critical application of research findings to develop and evaluate practice, models of service delivery, and approaches to leading and supporting the education of the whole physiotherapy workforce

1d. Identify priorities for research development beyond 2016, based on a critical evaluation of impact and achievements in the preceding four-year period.

Objectives under Aim 2 (Research capacity)

2a. Develop UK physiotherapy’s research capacity by increasing the proportion of its members actively engaged in undertaking research (as novice, experienced and expert researchers), including through seeking and optimising opportunities to pursue research-focused training and career paths and securing enhanced funding for research activity

2b. Develop UK physiotherapy’s capacity to engage in research-related activity (including appraising and applying research findings and using these to set standards within practice for clinical audit) within all types of role, at all levels of practice and education, and through increased collaboration and networking

2c. Demonstrate the value (including in terms of investment of time and funds) of all members of the physiotherapy workforce and student community engaging in research-related activity through evidencing the links between this activity and developing, delivering and sustaining high-quality, cost-effective patient care

2d. Identify priorities for capacity-building beyond 2016, based on a critical evaluation of impact and achievements in the preceding four-year period.

Objectives under Aim 3 (Research profile and influence)

3a. Develop collaborative links within UK physiotherapy as a workforce (across specialties, sectors and roles), with other professions and disciplines, and with patient groups and research funders and organisations (at regional, national and international levels) to enhance the quality, impact and influence of its research activity

3b. Raise the profile and influence of UK physiotherapy research through strengthened activity to address research priorities, share research findings and engage in collaboration and knowledge transfer, including strengthening the profession’s profile as a stakeholder in research policy

3c. Develop mechanisms for effective intelligence-gathering and promotion of UK physiotherapy’s research activity and achievements to demonstrate its contribution to enhancing patient care, increase its influence, and chart its development as a profession and discipline

3d. Identify priorities for developing UK physiotherapy’s research profile beyond 2016, based on a critical evaluation of its impact and achievements in the preceding four-year period.
Implementation and evaluation

Section 3 provides information on activities to achieve the strategy’s objectives through implementation.

Evaluating success in terms of how far the CSP’s vision is realised by 2016 and, within this, how far individual aims and objectives are achieved (see Section 3) will form an integral part of taking the strategy forward. This process will be underpinned by the following:

- Strengthened CSP data collection, including in relation to the growing profile of physiotherapy research, the profession’s capacity to engage in research, and strengthened arrangements for gauging the influence and reach of physiotherapy research activity
- Arrangements for monitoring, appraising and addressing risks and issues that are likely to impact on success in implementing the strategy
- A process to identify fresh priorities for progressing UK physiotherapy’s research activity, capacity, profile and influence beyond 2016 (as reflected in objectives 1d, 2d and 3d).
**Section 3: Activities to achieve the objectives**

Broad areas of activity to meet the objectives are outlined below. These will be the primary ways in which the strategy is implemented and through which success is measured. ‘Key agents’ in undertaking the activities are identified in the right-hand column.

1. **Research development**

1a. Expand UK physiotherapy’s evidence base through research activity that is focused on addressing identified research priorities within patient care, service delivery and related areas of physiotherapy practice and education.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Key agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve patients and the public in planning and implementing research activity</td>
<td>Active research members; CSP and AHPRN hubs in providing support/guidance</td>
</tr>
<tr>
<td>Use the 2011 CSP research priorities to guide the formulation of research questions for projects</td>
<td>CSP promotion; active research members; AHPRN hubs; HEIs; professional networks (PNs)</td>
</tr>
<tr>
<td>Evaluate how the 2011 CSP research priorities have informed the formulation of research questions for projects</td>
<td>CSP, with oversight from the R&amp;D Sub-committee; wider member involvement via AHPRN hubs, HEIs, PNs</td>
</tr>
<tr>
<td>Review and update the 2011 research priorities, in a proportionate way, to ensure this key CSP resource remains current and supportive of on-going research activity, recognising the achievements and impact of the 2011 exercise</td>
<td>CSP, with oversight from the R&amp;D Sub-committee; patient/user involvement; wider member involvement via, HEIs, PNs</td>
</tr>
<tr>
<td>Increase high-quality research activity through strengthened research collaborations, cross-sector mentorship, addressing learning and development needs</td>
<td>Active researchers; AHPRN hubs; HEIs; PNs; CSP</td>
</tr>
<tr>
<td>Promote member engagement in multi-disciplinary research activity that is focused on meeting identified patient and population group needs</td>
<td>CSP; CSP CT; ARHPN hubs; HEIs</td>
</tr>
<tr>
<td>Promote supporting projects to undertake systematic reviews within funding schemes</td>
<td>CSP; CSP CT</td>
</tr>
</tbody>
</table>
### 1b. Disseminate findings from research activity, using all channels and media.

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
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<tbody>
<tr>
<td>Encourage the dissemination of research findings as an integral part of the research process, within both practice and education</td>
<td>CSP; HEIs; AHPRN; PNs; employers, managers and leaders</td>
</tr>
<tr>
<td>Support and promote the dissemination of new knowledge through a range of media, including academic publication, conference presentations, institutional channels and specialty networks, online media, etc.</td>
<td>CSP; HEIs; AHPRN; employers, managers and leaders; PNs</td>
</tr>
<tr>
<td>Develop strengthened links with the <em>Physiotherapy</em> journal to promote its use as a key channel for disseminating high-quality research findings</td>
<td>CSP; journal editor/editorial board; HEIs; PNs</td>
</tr>
<tr>
<td>Promote the CSP Physiotherapy UK Conference as a key event at which members (with varying levels of research experience) can disseminate their research findings to colleagues</td>
<td>CSP; AHPRN hubs; HEIs; PNs</td>
</tr>
<tr>
<td>Signpost members to resources and development opportunities that can support skill acquisition and enhanced knowledge and confidence in disseminating their research findings</td>
<td>CSP; HEIs; AHPRN hubs; PNs; employers, managers and leaders</td>
</tr>
</tbody>
</table>

### 1c. Strengthen the critical application of research findings to develop and evaluate practice, models of service delivery, and approach to leading and supporting the education of the whole physiotherapy workforce.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Support members in understanding their individual responsibilities in generating and/or using evidence to support their day-to-day physiotherapy activity</td>
<td>CSP; HEIs; employers, managers and leaders; PNs</td>
</tr>
<tr>
<td>Promote the use of systematic reviews to inform members’ critical application of relevant research findings in their day-to-day physiotherapy activity</td>
<td>CSP; HEIs; AHPRN hubs; employers, managers and leaders; PNs</td>
</tr>
<tr>
<td>Promote and signpost members to learning opportunities for developing their critical appraisal skills</td>
<td>CSP; AHPRN hubs; employers, managers and leaders</td>
</tr>
</tbody>
</table>
Support members in using critical appraisal skills as an integral part of individual and team-based professional development activities

CSP; AHPRN hubs; employers, managers and leaders; HEIs

1d. Identify priorities for research development beyond 2017, based on an evaluation of the impact and achievements in the preceding five-year period.

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
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<tbody>
<tr>
<td>Evaluate the effectiveness and impact of research development activity, with the following specific focuses:</td>
<td>CSP, with input from all other key agents</td>
</tr>
<tr>
<td>- The impact and achievements derived from implementing the CSP’s research priorities for developing the profession’s evidence base</td>
<td></td>
</tr>
<tr>
<td>- Increases achieved in the profession’s increased access to research funding through more strategically-planned and implemented research activity</td>
<td></td>
</tr>
<tr>
<td>- Increases in the number and quality of physiotherapy research publications and range of dissemination channels in how research findings are shared</td>
<td></td>
</tr>
<tr>
<td>- Increases in how members demonstrably integrate research-related activity in their day-to-day practice and service delivery</td>
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</tr>
</tbody>
</table>

Development a programme of activity to address areas requiring development and to build on achievements within 2012-16

As above

2. Capacity-building

2a. Develop UK physiotherapy’s research capacity by increasing the proportion of members actively engaged in undertaking research (as novice, experienced and expert researchers), including through seeking and optimising opportunities to pursue research-focused training and career paths and securing enhanced funding for research activity.

<table>
<thead>
<tr>
<th>Activities</th>
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<tbody>
<tr>
<td>Promote the commissioning and undertaking of systemic reviews to increase support for the dissemination and critical application of research findings in day-to-day physiotherapy activity</td>
<td>CSP; CSP CT; HEIs; AHPRN (applies to latter part of this objective not the forepart); employers, managers and leaders; PNs; other research funders</td>
</tr>
</tbody>
</table>

Support the development of understanding and engagement in using the full range of relevant research approaches and methods through education at qualifying and post-qualifying levels

CSP; HEIs; AHPRN hubs
Promote the use of student research projects (at qualifying and post-qualifying levels) to increase the scope for joint academic and clinical co-supervision arrangements, including to explore research questions emanating from clinical practice/service evaluation

Strengthen links with agencies and commissioned networks to promote physiotherapy engagement in academic research opportunities

Lobby for increased funding for clinical academic research awards and joint, cross-sector posts

Promote opportunities and support member engagement in NIHR/clinical academic award pathway schemes

Promote individual, team and organisational engagement with AHPRN hubs to provide access to support for new, early-career and experienced researchers

Encourage strengthened links between the AHPRN hubs and CSP English Regional Networks/country boards and professional networks

Develop stronger intelligence regarding research funding opportunities (including organisations’ research funding priorities and award-making processes) and share this with members through signposting and guidance

Explore the scope for encouraging and developing matched-funding models to increase the amounts available to support larger-scale research activity

<table>
<thead>
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<th><strong>Activities</strong></th>
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<tbody>
<tr>
<td>Encourage CSP members to embed a strong research culture and expanding evidence base in all areas of their physiotherapy activity</td>
<td>CSP; HEIs; AHPRN hubs; employers, managers and leaders; PNs</td>
</tr>
<tr>
<td>Promote research activity as an integral and essential component of day-to-day physiotherapy activity through application of research findings to set standards for clinical audit and data collection</td>
<td>CSP; HEIs; AHPRN hubs; employers, managers and leaders; PNs</td>
</tr>
<tr>
<td>Promote use of validated outcome measures in data collection and clinical audit activity</td>
<td>CSP; HEIs; employers, managers and leaders; PNs</td>
</tr>
</tbody>
</table>

2b. Develop UK physiotherapy’s capacity to engage in research-related activity (including appraising and applying research findings within practice and engaging in data collection and clinical audit) within all types of role, at all levels of practice and education and through increased collaboration and networking.

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<tr>
<td>Promote research activity as an integral and essential component of day-to-day physiotherapy activity through application of research findings to set standards for clinical audit and data collection</td>
<td>CSP; HEIs; AHPRN hubs; employers, managers and leaders; PNs</td>
</tr>
<tr>
<td>Promote use of validated outcome measures in data collection and clinical audit activity</td>
<td>CSP; HEIs; employers, managers and leaders; PNs</td>
</tr>
</tbody>
</table>
Identify appropriate research-related targets within CPD activity and professional development plans
Support individual engagement in using research findings and evidence within personal CPD records
Promote the integration of research and critical engagement with the evidence base within programme design and delivery at qualifying and post-qualifying levels, including through the CSP’s criteria and processes for programme recognition
Monitor and seek to influence implications arising from developments in the higher education sector across the UK, including potential challenges to the further development of close links between physiotherapy education and research activity

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Develop resources and support members in demonstrating the links between research-related activity and their contribution to patient care</td>
<td>CSP</td>
</tr>
<tr>
<td>Signpost members to externally-produced materials that can support them in demonstrating the links between research-related activity and their contribution to patient care and service delivery</td>
<td>CSP; AHPRN hubs</td>
</tr>
<tr>
<td>Support members (as individuals and within teams), managers and clinical leaders in embedding a research culture into their everyday practice and service delivery, including through signposting to resources</td>
<td>CSP; AHPRN hubs; employers, managers and leaders; HEIs; PNs</td>
</tr>
<tr>
<td>Support members in embedding research-related activity within their personal development plans and CPD activity</td>
<td>CSP; employers, managers and leaders</td>
</tr>
</tbody>
</table>

2c. Demonstrate the value (including in terms of investment in time and funds) of all members of the physiotherapy workforce and student community engaging in research-related activity through evidencing the links between this activity and developing, delivering and sustaining high-quality, cost-effective patient care.
**2d.** Identify priorities for capacity-building beyond 2017, based on a critical evaluation of achievements in the preceding five-year period.

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
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<tbody>
<tr>
<td>Evaluate the effectiveness and impact of capacity-building activity to increase the profession’s engagement in research, with the following specific focuses:</td>
<td>CSP; with input from all other key agents</td>
</tr>
<tr>
<td>- Demonstrable increases in research activity’s integration within day-to-day practice</td>
<td></td>
</tr>
<tr>
<td>- Patterns in members’ opportunities for, and take up of, research-focused career paths</td>
<td></td>
</tr>
<tr>
<td>- Demonstrable links between strengthened research activity and measures of enhanced quality and productivity in patient care</td>
<td></td>
</tr>
<tr>
<td>Develop a programme of activity to address areas requiring development and to build on achievements within 2012-16</td>
<td>As above</td>
</tr>
</tbody>
</table>

**3. Profile-building**

**3a.** Develop collaborative links within UK physiotherapy as a workforce (across specialties, sectors and roles) with other professions and disciplines and with patient groups and research funders and organisations (at regional, national and international levels) to raise the quality, relevance and impact of its research activity.

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Promote the importance and value of contributing to multi-professional research activity, including to ensure activity has an overt focus on meeting identified patient and population group needs</td>
<td>CSP; CSP CT; AHPRN hubs; HEIs; PNs; employers, managers and leaders</td>
</tr>
<tr>
<td>Encourage discussion between members and colleagues in a range of settings about how identified research priorities can be addressed through collaborative, multi-centred research activity</td>
<td>CSP; AHPRN hubs; HEIs; employers, managers and leaders; PNs</td>
</tr>
<tr>
<td>Promote physiotherapy/AHP representation on local, regional, national and international research funding and strategic committees</td>
<td>CSP; AHPRN; RFAHP</td>
</tr>
<tr>
<td>Promote the role of the AHPRN and its hubs in supporting research activity at all levels</td>
<td>CSP; AHPRN; AHPRN hubs</td>
</tr>
<tr>
<td>Promote physiotherapy/AHP membership of national groups charged with progressing academic clinical research opportunities</td>
<td>CSP; AHPRN; RFAHP</td>
</tr>
</tbody>
</table>
Raise the profile of NIHR grant award and clinical academic awards within HEIs

Develop and implement plans for evaluating, identifying and demonstrating the impact of physiotherapy in within and across research projects

Monitor developments relating to strengthening structures to promote knowledge transfer and research diffusion and access, and seek to secure UK physiotherapy's/AHPs' strong involvement in these

### 3b. Raise the profile and influence of UK physiotherapy research through increased activity to address research priorities, share research findings and engage in collaboration and knowledge transfer, including strengthening the profession’s profile as a stakeholder in research policy.

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Encourage all those involved in undertaking and supporting research to raise the profile of user, patient and public involvement in planning, implementing and disseminating research activities</td>
<td>CSP; CSP CT; AHPRN; HEIs; PNs; employers, managers and leaders</td>
</tr>
<tr>
<td>Seek to develop awareness and understanding of the range of available ways in which research findings can be disseminated, taking account of types of activity and intended audiences</td>
<td>CSP; AHPRN hubs; HEIs; PNs</td>
</tr>
<tr>
<td>Encourage and support members in publishing and disseminating their research findings through all available and appropriate channels</td>
<td>CSP; CSP members; AHPRN hubs; HEIs; PNs; employers, managers and leaders</td>
</tr>
<tr>
<td>Seek to expand the number and type of channels through which members can disseminate their research findings, including those offered by the CSP directly</td>
<td>CSP; HEIs; PNs; ERNs</td>
</tr>
<tr>
<td>Seek strengthened links with organisations with responsibility for developing research policy (including knowledge transfer and diffusion) to promote the value of physiotherapy’s input to their activity</td>
<td>CSP; AHPRN; HEIs</td>
</tr>
<tr>
<td>Promote UK physiotherapy activity and achievements at an international level, including to optimise opportunities for networking, peer support and collaborative projects</td>
<td>CSP; PNs</td>
</tr>
</tbody>
</table>
3c. Develop mechanisms for effective intelligence-gathering and promotion of UK physiotherapy’s research activity and achievements to demonstrate its contribution to enhancing patient care, increase its influence and chart its development as a profession and discipline.

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Develop practical, sustainable and appropriate ways of gathering, analysing and using information on members with the appropriate experience and interest to represent physiotherapy/AHPs on local, regional and national committees relating to research strategy and funding</td>
<td>CSP; AHPRN +_hubs; ERNs and country boards; PNs</td>
</tr>
<tr>
<td>Promote opportunities for representing physiotherapy/AHPs on local, regional and national committees relating to research strategy and funding</td>
<td>CSP; AHPRN; ERNs and country boards; PNs; RFAHP</td>
</tr>
<tr>
<td>Promote physiotherapy’s research achievements on a regular basis, using all appropriate CSP channels and promoting successes for coverage in external media</td>
<td>CSP; AHPRN; HEIs; PNs; ERNs and country boards</td>
</tr>
<tr>
<td>Evaluate the performance of academic UK physiotherapy’s performance in the 2014 Research Excellence Framework (REF) exercise, and identify strategic priorities for promoting achievements, responding to the funding implications of the outcomes, and preparing for the next REF exercise</td>
<td>CSP; AHPRN; HEIs</td>
</tr>
</tbody>
</table>

3d. Identify priorities for developing UK physiotherapy’s research profile beyond 2017, based on a critical evaluation of its achievements in the preceding five-year period.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Evaluate the effectiveness and impact of strengthened activities to promote UK physiotherapy’s activity and achievements</td>
<td>CSP</td>
</tr>
<tr>
<td>Evaluate the effectiveness and impact of strengthened activities to gather and use data to promote UK physiotherapy’s involvement in structures relating to research strategy, policy and funding</td>
<td>CSP; AHPRN; CSP CT; HEIs</td>
</tr>
<tr>
<td>Evaluate appropriate strategic action for UK physiotherapy arising from the outcomes of the 2014 REF exercise</td>
<td>CSP; AHPRN; HEIs</td>
</tr>
<tr>
<td>Develop a programme of activity to address areas of required development and to build on achievements within 2012-16.</td>
<td>CSP, with input from all other key agents</td>
</tr>
</tbody>
</table>
Appendices

- Appendix 1: Intended audiences
- Appendix 2: Glossary of key terms
- Appendix 3: Explanation of key CSP networks and structures [to be added]
- Appendix 4: References and bibliography [to be added]
- Appendix 5: Acknowledgements [to be added]
Appendix 1

Intended audiences for the strategy

**CSP members:**
- Clinicians
- Managers and leaders
- Researchers
- Educators
- Physiotherapy students (qualifying and post-qualifying; undergraduate and postgraduate, and registered for taught and research degrees)
- Physiotherapy support workers

**CSP member networks:**
- Allied Health Professions Research Network [AHPRN]
- Professional networks and alliances
- English regional networks
- Country boards

**External audiences:**
- Patient representative and user involvement groups
- Employers
- Service and education commissioners and planners
- Research funders
- Higher education institutions
- Other health care professions
- The physiotherapy profession internationally
- The public and service users
- Other agents involved in building research capacity and promoting knowledge transfer, and research diffusion within and across the UK’s health and well-being economies
- Regulatory bodies
- Government departments.
Appendix 2

Glossary of key terms

**Academic Health & Science Networks [AHSNs]**: A new initiative to develop a structure with national coverage (building on current Academic Health & Science Centres [AHSCs]) for which the goal is improving health outcomes by translating research into practice and strengthening integration within health care, including by nurturing collaborative research links between NHS organisations and higher education institutions.

**Applied research**: Research activity designed to address a specific clinical question or to solve a practice-related problem.

**Clinical Academic Training Pathways [CATP]**: An NIHR initiative to increase research capacity and clinically-based research activity amongst AHPs, nurses and midwives in a range of ways, including research internships and awards to support Master’s and doctorate level study focused on research in practice and health service evaluation and which can support awardees’ potential progression into a research career.

**Clinical audit**: A process that seeks to improve the quality of patient care and patient outcomes through systematic review and evaluation of the care delivered (including on a multi-disciplinary and cross-sector basis) against agreed criteria, with a view to implementing change to ensure patients receive care to a common standard.

**Clinical guidelines**: Documents produced and derived from the best available evidence to inform clinical practice and patient care.

**Continuing professional development (CPD)**: A wide range of learning activities through which individuals (CSP members) maintain and develop their knowledge and skills throughout their career to ensure their capacity to practise safely, effectively and legally within their evolving scope of practice (including, in the case of qualified, practising members, to fulfil the CPD requirements of the Health & Care Professions Council [HCPC]).

**Critical appraisal**: The structured and systematic process of considering published research findings in terms of their validity, relevance and application to practice.

**Evidence**: Different forms of valid and relevant information that are used to underpin decision-making and action that are often, but not exclusively, the outcome of research activity; evidence may support, refute or identify the need for further enquiry regarding the safety, effectiveness and efficacy of a method of service delivery, a management approach, a treatment or a modality.

**Evidence-based practice**: A conscious, overt and critical use of the best, currently available evidence to support decision-making within individuals’ professional
practice, including their care of individual patients, within which the essential role of professional judgement and expertise, together with the views and preferences of the patient, are also acknowledged.

**Health informatics:** The systematic approach (including through the use of information & communication technologies) to collecting, managing, using and sharing information to support healthcare delivery and health promotion.

**HCPC:** The Health & Care Professions Council is the statutory regulatory body for the allied health professions [AHPs], formed in 2002 (as the successor to the Council for Professions Supplementary to Medicine [CPSM]) and renamed from the Health Professions Council [HPC] in 2012 in recognition of the body taking on the statutory regulation of social workers in England.

**HTA programme:** The Health Technology Assessment programme is delivered by the National Institute for Health Research [NIHR] to produce independent research information about the clinical and cost effectiveness of healthcare interventions for those who plan, provide and receive care in the NHS.

**Journal clubs:** A group of individuals who meet regularly to engage in the critical evaluation of recently-published articles to appraise their relevance and application to practice and to support individual and collective professional and service development through peer-supported learning.

**Knowledge transfer:** The processes through which knowledge and ideas move from the source of knowledge to potential users of that knowledge; e.g. between HEIs and other organisations within the public sector, business, charities and the wider community.

**Meta-analyses:** A statistical approach to combining the findings of two or more clinical trials, used most frequently to assess the effectiveness of health care interventions.

**Methodology:** The overall design and approach of a research study, including the theoretical perspective informing the piece of research being undertaken and the particular ways in which the study is undertaken (including to collect and analyse data; e.g. interviews, questionnaires, etc.).

**NICE:** The National Institute for Health and Clinical Excellence supports healthcare professionals and others (including those commissioning healthcare, public health and social care services) to ensure that patient care is of the best quality and offers the best value for money.

**NIHR:** The National Institute for Health Research aims to create a health research system in which the NHS supports leading-edge, collaborative research, of international excellence, focused on delivering patient and public benefits.
**Outcome measures:** Tools used to assess change in a patient’s health status over a period of time in ways that are meaningful to that individual’s functioning and well-being and that can inform shared decision-making about his/her onward treatment.

**PROMs:** Patient-reported outcome measures are tools to measure health status or health-related quality of life from a patient perspective at a single point in time, usually through patients’ completion of short questionnaires to gauge the outcomes and/or quality of care that they have received.

**Professionalism:** The concept that defines what is expected of a professional, and what it means to be professional; broadly, it can be summarised as a motivation to deliver a service to others; adherence to a moral and ethical code of practice; striving for excellence, maintaining an awareness of limitations and scope of practice; and a commitment to empowering others (rather than seeking to protect professional knowledge and skills).

**Qualitative research:** A structured approach to exploring and analysing phenomena that are difficult or impossible to quantify numerically (for example, beliefs, meanings and attributes) and which may involve content analysis.

**Quantitative research:** An objective, systematic process through which numerical data are gathered and analysed to identify variables and relationships between elements (including cause and effect).

**Research:** The systematic, rigorous investigation of a situation or problem to generate new knowledge or to validate existing knowledge, with the findings having relevance and application to settings beyond which the activity is undertaken; health care research can focus on issues of professional practice, environmental issues affecting health, and health care economics.

**Research ethics:** The principles to which all research activity should comply to ensure that it is conducted to achieve greatest benefits for the greatest numbers of people while minimising potential harm to participants, researchers and others.

**Research Excellence Framework [REF]:** The new process to assess the quality of research in UK higher education institutions (HEIs) to inform the allocation of research funding to HEIs from 2015/16, strengthen accountability for public investment in university research and to provide benchmarking information relating to institutions and disciplines.

**Research for Patient Benefit [RfPB]:** A national programme to generate high-quality research to benefit NHS users in England through funding regional research projects in health services and social care that have a focus on improving, expanding and strengthening how healthcare is delivered.

**Research governance:** The regulations, principles and standards of good practice to achieve and improve research quality and to ensure that research activity is undertaken with due transparency, adherence to the principles of
research ethics, and acknowledgement of potential bias.

**Research impact:** The effect that research has through its translation and use in practice, reviewed through the cycle of research activity, from the point of generating research proposals through to evaluating and implementing research findings, and broadly measured in academic and professional terms (e.g. in relation to advancing understanding, methods, theory and application within a discipline), and broader economic and social ones (e.g. in terms of improving public services and policy, enhancing quality of life and health, and increasing cost-effectiveness).

**Service evaluation:** An approach to defining or measuring current practice within a particular service with the aim of producing recommendations for making improvements to how care is delivered to patients within that particular service.

**SIGN:** The Scottish Intercollegiate Guidelines Network develops evidence-based clinical practice guidelines for the NHS in Scotland to improve patient outcomes through facilitating application of new knowledge in practice.

**Systematic data collection:** The activity of systematically gathering, recording and categorising information such that the information can be processed and evaluated in a structured way.

**Systematic review:** The process through which as much research as possible that is relevant to a particular research question is considered, with explicit methods used to identify what can reliably be inferred from these studies and to synthesise research findings from them in a form that is accessible to those in practice, and with the aim of reducing bias in how evidence is evaluated.

**Translational research:** The approach to ensuring that scientific and health care research is enabled to inform practice and education as swiftly as possible, with the goals of enhancing patient and population health outcomes and overcoming obstacles that work against research sustaining innovation and quality improvements in service delivery.