

Department of Health,
Social Services and Public Safety

*speech and
language therapy*

occupational therapy

physiotherapy

orthoptics

podiatry

dietetics

Research and Development in the
Professions Allied to Medicine within
Northern Ireland: **A Position Statement**

PREFACE

In November 1997 a Strategy Document representing a co-ordinated response to the changing HPSS and the new demands accompanying these changes was produced by the Northern Ireland Professions Allied to Medicine (PAMs). Within the Strategy Document a number of key areas were highlighted as requiring further development, one of these being research and development. In order to progress this area a Research & Development (R&D) subgroup of the Advisory Committee for the Therapeutic Professions Allied to Medicine (ACTPAM) was charged with producing a position paper pertaining to the development of this key area. Nominations for the group were sought from the professional bodies in Northern Ireland and represented both management and clinical grades (See Appendix 1).

When this position paper was initiated the Northern Ireland HPSS R&D Strategy was still evolving. However the ACTPAM subgroup considered that both the actual and the potential contribution of the PAMs to R&D and health and social care was not fully understood. The position paper therefore aims to clarify the potential role of the PAMs in taking forward the R&D agenda as well as examining how the R&D function within the PAMs could be further developed and enhanced.

As this position paper was being finalised, the R&D Office issued the Document 'Research for Health and Well-being - A Strategy for Research and Development to lead Northern Ireland into the 21st Century'. Whilst this paper is not meant to be a direct response to that document it does attempt to address some of the key issues directly relating to PAMs and R&D. It is hoped that the information contained within the position paper will be used by research leaders, those commissioning research and the Trusts when planning future research programmes.

I would like to thank all my colleagues on the sub group for their help, advice and overall contribution to the production of this position paper. Without their input it would not have been possible.

Dr Pamela A Hannigan
Vice Chair of ACTPAM

INTRODUCTION

The challenge to the HPSS to ensure that all professional decisions are based on sound evidence is enormous. Without the participation of health and social care professionals in research and development this aspiration cannot be achieved. It is therefore with great pleasure that I welcome this excellent document which complements the HPSS R & D Strategy so successfully. It is clear that the Professions Allied to Medicine (PAMs) have much to give to the implementation of all strands of the Strategy. Thus undergraduate and postgraduate training, and professional practice provide the basis for further development of research skills, and many professionals within the broad umbrella of PAMs are ideally placed to be research leaders, research collaborators, or users of research within the HPSS.

There are, however, many obstacles in the path of the aspiring PAMs researcher. These obstacles are clearly identified in this excellent document: it is for the R & D Office to meet this challenge and to help take forward the positive recommendations to increase research capacity within PAMs. It is for us therefore to ensure that Trusts recognise the potential contribution of PAMs to R & D, that schemes ensuring personal support for education and training and for career development are available, and that the HPSS as a whole values PAMs R & D. Universities also have a part to play, and with appropriate arrangements, can give great support to the potentially isolated HPSS researcher.

This document points the way and I would like to congratulate all those who have worked so hard to produce it. The R & D Office looks forward to working with representatives of PAMs to develop the strategy further to ensure that PAMs R & D capacity is fully developed.

Professor Ingrid Allen
Director of Research & Development

1 BACKGROUND

1.1 Introduction

- 1.1.1** The Professions Allied to Medicine (PAMs) working within the HPSS provide distinct but complementary services to a wide range of patients and clients with developmental and acquired disability in hospital, community and educational settings. They work across all Programmes of Care and are engaged in the assessment, prevention, remediation, rehabilitation, education and training of patients/clients. They also work closely with a number of different statutory agencies including the Northern Ireland Housing Executive and Education and Library Boards as well as numerous voluntary agencies.
- 1.1.2** One of the main drivers for PAMs to engage in research and development within Northern Ireland is the introduction of Clinical Governance as well as various documents such as the Regional Strategy for Health and Social Well-being 1997-2002 and 'Well into 2000'. More laterally this included the 'Research for Health and Well-being - A Strategy for Research and Development to lead Northern Ireland into the 21st Century' Document produced by the recently established Research & Development Office for the HPSS. This document states that 'research and development is an integral part of service development and of front-line patient/client care'. It also states that for 'new initiatives to succeed a strong R&D base is essential ensuring that the service is both evidence-based and research-led'.
- 1.1.3** Taking cognisance of the above, this position paper seeks to build on a number of previous documents produced nationally by the Professions Allied to Medicine (e.g. Research & Development in Occupational Therapy, Physiotherapy and Speech and Language Therapy: A Position Statement) see Appendix 2 for list.

The aim of this position paper is therefore: -

- to produce a position statement on research and development in the PAMs within Northern Ireland and to highlight the potential contribution of therapists to relevant high quality research and development;
- to identify key areas of concern as well as key priorities which need to be addressed in order for PAMs to compete with their colleagues within the wider HPSS on an equal basis for funding
- to encourage PAMs to explore the range of options available for R&D funding within both the statutory and voluntary agencies
- to allow PAMs to actively engage in research from an academic perspective through to patient/client focused evidence-based practice.
- to help inform service commissioners and providers as well as colleagues in the academic world of the current position of research and development within PAMs.
- to promote an R&D ethos within the PAMs

1.2 Research Activity in the Professions Allied to Medicine

1.2.1 For the purposes of this paper the definitions of R&D used for the Culyer Declaration Exercise have been adopted. i.e. research is defined as the search for new knowledge using scientific methodologies and approaches. Development is defined as the evaluation of new methods of care and techniques and their experimental introduction into service using scientific methodologies and approaches. Within the HPSS there is an increasing awareness of the need to translate research findings into practice. This is the result of a growing awareness of the gap between clinical practice and research findings and also because of the need to show that public investment in research results in benefits for patients.

Research in the PAMs has been an established feature for some time, albeit on a modest scale. Examples include evaluations of treatment outcome, evaluation of equipment and education related research. Therapy research has previously been characterised by a diversity of both discipline specific and collaborative research. It is important that those commissioning research recognise the contribution that the PAMs can and should be making to the multi-professional research programmes for health and social services. The PAMs wholly endorse the evaluation of all therapy interventions and the incorporation of any new knowledge gained through research in everyday practice.

1.3 Education and Training in Research

- 1.3.1** Whilst the PAMs nationally have recognised the need to develop a sound research ethos to help further evidence-based practice (as evidenced by the documents referenced in Appendix 2), it is recognised that this is still a relatively underdeveloped area for the therapy professions. All the professional bodies emphasise the need for therapists to develop their research skills as well as engage in both the dissemination and implementation of research findings. As previously indicated this will be driven in part by the Clinical Governance agenda and will have major training implications for both Trusts and Universities.
- 1.3.2** Education in research design, data collection, analysis and the presentation of results is now standard amongst newly qualified therapists. Undergraduate courses contain a basic research skills component which requires students to complete a research project as a means of gaining experience in the use of research methodologies. However current student projects tend to be based on laboratory centred studies and as a result have minimal contact with patients in the wider HPSS. Whilst their experience will enable them as practitioners, to evaluate their practice against the most up-to-date evidence, there is also a need for ongoing developmental training in this area.
- 1.3.3** It should also be noted that a sizeable proportion of therapists within Northern Ireland are in fact Diplomat practitioners and will not necessarily possess these prerequisite skills. In many instances such practitioners will hold a senior clinical and/ or management post within the organisation. Where there is a lack of understanding or commitment to R&D by senior personnel, junior or more recently qualified staff may experience problems in trying to introduce the concept of R&D in such a department.

1.4 Dissemination of Research Findings

- 1.4.1** Therapy research findings are, in the main, disseminated through peer-reviewed journals, some of which are published by the professional associations (See Appendix 3) and their contributors and target audience are both national and international. PAMs also disseminate their research findings by presenting papers at national and international conferences although it must be acknowledged that those currently doing so are small in number. This is an area requiring considerable investment to enable researchers to disseminate their findings to a wider audience as well as feeding back to more local audiences. Another issue revolves around the fact those professional journals such as the 'British Journal of Physiotherapy' and the 'British Journal of Occupational Therapy' are not rated by the Research Assessment Exercise although they boast a wide readership. There is therefore a drive for researchers to publish their findings in high impact journals such as 'Physical Therapy' in the USA. This means that the highest quality research does not always reach the practitioners on the ground.
- 1.4.2** Developments, such as those outlined above, highlight the PAMs' commitment to research in general and evidence-based practice in particular. However, in order to expand this research base and enhance the unique contribution of PAMs to the HPSS Research and Development Programme there are a number of issues which require to be highlighted and where possible, change implemented if PAMs are to enjoy parity of esteem with other health and social care colleagues. These are discussed within the body of this position paper.

2 INCLUSION IN DECISION MAKING STRUCTURE

2.1 Research Infrastructures

2.1.1 Despite the broad base experience in research outlined, the PAMs continue to press for wider recognition for research related to their practice. It is perceived that the appropriate research infrastructure, which is in place for medicine and other health related disciplines, has not as yet been established for the therapy professions. This has resulted in their exclusion from decision-making bodies and in a lack of recognition of therapy research as a funding priority. The recent decision to exclude PAMs' representation on the Regional R&D Strategy Group serves to highlight this dilemma. To date, the establishment of the R&D Office for the HPSS in N.Ireland has improved communication with the research community and this will provide an opportunity to influence the HPSS Research and Development Programme albeit at a lower level within Northern Ireland. It is also anticipated that PAMs representation on the Board of the proposed Clinical Trials Centre and the N.I. Forum for Health and Social Care Research will further build on this.

2.2. Recommendations

2.2.1 It is recommended that there is PAMs' representation at all levels, including the Regional R&D Strategy Group, the Board of the proposed Clinical Trials Centre and the NI Forum for Health and Social Care Research. Such opportunities will serve to:

- increase understanding of PAMs' potential contribution to the HPSS Research and Development Programme especially when considering multi-professional issues.
- help to ensure that therapy research is properly reviewed and that information relating to therapy research is disseminated to all health and social care professionals and managers at both provider and commissioner levels.

2.2.2 It is recommended that there is greater PAMs representation on

- University ethics committees
- Trust ethics committees where these have been established and

-
- Local Trust R&D committees.

In order for such committees to make appropriate decisions they need to access informed knowledge of the issues pertaining to therapy research.

- 2.2.3** Relevant university funding agencies e.g. DENI, R&D Office etc. should also be encouraged to consider increasing the representation of therapists on their grant awarding bodies.

3 MANAGEMENT SUPPORT INFRASTRUCTURE

3.1 Research as Distinct from Practice

3.1.1 There is still a tendency by some therapists to view research as being distinct from practice, rather than an integral part of good patient care and professional development. Research will underpin clinical effectiveness and in doing so, help to improve the quality of patient/client care. Where research has been undertaken e.g. those areas where therapists have developed joint posts with universities to undertake specific areas of research the attitude towards integrated research and practice is changing. However there is still a tension between recognising the need to engage in high quality research and responding to the pressures of meeting contracts whilst continuing to deliver high quality patient/client care.

3.2 Recommendations

3.2.1 It is recommended that senior management at both Board and Trust level encourage and support those therapists engaging in research activity through working towards the evaluation and development of therapeutic services.

3.2.2 Commissioners and Trusts must recognise the 'time' component of engaging in such activity and provide adequate resources to allow high quality research to take place and flourish.

3.2.3 Boards need to assess and commission services on the basis of both clinical and social need which is informed by evidence of both clinical and cost effectiveness i.e. commission evidence-based practice. As commissioners of PAMs' services they should therefore be encouraged to agree specific research projects with relevant agencies i.e. R&D Office, Trusts, Universities and other funding bodies e.g. Voluntary Agencies/Charities and to place greater value on research activities undertaken by therapists.

3.2.4 Trusts should be encouraged to pursue more joint funding arrangements with universities for lecturer/practitioner posts with specific research components. Such posts not only have the potential to deliver high quality research evidence for improved patient /client care but are an important means of helping to develop a more positive attitude to R&D in practitioners at the 'coal face'.

3.2.5 It is important that guidelines with regard to terms and conditions etc. are drawn up for joint posts to ensure consistency across professions and Trusts as well as parity with academic and other research colleagues.

Trusts should also be encouraged to:

- promote those clinicians undertaking research
- safeguard those clinicians undertaking research
- ensure recognised career pathways within the Trust for research clinicians

4 EDUCATION AND TRAINING

4.1.1 In recent years there has been an increasing demand by PAMs for professional development opportunities in this area. The HPSS Executive have previously provided one PAMs studentship for a period of two years which allowed a therapist undertake a research project leading to a higher degree. However with the formation of the Research and Development Office for the Health and Personal Services in Northern Ireland, this has been withdrawn and PAMs must now compete with other health and social care colleagues for a number of Personal Bursaries, Studentships and Fellowships. Given that significant proportions of PAMs are Diplomat practitioners they are ineligible to apply for such funding and are therefore disadvantaged.

At this present moment in time progression by therapists into doctoral and postdoctoral level research remains rare. However as an adjunct to this it should be noted that with respect to Physiotherapy research, the Rehabilitation Sciences Group at UUU is the largest of its kind in the UK or Ireland and maintains an active research programme. This is a development which the other PAMs would aspire to. Overall there is a perceived lack of knowledge as to the current level of activity in terms of PAMs' research and development within Northern Ireland. However it is understood that the HPSS R&D Office has agreed to fund a fixed term research and development facilitator post for PAMs. This post will be offered on a secondment basis.

4.2 Recommendations

4.2.1 It is recommended that the post holder be responsible for:

- Conducting a survey of all PAMs currently employed within the HPSS to determine the level of PAMs related research. Such research should conform to the Culyer Declaration Exercise i.e.
- Research is designed to provide new knowledge; and
- Research is designed so that findings will be of value to those facing similar problems outside the particular context or locality of the project, i.e. designed to be generalisable; and
- Where appropriate, the research will have received ethical approval; and

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- There is an intention to publish or otherwise present research findings so that they are open to critical examination and accessible to all who could benefit from them
- 4.2.2** It is recommended that this information should be collated into an R&D directory/data base thereby forming a resource for others wishing to engage in research in the future.
- 4.2.3** It is recommended that the postholder liaise with appropriate personnel in the local Universities as well as national and international research bodies so as to be informed of current research activity within those structures.
- 4.2.4** It is recommended that Trust R&D infrastructures are identified and widely circulated in order to enable therapists to access local R&D Committees and present proposals with a view to undertaking to undertake local research.
- 4.2.5** It is recommended that the post holder assume responsibility for raising an awareness of research and development amongst practitioners and in doing so, help progress the move towards an evidence-based culture within PAMs in line with Clinical Governance and the R&D Office's Strategy Document as previously referenced.
- 4.2.6** It is recommended that there is the development of a PAMs research information pack containing the R&D directory as well as information and guidance on proposal writing for research approval and where appropriate ethical approval, key R&D people in Trusts, names of funding bodies and their requirements in terms of supporting research and guidance on writing for publication, etc.
- 4.2.7** It is recommended that PAMs working in the HPSS be enabled to compete for research funding on an equal basis with other HPSS and academic colleagues
- 4.2.8** It is recommended that research-training initiatives are put in place for PAMs with funding available from bursaries

5 CAREER OPPORTUNITIES

5.1.1 Despite the developing research culture there are still few opportunities for PAMs to pursue careers in research especially where the therapist wishes to retain links with the HPSS as a clinician. PAMs have tended to be used as providers of data by other health and social care professionals and have often experienced difficulty in securing their own research funds. Due to the lack of an appropriate career infrastructure, postgraduate training in research and development does not advance careers in the therapy professions as it does in medicine where provision is made for careers to progress via research or clinical practice.

For example, clinician-researchers may be required to accept a drop in salary whilst undertaking research, with no guarantees that they will return to an appropriate pay point on the clinical scale when they have completed their term of research. This mismatch is a disincentive for those therapists wishing to develop their research skills.

Further disincentives in undertaking research include the current management practice of emphasising clinical contact with patients/clients at the expense of all other professional activities, including research and development. This constraint does not appear to impact on other professional groups to the same degree.

5.1.2 This imbalance needs to be redressed if the PAMs are to be encouraged in their pursuit of high quality research undertaken by skilled clinical researchers and of benefit to patients/clients, commissioners and providers. Whilst basic research literacy skills are established to some degree in the therapy professions particularly at undergraduate level there are still relatively few opportunities to develop and appropriately utilise these skills in clinical practice. If research is to have the desired impact on practice i.e. a reduction in the gap between research knowledge and practice leading to more effective interventions with patients/clients, there must be a developmental component to research. This must be reinforced by a greater degree of dialogue and a practical exchange of time and resources between researchers and clinicians, together with the creation of more centres of excellence in which practice-based research can be generated and sustained. These developments are essential if PAMs are to achieve a critical mass of professionals equipped to undertake research on both a uni-professional and multi-professional basis and at all levels.

5.2 Recommendations

5.2.1 It is recommended that there is provision of locum cover for clinical researchers and the establishment of more joint appointments with both local universities.

5.2.2 It is recommended that a research infrastructure incorporating four levels of research worker, namely research assistant, researcher, senior research worker and project leader grades is developed.

5.2.3 It is recommended that Trusts also need to actively consider how they can more effectively utilise the investment and expertise found in their researcher clinicians.

5.2.2 It is recommended that there is

- increased provision for continuing education and training in research methodology at postgraduate level;
- protection against salary differentials for experienced clinicians wishing to return to clinical practice following completion of a specific piece of research and similarly for those who wish to pursue a career in research;
- an increase in the number of joint appointments by university departments and NHS Trusts with agreed terms and conditions to ensure consistency across Trusts and professions as well as parity with University colleagues
- adequate provision of locum cover for both short term and long term secondments to facilitate therapists undertaking training in research methodology or actively engaging in research
- an increase in the number of liaisons with universities/hospitals recognised as national centres of excellence e.g. Great Ormond Street for paediatric disorders, University of Ulster for therapy research.

Implementation of these recommendations would greatly enhance the career structure of those therapists working in the HPSS and wishing to engage in research.

6 METHODOLOGIES

6.1.1 In common with other areas of health and social care, there is no single method or research paradigm for examining the wide range of research questions generated by the PAMs. However the main type of research currently recognised as significant to the implementation of clinical change through guideline development is the randomised control trial (RCTs). PAMs recognise the importance of utilising all research methodologies aligned to the qualitative aspects of patient/client care, along with the use of biomedical quantitative research techniques where these are deemed to be the most appropriate means of addressing a specific question.

6.2 Recommendations

6.2.1 It is recommended that the PAMs Research and Development Co-ordinator post identified in section 4 undertake a mapping exercise to determine the range of methodologies currently used by therapists. This would serve to enhance ongoing reviews of existing research already prioritised by any proposed HPSS Research and Development Programme

7 DISSEMINATION AND IMPLEMENTATION

- 7.1.1** Therapists often have difficulty in keeping up to date with relevant research findings in their own and related fields. Researchers publish their findings in a wide range of medical journals including social science, as well as those which are inter professional, profession specific and topic related. On the whole, medical libraries do not provide general health services research material of this nature.
- 7.1.2** There is an urgent need to incorporate more information on therapist led and therapy focused research into a Northern Ireland R&D Register/database. It is vital that PAMs are asked to contribute to such a research register or database at a regional level and that the necessary forms are made available for that purpose. The register itself needs to have a classification system capable of clearly identifying therapy focused research as distinct from other contributions. This needs to be done regardless of how the research was funded, so that others can access this information and in doing so avoid duplication. This exercise would help to identify research priorities as well as identifying future training needs in this area.
- 7.1.3** Communication of therapy research findings to decision makers and commissioners of services has also proved problematic in the past. For example, disseminating the results of therapy research through the medical journals has proved difficult as many of the papers submitted are of a specialist nature and hence are rejected. This lack of adequate dissemination has meant that decision makers are often unaware of the in-depth research currently of significance in the delivery of patient/client care.

7.2 Recommendations

- 7.2.1** It is recommended that the PAMs be fully involved and represented in all aspects of any HPSS Research and Development Information System Strategy.
- 7.2.2** It is recommended that there are clear methods for inputting and retrieving information from any HPSS Research and Development Information System Strategy and that such a strategy be made more explicit to the PAMs through their professional associations and through the PAMs R&D facilitator.

7.2.3 It is recommended that postgraduate medical libraries/centres within Trusts be encouraged to include a wider range of health and social services research material (including PAMs), to help facilitate the wider dissemination of relevant research findings.

7.2.4 It is recommended that access to postgraduate medical libraries/centres within Trusts is opened up to all health and social care professionals including PAMs so that they may avail of research information in all its guises e.g. Internet, Cochrane Data Base, Medline etc. Staff should be shown how to access such material as part of Trust induction programmes.

8 SUMMARY OF THE RECOMMENDATIONS

The following summarises the recommendations contained within the body of this position paper.

8.1.1 It is recommended that there is PAMs' representation at all levels, including the Regional R&D Strategy Group, the Board of the proposed Clinical Trials Centre and the NI Forum for Health and Social Care Research. Such opportunities will serve to:

- increase understanding of PAMs' potential contribution to the HPSS Research and Development Programme especially when considering multi-professional issues.
- help to ensure that therapy research is properly reviewed and that information relating to therapy research is disseminated to all health and social care professionals and managers at both provider and commissioner levels.

8.1.2 It is recommended that there is greater PAMs representation on

- University ethics committees
- Trust ethics committees where these have been established and
- Local Trust R&D committees.

In order for such committees to make appropriate decisions they need to access informed knowledge of the issues pertaining to therapy research.

8.1.3 Relevant university funding agencies e.g. DENI, R&D Office etc. should also be encouraged to consider increasing the representation of therapists on their grant awarding bodies.

8.1.4 It is recommended that senior management at both Board and Trust level encourage and support those therapists engaging in research activity through working towards the evaluation and development of therapeutic services.

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- 8.1.5** Commissioners and Trusts must recognise the ‘time’ component of engaging in such activity and provide adequate resources to allow high quality research to take place and flourish.
- 8.1.6** Boards need to assess and commission services on the basis of both clinical and social need which is informed by evidence of both clinical and cost effectiveness i.e. commission evidence-based practice. As commissioners of PAMs’ services they should therefore be encouraged to agree specific research projects with relevant agencies i.e. R&D Office, Trusts, Universities and other funding bodies e.g. Voluntary Agencies/Charities and to place greater value on research activities undertaken by therapists.
- 8.1.7** Trusts should be encouraged to pursue more joint funding arrangements with universities for lecturer/practitioner posts with specific research components. Such posts not only have the potential to deliver high quality research evidence for improved patient /client care but are an important means of helping to develop a more positive attitude to R&D in practitioners at the ‘coal face’.
- 8.1.8** It is important that guidelines with regard to terms and conditions etc. are drawn up for joint posts to ensure consistency across professions and Trusts as well as parity with academic and other research colleagues.
- 8.1.9** Trusts should also be encouraged to
- promote those clinicians undertaking research
 - safeguard those clinicians undertaking research
 - ensure recognised career pathways within the Trust for research clinicians
- 8.1.10** It is recommended that the post holder be responsible for conducting a survey of all PAMs currently employed within the HPSS to determine the level of PAMs related research. Such research should conform to the Culyer Declaration Exercise

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- 8.1.11.** It is recommended that this information should be collated into an R&D directory/data base thereby forming a resource for others wishing to engage in research in the future.
- 8.1.12.** It is recommended that the postholder liaise with appropriate personnel in the local Universities as well as national and international research bodies so as to be informed of current research activity within those structures.
- 8.1.13.** It is recommended that Trust R&D infrastructures are identified and widely circulated in order to enable therapists to access local R&D Committees and present proposals with a view to undertaking to undertake local research.
- 8.1.14.** It is recommended that there is provision of locum cover for clinical researchers and the establishment of more joint appointments with both local universities.
- 8.1.15.** It is recommended that a research infrastructure incorporating four levels of research worker, namely research assistant, researcher, senior research worker and project leader grades is developed.
- 8.1.16.** It is recommended that Trusts also need to actively consider how they can more effectively utilise the investment and expertise found in their researcher clinicians.
- 8.1.17** It is recommended that there is
- increased provision for continuing education and training in research methodology at postgraduate level;
 - protection against salary differentials for experienced clinicians wishing to return to clinical practice following completion of a specific piece of research and similarly for those who wish to pursue a career in research;
 - an increase in the number of joint appointments by university departments and NHS Trusts with agreed terms and conditions to ensure consistency across Trusts and professions as well as parity with University colleagues

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- adequate provision of locum cover for both short term and long term secondments to facilitate therapists undertaking training in research methodology or actively engaging in research
 - an increase in the number of liaisons with universities/hospitals recognised as national centres of excellence e.g. Great Ormond Street for paediatric disorders, University of Ulster for therapy research.

Implementation of these recommendations would greatly enhance the career structure of those therapists working in the HPSS and wishing to engage in research.

8.1.18 It is recommended that the PAMs Research and Development Co-ordinator post identified in section 4 undertake a mapping exercise to determine the range of methodologies currently used by therapists. This would serve to enhance ongoing reviews of existing research already prioritised by any proposed HPSS Research and Development Programme

8.1.19 It is recommended that the PAMs be fully involved and represented in all aspects of any HPSS Research and Development Information System Strategy.

8.1.20 It is recommended that there are clear methods for inputting and retrieving information from any HPSS Research and Development Information System Strategy and that such a strategy be made more explicit to the PAMs through their professional associations and through the PAMs R&D facilitator.

8.1.21 It is recommended that postgraduate medical libraries/centres within Trusts be encouraged to include a wider range of health and social services research material (including PAMs), to help facilitate the wider dissemination of relevant research findings.

8.1.22 It is recommended that access to postgraduate medical libraries/centres within Trusts is opened up to all health and social care professionals including PAMs so that they may avail of research information in all its guises e.g. Internet, Cochrane Data Base, Medline etc. Staff should be shown how to access such material as part of Trust induction programmes.

APPENDIX 1

ACTPAM Subgroup Membership

Dr Mary Jenkins
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Braid Valley Hospital
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Belfast City Hospital
Belfast

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SLT Services Manager
Royal Victoria Hospital
Belfast

The group was facilitated by Pamela A Hannigan and Fiona Hodkinson of ACTPAM

APPENDIX 2

Publications by Professional Bodies Relating to Research and Development

- Research and Development in Occupational Therapy, Physiotherapy and Speech and Language Therapy: A Position Statement, 1994
 - Getting Started in Research and Audit; British Dietetic Association, 1998
 - Research Notes for Occupational Therapists; College of Occupational Therapists, April, 1994
 - Post-qualifying Directory and Guidance; College of Occupational Therapists, March 1996
 - Priorities for Physiotherapy Research; Chartered Society of Physiotherapy, 1997
 - Professional Development Handbook; British Orthoptics Society, 1998
- * Joint BDA/NCCA Research & Audit Database launched by The British Dietetic Association: March 1999

APPENDIX 3

Professional Associations

Useful Addresses

ORTHOPTICS

British Orthoptic Society
Tavistock House North
Tavistock Square
London WC1H 9HX

Tel: 0171 387 7992

SPEECH & LANGUAGE THERAPISTS

Royal College of Speech & Language Therapists
7 Bath Place
Rivington Street
London EC2A 3DR

Tel: 020 7613

PODIATRY

Society of Chiroprody/Podiatry
53 Welbeck Street
London W1M 7HE

Tel: 0171 486 3381

OCCUPATIONAL THERAPY

College of Occupational Therapists
6-8 Marshalsea Road
Southwark
London SE1 1HL

Tel: 0171 357 6480

DIETETICS

British Dietetic Society
5th Floor Elizabeth House
22 Suffolk Street
Queensway
Birmingham B1 1LS

Tel: 0121 616 4900

PHYSIOTHERAPY

Chartered Society of Physiotherapy
14 Bedford Row
London WC1R 4ED

Tel: 0171 306 6666

Further copies can be obtained from:

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