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TITLE: Identifying research priorities for occupational therapy in the UK: a James Lind Alliance Priority Setting Partnership

SHORT TITLE: Research priorities for OT in the UK

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RESEARCH ETHICS
Ethical approval was not required by the National Health Service Health Research Authority.
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DECLARATION OF CONFLICTING INTERESTS
The Authors confirm that there is no conflict of interest.

STATEMENT OF CONTRIBUTORSHIP
JW initiated the OTPSP and was its strategic lead. KC chaired the OTPSP Steering Group. HS was the OTPSP Information specialist. JM was the OTPSP Project Lead. RUJ was the OTPSP Project Coordinator. JW wrote the first draft of the manuscript. All authors reviewed and edited the manuscript and approved the final version.

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Identifying research priorities for occupational therapy in the UK: a James Lind Alliance Priority Setting Partnership

Key words

Occupational therapy; research priorities; co-production; consensus

Abstract

Introduction: As the scope and nature of practice evolves in an ever-changing health and social care landscape, it is imperative the profession continues to expand the evidence base underpinning interventions. The Royal College of Occupational Therapists partnered with the James Lind Alliance (JLA) to bring together people with lived experience, occupational therapists and other people working in the health and care sector to identify contemporary research priorities for the profession in the United Kingdom.

Method: The JLA's well-established methodology was adopted. An opening consultation survey gathered unanswered questions. Analysis of responses and evidence checking preceded an initial prioritisation survey. The final prioritisation workshop drew on nominal group technique.

Findings: 927 respondents submitted 2193 questions. Those within the project's scope were captured in 66 overarching summary questions using thematic analysis. These were initially ranked by 1140 respondents. 18 questions comprising the 10 most highly ranked by people with lived experience and by those with professional experience were considered by 19 participants in the final workshop. Together, they reached consensus on the Top 10 priorities.

Conclusion: These research priorities provide a contemporary framework influencing and guiding future research, ensuring it addresses the issues of greatest importance to people accessing and delivering services.

Background and introduction

The first statement of research priorities for occupational therapy in the United Kingdom (UK) was published in 2007 (COT 2007). The landscape of health and social care practice has changed considerably in the intervening years. New models of service delivery continue to emerge, and with them come a range of opportunities, challenges and threats for the profession. As the scope and nature of practice evolves, it is of paramount importance that the profession continues to expand the evidence base it draws upon to underpin the delivery of clinically and cost-effective services (Green and Lambert 2017) that contribute to government agendas and priorities, and make a demonstrable difference to the health and wellbeing of the population.

The need to update the existing research priorities was highlighted in a comprehensive research and development review undertaken by the Royal College of Occupational Therapists (RCOT) between 2017 and 2019 (RCOT 2019). Research priority setting processes should be fair, legitimate and transparent, informed by credible evidence, and involve a broad range of stakeholders (Tong et al. 2019). To strengthen the credibility of the process used to identify contemporary research priorities that reflect what matters most to the people accessing and delivering occupational therapy services, RCOT entered a Priority Setting Partnership (PSP) with the James Lind Alliance (JLA). The JLA is a non-profitmaking initiative that has developed a method for involving patients, carers and healthcare professionals in setting priorities for research (JLA n.d.). To support the comprehensive and transparent reporting of the PSP, and thereby strengthen the acceptability and implementation of the identified priorities, the ten domains of the REPRISE guidelines for reporting health research priority setting exercises (Tong et al. 2019) have informed the structure and content of this paper.

Aims

The aims of the occupational therapy PSP (OTPSP), as stated in the project protocol were, to identify unanswered questions about occupational therapy from the shared perspectives of people with experience of accessing services, their carers and families, occupational therapists and others working alongside them in the health and social care environment, and then prioritise those unanswered questions that these groups agree were the most important for research to address.

OTPSP Team and Governance

The OTPSP was initiated by JW, as the RCOT Assistant Director – Education and Research, and having gained experience of JLA methodology as a member of the Steering Group for the Safe Care for Adults with Complex Health Needs PSP. Following a competitive recruitment process, JM and RUJ were appointed as the Project Lead and Project Coordinator respectively. Similarly, following a competitive process, HS was awarded the contract to provide services as the OTPSP Information Specialist. She is a qualified information specialists and lecturer attached to the pre-registration occupational therapy programme at York St John University and is therefore very familiar with the profession and its evidence-base. KC is a Senior Advisor with the JLA who chaired the OTPSP Steering Group.

The response to a call for expressions of interest to join the OTPSP Steering Group exceeded expectations. Invitations were extended on the basis of pre-existing key principles which, in addition

to people with lived experience, included seeking engagement from occupational therapy practitioners, consultants and service managers working in a range of practice contexts and service delivery settings with a variety of groups and communities; academic and practice-based researchers; educators; and students. To ensure representation from all four nations of the UK, additional work was undertaken to secure representation from Northern Ireland.

The final Steering Group comprised twenty people, five of whom offered lived experience of accessing occupational therapy services (RCOT 2021). Collectively, the Steering Group provided broad and varied insights pertinent to the scope of occupational therapy practice. The Terms of Reference asked them to commit to the JLA principles of inclusivity, equality, fairness and transparency, and being evidence-based (RCOT 2021, p41). All were reimbursed for reasonable expenses incurred as a result of attendance at meetings, and those with lived experience were compensated for their time at the rate recommended by INVOLVE (2016). Compensation was also offered to Steering Group members who were carers and incurred additional carer costs as a result of attending face-to-face meetings. An explicit expectation was that all Steering Group members would harness their networks to support engagement in and partnership with the OTPSP.

Partners and supporters

The OTPSP was supported by 56 formally recognised partner organisations (RCOT 2021, 53) and over 60 other known supporters from all four nations of the UK. They helped disseminate information about the project and encouraged those within their diverse networks to engage with the OTPSP. Illustrative examples of the OTPSP's partners and supporters include a carers' organisation and older people's charity in Northern Ireland, a patient engagement in research network in Wales, condition-specific charities and networks in Scotland, and a range of universities and NHS Trusts in England. Connections were also made with national charities and networks supporting carers and people with specific needs and conditions, and with various groups and communities across the UK. The list of partners and supporters was regularly reviewed by the Steering Group throughout the project, with suggestions made regarding additional organisations to approach where gaps were identified. This included, for example, where there was a lack of connections with specific groups or communities, particularly those whose voices are seldom heard (e.g. those who are from vulnerable or marginalised groups (Tong et al 2019)).

Scope of the OTPSP

The breadth of occupational therapy practice required that the OTPSP had a well-defined scope with clear boundaries. With a commitment not to prioritise any condition or area of practice over another, the project protocol developed by the members of the Steering Group identified that it would encompass:

- a UK-wide, four nations perspective;
- perspectives of those in a range of practice-based roles delivering occupational therapy services, including Health and Care Professions Council registered occupational therapists, their assistants and support workers, anyone delivering occupational therapy interventions, and occupational therapy students;
- perspectives of others working alongside occupational therapists in the health and social care environment;

- occupational therapy practice based within and beyond statutory services;
- physical and mental health, and the areas of overlap between them; and
- the needs and perspectives of people accessing occupational therapy services across the full spectrum of age ranges, including those at key transition periods in various stages of life, along with those of their family and/or carers.

Excluded from the scope of the work were questions or uncertainties submitted about:

- occupational therapy practice outside the UK, although evidence from around the world was reviewed and considered where it addressed the uncertainties submitted;
- specific government policies from across the four nations related to health and social care, unless the uncertainty was an issue that required the generation of evidence through research to address it;
- the pre- and post-registration education of occupational therapists; and
- services with a commercial interest.

Methodology

The OTPSP utilised the JLA's well-established and well-respected methodology, as outlined in their Guidebook, Version 8, November 2018 (JLA 2018). A fundamental principle of the JLA approach is that people with lived experience and people with professional expertise work in partnership throughout all aspects of a PSP to identify and agree the priorities for research. Co-production is therefore a core tenet. A launch event was held in March 2019 to raise awareness of the work being undertaken, to start to explore its scope and methods of communicating and engaging effectively with the target audiences, and to begin to secure expressions of interest in joining the Steering Group and registration of partner organisations actively supporting the OTPSP.

Once confirmed, and with advice from KC as Chair, the Steering Group was responsible for agreeing their terms of reference, the scope of the project and its protocol. They met for the first time in April 2019, and continued to meet regularly, in total eleven times, via teleconference, video-conference and face-to-face, until August 2020. The work that the Steering Group oversaw followed the four key stages of the JLA methodology, as outlined in Figure 1.

Figure 1: Key stages and timelines of the OTPSP

Ethical approval

The UK National Health Service (NHS) Health Research Authority confirmed that the OTPSP would not be considered research by the NHS and therefore was not required to go through their processes for ethical approval (Health Research Authority 2019). However, all aspects of the work were reviewed under Category 2 (for service evaluation, service development and audit activities) of RCOT's internal research governance process. An application and supporting documentation related to the opening consultation survey were submitted, and revisions were made in response to the reviewer's recommendations, ahead of approval being received on July 26th 2019 (reference: PE36/2019). Approval was gained for the interim prioritisation survey on February 24th 2020 (reference: PE48/2020) and for the final prioritisation workshop on July 10th 2020 (reference: PE55/2020) using the same process.

Opening consultation survey

The opening phase of the OTPSP invited people to identify questions about occupational therapy for research to answer. Contributions were actively sought from people who access services, their carers and/or family, occupational therapists, and others with an interest in occupational therapy, such as those also working in the health and social care environment. The Steering Group developed and piloted a survey which was open between August 5th and November 5th 2019 and posed two key questions:

1. What questions do you have about occupational therapy that you haven't been able to find the answer to?
2. What questions do you have about the difference that occupational therapy makes to people's lives?

The survey was made available in English and Welsh language versions via the Joint Information Systems Committee (JISC) online platform, in a downloadable format and in hard copy on request. It was also available in an easy-read version in a downloadable print format, which was also provided in hard copy on request. Participant information was included in all versions and written informed consent was secured before participants accessed the actual survey. A number of supporting resources were made available, including a media guide for project partners and a facilitated discussion guide to assist the holding of discussion groups, particularly with people with lived experience.

Completion rates and the demographics of respondents were monitored throughout the period the survey was open. Active steps were taken to work collaboratively with the project's partners and supporters in an effort to secure responses from as wide an audience as possible, with particular emphasis given to those with lived experience and those from groups whose voices are seldom heard.

Analysis of responses and evidence checking

The uncertainties or questions submitted in response to the opening consultation survey were analysed thematically (Braun and Clarke 2013) to synthesise them into a series of overarching summary questions that remained true to the essence of the individually submitted questions they

represented. HS undertook the primary analysis and was supported by a data sub-group of the Steering Group, which included those with lived experience. Their role was to question and check the categorisation process and audit whether summary questions were true to individual questions submitted. They provided detailed scrutiny and critical advice, including via a day-long face-to-face meeting, in addition to the oversight of the full Steering Group via their regular meetings. All of the raw data is publicly available (RCOT 2021).

The evidence checks for the resulting in-scope summary questions were undertaken by HS during December 2019 and January 2020. Whilst a systematic search for each summary question was not feasible within the time and resource constraints of the OTPSP, a highly focused, targeted and systematised approach was applied. This included checking each summary question against existing research evidence to verify that they were genuine uncertainties that had not already been answered by research. A federated search method, which applied free text keyword-only searches, was employed. Regular overlap and duplication in retrievals across the different platforms searched, indicated that a very good level of saturation was achieved.

Resources searched for each of the summary questions included: Cumulative Index to Nursing and Allied Health Literature (CINAHL); Allied and Complementary Medicine (AMED); Medline (all searched via the EBSCO platform); The Cochrane Library; the NHS Evidence platform; Epistemonikos; TRIP Database; Scottish Intercollegiate Guidelines Network (SIGN); Google Scholar; and RCOT's website. Papers met the criteria for inclusion if they were published within the previous five years (i.e. from 2014 onwards). The exception was where Cochrane reviews originally published earlier than 2014 had recently been updated. Conference presentations were excluded, alongside papers that addressed the area of uncertainty but were not written within the context of occupational therapy. As the evidence base in many areas of occupational therapy is under-developed, weak or varied in nature, selection was broadly inclusive of all evidence types.

Initial prioritisation survey

The next phase of the OTPSP required the Steering Group to develop a second survey to begin to prioritise the longlist of 66 summary questions representing verified uncertainties into a shorter list for consideration in the final priority setting workshop. Once again, contributions were sought from people who access services, their carers and/or family, occupational therapists, and others with an interest in occupational therapy. Respondents were asked to choose up to ten questions that they felt were the most important for research to answer. Automatic randomisation of the 66 summary questions via the JISC platform was not possible. To mitigate the potential for sequencing of the summary questions to bias responses, four versions of the survey, each presenting the 66 questions in a different sequence, were carefully constructed. The version available to respondents was rotated throughout the period the survey was open.

The initial prioritisation survey was made available in English and Welsh language versions via the JISC platform, in a downloadable format and, initially, in hard copy on request. Expert advice indicated that it was not feasible to translate the 66 summary questions into an easy-read format. The language of the survey respondents was used as much as possible, but the steering group had detailed discussions about the phrasing of each summary question to avoid jargon and enhance accessibility. Participant information was included in all versions and written informed consent was

secured before participants accessed the actual survey. Supporting resources, including a media guide for project partners and a facilitated discussion guide, were once again made available.

The initial prioritisation survey was to be open between February 26th and April 14th 2020. However, at the end of March 2020 the UK governments imposed a full national lockdown in response to the COVID-19 pandemic. To optimise response rates at a time of national crisis, while ensuring the OTPSP completed within agreed timescales, the Steering Group agreed to extend the closing date of the survey to May 20th 2020. The facilitated discussion guide was withdrawn as it was no longer appropriate to suggest face-to-face group meetings. As people became more familiar with meeting virtually, on-line discussions were suggested if appropriate. Similarly, the option to submit hardcopy responses was withdrawn as the Project Team were working from their home addresses. E-mail submission of scanned or electronically completed surveys remained possible throughout.

Completion rates and the demographics of respondents were monitored throughout the period the initial prioritisation survey was open. As the impact of the pandemic began to take hold, occupational therapists became increasingly drawn into the national response, and project partners turned their attention to supporting their own audiences and members through the crisis, the OTPSP encountered notable challenges in securing responses to the survey. This was particularly the case in relation to people who access occupational therapy services, their carers and/or families. All reasonable steps were taken to continue to promote engagement with the survey while being sensitive to the prevailing circumstances.

Analysis of initial prioritisation survey responses

Responses to the initial prioritisation survey from people with lived experience and those from people with professional expertise (including occupational therapists, occupational therapy students and people other than occupational therapists working in health and social care) were analysed separately. This enabled the identification of any differences regarding how the question were prioritised by the two audiences, and permitted equal weighting to be given to their responses, despite the differing numbers in each group.

Each time a question was identified within an individual respondent's ten most important questions, it was allocated one point. The JISC survey platform was unable to cap individual responses to their ten most important questions. 564 respondents identified more than the requested number. Upon examination, most of those respondents were people with lived experience. In an effort to be as inclusive as possible, and in line with the flexibility permitted by the JLA approach, the Steering Group decided that where a respondent had identified more than 10 but less than 20 questions as their most important, the ten available points were divided evenly amongst them. Having agreed it as pragmatic cut-off point, responses identifying more than 20 questions, along with those from outside the UK, were deemed invalid.

Final priority setting workshop

The 18 summary questions shortlisted via the interim prioritisation survey were presented for prioritisation by consensus at the final workshop held virtually, using the Zoom platform, on July 27th 2020. As the first JLA PSP internationally to adopt this format, the Steering Group agreed to invite 20 participants, ten with lived experience and ten with professional expertise, in an effort to ensure

that the workshop was manageable and that everyone had a genuine opportunity to actively contribute. Seventy-nine expressions of interest in participating in the final workshop were received, including 25 from people with lived experience. Invitations to participate were extended on the basis of criteria previously agreed with the Steering Group, which encompassed perspectives representing:

- the four nations of the UK;
- lived experiences of the impact of a range of physical and mental health challenges across the lifespan;
- a wide breadth of practice areas and contexts, spanning mental and physical health across the lifespan, and within NHS, social care and non-statutory services;
- occupational therapy career levels ranging from student to senior leadership and management roles;
- diversity of voices in terms of personal characteristics such as ethnicity, gender, age and sexual orientation, where these were known.

Participant information was issued by post and electronically, and written informed consent secured ahead, of the workshop.

The workshop was chaired by KC, with small group facilitation supported by three additional independent JLA advisors. A small number of non-participant observers were drawn from the OTPSP Project Team, the RCOT executive team and the JLA secretariat. The established JLA format for final priority setting workshops was carefully adapted for this inaugural on-line format. Participants were allocated into four groups ensuring a mix of backgrounds. Initially, they shared and discussed each group members' top and bottom three questions according to their individual rankings in preparation for the workshop. Examining consensus and divergence of opinion in this way facilitated early engagement of all participants and the building of trust. Using an adapted nominal group technique (Jones and Hunter 1995) the groups worked together to discuss and rank the 18 shortlisted questions. Each facilitator used a prepared PowerPoint slide that enabled them to move individual questions around the shared screen in response to the flow of the discussions (RCOT 2021, p21-22). Group membership was then changed, again ensuring a diversity of perspectives. The task within these new groups was to use the same process to reach a consensus about the ranking of the top and middle ranked questions based on the aggregate ranking from the earlier group-work. The aggregate rankings from the second round of small group exercises was presented at a final plenary session and identified the Top 10 priorities for occupational therapy research in the UK.

Results

<u>Opening consultation survey</u>

The opening consultation survey secured 927 responses. Respondents were able to select up to three boxes to identify their interest in participating in the study. On that basis, responses were received from:

- 654 occupational therapists and occupational therapy students;
- 328 people accessing occupational therapy services and their carers and/or family;

- 105 people other than occupational therapists working in the health and care environment, or with a different interest in occupational therapy.

Respondents were predominately female (88%; 9% male; 3% self-describe/no response), with 45% falling within the 45-64 years age-band and 43% within the 25-44 years age-band (4% 16-24yrs; 3% 65-79yrs; 1% 80yrs+). Only 13.8% identified as having a disability (84.3% no disability; 1.9% no response). A significant majority identified as white (87.38%), while 2.48% identified as Asian/British Asian, 0.76% identified as Black/Black British, 0.32% identified as Chinese or being from another ethnic group and 2.37% identified as being from mixed/multiple ethnicities. A further 0.76% of respondents preferred to self-describe and 5.93% preferred not to say or offered no response. Most respondents were based in England (82.52%), followed by Scotland (8.74%), Wales (6.15%) and Northern Ireland (2.16%).

The 927 respondents submitted 2193 questions, or 'uncertainties', in the opening consultation survey. Of these, 1255 were within the scope of the project and were captured within 66 overarching summary questions that represented the essence of the individually submitted questions they encompassed.

Verification of uncertainties

Evidence checking against the 66 summary questions identified both high and low quality evidence, presenting an overall picture that justified the verification of most questions as having been only partially answered by research. The majority of evidence was located in peer-reviewed research papers, evidence-based clinical and practice guidelines, grey literature and unpublished, in-progress registered trials.

The 938 submitted uncertainties that were agreed to be out of scope of the OTPSP could be grouped into themes including questions related to specific health conditions, pre- and post-registration education of occupational therapists, government policy, service provision issues such as waiting times, staff resources, access to services, and so on. While outside the scope of the OTPSP, these questions will inform strands of RCOT's ongoing work as a professional body. For example, condition-specific questions will be considered by RCOT specialist sections as part of their work to translate the Top 10 priorities into more focused research questions relevant to their specialist areas of practice. Other questions will inform member engagement, policy and public affairs, and additional influencing work.

Interim prioritisation survey

There were 1140 valid responses to the initial prioritisation survey. Although the survey asked respondents to 'choose up to 10 questions that you think are most important for researchers to answer', 332 responses identified between 11 and 20 questions, and 132 respondents identified in excess of 20 questions. To optimise inclusion, only those responses with more than 20 were excluded. The 26 responses that were blank or originated from outside the UK were deemed invalid.

The 1140 valid responses were received from 883 occupational therapists, 101 occupational therapy students, and 105 people who access occupational therapy services and/or their carers or families. The majority of respondents were once again female (90%; 8% male; 2% self-describe/prefer not to

say/no response), with 49% within the 25-44 years age-band and 44% within the 45-64 years age-band (4% 16-24yrs; 2% 65-79yrs; <1% 80yrs+; <1% prefer not to say/no response). Only 10.53% of respondents identified as having a disability (87.63% no disability; 1.84% no response). The majority of respondents identified as white (91%), 2% identified as Asian/Asian British, 2% as Black/Black British and 1% as being from mixed/multiple ethnicities. A further 1% preferred to self-describe and 3% preferred not to say. Most respondents were based in England (81%), while 8% were from Wales, 8% from Scotland and 2% from Northern Ireland.

Interim prioritisation of summary questions

Responses to the interim prioritisation survey from people with lived experience and those from people with professional expertise were analysed separately to identify those questions ranked most highly by each audience. Given the differences between them, the Steering Group deemed it appropriate that the ten most highly ranked questions from each group be presented for consideration at the final prioritisation workshop. The two lists overlapped to a limited degree, such that 18 summary questions were shortlisted, as outlined in Table 1 below.

Question	Lived experience rank	Professional expertise rank
How can occupational therapists work effectively with digital technology to enhance their interventions and lives of people who access services? (e.g. using smart devices to manage health and illness)	11	4
How can occupational therapists work more effectively with the family and carers of people who access services?	2	41
How can occupational therapists work most effectively with other professionals to improve outcomes for people who access services? (e.g. multi-disciplinary teams, commissioners, community agencies)	4	22
How can occupational therapy ensure that person-centred practice is central to how they work?	3	57
How can occupational therapy services be more inclusive of both mental and physical health?	6	28
How does assistive technology, compensatory equipment and housing adaptations provided through occupational therapy impact on the lives of people who access services?	9	32
How does occupational therapy make a difference and have impact on everyday lives?	1	3
How does the amount of occupational therapy received affect outcomes for people who access services?	8	12
What are the benefits or impact of occupational therapy in primary care settings? (e.g. services delivered by your local general practice surgery, community pharmacy, dental and optometry (eye health) services)	48	5
What are the long-term benefits of occupational therapy intervention?	5	2
What do other people (including healthcare professionals and other colleagues occupational therapists might work with, people who access services and their families and carers) think about the role of occupational therapy?	15	6

What is the cost-effectiveness of occupational therapy services?	30	1
What is the effectiveness of occupational therapy for mental health?	10	19
What is the nature of the relationship between occupation and health and well-being?	7	23
What is the role of occupational therapy in addressing social, political and environmental issues at a societal level to address well-being and participation?	14	10
What is the role of occupational therapy in supporting self-management? (e.g. helping people with illness to manage their health on a day-to-day basis)	33	8
What is the role or impact of occupational therapy in reducing hospital admissions?	38	9

Table 1: The 18 shortlisted summary questions considered at the final prioritisation workshop

Final priority setting workshop

There were 19 participants in the final prioritisation workshop of the OTPSP; nine with lived experience (one invited individual was unable to participate on the day) and ten from the occupational therapy profession. Together they considered the 18 shortlisted summary questions to reach a consensus and identify the Top 10 research priorities for occupation therapy in the UK, as outlined in Figure 2 below.

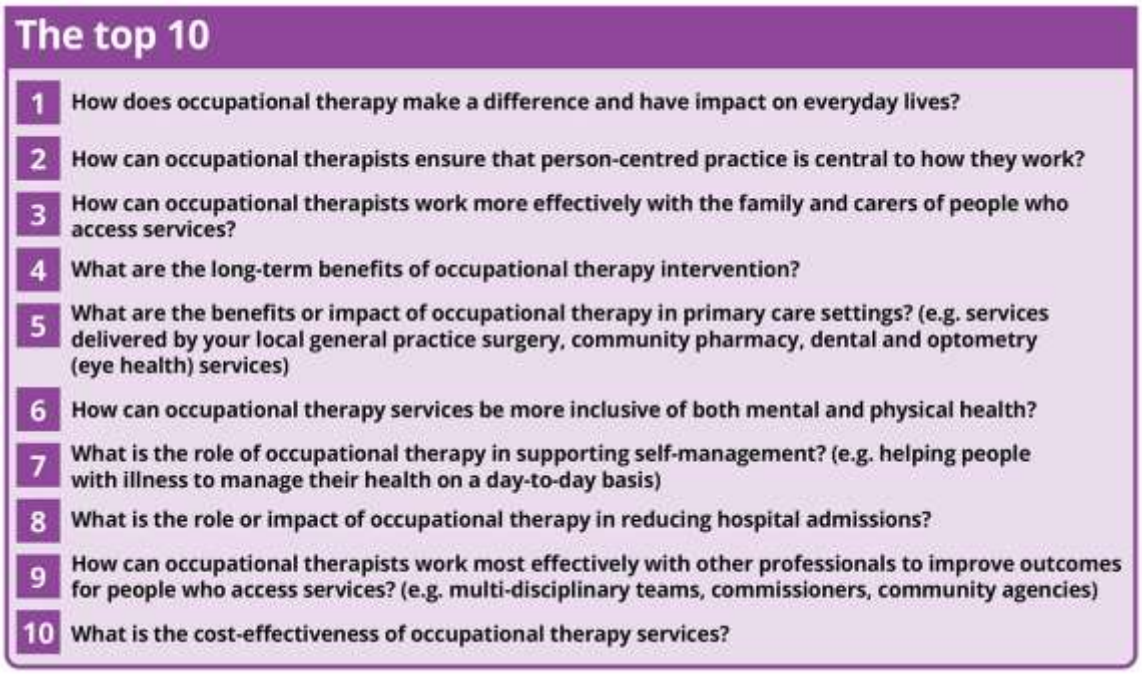

Figure 2: The Top 10 research priorities for occupational therapy in the UK

Discussion

The Top 10 research priorities for occupational therapy in the UK provide a framework for focusing future research on the issues that matters most to the people accessing and delivering occupational

therapy services. Each is a summary question reflecting the essence of the individual questions submitted during the opening consultation survey. There will be many, more focused, research questions that need to be answered to address each of the priorities, which are applicable across the full range of contexts within which occupational therapists practise. This includes application to a wide range of conditions, symptoms, interventions, areas of practice and service delivery models, within statutory and non-statutory service provision. It also includes application across the lifespan and with specific communities or segments of the population of the UK particularly in mind.

This was also a feature of the research priorities previously identified by the College (COT 2007) which the Top 10 now replaces. Whilst the involvement of people who access occupational therapy services is not explicit within the Top 10, as was the case in the earlier priorities, it is unambiguously identified as an expectation in the first of ten key principles underpinning the *RCOT research and development strategy 2019-2024* (RCOT 2019, p9). There are, however, other recognisable similarities between the two sets of priorities. The fact that the need to build evidence of the cost-effectiveness of interventions features in both indicates that there remains a good deal of progress to be made in this area. There are commonalities related to the effectiveness of interventions, although they are more focused and applied in the contemporary priorities. The evidence base underpinning practice has undoubtedly developed during the thirteen years separating priority setting exercises. The quality of some of that evidence has been identified within practice guidelines produced by the National Institute for Health and Care Excellence and the Scottish Intercollegiate Guidelines Network (RCOT 2019). However, as building the evidence base remains a work in progress, the recognisable commonalities between the two sets of priorities are to be expected.

The Top 10 are compatible with the World Federation of Occupational Therapists' (WFOT's) eight research priorities for occupational therapy internationally (Mackenzie et al 2018). The WFOT priorities are broader and more generalised in scope, but there are clear links. For example: between the OTPSP number 1 priority: *How does occupational therapy make a difference and impact on everyday lives?* and the WFOT number 3 priority: *Participating in everyday life*; and between the OTPSP number 7: *What is the role of occupational therapy in supporting self-management?* and the WFOT number 5: *Occupational therapy and chronic conditions*. In other cases, the links are equally or somewhat less direct. While the WFOT priorities make explicit reference to *occupational therapy professional issues*, which were out of scope in the OTPSP, the two sets of priorities sit very comfortably alongside each other.

Limitations

Despite limited resources, and despite the global COVID-19 pandemic, every reasonable effort was made to optimise the response rates to both surveys. Participation by occupational therapists was, however, limited to a fraction of the approximately 39,000 registered with the Health and Care Professions Council (HCPC) at the time (HCPC 2020). Notwithstanding, professional participation rates for both surveys markedly exceeded those of the adult social work PSP (Department of Health and Social Care (DHSC) 2018) and the physiotherapy PSP (Rankin et al 2020), despite both professions having significantly larger registrant populations. The participation rates of people with lived experience in both OTPSP surveys also compared favourably with those achieved by the adult social work and physiotherapy PSPs.

Adaptation of the established JLA method for the final prioritisation workshop to a virtual format required participants to have access to good internet connections and the capacity to use Zoom for a full day, with regular screen-breaks. While there were clear benefits to a virtual workshop, including enhanced accessibility despite geographical locations and safe engagement in the context of a highly contagious virus, this approach may have presented barriers for some potential participants. However, the Steering Group considered these barriers to be different to, but no more restrictive than, attendance at a full-day face-to-face workshop in London.

Regardless of best efforts to optimise the diversity of people engaging in all three key elements of the OTPSP, the significant majority were white. Under-representation of the voices of those from minority ethnic groups is a recognised limitation in many PSPs (Finer et al. 2018, Rankin et al. 2020), but RCOT will draw on the learning from the OTPSP experience to inform and enhance its approach to future work in this area (RCOT 2021). The vast majority of survey respondents were female and aged between 25 and 64 years, which reflects the profile of the occupational therapy workforce and learner population, and their predominance in the responses received. Although people with lived experience engaged comparatively positively with the surveys, the number of respondents identifying as disabled were below the national figure of approximately 18% (Office for National Statistics 2013, UK Census Data 2011). Nevertheless, this represents a significant improvement on the previous research priorities for occupational therapy in the UK, which did not actively include the perspectives of those accessing services (COT 2007).

Beyond the Top 10

As identified by Staley et al (2020), there are more benefits to a PSP than the primary goal of identifying a Top 10. Amongst them are individual and organisational benefits. In feedback received from participants in the final prioritisation workshop, an occupational therapist observed:

> *"It was very useful to have people with lived experience of accessing services as part of the groups, their views and priorities were very different from mine on some and very similar on others, but for different reasons."*

The co-production approach underpinning the OTPSP highlighted some important differences in perspectives between those with lived and professional experience, as this feedback from a workshop participant with lived experience illustrates:

> "*What was very interesting was that carers and service users were very clear that person-centred practice was really important but many OTs actually hadn't included this in their top 10 because as far as they were concerned, this always happened anyway. The lived experience of those receiving services was clearly very different to this in a time of budget cuts, slim eligibility criteria and rationing of services. I hope that these discussions helped the OTs to understand that one of their central professional tenets is not currently being translated into everyday practice*."

There have also been benefits from an organisational perspective. RCOT has declared its commitment to change and to leading the way to improve diversity, equality and inclusion for the profession. As part of this journey, it is recognised that the reactive approach to optimising the diversity of people engaging in all three key elements of the OTPSP was inadequate. The process

highlighted the fundamental importance of taking time to build trust and strong working relationships with representative organisations and their communities as a necessary precursor to engaging meaningfully and effectively with them, which is likely to be best achieved through face-to-face contact. This learning will be relevant to future PSPs and will be carried forward as RCOT seeks to make progress against the diversity and inclusion progression framework for professional bodies (Royal Academy of Engineering and Science Council 2021).

The experiences and learning from the OTPSP have also strengthened organisational resolve to actively engage with people who access services and the public in genuine co-production in other areas of work (RCOT 2019, p12). Based on the co-produced policies and processes developed by a public and patient involvement task and finish group, at the time of writing, recruitment of public contributors to the RCOT Research Foundation Advisory Group is underway. Further developments in this area will follow, illustrating the lasting impact the OTPSP has had on the organisation's culture and ways of working.

The Top 10 were well received on their launch on July 30th 2020. Regardless of their position on the spectrum of research engagement (RCOT 2019), opportunities for occupational therapists and students from across the UK and beyond to contribute to addressing the Top 10 have been identified and promoted (RCOT 2021, p33). For example, with immediate effect, they have been explicitly linked to the funding available through the RCOT Research Foundation. Work has also begun to support RCOT Specialist Sections to engage with relevant sections of the originally submitted uncertainties, and with public contributors, to translate the Top 10 into more focussed research questions related to their areas of practice. Initial work has commenced with the National Institute for Health Research and with occupational therapy specific charitable Trusts offering research funding to explore how the Top 10 might be interpreted and fit within, and therefore be supported by, their own priority funding areas. The long list of 66 summary questions and the submitted uncertainties are openly accessible via the RCOT and JLA websites, to enable researchers to explore and respond to all of the unanswered question raised during the opening consultation survey. There is also scope to cross-reference the Top 10 priorities for occupational therapy against those of more subject specific PSPs (e.g. palliative and end of life care, dementia, depression, childhood disability, amongst a range of others) to focus their research in particular contexts.

Conclusion

The Top 10 research priorities for occupational therapy in the UK have been identified using the robust and transparent JLA methodology. This approach explicitly affords equal voice to the perspectives of people with lived experience of accessing services and the healthcare professionals offering them, which is of fundamental importance given the considerable potential for very different views between these two groups. In providing a framework to influence and guide future research, the target audience of the Top 10 is researchers and research-funding bodies. However, the intended beneficiaries are undoubtedly the people who access and deliver occupational therapy services. The Top 10 are flexible and translatable into focused research questions relevant to the full range of contexts within which occupational therapists practise. They are envisaged as medium to long term priorities, and the proposal is to review progress against them in approximately five years. Further work is needed to measure the impact of the OTPSP in terms of the influencing research funding bodies and the research community's engagement with them.

KEY FINDINGS

- The Top 10 research priorities for occupational therapy in the UK have been identified.
- They are based on the issues that matter most to people accessing and delivering services.

WHAT THE STUDY HAS ADDED

The Top 10 provides a contemporary framework to influence and guide future occupational therapy related research, ensuring that it addresses the issues of greatest importance to the people accessing and delivering services.

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