

<p>Institution: University of Ulster</p>
<p>Unit of Assessment: 3A Allied Health Professions, Dentistry, Nursing and Pharmacy – Nursing and Health Science</p>
<p>a. Overview</p> <p>Public health, nursing, midwifery, and allied health professionals' research at the University of Ulster has continued to grow since its outstanding success in the 2008 RAE, when nursing at Ulster had 40% of its outputs rated as world-leading. This success has not been taken for granted and since 2008 we have continued to develop and innovate in order to strengthen our infrastructure for research excellence and improve overall quality. One such significant change has been the merger of two Research Institutes (RIs) (Nursing RI and Rehabilitation Sciences RI) to make more efficient use of scarce resources and to facilitate more meaningful collaboration between nursing, midwifery, public health and the allied health professions. In addition we have strengthened our research foci by moving from 'research groupings' to Research Centres with each one having clear leadership and team structures. These changes have resulted in an increase in external research income (from £3.9m to £8.7m). This growth reflects the broadening of our discipline base and an on-going commitment to multiprofessional working. Finally we have increased our emphasis on dissemination of research findings and knowledge transfer activities in order to increase our influence and impact on policy and practice - for example, our leadership of an annual international Knowledge Transfer Colloquium in partnership with 8 other universities internationally. In terms of critical mass, the Institute of Nursing and Health Research (INHR) is one of the largest centres of its kind in the United Kingdom (UK) and the island of Ireland. Institute membership (full or associate) is based on well-defined criteria reflecting excellence in research performance. Currently there are 39 full members and 23 associate members. Institute members have protected time for research and the system ensures compatibility between high quality research and pedagogic activities. All academic staff of the School of Nursing (SoN) and the School of Health Sciences (SHS) have the potential to be members of the INHR. The Institute Director and the Heads of School together allocate teaching, research and administrative duties at the beginning of the academic year using a workload formula that has been agreed with all staff. The INHR's mission is to undertake excellent research and development that has high impact and contributes to the achievement of the University Vision. We do this by undertaking high quality strategic and applied research through a range of methodologies; by contributing towards the development of models, conceptual frameworks and theories relevant to policy, practice and education; by providing consultancy on service evaluation and developments, in partnership with statutory, private and voluntary organisations; by educating and training high calibre research students, within the context of providing a high profile community for seminars, master classes, workshops, lectures and conferences; by engaging actively in knowledge transfer at local, national and international levels; and demonstrating the impact of new knowledge through innovation and development. The overall vision is to sustain and enhance our world-leading position in nursing, midwifery, public health and allied health professions research in order to improve the health and wellbeing of people.</p> <p>b. Research strategy</p> <p>The University's research strategy is located within the overall corporate plan, which has "<i>Focused Research Excellence and Innovation</i>" as one of the two Corporate Goals being pursued. Within this context, the University is committed to "<i>Advancing knowledge by achieving international excellence in ...chosen areas of research and to transfer knowledge in support of economic, social and cultural development.</i>" The INHR Research Strategy is informed by this corporate agenda and is focused on undertaking research connected with global health priorities in public health, chronic conditions and user-focused perspectives. The INHR Leadership Group (comprised of the INHR Director, Centre Heads, Heads of Schools, Postgraduate Tutor, Ethics Committee representative and Contract Research Staff representative) guides the implementation of the strategy.</p> <p>The INHR research strategy is underpinned by the theory of 'Engaged Scholarship', which has an explicit intention, to co-produce knowledge, i.e. to work in partnership with key stakeholders at all stages of the knowledge production and implementation processes. The adoption of this theoretical approach enables a specific commitment to the integration of research, teaching/learning, academic enterprise, innovation and scholarship and the co-production of</p>

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knowledge with our partners (including patients/service users and care partners). This is reflected in our strong partnerships for clinical research with local health and social care trusts, in our commitment to service-user engagement and in our international collaborations. Six objectives underpin the strategy:

1. Continuously develop the research environment so as to enable researchers to engage in the highest level of academic activity in public health, nursing, midwifery, and allied health professions research.
2. Grow creative and meaningful collaborations with service users for the purposes of increasing the potential impact of our research.
3. Develop research capacity and future research leaders.
4. Be at the forefront of research and development relevant to global health priorities.
5. Hold a premier international position in knowledge generation, translation and implementation in public health, nursing, midwifery, and allied health professions research.
6. Have a demonstrable impact on strategy, policy, practice and education in healthcare nationally and internationally.

These strategic objectives are realised through an operational plan that serves to maximise the effectiveness of research staff and outputs. Activities that comprise this plan include: learning sets that focus on the writing of successful research grants and on writing for publication; annual targets for research income acquisition from prestigious funding bodies (the National Institute for Health Research (NIHR), UK Research Councils and the European Union); an internal peer-review system for draft research proposals and journal articles; a biennial 'research week' that brings together all INHR researchers and students as well as visiting scholars and key stakeholders from collaborating partnerships; Away Days that focus on our strategic themes; and, a biennial external review of the INHR work-programme by an international expert review panel.

Our strategic framework and operational plan are operationalised through five Research Centres with each one being led by an internationally recognised expert in the field:

- Centre for Intellectual and Developmental Disabilities (Head of Centre, Professor Roy McConkey)
- Centre for Health and Rehabilitation Technologies (Head of Centre, Professor Suzanne McDonough)
- Managing Chronic Illness Research Centre (Head of Centre, Professor Vivien Coates)
- Centre for Maternal, Fetal and Infant Research (Head of Centre, Professor Helen Dolk)
- Person-centred Practice Research Centre (Head of Centre, Professor Brendan McCormack)

Together the remits of the Research Centres cover the whole lifespan of individuals from pre-conception to old age. There are also a number of cross-cutting themes including evaluation of interventions and services, identifying and addressing inequalities, needs assessment, patient/public involvement (PPI) and support for family carers. Each Centre has a critical mass of experienced and new researchers who focus on a broad area or topic, and in line with the INHR overall strategic plan, has Key Performance Indicators (KPIs) and a programme of work that is agreed with the INHR Director and Leadership Group. Centre membership comprises individuals from a number of disciplines and professions, in addition to nursing, midwifery and allied health professions (Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry, Radiography, and Health Care Science), and includes sociology, psychology, social work, rehabilitation sciences, epidemiology, pharmacology, communication science, education, informatics, health service researchers, service users and clinicians. The research activities of the INHR are described below within Research Centres, whilst recognising that active collaboration exists across Centres. The names in bold are all those submitted in this REF.

THE CENTRE FOR MATERNAL, FETAL AND INFANT RESEARCH (MFIR)

MFIR focuses on perinatal epidemiology and midwifery research within both a public health and clinical research framework. In 2011 the Centre was re-designated for a further period of 4 years as a WHO Collaborating Centre for the Surveillance of Congenital Anomalies. The work of the Centre is organised into two research clusters:

Perinatal epidemiology (Dolk, Loane, Casson): The group works at the interface of surveillance and research, developing methods to optimise the use of routinely collected health care and registry data to increase understanding of the causes of adverse pregnancy outcomes,

and inequalities in their distribution in the population. MFIR is the European co-ordinating centre of EUROCAT (European Surveillance of Congenital Anomalies) www.euocat-network.eu and its daughter project EUROmediCAT (which seeks to build an effective pharmacovigilance system for medication safety in pregnancy). The perinatal epidemiology group has piloted the link between healthcare and census data to explore sociodemographic inequalities in low birthweight and in medication use in the context of high levels of deprivation in Northern Ireland.

Midwifery (Dunwoody, Lowe-Strong, Sinclair, Stockdale): The main cross-linking themes of the midwifery research group are the appropriate use of technology in the delivery of evidence informed maternity services, and the use of theories of behavioural change to design effective services to help mothers optimise their health and that of their babies. MFIR is deeply committed to promoting excellence in doctoral midwifery research for professional development, and besides having one of the largest cohorts of doctoral midwifery students in the UK, co-ordinates the UK Doctoral Midwifery Research Society, which started in MFIR, and now organises conferences across the UK and internationally.

THE CENTRE FOR HEALTH and REHABILITATION TECHNOLOGIES (CHaRT)

CHaRT is the largest multidisciplinary grouping of allied health profession researchers in the UK. This Centre undertakes world-leading multidisciplinary translational research that underpins evidence-based practice, centred on the physical needs of people with chronic conditions, in order to improve health and wellbeing; and to transfer this knowledge to key stakeholders in order to directly impact on healthcare policy and practice. The work of the Centre is organised into three research themes:

Musculoskeletal Disorders (Bradbury, Hughes, Kerr, Liddle, McDonough, Moran, McVeigh, Winder): Research in this group centres on the management of musculoskeletal disorders and their consequences (e.g. pain, low physical activity levels etc.) with a particular focus on exercise/physical activity interventions and non-pharmacological agents (acupuncture, cryotherapy, transcutaneous electrical nerve stimulation) for the management of common musculoskeletal disorders such as low back pain, fibromyalgia and ankle injuries. Researching effective treatments (via systematic reviews and randomised controlled trials), in this theme, is strengthened by basic science work that explores the effect of exercise on muscle tissue.

Respiratory Health (Bradley, O'Neill): This theme has excellent partnerships with Health and Social Care Trusts and patients and focuses on translational research that impacts directly on national and international clinical services for respiratory health. Self-management is a particular focus, as is the development of outcome measures.

Technology for Enablement and Connected Health (Porter-Armstrong, Martin) CHaRT researchers have an international reputation for the development and harnessing of new technology solutions in rehabilitation and chronic condition management, which is a particular focus of this theme. This has resulted in the commercialisation of a number of its research outcomes – the most recent of which is the awarding of a commercial licence to manufacture and market a revolutionary new seating system (EasiSeating) that has arisen from 8 years of research into pressure damage prevention. Research under this theme investigates the evidence for and the development of connected health solutions, which is a key international driver in future healthcare provision.

THE CENTRE FOR INTELLECTUAL and DEVELOPMENTAL DISABILITIES (CIDD)

CIDD is one of the leading research centres on intellectual disability internationally. In 2010 it became the Regional Collaborating Centre for Special Olympics in Europe/Eurasia (jointly with the Sports and Exercise Research Institute at Ulster). It has strong links with similar centres in Dublin, Sydney and Cape Town. The Centre focuses on three research themes:

Vulnerability and complex needs (Taggart, McConkey): Research in this theme has a particular emphasis on improving the life outcomes for young people with additional needs such as challenging behaviours, autism spectrum disorders and those leaving care. Developing effective communication and social skills, building self-esteem and resilience and determining effective supports for family carers are particularly important areas of work in this theme.

Promoting the health and wellbeing of people with developmental disabilities (Taggart): Developing strategies for promoting healthy ageing among people with intellectual and developmental disabilities is a key focus allied with meeting the needs of older family carers. In

addition, ensuring that people with intellectual and developmental disabilities have equal access to mainstream healthcare services is a particularly important research theme.

Social Inclusion and Advocacy (McConkey): Following the UN Convention of Rights for Persons with Disabilities the group is committed to research that widens access to education and accommodation options as well as promoting citizenship for vulnerable groups in society. Cross-national studies under the 'Special Olympics' banner has been a significant area of work in advancing sports and leisure options internationally for people with intellectual and developmental disabilities.

THE MANAGING CHRONIC ILLNESS RESEARCH CENTRE (MCI)

MCI conducts research into holistic care, responsive to the needs of those living with a chronic condition. MCI researchers undertake work that bridges gaps in understanding the management of chronic conditions and in partnership with patient groups and service providers, translate research results into appropriate and effective service and practice improvements. The Centre Head (Coates) is a key collaborator with the 'MRC Methodology Hub NI'. The research in this Centre is organised in four groups:

Palliative Care (McIlpatrick, Kernohan): Palliative care research in the MCI focuses on the organisation of palliative care across boundaries, the provision of services to marginalised groups (with a specific emphasis on carers) and public perception of and engagement with palliative care services. Palliative care researchers in MCI play a leading role in the 'All-Ireland Institute of Hospice and Palliative Care' (AllHPC) – a high profile all-Ireland organisation, comprised of a Consortium of eight health agencies and four universities, all working to improve the experience of supportive, palliative and end-of-life care on the island of Ireland. McIlpatrick is the Head of Research for the AllHPC.

Diabetes and Cardiovascular disease (Coates, Fitzsimons, Moorhead, Moser): Education for 'self-management' is a key strategic priority in the management of long-term conditions internationally and this has been a key focus of research by the diabetes and cardiovascular group over the past 4 years. Current research focuses on education interventions for self-management, assessment and management of risk factors (particularly obesity) and management of blood glucose levels post stroke. The cardiovascular focus spans the trajectory of cardiac illness from acute to end of life stages. Examples include exploring carers' needs in advanced heart failure, implantable cardiac defibrillator deactivation in people with advanced heart failure, pre-hospital delay when experiencing a myocardial infarction and relating patient outcomes to illness perceptions in myocardial infarction and secondary prevention strategies.

Cancer Care (Gracey, Hasson, McCaughan, Parahoo): The focus of the Cancer Care group is primarily on the development of ongoing support services for people surviving cancer. This programme includes intervention studies such as developing and evaluating a self-management psychosocial intervention for men with prostate cancer and their partners; Cochrane reviews such as the effectiveness of psychosocial interventions for men with prostate cancer; and development of studies that involve digital technology such as an evaluation of the impact of Advanced Symptom Management System (ASyMS) on the care delivered to people with breast and colorectal cancer receiving adjuvant chemotherapy.

Mental Health (Keeney, McKenna, McLaughlin): The Mental Health Nursing Research Group has a particular focus on research in the areas of drug dependency, suicide prevention, evidence-based mental health practice and mental health interventions and services. Members of the mental health research group have extensive multidisciplinary international collaborations on projects ranging from those that explore individual experiences (such as the experiences of suicidal men) to implementation studies focusing on improving the mental health of people with intellectual disabilities and challenging behaviours. The group collaborates with the University's 'Bamford Centre for Mental Health and Wellbeing'. The Bamford Centre takes advantage of the University's significant multidisciplinary expertise in the field of mental health and recognises the very high priority that mental health occupies in regional, national and international government policies.

THE PERSON-CENTRED PRACTICE RESEARCH CENTRE (PcPRC)

The PcPRC has a world-leading reputation for research into person-centredness that spans more than 15 years of activity. The PcPRC has its focus on the enhancement of knowledge and

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expertise in person-centred practice (an approach to practice that is focused on ensuring that care services are provided in respectful, dignified, compassionate and caring ways and that the cultures of practice support these ways of working). The PcPRC works with two themes that reflect the expertise of the research team:

Care Provision for Older People (Ryan, McCormack, Laird): Research in this theme adopts the overall person-centred focus of the Centre and applies it specifically to older people and their families. The work is particularly concerned with transitions in care, long-term care, rehabilitation, depression and mood disorders and family care-giving. Researchers work collaboratively with colleagues from the Managing Chronic Illness Research Centre and the Centre for Intellectual and Developmental Disabilities in areas that focus on care of older people.

Person-centred Practice Development (McCance, McCormack, Slater): The research has focused on theory development and testing, implementation studies and the development and testing of instruments and processes for evaluating person-centred nursing. The Person-Centred Nursing (PCN) Theoretical Framework was developed by McCormack and McCance in 2006 and since then has been translated into 2 languages, evaluated in a variety of settings and cultures and has been used as a guide for structuring implementation studies. Implementation studies have been conducted in residential care settings for older people, in a variety of secondary and tertiary care settings, in community care and in palliative care, with a particular focus on the implementation and evaluation of developments in practice.

c. People, including:

i. Staffing strategy and staff development

Staffing policies in the School of Nursing, the School of Health Sciences and the INHR are designed to deliver the twin objectives of high quality research and high quality education/learning. We aim to ensure that our research, teaching/learning, academic enterprise and clinical scholarship activities are integrated as much as possible with the intention of facilitating, co-ordinating and producing nurses and allied health professionals who are committed to the highest quality healthcare practice, education and research. Our commitment to the integration of these elements of our work ensures that we continue to grow and maintain a vibrant and sustainable culture of research and scholarship within the University of Ulster and in partnership with health providers, commissioners and other centres of excellence. Recruitment favours staff with a well-developed research profile or with the strong potential to develop such. Seventy-five percent (75%) of INHR members hold doctorates and 11 staff are currently undertaking doctoral education programmes. Reward systems with clear pathways for the promotion of research active staff are part of the policy of encouraging and motivating staff to maximise their performance. This operates within a well-established induction programme and development appraisal (DAR) scheme. Our reward and advancement schemes are informed by the University's equal opportunities policies and its commitment to the 'Athena Swan Charter' for the advancement of women in science. To that end we have implemented a specifically tailored 'women in leadership programme' for senior researchers in the INHR. Staff promoted since the 2008 RAE include Ryan, Taggart and Winder (to Reader), McCaughan, Bradley and Fitzsimons (to Professor) and O'Neill (to Senior Lecturer). There are clear, flexible and equitable arrangements for developing and supporting staff in their research. All staff new to research and newly appointed staff in the INHR are allocated 'buddies'. An integrated Workload Allocation Framework has been developed across the School of Nursing, the School of Health Sciences and the INHR. The framework is predicated on the belief that an academic role consists of four types of activity – 1) teaching/learning, 2) research/scholarship, 3) academic enterprise, and 4) administration. The weighting of individual role responsibilities is discussed as a part of the individual developmental appraisal (DAR) process, but with the following division of time as a baseline:

Time allocated to teaching & learning	Time allocated to research/scholarly activity <u>or</u> academic enterprise	Time allocated to administration	Total
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Primary role is research/scholarship or academic enterprise	30%	60%	10%	100%
Primary role is teaching & learning	60%	30%	10%	100%
Primary role is administration	30%	10%	60%	100%

Sustainability and succession planning form part of the recruitment and capacity development strategies of the INHR. Recent graduates from INHR Doctorate programmes are actively recruited as contract research staff and are mentored as they develop into early-career researchers. Staff are encouraged to actively participate in Faculty and University-wide committees relevant to research and to take a lead in developing expertise in particular areas. Key roles such as the Director of the INHR and the Chair of the INHR Research Governance Filter Committee, whilst appointed positions, are rotated on 3-4 year cycles to allow more staff to gain valuable leadership and administrative experience. Multi-disciplinary and inter-disciplinary approaches are key components of our research activities. The INHR is fortunate to have among its members a number of researchers with backgrounds in disciplines and professions other than nursing and allied health professions. They include Dolk (Epidemiology), McConkey (Psychology), Keeney (Sociology and Politics), Hasson (Communication), Loane, (Health Psychology), Hughes (Biomedical sciences), Winder (Medical Physics), Bradbury (Statistics) and Kernohan (Maths and Physics). Additionally, collaboration between INHR members and staff from other schools, for example Psychology and Communication, have resulted in a number of grant acquisitions and joint publications.

ii. Research students

The INHR has a large and vibrant community of doctoral scholars, including many international students. The INHR places a strong emphasis on developing the research capacity of nurses, midwives and allied health professionals. The number of successful doctoral students in this REF period totaled 58.17 (47.17 FTE). 7 doctoral students received NI RDO Fellowships and 33.67 the Department for Employment and Learning (DEL) studentships (the equivalent of Research Councils Quota Awards). To further support postgraduate research education, the University allocates a number of studentships (the Vice-Chancellor's Research Studentships [VCRS]) and 8 students received this award since 2008. Overall, since 2011 our DEL and VCRS allocations have increased by 700% as a direct recognition of our achievements since the last RAE.

All postgraduate research students are members of a Research Centre relevant to their area of study and they are included in all research workshops and events organised by the INHR. The Postgraduate Tutor of the INHR works with 5 Associate Postgraduate Tutors (one for each research centre) to manage the doctoral programme and ensure excellent education and training for doctoral students. Doctoral research training is provided to all students through an integrated generic University and INHR-specific programme. The University's 'Doctoral Innovation Programme' provides a comprehensive range of professional development opportunities i.e. transferable professional skills and research techniques. This offers Project Management Accreditation (ILM Level 5 Unit) and Associate Membership of the Higher Education Academy. The INHR provides a Postgraduate Research Programme that includes both generic and research skills training for all PhD students. As well as attendance at an annual 'block training' event, doctoral students are required to complete a learning needs assessment, a mandatory Communication and Presentation Skills workshop and a small number of elective ad hoc short courses over the PhD period. This programme provides students with transferable skills in research and serves as the foundation for a career as an investigator and scholar. It also gives students the opportunity to work with internationally renowned scholars engaged in innovative research that will make a difference to healthcare services and to people's lives. Students are supported with funding to attend conferences, training programmes and other external events relevant to their studies. Since 2008, all doctoral students have attended at least 1 national and 1

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international research conference during each year of their programme to present their work, network and enhance their employability. A research methodology-training programme has been developed offering training in statistics, advanced qualitative methods, randomised controlled trials, Cochrane systematic reviewing and action research.

There is an extensive infrastructure of supervision for the education and training of high calibre research students. The Faculty Research Graduate School oversees, supports and monitors postgraduate research education. In the INHR, we are committed to offering excellent supervision and support to doctoral students and PhD supervisors are drawn mainly from the five research centres in the Institute. All primary supervisors have to be full members of the INHR and must complete an induction programme prior to commencing supervision for the first time. The University's Doctoral Innovation Programme provides professional development courses for prospective and current supervisors and all supervisors have to undertake a supervisors' refresher course with each new student. Each student is allocated two supervisors who meet fortnightly with full-time students (monthly for part-time students). Guidelines for the ratio of supervisee-supervisor (max 7 FTE's per staff) and a proforma for recording meetings between students and supervisors have been implemented that monitors the content, frequency and duration of meetings and targets/objectives set and met. In addition, each student is allocated a 'doctoral studies panel' comprised of experienced researchers and external key stakeholders who provide continuity of review and assessment of progress. Students are expected to successfully present an assessed seminar at three time points - at the end of the first semester, halfway through their studies and prior to Viva and they receive formal feedback after each seminar. The PhD completion rate for INHR PhD students is currently 78%, which is above the national average published by HEFCE and reflects the high quality of supervision and support provided.

d. Income, infrastructure and facilities

Researchers in the INHR compete for funding from a variety of sources, including for example European Union (e.g. EUFP7, EUDGSanco, EU/CEC - Northern Periphery Programme and Marie Curie); UK Research Councils (e.g. EPSRC, NIHR, MRC); National Research Funding Agencies (e.g. NI RDO, NI Chest, Heart and Stroke; NI Public Health Agency; Health Research Board Ireland); Charities (e.g. UNICEF, European Cystic Fibrosis Society; NI Chest, Heart & Stroke Association; Physiotherapy Research Foundation; Alzheimer's Association; NI Hospice; Macmillan Cancer Relief; Diabetes UK; Big Lottery); Technology Transfer (KTP with Momenta & Disability Needs Ltd; TSB/INI and Seating Matters; RDO KTP grants; Cooperation of Science & Technology [COST]). In the REF period, INHR researchers have secured £8.7 million from these and other sources, representing an increase of 95% in the period. In 2011/12 the INHR streamlined the research grant application processes. Changes implemented include, a process for reviewing successful and rejected funding proposals; maximising use of Research Centre cross-cutting themes (such as ageing, chronic-illness), development of multidisciplinary teams to enhance collaboration; implementation of a calendar of submission dates; and, the internal peer-review of all research funding proposals prior to their submission to funding agencies. In addition to these measures, the INHR has actively participated in a University-wide committee with a focus on enhancing the quality of proposals submitted to national Research Councils. Through the Developmental Appraisal Review (DAR) process, all INHR members have annual targets agreed with the Head of Centre/INHR Director for the submission of research grants to competitive sources. A target has been set for a 10% increase each year for the next 3 years in the number of research grants awarded.

The method for allocating RI budgets involves a combination of QR-earned and rewards for research grant activity. The annual budget allocation is based on the in-year QR income for the research area, overhead allocation and an allocation derived from new awards submitted for research funding in the previous year. This ensures that excellent research resources support researchers in the INHR. The majority of researchers are provided with good quality single office accommodation. ICT support is available at School and Faculty levels, with IT equipment being regularly updated to reflect advances in new technologies and the changing needs of researchers. Excellent video-conferencing facilities are available to support cross-campus, national and international networking and collaborations. There are excellent postgraduate office facilities. All full-time postgraduate students are provided with a designated individualised workspace in a shared office. Part-time students have access to shared desk spaces that are booked in advance. All students are provided with ICT facilities and other resources necessary for completing their research. ICT facilities are reviewed

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annually and all equipment that is not fit for purpose is replaced. Technical support to postgraduate students is available at a Faculty Level. Excellent library services are available and the University library holds an extensive catalogue of books and comprehensive electronic resources, including access to 'Scopus' - the world's largest abstract & citation database of peer-reviewed literature.

e. Collaboration and contribution to the discipline or research base

Members of the INHR hold an extensive range of collaborations relevant to research. Some examples of these include - the University of California Los Angeles (UCLA) (**Porter-Armstrong**); McGill University, Montreal and Katholieke Universiteit Leuven Belgium (**Bradley, O'Neill**); University of Technology Sydney, Australia; The University of Pretoria, South Africa (**McCormack**); University of Toronto (**Martin**); University of Otago (**McDonough, Liddle and Hughes**); University of Seville, Spain (**Hughes and McVeigh**); Imperial College London (**Fitzsimons**); University of Sydney (**Hughes, Moran and McConkey**); The Mayo Clinic USA, University of Seville (**McVeigh**); University of Glamorgan (**Kernohan and Taggart**); Georgia Institute of Technology, Atlanta (**Porter-Armstrong, Winder**); University of Cape Town (**McConkey**); University of Southern Denmark (**Dolk**); Iranian Special Education Organisation, Tehran (**McConkey**); Trinity College Dublin (**McKenna, Moser**). In addition to these individual collaborations, the INHR are active members of two institutional memoranda of understanding (MoU) with the University of Illinois, Chicago and Otago University, New Zealand. Through these MoUs we develop collaborative proposals, engage in staff and student exchanges and organise networking events. The INHR hosts 12 visiting professors, from the USA, Canada, Australia, New Zealand, the UK and Europe with each providing the equivalent of 14 days of input annually to research activities.

Staff in the INHR have delivered over 200 **INVITED KEYNOTE AND PLENARY ADDRESSES** at prestigious national and international conferences and events relevant to research. Examples of these include, the Rehabilitation and Therapy Research Society; Critical 4 Africa Congress 2012; The Royal College of Nursing International Research Society Conference; The European Academy of Nursing Science Annual Scientific Meeting; The USA Consortium of Multiple Sclerosis Centres Annual Conference; The European Meeting for the Management of Obesity; The Annual Congress of the European Society of Cardiovascular Prevention and Rehabilitation; The European Cystic Fibrosis Conference; The World Conference on Health Promotion; The European Health Psychology Conference; The International Congress of Gynaecology and Obstetrics; The Royal College of Midwives Annual Congress; The World Congress of Down Syndrome International; The European Congress of Mental Health and Intellectual Disability; The 1st Congress of the International Society of Electrophysical Agents; Diabetes UK Annual Congress; The American Society of Biomechanics 36th Annual Conference.

All researchers are encouraged and facilitated to engage in **EDITORIAL ACTIVITIES** with most being active members of editorial boards of international journals and/or participate in peer-review activities. Currently, eight staff hold Editor roles of international peer-reviewed research journals (**Barr, Coates, Moser, McCormack, McDonough, McVeigh, Parahoo and Sinclair**). All other staff are either members of editorial boards or act as peer-reviewers for such journals as, Archives Physical Medicine and Rehabilitation; Thorax; International Journal Physiotherapy Research; European Journal of Cardiovascular Nursing; International Journal of Palliative Nursing; Journal of Advanced Nursing; Journal of Clinical Nursing; Annals of Respiratory Medicine; Journal of Intellectual Disabilities; Journal of the American College of Nutrition; Obesity; Journal of Applied Research in Intellectual Disabilities; The World Journal of Methodology; European Journal of Oncology Nursing; International Journal of Social Research Methodology; International Journal of Nursing Studies; New England Medical Journal; British Medical Journal; Archives of Physical Medicine and Rehabilitation; International Journal of Older People Nursing; Journal of Nursing and Healthcare of Chronic Illness;

A number of staff have received **HONOURS AND AWARDS** for their research achievements, including, Royal College of Nursing lifetime achievement award for contribution to research (**McKenna**); Network for Psychiatric Nursing Research (NPNR) Lifetime Achievement Award (**McKenna**); Lifetime membership, American Association of Heart Failure Nurses (**Moser**); Best

innovation in practice award from Dementia services Development Centre Stirling (**Martin**); Lead Academic Best Knowledge Transfer Partnership in UK, Technology Strategy Board 2010 (**Porter-Armstrong**); University of Ulster Senior Distinguished Research Fellow (**2011 McCormack, 2010 Parahoo, 2008 McKenna**) and Distinguished Research Fellow (**2008 McCaughan**); Joint winners in Ulster pre-Proof-of-Concept award for Designer Breastfeeding™ 2008 (**Sinclair and Kernohan**); 2012 Santander Mobility Scholarship Award (**McVeigh**); University of Ulster Innovative Leaders Award 2011 (**Taggart**); 2011 International Award of the American Association for Intellectual and Developmental Disabilities (**McConkey**). Other staff have been made Fellows of prestigious organisations because of their research successes, including, Fellow of the European Academy of Nursing Science (**McCormack McKenna**); Nurse Fellow of the European Academy of Cardiology (**Fitzsimons**); Honorary Fellow of the Royal College of Surgeons in Ireland (**McIlfatrick**); Fellow of the Institute of Physics and Engineering in Medicine (**Winder**) and the American Academy of Nursing (**McKenna**). Four staff have received Cochrane Fellowships (**Martin, Porter-Armstrong, Parahoo and McCaughan**). Researchers in the INHR hold honorary academic positions with a range of national and international academic institutions, including University of Technology Australia (**McCormack**), University of Otago New Zealand (**McDonough**), University of Cape Town South Africa (**McConkey**), Trinity College Dublin (**McKenna**).

Encouraging **MEMBERSHIP OF DISTINCTIVE COMMITTEES RELEVANT TO RESEARCH** is a key feature of the INHR. Examples include the NICRN Clinical Lead Positions, held by 3 INHR staff - Diabetes (**Coates**), Respiratory (**Bradley**) and Cardiovascular (**Fitzsimons**). Most staff are active members of national and international research committees and or review grants submitted for funding, such as, Marie Curie Cancer Care (**McCormack**), EU FP7 (**Dolk, Martin**), NIHR (**Martin, McKenna, Coates, McCormack**), NI Research & Development Office (RDO) (**Bradley, Coates, Fitzsimons, Kernohan, Martin, McCormack, McKenna, McConkey, Parahoo,**), NICE (**Martin**); Technology Strategy Board (**Martin**); BUPA Foundation (**McCormack**), Leverhulme (**McCormack, McKenna, Sinclair**), the Chartered Society of Physiotherapy (**McDonough, Bradley, McVeigh, O'Neill**), The College of Occupational Therapists (**Martin, Porter-Armstrong**), Age UK (**McCormack, Ryan**), Cystic Fibrosis Trust (**Bradley, McConkey**), Canadian Cystic Fibrosis Association (**Fitzsimons**), The Florence Nightingale Foundation (**McCance**), Northern Ireland Chest, Heart & Stroke (**McKenna, Laird, Parahoo**), Cancer Focus NI (**McCaughan**), Diabetes UK (**Coates, Taggart**), Division of Health Psychology NI (**McLaughlin**), National Institute of Health Research (NIHR) (**Bradbury, Bradley**) and the US Council on Cardiovascular Nursing (**Fitzsimons**).

All staff have contributed significantly to the development, implementation and evaluation of policy and practice through their involvement with national/international statutory, voluntary and user organisations. There is interdependence between these organisations and the INHR. This is reflected, for example, in the fact that 6 staff returned in this REF (**Fitzsimons, Hasson, Kernohan, Martin, McCormack, Taggart**) are members of the Research Ethics Committees in NI (REC NI). Four (**Fitzsimons, McCance, McCormack, McIlfatrick**) are members of the DHSSPS Central Nursing and Midwifery Advisory Committee of the DHSSPS.

A number of staff hold positions on a range of high profile committees and groups, including Cancer Focus NI (**Keeney**); Northern Ireland Hospice (**Kernohan**), the Healthcare Quality Improvement Partnership – Maternal and Newborn Independent Advisory Group (**Dolk**); the Advisory Group of the Northern Ireland Confidential Enquiry into Maternal and Child Deaths (**Dolk**), with a number occupying 'Chair' positions - Chair of Compass Advocacy Network (**Taggart**), Chair of the DHSSPS Central Nursing and Midwifery Advisory Committee (R&D Sub-Group) (**McCance**), Chair of the Scientific Panel of the Chartered Society of Physiotherapy (**McDonough**), Chair of the European CF Clinical Trial Network Training Committee (**Bradley**); Chair of the Organising Committee of Psychology, Health & Medicine Conference, 2008 (**Giles**); Chair of the European Society of Cardiology Council of Cardiovascular Nursing and AHPs (**Fitzsimons**), Chair of the Royal College of Midwives Research Standing Group (**Sinclair**), Chair of Age Northern Ireland (**McCormack**), Chair of the Northern Ireland Patient and Client Council (**McKenna**), Chair of the European Network of Centres for Pharmacoepidemiology working group on scientific transparency (**Dolk**) and Chair of the ENCEPP Health Technology Assessment Working Group (**Sinclair**).