

<p><b>Institution:</b> University of Stirling</p>
<p><b>Unit of Assessment:</b> A3 Allied Health Professions, Dentistry, Nursing and Pharmacy</p>
<p><b>a. Overview</b></p> <p>Our mission is to improve the health and wellbeing of patients, individuals and the general population and to reduce health inequalities. To achieve this, research in this UoA has been re-organised around three cross-cutting themes: i) Intervention development and evaluation; ii) Improving the health and wellbeing of patients; and iii) equitably improving the health of the general population.</p> <p>This is multi-disciplinary submission and presents the work of an integrated programme of applied health research. The 26 staff (24.4 FTE) in this submission are organised into six research groups: Nursing, Midwifery and Allied Health Professionals Research Unit (NMAHP-RU); Cancer Care &amp; Enhancing Self-care; Maternal &amp; Child Health; Epidemiology, Occupational &amp; Environmental Health; Tobacco, Alcohol &amp; Substance Use; and Health &amp; Behaviour Change. The research groups are integrated, mutually supportive and share ideas, projects and group membership.</p> <p>Our research addresses a wide range of topics, including cancer, heart disease, maternal health, infant feeding, mental health, tobacco control and health inequalities. These are all of central relevance to the remits of NMAHPs and applied health researchers, and are a high priority for funders, policy makers and practitioners. The multi-disciplinary nature of the research collaborations ensures that we have the necessary skill mix to deliver high quality, theoretically-based research and our engagement and dissemination processes ensure that the research has both impact and international reach.</p> <p>Research activity has developed rapidly since the research assessment exercise (RAE) 2008, and we have further enhanced our reputation for:</p> <ul style="list-style-type: none"> <li>• Our strong interdisciplinary staff mix, which includes nurses, midwives, allied health professionals, general practitioners, epidemiologists, psychologists, geographers and other social scientists;</li> <li>• Success in securing significant research funding from major funders such as the EU FP7 programme, the National Institute for Health Research (NIHR), the Economic and Social Research Council (ESRC) the Medical Research Council, and the Chief Scientist Office (CSO) – with a total value of £11.3m and net value to Stirling of £8.9m since 2008;</li> <li>• Our national role for leading nursing, midwifery and allied health professional (NMAHP) research and research career development through the national NMAHP Research Unit;</li> <li>• Conducting high quality research that is directly relevant to and has impact on practice (for example, our work on mental health interventions) and policy (for example, our work on tobacco control) both nationally and internationally;</li> <li>• Developing effective research collaborations both nationally and internationally and with organisations such as the World Health Organisation (WHO) and UNESCO;</li> <li>• The publication of high quality peer reviewed papers, with many published in high impact journals. Over 650 papers have been published by the research groups, with over 450 papers published by staff returned in this submission.</li> </ul> <p>Developing strong partnerships with the NHS, the Third Sector and service users.</p> <p><b>b. Research strategy</b></p> <p>Since RAE 2008, we have created a vigorous research environment from which solutions to the challenges of the treatment, management and prevention of chronic disease, the delivery of high quality care for patients and reducing health inequalities can emerge. We have worked closely with the Scottish &amp; UK Governments, the NHS, the Third Sector and service users to generate a</p>

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programme of applied research that is directly relevant to and directly influences health policy and practice. During the assessment period, we have appointed 14 new staff – 7 professors (**Bauld, Haw, Hoddinott, Lauder, Maxwell, Wells, Williams**) and 7 early career researchers (**Atherton, Cunningham, Farquharson, France, Hibberd, Hoskins, Kyle**), both to provide research leadership and to further extend the range of skills and expertise available. These appointments have contributed to the current effective and sustainable programme of high quality applied health research with international reach and significance, and which is contributing to improving the health and wellbeing of people in Scotland and elsewhere.

**NMAHP Research Unit (Cheyne, Farquharson, France, Harris, Hoddinott, Hoskins, Lauder, Maxwell, Wells, Williams):** NMAHP-RU is funded by the Chief Scientist Office (CSO) of the Scottish Government and leads nursing, midwifery and AHP research in Scotland. The unit is co-hosted by University of Stirling and Glasgow Caledonian University. In 2011, **Williams** was appointed as the Stirling-based Director and, following a successful Scientific Review, its research activity has been consolidated into two new programmes: Interventions; and Quality and Delivery of Care. The Unit has capitalised on synergies between its previous programmes (Decision Making, Stroke, Urogenital and Mental Health), to respond to patient priorities which address both physical and mental health needs. The unit has increased 4-fold since the last RAE and its work has both national and international significance. Recent major projects include the evaluation of multi-country interventions in mental health, funded under FP7 (**Maxwell et al. EU; €2,971,901**); the Scottish Person Centredness Intervention Collaboration (ScoPIC) - an evaluation of Government-sponsored ward-based interventions to improve the patient experience (**Williams et al. Scottish Government**); and, most recently, a theoretically-informed text-based intervention to reduce alcohol consumption among men from deprived areas (Crombie, Irvine, Norrie, **Williams et al. NIHR Public Health**). NMAHP-RU is also the national lead for building research capacity and capability in Nursing, Midwifery and Allied Health Professionals in Scotland. This is discussed in more detail in section c below.

NMAHP-RU conducts its own programme of research, which is synergistic with and contributes to the work of other research groups within this UoA, particularly Cancer Care & Enhancing Self-care and Maternal & Child Health.

**Cancer Care & Enhancing Self-Care (Bugge, France, Harris, Haw, Hibberd, Lauder, O'Carroll, Ring, Wells):** The work of this research group focuses on: i) the management of cancer as a long term condition; and ii) what people can do for themselves and their family/spouses to: maintain health; prevent illness; accomplish recovery and rehabilitation; and manage impact of health problems and disability. The group has recently been strengthened by the appointment of **Wells** as Professor of Cancer Nursing Research & Practice and the inclusion of experts in health and behavior change (**O'Carroll**) (see below). Recent projects on cancer have focused on lifestyle interventions, for example interventions to support smoking cessation post-cancer diagnosis (**Wells et al. Chief Scientist Office**); lifestyle intervention for colorectal cancer (**O'Carroll, Wells et al. Chief Scientist Office**); and the use of cardiac rehabilitation services to aid the recovery of colorectal cancer patients (Hubbard, **Haw et al. NIHR HSR**). A new and developing area of work is on adolescent cancer awareness (**Kyle, Haw et al. Teenage Cancer Trust**). The team is working closely with the Scottish Government and the work is likely to lead to further intervention research. Research highlights on enhancing self-care include: goal-setting in asthma (**Hoskins, CSO**); management of obesity in men (**Hoddinott, NIHR HTA**); mindfulness for depression (**Maxwell, CSO**); and preventing depression (**Maxwell, EU**). Most recently the group was successful in securing funding, together with NMAHP-RU, for a multi-centre RCT of the effectiveness and cost-effectiveness of basic versus biofeedback mediated intensive pelvic floor muscle training for female stress or mixed urinary incontinence: OPAL – (Hagen, **Bugge et al.; NIHR HTA**)

**Maternal & Child Health (Cheyne, Hoddinott, McInnes, Swanson).** This research group has involved mothers from across Scotland in the development of a woman-centred research programme that focuses on the promotion of healthy pregnancy, safe childbirth, breast feeding and lifestyle behaviour. The group led the national evaluation of the Keeping Childbirth Natural and Dynamic programme, and is working in partnership with the Scottish Government on Scotland's

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national survey of women's experience of their maternity care (2013) (**Cheyne et al., Scottish Government**) as well as a UK-wide study of post-natal care services (**Cheyne et al., Scottish Government, Royal College of Nursing and Knowledge Transfer Partnerships**). The findings from these projects will feed directly into policy and service development.

Infant feeding research is a key strength and has had a major impact on guidelines and practice. Findings from breast feeding studies (**Hoddinott, McInnes et al.**) contributed to a move away from "breastfeeding-centred" care towards a mother-, baby- and family-centred approach. **Hoddinott** acted as an advisor to UNICEF and this research is incorporated into the new UNICEF Baby Friendly standards of care which are publicly available and which are endorsed by NIHCE Postnatal Care Guidelines as the minimum standard of infant feeding care. The study led to a successful pilot RCT of a Feeding Support Team telephone intervention (FEST), which has been implemented in a rural Aberdeenshire maternity unit (**Hoddinott**), and is currently being tested with mothers of premature infants in Sweden (**Hoddinott**). A current mixed methods study is investigating the Benefits of Incentives for Breastfeeding and Smoking cessation in pregnancy (BIBS) (**Hoddinott et al., NIHR HTA**).

**Epidemiology, Occupational & Environmental Health (Atherton, Evans, Haw, Kyle, Lauder, Watterson)**: This research group focuses on the use of epidemiological data – particularly secondary data – to evaluate strategies to prevent illness and to guide the management of patients with disease. Group members have expertise in the analysis of secondary data and record linkage with particular interest in diabetes (**Evans**) and the management of the elderly (**Atherton**). A third focus is on the impact of environmental factors on health, particularly carcinogens and endocrine disruptors (**Watterson**). The work by **Evans** et al. (2010) on Metformin (first-line treatment for diabetes, but formerly contraindicated in patients with heart failure) led to the updating of Metformin product monographs by several major Canadian manufacturers. The 2010 SIGN guidelines also now explicitly state that Metformin is no longer contraindicated in patients with diabetes and heart failure. A notable recent success for the group has been a successful £8M bid (Dibben, Pagliari, McGhee, Pryce, **Atherton et al.** ESRC) for one of five Administrative Data Research Centres as part of the UK government's £34m Big Data project. The specific remit of the Stirling group is to facilitate and develop analysis of administrative data relating to older people. **Watterson** has conducted consultancy work with civil society groups representing vulnerable populations in the UK and internationally and, with others, has raised funding from WHO, EU, Research Councils UK and the CSO. A major achievement has been his contribution to global developments in occupational cancer policy (see Case Study) and changes in drug treatment for mesothelioma. Two papers he co-authored were voted best scientific papers by the American Public Health Association in 2013.

**Tobacco, Alcohol & Substance use (Bauld, Haw, MacKintosh, Moodie)**: This group brings together expertise in social marketing, public health and policy evaluation and includes some of the UK's most influential tobacco control researchers. Their work is recognised internationally and has had a major impact on health policy and practice, particularly tobacco control both within the UK and further afield. **Haw** led the national evaluation of Scotland's Smoke-free Legislation (2005-2013) involving a collaboration of over 50 researchers from across Scotland. This work has generated over 50 papers since 2008, including one (Pell, **Haw** et al., 2008) which was voted best paper of the year by the American Heart Association. Most recently the evaluation has demonstrated that introduction of the smoking ban led to a reduction in stroke and adverse perinatal outcomes for mothers and their babies. **Bauld** coordinated studies of smoke-free legislation in England and authored the UK government's three-year review of the legislation, published by the Department of Health in 2011. **MacKintosh** and **Moodie's** research on the effects of point-of-sale (POS) tobacco displays on young people's smoking uptake was instrumental in the passage of legislation in Scotland and England & Wales to remove tobacco products from sight in retail outlets (see Impact Case Study). Building on the POS work, we secured major NIHR funding to evaluate the impact of the Scottish legislation to ban tobacco displays at POS (**Haw, Eadie, Stead, MacKintosh et al. NIHR Public Health Programme**). **Bauld** and **Moodie** (ISM) have conducted influential studies into the effectiveness and cost-effectiveness of the UK's NHS Stop Smoking Services, including two systematic reviews for the National Institute for Health & Clinical Excellence (NIHCE). Their most recent study is a three-year evaluation of the longer term outcomes for NHS Stop Smoking Services (Elons) (**Bauld et al., NIHR HTA Programme**).

**Health & Behaviour Change (Cunningham, O'Carroll, Swanson, Wilson):** This is an internationally recognised health psychology research group. Its mission is to develop and apply psychological theory and methods to health and social behaviours. Studies on the determinants of medication adherence in stroke patients led to the development of a simple 2-session intervention that has been shown to improve adherence (O'Carroll et al., CSO). Through the development and evaluation of a brief intervention (O'Carroll et al., CSO, British Academy) the group are making an important contributions to solving the organ donor shortage. This brief intervention is currently being tested in a large-scale RCT (O'Carroll et al. CSO). This group also conducted a randomised controlled trial of a brief psychological intervention to increase walking in people with peripheral artery disease (Cunningham, Swanson, O'Carroll, Holdsworth, CSO). Collaborations include academic and clinical partners in the UK, Germany, Finland, Italy, France, and Holland to develop a novel quality of life measure for traumatic brain injury (TBI), the QOLIBRI (See Case Study). The collaboration involves comparative effectiveness research in TBI, CENTER-TBI ([www.center-tbi.eu](http://www.center-tbi.eu)), with the aim of identifying best practice in the treatment and care of patients with brain injury. This innovative project, with a total budget of €30M, involves data collection in 22 countries (Wilson, FP7).

### Strategy Post-REF 2014

Since the success of RAE 2008, we have continued to make significant progress. We have built a vibrant multi-disciplinary research environment with the skills and capacity necessary to conduct high quality applied health research with impact and international reach.

A key recent development has been the establishment of a Pan-University Behaviour Medicine Research Group. This is an inter-disciplinary group with a key focus on applied health research and the science of behaviour change for health benefit. The primary aim of his new group is to stimulate inter-disciplinary collaboration and grant applications. It brings together researchers from the School of Natural Sciences (Centre for Health & Behaviour Change), the School of Nursing, Midwifery & Health, the School of Sports and the Stirling Management School (Institute for Social Marketing).

Post-REF 2014, we will continue to extend our collaborations across the University and work with colleagues (including all our stakeholders) to develop an Institute of NMAHP and Applied Health Research with the dual aims of improving the health and wellbeing of patients, individuals and the general population; and reducing health inequalities. We will work to ensure that the infrastructure, organisation and processes in place in the new Institute and are consistent with our principles of a solution-oriented, multi-disciplinary and programmatic approach; to research; the co-production of research ideas; and a strategic approach to dissemination and research translation.

### c. People, including:

#### i. Staffing strategy and staff development

Recruitment: The period of 2008 to 2013 has been one of major investment by the University in academic staff. We have explicitly chosen to build critical mass and to enhance research leadership in the research groups and to specifically to provide leadership in nursing and midwifery research. To achieve this aim, four new professorial posts have been created: Professor of Cancer Nursing, Research & Practice (Wells); Professor of Primary Care (Hoddinott); RCM Professor of Midwifery and Professor of Maternal & Child Health Research (Cheyne); Professor of Health Policy (Bauld). In addition, we have attracted new staff to existing professorial posts provide leadership in Nursing (Lauder) NMAHP research (Williams); Public Health (Haw) and Mental Health (Maxwell). We have also appointed 7 very talented early career researchers from diverse backgrounds creating a dynamic atmosphere with a large complement of enthusiastic young staff, including one Impact Fellow (Cunningham), recruited through the University's prestigious Impact Fellowship Scheme.

NMAHP-RU has led the School in building research capacity and capability through the design and roll-out of Clinical Academic Careers for Scotland. This is a major initiative targeting nursing and midwifery to specifically address concerns about senior research capacity in these professions.

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The initiative is designed to retain, support and develop future research leaders in nursing, midwifery and allied health professionals (**Williams, Cheyne, Scottish Government**). NMAHP-RU also supports a national re-engagement/retention fellowship scheme (**Farquharson, Hoskins**) which aims to provide opportunities for post-doctoral nurses and midwives to return to or be retained in research posts. Other initiatives include the establishment of the Scottish NMAHP Trialist collaboration (ASCeNT) (**Williams**), the Scottish Midwifery Research Collaboration (£300K) (**Cheyne**) which brings together senior midwife researchers from across Scotland, and a nurse research and clinical academic forum. **Lauder** Co-chaired the Research and Clinical academic career work stream in the recent Chief Nurse review. He is also a member of the Council of Deans working group on Clinical Academic Careers. Stirling plays the leading role nationally in building research capability and capacity.

Our five honorary clinical and practice appointments are critical to the effective integration of clinical academics and NHS-employed active researchers into our work and ensure that we retain strong connections with the NHS. They are involved in the research groups, grant application and supervision of Clinical Academic Fellows (see below). In addition, **O'Carroll** is Consultant Clinical and Health Psychologist in the Department of Psychological Medicine, Edinburgh Royal Infirmary (one clinical session per week). **Swanson** is seconded to NHS Education Scotland (0.4 FTE) as National Programme Director (Health Psychology Directorate). **Wilson** was also a consultant on outcome assessment for the Conscious I, II, and III trials in subarachnoid haemorrhage to Actelion Pharmaceuticals, Switzerland, 2004- 2011; and is a consultant to QCTR (<http://www.qctr.co.uk/>) on assessment in Alzheimer's Disease.

The University's review and appraisal framework (Achieving Success) gives priority to the setting and monitoring of research goals. All non-probationary staff undergo an annual review with a senior member of staff, at which they reflect on their achievements of the previous year and set objectives for the coming year. This is facilitated through the use of a workload model. Training or development needs are also identified and these are met through a staff development fund. Future prospects for career progression are also discussed at the annual appraisal, as well as through regular mentoring sessions.

Additionally, NMAHP-RU provides considerable support for early and mid-career researchers in the preparation of grant proposals and research papers through a grant-writing group and a publications group. This has led to a grant capture rate by NMAHP-RU of over 50% since 2011 and the publication of 56 peer-reviewed papers in 2012 alone. Systems for peer review of grant proposals and papers are also in place across the rest of the UoA.

Non-probationary staff are eligible for a period of 6 months' study leave after every 6<sup>th</sup> semester of service. Suitable activities include preparation of grant proposals, field study, international visits or preparation of research papers and reports. During this assessment period, two members of staff have taken 24 months of research leave.

The University has a commitment to promoting diversity and equality of opportunity championed by a network of equality contacts. Flexible working is available for those with caring responsibilities and there are clear policies on career breaks and part-time working. The University has an Athena Swan bronze award for the Institution as a whole and this UoA is currently working towards a silver accreditation within the next three years. Accreditation at this level will be a requirement for securing funding from the UK research councils and NIHR at some point in the future. The University is participating in the Aurora leadership development programme for women in higher education. Two staff members are currently undertaking the programme.

<http://www.lfhe.ac.uk/en/research-resources/publications/engage-summer-2013/development/aurora-women-only.cfm>

Stirling University was an early signatory in 2009 of the RCUK Researchers Concordat and earned the EU HR Excellence in Research Award by the European Commission in 2011, following its implementation across the University. Dedicated funds are available for Research Fellows and Research Assistants to attend training events and limited funding is also available to bridge gaps in

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funding between one grant and another. Early career researchers can also access research modules on our Master of Research (MRes) and Clinical Doctorate courses, as well as university-located research methods courses.

### ii. Research students

The recruitment, training and supervision of postgraduate research (PGR) students is a high priority across the University with its graduate school that our students access. The UoA is a collaborator in the Scottish Graduate School of Social Science (Doctoral Training Centre) funded by ESRC/SFC (circa £24m).

We have a very active PGR research community and offer opportunities for both full and part-time PGR study. Most students produce a conventional thesis, but there is also the opportunity for PhD through publications, modelled on existing Scandinavian practice. Currently, 7 PGR students are pursuing this route. There are also two innovative clinical doctoral programmes. In 2003, a programme was established for experienced NMAHP practitioners to study part-time towards a clinical doctorate (Clin Doc) in order to develop their clinical research skills. In addition, there has been an investment of over £0.5m in an innovative clinical academic fellow (CAF) programme. This offers students a 5-year stipend during which time they not only undertake a PhD by publication, but also engage in teaching and relevant clinical practice. There are currently 5 CAFs, who have been recruited from range of health professional groups and include nurses, therapists, psychologists and physicians.

During the assessment period, there have been 120 registrations (80 PhDs and 40 Clin Docs) and 24 students (21 PhDs and 3 Clin Docs) have completed. We currently have 85 PGRs, including 51 PhD and 34 Clinical Doctorate students.

Year	2008/9	2009/10	1010/11	2011/12	2012/13
PhD	6.5	4.5	2.5	4.0	7.0

Funding for PGR comes from external sources. The University has also funded both staff and students to undertake PGR. Joint funding for PGR has been secured with the NHS, Macmillan, British Heart Foundation (BHF) and Lifescan. Additionally, the University holds an annual competition for Impact PhD Studentships and there are currently three impact studentships under this scheme.

PGRs are provided with designated office space and access to a full range of research resources. They are supported by first and second supervisors (who undergo training for this purpose). All students are issued with the University's Code of Practice for the Support of Postgraduate Research Students at induction, so they are aware of the responsibilities of supervisors, School and University, and themselves. Each student undertakes a progress review after the first 10/15 months, which recommends confirmation of doctoral registration. Annual progress reviews are monitored by the School and the University. Students formally record actions arising during regular supervision sessions and report these electronically on the University's student administration system, with comments from the supervisors. PGRs are encouraged to present at the annual university-wide SGS conference and are able to apply internally for financial support to attend conferences, produce posters and undertake external training.

All are actively encouraged to participate in University seminar programmes, workshops and conferences. While we encourage part-time PGRs to attend these events in person, we also make podcasts and other outputs available for those who are unable to do so. A recent development is the setting up of an online community area for postgraduate students that provides centralised access to information and resources. We also fund an intensive annual 2-day residential retreat, where students have the opportunity both to share their work and network with the PGR community.

PGRs are also expected to participate in one of the Research Groups, and develop team-working and other skills through a managed involvement in the development of research projects. PGRs are also supported in the publication of both literature reviews and data chapters and most will have published one or more papers by the time of submission.

#### d. Income, infrastructure and facilities

Over the census period our income for this submission has a total value of £11.3M and a net value to Stirling of £8.9M. We have been awarded 162 research grants, including 18 grants from major funders including the National Institute for Health Research (NIHR), CSO, ESRC, MRC, and EU FP7. Our annual research expenditure increased from £1,427,372 per annum in 2008/09 to £1,869,892 in 2012/13; an increase of 31%. Overall, 35% of total grant income comes from CSO; 20% from the Scottish Government/Department of Health; 24% from NIHR; and 13% from research charities.

#### Operational infrastructure

There are dedicated Research Managers in the Research & Enterprise Office and Finance Officers in Finance, who support the submission of grant applications and negotiate the specific requirements of the various funding. The University has recently introduced a Research Management System (RMS) which facilitates the management of research projects – RMS also links to STORRE, the university's online research repository, where all researchers (staff and students) are expected to deposit their research outputs (papers, reports and theses). Information Services make IT support readily available, and online subscriptions are a particular strength of the library provision supporting research. Through the SCURL agreement, staff and PGRs also make use of libraries at other Scottish universities. The University has a policy to actively support open access publishing and researchers can apply for funding to support this, providing all their research outputs since 2007 are uploaded onto STORRE.

The University has a Code of Good Research Practice with which all staff and PGs must comply. This Code sets out standards of research governance for project initiation, recruitment of subjects, data collection and storage, publication and data archiving. As part of this process, we have School-based Research Ethics Committees that scrutinise research planned by both staff and students in this UoA to ensure that these standards are maintained. These Ethics Committees then report annually to the University Research Ethics Committee. Research plans involving NHS patients and staff are also scrutinised by NHS Research Ethics Committees.

#### e. Collaboration and contribution to the discipline or research base

Our work is multi-disciplinary and involves collaborations with colleagues from across Scotland and the rest of the UK and internationally. We have established the Scottish NMAHP Trialist collaboration (ASCeNT) (**Williams**), and a midwifery research network (**Cheyne**). **Bauld** played a central role in the development of and continuation of one of the UK's five Centres for Public Health Excellence. Established as UK Centre for Tobacco Studies (UKCTS), it has now become UK Centre for Tobacco and Alcohol Studies (UKCTAS). These Centres and networks facilitated the development of research collaborations across the UK. All our senior staff have been involved in International research collaborations which now include researchers from over 25 countries. Notable is the work of **Maxwell**, who won a Prestigious Carnegie Centenary Professorship to bring internationally renowned clinical health psychologist Professor James C Coyne to Stirling from the US. Based on her reputation in mental health research with international collaborations established through the European Alliance Against Depression ([www.eaad.net](http://www.eaad.net)), and other EU funded programmes on suicide prevention ([www.ospi-europe.com](http://www.ospi-europe.com)) and online self-help for depression ([www.prednu.eu](http://www.prednu.eu)), Professor Maxwell (Deputy Director of the NMAHP-RU) and Professor Coyne continue to work together on the FP7-funded evaluation multi-national and multi-level mental health interventions. Notable also is the work of **Wilson** (see Case Study), which is contributing to a €30M comparative effectiveness research programme in traumatic brain injury, CENTER-TBI ([www.center-tbi.eu](http://www.center-tbi.eu)).

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We sit on and contribute to many learned societies and networks and provide expertise to guide the development of a range of disciplinary areas. We sit on 5 major funding committees and are members of the editorial boards of 11 international journals. These activities enable us to influence both funding and publication policies in a variety of research areas. Of great importance, too, is our involvement with more than 10 Government committees and our involvement with local NHS Boards (notably Forth Valley, Highland, Lanarkshire and Tayside). Through these links we have developed close working relationships with policy makers and with practitioners at a national and local level. Not only have we influenced the development of policy and practice but policy makers and practitioners are frequently involved in the co-production of research ideas right from the very beginning and throughout the research process. This greatly facilitates knowledge translation and exchange (KTE). Good examples of this include the evaluations of the Scottish (**Haw**) and English (**Bauld**) Smoke-free legislation, the development and evaluation of the point of sale legislation (**Haw, MaKintosh, Moodie**) and the review work on plain packaging of tobacco products (**Moodie, Mackintosh, Bauld**). Through membership of National Institute for Health & Clinical Excellence (NIHCE) and the Scottish Intercollegiate Guideline Network (SIGN) guideline groups we have also influenced the development of clinical standards.

We recognise the important role that the Third sector plays in the development of health policy and practice and in the funding of research. We have long-standing partnerships with several UK (Macmillan Cancer Support, Cancer Research UK) and international (WHO, UNESCO) charities and sit on the boards of a variety of third sector organisations.

The University is committed to greater public involvement in HEIs and the Service User Involvement Strategy outlines the vision and milestones for involvement in education and research at both strategic and operational levels. We have implemented this across this UoA through service user participation in: undergraduate recruitment events; lectures and seminars; recruitment of new staff, including participation on interview panels; membership of School Research and Ethics Committees; co-applicants on and collaboration in research, including proposal design and development through to and co-authoring peer review journal articles. Recent examples include mother and baby groups as grant holders on a study of the use of incentives in pregnancy (**Hoddinott**) and patients and carers as grant-holders in a study of urinary incontinence (**Bugge**). In another study, the team are working in partnership with Carlton Bingo and have staff and customer representatives on the research advisory group (Evans).