

**BDA**

The Association  
of UK Dietitians

# Research & Impact Strategy



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# Introduction

Curiosity, critical thinking, generating evidence and communicating findings are crucial to advancing dietetic practice. This is both within the healthcare landscape and across the diverse workplace environments of the dietetic workforce. Research is essential to ensure evidence informed practice is grounded in robust and evolving evidence to optimise services, individual and population health. Generating evidence supports clear, credible communication about the value of the dietetic workforce.

The British Dietetic Association (BDA) champions research activities within the whole dietetic workforce. Research is one of the four pillars of practice<sup>1-3</sup>, it is therefore imperative that accessible support and opportunities exist for individuals and teams to participate. The Research and Impact Strategy is for all employment sectors, job roles, career stages and geographical locations of the dietetic workforce.

The dietetic profession, and beyond, use evidence of impact to support their decision-making. The potential areas of dietetic workforce impact include public health, service user and carer improvements, changes in healthcare services, commercial return and workforce benefits.

The BDA Journal of Human Nutrition and Dietetics and BDA Research Symposium continue to be key in communicating new evidence to inform practice.

The BDA Research and Impact Strategy incorporate the BDA's 10-year Strategic Plan research objective<sup>4</sup>. It also aims to support the achievement of the plan<sup>4</sup> by:

- ensuring the dietetic workforce is progressive,
- strengthening research culture and capability,
- increasing the visibility of dietetic impact.

## What is research and impact?

Confidence in research starts with recognising the similarity in skills required to undertake research related activities such as audits, service evaluation, quality improvement and research projects. Skills such as critical analysis of published studies, project planning and delivery<sup>5</sup>. This has been articulated by incremental research capability across levels of practice within the Multiprofessional Practice-based Research Capabilities Framework<sup>6</sup>.

The term 'research' not only refers to undertaking research studies, it can encompass other activities that use research studies or generate evidence<sup>5</sup>. Within the research pillar of practice, a range of research related activities are included; "evaluate and audit own and others' clinical practice... critically appraise and synthesise the outcome of relevant research..."<sup>7</sup>.

Within the BDA Career Framework<sup>1</sup>, the 'research and evidence' pillar is inclusive of evidence-based practice, research studies, service evaluation, quality improvement and audit.

The BDA Research and Impact Strategy uses the umbrella term 'research activities' to refer to activities that use research or create evidence, such as:

- Using research studies for evidence informed practice
- Creating practice guidelines from evidence for knowledge mobilisation
- Compiling and presenting a case study
- Collating and presenting outcomes data
- Designing, being involved in and/or leading an audit, service evaluation, quality improvement or research project
- Leadership in research related activities

With this more inclusive view of research activities, research really is everyone's business.

Undertaking research activities is only part of the process, a critical factor is effective communication to enable the findings to inform practice. Implementation science considers how to get research findings and best practices used in everyday practice.

Impact is the demonstrable contribution that research activities make at a personal, organisational or societal level<sup>8</sup>. Impact can be broadly defined as '*an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life*'<sup>9</sup>. Impact is the longer-term outcome of research, alone or in combination with others.

Combining research and impact into one strategy promotes the value of all research activities and highlights how crucial the communication of findings is to optimise dietetic workforce impact.

## Value of a research-active dietetic workforce

A research-active workforce will strengthen research capacity, evidence and visibility to optimise impact, supporting the continued advancement and influence of the dietetic workforce across geographical areas and healthcare environments.




Incorporating research activities into practice supports individuals to progress and have fulfilling roles and patients in research-active healthcare environments have better outcomes<sup>10</sup>. Within industry, freelance, academia and the clinical setting a research-active workforce will be able to identify and work towards addressing gaps to enable evolving evidence for services, products, individual and population health.

Across the UK there is an emphasis on enabling integration of research into healthcare careers<sup>5,11,12</sup>, it is recognised there is a system-wide need to improve equitable and sustainable AHP practitioner/clinical academic pathways<sup>10,13</sup>. AHPs with a PhD have been shown to positively influence research cultures and drive service improvement<sup>14</sup>. Practitioner/clinical academics can shape the profession by bringing together expertise, experience and insights from both perspectives and inspire the current and future dietetic workforce<sup>10</sup>. The BDA is in a position to communicate a UK wide perspective, collate evidence and influence decision makers.

# BDA Research and Impact Strategy

The BDA Research and Impact Strategy comprises three vision statements to articulate what we are aiming for. The five strategic aims have been designed to address key areas and distinctive needs to enable progress towards the vision statements. The associated objectives focus actions to achieve the strategic aims.

## Vision statements

-  The dietetic workforce operates in environments where research is inclusive, valued and research activities are embedded within all roles and routine practice.
-  Advancing practice, and dietetic workforce impact, is evidenced by high-quality, co-produced, research activities delivered by a research-competent and confident workforce.
-  Healthcare leaders, government and the wider public recognise the value and positive impact of the dietetic workforce.

## Strategic aims:



# Promote and celebrate an inclusive culture of curiosity...

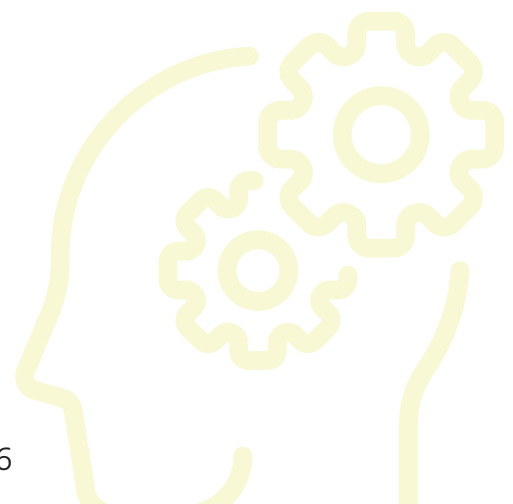
01

*...to inspire greater engagement and a sense of belonging in research by the whole dietetic workforce.*



## Objectives:

- a** Increase visibility of the range of research activities undertaken across the diverse dietetic workforce.
- b** Raise the profile of projects that demonstrate the positive impact of dietetic workforce interventions.
- c** Celebrate successes in research activities and research leadership across all career stages, employment sectors and job roles.



# Champion and articulate the health and economic value of a research-active workforce...

02

*...to managers, employers and healthcare leaders.*



## Objectives:

- a** Raise the profile of projects that demonstrate the value of a research-active dietetic workforce.
- b** Support managers, employers and leaders to embed research activities into roles and routine practice for the whole dietetic workforce, across all career stages.
- c** Support and promote research activities that evidence the impact of practitioner and clinical academic roles.
- d** Celebrate and provide recognition where research-active environments are evident.



# Enhance the skills of the current and future workforce to use evidence, do research activities and communicate to optimise impact.

03



## Objectives:

- a** Support members to critically engage with evidence-based practice.
- b** Ensure research skills and their practical application are prominent within training the future workforce.
- c** Provide guidance for doing effective, culturally competent, co-produced research activities with public and service user involvement; from idea generation, to project completion and knowledge mobilisation.
- d** Create a sustainable mentorship scheme that is inclusive, supportive and rewarding for mentors and mentees.
- e** Provide guidance to maximise the impact and knowledge implementation from research activities.

# Support and develop opportunities for the dietetic workforce to collaborate, engage in, and lead research activities...

04

*...to expand the UK dietetic research capacity.*



## Objectives:

- a** Optimise and create effective, supportive and sustainable networks to facilitate collaboration.
- b** Develop BDA research priorities to inform multi-centred projects to produce high quality dietetic outcomes data, identify and address inequalities, and evidence for dietetic workforce impact.
- c** Improve visibility of research funding opportunities for the dietetic workforce.
- d** Promote research leadership training and opportunities to the dietetic workforce.

# Maximise the impact of dietetic workforce research through effective communication with key stakeholders.

05



## Objectives:

- a** Raise the profile of impactful dietetic workforce research activities beyond the UK dietetic profession.
- b** Optimise dietetic impact through effective communication of evidence informed BDA research activities and policy to key stakeholders.
- c** Increase dietetic representation and influence within key research stakeholders and within AHP research communities.



## How the Research and Impact strategy was developed

The Research and Impact Strategy was informed by and aligns with healthcare research and innovation strategies for England, Wales, Scotland and Northern Ireland<sup>5,11,15-18</sup> and UK AHP research priorities<sup>19</sup> and the Public Health Strategic Framework for AHPs<sup>20</sup>. The strategy is aligned with the UK Government's vision to promote research and innovation as a core part of everyday clinical work<sup>21</sup>.

The Research and Impact Strategy is for the whole dietetic workforce, in all work environments and geographical areas, therefore it is intentionally broader in scope than the national healthcare strategies<sup>5,19</sup>.

The strategy has been informed by engagement with:

- BDA Specialist Group research officers and dietitian research networks.
- Wider membership engagement via open questions within an online survey.
- Academy of Nutritional Sciences survey: response to the barriers and motivators for doing research (n=583 dietitians)<sup>22</sup>.
- BDA Board of Directors, Country Board Chairs, Professional and EDI Committees.

The Research and Impact Strategy is a key element to the delivery of the BDA's 10-year Strategic Plan<sup>4</sup> and aligns with the BDA Digital Vision<sup>23</sup>.



**Figure 1:** BDA 10-Year Strategic Plan objectives and golden threads diagram<sup>4</sup>

## Taking the Research and Impact strategy into action

Publication of the BDA Research and Impact Strategy marks the start of an implementation phase to achieve the strategic aims and objectives evidenced through a series of action plans. These will be measured by a set of key performance indicators. Progress will be communicated to members and reported to the BDA Board of Directors on an annual basis.

The action plans are anticipated to continue over several years requiring the implementation work to remain responsive to any significant unanticipated changes from key stakeholders.

To achieve the transformational changes articulated within this strategy it will require strong partnership, working with key stakeholders including, but not limited to, healthcare organisations, higher education institutions, national research networks and funding bodies.

By 2028, there will be;

- Increased visibility of research activities undertaken across the diverse dietetic workforce evidenced through a data informed communication plan.
- Improved membership awareness of live research and funding opportunities evidenced through membership engagement.
- A sustainable mentorship scheme that is inclusive, supportive and rewarding for mentors and mentees.
- Training and professional development for the research pillar of practice.
- Resources to support the translation of research into practice.

# Glossary

<b>Audit</b>	A quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards.
<b>Co-produce</b>	Focuses on involving users in the delivery of services and projects, not just the design. It emphasises equal partnership between professionals and service users.
<b>Clinical or practitioner academic</b>	Clinical or practitioner academics work concurrently in practice and academic environments. They provide practice and research leadership.
<b>Dietetic workforce</b>	A collective term for the dietetic support workforce and registered dietitians
<b>Dietetic support workforce</b>	The term 'dietetic support workforce' has been used as a collective term for all those within the dietetic support workforce at both the 'supportive' and 'assistive' levels of practice.
<b>Evidence-based practice</b>	"Asking questions, systematically finding research evidence, and assessing the validity, applicability and importance of that evidence. This evidence-based information is then combined with the dietitian's expertise and judgement and the client's or community's unique values and circumstances to guide decision-making in dietetics to improve health outcomes in individual clients, communities and populations." <sup>24</sup>
<b>Innovation</b>	Refers to invention (creating new ideas, products, services or models of care) and adoption (implementing what has worked elsewhere).
<b>Impact</b>	"An effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life." <sup>9</sup>
<b>Implementation science</b>	The study of how to get research findings and best practices used in everyday practice.
<b>Knowledge mobilisation</b>	The process of actively transferring, sharing and applying evidence to drive change. That evidence could come from real-world evaluation, innovation or research findings.
<b>Quality Improvement</b>	A systematic and co-ordinated approach to solving a problem using specific methods and tools to bring about measurable improvement in health and social care systems.
<b>Research</b>	Often refers to undertaking research studies; however, the term can include activities that use research studies or generate evidence, for example the research pillar of practice.
<b>Research activities</b>	Activities that use research or create evidence such as: <ul style="list-style-type: none"> <li>- Using research studies for evidence informed practice</li> <li>- Creating practice guidelines from evidence to enable knowledge mobilisation</li> <li>- Compiling and presenting a case study</li> <li>- Designing, being involved in and/or leading an audit, service evaluation, quality improvement or research project</li> <li>- Leadership in research and/ or innovation</li> </ul>
<b>Research study</b>	Aims to create new transferable knowledge by addressing clearly defined questions with systematic and rigorous methods
<b>Service evaluation</b>	Designed and conducted solely to define current care. Designed to answer: "What standard does this service achieve?" Measures current service without reference to a standard and involves an intervention in use only.
<b>Stakeholder</b>	A group or individual who can affect or is affected by the actions of an organisation.

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**Published: 2026**  
**Review: 2031**



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