

# **Research collaboration at KORFOR**

## **Policy-document, October 2021**

ALCOHOL AND DRUG RESEARCH WESTERN NORWAY

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### **Definition and overall objective**

In research there is a traditionally established sharp divide between those who produce research by virtue of their position as researchers and those who have an interest in or utilise the research. This view is challenged both within research communities (see for example SHARE, UiS 2020) and in governing documents from sources of finance such as Norges Forskningsråd (The Research Council of Norway) and Helse Vest Forskning (Western Norway's Regional Health Authority Research Department). A guide from the Regional Health Authorities (RHF 2018) lays out how 'users' can be given increased influence and possibilities for participation in research. The guide defines a 'user' as a patient or carer "preferably represented by patient/carer organisations", and "in certain cases health and care personnel as well as the general public can also be considered users in a research context". The guide provides a distinction between user participation in research and co-researchers: "co-researchers are not considered as users in research projects, but as normal project participants". There is therefore no reason to mention co-research any further in the guide.

However, in this policy-document we want to investigate different purposes, forms and contexts for research participation. Collaborative research is a suitable term to express the goal of recognising and strengthening different actors' equal influence on the type of knowledge production that research represents. Our view is that collaborative research strengthens the research's legitimacy and quality. In all efforts to develop research at KORFOR, and in shaping and implementing concrete research projects, leaders and employees are obliged to work towards increasing collaborative research.

### **Collaborative research participation**

In this policy document we categorise participation into three different types defined by three types of competence:

- 1) Competence based on an education in research.
- 2) Competence based on personal experience with the type of problems and/or the type of help and treatment services which are relevant to research at KORFOR.
- 3) Competence based on education and experience as a clinician or leader in the support and treatment services which are relevant to research at KORFOR.

Even if we, for simplicity's sake, can classify type 1 as researchers, type 2 as users and type 3 as clinicians, it is important to know that people who participate in different ways in collaborative research, at any given time, can participate by virtue of one or more types of competence/competencies. Here are a few examples:

A formally educated researcher can also have competence as a clinician. Most health care researchers are educated primarily as clinicians, while this is normally not the case for health

service researchers. In treatment research (research on treatment methods/interventions) it is an advantage to have dual competency as both clinician and researcher.

However, a clinician can participate in collaborative research based primarily on their competency as a clinician. This also applies if the individual has acquired research competence in the form of a formal or informal education in research. This would also be the case for an individual who primarily participates in the collaborative research based on their experience as a user. For many users it will also be relevant to contribute based upon competence acquired through formal or informal research education. Individuals with user experience who are employed at clinics (as advisers or peer-support), will also be able to further their involvement in collaborative research based on this type of clinical experience. And, for those with user or clinical competency as their starting point, it will be relevant to acquire an education as a researcher at master or doctorate level.

The roles and tasks which the different individuals can have in collaborative research is always dependent on the competence considered relevant and necessary, either in concrete research projects or in developing research at KORFOR more generally.

At KORFOR we want to promote collaborative research in three distinct forms. Each of these have their own specific purpose and terms in order to work well:

## **Collaborative research– level 1: KORFOR’s reference group**

### **Participants:**

KORFOR’s reference group consists of representatives of all three types of competence outlined above. Researchers, leaders and professionals represent the organisations they are a part of. Individuals with personal experience as users or carers are chosen by, and represent, the user and carer organisations they are a part of.

### **Workflow and payment:**

The reference group meet at pre-agreed times during the year, typically once every six to 12 months. Members who are not paid by their employer for participation in the reference group are paid per meeting at the pre-determined rate.

### **Tasks, responsibility and authority:**

As a competency centre, KORFOR has a three-part mandate: research; contribution to professional and service development; and, communication. In relation to research, the Reference Group is tasked with providing the KORFOR leadership and the research director(s) advice on what profile KORFOR research should have in relation to the overarching areas of interest. This should be a topic at all meetings of the Reference Group. It is however, the research director(s) who has the authority to determine and shape the profile of the research and who is responsible for ensuring the research is performed within the chosen areas of interest. However, initiatives for new research projects can be put forward by anyone from KORFOR, anyone from a clinical context and any individual from KORFOR’s partner organisations. It is the research director(s) who decides whether or not a project

should start, who approves the choice of project manager and who, with the project manager, recruits and organises personnel for the project.

## **Collaborative research level 2: KORFOR's research contacts**

### **Participants and payment:**

KORFOR has established a permanent contact person (with proxy) in all the user/carer and professional organisations which are relevant to KORFOR's research areas. The relevant organisation appoints its own research contact who then represents that organisation. Contacts who are not paid by their employer for their work as a contact person are paid per meeting at the pre-determined rate.

### **Tasks, responsibility and authority:**

All new projects an assessment shall be made of whether they should be presented to KORFOR's research contacts. Relevant projects are presented to the relevant research contacts based upon the project's theme and design. The research contacts' task is to provide the project manager with feedback and advice on formulating the hypothesis, the choice of design, creating a research group and on any other topics in the project description. The research contacts are responsible for collaboration with the organisations they represent.

### **Workflow:**

The relevant research contacts should be called in at the appropriate time to provide advice in two stages of a project:

1. As early as possible after the decision to start a project, preferably based on a project draft or a temporary project description, and
2. When data collection and analyses are completed, and it is time to discuss publication and other forms of communicating the results.

### **Competence development:**

To strengthen the research contacts' basis for giving advice, KORFOR will offer potential and existing contacts the option to develop their knowledge through seminars and courses. It is the potential or existing contact who decides what the form and substance of these should be.

## **Collaborative research level 3: Direct project participation**

### **Definition:**

Co-research is often used as a term for direct participation from individuals with 'user experience' in specific research projects. At KORFOR we define co-research as what all participants in a collaborative research project are doing. In this document however we don't see the need to describe collaboration from people with research competence at master's or PhD level. In this context it is primarily our view of participation from individuals with user or clinician competence who will be discussed.

**Objective:**

At KORFOR the goal is to involve individuals with primary user or clinical competency as often and as much as the project theme and design allows for. All project managers are required, as early as the first phase of planning a project, to evaluate and describe if and how individuals with these competencies can participate. Research directors should be consulted regarding this and require the reasoning behind any choice which would lead to a lower degree of participation than the project theme and/or design indicates.

**Recruitment and payment:**

At KORFOR the goal is to recruit the number and combination of individuals with primary user or clinical competency relevant to the research area of the projects which we want to implement. Going forward, our goal is to link these individuals to us through temporary or permanent positions, in full or part-time employment. Permanent employment will require financing from KORFOR's operational budget, while temporary employment should be linked to the individual project and financed through the project's budget (whether internally and/or externally financed).

**Competency requirements:**

Participation in different phases of a research project by individuals without a relatively extensive education in research will depend on what experience and competence the individual brings to the project, or what experience and competence they have the chance to develop, through guided participation or parallel competency development initiatives. In principle there are no limits to which phase of the project they can participate in. However, the degree and form of the participation will depend on the theoretical or practical background the different roles and tasks in the project require. This should be evaluated through a conversation with the project manager and co-researchers.

**Competence development:**

Direct participation in research is dependent on an individual's relevant personal experience as a user, carer or professional and, in some cases, also with accumulated research experience. It is KORFOR's responsibility to offer the necessary guidance and competency development considered necessary for the level of project participation that has been agreed. For users and clinicians who are permanently employed to participate in research, experience of project participation and internal initiatives to develop their competencies, should allow them to participate in projects which are outside the areas of their primary experience.

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