Is research for me?

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Why do research?

• Allows you to evaluate your clinical practice objectively whilst advancing your discipline
• Develop expertise in your chosen area
• Gain new skills - e.g. research methodology, statistics, critical appraisal, written + oral communication, project management
• Obtain a higher degree - MD/PhD
• A ‘break’ from clinical medicine
• Some evidence that research-active organizations have better clinical outcomes
Research-active Trusts had a lower risk-adjusted mortality for acute admissions which persisted after adjustment for staffing and other structural factors (e.g. ICU beds/operating theatres/radiology utilization)

Ozdemir BA et al. 2015; PLOS ONE
Different types of research

Laboratory-based

Translational

Clinical

<table>
<thead>
<tr>
<th>AF type</th>
<th>Meds</th>
<th>Pw age</th>
<th>HR</th>
<th>Atrial fibrillation</th>
<th>Start AF</th>
<th>AF duration</th>
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Table: Different types of research

- **AF type**: Type of atrial fibrillation
- **Med**: Medication used
- **Pw age**: Patient age
- **HR**: Heart rate
- **Atrial fibrillation**: Duration of atrial fibrillation
- **Start AF**: Start time of atrial fibrillation
- **AF duration**: Duration of atrial fibrillation

The table provides information on different types of atrial fibrillation, medications used, patient age, heart rate, and duration of atrial fibrillation.
Negative aspects of doing research

- Rejection
- Difficult to balance research with clinical training
- Lots of barriers (e.g. ethics, excessive bureaucracy, focus on compliance by R+D rather than enabling research)
- Feeling isolated
- Research may be detached from clinical work
- Competitors (other academic groups) may publish similar results first
- Quality of supervision
- Perceived lack of support for early career researchers
Reported motivations for doing research

- Develop new skills
- Improve NHS Career prospects
- Pursue an academic career
- Greater flexibility
- Opportunity to work overseas
- Learn about a disease/mechanism in great detail
- Work with industry
How do I do it?
Sources of funding:

- Personal Fellowships (e.g. Clinical Research Training Fellowship)
- Research/Programme grants
- Industry/Commercial
- NHS R+D departments
- Pump-prime grants
Other methods of getting involved in research:

- **Trainee-led research networks/collaboratives**
- **Flexible Portfolio Training** (pilot in August 2019)
- **Contribute to LCRN Portfolio studies** (patient recruitment, reporting SAEs, data collection/analysis, presentations of findings..etc)
How does it help me in the long-term?
Outcome data for MRC Research Training Fellows between 1993-2003:

- NHS Consultant: 27%
- Clinical Professor: 24%
- Clinical Senior Lecturer: 28%
- Clinical Reader: 8%
- Clinical Lecturer: 5%
- Academic Clinical Fellow: 3%
- Other Non-Clinical Position: 1%
- Other NHS Position: 3%
- Industry/Pharma: 1%
Aspects of clinical care that participants felt had improved following out of programme for research (OOPR).

- Improved trainee supervision
- Improved communication skills
- Improved time management
- Improved team working
- Improved critical assessment of complex problems
- Understanding of evidence-based medicine

Number of participants

Charlotte Maybury et al. BMJ Open 2018;8:e019630

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Conclusions:

• Clinicians engaged in research activities can facilitate access to new therapies for patients and potentially improved clinical outcomes

• Lots of barriers in the research environment

• Traditional ‘fellowship’ funding to take time OOP is competitive but there are other opportunities to do research

• Participating in research can have long-term benefits whether you choose to continue doing research as a consultant or focus on direct clinical care