

INTEGRATE: Uniting collaborative research in ENT

Exposure to clinical research as a trainee is often sporadic and unstructured, despite it featuring in both the GMC's Good Medical Practice and the ISCP's syllabus for all surgical specialities, including otolaryngology [1,2]. The majority of trainees undertake small-scale research projects, often based in a single institution, which can be delivered within the time-frame of an Annual Review of Competence Progression (ARCP) or rotation to the next clinical placement. Furthermore, the research expectations for the trainee are also evolving, with consultant appointment panels advised to place more emphasis on evidence of engagement in clinical research, including recruiting into trials, rather than simply focusing on first author publications.[3]

Recently, a new model of collaborative research has evolved that embraces the trainee and allows them to develop their research skills alongside the standard training pathway. This trainee-led collaborative research is now becoming ubiquitous in many specialties. It enables individuals to come together in pursuit of a common research goal, with this team-based approach allowing the strengths of its members to be exploited so that all can contribute in different ways to achieve their combined aim. Single site small-scale studies can be developed into large-scale multi-centred trials, realising the huge potential of junior doctors as a resource for data collection. In part, the success of the collaborative model stems from the fact that surgical trainees are ideally suited to participate in clinical research. Their rotational attachments provide an effective multicentre network with invaluable insight to variations in management. Their 'frontline' placement allows regular and first-time interaction with emergency admissions as well as being involved in all stages of the patients' surgical journey, from clinic to consent, to postoperative management and follow-up. In addition, the requirement to be involved in audit and research to achieve a satisfactory outcome at ARCP provides a strong motivational force. The opportunities afforded by collaborative research are huge, yet currently ENT are lagging behind a number of our



counterparts in other surgical specialties.

Much can be learnt from the work of well-established national collaboratives active in other specialties. Perhaps most transferable to ENT is the work of the British Neurosurgery Trainee Research Collaborative. Having successfully established a national collaborative network they have gone on to produce a number of publications in respectable national journals. The general surgeons successfully delivered the large multi-centred randomised controlled ROSSINI trial, investigating the impact of wound edge protection devices on surgical site infection after laparotomy [4]. This was entirely delivered through a trainee collaborative model and was published in 2013 in the BMJ. All of this and more is achievable within our specialty and likely made more feasible by our manageable size and famed individual affability.

Yet there are well-recognised barriers to effective trainee research collaboration. Collaborative groups are laborious to create and require constant nurturing to maintain. Many ventures promise great things at inception but quickly dwindle before the first project comes to fruition. These initiatives, although trainee-led and delivered, need support and encouragement from senior clinicians who are able to offer advice and guidance when

facing inevitable challenges inherent to any research. Furthermore, they can support recognition of the value of trainee involvement at times of summative assessment. To ensure successful adoption by trainees, appropriate recognition for any involvement in a project is imperative. While it is unreasonable to expect full authorship for minimal involvement, individuals are entitled to receive full credit for their endeavours. Formalising this process has proved problematic historically, however, as collaborative research has become more commonplace, so too have established precedents for this issue.

Currently, a number of regional ENT collaboratives are well established and have achieved relative success. Most

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notable perhaps are the endeavours of the West Midlands, North Thames and South West Deaneries but certainly work is well underway elsewhere. Despite these initial tentative first steps, perhaps even those involved would admit that we have yet to deliver high-level research in a coordinated fashion and certainly not on a national scale.

Following this initial work a number of individuals from the various regional collaboratives, members of the Association of Otolaryngologists in Training Council and key personalities from the ENT academic community began exploring ways to build a national network of trainee research in the specialty. Efforts were made to identify all pre-existing collaboratives whilst simultaneously engaging with the Specialist Advisory Committee to discover ways in which collaborating in higher-level research could be better acknowledged in annual appraisal. An outline constitution was developed for a national network working group and open competitive application process was devised. Professor Anne Schilder (NIHR Research Professor Director) and Mr Anirvan Banerjee (ENT-UK council member) selected the six individuals to form the working group and from this, INTEGRATE (The National ENT Trainee Research Network) was formed. The founding members are Paul Nankivell (Chair – West Mids), Richard Williams (Secretary – Military / South West), Neil Sharma (Applications Officer – West Mids), Matthew Ellis (Data Officer – Northern), Matthew Smith (Collaborator Engagement Officer – Eastern) and John Hardman (Treasurer – North Thames).

The stated aims of INTEGRATE are to select, develop and promote an annual, trainee-led, collaborative research or audit project whilst supporting the creation and maintenance of regional trainee research and audit collaboratives. The annual project seeks to produce a tangible, sustainable output for collaborative research within our specialty. Applications will open for the first INTEGRATE sponsored project in October 2016. All trainees, as well as the wider specialty, will be encouraged to submit research and audit proposals to a selection panel that will be held in April 2017. In advance of the

selection panel, a project development event has been planned to help nurture the ideas of applicants. This is also open to interested others for their general education.

The annual selected project will be developed and promoted by the working group in collaboration with the project's originators with data collection commencing October 2017, in line with specialty registrar change over. Authorship rights will be maintained by the project's originators although the INTEGRATE initiative will also be duly credited. All collaborators meeting the minimum data collection requirement will be listed by name, in line with similar published collaborative research projects. The key benefits to selected projects' originators will be the ability to exploit the established INTEGRATE network of collaborators and the opportunity to utilise the bespoke data collection platform designed exclusively for the initiative and hosted securely by the ENT-UK web platform. Collaborators will have the opportunity to become involved in high-level research and audit projects potentially outside of their usual sphere of exposure. In time such collaboration may serve in lieu of stipulated deanery requirements for peer-reviewed publication.

It is hoped that the INTEGRATE initiative will provide a sustainable platform for high-impact, trainee-led, collaborative research, with the ambition of providing tangible benefit to trainees, the specialty and ultimately our patients. However, to succeed it will require the widespread support of all these groups.

References

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Declaration of competing interests
None declared.

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