

The Clinical Research Network:

get involved and expand your portfolio

WHAT IS IT?

One of the biggest barriers to embarking on clinical research is the prospect of obtaining the data needed to answer your question. The Clinical Research Network (CRN) is a national network divided into regions and clusters¹ that helps overcome these barriers.

The infrastructure, IT systems, and coding of UK general practice provides a wealth of opportunity for obtaining valuable research information. GPs can be involved in research as the primary investigator; allowing their consultation data to be used in a national database; or actively collecting data and recruiting patients from their practice via the CRN.

The CRN is part of the National Institute for Health Research (NIHR), and anyone on an NIHR-funded post has access to the network. Full details of NIHR posts are available on its website, including Academic Clinical Fellowships during GP training, doctoral posts, and professorships.² Funding buys out the clinician's salary for research. In-Practice Fellowships may be of most interest to qualified GPs with little previous formal academic training.³ This competitive fellowship buys out 50% of your clinical commitment for up to 2 years, freeing you up to do research, as well as providing access to training, for example, to complete a Master's degree or relevant modules. Some points to consider are:

- current GPs or trainees doing these fellowship programmes, primary care professors, or your local university may provide information and support;
- the NIHR website details funding programmes for formal research training and fellowship options. There are other funders such as the Wellcome Trust, Medical Research Council, and charities;
- if applying for a fellowship look carefully at the guidance notes for applicants and take time over your application;
- many universities run standalone

modules on research methods, statistics, systematic reviews, and qualitative methods — see what is available locally; and

- each region of the CRN has a different model. Contact them early to discuss feasibility of your study design, how they operate, and costs.

HOW TO DO IT

For the jobbing GP who wants to expand their portfolio and get involved with research without undertaking a formal fellowship, the CRN allows this opportunity. There is a wealth of studies, from database searches to extensive trials. Studies can be commercial or non-commercial. Some top tips for getting involved in running CRN studies in practice are:

- contact your local CRN for opportunities to get involved. CRN funding has undergone many changes, so be clear about the remuneration process in your area;
- request additional information about a study of interest before making a commitment. Run a brief practice search to get an idea of how many eligible patients you might have before committing;
- be clear about inclusion/exclusion criteria and any specific staff requirements;
- be clear about whether the practice gets the credit for recruiting patients to a study, for example, if the study is based in a hospital. Successful recruitment is associated with prestige for future studies;
- consider the infrastructure within your practice and how research can be incorporated. Will a clinician have protected time for research purposes and how will this be protected when there are staff shortages? Will this time be for a GP, a nurse, or both? How will you identify new patients with a condition, for example, by running a search or using computer alerts?;
- clinicians need to complete Good Clinical

Practice training, which covers ethical, scientific, and practical standards. This entails a 1-day face-to-face course or an e-learning course. It covers storing research data, gaining consent from patients participating in studies, and regulatory processes;⁴ and

- contact local practices already involved in research — ask which studies they have been involved with and any pitfalls they have experienced.

Our experience of the GP Academic Clinical Fellowship has enabled Claire to complete a Master's in Public Health and conduct and lead research projects on carers for people with dementia and GP workload. It has enabled Margaret to develop a portfolio career that includes one protected research session a week, fund-protected research time for a nurse two sessions a week, and to participate in studies varying from cough to investigating raised ALT levels.

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