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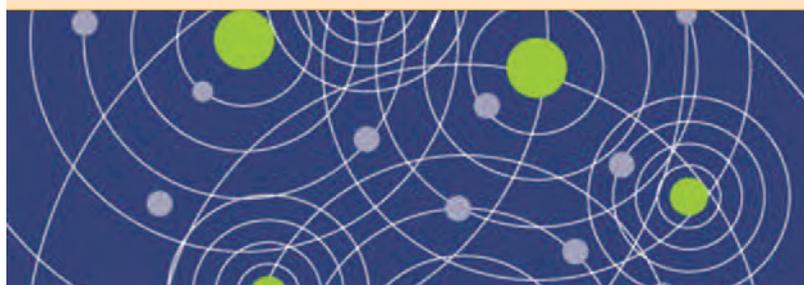
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Collaborative Research Networks: the way forward for clinical neurosciences research?

Summary

- Over the last five years, surgical trainee research collaboratives have been established at a regional and national level throughout the UK.
- The British Neurosurgical Trainee Research Collaborative (www.bntrc.org.uk) was formed as an initiative of the British Neurosurgical Trainees Association in 2012.
- The first UK-wide, prospective, observational study of the BNTRC, which was launched in June 2013, has already become the largest multi-centre study of patients with chronic subdural haematoma worldwide.
- Establishment of such networks in other clinical neuroscience disciplines will facilitate the set-up and delivery of cross-specialty studies in clinical neurosciences.



High quality clinical research is essential for improving patient care and outcomes. A multi-centre approach to clinical research is necessary not only in order to reach the required sample size in a shorter time frame but also in order to increase the external validity of findings. Of course, the latter is associated with a greater impact on 'real-world' practice.

Recent years have seen the emergence of trainee-led research collaboratives in surgical specialties across the United Kingdom. These networks have a number of benefits, both for trainees and clinical research studies. Trainees acquire an excellent grounding in clinical research methodology and skills, while at the same time improving their CV and portfolios. Undertaking trials in close collaboration with trainees can help reach recruitment targets faster and hence may also be cost-effective.¹

Specialties that are located in a number of acute hospitals within each region (both regional hospitals and district general hospitals) have followed a model of regional collaboratives. These regional groups can undertake regional-based studies but also collaborate in the context of national networks. The trainee-led West Midlands Research Collaborative (WMRC; www.wmresearch.org.uk) is an example of a highly successful regional network in general surgery. The WMRC, with the support of experienced senior clinicians and researchers, designed and managed all aspects of the ROSSINI randomised trial from the outset to its conclusion. The ROSSINI trial, that was run by trainees 'from the ground' in the 21 participating sites, is a landmark study as it managed to secure funding from the NIHR Research for Patient Benefit (NIHR RfPB) programme and completed recruitment ahead of schedule.² In addition, the National General Surgical Research Collaborative recently published the Multicentre Appendicectomy Audit, that included 3326 consecutive patients from 95 centres during two months.³

Disciplines that are located in large regional hospitals (such as neurosurgery, cardiothoracic surgery, paediatric surgery etc) have adopted a model of national rather than regional networks. The British Neurosurgical Trainee Research Collaborative (BNTRC; www.bntrc.org.uk) was formed as an initiative of the British Neurosurgical Trainees

Association (BNTA; the representative body for neurosurgical trainees in the UK and Ireland) in 2012. During the BNTA spring general meeting (Aberdeen, April 2012), the proposal for establishing the BNTRC received unanimous support. Three study proposals were submitted during an open call from June to July 2012; this process culminated in a launch meeting that was attended by trainees from 21 different units, as well as by numerous consultants and senior academics at the Royal College of Surgeons of England in October 2012.⁴

The first UK-wide, prospective, observational study of the BNTRC was launched in June 2013: the National Audit of Chronic Subdural Haematoma. Prior to launching the audit, a collaborative process, overseen by the Academic Committee of the Society of British Neurological Surgeons (SBNS), led to the development of the first set of national audit standards for chronic subdural haematoma (CSDH) on the basis of best available evidence.⁵ An electronic data collection module was also developed within the Outcome Registry Intervention and Operation Network (ORION) secure online platform. The vast majority of adult UK neurosurgical units have signed up to the audit, which has already become the largest multi-centre prospective study of patients with CSDH worldwide. Two randomised multi-centre trials and a further prospective cohort study are currently in development. The academic, structural, and logistical support provided by the SBNS, the Royal College of Surgeons of England, and the UK Neurosurgical Research Network (UKNRN) has also played an important role in the early success of the BNTRC.

We recognise that trainee involvement in research is not in itself something new. However, never before have trainees worked together across the UK in delivering high-quality clinical research.⁶ A session focused on national trainee-led collaboratives during the National Research Collaborative Meeting (Friday 6 December 2013, Royal College of Surgeons of England; www.nationalresearch.org.uk) showcased the development of national collaboratives in all surgical specialties and anaesthesia.

Trainee-led research networks are likely to have a more pronounced impact on surgical specialties where research has traditionally taken a back seat in daily clinical practice. However, we believe that the momentum gathered can now be transferred to non-surgical specialties closely allied to their respective surgical counterparts. Therefore, we are very keen to share the experience we have gained so far with neuroscience disciplines - such as Neurology and Stroke medicine - in order to facilitate the development of trainee networks with a view to ultimately rolling out cross-specialty studies in clinical neurosciences. ♦

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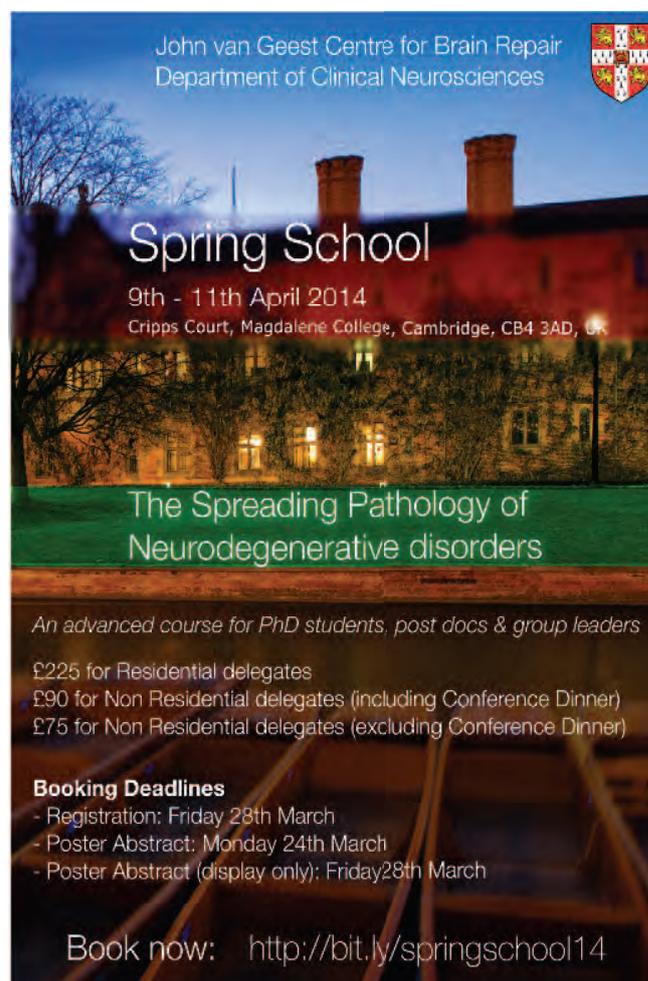
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