OPINION

Out of programme research experience

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It is the end of another busy week in a full time clinical job and a good time to reflect on the last few years doing clinical research. Hopefully looking back has not become disproportionally rose tinted already, but like many trainees I now face the difficulty of trying to perform studies and publish work while doing a full time job. So what was different about a research post and would I recommend it?

Training in academic medicine alongside specialty training is accessible through the National Institute for Health Research (NIHR) integrated academic training programme. Before starting my 3.5-year period of out of programme research (OOPR) I had already performed pilot studies during an Academic Clinical Fellowship (part of the NIHR program) which had included a 6-month block of research early in my registrar training. This was clearly a massive benefit to my research as I already knew the team I would be working with, and was able to focus on my work from day one. I had already experienced the frustrations of completing ethics forms, research governance paperwork and funding applications before getting my teeth into my OOPR. The downside was that much of this had been done in my own time; sadly, there seem to be no short cuts in setting up your own research project!

My research focussed on nutritional aspects of paediatric inflammatory bowel disease. Adequate nutrition is a key factor in the restoration and maintenance of normal growth particularly in children with Crohn's disease. I conducted both a cross-sectional study and a longitudinal study from diagnosis throughout the first year of treatment evaluating body composition, energy expenditure and micronutrient concentrations. This involved the recruitment and study of over 150 children. The bulk of each study visit was spent conducting physiological

measurements with a small amount of sample preparation work in the laboratory. This balance suited me as I prefer working with patients to working at the lab bench.

It was a luxury to be based in one centre for several years. I conducted clinical research and was able to learn lots about how clinical services actually run and how to try and make small changes to improve them. For the first time I got to meet the same patients and follow them from diagnosis through the highs and lows of inflammatory bowel disease treatment. The insights gained from studying children and their families over this time have been invaluable to how I practice clinical medicine in my current post. Most of all I got time to think: my experience of a busy clinical job is that you spend 90% of your time dealing with the next immediate problem that occurs (new admissions, clinics, endoscopy lists, phone advice to district hospitals, the list is endless) and hardly any time reflecting and developing ways to do things better. In my research post I still had clinical commitments and studies to perform, but on my timetable, plus I had time to read, reflect and write. Research challenged me to improve my communication and leadership skills in many ways from organising meetings to influencing service changes. My critical thinking has improved; I no longer simply read a published guideline or a consultant management plan and simply try and digest it. I try and understand it and analyse the evidence for myself. In addition to this I have travelled to conferences in places I would not normally have visited, and shared experience of managing difficult cases with people working in different countries. I have taken part in national committees advising on paediatric gastroenterology research and have published a mixture of research articles, review papers and book chapters.

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What about the downsides? There is no doubt that setting up and carrying out research is a frustrating process. The best laid plans, months in their conception, can be decimated in seconds for all sorts of reasons. No one other than you will make your studies work and this responsibility can be tough particularly when things are not going well. Research requires a lot of hard work but I think most trainees are used to working at home in their evenings and weekends so with sufficient determination anyone can do it.

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What would I recommend?

- ▶ Try and do research with people you know, preferably that you have worked with before, who have a track record of successful supervision of trainees.
- ▶ Ensure funding is in place before you start, preferably for the duration of your out of programme research (OOPR).
- ▶ Maintain clinical skills even during non-clinical research; many trainees find adjusting to busy on-calls very difficult if they have had 3 years out.
- ▶ Ensure OOPR is prospectively approved for training by General Medical Council (GMC) royal college and deanery.
- ▶ Give it a try, you do not have to want to be an academic to benefit from research.