

## Transcript for Podcast 1: How to get involved in research

### Chapter 1: Why research?

*Tony Smith, podcast host*

Hello and welcome to our podcast series for rheumatology pharmacists. In this first episode, we discover how to get involved in research. This first of three chapters covers the question, why research. I'm Tony Smith and I'm here today with Lewis Sutherland, a senior clinical pharmacist. So, Lewis, why do you think pharmacists should get involved in research?

*Lewis Sutherland, Senior Clinical Pharmacist*

That's a fantastic question, and I think a good place to start is to actually touch on essentially what research actually is. And I'm talking from personal experience where I came into rheumatology with a very limited research background, apart from what we did at university. There's often a perception that research is all clinical trials and all statistics and all above what the normal person would do.

But I guess research essentially is answering a question.

So, if you've ever wondered what happens if we do this, what happens if we do that, that itself is a reason to get involved in research and to take things forward.

*1:07 Tony*

That's a great way of putting it. And how can you find those research questions to start with?

*Lewis*

The most important thing is that research is always starting with a problem or an unanswered question, and it could be someone coming in saying we do things this way, technology has advanced in this regard, and this much in the past five years.

Why don't we look at it doing like this?

*1:40 Tony*

I'm sure that makes it meaningful for you, too. So, how does research help your patients?

**This material is intended for UK and Ireland healthcare professionals. It has been developed as part of an educational programme fully funded and organised by Galapagos Biotech UK Ltd in partnership with a steering committee of specialist rheumatology pharmacists from the across the UK, for which the steering committee have received honoraria.**

*Lewis*

So, one of the ways it can help is that it can be simply a case of this is a patient where they've run out of treatment options and there's a new trial, which will offer them something. That's one of the rare ways that will help someone. But with there being very few placebo-controlled trials these days, there's a high likelihood, they will receive some definite treatments. Particularly in rheumatology, a lot of the clinical trials that are ongoing are for therapies that will become part of NICE pathways in three, four, or five years' time.

*2:22 Tony*

I can hear your passion for what you do.

But why does the benefit of improving public health drive you?

*Lewis*

So, a public health in general is something I used to be a lot more heavily involved in, but still, it is very important to rheumatology. So, we're looking at public health essentially, as this is how we improve the overall health of the population.

In conditions such as rheumatoid arthritis, it's very rare that a patient's disease severity will be completely guided by their immunological response. There will be certain things such as environmental, mental health and socioeconomic factors that will impact how well they respond to different treatments. And that's why I think it's very important to always touch on the other facets and the holistic approach to the patients' care to make sure they respond best to the treatments available.

It's very easy to come across the idea of a pill for every ill, but despite being a pharmacist, I'm not really of the mindset that that's always the right answer.

*3:28 Tony*

You mentioned the benefits for patients, but what are the personal career rewards for you?

*Lewis*

I personally find it very fulfilling being involved in research. I think if you're looking longer term, research is a core foundation, a core pillar of advanced practice frameworks. Be that the advanced clinical practitioner framework or be it consultant pharmacist framework.

At some point, if you want to progress as far as you can realistically go in your career, you have to embrace research in that way too. Almost tick a box.

*4:03 Tony*

And does it help you feel more confident in your role as a pharmacist?

*Lewis*

I think in my particular role, which is quite quality improvement and service development heavy, it definitely does.

*4:15 Tony*

I would also assume there are some networking benefits.

So, what are those?

*Lewis*

One of the big ways you can use research to network is through attendance at different conferences and things such as the British Society for Rheumatology or EULAR. These conferences are incredibly well attended by clinicians of different backgrounds involved in the specialist field. They're all there because they're incredibly interested, and they want to learn. They want to share what other people are doing, want to share best practice and learn and bring things back for their team.

*4:49 Tony*

Thanks Lewis, so now we're going to talk a little bit about research roles and organisations. Thinking about research roles and organisations, what do the GCP and GMP stand for, and what role do they play in research?

*Lewis*

GCP is about good clinical practice, and GMP is good manufacturing practice. So, I guess GCP I'll just abbreviate and GMP for the rest of the conversation, is essentially an international set of ethical, scientific and practical standards, which govern how clinical trials are set up and run, underpinned by the Declaration of Helsinki.

And one of the benefits of that is that if you get involved in a trial, which has come through GCP, it is transferable across many different countries and worth of recognition and very applicable across different areas.

GMP is very important because that governs how different medicinal products are produced and that the correct manufacturing standards are adhered to.

*5:51 Tony*

So, they are really important when it comes to the ethical and scientific quality of clinical trials.

*Lewis*

They're how we know we can trust the trials and trust that they are safe or as safe as they can be for our patients. And that they are being done without undue bias, so we can trust the results as well.

*6:12 Tony*

OK, and what does the GCP regulate and how is it involved in study, design, methodology and data reporting?

*Lewis*

It really regulates what you can do in the broadest sense possible and which patients you can look to recruit. It will be involved in things such as who's actually eligible to host the study and who's able to deliver the research.

*6:42 Tony*

And from your experience as a pharmacist, you got a huge amount of experience.

How well do pharmacists need to know these to be able to conduct research?

*Lewis*

It really depends on what type of research you want to do, but if you're doing local level research and auditing quality improvement, it's not really that much of a priority.

It really comes in when you're getting involved in proper academic and commercial studies, such as clinical trials and those run by the NIHR, which we'll touch later on.

*7:15 Tony*

And in terms of supporting pharmacists like yourself and research, what role does the NIHR clinical research network play?

*Lewis*

So, NIHR are obviously the body who get involved in supporting and progressing and in some cases funding research and have many educational resources that anyone can sign up to, log onto and make use of.

*7:39 Tony*

And in terms of practical support, what do they offer?

*Lewis*

They have various courses, for example the principal investigator essentials course and associate PI scheme.

*7:51 Tony*

That's really interesting. What's a principal investigator or PI?

And what's their role in research?

*Lewis*

So long and short, the principal investigator is involved in clinical trials, and they will have the overall responsibility at a particular site, so that might be a particular hospital, or it could be a GP practice for example. They are delivering research on behalf of the sponsor or the chief

investigator, depending on the mechanics of it, to ensure that everything is followed as per GCP and as per the study protocol at that site.

*8:28 Tony*

OK, and do you have to be a PI to get involved in research?

*Lewis*

No, not at all.

Generally speaking, for most rheumatology pharmacists. Because most rheumatology, or most Trusts of the rheumatology department will undertake at least some level of clinical trials. They will be the responsible pharmacists of the study.

*8:48 Tony*

And in terms of finding research roles, how and who should you approach?

*Lewis*

You get in touch with your local research and development department, or if you don't have one yourself, the local Trust will usually quite happy for you to contact them. And you'll also be able to contact your local NIHR clinical research network.

*9:06 Tony*

And Lewis, in all of your experience who have you asked before?

*Lewis*

I personally started out, how I actually got involved in really getting the research buzz, was an event that was put on. It was very nicely titled Pizza and publications. It was an after-work event.

*9:22 Tony*

OK, great and what organisations do you recommend looking to?

*Lewis*

It's just the aforementioned ones, I would say. Your local R&D or research and development department, I should say are obviously fantastic. Most rheumatology teams will have at least one clinician, one consultant, usually within that team, who is the usual person whose name is booted down for clinical trials at that site. And just get in touch with them and ask, can I shadow some site visits? Can you show me what you actually did to, to get involved and reach out your clinical research network about getting involved in delivery of research or potentially associate PI scheme and your line manager and things to discuss what are the options we could look at.

And they might not know themselves, but they'll know people within the organization that can help you.

*10:10 Tony*

Thank you for listening in. There's lots more to come. And in the next chapter, we cover the different types of research.

**Abbreviations:**

EULAR, The European Alliance of Associations for Rheumatology; GCP, good clinical practice; GMP, good manufacturing practice; NICE, The National Institute for Health and Care Excellence; NIHR, National Institute for Health and Care Research; PI, principal investigator