# Developing and sustaining a research-positive culture in the Gloucester Renal Unit



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# Background

Offering patients the opportunity to participate in clinical trials is a priority in both the NHS 10 Year Plan and GHNHSFT Strategy document. We describe our unit's journey from having minimal clinical research activity to a thriving multidisciplinary research culture.



# **1. False Start**

R+D approach a research-naïve department with opportunities to participate in clinical trials. Accepted as site for PIVOTAL; nephrologist, dialysis nurse, pharmacist lead. Setup takes 20 months, recruit 7 patients against target of 25.

# 3. Expansion

Steady growth in trials and patients recruited. Projects cross over with other disciplines; three nephrologists, one radiologist, one dietitian as PIs.

# 5. Future

Developing permanent staff and trainees as future researchers and research leaders. Collaboration with Biophotonics group and UK Renal Trials Network in developing and steering novel research proposals. Using our experience to support and grow a research culture in other specialities.

# 2. Restart

R+D approach us with more trials and support from the generic R+D team. Two consultants act as Principal Investigator (PI). CareKnowDo, STOPACEi, RADAR recruit to expected numbers on time.

# 4. Consolidation

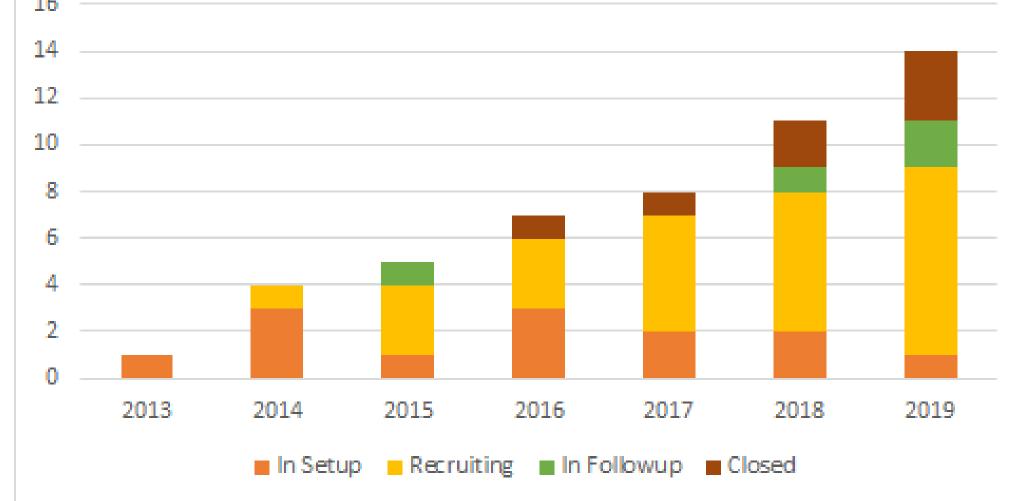
Existing trials prioritised, recruitment targets adjusted (up or down) where needed. Regular meeting to identify new projects, troubleshoot, celebrate success. New trials taken on according to local skill and patient mix, importance of clinical question, overlap with existing trials. All new doctors offered research training. Staff aware of trials and pathway for patient participation even if not research trained themselves.

# Conclusion

### Trials By Year

# With engaged, trained, and enthusiastic staff, and support from an excellent R+D department, units can develop and sustain a successful research culture

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