

A research taster at CEBD; discovering flavours of evidence-based dermatology



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I am a junior doctor doing Core Medical Training at the East of England Deanery. My long-term ambition is to become a dermatology consultant. Being at a relatively early stage of my medical career, I was one of the lucky winners of the Joint NIHR/BAD Research Taster Bursary 2010/2011. The Bursary allowed me to learn about the UK Dermatology Clinical Trials Network (UK DCTN^{1,2}) and to visit key events run by the Centre of Evidence Based Dermatology (CEBD, Nottingham), which has an international reputation for skin research and evidence based practice. I used to think of “research” as basic laboratory or translational “bench-to-bedside” research. I discovered that the UK DCTN represents a unique research niche delivering the much-needed evidence for UK-wide dermatological clinical practice through high-quality, independent, multicentre, randomised controlled clinical trials for the treatment and prevention of skin disease. Any member of the UK DCTN is empowered to have an impact on the research activities at CEBD, whether that be proposing an idea for a trial, or through recruiting patients into trials. The UK DCTN Steering Committee meets three times a year, mainly to evaluate trial proposals being developed through the UK DCTN. During one such meeting, I learnt that the Committee is responsible for advising the Executive Committee on the suitability of trials

for inclusion in the UK DCTN portfolio. I was impressed to learn that their clinical trials are not funded by the pharmaceutical companies. I found out that in research, it can sometimes take years for a research idea to translate into a fundable proposal, more years to develop new guidelines, and yet more years before such guidelines are universally implemented in clinical practice. I enjoyed some thought-provoking discussions based around the PATCH³ study, which sparked a debate on whether or not all practising dermatologists should decide before the end of any study that they would definitely and speedily implement recommendations into their clinical practice in case of positive results. My most memorable visit was at the CEBD Patient Panel Training Event (PPTE) in the beautiful setting of Attenborough Nature Reserve. I discovered that to design and run a clinical trial, the authors must consult the consumer (patients) at every step of the process. This ensures that research is transparent and easy-to-understand for a layman, and is relevant to the daily lives of patients with chronic skin conditions. This two-way interaction between researchers and consumers empowers patients and allows clinicians to receive valuable feedback. As a medical student, I always enjoyed meeting “professional patients”, because hearing about patients’ experiences first-hand added an extra dimension to my learning. Talking to the patient representatives at the PPTE reminded me once again how important it is to take into account the views of those we treat. It sounds simple, yet many of us doctors forget it too often in our hectic clinics and on busy ward rounds. During my visits to the CEBD, I had a chance to meet recent and current dermatology registrars who had been awarded the UK DCTN SpR Fellowship. I discovered that they had gained a great deal professionally from their experiences at the CEBD. Those stories were inspiring for me, and I will certainly apply for a UK DCTN SpR Fellowship in due course! I was delighted to meet Professor Pascal Joly who was in the

UK as a part of his Steifel lecture tour and talked about “Evidence based management of bullous pemphigoid and pemphigus” at the CEBD. The lesson I learnt from my visits was that the CEBD is full of enthusiastic and friendly people who genuinely care about what they do and truly believe in improving the lives of patients with skin conditions through high-quality research. I would like to thank everyone at the CEBD for making me feel welcome, with a special thanks to Kim Thomas and Carron Layfield for designing a comprehensive and stimulating programme for my visits. I also thank Professor Hywel Williams for his tremendous support, enthusiasm and for being an amazing source of inspiration for me. I will particularly cherish his words when closing one of the meetings: “You’ve got to have a long-term vision, determination, and eventually things will fall into place”.

Evguenia Galinskaya

References:

1. UK Dermatology Clinical Trials Network. <http://www.ukdctn.org/home/> (accessed 6 May 2012)
2. Layfield C, Clarke T, Thomas K, Williams HC. *Clinical Investigation* 2011; 1(7):943-9. Developing a network in a neglected area of clinical research the UK Dermatology Clinical Trials Network.
3. UK Dermatology Clinical Trials Network. Completed Trials. <http://www.ukdctn.org/completed/> (accessed 6 May 2012)

Two prestigious awards are offered by the National Institute for Health Research Senior Investigators and the British Association of Dermatologists (NIHR/BAD), to promote interest in developing careers in UK dermatology research:

Research Taster Bursary (£500x6) is for those at a relatively early stage of their career. It will facilitate visits to a research department in the UK or Europe to get a taste of research and to initiate research collaborations.

Travel Bursary (£500x6) is for those researchers who wish to present their work at a scientific meeting such as the BSID or ESDR.