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Welcome to the inaugural INTEGRATE Bulletin. With updates on INTEGRATE studies, regional collaborative projects and interviews with leaders in our field, we hope this will become a useful resource for ENT trainees looking to become involved in research and audit projects.

We are always delighted to hear from you, so please do get in touch if you'd like to contribute any information or an article.

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Editors

Maha Khan, ST5, Health Education North West Deanery



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Mr. Matthew Smith Integrate Chair

ST7, Trainee in Otolaryngology
East of England Deanery



INTEGRATE formed in 2015 with the aims of developing and promoting national, trainee-led, collaborative ENT research or audit projects. Our first national project, the epistaxis audit, involved 113 sites and 1826 cases. When combined with the INTEGRATE-led British Rhinological Society consensus recommendations on epistaxis management, this laid the foundations for a further programme of trainee-delivered studies and service-improvements. These are currently in development and should provide opportunities for trainees to participate at all levels, from contributing to a systematic review to taking on the role of associate principle investigator.

Next came our second national audit, the BAHNO head and neck follow up study, with 89 UK sites submitting data on 5123 cases. This huge data set has been analysed and the interesting results will be published in coming months.

INTEGRATE has grown up, now incorporating three subcommittees (Head and Neck, Otology and Rhinology), with 18 committee and subcommittee members, and numerous project collaborators. With generous funding from ENTUK and the Royal College of Surgeons of England, INTEGRATE has become the first trainee collaborative group to fund a full-time trainee research Fellow. Congratulations go to John Hardman (North Thames) who has been appointed INTEGRATE Fellow, taking up the post in October 2018. The fellow will enhance INTEGRATE's ability to deliver its ambitious programme of UK-wide research and audit projects, while also allowing John to pursue a higher degree in collaborative research. The three subcommittees are independently developing ambitious projects that aim to ensure a steady stream of varied opportunities are available to ENT trainees who want to participate in worthwhile, high-quality audit and research.

We also hope to adopt research or audit projects into a portfolio of supported projects, if they offer opportunity for significant trainee involvement. These projects will remain externally run and funded. If you have a project you think may benefit from more widespread trainee involvement, please get in touch.

INTEGRATE aims to involve trainees in audit and research projects from design to dissemination, and we run an annual Research Competencies and critical Appraisal course, amongst other training opportunities such as the 2019 Qualitative Research Methods Course.

If you want to expand your skills, or simply meet your CCT requirements, you will find a list of useful contacts at the end of this newsletter.

Rhinology Update

Three papers have now been published from the Epistaxis audit data, and all those collecting data and working on the project are authors on all three. The papers are listed at the end of this bulletin, and more is yet to come!

The new Rhinology subcommittee kicked off to a flying start, preparing a submission for the November 2018 NIHR RfPB grant to support a feasibility study based on the EXPRESS Trial, a randomised controlled trial to assess short duration of packing versus 24hrs packing for epistaxis. The protocol and concept had been in development by INTEGRATE following on from the epistaxis audit. The team worked hard to perfect the protocol, commence patient feedback and learnt much about the NIHR RfPB grant, which prefers to fund pre-trial feasibility or pilot studies.

We decided to investigate: 1) feasibility of randomisation and intervention for clinicians. 2) whether it was possible to recruit sufficient patients within pack removal windows (8am to 8pm). 3) Acceptability of design for patients by performing a dedicated qualitative PPI study. Meetings with the NIHR Research Design service and Birmingham clinical trials unit were productive but ultimately we moved on to seek funding for a different project, implementing a change in Epistaxis management across multiple NHS sites.

The limitations of the work and lessons learnt were:

1. There is a need to prove economic savings –enlisting a health economist can be expensive;
2. As it was a non-inferiority trial with small non-inferiority margin, large numbers were required, even up to 700 participants.
3. The trial could only recruit during a limited time window (8am-5/6pm) as packs couldn't be reliable and safely removed outside these hours, which in turn would have relied heavily on junior grades.

Ongoing work which we look forward to updating you on in future INTEGRATE Bulletins:

1. Pack duration paper based on epistaxis audit data.
2. A proposition to work on a new epistaxis NIHR project
3. Currently working on a future trial of haemostatic agents such as floseal vs packing and assessing literature re these agents.

Ms. Anna Slovick
ST6, North Thames
Rhinology Chair



Head and Neck Update

The aim of the Head & Neck sub-committee is to enhance the existing INTEGRATE portfolio in Head & Neck Surgery, Oncology and Endocrine Surgery through a number of diverse projects that will involve audit, original research, and evidence synthesis. At present, the Head & Neck sub-committee is preparing the BAHNO national audit paper and a number of linked systematic reviews to accompany this for publication in early 2019.

At the same time, we are in the process of designing a nationwide qualitative research project to study the perceptions and priorities of head and neck cancer patients as well as those of stakeholders including clinicians and allied healthcare professionals forming part of the Head & Neck Cancer Multidisciplinary Team. With Patient and Public Involvement (PPI) constituting an increasingly important aspect of modern healthcare research, this presents a unique opportunity for ENT trainees across the UK to be involved in PPI and innovative research aimed to determine future priorities for the NHS and inform policy makers regarding head and neck cancer services in the UK.

INTEGRATE recognises that not all ENT trainees will have prior experience in qualitative research and to address this it will be setting up its own course to train those that will actively contribute and form part of this ambitious project.

Finally, we are always open to new ideas on national, trainee-led audit or research collaborative projects where the expertise and national networks of INTEGRATE can facilitate the design and management of studies, data collection and analysis, and dissemination of findings to maximise impact.

To discuss ideas specifically related to Head & Neck Surgical Oncology and/or Endocrine Surgery, please contact me.

Mr. George Garas
ST7, East Midlands
Head and Neck Chair



Otology Update

INTEGRATE has had considerable success with its national audits and systematic reviews and 2019 will see a further diversification of our research interests.

The otology sub-committee will oversee an ambitious project creating a consensus definition and a core outcome set for otitis externa. This project requires systematic review, qualitative interviews with patients and a Delphi process amongst key stakeholders. The output of this project will inform future projects planned by this sub-committee within the sphere of otitis externa.

If any budding otologists would like to help in this project or have another project that they want INTEGRATE help with, please contact me.

Mr. Nish Mehta
ST8, North Thames
Otology Chair



The INTEGRATE Fellow's Update

Joint RCS Eng/ENT UK/Oracle Cancer Trust INTEGRATE Research Fellow Post timeline:

- **Interviewed and appointed 14th September 2018.**
- **Post started 3rd October 2018.**
- **Post funded for 2 years.**
- This post is part funded by ENTUK, part by the RCS Eng and part by Oracle Cancer Trust.

The INTEGRATE fellow was appointed to "be responsible for coordinating and advancing the portfolio of multi-site projects". This has principally involved facilitating the three INTEGRATE subcommittees: H&N, Rhinology and Otology. As you can see from their reports, we are making great progress on a number of fronts and the expansion of INTEGRATE from 6 to 18 core members has significantly helped this productively.

Meeting face to face as well as teleconferencing over Skype has been invaluable in ensuring we work effectively together as a team with members from across the UK. In my role, I have spoken at the ENT National Audit day about delivering effective large-scale snapshot audits and at the PanThames and KSS training day to promote the trainee-led collaborative ethos.

Alongside our Treasurer and Events Rep, Oliver McLaren, we have delivered the 3rd INTEGRATE Research Competencies and Development Course, hosted over 2 days in Birmingham to get ENT trainees 'research ready' for CCT.

This involved GCP training from the NIHR CRN West Midlands, Critical Appraisal Training from a local librarian and Systematic review training from the Cochrane ENT group. It is great to catch up with trainees from across the country and hear their opinions about the future of research in ENT. We hope to put on further training courses for Qualitative Research Methodology and a Statistics course to help ENT trainees from across the country continue to contribute valuable work to the literature.

Alongside INTEGRATE I am pursuing an MD in robotic surgery with Prof Paleri at the Royal Marsden Hospital in London. This will be looking prospectively at the efficacy of step serial sectioning for tongue base mucosectomy specimens, and at outcomes from robotic surgery for recurrent head and neck cancer from centres across the world. The degree is registered at the Institute for Cancer Research as part of the University of London.

There seems to be widespread buy-in for the INTEGRATE concept from our colleagues. We have an enthusiastic group of trainees involved with a number of very promising projects in development. The future looks very bright for the trainee-led collaborative research and audit.

Mr. John Hardman
ST5, North Thames
Integrate Fellow



Regional Research Updates



Mr. Richard Siau – North West & Mersey

ST5



Since the combination of the North West and Mersey training sectors, trainee collaborative research in our region has developed further as our collaboratives may operate independently, or together as part of NORTH - the North West Otolaryngology Research Trainee Hub. We have designed an electronic database to be used for real-time data collection which can be accessed by patients and clinicians, are developing a prospective study looking at outcomes in Eustachian tube dysfunction, a pharyngeal pouch stapling quality improvement project and a management of tinnitus study are also planned to begin over the coming months. We are very well supported by our NIHR CRNs in all sectors, our trainees work closely with INTEGRATE in the main and sub-committees which in turn helps our regional collaborative work, and we have trainees engaging in out of programme research. We are always keen to form links with other collaboratives and work together on either the above or other suggested projects. Please do contact Maha Khan maha.khan@doctors.org.uk or Tom Hampton Thomas.Hampton@nhs.net, our collaborative leads, for further information.



Ms. Pooja Bijoor - Yorkshire

ST6

We have set up a regional Trainee Research and Innovation Network in Yorkshire (TRAIN Yorkshire), to provide a platform for trainees to share ideas, utilise a varied skill mix, and develop and conduct trainee-led multi-centre audit and research projects.

The collaborative consists of supervising consultants, a collaborative committee and subgroups for each active research topic or idea. We aim to have at least three meetings a year, along with communication through our website and online forum (<https://www.trainyorkshireent.com>), as well as via email (TRAINyorkshire@googlegroup.com), for trainees to engage, discuss ideas and participate. We plan to expand this to having periodic case discussions, viva sessions, and journal reviews.



Mr. Ben Cosway - Northern

ST5



The recent re-emergence of trainee led collaborative research by INTEGRATE has re-invigorated our own regional collaborative in the North East.

We have always had a strong academic focus in the North. Whilst we may only have 20 registrars, half of us have either been in a recognised academic post and/or have either completed or are undertaking full time academic research in the pursuit of a higher degree. This gives us a wealth of talent from which to develop our collaborative interests.

With previous work concentrating on the management of complications of acute sinusitis coming to conclusion, our latest aim is to improve day case rates for our most common surgical procedures in ENT. With less than 60% of the nearly 50,000 tonsillectomies performed in 2016-2017 undertaken as a day case, we aim to develop a model for day case tonsillectomy that will not only substantially improve day case rates in local units, but deliver significant cost improvements when implemented nationwide. This project, launching in February, aims to deliver its results in Summer 2019....so watch this space!

5 Questions Interview



Mr. Mat Daniel
ENT Consultant
Queen's Medical Centre
Nottingham

1. What are your thoughts on trainee research?

I'm excited to see trainees do research. They have new, different ideas than established consultants and researchers, and also face different issues and different patients. Trainees have delivered some outstanding research in the past and continue to do so. I think it's important that trainees aim high and focus on high quality research. Sadly, this is not always the case. The training system that we work in largely demands and rewards quick projects that lead to a paper, and the number of publications not quality counts; RCT paper would give you the same number of points as a case report in a pay-to-publish journal. Not all trainees want to do research, yet many are forced into doing it because that is what is needed to progress their career. The end result is that some trainees do research to progress and tick a box, and a published paper at all costs is the desired outcome. I don't blame those trainees for doing so, it's just a sad reflection of a system that doesn't have quality at it's heart. So, I'm glad to see trainees doing high quality research that will revolutionise patient care, but I wish that (for some) there was less of an emphasis on box ticking and more on the research process and quality.

2. What role does the NHS Consultant play in trainee research?

Many NHS consultants have the same research training and qualifications as academics, they just chose a full time clinical rather than academic job. There are also not that many ENT academics. Most trainees will have access to an NHS consultant with a PhD, yet many will not have access to a university employed academic.

I think NHS consultants probably have a more realistic appreciation of what trainees can achieve, because they too have a full time job and combine this with research. The danger here is that quality may be forgotten for the sake of "easy" research. Easy projects may well be great, we just need to make sure that we do high quality work and not cut corners where it is inappropriate.

The advantage that academics have is probably funding, labs, staff and links. However, they may be focused on their own academic targets in a way that NHS consultants won't be, or may simply not be interested in spending time on a small trainee project.

Actually, I think what matters the most is the consultant, rather than what their job role is. Trainees need to make sure that they are supported by someone with rigorous scientific training, and their job title probably matters less. Trainees also need to make sure they work with someone who is interested and helpful, and takes time to help.

Most NHS consultants with research training would probably be delighted to help trainees with high quality projects. If I think for myself, I have lots of people approach me to say that they need to publish a paper and get a presentation in the next few months. Sadly, this is very difficult to deliver; there are some great ideas that can deliver quickly, but most take a lot of hard work! I also do "hard work" projects without a trainee, because I simply cannot find anyone who wants to work hard on a project. Or perhaps they just don't want to work with me, or don't like the kind of research.

3. What opportunities exist for trainees to develop their research skills and interests?

There is a world of opportunities out there. There is so much research going on, in ENT and in areas that can collaborate with ENT including microbiology, oncology, medical education etc. INTEGRATE is a great opportunity, because it allow everyone to get involved in high quality project but in a clearly defined role suitable to the individual. I would also suggest talking to local research-active consultants, other trainees doing research, other professionals or university departments.

4. What advice do you have for trainees wanting to become involved in collaborative research?

Do it! It's a great opportunity to work as part of a team, learn, and help improve patient care. INTEGRATE is a fantastic opportunity, with lots of roles and ways to contribute. There are a few things to consider when collaborating. What is expected? Who does what? Who gets the credit? Can you work with those people? Setting out an agreement at the start of the collaboration would be a beneficial thing. Overall, I would say that the benefits of collaborative research to your personal development are likely to be substantial.

5. What advice do you have for a trainee who would like to develop their research skills?

I would suggest that they think about why they are doing it and what they wish to achieve. Hopefully, they will want to do it to better patient care, and develop themselves personally! They need to be realistic about what they are aiming for and what they can achieve. Aim high, start early and work hard. Look at long term projects that will grow with their career. Focus on quality. Set projects up at the start of the career, watch them grow and develop with time.

I suggest they find support from consultants, other trainees, or other local people. However, don't be afraid to look further afield, there are no reasons why they couldn't collaborate with people some distance away. INTEGRATE is a great example of this. The key is finding people that work well together.

Remember, the ultimate aim of research is to make patient care better. So aim high, do a quality piece of work, and change the world!

Epistaxis Publications Update

INTEGRATE as the publishing author has achieved three peer-reviewed papers as a result of the *Epistaxis 2016* audit, a phenomenal accomplishment for participating trainees who are cited as collaborating authors on all three of these papers. The papers include the audit results, British Rhinological Society consensus management recommendations, and a study of 30-day all-cause mortality. The papers are referenced below and collaborating authors may upload these details may be uploaded to the ISCP portfolio.

1. *INTEGRATE (The National ENT Trainee Research Network)* (2016). **Epistaxis 2016: National audit of management.** (2017). *The Journal of Laryngology & Otology*, 131(12), 1131-1141. PMID:29280693
2. *INTEGRATE (The National ENT Trainee Research Network)* (2017). **The British Rhinological Society multidisciplinary consensus recommendations on the hospital management of epistaxis.** *The Journal of Laryngology & Otology*, 131(12), 1142-1156. PMID:29280691
3. *INTEGRATE (The National ENT Trainee Research Network)* (2018). **Epistaxis and mortality.** *The Journal of Laryngology & Otology*, 132(12), 1061-1066. PMID:30457066

Useful Contacts

INTEGRATE Committee	
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