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| Host department: Bristol |
| Project Title: |
| Optimising recruitment of ethnic minority groups in paediatric primary care trials |
| Proposed supervisory team: Names and areas of expertise to be included  Matthew Ridd (GP and Professor of Primary Health Care, University of Bristol.) Pragmatic trials in primary care, qualitative research and systematic reviews.  Sangeetha Paramasivan (Senior Research Fellow, University of Bristol. QRI, qualitative research)  Shoba Dawson (Research Fellow, University of Bristol. Increasing ethnic diversity in research, evidence synthesis and PPIE) |
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| Potential for cross consortium networking and educational opportunities: |
| The supervisors are part of various national and international collaborations which will allow the student with networking and training opportunities. This will include seminars and training provided by the NIHR School for Primary Care Research (SPCR), MRC-NIHR Trials Methodology Research Partnership (TMRP) and Qualitative Research Integrated Within Trials (QuinteT).  The candidate can join the MRC-NIHR TMRP which comprises of a number of networks, institutions and partners working in trials and trials methodology research. This also includes working groups such as Adaptive Designs, Trial Conduct etc. MRC-NIHR TMRP also hosts webinars and workshops on different aspects of trials methodology. At Bristol, we have the QuinteT team of researchers using qualitative approaches to optimise recruitment and informed consent to RCTs. The QuinteT team also collaborate with multiple UK universities. There will be opportunity to network and present findings at both MRC-NIHR TMRP and QuinteT. |
| Project description:  Background: People from ethnic minority (EM) groups experience health inequalities yet are under-served in randomised controlled trials (RCTs), even for conditions that affects them disproportionately (e.g., diabetes, Covid-19). Inclusion of ethnic minorities in RCTs is acknowledged to be instrumental in ensuring trial participants are reflective of the wider population and has been prioritised through guidance issued in the US/UK. Systematic reviews have focused on the US with minimal information on the extent of EM underrepresentation in the UK, particularly within primary care.  The QuinteT Recruitment Intervention (QRI) is a well-established approach that has been applied to around 70 RCTs over two decades, aimed at optimising recruitment and informed consent. It involves two iterative phases i) to understand recruitment challenges (through methods such as staff/patient interviews; audio-recordings of trial discussions) and ii) to collaboratively develop/implement a plan of action to overcome identified challenges. QRI’s flexibility, problem-solving and applied nature, and ability to draw from existing literature while also tailoring strategies to individual RCTs makes it amenable to being applied to optimise EM recruitment.  Aims and objectives: The overarching aim of this PhD is to optimise the recruitment of EM groups in paediatric primary care trials. Key objectives are to investigate:  1) to what extent EM groups are underserved in UK primary care trials, specifically in paediatric trials, including any strategies that have been effective in recruiting EM groups;  2) whether the QuinteT Recruitment Intervention (QRI) is feasible to optimise the EM group recruitment in this context; and  3) to identify methods (informed by 1 and 2 above) that can be integrated within new QRIs focusing on paediatric primary care, as necessary, to optimise EM recruitment  Method(s): The student will employ aspects of the QRI and will be guided by principles of participatory research where researchers and participants work together to enable redressing power imbalances which are inherently present in traditional research approaches. A patient and public involvement (PPI) group comprising people from EM groups will be convened to discuss/provide input into study components as described below.   1. A review to understand the extent to which EM groups are underserved in UK primary care trials, specifically in paediatric trials, including mapping of barriers/enablers to recruit EM groups will be undertaken with findings discussed with PPI members. 2. Above discussions will inform methods to optimise EM recruitment in chosen paediatric primary care RCTs. This will include established QRI methods (e.g., interviews with trial staff, eligible patients who accept/decline participation; audio-recordings/observations of trial discussions) and other novel methods adapted to EM groups (e.g., world café method) 3. Findings from above will be discussed with the PPI and wider EM groups to finalise strategies and recommendations to optimise EM recruitment. In addition, the feasibility of these methods will be assessed so that recommendations can be integrated within ongoing/new QRIs.   Impact  This study is novel as it aims to implement QRI within paediatric primary care trial setting and findings and learnings from this will be transferable to other paediatric settings. This work has the potential to inform how EM recruitment can be optimised in trials and therefore has wider cross-disciplinary implications beyond paediatric primary care. |

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| Training and development provision by host: |
| Formal training: Bespoke according to needs, but suggested courses include:  Population Health Sciences Short-courses at University of Bristol: Introduction to Systematic Reviews and Meta-analysis (4 days); Introduction to Qualitative Research Methods (5 days); Optimising Recruitment to Randomised Controlled Trials (1 day); Qualitative Research to optimise Design and Conduct of Randomised Trials (1 day); Writing a journal article (3 days).  Bristol Doctoral College Short-courses at University of Bristol (Using NVivo for qualitative analysis; Project Management; Effective Writing Practices for PGRs.  University of Bristol “develop” and IT courses (in person, online and blended; small group or self-directed; 1 hour-2 days) according to need, covering: Microsoft applications; personal and professional skills including presentation and communication (presenting with confidence and flair, plain English for research and development); career development; managing people and teams; leadership and management skills; wellbeing. |
| Informal training: The PhD will be carried out within a thriving, multi-disciplinary environment. There are many opportunities to attend and present at seminars, within the Centre for Academic Primary, Population Health Sciences and wider University. As part of their regular supervision, the student will receive career advice, mentoring, and support. The student will be encouraged and supported to submit abstracts to relevant conferences. External mentorship will be offered. |
| **PPIE:** Within the supervisory team, there is considerable expertise in PPIE especially in ensuring inclusive PPIE. The student will be supported to develop their PPIE skills and embed it throughout the PhD. have access to existing PPI groups to draw relevant PPI contributors and set up a PPI group for their study. The student will regularly share their plans and progress with PPI groups, inviting and responding to feedback and working with them collaboratively to disseminate findings as relevant and appropriate. |

**Research costings**

Conference registration and attendance: £2,000 (two-three national/regional meetings).

Open access publications: £9,000 (three papers, each ~£3,000).

Translation and interpretation costs for the study £4,000

PPI costs £3,500

Dissemination in video format £1,500

Total: £20,000