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| Host department: QMUL |
| Project Title: |
| How can we improve inclusion in primary care research for ethnically minoritized people through training and capacity building for academic and community researchers? |
| Proposed supervisory team: |
| Dr Megan Clinch (QMUL) A Social Anthropologist with and interest in Participatory Action Research Methodologies and theories of co-production for Primary Care and Public Health research  Dr Ratna Sohanpal (QMUL) Health Services Researcher with expertise in use of qualitative methods involved in the development and evaluation of complex interventions, using qualitative methods to improve diverse stakeholder participation in research and evidence-based health services offered in routine care.  Professor Stephanie Taylor (QMUL) Professor of Public Health and Primary Care with expertise in complex interventions using applied health services research directed at improving the lives of people living with long term conditions, particularly those living with multiple long-term conditions.  Dr Talia Isaacs (UCL) Associate Professor of Applied Linguistics, UK Council for Graduation Education (UKCGE) Recognised Research Supervisor, and a mixed methodologist with expertise in language and communication-related aspects of health communication. |
| Potential for cross consortium networking and educational opportunities: |
| There are excellent opportunities for collaboration and learning:   * Leading institutions (QMUL, UCL) and departments conducting world leading research including primary care research * NIHR School for Primary Care Research (national links) * Links with Teams (e.g. Trial Forge and Community organisations) involved in improving diversity in research * Outstanding learning opportunities (QMUL, UCL) |
| Project description: |
| We know from evidence that increased ill health and health inequalities exist among people from ethnically minoritised communities. One of the many, and preventable, drivers of these inequalities is the poor representation and inclusion of ethnically minortised people in health research. Such exclusion results in researchers being unable to understand and assess whether treatments or methods of managing symptoms of disease are acceptable and applicable to everyone, and how they are patterned by the lived experience of health and social inequalities.  Recent work examining how minoritised communities could be better included in research demonstrated the importance of training for researchers regarding their understanding of how certain groups are excluded from research and how such exclusion could be tackled. In addition, it was noted that the community facilitators and researchers might also ensure the production of more inclusive and equitable primary care research. These findings are consistent with the priorities of funders such as the NIHR, driving a greater focus on the inclusion of under-served groups, including through promoting their participation in research.  In short, building the capacity and knowledge of academic and community researchers, has the potential to build long-standing and sustainable relationships with communities of interest for better health research and health and develop a stronger research infrastructure to carry out more inclusive research.  Proposed PhD aim: To understand and theorise the drivers of poor inclusion and representation of ethnically minortised groups in primary care research and to develop research capacity, infrastructure, and knowledge to address it.  Methods may include: a systematic review on inclusive research practice and community based research drawing in literature from the global south; a qualitative study using participatory action research methodology, underpinned by theory with academic researchers and community researchers (involving ethnically minoritised groups) to explore for example role and skillset requirements, understanding the barriers and facilitators to carry out inclusive research in primary care. The findings will be used to support development of a set of interventions to achieve more representative and inclusive research in primary care.  The PhD candidate could focus on a particular disease area or underserved population. We would discuss the focus of proposal in more detail with the candidate. |
| Indicative project costs: |
| See FAQs |
| Training and development provision by host: |
| *Formal training:*  The QMUL doctoral college is committed to providing support and training to improve the experience of postgraduate students <https://www.qmul.ac.uk/doctoralcollege/>  Bespoke training courses will be identified specific to the needs of the candidate to develop crucial academic, methodological, and domain-specific skills and deliver the PhD successfully.  Continuing Professional Development will also be identified highlighted in the Vitae Researcher development framework |
| *Informal training:*  The candidate will be encouraged to join various researcher networks across the institutions |
| *PPIE*:  The candidate will be encouraged to make use of Public involvement resources available across the institutions in their PhD and attend relevant training courses to develop the culture of effective collaboration involving public involvement in their research and beyond. |