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A HaemSTAR is born; a trainee-led, UK-wide research network in haematology

There is an associated link between clinical research engagement and improved patient outcomes.[1] Not only does this apply to the subjects of research but also to those patients who are not active participants but are treated at sites where research is conducted.[2] Unfortunately, clinical research activity is not uniformly spread across the country. It is centred around tertiary referral centres and medical schools.[3] Thus, patients treated outside these larger hospitals are not receiving the associated benefits of clinical research. Not only is health research not fairly distributed geographically but activity also differs significantly by specialty. Even within specialties, like haematology, where there is a plethora of clinical research, there is under-representation of non-malignant conditions when compared to trial activity in haematological malignancies.[4]

An additional problem is the bureaucracy involved in clinical research.[5] This reinforces the geographical imbalance because the lack of research infrastructure in smaller hospitals makes it difficult to set up studies.

To address these issues in the long term, it is essential to encourage ubiquitous clinician engagement in research. Therefore, research skills must be embedded into medical training and the bureaucratic process of running clinical research studies needs to be made less burdensome. To achieve this, in 2017 the National Institute for Health Research (NIHR) National Specialty Group in Haematology set up a trainee-led research network called HaemSTAR (Haematology Specialty Trainee Audit and Research; Fig 1).

HaemSTAR has a central committee who prioritise studies to promote. There is a lead trainee and associated consultant mentor in each region. Thus, the regional leads have sources of both national and local support and also have efficient lines of communication with all other trainees in that region. Their role is to rapidly disseminate information and coordinate regional activity and local trainee involvement as is required. In addition, they continually add to a list of frequently encountered issues for each study that is published on the HaemSTAR website (https://HaemSTAR.org). Thus, the whole group can learn from individual experiences and make subsequent study activity at new sites more efficient.

Examples of completed collaborative projects are shown in Table 1. They include mass participation and huge recruitment in our national 'flash-mob' audit and rapid opening and completion of phase III and IV studies in the little-investigated disease area of immune thrombocytopenia. All projects were conducted across teaching and district general hospitals. This has led to national awards for group members and interest from disease specific study groups and the pharmaceutical industry who want to engage in future collaboration. It must be recognised that this model cannot work without incentives, thus HaemSTAR's policy is that people who commit time and effort to projects are given citable collaborator status on any publications that come out of the research.

Fig 1. HaemSTAR logo.

The aim in writing this article is to make this novel and successful trainee-led model more widely known such that other specialties can copy it for the benefit of patients in all specialties across the UK.

Additional information

For further information on HaemSTAR please visit https://HaemSTAR.org or follow @HaemSTAR UK on Twitter. ■

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Table 1. Level of HaemSTAR involvement indicated by number of supported sites and number of patients recruited. The studies included MASCOT (a study assessing morbidity and portal circulation in patients with myeloproliferative neoplasms and splanchnic vein thrombosis), TRAIT (real world effectiveness of thrombopoietin receptor agonists in the management of immune thrombocytopenia (ITP) in the UK), FLIGHT (first line treatment pathways for newly diagnosed ITP) and the flash-mob audit of intravenous immunoglobulin use in ITP.

Study	Type of study	Total number of sites	HaemSTAR supported sites (%)	Total number of patients	HaemSTAR supported patient recruitment (%)
MASCOT (pilot)	Retrospective	6	6 (100%)	31	31 (100%)
FLIGHT	Phase III prospective randomised controlled trial	39	17 (44%)	124	54 (44%)
TRAIT	Phase IV retrospective	15	8 (53%)	268	104 (39%)
Flash-mob audit	Retrospective national audit	39	39 (100%)	978	978 (100%)

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