

## **Divisional Research Contact (DRC) Resource Pack**

This pack has two components. The first provided centrally by the Faculty and the second developed locally by DRCs.

### **Centrally Provided Resources**

These are:

1. List of all DRCs, Faculty National Research Facilitators and Faculty Research Officer with full contact details.
2. Faculty Research Leaflets
3. Faculty Research Competency Framework
4. Advice on sources of research funding
5. Advice on access to research training
6. Faculty's research publications
7. Faculty's research register
8. List of National and Regional Research Organisations which have Faculty Representation
9. List of useful publications to support research
10. Advice on use of Athens system to access journals etc.
11. Other resources/organisations

### **Developed Locally by DCRs**

These are mainly lists of useful local contacts to network with. This pack suggests which organisations and individuals DRCs should obtain contact details for and network with at a local level.

1. Local (regional) primary care research network manager
2. Local research & development support unit (probably linked to no. 1)
3. PCT officers with a responsibility for research
4. Local University contacts with an interest in health related research – not just dental

DRCs should therefore develop lists and then keep up to date for the following:

- 1 Names and contact details of PCT and/or lead PCTs and Trust Research Leads.
- 2 Lists of opportunities for local research methodology training, both NHS funded and at local universities.
- 3 Lists of local universities with Departments of Primary Care research and contact persons.
- 4 Lists and contact details for all the Chairs and Secretaries of local ethics committees in their area.

- 5 Lists of Departments of Bio-statistics and contact details for bio-statisticians in their area.
- 6 Contact details for the PCRN Directorate in their area and of all members of the PCRN.
- 7 Contact details for the local research active members of the Royal; College of General Practitioners, Optometrists (through EYENET), Pharmacists, Practice Nurses, Health Visitors and other leaders of groups involved in primary care research.
- 8 Contact details for the nearest Research Design Service (see section 11 – *Other Resources/Organisations* of this pack for details).

## **Centrally Provided Resources**

### ***1. Contact Details for all DRCs, Faculty National Research Facilitators and the Faculty's Research Officer***

A list containing the relevant names, telephone numbers and e-mail addresses is at Annex 1.

### ***2. Faculty Research Leaflets***

These were originally produced in the 1990's and have subsequently been updated twice.

They have been produced to help people, who wish to develop an interest in research, gain an overall view of different aspects of research and offer brief introductions to the following topics:

- Introduction to Research
- Audit as a Stepping Stone to Research
- Designing a Protocol
- Statistics for Research
- Data Collection
- Testing for Statistical Significance
- Sampling
- Budgeting and Finance
- Ethical Considerations
- Accessing the Literature
- How to Review the Literature
- Introduction to Grantsmanship
- Introduction to Statistics
- Practical Issues in Conducting Research
- Preparing for Publication

- Questionnaires

All these leaflets can be downloaded free of charge as pdf documents from [www.fgdp.org.uk/research](http://www.fgdp.org.uk/research)

DRCs should download a full set for their own use and refer would be researchers to them as appropriate.

### **3. Faculty Research Competency Framework**

This document was published in 2007. It provides a comprehensive list of research competencies relevant to research in Primary Care, together with suggestions as to how these competencies may be achieved. It is unlikely that all the competencies could be achieved by an individual unless they had several years of research experience, and have a doctorate (PhD) or equivalent experience. Currently, very few Faculty members can claim to have acquired all the competencies listed in the Framework. It is hoped that, as time goes by, more members will acquire more competencies and eventually, the majority of DRCs will have acquired the “full set”.

DRCs have been e-mailed a copy of the Faculty Research Competency Framework and should have a hard copy to hand. It can be downloaded from [www.fgdp.org.uk/research/competencies](http://www.fgdp.org.uk/research/competencies)

### **4. Advice on Sources of Research Funding**

There are potentially large numbers of sources of research funding for healthcare related research at international, national and local level. However, it has been difficult to obtain funds for research into topics solely related to Primary Oral Health Care. At present, it may be easier to obtain funding for oral health related topics within interdisciplinary research projects in Primary Care. Virtually all the current priority areas for research in Primary Care e.g. diabetes, medicines for children, etc. have potential for the inclusion of oral research topics.  
See annex 2

The website [www.rdinfo.co.uk](http://www.rdinfo.co.uk) provides a link to all current NHS research funding sources and research programmes. At a local level the *Research for Patient Benefit* programme is specifically designed to offer the possibility of research funding to local primary care projects.

In the private sector there are a large number of research charities. Frequently, they are disease or condition specific. Once again it seems that applications to such organisations for oral health related research themes are more likely to be successful if they are part of larger interdisciplinary projects.

There are a number of small bursaries and awards that are specifically for oral health care research. These include the BDA's Shirley Glaston-Hughes award and the British Society for General Dental Surgery (BSGDS) award. The latter is administered by the Faculty.

The following websites give details of organisations that are potential sources of funding for oral health care research:

[www.rdfunding.org.uk](http://www.rdfunding.org.uk)

[www.ncl.ac.uk/dental/research/external.htm](http://www.ncl.ac.uk/dental/research/external.htm)

<http://www.nccrcd.nhs.uk/intetacatrain/>

NHS Health Technology Assessment (NHS HTA) website: <http://www.nelh.nhs.uk>

### **Costing Research**

Probably the most expensive resource involved in research is the time taken by the researcher. For independent contractors a mechanism is required to estimate the costs associated with the time involved in undertaking the research, time that would otherwise be used in running the practice and providing care. Currently, the NHS does not fund the total costs of running a practice but will make a contribution towards the additional time that any researcher will take over and above normal patient care. For example, suppose the researcher was undertaking a project looking at outcomes of endodontic care, the research would require additional time to perform tests that would not normally be undertaken when examining the patient. This time is funded at £70 per hour for a dentist and £25 for a dental nurse.

## ***5. Advice on Access to Research Training***

### **NHS Funded Short Course**

A number of NHS sponsored, short courses on different aspects of research methodology are run at a local level. Places on these courses are available to all individuals who work for the NHS (including General Dental Practitioners and their Staff). There is usually no charge to NHS workers for these courses. Details of the courses are found on websites. The Directorates of the eight Primary Care Research Networks (PCRN) in England should have details of all such courses in their regions. The PCRN – Greater London sends the Faculty details of the short courses in the London area an example can be viewed at <http://www.ukcrn.org.uk/index/training.html>  
<http://www.ukcrn.org.uk/index/networks/comprehensive.html>

### **University Courses (Short and to Masters Level)**

Many University Departments of Primary Health Care offer courses on research methodology. These may be single day courses on specific topics or may offer a full programme leading to a Diploma or Masters degree, such as those offered by Imperial

College London and the University of Central Lancashire. DRCs should enquire about such courses in their areas, compile a list and share it with all other DRCs and the Faculty Research Office. The NHS can offer bursaries to GMPs to pay the costs of a Masters degrees in research methodology. It is understood that such bursaries should also be available to GDPs who are NHS contractors. For details, DRCs should contact their local PCRN Directorates and PCT Research Leads.

## **PhDs and Walport Lecturers**

### **PhDs for GDPs**

A PhD is normally the highest level of academic award for research and indicates that the individual has undertaken a significant piece of original research that has been rigorously assessed by experts in the field. The commitment to undertake a PhD should not be underestimated: the major difference between it and other forms of research that are aimed at obtaining a further qualification lies with both the scale of the project and its individuality. There are some significant grant opportunities to support PhD students, such as those from the Medical Research Council and Department of Health (via its agencies).

Finally, the training in research methodology for a PhD tends to be fairly narrow, focusing on the most appropriate approach for the particular problem in question. The nature of the experiential component of the training can vary widely, depending on the quality of support, problems encountered etc. Acquiring a broad range of research skills through the pursuit of a PhD is difficult.

### **Walport Lecturers**

At present, the Modernising Medical Careers (MMC) programme offers unique opportunities not only for those in specialist training but also for GDPs. Specific fellowships called 'In-Practice Fellowships' have been created by the National Institute for Health Research to support GPs and GDPs who want to do part-time research (50%) towards a higher degree. The first round of fellowships was advertised last year (no GDPs applied) although there will be another round in 2008 and information can be obtained from <http://www.nccrcd.nhs.uk>.

Those GDPs who have a higher degree (PhD) can apply for a Walport Lectureship which allows a 50:50 split between clinical and research time. 50% of the salary, as for the in-practice fellowships is paid by the National Institute of Health Research while the other 50% is self-funded from service in general dental practice. These lectureships allow post-doctoral research which can lead to further funding in the form of clinician scientist awards or project grants. These were advertised last year and there is currently one GDP on a Walport Lectureship whilst the other post-holders in dentistry are in specialist training. The department of Health is keen to see more GDPs applying.

NB: These posts (50%) should be funded on the general practitioner scale which is equivalent to the old consultant scale. GDPs should be wary and discuss remuneration before taking up the posts as dental schools are reluctant to fund on this scale despite it being approved by the National Institute of Health Research (NIHR).

## ***6. Faculty's Research Publications and Research Presentations at National Meetings***

Over the years, there have been a number of publications and presentations at national meetings dealing either directly or indirectly with the Faculty's role in research. They may be useful sources of information to DRCs and are listed in Annex 3.

## ***7. Faculty's Research Register***

The Faculty maintains a Research Register of members' research interests. This database is a resource for all those involved in primary dental care research, including general dental practice. If you would like to register your interest in research or update your details, please complete the form found in the Research section of the Faculty website – <http://www.fgdp.org.uk/research/register.html>

## ***8. List of National and Regional Research Organisations which have Faculty Representation***

### **i. Department of Health (England) Dental Research Group Strategy Working Group**

Andy Toy represents the Faculty on the CDO (England's) Dental Research Strategy Working Group.

### **ii. Society for Academic Primary Care (SAPC)**

Membership of this society allows for opportunities to network with other organizations working in research in primary dental care and representation at events will place the Faculty in a good position to raise the profile of research in primary dental care and to build relationships with other organizations involved in the process. [www.sapc.ac.uk](http://www.sapc.ac.uk)

Paul Batchelor, Ken Eaton and Amrita Narain are members of this Society

### **iii. United Kingdom Federation of Primary Care Research Organisations (UKFPCRO)**

The Federation was established in 1998 to bring together research networks from around the UK, to facilitate their collective functioning and to promote their interests at

a national level. The aim of the Federation is to secure the long-term future of primary care research networks by providing them with a collective voice and promoting cross network collaboration and learning. Any primary care research network within the UK that supports the aim of the Federation may join. Paul Batchelor is a member of the UKFPCRO's steering committee, representing the FGDP(UK). His main functions on this committee are to help steer policy and to build relationships with other organizations involved in the process.

Paul Batchelor is a member of this Federation's national committee.

#### **iv. Primary Care Research Networks (PCRNs)**

There is one national PCRN and eight regional ones in England.

**PCRN – GL (Greater London)** – Ken Eaton was nominated and is a member of the Board of this PCRN.

**East Midlands South Yorkshire PCRN ('EMSUNET')** – Andy Toy is a member of the Board of this PCRN and is a nominated "Research Champion" for the PCRN.

#### **v. Other Research Committees or Research Appointments Held**

Ken Eaton is the immediate Past President of the Education Research Group of the International Association for Dental Research and sits on this Group's committee.

Dr. Ario Santini is the Director of Research at the Edinburgh Postgraduate Dental Institute, The University of Edinburgh.

Nick Palmer is an appointed Research Associate for the Mersey Deanery.

Vishal Aggarwal is a Walport Clinical Lecturer in Primary Care Dentistry at the University of Manchester.

### ***9. List of Useful Publications to Support Research***

#### **Department of Health's Guidance on Research Governance and Ethics**

All English DRCs should obtain a copy of this publication by downloading it from the Department of Health for England.

Its reference is:

Department of Health, *Research Governance Framework for Health and Social Care*, 2<sup>nd</sup> Edition. London: Department of Health 2005. (see Standards in Research - pages 71 and 72 in *Standards in Dentistry* for a brief overview of this important document.).

Department of Health. *Best Research for Best Health*. London Department of Health 2006. sets out the current research policy for the NHS and is another key document.

DRCs may well be asked for fairly basic help such as how to critically analyse research papers and the scientific literature in general.

Greenhalgh T. *How to Read a Paper the basics of evidence-based medicine*. 3<sup>rd</sup> Ed. (2006). Blackwell Publishing and BMJ Books provides useful guidance.

## **10. Advice on use of Athens system to access journals etc**

### **What is Athens?**

Athens is an Access Management System developed by Eduserv that simplifies access to the electronic resources your organisation has subscribed to. Eduserv is a not-for-profit, professional IT services group. Athens is a service that allows you to use a single user name and password to access a range of electronic resources. Your Athens profile, which is created by the College, determines your eligibility to use resources that we can make available. Because Athens accounts link an individual to their organisation (i.e. the College), resources can be accessed from anywhere, not just from a specific location.

### **Who is entitled to access the College's Athens-protected resources?**

All subscribing members of The Royal College of Surgeons of England and its associated Faculty of Dental Surgery and Faculty of General Dental Practice (UK) are entitled to an Athens user name and password.

### **Athens account security**

**Do not share your Athens user name and password.** These are issued to individuals whose membership of or relationship with The Royal College of Surgeons of England makes them eligible to use resources for which the College pays. In receiving and using your account, you are agreeing to terms and conditions stipulated by Eduserv Athens that include the following points:

- individuals are issued with an Athens user account on the grounds of their entitlement to access resources available to the issuing organisation(s)
- the Athens username and password is strictly confidential and should not be shared with anyone else
- access to resources is conditional on users abiding by the licence conditions of each resource
- any abuse of licence conditions may lead to withdrawal of access via Athens

## **11. Other Resources/Organisations**

### **UK Clinical Research Network (UKCRN)**

The website ([www.ukcrn.org.uk](http://www.ukcrn.org.uk)) of this organisation provides a wealth of information, including details of courses, research fellowships and lectureships and information booklets on a wide range of topics. Publications such as *Understanding Clinical Trials* can be downloaded free of charge.

### **National Institute for Health Research (NIHR)**

The NIHR co-ordinates research funding within the NHS. Its website [www.nihr.ac.uk](http://www.nihr.ac.uk) makes regular announcements of new calls for research funds. It should be viewed regularly to look for opportunities to bid for funds. Current NIHR funding streams include:

Research for Patient Benefit (RfPB) which can award up to £250,000 over 3 years  
Health Technology Assessment (HEA)  
Service Delivery and Organisation (SDO)  
Risk and Innovation, Speculation and Creativity (RISC)  
Invention for Innovation  
Programme Grants for Applied Research which can award up to £2,000,000 over 5 years to NHS organisations and not to universities.

### **National Research Ethics Service (NRES)**

This body took over responsibility for central ethics approval from COREC on 1 April 2007. Its website [www.nres.npsa.nhs.uk](http://www.nres.npsa.nhs.uk) should be the first port of call for anyone planning multicentre research projects.

### **Research Design Services**

The NIHR is establishing a new network of Research Design Services (RDS) to help researchers develop and design high quality research proposals for submission to national peer-reviewed funding competitions for applied health or social care research. The new service will start on 1 October 2008 and will supercede the current Research Development Support Units (RDSUs). Initially, there will be eight NIHR RDS in England, located in East of England, London, North East, South Central, South East Coast, South West, West Midlands, Yorkshire and Humberside. To find details of the RDS, "Google" *Research Development Services*.

**Faculty Research Officer**

Mrs Amrita Narain

[anarain@rcseng.ac.uk](mailto:anarain@rcseng.ac.uk)

Faculty of General Dental Practice (UK)  
Royal College of Surgeons of England  
35/43 Lincoln's Inn Fields  
London WC2A 3PE

0207 869 6750

**Faculty National Research Facilitators**

Prof. Kenneth Eaton

[keaton@rcseng.ac.uk](mailto:keaton@rcseng.ac.uk)

Old Saddlers  
Kempe's Corner  
Canterbury Road  
Boughton Aluph  
Ashford  
Kent TN25 4EW

01233 813585

Dr. Paul Batchelor

[paulb@public-health.ucl.ac.uk](mailto:paulb@public-health.ucl.ac.uk)

12 Downing's House  
21 Southey Road  
Wimbledon  
London SW19 1ND

07718 588134

## Annex 2

### **Why Primary Oral Health Care should be Integrated into the Topics in the UK Clinical Research Network Portfolio Database**

A meeting between UKCRN (represented by Paul Wallace and Patricia Ellis) and the Faculty of Dental Practice (UK) (represented by National Research Facilitators Paul Batchelor and Ken Eaton) took place at the Royal College of Surgeons of England on 15 January 2007. At the end of the meeting, Ken Eaton and Paul Batchelor agreed to produce a commentary on why primary oral health care should be integrated into the topics in the UK Clinical Research Network Portfolio Database.

Prior to considering exactly why oral health care should be integrated into topics in the UKCRN Portfolio Database, it is important to consider four points. They are:

\* Dentistry does not just deal with teeth. It is unfortunate that in the past the terms *dentistry and dental care* have been widely used as they focus on teeth. *Oral health care* is a far better term to use as it clearly relates to all the structures of the mouth, including the periodontium (gums and bone that supports the teeth) and the oral mucosa. The impact of systemic diseases and conditions are far more frequently manifested in these tissues than in the teeth and a holistic approach to patient care is necessary.

\* Oral health care is increasingly being delivered by teams, which although led by dentists contain other health care professionals such as dental therapists, hygienists, nurses and, in the near future, clinical dental technicians and orthodontic auxiliaries. As in other areas of primary health care, there is therefore considerable potential for all members of the oral health care team to be actively involved in research.

\* When compared to medicine, a greater proportion (95%) of oral health care is delivered in a primary care as opposed to a secondary care setting.

\* The profile of those visiting dentists is different to that of those who visit GMPs. A significant proportion of the 60% of the population who pay a routine annual visit to a dentist will not visit their doctor that year. Conversely, many who are frequent visitors to their GMP are very infrequent visitors to a dentist.

It is also pertinent to reinforce the general point that one of the most important aspects in ensuring the quality of health care lies in the adoption of a holistic approach to patient care. To try to ensure that this happens, all healthcare professionals need to make the patient the focus of care. Thus it is essential that doctors, dentists, pharmacists, nurses and all other health workers work closely together in all areas, including research.

The relevance of oral health care to each of the seven topics in UKCRN Portfolio Database will now be considered.

### ***National Cancer Research Network (NCRN)***

In the UK, the number of annual deaths from oral cancer has not declined over the last 30 years. More people die from oral cancer than from cervical cancer. Smoking and alcohol are major aetiological factors. One major problem is that frequently those at high risk do not visit dentists unless they are in pain and as a result their cancers are not diagnosed and treated at an early stage. In general, the health professionals that they may consult, do not examine their oral tissues and are untrained in screening for oral cancer. There is therefore a need to investigate how this situation can be improved, to address the clear need for far closer co-operation between primary care oral health care workers and all others involved in primary care and for research strands to be developed within the NCRN .

### ***Dementias and Neurodegenerative Disease Research Network (DNDRN)***

Any physical or mental impairment leads to increased risk of problems associated with the oral tissues. Individuals with these problems may either forget to clean their mouths or have difficulty in doing so because of limited manual dexterity. Carers frequently do not bother, unless those in their care are complaining of pain from the mouth and oral maintenance is often neglected. Many elderly people suffer from reduced salivary flow which in turn can lead to a number of problems including oral candidal infections, root caries and difficulty with denture wear. Research, within the DNDRN into methods to address these problems is needed.

### ***Diabetes Research Network (DRN)***

A number of studies have shown that patients with diabetes have a greater risk of bone loss around their teeth arising from periodontal diseases and early tooth loss. It has also been shown that in some patients, when their periodontal health has been stabilised, their diabetes also stabilises. As has already been explained many of those who regularly visit their dentist for oral screening do not visit their GMP with the same frequency. Those potentially at risk for diabetes could well be screened for this condition when visiting a dental practice. This issue needs investigating within the DRN.

### ***Medicines for Children Research Network (MCRN)***

Unfortunately, many paediatric medicines are still prescribed as sugar containing syrups. As a result, the prevalence of dental caries is higher in chronically sick children who take such medication. Tetracycline taken during the period when the permanent teeth are calcifying can cause unsightly intrinsic staining of crowns of the teeth concerned. These considerations should be taken into account when planning research into the formulation of medicines for children and relevant strands incorporated into the projects within the MRCN.

### ***Mental Health Research Network (MHRN)***

A wide range of illnesses and conditions fall into this category. If they include a tendency to forgetfulness or lack of interest in grooming and diet, oral health can suffer due to poor oral hygiene and diet. If they include chronic alcoholism or bulimia, there may be problems due to the erosion of teeth when acid is regurgitated into the mouth. These considerations need to be taken into account when planning research into mental health and could be included as strands in some MHRN projects.

### ***Stroke Research Network (SRN)***

If stroke patients suffer from reduced manual dexterity they can experience difficulty with oral hygiene. If their oral musculature is compromised they can have further problems, not only with speech impairment, but also with food stagnation. Such patients need special care and their carers need to be competent in providing day to day oral hygiene and aware of how to prevent the development of disease in the mouths of their patients. These considerations need to be addressed in any research into stroke patients with either impaired manual dexterity or control of their oral musculature.

### ***Skin***

The oral mucosa and periodontal soft tissues can be viewed as specially adapted skin. They both have a very high rate of epithelial cell turnover. Very many systemic diseases and conditions have oral manifestations. They include the childhood fevers, tuberculosis and syphilis, lichen planus, candidal infections, pemphigus, herpes, etc. Thus, the question "is there a possible oral health involvement" should be asked when research into skin is planned.

### **Summary**

This note has aimed at demonstrating why there are strands that relate to the provision of oral health care within all the topics listed in the UK CRN Portfolio Database. The last sentence of the note on *Skin* is applicable to all seven topics – *Thus the question "is there a possible oral health involvement" should be asked when research into any of these topics is planned.*"

K.A. Eaton and P. Batchelor

21 January 2007

## **Annex 3**

### **Relevant Publications Relating to Research and the Faculty**

Burke T, Earp D, Cheung SW. Effectiveness of light-curing units in vocational training practices. A project administered by the Research Committee of the Faculty of General Dental Practitioners (UK). *Primary Dental Care* 1997; 4 : 91 - 94.

Eaton KA. Research In Primary Oral HealthCare. Where have we been? Where are we going? Editorial in *Primary Dental Care* 2004 ; 11 : 67.

Eaton KA, Toy A, Batchelor P, Redfearn I. Future opportunities for research in Primary Dental Care: developing research to support the commissioning of care. *Primary Dental Care* 2006; 13 : 70 – 75.

Eaton KA, Fernandez L. Evidence for up-to-date clinical dental practice. Ten years of the Cochrane Oral Health Group. *Primary Dental Care* 2006 ; 13 : 154 – 158.

Eaton KA. Future opportunities for research in primary dental care: developing research to support the commissioning of care. *Annals of the Royal College of Surgeons of England.2006 (supplement) :88 : 65.*

Eaton KA. Defining competencies in primary dental care research. *Annals of the Royal College of Surgeons of England.2007 (supplement) :89 : 129.*

Hopkins LMA, Eaton KA. Research in General Dental Practice -What is Involved ? Part 1. General Considerations. *Primary Dental Care* 1996; 3(2) : 71 - 74.

Hopkins LMA, Eaton KA. Research in General Dental Practice- What is Involved ? Part 2. Specific Considerations. *Primary Dental Care* 1997 ; 4(1) : 37 - 40.

Palmer NR, Batchelor P. An audit of antibiotic prescribing by vocational dental practitioners. *Primary Dental Care* 2004 ; 11 : 77 -80.

Palmer N, Batchelor P. Informing research in primary dental care: setting priorities. *Primary Dental Care* 2006 ; 13: 85 – 90.

### **Conference Abstracts**

Batchelor P, Eaton KA, Narain A. Developing a research competency based framework for primary dental care. UKFPCRN Annual Conference, Liverpool, 2006.

Batchelor P, Eaton KA, Narain A. Opportunities for professional integration in primary health care research. SAPC Conference, London, 2007.

Eaton KA, Batchelor P, Narain A. Developing research capacity in oral health care: a training needs analysis of the Faculty of General Dental Practice (UK)'s Divisional Research Coordinators. Presented at this year's UKFPCRO meeting on 29/30 November 2007