

# Plastic and Reconstructive Surgery

## Idea to RCT: time for trainees to collaborate on multicentre studies

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Sir,

The publications “A Systematic Review of Surgical Randomized Controlled Trials: Part 1 and Part 2” (1,2) highlight the disappointing quality and quantity of randomized clinical trials (RCTs) in the plastic surgery literature. These issues are well established but resistant to change. We believe that multicentre trainee collaboration and the resulting longer-term change in culture will improve the state of RCTs in plastic surgery.

In the United Kingdom, the Royal College of Surgeons of England has recently launched a clinical trials initiative to increase both the quality and quantity of clinical trials undertaken by surgeons. As part of this, the British Association for Plastic, Reconstructive and Aesthetic Surgery (BAPRAS) and the British Society for Surgery of the Hand (BSSH) have supported the creation of the Reconstructive Surgery Trials Network (RSTN). The RSTN has two key functions. First, it enables plastic surgeons to access methodological support from seven dedicated Surgical Trials Centres (STCs) embedded in UK universities. Second, it has established the national infrastructure required to deliver multicentre studies. This is based on the trainee collaborative model developed in the UK (3). This model works because trainees: are natural networkers and move between regional units; need research and audit output for their annual assessments; are generally motivated and more open minded to collaboration. In addition, trainees are more likely to embrace new technologies that enable delivery of cost trial administration and data collection.

The RSTN has a trainee representative in each of twelve UK regions. For each study, they are responsible for recruiting local collaborators from their plastic surgery centres, which total 56 across the UK. To date this model has been effective in delivering prospective multicentre studies that will inform trial protocol development. In collaboration with breast surgeons, plastic surgery trainees have recruited over 1500 patients to a prospective cohort-study of consecutive patients undergoing implant-based breast reconstruction to evaluate the clinical and patient-reported-outcomes of surgery (iBRA Study) (4). Plastic surgery and orthopaedic trainees have recently completed the largest prospective cohort study of hand trauma patients in the UK by recruiting over 900 patients in three months. The RSTN recently completed to schedule its first pilot trial(5), which is now being put forward for a full trial.

To support this change in culture, the RSTN holds two national scientific meetings a year, which provide an informal and accessible forum for plastic surgeons to pitch new trial ideas and discuss trial methodology with experts from the STCs.

Finally, we issue a rallying call for greater international collaboration. General surgery trainees have established pan-European (EuroSurg) and global collaborative groups (GlobalSurg). There is every reason to believe this is achievable by plastic surgeons as well.

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