

## Podcast – Jo Merrifield interviewing Sarah Gregory

### Transcript

*Alice Thomson speaking with Sarah Gregory*

*Time*

*0:10: Welcome to this episode of Clinical Research Career Conversations, brought to you by Edinburgh Clinical Research Facility. My name is Jo Merrifield, and today we get to listen in to a conversation between Alice Thomson, a senior research nurse at Edinburgh Clinical Research Facility, and Dr Sarah Gregory, a research fellow working in the field of dementia research. Enjoy.*

*0:39: Hello. So Sarah, you have a very interesting background and multiple roles that you work in.*  
*(Alice)*

*0:59: Yes.*  
*(Sarah)*

*0:48: So what I'm going to say is first of all, do you want to just briefly describe what your roles are and what you do in those and how you got there?*  
*(Alice)*

*0:58: Absolutely. So I have two main roles. One is at the University of Edinburgh as a research fellow, so it's a postdoctoral position. And within that, I look at big data sets from different cohort studies of people with dementia, at risk of dementia, and look for potential modifiable risk factors to see where we might be able to come in and intervene to change or lower people's risk.*  
*(Sarah)*

*1:26: And then my other role is within a start-up company here in Edinburgh with Scottish Brain Sciences and I head up a cohort study there. And again, we're looking at very similar interests of people who are across the spectrum of risk for neurodegenerative diseases to see how we can better detect, diagnose, and then eventually delay or even prevent the diseases that cause dementias.*

*1:50: And then in addition to that, I have a small role teaching at the University of Edinburgh. So I teach on the Masters of Clinical Trials and the Masters of Public Health courses.*

*1:59: So you were saying that you work at Scottish Brain Sciences, and that's where the IONA cohort study is?*  
*(Alice)*

*2:05: It is, yes, yeah.*  
*(Sarah)*

*2:07: So in that you are chief investigator?*  
*(Alice)*

*2:09: Yes.*  
*(Sarah)*

*2:10: So what does that involve? What is involved in that role, because it's slightly different from other roles in research?*  
*(Alice)*

*2:17: Yes, it is. So the chief investigator role has the overall responsibility for the study. So it's from the study design, taking the study through the ethical review process through to making sure the study is running exactly as it should be, making sure that we're recruiting the right people, making sure that we've got enough people coming*

through, and then making sure that we are delivering the protocol as we have designed it, that we have really good quality data, that we've got a good oversight of all of the safety, of the deviations, violations, making sure we've got adequate staff trained up to do the roles. And then that we're using the data in the way that we've said that we would as well, so that we are looking to analyse it as we have described to our participants and to the ethical review process.

3:07: And then, with IONA specifically, we also use it to give people the opportunity to match into other studies because we get to know a little bit more about them. One of the big problems in dementia research is really, really high screen fail rates. So you're talking kind of 90%+ for some studies. So we hope that by finding out a little bit more about what people look like on a biological level, on an accumulation of risk factor level, that we can then better match them to study opportunities, hopefully reduce that screen fail rate a little bit, which means that we're not giving people hope to then immediately have to screen fail them out of the study, that you're making the process better from the participant perspective as well.

3:50: *There's so much more to it that I always think that... and obviously how I know you is through your work as a PI...*  
(Alice)

3:57: Yes.  
(Sarah)

3:58: *And so how would you say that differs?*  
(Alice)

4:01: So I'm the PI of the PREVENT study in Edinburgh, which is a midlife cohort study. So within that it's a lot more kind of hands on with the day to day. It's the actual delegation of tasks to staff. It's looking at that site level around are we having any issues with recruitment, with retention, with data quality, with training?

4:22: So they're similar roles, but it's looking at it from a site level rather than a broad study level. I think there's real pros and cons of both of them. Being a PI gives you a lot more kind of hands-on work with the study still, and you're much closer to the participant journey and within your team and you're just a bit closer to that data being collected. And as someone who then works with the data on the other side, that's always really interesting to see how it's being collected, what the participant experience is like with that. And getting some of that qualitative information that's sort of missed once you get to the hard data.

5:01: But being a CI takes you a step away from that slightly. Some people obviously have CI and PI roles. For IONA, I just act as the CI and we have medics as RPIs. But it gives you a bit more opportunity to work at a slightly more strategic level and look at broader issues that might cover multiple sites or multiple countries. So I think I really enjoy both but for slightly different reasons.

5:26: *So you clearly have had a very round research experience. You've worked in lots of different roles. Just from, in the lead up to this, I noticed that you've served on Ethics committees. How is that and is that something that you enjoy as part of your role?*  
(Alice)

5:42: Yeah, I love being an ethics committee member. So these are voluntary roles. So I've been a member of an NHS research ethics committee for probably up around ten years now, I think. So I started down in London when I used to work in West London Mental Health Trust, took on a role at the Queen Square Ethics Committee. And then

when I moved up to the University of Edinburgh, I transferred to an ethics committee up here and I'm now the vice chair of our ethics committee, so it means when our chair's away, I'll step in and kind of run the meeting. So that's really fun as well because you get to learn how to chair sometimes really challenging discussions, because you're gathering lots of different questions and opinions and then having to post them to the researchers and try and kind of broker that conversation.

6:28: But I think it's just a really good way of getting an insight into some of the amazing research that happens within the UK because the ethics committees, they're flagged for specific things, but within that you can be across all different diagnostic groups. So it's just a really nice way to step out of your specific area and see what's going on much more broadly.

6:50: But then I think it also helps you to see things from multiple different perspectives. The NHS committees have certain numbers of lay members they have to have, so you get really good representation of different parts of the public and how they're considering how researchers are starting to design studies which you can then feed back in, into your research design. So I think it really helps you as a researcher to understand that process really well.

7:17: And then I'm also an expert member on the Samaritans Research Ethics Committee. So my original background is psychology. Started in a mental health trust and did a lot of work with adults with mental health conditions in research studies. And the one thing my ethics committee doesn't see a lot of is mental health studies. We're not flagged for adults with incapacity, so a lot don't come to us necessarily. So the Samaritans Ethics Committee was a really nice opportunity to get a little bit of that mental health experience back.

7:48: And that was brilliant. We have expert members and lived experience members and we'll look at research that the Samaritans do that doesn't go to another ethics committee, and they've got some really interesting work that they do, so it's really exciting to see how they use research to design a lot of their campaigns that we might see at railway stations and things like that.

8:10: They're all voluntary positions, but I really recommend anyone who's interested in research, even if you're not a researcher. The NHS ethics committees take completely lay members of the public and you can add so much value and you just get to learn so much about how research works in the UK.

8:26: *So are those roles that you applied for? Or are you approached for those roles, or?*

(Alice)

8:32:

(Sarah)

Yeah, so they were both through application processes. The HRA website, I think, hosts the vacancies for ethics committees. There's particularly a real need for experts at the moment, so doctors, nurses, allied health professionals, anyone who meets those categories, if they're interested, definitely go on the website because they're actively seeking people to fill those positions. And since COVID, most of the meetings are now held online, which means it's much easier to join a committee, even if you don't live in one of the major cities where traditionally the meetings have been held. So it's a little bit easier to join now.

9:09: And then you go through an interview process. And that was similar for the Samaritans. It was an open application. I found it on LinkedIn. My former manager had

sent me a message to say, you might be interested in this. Application, interview process, and then appointments. So there is a recruitment process, but they're relatively informal, quite friendly processes. And for the NHS committee, you typically will shadow the meetings to see if this is actually something that you're happy to commit to, because it does take up a few hours every month. So, before they appoint you and get you to commit for the period, you do get to see what it's going to be like to see if it's going to be something you feel really comfortable and confident with or not.

9:52: *Honestly, it's super-interesting. Like you said, it's a way to see other research that you're not involved in because I do feel like that is something that we get so immersed in our own work that it's like to see sort of the wider research that's going on.*  
(Alice)

10:09: *So you kind of touched on it already, but how was it that you got into research? What did your journey look like to where you are now?*

10:18: Yeah, I think I've mainly fallen into most parts of my career. I've not had a specific plan as such. So I wanted to do medicine when I was at school, then discovered I had a real phobia of blood and that probably wasn't going to work very well. So I picked psychology and I picked a course where we had a placement year. So I went to the University of Bath, and it was one of the few psychology courses at the time that offered a placement. Quite a lot do now though. And I always thought I wanted to work with children. I'd had quite a lot of experience volunteering with children with additional needs and thought that was probably where I'd take my career.  
(Sarah)

10:54: My placement year, I worked in an older adult setting in Australia and just fell in love with the field of neurodegenerative disease and thought this is where I want to go. But after I graduated, applied for a lot of jobs. Really, really struggled to find something. Going in for an assistant psychologist job is a really competitive market. And just happened to find a job in research that I was successful for and thought, well I'll try this out and get some experience and then I'll go down the clinical psychology route. And again, just within a few months I thought this is what I should do. I really liked working in research for getting to work with patients but giving them an additional treatment option. At a time when, you know, kind of 15 years ago there was even fewer treatment options for dementia than we have now, it was very limited on who was able to get the medications, you had to have a very specific score on memory tests.

11:51: And so actually being able to do research was offering something to people when there was very few choices they could make. So just really fell in love with that area and thought research is the path for me rather than clinical work and, just kind of stayed there ever since. I've had some really amazing mentors, managers, sponsors who have helped me to get where I am and given me lots of opportunities and yeah, I just said yes to lots of things to see if that's going to work out and it's going OK so far.

12:24: *I would say it's going pretty well so far. So obviously, you've spoken of the highlights and things of your career and all the good bits. What would you say would be the main challenges that you've faced in your career within research and getting to where you are just now?*  
(Alice)

12:38: Yeah, I think definitely a couple of things stand out for me. So one is that it is quite a challenging environment to work in in terms of how the contracts work. So I'm going  
(Sarah)

into my fifteenth year of fixed term contracts from a university perspective. So my NHS work was all fixed term, my university work's all fixed term. And so that can definitely be quite challenging. The longest contract I think I've ever had was two years and that felt like such a luxury. I was able to be so productive because I knew I had a bit of security, whereas I've had six month contracts and my NHS time overall was about seven years and I'm coming up to eight years with the University of Edinburgh, so it's always worked out, it's always been extended, but you have to get used to that uncertainty that the contracts are quite short term. So I think that's a challenge.

13:31: And then I did both my Masters and my PhD part-time just because of coming to them slightly later. Just not being able to afford to be full-time student again. I really loved doing them both part-time. I think that there's a real benefit to continuing to gather work experience and I don't think I'd be where I am now so soon post PhD if I hadn't done that. But it's a different way of working and it's something that you're not kind of living the full student life. So you just have to adapt and be very good at time management. So I think you can always make it work, but there's some challenges that you just have to get used to along the way.

14:10: *I know you were saying about fixed term contracts and I know it's something that I have discussed a lot in my career with some of my colleagues. Do you think that that is one of the main challenges that puts people off coming into research and what would you say to them?*

14:24: *(Sarah)* Yeah, I think it definitely will put some people off. I think there are situations where it's just not particularly workable to support your family and home life. I think it's an area that there's real potential to do creative thinking and see if there are ways that you can, within an increasingly challenging financial situation in academia, that you can create more permanent positions to encourage more people to remain in academia and not move so much to industry where you typically have a permanent post.

15:01: There are so many benefits of working in research. You get to be really creative and thoughtful and have potential impact on patients and people who are at risk of future disease. So I think if you can manage the challenges of the fixed term, it's well worth taking it on as a career. But I think it is one of the biggest challenges that we probably face, that it's the way that most contracts at a particular level are funded and it's difficult to see an immediate solution to that at the moment, probably.

15:33: *(Alice)* *Yeah, it is, it's one of those, I know it's something we discuss a lot is that - do you take the risk, do you not? But obviously, research wouldn't happen without it, you know, there's always going to be new funding somewhere for anything. You said about doing your PhD and your Masters part-time alongside the job. Obviously, you wouldn't be where you are now without having done that, but did you find that it was a career that was supportive in being able to go off and do that? And it wasn't that, oh well you have to take a step back from the job and you were able to do it alongside.*

15:41: *(Sarah)* Yeah, so both of them were... my jobs really nicely supported the study and I had very supportive teams around me to allow me to do that. So my Masters study worked really, really well with working in a mental health environment. It was mental health sciences research, it blended really nicely. I was able to do my dissertation project within my work as well. So, yeah, I had amazing support from my manager to be able to do that alongside.

- 16:38:** And then moving up to Edinburgh, again, really supportive supervisory team, who were able to find a way that I could actually take on a PhD part-time whilst maintaining work. And I used the data from the studies that I was working on to analyse. And I think that that was probably a real benefit, because if I just looked at the data, I wouldn't have had such a good understanding of the how and the why we collected those data in the samples. And really good working relationships with the team, who then came in and helped me with so much. So our lab team over at the Roslyn were incredible when I needed to get some of the saliva samples. They were so helpful in helping me prepare them and get them ready to come over for analysis. And I think all of that was just helped because we also worked together within my day job as well.
- 17:32:** So I think I was very lucky in having the perfect balance of a job that worked very nicely with both levels of study. If you did a very different job to the study, I think it would be a lot more challenging. And you just have to think a lot more about managing your time. But yeah, I think if you can have a job that works and complements the study and the study complements the work, it can be a really clever way to do it. It will take you a bit longer, but you generate so many skills alongside it as well.
- 18:05:** *Did you feel that it kind of like all merged into one eventually - like the job and the PhD were all kind of one entity by the end of it?*  
(Alice)
- 18:12:** Yeah, sometimes. I did try and have kind of very strict PhD days/work days to keep it separate, and that's how I organise my life now with the two jobs. I have different days, different laptops, very strict boundaries around things so that you kind of keep your headspace clear. But inevitably when you're doing one thing, an idea pops in for something else, so... My home office is full of notebooks everywhere, so I can just write ideas around all different things.
- 18:42:** *Amazing. So finally, what tips or advice would you give to someone that was thinking of starting a career in research or wanting to be more involved in research within their career? What advice would you give them?*  
(Alice)
- 18:55:** I think a couple of things. One, get in touch with research institutions, whether it's the research facilities in the NHS or the academic research institutes or industry who are delivering studies, and just see if they've got any opportunities to come in and do some shadowing, because I think most of us love to chat to people who are interested in what we do and kind of show off this could be a great job and a career path for you to have.
- 19:21:** If you're already going along the path, I think the best piece of advice I ever was given was to say yes to things that interest you, and over time, it will all sort of make sense in building a career. So that's why I've often said yes to things that don't necessarily seem like they're going to lead to anything at the time, but they're just really interesting, like the ethics committees, but actually over time I think it's built up so many skills that's helped me then in the paid side of my career. That it was a good choice, but actually it's just something that interests me and fulfils me in a different way.

20:00: So yeah, I love that advice and I always try and follow that, but if something is interesting to me, I'll probably say yes to it, even if there's no obvious immediate benefit and it's a voluntary role. If I'm going to get something out of it, that's probably a worthwhile way to spend my time.

20:16: *I love that bit of advice. Actually, you know, I'm going to take that on. It's excellent.*  
(Alice) *Well, thank you. Bye Sarah.*

20:25: You're welcome.  
(Sarah)

20:27: *Thanks, Alice and Sarah for letting us listen in to your conversation, spanning multiple different topics. Take home messages for me included the differences between acting as a chief investigator - a CI - and a principal investigator – PI - on studies, terms that we often used interchangeably in research. Also the opportunity and benefits of volunteering on a research ethics committee, whether you're involved in research or not. They also discuss the challenges of fixed term contracts and how you might want to think about navigating these. And finally, I love Sarah's tip of saying yes to things that are of interest to you, even though the benefits may not be obvious upfront. Thanks again to Sarah and Alice. I really hope you enjoyed listening today. Until next time, bye.*