



Professional and Society Values Committee

1 Candidate – Elected Unopposed

Peter Swoboda

Nominations:

John Greenwood

Tom Mwambingu

Supporting Statement:

I am a consultant cardiologist and associate professor based at Mid Yorkshire Teaching Trust and the University of Leeds. Much of my academic time is spent conducting large clinical trials (CE-MARC 3, CROSS-HF) with the aim of improving the way we deliver cardiology care to patients. I am passionate about improving equality, diversity and inclusivity (EDI) in cardiology research. Improving EDI in clinical trials is notoriously challenging and I plan to share the knowledge and experience I have gained in my research with the BCS Professional and Society Values Committee. It is my hope that I can contribute will lead to improved inclusivity in UK cardiology research, training and education.

CE-MARC 3 is a trial of how best to investigate patients presenting with suspected cardiac chest pain, which I am leading with Professor John Greenwood. Cardiac chest pain can affect patients from all backgrounds and one of our key aims is to deliver a trial that is inclusive to all patients. In order for research to be applicable to patients from a particular community it is imperative that patients from that community are included in the research. Despite the UK now including approximately 10% patients from ethnic minorities recent chest pain trials have not managed to recruit anyway near this number with some trials recruiting <1% patients from minority backgrounds (or not even reporting ethnicity). I have been working with a local ethnic minority research inclusivity group (<https://www.westyorksrd.nhs.uk/emri>) to develop strategies to maximise inclusivity in CE-MARC 3. We have developed the following a patient information video to explain the rationale for the trial and the need for inclusivity which is available on YouTube (<https://www.youtube.com/watch?feature=shared&v=I9UdGQx2xjs>). The video has been translated into four languages so far with plans for another four languages. We have been able to avoid the costs of translation by using bilingual staff from research sites to record a translation.



British Cardiovascular Society

'The Voice of UK Cardiology'

This strategy is working well and of the 2000 patients recruited so far (target 4000) we have managed to recruit 11% from ethnic minorities. We are hoping to reach >12% patients from ethnic minorities to reflect the increased coronary risk in patients from certain ethnicities and to have a sufficient sample size to perform subgroup analyses based on ethnicity. I have presented the work we are doing on inclusivity in research at the 3rd Annual "Research for All" conference (https://twitter.com/NIHRCRN_yorks/status/1765745591353545116) and the BHF "Live and Ticking" patient webinar (<https://www.bhf.org.uk/information-support/support/our-engagement-events/live-and-ticking>).

CROSS-HF is a trial (N=3000) investigating imaging strategies in patients with newly diagnosed heart failure. We are planning to use many of the lessons from CE-MARC 3 to make CROSS-HF similarly inclusive and to ensure our findings applicable to patients from all backgrounds.

I will be proud to share my experiences working to improve EDI in clinical trials in the BCS Professional and Society Values Committee. It is my hope that I can contribute to improved inclusivity in UK cardiology research, training and education.