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Letter to the editor

Protecting the role of the intensive care research coordinator during pandemics



Dear Editor,

We read with interest the discussion paper “A critical care pandemic staffing framework in Australia” by Marshall et al¹ wherein recommendations for expanding the multidisciplinary critical care workforce are given to enable appropriate staffing decisions during a pandemic. These excellent recommendations provide an important framework for critical care managers but lack recognition of and recommendations for protection of the role of the intensive care research coordinator, a well-established role in Australian and New Zealand intensive care units.^{2–4}

Generating evidence-based medicine is the cornerstone of informing clinical practice and enabling best care and outcomes for patients. During novel pandemics, such as the severe acute respiratory syndrome coronavirus 2 pandemic, this is even more pertinent as knowledge of the best treatments to improve patient outcomes is unknown and needs to be generated rapidly via high-quality research.

In providing robust evidence, a national coordinated approach to research is important. To do this effectively, hospitals admitting patients need to have the research infrastructure in place to enable coordination of site regulatory approvals, operational logistics, recruitment of patients, and data collection. An exemplar of the coordinated research approach and swift generation of evidence to inform clinical care of patients with coronavirus disease 2019 (COVID-19) comes from the UK RECOVERY trial.⁵ This trial received high-level government support with a call to sites to enrol patients into this trial wherever possible. This in combination with an established research infrastructure, which included dedicated research staff, enabled the recruitment of thousands of patients and the generation of global, practice-changing evidence for the treatment of moderate to severe COVID-19.^{6,7}

The majority of intensive care research coordinators are trained critical care nurses. Although the demand for this skill set is high during the pandemic, the urgency for research support by this subset of specifically trained critical care nurse researchers is equally high. Protecting intensive care research coordinators from redeployment should be a priority during pandemics. The ANZICS COVID-19 Guidelines,⁸ stated that “research involving therapies for COVID-19 remains a high priority. Wherever possible research staff engaged in COVID-19 related research should be protected from redeployment”. This guiding statement is important and welcomed but sadly has not been replicated in the subsequent versions. We would urge parties providing recommendations, such as

ANZICS and Marshall et al¹, to consider including a specific recommendation to protect the intensive care research coordinator role in the next iteration of their publications.

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