

## **Building capacity for implementation: an example from a translational research centre**

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**Aim:** A well-acknowledged barrier in implementation science is that clinicians often lack the skills, time, resources and links with experts to implement research. We will outline, by way of case example, activities aimed at increasing clinician capacity for implementation science in the context of a translational cancer research centre (TCRC) in NSW.

**Background:** Implementation science is inherently multidisciplinary, requiring collaboration between academic researchers, clinicians, policy makers, consumer representatives and others. Sydney Catalyst TCRC is a Cancer Institute NSW funded unit, comprised of multi-disciplinary and multi-institutional membership, as part an initiative to strengthen translational research and the rapid translation of scientific discoveries into clinical policy and practice

**Methods:** Sydney Catalyst TCRC has engaged cancer care professionals and consumers in priority setting and process mapping activities to prioritise evidence-practice gaps, assess needs, and identify potential barriers, to establish opportunities and plan collaborative implementation projects. Clinical leads sit alongside implementation researchers as members of working and steering groups, allowing for active knowledge exchange and mentoring. These activities, along with a range of networking and education activities, have fostered clinician buy-in and raised capacity for implementation research projects.

**Outcomes:** Practical and novel engagement activities have raised capacity and stimulated increased clinician interest in implementation science. Strong collaborative partnerships have formed, including new relationships with stakeholders beyond traditional translational research boundaries.