

## **Clinical Research Fellowships with the Health Services Research Centre at the Royal College of Anaesthetists**

- **National Perioperative Quality Improvement Programme**
- **National Emergency Laparotomy Audit**
- **Paediatric Perioperative Health Services Research**
- **Obstetric anaesthesia Health Services Research**
- **Data science**
- **SNAP-2 secondary analysis**
- **NAP7 – Perioperative Cardiac Arrest**

The Health Services Research Centre at the Royal College of Anaesthetists, in conjunction with the UCL Surgical Outcomes Research Centre (SOuRCe), the University of Nottingham, and partner NHS and independent sector hospitals, seeks to appoint clinical research fellows to work on high profile programmes in health services research related to anaesthesia and perioperative medicine.

Successful candidates will gain exposure to national research and quality improvement programmes, opportunities for academic publication and conference presentations and develop leadership and management skills.

The posts will commence on 7 August 2019.

All posts are linked with a clinical commitment at one of our partner hospitals.

## **Research Opportunities**

### **Post 1: Perioperative Quality Improvement Programme (PQIP) – at least 1 post**

The Perioperative Quality Improvement Programme (PQIP) is a national research and quality improvement programme, prospectively measuring complications and patient reported outcome after major surgery, and formally evaluating the effects of different types of quality improvement methodology. It is being led by the RCoA, HSRC and UCL Surgical Outcomes Research centre, and supported by the Health Foundation.

The post will involve analysis of the relationships between patient risk factors, hospital structures, clinical processes and patient outcomes. The successful candidate's responsibilities will include data analysis, report and manuscript writing, and presentations at local/regional/national meetings. They will also contribute to the overall strategy of the programme, communicate with local investigators and support professional engagement at local level.

The successful candidate(s) will be expected to attend PQIP Project Team meetings (monthly) and clinical reference group meetings (three times per year) and will be invited to meetings of the HSRC executive management board (eight times per year). Travel expenses for these meetings and all work related to PQIP will be reimbursed.

The successful candidate(s) will be academically supervised by Professor Ramani Moonesinghe (UCL; HSRC Director) and Dr Peter Martin (statistician) or Dr Cecilia Vindrola (social scientist)

### **Post 2: National Emergency Laparotomy Audit (NELA) - 1 post**

We are seeking to appoint one fellow to work on data analysis for the National Emergency Laparotomy Audit (NELA).

The aim of the National Emergency Laparotomy Audit (NELA) is to enable the improvement of the quality of care for patients undergoing emergency laparotomy through the provision of high quality comparative data from all providers of emergency laparotomy. The NIAA HSRC is delivering NELA on behalf of the Royal College of Anaesthetists. NELA is a collaboration between anaesthetic, surgical and other key stakeholders.

The successful candidate's responsibilities will include data analysis, report and manuscript writing, supporting quality improvement work and presentations at local/regional/national meetings. Candidates will be expected to attend NELA Project Team meetings as well as additional meetings related to data analysis, quality improvement, report preparation and other meetings as required. Travel expenses for these meetings and all work related to NELA will be reimbursed.

The successful candidate will be supervised by the NELA project team.

### **Post 3: Paediatric perioperative health services research – 1 post**

We are seeking to appoint one fellow who will undertake health services research related to improving the quality of paediatric perioperative care. Our current core projects are:

- CASAP: the Children's Acute Surgical Abdomen Programme: a national research programme to investigate quality of care and outcomes of emergency abdominal surgery in children aged 1 to 18 years.
- Paediatric surgical outcomes research: Developing and validating outcome measures which can be used in QI and clinical research in neonates, infants, children and young adults.

The successful candidate(s) will be academically supervised by Professor Ramani Moonesinghe (UCL; HSRC Director) in conjunction with clinical and academic experts in paediatric anaesthesia.

### **Post 4: Data science – at least 1 post**

There are two related areas of work:

1. Understanding and describing geographical variation in surgical process and outcome, using publically available (or easily sourced) data on hospital structure, processes and surgical outcomes.
2. Using national statistics (HES) to describe the healthcare use of patients before and after major surgery.

Full training in data visualisation and statistical analysis tools (mainly the R statistical package) will be given. The projects will suit people interested in seeking patterns in numbers and how to present these patterns in a meaningful way to a variety of audiences.

The successful candidate(s) will be academically supervised by Professor Iain Moppett (University of Nottingham; HSRC deputy director).

#### **Post 5: Obstetric anaesthesia health services research – 1 post**

This post will involve developing ideas for obstetric health services research projects, writing ethics and other regulatory approvals, designing protocols and delivering the research in conjunction with the HSRC team.

The successful candidate(s) will be academically supervised by Professor Ramani Moonesinghe (UCL; HSRC Director) in conjunction with clinical and academic experts in obstetric anaesthesia.

#### **Post 6: SNAP-2 secondary analysis – 1 post**

SNAP-2;EPICCS collected risk and outcome data on approximately 23,000 UK patients undergoing inpatient surgery, and data from over 10,000 clinicians on their perceptions of clinical risk and critical care use after surgery. There are a number of secondary analyses of the dataset which can be done on this dataset and we are seeking a candidate who will learn data analysis skills (using statistical programming packages such as R) to deliver these analyses.

The successful candidate be supervised by Professor Ramani Moonesinghe and Dr Steve Harris (UCL).

#### **Post 7: NAP7 (perioperative cardiac arrest) – at least 1 post**

This post will involve setting up and delivering the RCoA's 7<sup>th</sup> National Audit Project. They will contribute to all aspects of study design and delivery, regulatory approvals, site liaison and data analysis.

The successful candidate(s) will be academically supervised by Professor Iain Moppett (University of Nottingham and HSRC Deputy Director) and the NAP7 clinical lead (to be appointed in Jan 2019)

# Clinical Placements

Each of these posts is salary supported by a clinical commitment at one of the following hospitals / departments:

## 1. James Cook University Hospital anaesthetic department

James Cook University Hospital is a 1000 bed tertiary teaching hospital and major trauma centre based in Middlesbrough (and only 10 miles from the North Yorkshire Moors!). The anaesthetic department consists of 75 consultants (including 8 military) and 2 SAS grade doctors. In addition, there are 34 trainees in anaesthesia who rotate within the Northern School of Anaesthesia, part of the Northern Deanery. We routinely train to the standard required for CCT in all subspecialties, except anaesthesia for transplant surgery, major burns, neonatal surgery and some specialist paediatric surgery. There is a variety of additional academic activity undertaken, including other fellows (e.g. research, helicopter, and education fellows). Dr Dave Murray, NELA chair, is also based at JCUH.

The clinical commitment will be to cover the senior trainee rota which is approximately 1:7-1:9 covering general theatres, and support and supervision of junior trainees covering theatres and obstetrics. ITU is covered as a separate rota. All rotas are EWTD compliant. There is also a service commitment to provide anaesthesia for major surgery, with opportunity to tailor this to the fellow's particular specialist interest to enable them to build expertise in a particular area. Educational support and supervision will also be provided. Post-CCT fellows may also have the opportunity to participate in the consultant rota. We are also likely to be able to accommodate applicants who would prefer to have no on-call commitment, in which case the service commitment will just be to cover major surgery. We can accommodate start dates prior to August 2019.

Web address: <https://www.southtees.nhs.uk/>

### Queries:

dave.murray1@nhs.net

## 2. King Edward VII Critical Care Unit

The KEVIII is a private healthcare facility in central London and its 4-bedded critical care unit provides Level 2 support to patients on-site, and is a base for transfer of more critically unwell patients to external Level 3 facilities.

The clinical commitment in this role will be 7 x 24h shifts per month.

Candidates will require at least 6 months' critical care experience and the Final FRCA examination

### Queries:

Dr John Goldstone, Consultant in Critical Care: [john@goldstone.org.uk](mailto:john@goldstone.org.uk)

## 3. London Clinic Critical Care Unit

The London Clinic has a busy 11-bedded unit which admits Level 2/3 patients from a wide range of specialties, including haematology, oncology, surgery and medicine,

providing all modalities of organ support and fully supported by consultants in Intensive Care Medicine.

The clinical commitment in this role will be 6 x 24h shifts per month.

Candidates will require at least 6 months' critical care experience and the Final FRCA examination

**Queries:**

Dr John Goldstone, Consultant in Critical Care: [john@goldstone.org.uk](mailto:john@goldstone.org.uk)

**4. Nottingham University Hospitals NHS Trust – anaesthetic department or critical care unit**

Nottingham University Hospitals NHS Trust is the principal provider of acute general, specialist and tertiary hospital care to the population of Nottingham, receiving 98 per cent of all elective and urgent referrals from primary care trusts in Nottinghamshire. We currently have 2,100 hospital beds. NUH is the East Midlands Major Trauma Centre.

Critical care and anaesthesia are part of the Specialist Support directorate, which incorporates critical care, anaesthesia, theatres, pain and sterile services across NUH. Across the two campuses there are a total of 49 operating theatres. All surgical specialties are covered between the two campuses. There are approximately 100 consultant anaesthetists and 50 trainees.

There are 3 distinct adult critical care areas managed by specialist support across the Trust on two campuses. On the Queen's campus, the critical care area is divided into a 21-bedded Intensive Care (level 3 beds) and the current 20-bedded level 2 high dependency area. Around 1100 patients per year are admitted to the QMC ICU and approximately 1350 to the Level 2 area.

The Clinical Departments of Anaesthesia and Critical Care maintain close links with the University Department headed by Professor Jonathan Hardman. The Clinical and University departments collaborate to provide teaching for undergraduates in addition to all grades of anaesthetic trainees.

*ICU-based fellow*

The successful applicant will need to be from an anaesthesia (airway) background. They would need to be anaesthesia, ST3+ and we would need them to do one weekday shift and the full afterhours on call, which works out to 1:8 nights.

*Anaesthesia-based fellow*

The successful applicant will be taking part in the senior out-of-hours on call rota covering the QMC (major trauma) site. They will need to be ST5+. The rota is 1:8 (nights and weekends)

**Queries:**

Dr Myles Dowling (anaesthesia) - [myles.dowling@nuh.nhs.uk](mailto:myles.dowling@nuh.nhs.uk)

Dr Mark Ehlers (ICU) [mark.ehlers@nuh.nhs.uk](mailto:mark.ehlers@nuh.nhs.uk).

**5. Princess Grace Hospital Critical Care Unit**

The Princess Grace Hospital is part of the HCA International group of hospitals offering high-quality care to a broad range of medical and surgical patients. This nine-bedded facility provides consultant delivered care in a state-of-the-art unit where a dedicated team of Critical Care professionals are on hand to manage both routine and complex clinical conditions.

The clinical commitment in this role will be 6 x 24h shifts per month.

Candidates will require at least 6 months' critical care experience and the Final FRCA examination

**Queries:**

Professor David Walker, Consultant in Critical Care: d.walker@ucl.ac.uk

## **6. Royal Devon and Exeter anaesthetic department**

The Royal Devon and Exeter NHS Foundation Trust has around 800 beds. We deliver over 300,000 outpatient attendances and 120,000 day-case or inpatient admissions per year, with additional diagnostic and community service activity delivered in local communities. We also make a significant contribution to world class research and development which improves the quality, experience and effectiveness of healthcare. The RD&E has a track record for piloting new ways of working and patient care before it is rolled out across the NHS.

Exeter is a lovely place to live with all the advantages of living near the sea and moorlands but only just over two hours away from London by train.

Senior on call rota: will require FRCA and sufficient clinical experience (at least ST4)  
Obstetric rota: FRCA and sufficient clinical obstetric experience

Junior on-call rota: at least CT2 and Primary FRCA required);

All rotas are 1:7 with one day per week in theatre.

**Queries:**

Fiona Martin: fiona.martin8@nhs.net

## **7. Royal United Hospital, Bath – anaesthetic department**

Royal United Hospital Bath is a busy DGH in the south west of England. The department of anaesthesia and intensive care is a well-regarded department nationally and a popular rotation in the Severn school of anaesthesia,. It undertakes all major surgery with the exception of transplant, cardiac, thoracic, vascular, major hepatobiliary and neurosurgery. It has a particularly busy emergency general surgery workload and is a leading trust on improving management of patients undergoing emergency laparotomy. The department also has a very active research programme, under the leadership of Professor Tim Cook and in particular leads on many airway related projects. The QI Faculty of the department has also developed over the last 2 years, offering formal nationally recognised training and project development.

The post will involve a service commitment to provide clinical anaesthesia for elective surgery with the possibility to tailor sessions to the fellow's particular specialist interest. The successful applicant will be released from a minimum of 40% of normal daytime clinical activities to participate in research. The successful candidate will also

participate in the 1:8 registrar third on-call rotas, which covers the junior trainees working in emergency theatres, labour ward and intensive care out of hours.

**Queries:**

Dr Lesley Jordan: [lesleyjordan1@nhs.net](mailto:lesleyjordan1@nhs.net)

## **8. St George's Hospital anaesthetic department**

St Georges Hospital is a large London teaching hospital providing a wide range of high-risk surgery across numerous specialties. This post will offer the fellow the opportunity to work with a number of leading clinicians in safety and quality improvement. The fellow will also be able to attend clinical sessions in pre-operative assessment and high-risk surgery theatre lists. The post is a 1:8 full shift rota, either covering obstetrics or general on call commitments.

This post is intended for senior trainee anaesthetists, or those with CCT who want to enhance their CV by developing further clinical experience. Possession of the final FRCA examination or equivalent is required and previous experience of a system similar to the NHS essential.

He or she will also carry out anaesthetic duties at a level appropriate to clinical experience and competence, which will also determine the degree of supervision. It is the aim of the post to help prepare the anaesthetist for taking on the responsibility of becoming a consultant, within a safe environment in which advice and support are readily available.

**Queries:** Dr Carolyn Johnston: [Carolyn.johnston1@nhs.net](mailto:Carolyn.johnston1@nhs.net)

## **9. University College Hospital anaesthetic department**

UCLH is a central London teaching hospital and NHS foundation trust. The department of anaesthesia and perioperative medicine is regarded as a centre of excellence for supporting clinical academics. It undertakes all major surgery with the exception of transplant, cardiac, hepatobiliary and neurosurgery, and has a particular focus on major upper and lower GI, head and neck, gynae, thoracic and urological cancer surgery. The labour ward has 7,000 deliveries a year including higher risk cardiac and haematological patient groups.

The successful applicant will be offered one day (3-session) per week of daytime clinical work, and to join one of the 1:8 registrar on-call rotas, which cover either the emergency theatres or labour ward out of hours. They will need to be at least ST4 level and have passed the FRCA or equivalent.

**Queries:**

Dr Elisa Bertoja (College Tutor; [elisa.bertoja@nhs.net](mailto:elisa.bertoja@nhs.net))

Prof Ramani Moonesinghe (Professor of Perioperative Medicine; [ramani.moonesinghe@nhs.net](mailto:ramani.moonesinghe@nhs.net))

## **Salaries / expenses**

**Salaries** will be covered by the employing partner hospital in accordance with standard NHS / independent sector pay-scales and the candidate's level of clinical experience.

All **travel expenses** for work undertaken for the RCoA and HSRC will be refunded by the RCoA in accordance with its expenses policy.

**Relocation expenses** must be met by the candidate.

## **Person Specification**

See entries for individual hospitals for details of clinical experience required.

All posts will require an individual who has excellent communication skills, is highly organized, is academically curious, self-starting, and able to work independently as well as within a complex multi-disciplinary team. No prior research experience is expected but evidence that they are able to see a project through to completion, and of interests outside their usual daily work is essential.

## **Supervision, Leave, Appraisal, Revalidation and Performance Management**

### **Clinical Supervision**

This will be the responsibility of the hospital, in accordance with usual training requirements (a named educational supervisor, and direct or indirect supervision as appropriate for all clinical duties).

### **Academic supervision**

The academic supervisor listed with each post will be responsible for the non-clinical work undertaken by the candidate.

### **Leave**

Annual, sick, parental, compassionate and carers leave should be in keeping with the hospital's usual policies.

Approval for study leave is at the discretion of the employing hospital.

### **Appraisal, revalidation and performance management**

The appointed candidate will require annual appraisal: if they hold a UK training number this would be via the ARCP process; if not, the hospital should be responsible for supporting them in having an annual appraisal. Performance management of clinical duties will be conducted in keeping with usual hospital/GMC and training policies.

The policy for performance management of duties undertaken for the RCoA / HSRC will be detailed in an MOU which will be signed at the beginning of the post.

## How to apply

If you are interested in these posts, please submit the following to Ms Laura Farmer:  
[hsrc@rcoa.ac.uk](mailto:hsrc@rcoa.ac.uk):

1. **CV with contact details for two referees and confirmation of eligibility to work in the UK**
2. **Covering letter which must indicate:**
  - **Which geographical location(s), in order of preference, you would like to be considered for**
  - **Which of the project(s) on offer, in order of preference, that you would be willing to work on**

## For further information please contact

Ms Laura Farmer – HSRC Administrator ([hsrc@rcoa.ac.uk](mailto:hsrc@rcoa.ac.uk))

**Closing date for applications: 9am on Monday 26 November**

**Candidates will be informed if they are shortlisted by 5pm on Friday 30 November**

**Interviews will take place at the Royal College of Anaesthetists, London on Friday 7 December – please can all applicants ensure that they will be able to attend the interview.**