

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

- **National Perioperative Quality Improvement Programme**
- **National Emergency Laparotomy Audit**

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 are expected to commence in **August 2021**.

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

### Research Opportunities

#### Post 1: Perioperative Quality Improvement Programme (PQIP)

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.

There are two types of post available:

##### i. **Research**

The post will involve analysis of PQIP data (quantitative research) or supporting the ongoing evaluation of the PQIP programme (qualitative or mixed methods research). 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 opportunity will be there to continue the fellowship for 2 to 3 years and work towards an MD(res) or PhD. The successful candidate(s) will be academically supervised by Professor Ramani Moonesinghe (UCL; HSRC Director and PQIP Chief Investigator) and either Dr Peter Martin (UCL, / HSRC statistician) or Dr Cecilia Vindrola (UCL / HSRC social scientist).

##### ii. **Quality Improvement**

The post will involve supporting local teams in their QI efforts through coaching, mentoring and training. In addition, they will learn qualitative research methods to support evaluation of the impact of their and other PQIP interventions. 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 academically supervised by Professor Ramani Moonesinghe (UCL; HSRC Director and PQIP Chief Investigator) and Dr Cecilia Vindrola (UCL / HSRC social scientist).

The successful candidate(s) will be expected to attend PQIP Project Team meetings (every two months) and will be invited to meetings of the HSRC executive management board (four times per year). Travel expenses for these meetings and all work related to PQIP will be reimbursed.

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

We are seeking to appoint one fellow to work with 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 qualitative and / or quantitative data analysis, report and manuscript writing to support the agreed outcomes of NELA, 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 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

## **Clinical Placements**

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

### **1. 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)

### **2. 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)

### **3. 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 three 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.

**i. ICU-based fellow (junior and senior)**

The successful applicant will need to be from an anaesthesia (airway) background. They would need to be anaesthesia, ST3+ (junior) or ST5+ (senior) and we would need them to do one weekday shift and the full afterhours on call, which works out to 1:8 nights.

**ii. 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 Christine Watson (ICU): [Christine.watson@nuh.nhs.uk](mailto:Christine.watson@nuh.nhs.uk)

#### **4. 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](mailto:d.walker@ucl.ac.uk)

#### **5. 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. In Oct 2020 we moved over to My Care which means all records are electronic. We were the fourth hospital in the UK to do this after Addenbrooke's, UCL and Great Ormond Street.

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. We have a very good track record with high proportions of our trainees and LAS doctors being successful in their applications for Specialist training and Consultant jobs.

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

Obstetric rota: Primary FRCA and sufficient clinical obstetric experience.

Junior on-call rota: at least CT2 and Primary FRCA required with a willingness to help in ITU if needed on call;

All rotas are 1:8 with one day per week in theatre. In the past we have accommodated an HSRC fellow by allowing them to write their own on call rota to allow for commuting.

**Queries:** Fiona Martin: [fiona.martin8@nhs.net](mailto:fiona.martin8@nhs.net)

## 6. St George's Hospital anaesthetic department

St George's Hospital NHS Trust is one of the largest healthcare providers in the UK and one of four Major Trauma Centres in London. The trust also provides general acute secondary care together with tertiary specialties including cardiothoracic, neurosciences and specialist obstetric and paediatric services. It is one of the few sites in the UK to provide such a diversity of anaesthetic experience on one site.

The anaesthetic department at St George's Hospital is a large department which has received Anaesthetic Clinical Services Accreditation (ACSA) in recognition of the excellent services it provides. There are weekly anaesthetic educational meetings, regularly clinical governance, morbidity and mortality meetings as well as a teaching programme for trainee anaesthetists, including FRCA exam preparation. As well as a full range of clinical specialities, the department has a high risk anaesthetic clinic, prehabilitation service and PACU.

This post holder can occupy a slot on either the senior or junior emergency theatres rota, or the obstetrics rota, with a 1 in 8 on-call commitment.

The senior rota 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. It is the aim of these posts 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.

The junior rota is designed for an anaesthetist with 2 years' experience and preferably the primary FRCA or equivalent, with an interest in developing further experience and skills obtainable at a busy London teaching hospital.

The obstetric rota is covering delivery suite duties in a busy tertiary referral centre, with a maternal and foetal medicine service, seeing 5000 deliveries annually.

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

## 7. Royal United Hospital, Bath

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 has a keen interest in emergency laparotomy, having made significant improvements in this field. The department also has a very active research programme, led by Professor Tim Cook, particularly in the area of airway research. There is also excellent QI support in the department, led by Dr Lesley Jordan with formal nationally recognised training available.

The successful applicant will be released from a minimum of 40% of normal daytime clinical activities to participate in the national research project. The remainder of the time will provide clinical anaesthesia for elective surgery with the possibility to tailor sessions to the fellow's particular specialist interest. The successful candidate will also participate in half share of the 1:8 registrar third on-call rotas, covering junior trainees working in emergency theatres, labour ward and intensive care out of hours. The successful candidate must therefore have obstetric anaesthetic competencies. Regular time will also be allocated for development of local QI and research projects.

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

## 8. James Cook University Hospital anaesthetic department

### *Project commitment*

There is a 50% commitment to project time.

### *Clinical commitment*

There is a 50% clinical service commitment inclusive of a 1 in 4, weekend daytime Friarage Hospital anaesthetic on call requirement. Further out of hours on-call in support of the James Cook University anaesthesia rota tiers may be required to a maximum overall on-call frequency of 1:8. ITU is covered as a separate rota. All rotas are EWTD compliant. There is a service commitment to daytime elective and emergency anaesthesia delivery at both James Cook University Hospital and Friarage Hospital. There will be opportunity to tailor lists to individual interests to enable them to build expertise in a particular area. All clinical activity will be matched to the fellow's level of training and will include appropriate consultant clinical and educational supervision.

James Cook University Hospital (JCUH) 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 Health Education England North East. JCUH delivers anaesthetic training to higher level in all essential units except paediatrics and offers a number of advanced training modules. The anaesthetic department has an active research department which supports a number of academic projects. Dr Dave Murray, NELA chair, is also based at JCUH.

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

**Queries:** Dr Dave Murray: [dave.murray1@nhs.net](mailto:dave.murray1@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 Sarah Barnett Tutor: [sarah.barnett2@nhs.net](mailto:sarah.barnett2@nhs.net)

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

## Salaries and 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 organised, 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 that will be signed at the beginning of the post.

## How to apply

If you are interested in these posts, please submit the following to [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:**
  - o **Which geographical location(s), in order of preference, you would like to be considered for**
  - o **Which of the project(s) on offer, in order of preference, that you would be willing to work on**

## Important Dates

**Closing date for applications: 9am on Tuesday 1 December 2020**

**Candidates will be informed if they are shortlisted by 5pm on Thursday 3 December**

**Interviews will take place via video conference on Monday 7 December**

**Please notify us in advance if you have any special requirements**