

Health Services Research Centre (HSRC)

Meet the HSRC Research Fellows



The Health Services Research Centre's proudest achievement is the development of its team of research fellows.

As well as supporting HSRC projects, the fellowship programme aims to support the development of tomorrow's academic leaders. Since 2012, ten trainees and one post-CCT fellow from eight different schools of anaesthesia have worked on projects including, amongst others, the National Emergency Laparotomy Audit (NELA), the Perioperative Quality Improvement Programme (PQIP), and the Sprint National Anaesthesia Projects (SNAPs); three more will start over the next 12 months. All are anaesthetists, from a variety of regions and backgrounds, and none had any significant research experience when appointed. Each gives a brief outline of their experience of their fellowship below.

The HSRC advertises posts annually. We are hugely grateful for the support we have had from our funding partners, and are always looking for opportunities to work with research funders and hospitals across the UK. Interested future fellows please contact hsrc@rcoa.ac.uk.



DR MIKE BASSETT

ST7, North West School; NELA Fellow 2015–2016
Funding: The Princess Grace Hospital

My interest in NELA was piqued by completing local data entry and seeing personally how sick emergency laparotomy patients were. I wanted to take part in improving care for this group at a national level. The year went incredibly quickly; I helped produce the Second NELA Patient Report and gained useful skills in time management, communication, and data handling. I 'enjoy' supporting Tranmere Rovers, cycling, running and climbing, although recently those have taken a back seat to attending loud children's birthday parties. I would like to emphasise that a prospective fellow does not have to be a 'research person' – I didn't consider myself one!



DR JAMES BEDFORD

ST5 Anaesthetics/ ST4 Intensive Care Medicine, South East School; PQIP Fellow 2016–present. PhD in progress.
Funding: The Princess Grace Hospital

The HSRC posts seemed an excellent fit for my interests and experience. The initial one-year post allowed me to get a feel for the work, and I have now extended it to three years. I've recently been learning statistical programming language, creating the PQIP quarterly reports. The more predictable routine of research has allowed me to resume playing football for a local team, something I had given up due to clinical shift patterns. Fellowships give you time and support to learn and develop skills, and are accessible and suitable for people with little or no previous research experience (like me).



DR OLIVER BONEY

ST6, Barts and The London School; HSRC Fellow 2014–present. PhD in progress.
Funding: The London Clinic/RCoA/UCLH Surgical Outcomes Research Centre (SOuRCE)

Initially wanting time away from training, and having a young family, health services research looked an attractive proposition. I contacted HSRC out of the blue enquiring after projects open to enthusiastic but unskilled research novices, and was surprised by the overwhelmingly encouraging response. I've worked on two projects: 'Core Outcome Measures for Perioperative and Anaesthetic Care', and the Anaesthesia and Perioperative Medicine Priority Setting Partnership. I've experienced managing a nationwide project, delivering a multicentre research study, and developed a passion for improving the healthcare experiences of patients having major surgery.



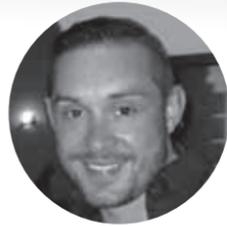
DR MARIA CHAZAPIS

ST7, North Central School. PQIP Fellow 2015–present. PhD in progress.
Funding: UCLH/RCoA

After blowing up an expensive spectrometer at Med School, I was put off any sort of research until I'd navigated the FRCA exams and returned from maternity leave. I designed a study to prospectively measure quality of recovery, which led to a *BJA* publication. I obtained a Darzi fellowship, learning about healthcare leadership, management and (my favourite) quality improvement. I'm currently completing anaesthetic training and working towards a PhD. Every week is filled with challenges, delights, learning and challenges (did I mention those?). My advice to anyone interested in research – it's completely worth it and it's never too late to start!

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**DR DAVID GILHOOLY**

Post-CCT Anaesthesia/Intensive Care Medicine, Ireland; PQIP Fellow August 2015–present. MD(Res) in progress.
Funding: London Clinic

I am an Irish graduate and trainee, and undertook a fellowship in bariatric anaesthesia at UCLH before applying to the HSRC. I'm researching the delivery of care bundles in the acute care setting. I also work on PQIP and support other fellows in their research. Starting research can be quite daunting, but provides a wealth of knowledge through sharing of ideas and experiences. Top tip: find a good outlet removed from medicine so you can rejuvenate. Outside of clinical practice I have been involved in setting up a charity to teach doctors and nurses in developing countries.

**DR MATT OLIVER**

ST5, North Central School; NIHR Academic Clinical Lecturer (UCL; 2017–present); NELA Fellow: 2012–2015. PhD awarded 2017.
Funding: London Clinic/NELA

Since Med School I'd wanted to combine research and clinical work; doing the Final FRCA in ST3 provided impetus to apply for a research post. Three puzzled Annual Review of Competence Progression (ARCP) panels later I returned to Intermediate training! I was appointed NELA's first Fellow in 2012. I identified risk tools and standards of care, put together audit questionnaires and reports, and presented at meetings. I've been lucky enough to write chapters for critical care textbooks and a module for UCL's perioperative medicine MSc. A medical career remains a passport and I cannot recommend enough getting out there and collecting stamps on that passport!

**DR DUNCAN WAGSTAFF**

ST5, North Central School; PQIP Fellow 2015–present. MD(Res) in progress.
Funding: NIHR ACF/Princess Grace/Health Foundation

I got into research a bit haphazardly, without a burning question to answer but keen to explore a 'big picture' view of healthcare. I'm researching how we use data to improve care. The best bits about research include autonomy; a flexible working pattern consistent with a young family at home; exposure to new people and ways of thinking; and excitement as new doors open, even if I'm not entirely sure where I want them to lead. I'm really glad that I've tried research. Don't assume that you need a lot of experience to get involved!

**DR ELLIE WALKER**

ST7, North Central School; SNAP-1 Fellow 2013–2015; HSRC (paediatric HSR) 2016–present. MD(Res) in progress.
Funding: UCLH/Princess Grace/London Clinic.

My overwhelmingly positive first experience with research was as trainee lead of SNAP-1. I extended my time out the following year in order to complete an MD(Res). After only a brief return to training, I am once again doing an Out-of-Programme-Research (OOPR) year to complete my thesis and work on paediatric health research projects. Initially daunted by the fact that I had no previous experience in research, I found from speaking to others that I was not alone in these fears! There is likely to be something out there to suit everyone.

**DR AMAKI SOGBODJOR**

ST6, Imperial School; HSRC Fellow in Paediatric Perioperative Medicine (August 2016–present). MD(Res) in progress. Funding: London Clinic

After ST5, I undertook an MA in Medical Ethics and Law. I enjoyed the professional and personal merits of taking time out of training to focus on an area of particular interest, so I jumped at the opportunity to join the HSRC. The focus of my research is addressing the lack of paediatric-specific quality metrics. Prior to this fellowship my experience of qualitative research was limited, so it has very much been a case of learning on the job. Doing so with the support of the HSRC has made this challenge hugely rewarding.

**DR DANNY WONG**

ST5, South East School; SNAP-2 Fellow 2016–present. PhD in progress.
Funding: London Clinic/AAGBI Project Grant/UCLH SOuRCE

I am just over a year into a planned three-year fellowship leading to a PhD. My main project is SNAP-2, aiming to answer some questions we have around referring patients appropriately to critical care postoperatively. I have learned a tremendous amount, from project management skills, to improving my programming and statistical analysis. The experience has been invaluable! I also cover an ICU in the private sector; this keeps my clinical skills sharp. The rota is managed between the fellows so we have a greater choice in how we split our research, clinical and personal commitments.

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A day in the life of an HSRC Fellow



Dr Tom Poulton,
ST7 anaesthetics/ICM,
Northern School

I am not in an academic training programme, and have never in fact even considered applying for one. Prior to this I had the same hypothetical ‘interest in research’ that a lot of people have – one that never translates into doing any actual research. However, I was sick of the big, empty ‘Research’ box on job application forms that I’d only ever been able to pad out. Raising my lack of research background at my interview, I was assured that this was precisely why the post existed – to give research experience to people who could demonstrate enthusiasm and willingness to learn on the job.

I joined NELA while the second patient report was in preparation. I was fortunate that Mike Bassett, already in post for a few months, covered a lot of the early work while I was finding my feet. Our progress was reviewed at monthly team meetings, but on a day-to-day basis we largely managed our own time, with input from the wider team when needed.

I learnt to use specialist statistical software to analyse data. I now know more about forcing Excel to do things it was never really built for than I care to admit. There is a huge amount of satisfaction to be gained through approaching a problem, and through persistence (and with a little help from Google) making it work.

Reports are produced with contributions from the whole Project Team. The fellows create drafts, which are circulated and rewritten following discussions. With much satisfaction, and no small amount of relief, the report was published, on schedule, in July 2016. NELA Project Team meetings are a fascinating insight into the processes that keep a large national project moving forward, and have been a privileged opportunity to learn from some incredibly knowledgeable and experienced people.

I have worked as hard, if not harder, than in any hospital post, however the nature and flexibility of the work have made it thoroughly enjoyable. The process has helped me develop a wide range of skills, from improving my style of writing on technical subjects, to the practicalities of managing a large and complex document and overcoming the organisational challenges of collaboration in a busy team. I never knew it was within me to care so deeply over whether or not certain nouns were appropriately and consistently capitalised. But then, I am an anaesthetist, so the traits were always there.

While I have opted not to count this year towards training, much of the work done could be mapped to Annex G. Table 1 is an example of the outcomes I have covered so far.

I admit to catching the research bug, and have used this opportunity to complete an MSc and am now working on an MD(Res). To anyone with a keen interest but no experience, or those who think opportunities like this don’t apply to people training outside of London, I encourage you to apply: you are probably the kind of person they are looking for.

Table 1 Outcomes mapped to Annex G of the training curriculum

Theme	Higher and Advanced domain	Description
Academic/research	AR_HK_01	Support quality through auditing clinical outcomes
	AR_HK_03	Principles of research governance
	AR_HK_05	Knowledge of the National Institute of Academic Anaesthesia
	AR_HS_04	Use statistical methods to analyse data and estimate probabilities
	AR_HS_09	Compare the results of an audit with criteria and standards to reach conclusions
	AR_HS_13	Use the findings of an audit to develop and implement change
	AR_HS_14	Contribute to a national audit project
	AR_HS_18	Use of reference manager software in the production of manuscripts
	AR_HS_19	Analyse research data using advanced statistical software
	AR_AS_01	Contribute to the development of national clinical guidelines and protocols
Improvement science, safe and reliable systems	AR_AS_02	Champion practice change supported by audit
	AR_AS_08	Demonstrate the ability to write a scientific paper
	AR_AS_10	Attend relevant national and international meetings
	IS_K_01	Understand the significance of variation within systems
	IS_K_02	Recognise that real improvements come from changing systems, not change within systems
	IS_K_09	Recognise that process drives outcome and quality improvement as the science of process management
Management	IS_K_21	Understand the fundamentals of Statistical Process Control charts
	IS_K_26	Define outcomes and link how improved outcomes relate to improved processes. Recognise that structure plus process leads to outcome
	IS_S_01	Demonstrate creation of a run chart, and separate random from assignable variation
	MN_AK_10	Understand the role of the commissioning bodies, and how the commissioning groups and providers cooperate and communicate
	MN_AK_12	Understand how national service and quality targets are set, and the organisations and processes used to monitor those targets
MN_AS_03	Undertake a project to develop a proposal involving a change of practice	
MN_AS_04	Attends national or international meetings relating to service organisation	