

## **Clinical Research Fellowships with the RCoA Centre for Research and Improvement (CR&I)**

The RCoA CR&I in partnership with NHS and independent sector hospitals, seeks to appoint clinical research fellows to work on high profile programmes in health services research and quality improvement related to anaesthesia and perioperative medicine.

The successful candidate 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 in **August 2025**.

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 outcomes after major surgery, and formally evaluating the effects of different types of quality improvement methodology. It is being led by the RCoA, CR&I and UCL Surgical Outcomes Research centre, and supported by the Health Foundation.

We are seeking one fellow to work on either of the two posts available:

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

The successful candidate will undertake quantitative or qualitative research within PQIP. Quantitative research would include analysis of our cohort of >45,000 patients, to answer research questions about risk, process and outcome after major surgery. Qualitative research would investigate barriers and enablers to compliance with quality initiatives and/or development of novel interventions to improve patient outcomes.

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

The successful candidate will work on large scale QI, focusing in particular on developing and supporting improvement collaboratives and supporting teams in using their data for improvement.

All projects will be supervised by Professor Ramani Moonesinghe (Chief Investigator [CI]) and/or Dr Duncan Wagstaff (acting CI); qualitative research will be co-supervised by Dr Cecilia Vindrola, (CR&I and UCL social scientist) and quantitative research co-supervised by either Dr James Bedford (UCL clinician scientist) or Dr Snehal Pinto Pereira (UCL statistician).

### **Roles and responsibilities**

1. The successful candidate(s) will be expected to attend PQIP Project Team meetings (every two months).
2. PQIP Fellows will have the opportunity to join the writing team of the PQIP Annual Report which will be launched around summer 2026.
3. Successful candidate(s) will be supported in publishing the results of their projects in peer-reviewed literature. They will have the opportunity to present the results of their project work, and other aspects of PQIP data, at the launch of the Annual Report.

**Queries** Dr Duncan Wagstaff [duncan.wagstaff1@nhs.net](mailto:duncan.wagstaff1@nhs.net)

### **Post 2: Patient Safety Research Fellow**

#### **Post Description**

This is an exciting opportunity for an enthusiastic and creative individual to be at the cutting edge of a new research collaboration. The CR&I is partnering with the new NIHR Central London Patient Safety Research Collaboration (CL-PSRC) to support patient safety research in Surgical, Perioperative, Acute and Critical care (SPACE). The CL-PSRC was established in April 2023 and will run for 5 years in the first instance.

It focuses on patient safety challenges in surgical, perioperative, acute and critical care, taking a pathway-based approach which will also therefore encompass primary and community care. Patient and public involvement is at the heart of its research activities, and it has a strong commitment both to the 'levelling up' agenda in terms of research outputs and ensuring that our staff and our research reflect the diversity of our population, and the patients that the NHS serves. The PSRC is organized into themes of activity, each with its own leads and research projects. It is also home to a career development academy, supporting PhD students, postdoctoral and mid-career researchers, from both clinical and non-clinical backgrounds.

#### **Roles and Responsibilities**

The successful candidate will have a choice of qualitative, quantitative or mixed methods research projects supporting existing work and contributing to new ideas. Current projects include:

1. Evaluation of NHSE's new approach to preoperative pathways.
2. Analysis of the impact of previous National Audit Projects on patient safety.
3. Using digital sociology methods to analyse free text patient safety.
4. Data improving the implementation and impact of clinical risk scores, such as NEWS and surgical risk prediction tools, such as SORT.
5. Developing interventions to improve surgical outcomes for patients from deprived communities.

Project planning and delivery will be dependent on the choice of project. Fellows will be given the support and resources needed, including remote computing and library access.

#### **Opportunities for Presentation/Publication**

Presenting work at internal PSRC/CR&I events and national meetings and contributing to the generation of peer-reviewed manuscripts are encouraged. We will support the fellow as needed and as appropriate to their experience.

**Queries:** Project Supervisor – Dr Andrew Kane - [Andrew.kane@nhs.net](mailto:Andrew.kane@nhs.net)

### **Post 3: Quality Improvement Working Group (QIWG)**

We are seeking to appoint one fellow to work with the RCoA QI working group to develop QI strategy and deliver national level implementation projects. The successful candidate will have the opportunity to work with quality improvement leaders, building skills in quality improvement, leadership and report writing. The successful candidate will contribute to updating the RCoA QI Compendium and organising RCoA-led QI events.

#### **Roles and responsibilities**

1. Contribute to the development of RCoA QI strategy
2. Contribute to the design and delivery of any national projects spearheaded by QIWG
3. Lead on delivery of RCoA Career Development Programme for QI
4. Contribute to updates of RCoA QI Compendium
5. Attend and contribute to QIWG meetings
6. Attend and contribute to chairing of Quality Network virtual meetings
7. Contribute to organisation of Quality Network Regional Leads Meeting and RCoA QI Study Day

There will be opportunities to present at the Quality Network Regional Leads Meeting and RCoA QI Study Day. There will also be opportunities for publication regarding outputs of the QIWG/Quality Network projects

**Queries:** Project Supervisor – Dr Samantha Warnakulasuriya [Samantha.Warnakulasuriya@nhs.net](mailto:Samantha.Warnakulasuriya@nhs.net)

#### **Post 4: National Emergency Laparotomy Audit (NELA)**

NELA are seeking to appoint one fellow. This fellow will support driving improvements in patient outcomes through optimizing engagement with clinical teams and allied healthcare professionals. Optimization of engagement will be facilitated through a variety of digital and face-to-face workstreams to include website development (for patients and clinicians), webinar program and workshops.

#### **Roles and responsibilities**

The NELA fellow will work alongside the NELA clinical leads for NELA project work.

1. The NELA fellow will join the NELA project team. The successful candidate will be expected to attend NELA project team meetings (face-to-face or virtual), for which travel expenses will be reimbursed.
2. The fellow will be expected to develop and deliver (supported by NELA clinical leads) a comprehensive and wide-ranging development program to engage allied healthcare professionals who are not currently engaged in NELA work. The fellow will also build on work of previous fellows around case ascertainment.

There will be opportunity for presentation of project outputs at project team meetings and at a national level (e.g. national conferences / national meetings) throughout the term of appointment. Publication of project outputs is expected in peer reviewed journals.

**Queries:** Project Supervisors—Miss Lyndsay Pearce (NELA Chair) & Dr David Saunders (NELA Anaesthetic Clinical Lead) [NELA@rcoa.ac.uk](mailto:NELA@rcoa.ac.uk)

#### **Post 5: Patient & Public Involvement (PPI) Fellow**

We are seeking to recruit one Fellow to work as a key member of the College PPI team. The Fellow will be supervised by the Patient Information Lead, Dr Samantha Black, and will have ready access to the network of supportive and engaged clinical fellows throughout the CR&I, as well as support from staff in the RCoA Clinical Quality and Research directorate and the Patient and Public Involvement team.

#### **Roles and responsibilities:**

1. Continue the development of a research project to understand the effectiveness of hypnotherapy tools to reduce preoperative anxiety in patients and in prehabilitation,

including working closely with the British Society of Clinical and Academic Hypnosis and international organisations and researchers.

2. Explore how best to measure the effectiveness of the RCoA's patient information resources by developing a validated method of measuring impact and gathering feedback from patients.
3. Support the delivery and development of other patient information projects and PPI projects as they arise according to the PPI workstream strategy.
4. Exploring AI and patient information.

The fellow is encouraged to bring their own ideas to our work and will have scope to pursue their own research or other development opportunities to complement the objectives above.

The successful fellow will be expected to attend Patient Information Group (which they may attend online and runs twice a year), as well as any additional meetings related to their project work.

For this role we are looking for someone who is passionate about improving patients' experience of anaesthesia and perioperative care through the provision of high-quality patient information and who has a keen interest in patient engagement methodologies. The successful candidate will be expected to work with the PatientsVoices@RCoA group and other patient communities to bring the voice of patients into specific projects.

**Queries:** Patient Information Lead - Dr Samantha Black [samantha.black1@nhs.net](mailto:samantha.black1@nhs.net)

### **Post 6: Emergency Front of Neck Airway Registry (eFONAR)**

The National eFONA Registry is a joint collaboration between the CR&I, the Difficult Airway Society and the University of Nottingham. It aims to capture and analyse all cases where an emergency front of neck airway is attempted or performed across the UK.

eFONAR is now in the final stages of development and testing before launch. Outstanding tasks are final consent issues, hospital enrolment, user guide to the database and database advertisement at national meetings.

#### **Role and responsibilities**

1. Establishing and retaining research permissions (including the Scottish permission process)
2. Engagement with potential contributors (e.g. Ireland)
3. Liaising with other stakeholders (RCEM, ICS etc)
4. Database promotion at airway meetings
5. Database trouble shooting
6. Coordination of, and attendance at, preliminary analysis meetings
7. Regular (weekly or fortnightly) meetings with project supervisors

The successful candidate will have the opportunity to get involved with data analysis and preliminary report writing; the registry has a nominal 3-year life once open and so the fellow will be heavily involved in the analysis of data that is logged on the registry during their tenure.

There will be opportunities for the successful candidate to present at the Airway Leads Day and the Annual Scientific Meeting of the Difficult Airway Society, alongside data analysis from simple demographic data about the cases submitted to thematic analysis of the events. These should lead to formal papers in appropriate journals alongside abstracts of conference proceedings.

**Queries:** Project Supervisors—Alistair McNarry [althegasman@btinternet.com](mailto:althegasman@btinternet.com); Prof Iain Moppett [Iain.Moppett@nottingham.ac.uk](mailto:Iain.Moppett@nottingham.ac.uk)

## **Post 7: NAP8 (Complications of regional anaesthesia and other neurological complications of anaesthesia)**

The NAP8 team are seeking three fellows to work on NAP8 and a related a SNAP project.

### **NAP Fellows**

NAP8 will primarily examine complications of both central and peripheral regional anaesthesia. This will be undertaken via the traditional NAP format with a baseline survey, activity survey and a registry phase. Based on previous NAP data and manufacturer needle sales data there could be up to 1.6 million regional procedures performed in the UK per annum. 'Other' neurological complications of anaesthesia will also be examined, but during the activity phase only. For this we are seeking two fellows.

### **SNAP Fellow**

We are also seeking one fellow to undertake a standalone, but related, SNAP project during NAP8. By actively following up a cohort of patients after a peripheral nerve block, this SNAP would provide us with robust figures for temporary nerve injury post-RA and other nerve block patient-reported outcome measures (PROMs) we cannot by definition collect during a NAP audit. During the SNAP a very small subset of the patients with temporary nerve injury will develop permanent nerve injury and this data will also serve as a control group for NAP8 where permanent nerve injury is one outcome of interest. For this we are seeking one fellow.

### **Roles and responsibilities**

#### **NAP8**

- All aspects of study design and delivery (following traditional NAP format), regulatory approvals, site liaison, data analysis and subsequent preparation of the NAP8 report and manuscripts
- Meetings every one to two weeks during the initial phase (mainly virtual)

#### **SNAP**

- All aspects of study design and delivery, ethical approval, site liaison, data analysis and subsequent preparation of manuscript(s)
- Meetings every one to two weeks during the initial phase (mainly virtual)

It is anticipated that fellows will work flexibly and be involved in all aspects of the project.

In addition to the main NAP8 report, we would anticipate multiple opportunities for journal publications and associated local, national and international presentations.

This project has already had funding committed by the European Society of Regional Anaesthesia and so in addition to the presentations at UK meetings, there will be European presentations also (and also likely with Europe given the interest already from the regional anaesthesia community worldwide).

**Queries:** Professor Alan Macfarlane [Alan.macfarlane@glasgow.ac.uk](mailto:Alan.macfarlane@glasgow.ac.uk)

## **Post 8: National Chronic Subdural Data Hub (nCSDH)**

The National Chronic Subdural Data Hub (nCSDH) is a feasibility cross-site audit and research database being developed to better understand the outcomes of patients with a chronic subdural haematoma (cSDH) and to serve as a model for the capture of such data for patient pathways that span institutions. The project is funded by the National Institute for Health and Care Research (NIHR) via an advanced fellowship and looks to implement the database in 8 neuroscience units across the UK.

### **Principle aims are to:**

- 1) Assess feasibility of implementation and scale of data coverage for outcomes pre/during/after neuroscience unit admission.
- 2) Use the data to support deeper understanding of the impact of different referral routes and geographic region on patient outcome/experience.

- 3) Support locoregional improvement efforts.
- 4) Integrate the data into national repositories (TBI-REPORTER) at project completion.

One fellow is requested.

#### **Roles and responsibilities:**

- 1) Project setup/approvals including application to the confidentiality advisory group (CAG)
- 2) Liaison between database design team (CAM-IDE based in Cambridge) and RCoA CR&I
- 3) Informing development of interactive web application for data viewing
- 4) Engagement with launch sites
- 5) Act as a link between other related projects (relating to locoregional programme evaluation of new pathways in the east of England, as well as relevance of the approach to other specialist surgical centres)

The role will provide significant opportunities for someone interested in a career in neuroanaesthesia, perioperative medicine, anaesthesia for the frail patient, or how to model and understand care pathways that span secondary and tertiary care. Publications in year one would include: protocol paper and database design. Other opportunities from related projects may emerge dependent on engagement and workload.

The nCSDH is supported by both the neuroanaesthesia and critical care society (NACCS) as well as the Society for British Neurological Surgeons (SBNS). This creates the opportunity for presentation at national specialty conferences.

**Queries:** Dr Daniel J Stubbs (University of Cambridge/Cambridge University Hospitals NHSFT)  
[Djs225@cam.ac.uk](mailto:Djs225@cam.ac.uk)

## **Clinical Placements**

These posts are salary supported by a clinical commitment at one of the following hospitals/ departments:

### **1. HCA Critical Care Units**

Join HCA Healthcare UK's World-Class Critical Care Team as an ICU Resident Doctor!

Are you ready to take your medical career to new heights? At HCA Healthcare UK, our Critical Care department is home to five premier Critical Care Units across central London, including **The London Bridge, The Princess Grace, Harley Street Clinic, The Lister Hospital and The Wellington Hospital.**

Here, you'll work alongside some of the world's leading surgeons performing innovative procedures and providing top-tier oncology, cardiology, neurology, post-surgical, and critical medical care.

Why HCA Healthcare?

- **Top Facilities & Patient Care:** Our level 3 Adult ICUs are equipped to handle a wide range of complex medical needs, offering the most advanced care available in private healthcare. Fully staffed, fully equipped with the latest technology and expert resources.
- **Innovative Environment:** Work in a secure and safe setting that encourages ongoing education and development. As a Resident Doctor in our ICU, you'll play a key role in patient care, supporting consultants and leading on 24-hour resident care, with peers, on projects focused on excellence, relating to, clinical governance, patient satisfaction and patient safety. Streamlining medical management processes and procedures for efficiency purposes.
- **Autonomous Practice with Support:** You'll provide critical support within the ICU, act as a core member of the emergency team, and practice advanced airway management, and



see national and international patient cases you may not see elsewhere. You are welcome to join exclusive MDT meetings to learn and develop your knowledge and experience.

- Career Development: We provide unique opportunities for academic advancement, with fully funded sponsorship available for PhD, MD, MSc, master's in leadership or MBA programs.

### **Contract & Flexibility**

We understand the importance of work-life balance and offer:

- A 2-3-year commitment, part time, with flexible 12 or 24-hour shifts tailored to your schedule and other commitments.
- With excellent remuneration up to £85000 full time equivalent, plus funded education or research, and outstanding employee benefits, including private medical insurance for you and your family, you will feel fully rewarded and fulfilled.

### **Qualifications Needed**

- GMC Registered: In good standing with the GMC.
- Foundation Training Complete: Plus, a minimum of 3-4 years of further experience in anaesthetics, stage 1 ICM, or ACCS.
- Anaesthesia & ICU Experience: At least one year's experience in anaesthesia and ICU, with experience in ALS and Major Trauma settings preferred.

If you're passionate about delivering exceptional patient care, contact us to learn more:

- Dr Cheryl Achary [Cheryl.Achary@hcahealthcare.co.uk](mailto:Cheryl.Achary@hcahealthcare.co.uk)
- Dr Gaby Cox: [GabriellaLouise.Cox@hcahealthcare.co.uk](mailto:GabriellaLouise.Cox@hcahealthcare.co.uk)
- Lisa Wilson: [lisa.wilson@hcahealthcare.co.uk](mailto:lisa.wilson@hcahealthcare.co.uk)

## **2. Guy's and St Thomas' NHS Foundation Trust**

Guy's and St Thomas' NHS Foundation Trust is among the UK's busiest and most successful NHS foundation trusts. We provide a full range of hospital and community services for people in South London and as well as specialist care for patients from further afield including cancer, renal, orthopaedic, respiratory and cardiovascular services.

The Theatres, Anaesthesia and Peri-operative Medicine (TAP) Directorate is part of the Cancer and Surgery Clinical Group and is one of the most exciting departments to work in the country. There are over 120 consultants in adult anaesthesia, all with varied interests and specialist areas covering up to 50 operating locations per day. The Directorate hosts the President of the Royal College of Anaesthetists, Professors of Anaesthesia, editors from Anaesthesia journal, Association of Anaesthetists Council members, the previous Difficult Airway Society President and committee members and examiners for the FRCA exams, amongst others. The department is one of the most productive and engaging clinical, academic, and educational departments in the country and has an energetic, youthful, forward-thinking and exciting approach to welcoming new colleagues. The CR&I will provide research projects, but mentorship and support at Guy's and St Thomas' will be strong and committed.

### **Clinical Commitment**

Clinical duties will be only on-call commitments for 50% of the post-holder's time on an appropriate rota, giving 10 research weekdays for every 4 calendar weeks. These are likely to be senior registrar on calls at St Thomas' (0153) or Guy's (1049), obstetric at St Thomas' (0674), or a combination/similar. In general, fellows will undertake two weeks of full-time research followed by two weeks of on-call commitments with a 1:8 rota pattern. Candidates should be post-FRCA level.

**Queries:** Professor Kariem El-Boghdadly (Clinical Lead; Research and Development Lead)  
[Kariem.ElBoghdadly@gstt.nhs.uk](mailto:Kariem.ElBoghdadly@gstt.nhs.uk)

### 3. 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)

### 4. 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)

### 5. University College London Hospitals NHS Foundation Trust

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 except for 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 1:9 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 above and to have passed the FRCA or equivalent.

**Queries:** Dr Mohammed Haque [mohammed.haque@nhs.net](mailto:mohammed.haque@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, regular 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 specialties, the department has a high-risk anaesthetic clinic, prehabilitation service and PACU.

This post holder can occupy a slot on the senior 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 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.Johnston@stgeorges.nhs.uk](mailto:Carolyn.Johnston@stgeorges.nhs.uk); Dr Alexander Eeles [alex.eeles@stgeorges.nhs.uk](mailto:alex.eeles@stgeorges.nhs.uk)

## 7. James Cook University Hospital anaesthetic department

### **Project commitment**

There is a 50% commitment to project time.

### **Clinical commitment**

A 50% clinical service commitment includes 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 require 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 James Cook University Hospital and Friarage Hospital. There will be opportunities to individualise clinical work to enable fellows 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 comprises 75 consultants (including 8 military) and 2 SAS grade doctors. In addition, 46 trainees in anaesthesia rotate within the Northern School of Anaesthesia, part of Health Education England Northeast. We also employ Trust Grade Doctors and Doctors on the MTI programme. JCUH delivers anaesthetic training to Stage 3 in all essential units except paediatrics and offers a large range of Stage 3 Special interest areas.

The anaesthetic department is very research-active, and people are supported in developing and delivering research. The department has had strong links with the CR&I, hosting project leads and fellows for many years.

**Queries:** Dr Andrew Kane: [andrew.kane@nhs.net](mailto:andrew.kane@nhs.net)

## 8. South West Ambulatory Orthopaedic Centre (SWAOC) at Exeter Nightingale Hospital

The NHS Nightingale Hospital Exeter was initially part of the national response to the COVID-19 pandemic, caring for nearly 250 patients with COVID-19 from across Devon, Somerset, and Dorset. It has now been transformed into a state-of-the-art facility and is home to the following services:

- South West Ambulatory Orthopaedic Centre
- Centre of Excellence for Eyes
- Devon Diagnostic Centre
- Exeter rheumatology department

The South West Ambulatory Orthopaedic Centre provides an innovative ambulatory pathway for patients undergoing elective orthopaedic surgery. The service primarily is for hip and knee arthroplasty but has also expanded to deliver soft tissue knee surgery, foot and ankle surgery, hip arthroscopy surgery, and spinal surgery. The centre consists of two operating theatres with supporting accommodation, ambulatory facilities, and some overnight accommodation. The multidisciplinary team have developed cutting edge pathways which deliver orthopaedic surgery with such precision that 60% of patients are able to go home on the same day as their joint replacement surgery (the large remainder requiring only a single night in hospital).

### **Clinical Commitment**

The post holder will have an on-call commitment to the Nightingale, which is for up to 50% of the rota pattern. On-call shifts will be split 50:50 between service commitment and research. This will give the post holder 9 research days across 8 weeks.

There will be additional opportunities to spend time attached to consultant anaesthetists within our operating theatres to learn specific techniques to deliver successful ambulatory arthroplasty anaesthesia. Education supervision will be provided by the Royal Devon University Hospital, Exeter.

**Queries:** Consultant Anaesthetist- Dr Mary Stocker [mary.stocker@nhs.net](mailto:mary.stocker@nhs.net)

**Business Manager-** Polly Budden [polly.budden@nhs.net](mailto:polly.budden@nhs.net)

## 9. University Hospitals Plymouth

Plymouth Hospitals NHS Trust is one of the largest providers of acute care in the country. We are the tertiary referral centre and Major Trauma Centre for Devon, Cornwall and part of Somerset serving a population of almost 2 million. All services are provided on a single site at Derriford Hospital. These include neurosurgery, maxillofacial surgery, upper and lower GI surgery, plastic surgery, renal transplantation, hepatobiliary surgery and cardiothoracic surgery.

We are a teaching hospital in partnership with the University of Plymouth, incorporating a thriving Medical & Dental School. We employ 6400 staff, have more than 900 beds; over 48,000 people pass through the main entrance of our hospital in a week. Plymouth, Britain's Ocean City, occupies a stunning location. It is a perfect city for ambitious people looking to build a career, and enjoy a rich and rewarding life. Follow the link below to find out more:

<http://www.visitplymouth.co.uk/>

### Anaesthetic Department

The Anaesthetic Department is proud of its reputation as clinically excellent, forward thinking and Friendly with Royal College of Anaesthetists (ACSA) accreditation for Anaesthesia, Neuroanaesthesia and Critical Care. We routinely cover over 25 operating theatres, a busy maternity suite, endoscopy, interventional radiology and other "outside areas". We have a comprehensive pre-operative assessment service including > 800 Cardiopulmonary Exercise Tests annually.

We are proud to have colleagues in significant National and Regional Roles and producing excellent Research and Teaching. The Anaesthesia Directorate comprises more than 100 consultants or associate specialists, and approximately 40 trainees. Although large, the Department has a reputation for being supportive and friendly, centred on our "Back Bar" departmental educational complex & coffee room. We deliver > 20 000 PA of direct clinical care per annum in both the operating theatres and the wider hospital environment, and support 6 middle grade on call rotas.

### Clinical Commitment

The clinical commitment is 12 shifts a month (~ 8 days, 4 nights)

The post holder will participate in on-call rotas across general & obstetric anaesthesia and critical care – and an additional clinical day per week, exact arrangements depending on experience and preference.

Whilst the CR&I provides the fellow's research project, on site academic mentorship, supervision and academic support is strong. University Hospitals Plymouth hosts a thriving Perioperative Medicine research agenda & supports NIHR academic trainees across Critical Care, Translational, perioperative medicine and military anaesthesia themes. We are also the current host for the SWARM fellow ([www.ukswarm.com](http://www.ukswarm.com)) – linking anaesthesia research and audit across the 6 NHS acute hospitals in the Peninsula School. There are clear opportunities to build from an CR&I fellowship into a longstanding clinical academic career in Devon or Cornwall, balancing an excellent lifestyle with a great working environment.

**Queries:** Please direct further enquiries regarding the host department to Gary Minto, Consultant in Anaesthetics & Perioperative Medicine [gary.minto@nhs.net](mailto:gary.minto@nhs.net)

## 10. Cardiff and Vale University Health Board

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK. We have a responsibility for the promotion of health and well-being of around 475,000 people living in Cardiff and the Vale of Glamorgan and serve a wider population of 2.5 million people across South and Mid Wales. This includes several tertiary services including being a major trauma centre, cardiothoracic surgery, PICU, paediatric surgery, neurosurgery, cardiology, medical genetics, bone marrow transplantation, renal transplant and toxicology. On-site services are situated in the Children's Hospital for Wales, University Hospitals of Cardiff and University Hospital Llandough. We are also a teaching Health Board with close links to Cardiff University which boasts a high-profile teaching, research and development role within the UK and abroad, and enjoy strengthened links with the University of South Wales and Cardiff Metropolitan University.

We are situated in beautiful South Wales – with all the advantages of a capital city combined with stunning countryside and affordable accommodation.

**Clinical Commitment:** The post holder will have a 1:7 on-call commitment (2B rota) which will be primarily for enhanced recovery and emergency call cover in Llandough, although this could cover other trainee rotas as appropriate. This will give the post holder approximately 19 pure research days across 7 weeks, and 5 days when research can be undertaken along with clinical duties.

The rota is designed for an anaesthetist with a minimum of 1 year's NHS experience, 2 years' anaesthetic experience and the primary FRCA or equivalent.

**Queries:** Consultant Anaesthetist and clinical director Dr Naomi Goodwin [naomi.goodwin@wales.nhs.uk](mailto:naomi.goodwin@wales.nhs.uk)

## 11. Cambridge University Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust, based at Addenbrooke's and the Rosie Hospital in Cambridge, is a world-leading academic medical centre. It acts as the major trauma centre for the East of England and delivers a full range of secondary and tertiary surgical care including major general, hepatobiliary, vascular, obstetrics, transplant and neurosurgery.

Anaesthesia is provided in more than 40 theatres across the Trust by an ACSA accredited department of over 100 consultants and 65 anaesthetic resident doctors. The Department is also responsible for covering the Chronic and Acute Pain Service, the Ely Day Surgery Unit, Cambridge Eye Unit and Cambridge IVF. It is accredited for the delivery of multiple special interest areas (SIA) for stage 3 of the RCoA 2021 anaesthesia curriculum including obstetrics, paediatrics, vascular, major general, hepatobiliary, complex airway, perioperative medicine, regional anaesthesia, complex orthopaedics, trauma and neuroanaesthesia. The general (adult) intensive care unit and neuro-critical care unit are covered by a separate full shift rota of trainees.

There are monthly audit and educational meetings with structured training afternoons and a wide variety of opportunities to engage in educational, quality improvement, or academic activities.

The successful applicant would join the department with 50% of their time allocated to their project and the remainder to clinical service including a full commitment to the 1:8 resident anaesthetist on-call rota. Out of hours care is provided by 6 tiers of resident anaesthetist covering obstetrics, main theatres, neuroanaesthesia, thrombectomy, and the post anaesthesia care unit (PACU). Applicants must be post final FRCA and, preferably, have completed stage 2 training in anaesthesia by the time of appointment.

**Queries:** [tracey.christmas@nhs.net](mailto:tracey.christmas@nhs.net) (College Tutor)

## 12. North Devon District Hospital, Barnstable

North Devon District Hospital in Barnstaple is a rural district general hospital nestled between the beaches of Croyde, Woolacombe and Saunton that make up the UK's only Surf Reserve and Exmoor National Park.

The hospital has 10 operating theatres and undertakes surgery across the major specialities. This includes all the normal surgical specialities seen in the DGH environment alongside robotic surgery. The hospital is a tertiary referral centre for abdominal wall reconstruction. There is an 8 bedded intensive care unit and labour ward that sees around 1600 deliveries each year. The department is very welcoming and friendly and supports trainees in anaesthesia, ITU, EM and medicine.

The department is involved in a number of regional and national research and QI projects and as part of the role we would encourage the successful candidate to use allocated time to help develop local research projects.

### Clinical Commitment:

Joining the North Devon team would mean joining an 8 person on call rota. The on-call rota covers obstetrics and so the successful candidate will need to hold appropriate obstetric competencies. The remaining clinical time can be tailored to the successful candidates' requirements in elective theatres. This will leave a total of 12 days for research across an 8 week cycle, with an additional 3 days for personal development and local QI / research projects.

**Queries:** [rob.conway@nhs.net](mailto:rob.conway@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 CR&I will be reimbursed by the RCoA in accordance with its expenses policy.

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

**PhD Fees:** Fellows who wish to undertake a higher degree will be supported. PhD funding is not automatic and will need to be funded from other sources.

## 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 multidisciplinary team. No prior research experience is expected but evidence that they can 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 / CR&I 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 send the following to [CRI@coa.ac.uk](mailto:CRI@coa.ac.uk):

### CV with contact details for two referees and confirmation of eligibility to work in the UK

1. Covering letter which **must** indicate:
  - Which Project (s), **in order of preference**, you would like to be considered for
  - Which geographical location(s), **in order of preference**, you would like to be considered for

## Important Dates

Closing date for applications: Friday 10<sup>th</sup> January at 5pm

Shortlisting and interviews: W/C 20<sup>th</sup> January 2025