**CURRICULUM VITAE**

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| **Name:** | |
| Iain Moppett | |
| **Present appointment:** | |
| Professor and Honorary Consultant Anaesthetist | |
| **Address:** | |
| Anaesthesia and Critical Care Section  Academic Unit of Injury, Inflammation and Repair  Queen’s Medical Centre Campus  University of Nottingham  Nottingham UK  NG7 2UH | |
| **Telephone number:** | **Email address:** |
| 0115 823 1009 | Iain.moppett@nottingham.ac.uk |
| **Qualifications:** | |
| MB BChir MA MRCP FRCA DM | |
| **Professional registration:** | |
| GMC 4067656 First registered February 1994 | |
| **Previous and other appointments:** | |
| Associate Professor and Honorary Consultant Anaesthetist July 2006 – August 2018  University of Nottingham  Locum Consultant Anaesthetist September 2005-  Queen's Medical Centre, Nottingham July 2006   * + 1. Clinical Lecturer October 2002 -   University Division of Anaesthesia & Intensive Care August 2005  Clinical Research Fellow May 2001 -  University Division of Anaesthesia & Intensive Care August 2002  Specialist Registrar May 1999 -  Nottingham & East Midlands School of Anaesthesia August 2005 | |
| **Research experience:** | |
| * Chief investigator:   + RCTs in hip fracture patients: stroke volume guided intra-operative fluid therapy; intravenous iron; blood pressure control. * Investigator:   + RCT in hip fracture patients: femoral nerve blocks.   + OPTIMISE: NIHR funded RCT of protocolised fluid and dopexamine therapy versus standard care in high risk GI surgery. * Trial management:   + Chair TSC OPTIMISE II;   + Member TMG: REGARD, WHITE, RESULT (hip fracture) | |
| **Recent Grant awards:** | |
| NIHR-HTA: IV Iron  NIAA: IV Iron;  NIHR-RfPB: Femoral Nerve Blocks; lidocaine in hip fracture  NIAA: PhD studentship | |
| **Research training:** | |
| * ICH-GCP training (current) | |
| **Publications (selected):** | |

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| 1. Shields M, Giovanelli M, Mirakhur RK, Moppett IK, Adams J, Hermens Y. Org 25969 (sugammadex), a selective relaxant binding agent for antagonism of prolonged rocuronium-induced neuromuscular block. *Br J Anaesth* 2006;**96**:36-43. 2. Maxwell MJ, Moran CG, Moppett IK. Development and validation of a preoperative scoring system to predict 30 day mortality in patients undergoing hip fracture surgery. Br J Anaesth 2008;**101**;511-7 3. Wiles MD, Sahota O, Moran CG, Moppett IK. The Nottingham Hip Fracture Score as a predictor of one year mortality in patients undergoing surgical repair of fracture neck of femur. Br J Anaesth 2011;**106**:501-4 4. Wiles MD, Sahota O, Moran CG, Moppett IK. The Nottingham Hip Fracture Score as a predictor of early discharge following fractured neck of femur. *Age Ageing* 2012; **41**:322-6. 5. Moppett IK, Parker M, Griffiths R, Bowers T, White SM, Moran CG. The Nottingham Hip Fracture Score: longitudinal and multi-centre assessment. Br J Anaesth 2012;109:546-50. 6. Pearse RM, Harrison DA, MacDonald N, et al. Effect of a perioperative, cardiac output–guided hemodynamic therapy algorithm on outcomes following major gastrointestinal surgery a randomized clinical trial and systematic review. JAMA 2014;311:2181-90. 7. White SM, Moppett IK, Griffiths R. Outcome by mode of anaesthesia for hip fracture surgery. An observational audit of 65 535 patients in a national dataset. Anaesthesia. 2014;69:224-30. 8. Moppett IK, Rowland M, Mannings A, Moran CG, Wiles MD, NOTTS Investigators. The use of LiDCO based fluid management in patients undergoing hip fracture surgery under spinal anaesthesia (NOTTS): a randomised clinical trial and updated systematic review. Br J Anaesth 2015:114;444-59. 9. MacDonald N, Ahmad T, Mohr O, Kirk-Bailey J, Moppett IK, Hinds C, Pearse RM. Dynamic preload markers to predict fluid responsiveness during and after major gastrointestinal surgery: an observational sub-study of the OPTIMISE Trial. Br J Anaesth 2015;114:598-604. 10. Marufu T, Mannings A, Moppett IK. Risk scoring models for predicting peri-operative morbidity and mortality in people with fragility hip fractures: Qualitative systematic review. Injury 2015;46:2325-34. 11. White SM, Moppett IK, Griffiths R, et al. Outcomes after anaesthesia for hip fracture surgery. Secondary analysis of prospective observational data from 11 085 patients included in the UK Anaesthesia Sprint Audit of Practice (ASAP 2). Anaesthesia 2016;71:506–14. 12. Marufu TC, White SM, Griffiths R, Moonesinghe R, Moppett IK. Comparison of the Nottingham Hip Fracture Score (NHFS) with the Surgical Outcome Risk Tool (SORT) in predicting 30-day mortality after hip fracture surgery. Anaesthesia 2016;71:515–21. 13. Moppett IK, Moppett SH. Surgical caseload and the risk of surgical Never Events in England: a national survey. Anaesthesia 2016;71:17-30. 14. Porter C, Moppett IK, Juurlink I, Nightingale J, Moran CG, Devonald M. Acute and chronic kidney disease in elderly patients with hip fracture: Prevalence, risk factors and outcome with development and validation of a risk prediction model for acute kidney injury. BMC Nephrol 2017;18:20 15. Moppett IK, White SM, Griffiths R, Buggy D. Prevention of intraoperative hypotension during hip fracture surgery (HIPHOP): a randomised controlled clinical trial. Trials 2017;18 10.1186/s13063-017-2066-5 16. Rowlands M, van de Walt, Bradley J, Mannings A, Armstrong S, Bedforth N, Moppett IK, Sahota O. Femoral Nerve Block Intervention in Neck of Femur Fracture (FINOF): a randomised controlled trial. BMJ Open. 2018;8:e019650. 17. Almghairbi D, Gupta S, Sharp L, Griffiths R, Moppett IK. Evaluation of a novel drug storage tray in anaesthetic practice. Anaesthesia 2018;73:356-64 18. The Hip Attack Investigators. Accelerated surgery versus standard care in hip fracture (HIP ATTACK): An international, randomised, controlled trial. The Lancet 2020;395:698-708 | |
| **Signature:** | **Date:** |
| Sig1 | 21st December 2023 |