

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

The RCoA CR&I, in partnership with NHS 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 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 in **August 2026**.

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

Research Opportunities

Post 1: Perioperative Quality Improvement Programme (PQIP)

We are seeking one fellow to support PQIP.

The Perioperative Quality Improvement Programme (PQIP) is a national research and quality improvement programme, prospectively measuring how we look after patients having major surgery, measuring complications and patient reported outcomes, and formally evaluating the effects of different types of quality improvement methodology. It is being led by the RCoA, CR&I and [UCL Centre for Perioperative Medicine](#), and supported by the [NIHR Central London Patient Safety Research Collaboration](#).

The successful candidate will undertake quantitative or qualitative research within PQIP. Quantitative research would include analysis of our cohort of >60,000 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.

All projects will be supervised by Professor Ramani Moonesinghe (Chief Investigator [CI]).

Qualitative/ mixed methods research will be co-supervised by Dr Duncan Wagstaff (Hon Associate Professor, UCL)

Quantitative research will be co-supervised by Dr James Bedford (Hon Associate Professor, UCL) .

Roles and responsibilities

1. The successful candidate will be expected to attend PQIP Project Team meetings (every two months).
2. The successful candidate will have the opportunity to join the writing team of the PQIP Annual Report which will be launched around summer 2026.

3. The Successful candidate 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 Prof Ramani Moonesinghe ramani.moonesinghe@nhs.net

Post 2: Patient Safety Research Collaboration (PSRC) Fellow

This post is a unique and exciting opportunity for an ambitious, enthusiastic and creative individual to be at the cutting edge of a new research collaboration.

The **RCoA Centre for Research and Improvement** has partnered with [NIHR Central London Patient Safety Research Collaboration](#) (CL-PSRC) to support a range of **patient safety research in Surgical, Perioperative, Acute and Critical care (SPACE)**. Established in 2023, the CL-PSRC brings together clinicians with specialists in clinical trials, qualitative research, statistics, and patients to address important questions in patient safety.

The fellowship will focus 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 PSRC research activities, and it has a strong commitment to the 'levelling up' agenda.

The PSRC is organised into four themes of activity (Safer Services, Safer Scoring, Safer Evidence, Safer Organisations), 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 be able to pursue qualitative, quantitative, or mixed-methods research, supported by senior academics and clinicians. You will be able to support existing work and contribute to new ideas. Projects which the fellow could get involved with include:

1. A national evaluation of Martha's Rule implementation and impact – both qualitative and quantitative opportunities available
2. Big qualitative analysis using artificial intelligence methods
3. Quantitative analysis of large datasets to evaluate safety of perioperative services
4. Development and validation of novel risk calculators for perioperative outcomes and to predict patient deterioration / adverse outcomes from deterioration.

Project planning and delivery will be dependent on the choice of project. [Professor Ramani Moonesinghe](#) (CL-PSRC director) will provide supervision with assistance from subject matter experts for each topic. Fellows will become honorary research staff at UCL and be given the resources needed to deliver their project, including remote computing and library access.

Opportunities for Presentation/Publication

You will be encouraged and supported to:

- Present your work at internal CR&I and CL-PSRC events and externally at national conferences and meetings
- Publish your work in high-impact peer-reviewed journals (we support fellows to achieve at least one first author and several other publications from the year)

Queries: Prof Ramani Moonesinghe ramani.moonesinghe@nhs.net, Dr Andrew Kane - Andrew.kane@nhs.net;

Post 3: Quality Improvement Working Group (QIWG)

Quality improvement ensures that anaesthetic services remain high-performing, robust, and capable of delivering excellent patient care. To deliver safe and effective care within an NHS with decreasing resources, anaesthetists need to adopt continuous improvement to maintain the delivery of safe, effective and efficient care.

We are seeking to appoint one fellow to work with the RCoA QI working group to collaborate on the delivery of our QI strategy and participate in national-level projects.

The successful candidate will have the opportunity to work with quality improvement leaders, building skills in quality improvement, leadership and report writing. There will be opportunities to contribute to ongoing national-level work on guideline implementation, evaluate the impact of the new Quality Network Career Development Programme, chair virtual quality network meeting sessions, and contribute to the design and delivery of our annual meetings of Regional QI leads and QI educational meetings.

Roles and responsibilities

The appointed QI fellow will:

1. Support the RCoA to implement the new [QI strategy](#).
2. Contribute to, and where appropriate lead, QI workstreams aligned to the QI Strategy and workplan. Including:
 - a. Designing, evaluating and writing up national projects delivered by the QIWG
 - b. Development of resources to aid QI education for anaesthetists
3. Collaborate with and provide oversight to the Quality Network
 - a. Including developing content for the QI newsletter and the Quality Network online collaborating platform
4. Collaborate with other RCoA networks and special interest groups
5. Provide QI expertise for the RCoA's Clinical Quality team when the QI Compendium is updated.
6. Represent the RCoA and QI Working Group on external organisational projects and stakeholder collaborations in QI.
7. Deliver QI initiatives at a local level with consideration for resource management, service planning, and patient-centred care.

The role will require attending four virtual Quality Improvement Working Group meetings, the Quality Network annual in-person event and two virtual Quality Network sessions, and possibly other QI and networking events

Queries: Project Supervisor – **Dr Samantha Warnakulasuriya** Samantha.Warnakulasuriya@nhs.net; qualityimprovement@rcoa.ac.uk

Post 4: National Emergency Laparotomy Audit (NELA)

The NELA team are seeking to appoint one fellow.

The successful candidate would join the NELA project team for the duration of their fellowship and contribute to one of the projects below. In addition, the fellow would be expected to contribute to NELA project team meetings and the overall delivery and development of NELA. The post offers an educational opportunity to analyse national clinical data and gain a deeper understanding of national clinical audits.

Roles and responsibilities

The NELA fellow will work alongside the NELA clinical leads for NELA project work. We would expect the fellow to lead on the delivery of one of the following research projects, depending on interest. They will also be expected to attend monthly project team meetings and other ad hoc meetings as needed.

- **Proposed option 1** – Variations in ASA physical status grading as submitted to NELA, and impact on mortality risk estimates and adjustments between units.
- **Proposed option 2** – Variations in processes and outcomes of care between different geographical regions in England and Wales.
- **Proposed option 3** – Multivariate analysis of existing process measures within NELA and their individual and combined impacts on outcome.

There will be opportunities 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

Post 5: 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—**Dr Alistair McNarry** althegasman@btinternet.com; **Prof Iain Moppett** Iain.Moppett@nottingham.ac.uk

Post 6: NAP8 (Complications of regional anaesthesia and other neurological complications of anaesthesia)

NAP8 will primarily examine major 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 case 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. In addition to major complications of regional anaesthesia we will also examine perioperative nerve injury and spinal cord injury not related to direct surgical injury.

We are seeking to appoint up to 2 fellows.

Roles & Responsibilities

- All aspects of study design and delivery (following traditional NAP format), regulatory approvals and site liaison should be in place by the time of starting in August 2026. Fellows appointed at this juncture will be responsible for coordinating multidisciplinary meetings, data analysis and subsequent preparation of the NAP8 report and manuscripts.
- Meetings every one to two weeks (mainly virtual)
- Monthly steering group meetings

In addition to the main NAP8 report, we would anticipate multiple opportunities for journal publications and associated local, national and international presentations. Current fellows have already delivered talks at national meetings within months of joining the NAP8 team.

Queries: Prof Alan Macfarlane Alan.macfarlane@glasgow.ac.uk

Post 7: National Chronic Subdural Haematoma Data Hub (nCSDH)

The National Chronic Subdural Haematoma Data Hub (nCSDH) is an NIHR-funded and RCoA CR&I-supported research project looking to assess the feasibility of running a 'specialist surgery' registry for patients diagnosed with a chronic subdural haematoma.

Patients with chronic subdurals are medically complex and frail, they are frequently referred between hospitals and suffer significant delays and morbidity. The project is aiming to collect data from all neurosurgical units across England and Wales as well as their referring hospital networks. Assessing the feasibility of this approach is a core aim – and has direct relevance to similar endeavours in other medical and surgical specialties.

The project is also looking to understand whether 'hub and spoke' models (such as those in neurosurgery) may relate to or worsen health inequalities. It will also summarise how specialist care is delivered and experienced across the country.

The project is supported by the RCoA CR&I as well as national societies including the Society for British Neurological Surgeons (SBNS), British Geriatrics Society (BGS), and Neuroanaesthesia and Critical Care Society (NACCS). The work is more broadly positioned within ongoing work examining national improvement for cSDH as well as other specialist surgical conditions.

Alongside the general opportunities for research and improvement training, the project would be especially relevant to those interested in a career in perioperative medicine, neuroanaesthesia, and other centralised surgical specialties.

Roles and responsibilities:

We are seeking one fellow to work on the following:

- 1) Assist with site coordination and data collection across England and Wales neurosurgical units and their referring hospitals. This will be done with support from the CI and the RCoA CR&I. This will involve coordination with trainee research networks in anaesthesia (RAFT), neurosurgery (BNTRC), and geriatric medicine (GeMRC)
- 2) Ongoing coordination with national partners, surgical and anaesthetic stakeholders, and our governance/PPIE panel
- 3) Amendments/changes to national approvals as required
- 4) Participate in any interim data analysis and/or assist with the preparation of materials for publication and presentation
- 5) Participate in other related aspects of the work (e.g. opinion piece/reviews) as permitted by workload and as planned with the CI to ensure project aligns with individual career aims

In collaboration with the outgoing fellow, there may be opportunities to write up early work from the study. Given the support for the project from multiple national societies (alongside the RCoA CR&I, this includes the Society for British Neurological Surgeons and Neuroanaesthesia and Critical Care Society), there will be opportunities to submit presentations to multiple national conferences across the year.

By overseeing data collection and working with coordinating sites the fellow will be involved in the authorship team for publications arising from work they have overseen and meet authorship criteria for.

Fellows can become involved in related facets of work, such as care for specialist surgery, with the potential opportunity for additional publications.

Queries: **Dr Daniel Stubbs** (University of Cambridge/Cambridge University Hospitals NHSFT)
Dis225@cam.ac.uk

Post 8: Sprint National Anaesthesia Project 4 (SNAP4)

Peri-operative regional anaesthesia is the commonest cause of anaesthesia-related litigation in the UK. Understanding the risk factors and evolution of postoperative neurological symptoms (PONS) after peripheral nerve block (PNB) will improve patient consent and clinical practice. Most evidence on PONS and peripheral nerve injury is from retrospective or non-epidemiological studies. We aim to conduct a national prospective observational study of short- and intermediate-term outcomes after PNB. After ethical approval and informed patient consent, we will collect data from all patients having any PNB for surgery over 2 weeks. Patients will be followed up using automated SMS follow-up at 24 and 48 hours and up to 6 months. Primary outcome will be incidence of PONS related to PNB at 2 weeks. Secondary outcomes include: intraoperative PNB complications; failed block; rebound pain; block duration; quality of recovery; patient satisfaction; long-term pain-related outcomes.

The SNAP4 team are seeking to appoint one fellow.

Roles and Responsibilities

1. Coordinate study setup and delivery
2. Building the database in conjunction with the Webtool provider
3. Facilitate meetings with all key stakeholders
4. Lead in data collection and analysis
5. Project write-up and publication

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

Post 9: James Lind Alliance (JLA) Perioperative Research Prioritisation

Along with its NIAA (National Institute of Academic Anaesthesia) partners, the RCoA participated in the first Anaesthesia and Perioperative Care Priority Setting Partnership (PSP) in 2013-2015—a collaborative effort asking patients, the public and clinical professionals to identify the most important directions for new research in anaesthesia and perioperative care.

The Anaesthesia and Perioperative Care PSP began in early 2013 when the James Lind Alliance (JLA) accepted a proposal from the NIAA to run an 'Anaesthesia PSP'. The JLA is a non-profit making initiative established in 2004 which aims to bring groups together to identify and prioritise the top 10 uncertainties or 'unanswered questions' about aspects of care which truly matter both to patients and to clinicians.

The [final top ten priorities](#) were agreed and disseminated in 2015.

A decade on, it is time for an update. The NIAA and RCoA CR&I are launching a new PSP to refresh and redefine research priorities for the next decade.

Research priorities identified will translate into future trial proposals supported by the CR&I and NIAA.

With expert support and facilitation from the James Lind Alliance, the PSP will follow a structured, inclusive process:

- 1. Gather ideas:** A national survey will invite patients, carers, and clinicians to share their most pressing research questions.
- 2. Interim prioritisation:** Submitted ideas will be reviewed against existing evidence, and participants will help narrow the list through voting.
- 3. Final workshop:** Around 20–30 patient and clinician representatives will come together to discuss and agree, by consensus, on the **new Top 10 research priorities for anaesthesia and perioperative care.**

Dissemination of the process and final top ten topics will be through a variety of media, including peer-reviewed journal manuscripts and conference presentations.

We are seeking one fellow to work on this project.

Queries:

Prof Mark Edwards mark.edwards2@uhs.nhs.uk

Prof Ramani Moonesinghe ramani.moonesinghe@nhs.net

Dr Andrew Kane Andrew.kane@nhs.net

Post 10: Centre for Perioperative Care (CPOC)

The Centre for Perioperative Care (CPOC) is a cross-organisational, multidisciplinary collaborative between patients and the public, Royal Colleges and similar organisations. CPOC was established in 2019 to facilitate and promote the delivery of high-quality perioperative care; the integrated multidisciplinary management of patients from the moment surgery is contemplated through to full recovery. As such, CPOC is in a unique position to promote holistic and integrated care and provide an opportunity to test innovative models of perioperative management that can be translated to other healthcare initiatives. The CPOC Board is made up of 11 key partners.

CPOC is seeking one fellow for 2026-2027 to join the CPOC Leadership Team.

The CPOC Fellow will join the CPOC Leadership Team made up of the CPOC Director, CPOC Deputy Directors and Patient Lead on the CPOC Executive and CPOC Board.

Roles and responsibilities

The role is flexible and can be aligned with the post holders interests within the remit of CPOC's work. The role will include but is not limited to:

1. Support the CPOC leadership in developing and implementing the Centre's new strategic aims.
2. Contribute to, and where appropriate lead, CPOC workstreams and guideline development aligned to the CPOC Strategy.
3. Collaborate with and provide oversight to the CPOC Perioperative Leads Network, identifying local priorities and supporting implementation.
4. Support the RCoA Policy Team in engaging with policymakers to influence national perioperative care agendas.
5. Work with the Patient and Public Engagement Network (PPEN) to support the development of patient resources in perioperative care.
6. Represent CPOC on external organisational projects and stakeholder collaborations in perioperative care.
7. Deliver perioperative improvement initiatives at a local level with consideration for resource management, service planning, and patient-centred care.

The role will require attending the fortnightly CPOC Leadership Team meetings online, quarterly CPOC Executive Meetings and quarterly CPOC Board Meetings (50% in person in London at the RCoA). Workstream working groups will be additional to the annual meeting calendar.

Queries: Alice Simpson, Perioperative Care Manager: asimpson@rcoa.ac.uk

Post 11: National Clinical Audit of Perioperative Care (NCAPC)

The Royal College of Anaesthetists (RCoA) has been appointed by the Healthcare Quality Improvement Partnership (HQIP) to deliver the first National Clinical Audit of Perioperative Care (NCAPC).

The audit aims to improve patient outcomes and experiences by reducing unwarranted variation in evidence-based best practice standards of care throughout the perioperative pathway. It will help shape national practice by developing a healthcare quality improvement plan for perioperative care.

As a long-standing leader in the field and host of the Centre for Perioperative Care (CPOC), the RCoA is ideally placed to lead this work.

NCAPC is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) overseen by HQIP and funded by NHS England. It will be initially delivered for NHS-funded care in England and publicly funded care in Jersey.

The audit will run for three years from 1 October 2025.

We are looking to recruit 1 fellow to support this post.

The role will involve providing support to the clinical co-leads as they work to initiate data collection for the first year of the audit. This includes, but may not be limited to, responding to inbox queries, generating awareness of the audit within eligible hospitals, dataset creation, and supporting quality improvement efforts. This is an exciting opportunity for a fellow to get involved with the audit from its onset.

Roles & responsibilities

The role will involve providing support to the clinical co-leads as they work to initiate data collection for the first year of the audit. This includes, but may not be limited to

- Responding to inbox queries
- Generating awareness of the audit within eligible hospitals
- Dataset creation
- Supporting quality improvement efforts.

The fellow will be fully embedded within the core project team, contributing to monthly meetings that may be held virtually or face-to-face. The fellow may also be expected to attend other audit-specific meetings as required.

There will be opportunities for the fellow to present at webinars or other conferences to promote awareness of the audit.

Queries: Christine Taylor, RCoA Research Manager : ctaylor@rcoa.ac.uk

Post 12: Sprint National Anesthesia Project 3 (SNAP3)

SNAP3 was a national prospective cohort of older people having surgery in the UK. The primary analyses have recently been published. The dataset contains a trove of information to inform future analyses.

We are also exploring the possibility of linking the SNAP3 dataset with other high-quality UK datasets including PQIP and NELA. This fellowship will be driving analysis of the existing SNAP3 dataset. It will best suit someone with an interest/aptitude in coding (all the analysis is performed in the statistical programming language R).

Role and responsibilities

1. Establishing and retaining research permissions (including the Scottish permission process)
2. Engagement with potential dataset collaborators
3. Database trouble shooting
4. Regular (weekly or fortnightly) meetings with project supervisors

Queries: Prof Iain Moppett: iain.moppett@nottingham.ac.uk

Clinical Placements

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

1. 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.el-boghdadly@nhs.net.

2. Royal United Hospital, Bath (RUH)

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.

Clinical Commitment

The successful candidate will also participate in the third on-call rotas, covering junior residents working in emergency theatres, obstetrics and intensive care out of hours or the second on obstetric rota depending on seniority. 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

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 Niall Macallum: nsmacallum@gmail.com

4. 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

5. 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; Dr Alexander Eeles alex.eeles@stgeorges.nhs.uk

6. South Tees Hospitals NHS Foundation Trust (The James Cook University Hospital, Middlesbrough and The Friarage Hospital, Northallerton).

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 The James Cook University Hospital and The 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

7. 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:

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) – 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

8. 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 NHS experience, 2 years' anaesthetic experience and the primary FRCA or equivalent.

Queries: Dr Leanne Rees, Clinical Director jeanne.rees@wales.nhs.uk

9. 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 (College Tutor)

10. Nottingham University Hospitals NHS Trust

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 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 29-bedded Intensive Care (level 3 beds) and the current 20-bedded level 2 high dependency area. Around 1500 patients per year are admitted to the QMC ICU and approximately 1600 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 (senior)

The successful applicant will need to be from an anaesthesia (airway) or Stage 2 ICM background. They would need to have completed Stage 1 Anaesthesia or ICM training and we would need them to do one weekday shift and the full afterhours on call, which works out to 1:8 nights and weekends.

Queries: Dr Gurmukh Sandhu (ICU): gurmukh.sandhu@nuh.nhs.uk

11. North Devon District Hospital, Barnstaple

North Devon District Hospital in Barnstaple is a rural district general hospital uniquely situated between the beautiful beaches of Croyde, Woolacombe, and Saunton, part of the UK's only Surf Reserve, and the stunning Exmoor National Park. The hospital has 10 operating theatres, offering a comprehensive range of surgical services, including all typical surgical specialities found in a district general hospital (DGH) setting, as well as advanced robotic surgery. It also serves as a tertiary referral centre for abdominal wall reconstruction.

The hospital is equipped with an 8-bed intensive care unit and a labour ward that accommodates approximately 1,500 deliveries annually. Our department is known for its welcoming and friendly atmosphere, providing robust support to trainees. Additionally, the department is actively engaged in numerous regional and national research and quality improvement (QI) projects. It is part of the wider Royal Devon University Hospital's and we are a research-active organisation on the cutting-edge of health and care. We encourage successful candidates to utilise their allocated time to contribute to and develop local research initiatives.

Clinical Commitment:

Joining the North Devon team would mean joining the obstetrics on call rota 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

12. Glasgow Royal Infirmary

Glasgow Royal Infirmary is one of the largest (and top according to Newsweek!) hospitals in Scotland with approximately 1000 beds. GRI has a reputation for world-class research, working to develop innovative techniques to improve care for patients not just in the East End of Glasgow where the hospital is situated but also across Scotland. The hospital houses the internationally renowned Canniesburn Plastic surgery centre, is the Scottish National Burns Centre and is a tertiary centre for oesophago-gastric, hepatobiliary, colorectal, gynaecological, abdominal sarcoma and orthopaedic surgery.

The anaesthetic department has over 70 consultants with varied interests working to deliver anaesthesia for a range of surgical specialities including and beyond those listed above. GRI has one of the busiest tertiary obstetric units in Scotland, a Perioperative Medicine team, a Simulation centre, an award-winning ICU and a separate stand-alone day case hospital (Stobhill Hospital). Consultants from the department sit on various national societies/boards including the Scottish Society of Anaesthetists, the Scottish RCoA Board, The Scottish Intensive Care Society, The British Association of Day Surgery, The Obstetric Anaesthetists Association and Regional Anaesthesia UK. The department also has consultants leading or involved in various Scottish Government groups including Cancer Prehabilitation Implementation, the Emergency Laparotomy and Laparoscopy Audit (ELLSA) and Perioperative Delivery.

The department has several RCoA examiners as well as the RCoA lead College Tutor elect and an engaging educational faculty who organise regular departmental educational meetings as well as specific resident teaching programmes both in house and as part of the West of Scotland training programme. With links to the University of Glasgow and four Professors in the department, there is a strong and productive academic output across anaesthesia, obstetrics and intensive care medicine with representation also on various national and international journal editorial boards as well as a track record of participating in national projects.

The CR&I will provide research projects, whilst Glasgow Royal Infirmary will provide a welcoming, friendly, educational and supportive department in a vibrant city for any successful applicant during the time of their CR&I fellowship.

Clinical Commitment

Clinical duties will account for 50% of the post-holder's time with the remaining 50% allocated to research. Candidates must be post FRCA and clinical work would include daytime work in theatres as well as on-call rota sessions which may include general, maternity and ICU matched to the fellow's level of training.

Queries: Dr Kerry Litchfield (Clinical Director) Kerry.litchfield3@nhs.scot

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.

Doctors currently in training programmes

It is possible to undertake CR&I Fellowships at any stage of career, and we welcome resident doctors from anaesthetic training programmes as well as those between programmes (e.g. CT4-ST4 transition) or post-CCT. SAS doctors are welcome and encouraged to apply. For residents participating in training programmes, appropriate permissions are required for taking time out of the programme. It is helpful to discuss this early with your School of Anaesthesia at the point of application and seek their support.

How to apply

If you are interested in these posts, please send the following to CRI@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 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
- 3. Equality, diversity and inclusion questionnaire**

Important Dates

Closing date for applications: Friday 14th November 2025 at 5pm

Shortlisting and interviews: Beginning w/c 24th November. All interviews will be virtual over MS Teams and last up to 30 minutes.