

NAP8 Associate Local Co-ordinator Role for Resident/Specialty/Locally Employed Doctors

The 8th National Audit Project (NAP8) will investigate major complications of regional anaesthesia as well as perioperative spinal cord and peripheral nerve injury. We aim to assess the incidence, current practice and outcomes of these various complications.

For the first time in a National Audit Project the steering group are recruiting resident, specialty or locally employed doctors to work alongside the Local Coordinator to assist with all aspects of the project including the baseline survey, activity survey and case reporting. More details on the role of the Local Coordinator can be found [here](#).

The scheme is open to any resident doctor in stage 2 or stage 3 training in a UK anaesthetic training scheme (or at an equivalent level if following a portfolio pathway scheme) or any specialty or locally employed doctor with a minimum of three years experience in anaesthetics. In Ireland the position is open to doctors either who are at the level of SAT3 or above or who have two or more years experience and both parts of the MCAL. *In both the UK and Ireland more junior residents, specialty or locally employed doctors may however be considered if the local co-ordinator feels this is appropriate depending on local circumstances.*

The role is designed for anaesthetists who do not primarily work in research but want to gain research experience in a national study. You are not eligible to apply if you are a student or work in a fully-funded research role. Applicants must be willing to make a significant contribution to the conduct and delivery of NAP8 at a local level over a period of 12-18 months. Experience in regional anaesthesia would be advantageous but not essential. Ideally applicants would be based at the same hospital over the duration of the project but we appreciate this may not always be possible. If a doctor is appointed to one hospital and then moves hospital during a changeover period then we suggest discussing with the local co-ordinator at the new hospital if it is possible to continue to help there instead. The local co-ordinator at the original hospital can also fill the vacant position at their discretion with a new resident/specialty/locally employed doctor.

As the arrangements between hospitals vary it is difficult to ascertain a set amount of time required. During the activity phase, where data is collected on every anaesthetic, we would expect this time to increase due to time spent actively promoting the project and checking to see if each case has been recorded. During the one-year case registry we are relying on local teams promoting the list of NAP8 complications not just to anaesthetic colleagues but also to surgical, neurology and clinical neurophysiology teams as well as various other healthcare professionals in order to capture complications (primarily nerve injury) that may present during the time period of NAP8. There will no payment for this role.

Successful completion of NAP8 project data submission (baseline, activity survey and case registry) will result in the 'Local Coordinator – Resident/Specialty Doctor/Locally Employed Doctor' being recognised as a collaborator in all subsequent publications in which the study collaborative group is listed. This will not reach the level required for recognition as an author but will result in a citable PubMed ID for the individual collaborator.

We are not specifying the exact number of residents/specialty/LED doctors that can help on each site but will rely on the judgement of local co-ordinators who will be aware of the potential workload depending on the size of the department. As a guide however we suggest one resident/specialty/LED doctor per local co-ordinator, and we would not anticipate more than 3

resident/specialty doctor local co-ordinators on any site given a significant contribution must be made in order to be recognised as a collaborator.

Interested candidates should discuss the role with their Local Coordinator ([Click to find your local co-ordinator](#)). Appointment to this role will be made by the Local Coordinator of the relevant hospital who will then inform the NAP8 team.