



**National Institute for  
Health Research**

**School for Primary Care Research**

*Increasing the evidence base for primary care practice*

**GENERAL PRACTICE CAREER PROGRESSION FELLOWSHIPS  
2015**

Applications are invited from general practitioners with a strong academic record and a commitment to a career in academic primary care for these part time awards. Awards are offered at all nine Universities within the NIHR School for Primary Care Research: Bristol, Cambridge, Keele, Manchester, Newcastle, Nottingham, Oxford, Southampton and University College London. Details of the specific research training opportunities available at each University are described below.

These awards are also open to Academic Clinical Fellows and In-Practice Fellows. Applicants holding one of these awards must clearly document progress towards a Doctoral Training Fellowship application or progress, towards doctoral thesis completion in their application.

These awards are intended to be flexible and will allow academic general practitioners to develop a formal doctoral training fellowship application. ACFs and IPFs who may have started work towards their doctorate can use these fellowships to complete their PhD/MD. Fellowships will be between 12 to 24 months duration. The exact combination of academic to clinical time is flexible and will reflect the stage of the applicant in preparing their doctoral training fellowship application or with their doctoral thesis. The award will terminate should the fellow be successful in securing a doctoral training fellowship.

Remuneration, for those applicants that have completed their CCT, will be between £54 199 and £70 966 WTE. It is anticipated that most fellowships will be undertaken at 0.5WTE.

## HOW TO MAKE AN APPLICATION

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Potential applicants are strongly encouraged to contact the University at which they would like to hold the award to discuss their application. Contact details for each University (and in some cases for each subject area offered) are given below.

The application process consists of two stages.

### Stage 1

Interested individuals should submit a 2 page CV and a covering letter of not more than 2 pages. This letter must:

- 1) Explain why you want to train in primary care research;
- 2) If more than one University offers the training you would like, list your ranked preference (up to 3 institutions) in the covering letter.
  - Please state **GPCP Fellowship 2015** as the subject of the email.
  - Please name the CV and covering letter attachments using the naming convention: Surname\_CV\_GPCP15 and Surname\_Letter\_GPCP15
  - Applications must be received by **12 noon** on Monday 2 March 2015.

Your application should be sent by email to the School's Senior Scientific Manager  
[georgina.fletcher@phc.ox.ac.uk](mailto:georgina.fletcher@phc.ox.ac.uk)

### Stage 2

Candidates selected for interview, based on the documentation submitted in stage 1, will be asked to complete a standard application form (SAF) and to provide the names of 2 referees.

|  |                        |
|--|------------------------|
| Competition Launch   | Late January           |
| Applicants to submit CV and covering letter  | 12 noon Monday 2 March |
| Shortlisted candidates to be notified of interview and asked to submit Standard Application Form | 27 March               |
| Interviews   | 17 April               |
| Recommendations taken to SPCR Board meeting  | 8 May                  |
| Announcement of Awards   | Mid May                |
| Start of fellowships   | Normally October 2015  |

Dr Georgina Fletcher  
 Senior Scientific Manager

## DETAILS OF TRAINING OPPORTUNITIES AT EACH UNIVERSITY

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### UNIVERSITY OF BRISTOL

The Centre for Academic Primary Care, at the University of Bristol, is one of the leading centres in England for academic primary care which form the NIHR School for Primary Care Research. We are a large, friendly and thriving unit within the School of Social and Community Medicine, which has an international reputation for research and teaching in population health sciences, with centres of excellence in genetic and life-course epidemiology, public health, health services research, medical ethics, medical statistics, and health economics. There are excellent training opportunities via an internationally recognised programme of short courses, and we have an outstanding track record of helping academic trainees to obtain prestigious externally funded research fellowships to progress their careers. The Centre for Academic Primary Care currently numbers around 90 people, consisting of academic health professionals, (GPs and nurses), statisticians, social scientists, health economists, and support staff. Our multidisciplinary profile is reflected in our research. We conduct high quality research using a range of methodological approaches, both quantitative and qualitative. Our two broad research themes are:

***Management of disease:*** Studies of the diagnosis and clinical management of diseases mainly treated in primary care, with a focus on:

- childhood infection
- domestic violence
- depression and anxiety
- cardiovascular disease
- childhood obesity
- complementary therapies

***Organisation and delivery of care:*** Studies of the role of primary care within the health care system, with a focus on:

- improving equitable access to health care
- evaluation of new forms of care (for example the role of telehealth)
- predicting and preventing avoidable hospital admissions
- improving care for people with long term conditions and multimorbidity
- defining principles of primary care, such as generalism, continuity of care, the doctor-patient relationship, co-ordination of care

#### FURTHER INFORMATION:

Contact: Professor Chris Salisbury ([c.salisbury@bristol.ac.uk](mailto:c.salisbury@bristol.ac.uk))

Or visit [www.bris.ac.uk/primaryhealthcare](http://www.bris.ac.uk/primaryhealthcare)

## UNIVERSITY OF CAMBRIDGE

The Primary Care Unit (PCU) is based within the Department of Public Health and Primary Care at the University of Cambridge, one of Europe's premier university departments of population health sciences. The goal of the PCU is to reduce the burden of ill health by identifying and targeting the behaviours that lead to chronic disease, by improving early detection of illness, and by improving the delivery of health services in community settings. We aim to achieve this by delivering research and education at the highest international standards of excellence. Our research is organised into five research groups: **behaviour and health; cardiovascular disease and diabetes; cancer; health services research; and end of life care.**

The PCU has doubled in size in the last five years, with the appointment of five new professors and the acquisition of over £42m of research funds. We are now one of the most productive primary care units in the UK, with 938 publications in peer reviewed scientific journals since 2008. Over this time period, there has been a parallel expansion of our research training: 19 PhDs were awarded during 2008-13 in primary care, and we currently have 15 further students registered for PhDs. We have trained, or are training, 17 junior academic general practitioners through the NIHR Academic Clinical Fellowship (ACF) Scheme; notably they have published over 30 papers from their ACF research. We have also developed a bespoke Masters in Primary Care Research and have appointed five Clinical Lecturers in general practice since 2008.

We benefit from strategic partnerships within Cambridge, nationally (including with current members of the NIHR School for Primary Care Research), and internationally. Within Cambridge, we work with other units and departments across the University that have complementary skills to our own, for example in conducting trials, measuring behaviour, statistics, development of innovative diagnostic tests and neuroscience. Nationally we collaborate with other Universities including Bristol, Durham, Exeter, Oxford, Leicester, Nottingham, Edinburgh and KCL. We have published 135 papers with international co-authors, and hold research grants with overseas co-applicants that total over £32m.

The voices of patients and service users are central in shaping our research at all stages: deciding the research questions, developing research proposals (including study design), phrasing of documents, monitoring research progress, supporting data analysis and interpretation and joint authorship of papers and conference presentations. We actively engage with the wider public through open meetings, presentations to support groups and engagement with the media.

Our research has had a major impact on primary care practice and health policy. It has influenced national and international guidelines on atrial fibrillation, heart failure, hypertension, diabetes, and end of life care. It has informed government policy (e.g. on alcohol use) and underpinned the way in which quality of care in general practice is now measured. Examples of key studies include MoleMate, which was a randomised trial of different ways for primary care to diagnose melanoma, and ADDITION-Cambridge, which was the first randomised trial of screening for type 2 diabetes.

Our goal for the next five years is to continue to undertake multidisciplinary, collaborative, patient-centred research addressing NHS priorities, using the wide range of research

expertise within Cambridge, in the wider School for Primary Care Research and internationally.

#### **FURTHER INFORMATION:**

Contact Dr Fiona Walter: [fmw22@medschl.cam.ac.uk](mailto:fmw22@medschl.cam.ac.uk)

For further information, please visit our website: <http://www.phpc.cam.ac.uk/pcu/>

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## **KEELE UNIVERSITY**

The Institute of Primary Care and Health Sciences delivers internationally renowned research programmes in musculoskeletal disorders, mental health and multi morbidity in primary care. This work is underpinned by several existing and ongoing high-quality observational cohorts and randomised clinical trials, with linkage to medical records. The Research Institute hosts the Arthritis Research UK Primary Care Centre.

Current NIHR, MRC, Wellcome and Arthritis Research UK grants to the Centre amount to over £34 million. The Research Institute forms a strong collaboration between academics from professional backgrounds including primary care, clinical rheumatology, psychiatry, physiotherapy, psychology, epidemiology, pharmacy, ageing research and social sciences and health services research.

Our clinical partners include the North Staffordshire Primary Care Research Consortium and South Staffs and Shropshire Foundation Mental Health Trust.

#### **The research institute conducts research that aims to:**

- Highlight the importance of musculoskeletal conditions (particularly chronic pain, inflammatory arthritis and osteoarthritis) demonstrating the extent, frequency and impact of pain and disability on individuals, and their increasing health and social care burden and costs on society;
- Evaluate new ways of providing effective assessment, self-management and treatment of these conditions and their co-morbidities, including anxiety and depression, in primary and community care;
- Evaluate interventions for the management of depression and sleep disorders in older people, with multimorbidities, in primary care, and across the primary/secondary care interface;
- Shift the perception that musculoskeletal conditions are an inevitable consequence of growing old, and takes a more positive, salutogenic approach, where the symptoms of pain, disability and co-morbid depression or anxiety can be managed;
- Evaluate interventions for the management of unexplained symptoms (including CFS/ME, CWP/Fibromyalgia).

- Value Patient and Public Involvement in all our work, supported by an active Research User Group.

Within the research institute, there are a number of areas of research expertise in epidemiological research, trials and mixed methods involving qualitative methods.

The institute has a strong commitment to ensuring that research findings contribute to evidence-based practice, health policy and guidelines, and the training of practitioners (including general practitioners, practice nurses, physiotherapists, psychological well-being practitioners).

All senior academics have past or current roles in NIHR (and other) funding panels, NICE Guideline Development Groups and Professional College groups.

#### FURTHER INFORMATION:

Contact Professor Christian Mallen: [c.d.mallen@keele.ac.uk](mailto:c.d.mallen@keele.ac.uk)

Or visit our website: <http://www.keele.ac.uk/pchs/>

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## UNIVERSITY OF MANCHESTER

The University of Manchester is the largest, single-site university in the UK. The Centre for Primary Care is a member of the NIHR School for Primary Care Research, and sits within the Institute of Population Health (<http://www.population-health.manchester.ac.uk/primarycare/>)

Capacity building is critical to our Centre. We are keen to support those interested in either qualitative or quantitative research methodologies. Applicants will work within one or more of our research themes (Quality and Safety, Methods and Applications in Primary Care Informatics, Long Term Conditions, and Health Policy), enabling them to develop their own project and benefit from the support of other researchers working in the same area. Our aim is to train future research leaders by providing multidisciplinary training and career development opportunities.

### **Quality & Safety:**

#### ***Lead: Professor Stephen Campbell***

This theme addresses the quality and safety of primary health care, through 3 sub-themes:

- quality of care and quality improvement
- the role of incentives
- patient safety

Quality and Safety has an international track record in primary care research and comprises a dynamic multi-disciplinary team of health services researchers, clinicians, and methodologists. The Theme hosts the £6 million National Institute for Health Research

Greater Manchester Primary Care Patient Safety Translational Research Centre  
(<http://www.population-health.manchester.ac.uk/primary-care-patient-safety/>).

Current projects include the development of a general practice Patient Safety Toolkit; exploring patient views of safety; and reducing polypharmacy and adverse effects in patients with chronic disease. Further details can be found on our website: <http://www.population-health.manchester.ac.uk/primarycare/research/qualityandsafety>

### **Health Policy, Politics and Organisations (HiPPO):**

*Lead: Dr Kath Checkland*

The latest strategy for the NHS in England, set out in the NHSE 'Five Year Forward View', suggests that the next five years will be a turbulent and exciting time in general practice, with significant changes affecting the organisation and delivery of services. The HiPPO team is a multidisciplinary group of researchers who research the organisation and management of the NHS, with a focus upon primary care. We are interested in all aspects of NHS organisation, from high level policy relating to primary care and its implementation, to the organisation and management of small NHS organisations such as general practices. The overall aim of the theme is to deliver high quality, theory-informed research which will be of value to policy makers, NHS managers and clinicians as they navigate the changing landscape.

Our current research programme is largely funded by the Department of Health Policy Research Programme and delivered with colleagues at the London School of Hygiene and Tropical Medicine and the University of Kent in the Policy Research Unity in Commissioning and the Healthcare System (<http://www.prucomm.ac.uk/>). We are currently studying: contracting in the NHS; development of Clinical Commissioning Groups, with a focus upon the 'added value' provided by GPs and other clinicians; competition and co-operation between providers; and the commissioning of public health services with a focus on obesity prevention and management.

We work closely with colleagues in the wider Centre for Primary Care. We are a multidisciplinary group, with expertise across the social science spectrum from linguistic analysis to observational research. We have a largely qualitative focus, although we also have expertise in survey research. The driving force behind our research is the application and development of social science theory to the real world of the NHS. We welcome applications from anyone with interest in research into any aspect the organisation and delivery of primary care services.

Further details can be found on our website: <http://www.population-health.manchester.ac.uk/primarycare/research/HiPPO/>

### **Long Term Conditions:**

*Lead: Professor Pete Bower*

The global burden of disease is shifting to long-term conditions. These conditions require patients to make changes to lifestyle and adopt self-management, which needs an active

partnership between patient and professional. To achieve this, services need to support personalised care, shared decision making and choice. This has the potential to improve patient experience, ensure better health outcomes and reduce costs. However, achieving that potential in the context of high illness burden, multimorbidity, and limited budgets is a significant challenge. We aim to conduct high quality research into care for patients with long-term conditions; and to have a demonstrable impact on the delivery of such care locally, nationally and internationally

The group is multidisciplinary in focus, with particular expertise in the conduct of systematic reviews, high quality clinical trials and the use of large databases for research. We organise our work in 4 areas (although many individual projects relate to several areas):

- Health and Illness Experience
- Primary Care Mental Health
- Multimorbidity
- Technology and Service Delivery

Further details and information on individual projects can be found on our website: <http://www.population-health.manchester.ac.uk/primarycare/research/longterm/>

### **Methods and Applications in Primary Care Informatics (MAPCI):**

*Leads: Dr David Reeves and Dr Evangelos Kontopantelis*

The emergence of large-scale electronic health record (EHR) databases has enormous potential as a resource for research and some of the largest of these datasets are the UK Primary Care Databases (PCDs), which contain detailed longitudinal individual consultation data for many millions of patients. The datasets can be used to address a very wide range of primary care research questions, ranging from disease epidemiology, through drug safety, to the impact of national health policies. However, methods for obtaining the maximum benefit from these datasets are still in their infancy and questions remain around how to ensure the validity of findings derived from these observational data sources.

The MAPCI group includes informaticists, statisticians, clinicians and pharmacists with the goal of conducting high quality and impactful research using PCDs and other large-scale datasets. The group has strong ties with the Farr Institute (<http://www.farrinstitute.org/>), the Health e-Research Centre (<http://www.herc.ac.uk/>) and the Centre for Pharmacoepidemiology and Drug Safety (<http://www.pharmacy.manchester.ac.uk/cpds/>).

We maintain an equal emphasis on both applied and methodological research using these data sources. Key areas of investigation include:

- Using PCDs and other large databases to address important health policy questions
- Validity of PCD-based research
- Development of software tools for PCD research
- Improved methods for analysing PCD data and for addressing missing observations

Current and recent projects include examining PCD validity using independent replication of existing studies; the impact of the Quality and Outcomes Framework on quality of care;

creation of an on-line repository for clinical code-lists (the 'building blocks' of EHR research); relationships between risk factors and clinical outcomes for patients with diabetes type 2; spatial analyses of the impact of quality of primary care on patient outcomes at the population level; development of software to speed up routine PCD manipulation and analysis procedures; methodological work around the application of marginal structural models to PCD data; and development of multiple imputation and power calculation methods for PCDs.

#### FURTHER INFORMATION:

|                          |   |
|--------------------------|---|
| Quality and Safety       | <a href="mailto:stephen.campbell@manchester.ac.uk">stephen.campbell@manchester.ac.uk</a>  |
| Health policy            | <a href="mailto:katherine.h.checkland@manchester.ac.uk">katherine.h.checkland@manchester.ac.uk</a>                                  |
| Long term conditions     | <a href="mailto:peter.bower@manchester.ac.uk">peter.bower@manchester.ac.uk</a>  |
| Primary Care Informatics | <a href="mailto:david.reeves@manchester.ac.uk">david.reeves@manchester.ac.uk</a>  |
| Or visit our website:    | <a href="http://www.population-health.manchester.ac.uk/primarycare/">http://www.population-health.manchester.ac.uk/primarycare/</a> |

## NEWCASTLE UNIVERSITY

Primary care-based research at Newcastle University is located in the Institute of Health and Society (IHS), one of seven research Institutes in the Faculty of Medical Sciences. Newcastle University has been a centre for excellence in ageing research for many years. In 2010, the University was awarded the Queen's Anniversary Prize in Ageing and more recently, a £20 million grant from the Government to create the National Centre of Ageing Science and Innovation. Our work aims to help people to live better for longer as they age. We are a rapidly growing, vibrant research group who work closely with colleagues in public health, secondary care, laboratory sciences and beyond. Our multi- and inter-disciplinary research engages directly with patients, health and social care practitioners and policy-makers, and we are enthusiastic collaborators with other national and international academic groups.

### **Our programme of work: Ageing well across the life course; *Live Better for Longer***

We have four main complementary research themes, healthy lifestyles in older age, multiple conditions and end of life care, dementia, and shared decision-making.

#### **Our primary care research themes:**

- **Healthy lifestyles in older age. Lead: Eileen Kaner**  
Primary care has a central role in promoting life-style change to deliver direct patient and public benefit, extending healthy life years and delaying the onset of age-related morbidities. Influencing consumption and physical activity is a particularly challenging area of primary care practice, but one where effective intervention offers the potential of great rewards with reduction in morbidity and costs. Our work in Newcastle has a focus on the management and consequences of obesity and alcohol consumption.

- **Multiple conditions and end of life care. Lead: Barbara Hanratty**  
Managing long-term conditions and supporting individuals to live independently for as long as possible is central to primary care policy. Our work with the Newcastle 85+ study showed that multi-morbidity (defined as two or more conditions) is the norm in old age; frailty and geriatric syndromes add further challenges. Our ongoing and future work looks to improve primary care management for multi-morbidity. End of life care, care homes and self management are particular areas of interest.
- **Management of age-related illness. Lead: Louise Robinson**  
Dementia is a priority area for our research. The Prime Minister's Dementia Challenge highlighted the importance of more timely diagnosis and post diagnostic support and national guidance is in place to support referral for a secondary care assessment. But many patients experience unnecessary delays and poor communication, and attend specialist memory clinics that lack an evidence base. The role of the GP and primary care in promoting risk reduction interventions and ensuring early diagnosis and intervention is an area that urgently requires further study.
- **Shared decision making (SDM). Lead: Richard Thomson**  
Engagement of patients in SDM and supported for self management (SSM) is a cornerstone of UK policy for enhancing patient experience and outcomes. In Newcastle, we have a long standing internationally recognised programme of research on developing and implementing SDM and SSM. Patient involvement also underpins and threads through the above research themes

### Training opportunities

In the Institute, we have methodological expertise in quantitative and qualitative methods, evidence synthesis and health economics. Training in epidemiological research, complex interventions and clinical trials methodology would also be available.

Interested candidates are strongly encouraged to contact us and discuss their interests or proposed programme of research before submitting an application.

### FURTHER INFORMATION:

Barbara Hanratty, Professor of Primary Care and Public Health  
([Barbara.hanratty@newcastle.ac.uk](mailto:Barbara.hanratty@newcastle.ac.uk)): General enquiries and multiple conditions, end of life care.

Louise Robinson, Professor of Primary Care and Ageing ([a.l.robinson@ncl.ac.uk](mailto:a.l.robinson@ncl.ac.uk)) :General enquiries and dementia.

Professor Eileen Kaner ([Eileen.kaner@newcastle.ac.uk](mailto:Eileen.kaner@newcastle.ac.uk)) - Healthy lifestyles in older age

Professor Richard Thomson, Professor of Epidemiology and Public Health - Shared decision making.

Or visit our website: <http://www.newcastle.ac.uk/ihs/>

## UNIVERSITY OF NOTTINGHAM

We are one of the foremost primary care centres in the UK, with 82% of our research judged as world-leading or internationally excellent in the 2014 Research Excellence Framework. We are a multi-disciplinary unit of over 130 people, including practising GPs, other health professionals, psychologists, statisticians, research and support staff.

Our main research groups' available opportunities are in the following fields:

### **Medication safety and effective health care**

The medication safety and effective health care group conducts research on the safe and effective use of medicines and is at the forefront of patient safety research in the UK and internationally. Our research focuses on investigating the prevalence, nature and causes of medication errors in general practice; evaluating patient safety initiatives, including interventions aimed at reducing the prevalence of medication errors; undertaking epidemiological work to assess the benefits and harms of medicines used in primary care; and assessing the safety of primary care organisations. The group seeks to influence policy and practice so that effective interventions to improve patient safety are rolled out across the health service.

### **Smoking in pregnancy**

With collaborators, this research group form an internationally-leading centre for research on Smoking in Pregnancy. In Nottingham, there is a focus on delivering trials; we have completed the largest ever RCT of nicotine replacement therapy (NRT) for smoking cessation in pregnancy (n = 1050) and this has followed pregnant smokers and their children for longer than any other pregnancy cessation trial. It is also the only RCT of a smoking cessation intervention delivered in pregnancy to have monitored infant outcomes. We lead a NIHR Programme for Applied Research which investigates new ways of tackling smoking in pregnancy, such as by empowering pregnant smokers through delivery of 'self-help' cessation support in a text message programme (the 'MiQuit' programme). Although we work with academics from many institutions, our strongest collaboration, for the delivery of our NIHR programme, is with another NIHR SPCR member, the University of Cambridge Department of Public Health and Primary Care. Together, we will soon complete the biggest ever trial to investigate the use of self-help text messages to deliver 'self-help' smoking cessation support to pregnant women (n=400). With other collaborators, we have successfully finished two other trials which are also the largest of their kind; both tested smoking cessation interventions delivered in pregnancy, one investigated the effects of exercise and the other of financial incentives, contingent on abstinence from smoking.

We have expertise in statistics, behavioural sciences, health psychology, applied health services research, economics, qualitative research and systematic review and our membership of the UK Centre for Tobacco and Alcohol Studies (UKCTAS), means that researchers, students or fellows who join us can access the resources that this organisation offers young researchers.

## **Developing and implementing evidence-based behaviour change techniques to help pregnant smokers to stop**

You will work in an established research team contributing to a project which aims to develop and refine behaviour change strategies for use in behavioural support counselling with pregnant smokers. This project will particularly suit you if you are interested in the process of behaviour change and how health professionals can encourage patients to change in unhealthy behaviours. Unusually for a PhD project, the plan is that findings will be incorporated into routinely available training for UK health professionals, so your work would have the potential to influence NHS care very soon after your thesis is submitted.

### **How does 'self-help' delivered by text message exert effects?**

Our trial of self-help smoking cessation support delivered by the MiQuit programme to pregnant smokers is collecting a wealth of data on interactions between pregnant smokers and the text message system. We are not aware of any similar studies; consequently these data are extremely novel and would provide you with the means for answering, for the first time, questions about how digital interventions are used by and might influence pregnant women's attitudes and behaviours. You would be able to conduct secondary analyses of MiQuit trial data and augment these, as desired, by collection of new data. This will interest you if you want to know more about how people interact with 'non-human' counselling interventions and how these might affect unhealthy behaviours.

NB: This project can be supervised in Nottingham (with Tim Coleman as lead) or in Cambridge (with Dr Felix Naughton as lead).

## **Applied Genetics and Ethnicity**

We aim to improve translation of traditional genetics and new genomic advances into primary care practice, whilst ensuring equitable access for underserved populations. Prevention and care of major health problems, such as cancer and cardiovascular disease, and common inherited disorders, could be radically enhanced by better application of genetics in routine health care and understanding of ethnic and social variation.

Our previous and current research includes qualitative, observational, database and intervention studies.

### **Bio-behavioural approaches to optimising health and healthcare**

Medicine and healthcare have traditionally been 'disease focussed', i.e., they look at the biological processes that give rise to and maintain disease, and focus on these when considering treatment. The work of our group examines how the biobehavioural characteristics of the patient can be harnessed to improve healthcare'. In other words, how treating both the patient and their disease can improve health and healthcare.

We have two main approaches:

1. Observational studies, where we identify the bio-behavioural factors associated with disease outcomes and treatment success
2. Intervention studies, where we develop and evaluate interventions which target bio-behavioural factors with the aim of improving disease outcomes and treatment success.

***Opportunities are offered in two areas:***

**Optimising the effectiveness of vaccinations**

One key area in which harnessing the characteristics of the patient may improve healthcare is vaccinations. The success of vaccines is dependent on the ability of the immune system to respond to antigens contained in them. Thus, they work less well in populations with compromised immune systems, such as the elderly, and so can fail to be effective in those whom they most seek to benefit. Existing research has shown that vaccine effectiveness is influenced by psychological and behavioural factors (e.g., mood, diet and physical activity). Thus, these factors may provide mechanisms for enhancing vaccine success.

We are currently interested in candidates who wish to undertake observational and or intervention research to examine how psychological and behavioural factors can optimise the effectiveness of vaccines.

**Examining the Psychological and Behavioural Challenges of Early Cancer Detection**

Many cancers are associated with poor mortality outcomes because the disease is most commonly detected when the patient has begun to experience symptoms i.e., the disease has already advanced. However, pioneering research into early cancer detection at the University of Nottingham seeks to transform the way cancers are identified and treated. A simple blood test now holds the promise of detecting life threatening cancers several years earlier than is currently possible.

Opportunities are available for PhD studentships which will examine the long term psychological and behavioural consequences of early detection in lung cancer (<http://www.eclsstudy.org/>); and projects which will examine issues pertinent to the implementation of early cancer detection in the NHS (e.g., development of appropriate risk models; identifying and addressing the challenges of recruiting patients into trials of early cancer detection and the implementation of these tests in primary care).

Opportunities also exist for a non-clinical post-doctoral fellow with interest and expertise in cancer and/or screening. The successful candidate would contribute to, and where appropriate, lead on the aforementioned areas of research; develop other independent areas of research within early cancer detection; and work with us to secure external funding.

Successful candidates will be supervised by a multidisciplinary team which brings together expertise in health psychology (Kavita Vedhara), primary care (Denise Kendrick) and oncology (John Robertson).

**Primary Care Epidemiology**

Our research focusses on the epidemiology of diseases (e.g. heart disease, diabetes, cancer and infectious disease) and drug safety of commonly prescribed drugs (including antidepressants, statins, steroids, NSAIDs and Cox-2 inhibitors).

We make extensive use of a number of databases including QRESEARCH, the largest database of its kind worldwide, containing a wealth of longitudinal data from patients in over 600 UK practices linked to secondary care data.

A non-clinical postdoctoral fellowship will be offered to carry out research into drug safety using large scale linked routine datasets (GP, hospital, cancer, mortality datasets) to identify,

quantify and validate potentially new unintended effects of new or commonly used medications relevant to primary care.

### **Injury Prevention**

The Injury Epidemiology and Prevention Research Group specialises in the epidemiology and prevention of injuries in all age groups, including:

- preventing falls in older people,
- preventing injuries in childhood,
- measuring the long term impact of injuries and
- evaluating interventions in primary care and community settings.

They achieve this through conducting randomised controlled trials, systematic reviews, case-control and cohort studies and epidemiological studies using large primary care databases.

#### *Preventing injuries in young children*

Unintentional injuries (accidents) are one of the most common causes of death in childhood above the age of one year, and most of these injuries happen in the home. There are steep social gradients in child injury deaths, with children from the most disadvantaged households having death rates 13 times higher than those from the most advantaged households. The project will evaluate a national home safety equipment scheme provided in England between 2009 and 2011 which was aimed at preventing home injuries in childhood. The evaluation will involve use of routinely collected hospital and primary care data to compare child injury rates before, during and after the safety equipment scheme in areas that did, and did not have the scheme. More complex analyses will include assessing the impact of the scheme on inequalities in child injury, assessing the cost-effectiveness of the scheme and how cost-effectiveness varies according to the level of deprivation of the area in which the scheme is provided.

#### *Preventing falls in older people*

In England, falls admissions account for 4 million hospital bed days each year, costing the NHS £2 billion. Falls can lead to loss of confidence, increased social isolation and severe injuries that together are a significant precipitant of people having to move from their own homes into high cost long term residential care. With the 65+ population in the UK predicted to increase significantly over the next 20 years the burden of falls on individuals, families and the health and social care system will rise. Implementing evidence-based systems and services will help ensure that older people retain their independence for as long as possible, reducing demands on already-stretched health and social care services and delivering cost savings in this time of diminishing financial investment. The FaME (Falls Management Exercise) programme is an evidence-based community exercise programme that improves strength and balance and has been shown in clinical trials to prevent falls and to increase physical activity. It is cited by NICE as an effective programme for falls prevention but despite the clinical trial data, it is unclear whether balance and stability training can be effective in 'the real world'. This is because clinical trials are often seen to be simplistic or artificial in their design compared to the usual complex setting of commissioned community services. We would like to undertake 'implementation research' to demonstrate the effectiveness of falls prevention exercise programmes in real, local communities. Such

research will analyse programme delivery, asking questions about the acceptability of the service to patients (e.g. ease of access), barriers to integration into existing care pathways and the fidelity of implementation in a non-research setting.

### **Medical Education**

The Primary Care Education Unit at the University of Nottingham School of Medicine delivers teaching to all medical students across the undergraduate programme. The team has a proven track record in conducting medical education research, including projects commissioned by the Royal College of General Practitioners, Health Education West Midlands and Health Education East Midlands. Current research projects include developing a situational judgement test for the summative assessment of professionalism in undergraduate students, and evaluation of compassion education among postgraduate specialty schools in the East Midlands. Our main research themes are professionalism, compassion, continuing professional development and revalidation of doctors.

#### ***Proposed research areas:***

1. Evaluation of the teaching and assessment of professionalism in undergraduate primary care and in postgraduate training.
2. Exploring possibilities in teaching about multimorbidity across undergraduate students and postgraduate trainees.
3. Reviewing the mechanisms of teaching integrated care in long-term conditions.

#### **FURTHER INFORMATION:**

Initial enquiries for the opportunities available at the University of Nottingham should be directed to Christina Brindley, Research Officer, [christina.brindley@nottingham.ac.uk](mailto:christina.brindley@nottingham.ac.uk).

Or visit our website: <http://www.nottingham.ac.uk/medicine/about/primarycare/index.aspx>

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## **UNIVERSITY OF OXFORD**

We lead world-class research and training to rethink the way healthcare is delivered in general practice and other primary care settings, both across the UK and globally. Integrating evidence and innovation, our main research focus is on the prevention, early diagnosis and management of common illness.

Our research is led by internationally renowned clinical and non-clinical researchers, many of whom are practicing GPs. Our multi-disciplinary team cover a broad range of clinical issues including cancer, behavioural medicine, cardiovascular and metabolic diseases, childhood illness and infection. We lead programmes to advance evidence-based medicine, health in low and middle-income countries and patient self-management, and through patient engagement our research into health experience aims to inform policy and improve services.

The department was established in October 1998 (as the Department of Primary Health Care) with the appointment of a foundation chair in general practice. We provide a strong multi-disciplinary training environment, a full programme of academic support and good IT facilities. Our ability to collaborate with other epidemiological and community-based research groups across the University and with local GP surgeries enable us to utilise a broad range of relevant expertise into our teaching and research.

#### FURTHER INFORMATION:

Applicants are welcome in any research topic that fits within the research portfolio of the Department <http://www.phc.ox.ac.uk/research>. Please contact the clinical training lead, [Professor Dan Lasserson](#), for an informal discussion prior to applying.

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## UNIVERSITY OF SOUTHAMPTON

The Southampton Primary Medical Care group is a thriving department that offers a broad spectrum of expertise in both methodologies and topic areas. We doubled in size between the 2008 Research Assessment Exercise and the 2014 Research Excellence Framework assessment, in which 87% of our research was rated as 'internationally excellent' or 'world-leading'. In the Public Health, Health Services Research and Primary Care unit of assessment, we were ranked 3rd highest for the quality of our research outputs out of 32 institutions.

The group is part of the Primary Care & Population Sciences Academic Unit in the Faculty of Medicine, giving us very close links with Public Health with shared interests in kidney disease, liver disease and alcohol misuse.

We have particularly strong links with the Health Psychology group, and with highly rated groups in secondary care medicine (particularly through the Southampton NIHR Biomedical Research Centre in Nutrition, and Biomedical Research Unit in Respiratory Medicine), the Faculty of Health Sciences, Southampton Statistical Sciences Research Institute, and Computing Sciences within the University, so PhD students and post-doctoral research fellows may be co-supervised by clinical academics in primary medical care and scientists in these disciplines. They will also be supported to develop national and international links, through our extensive existing fruitful collaborations, where appropriate.

We are engaged in providing evidence to inform new approaches to major challenges in primary care, including:

- ***Improving the management of acute infections and reducing antibiotic prescribing***, led by Professors Paul Little and Michael Moore: we are providing evidence for better antibiotic use and alternative treatments to reduce the major public health threat of antibiotic resistance and save NHS resources. Current studies include the further development and implementation trial of very successful internet based modules to

change GP prescribing behaviour (the GRACE INTRO intervention), autoinflation for otitis media with effusion in school age children, qualitative work on GP views of delayed antibiotic prescribing, the ARTIC-PC multicentre HTA trial to assess antibiotics for childhood chest infections, the R-GNOSIS consortium in urinary infection (with Utrecht), and an HTA bid for a trial of antifungals in cellulitis.

- **Internet health promotion and disease self-management programmes**, led by Professors Paul Little, Michael Moore, George Lewith, Mike Thomas and Lucy Yardley in Health Psychology: we currently have work streams developing and testing internet interventions which address issues surrounding lifestyle, mental health, and/or better medication management for a range of conditions including emotional distress, cancer-related distress and cancer survivorship, low back pain, chronic dizziness, asthma, COPD, respiratory infection, IBS, eczema, hypertension, and weight management, and are extending them to the whole population for health promotion and the prevention of obesity, and alcohol problems.
- **Improving the assessment and management of mental health problems in primary care**, led by Professors Tony Kendrick and Michael Moore: we are providing evidence to support self-help for distress to reduce the demands on primary care, and improve the targeting of drug and psychological treatments for depression and anxiety to the people who really need them. Current work includes a Cochrane systematic review of patient reported outcome measures in depression, analysis of CPRD data to determine the effects of NICE guidelines, the economic recession, and the QOF on diagnosis and treatment of depression since 2003, the PROMDEP trial of PROMs in depression and a recently funded HTA trial of cessation of long-term antidepressants.
- **Evaluating complementary therapies for common conditions**, led by Professors George Lewith, Michael Moore and Paul Little: we are developing evidence for novel treatments that give patients more choice, and do not involve the risks of medication, including herbal medicines, mindfulness meditation, the Alexander Technique, and acupuncture. Current work includes trials of Pelargonium for chest infections, Uva ursi in acute UTI, and work on the placebo and non-specific therapeutic effects in consultations for pain, aiming to reduce the use of anti-inflammatories.
- **Improving the assessment and management of respiratory disorders**, led by Professors Mike Thomas, George Lewith and Tony Kendrick: we are developing self-help and non-drug, psychologically based symptom management strategies in both COPD and asthma, in partnership with Asthma UK, which can increase patients' self-reliance and help reduce the demands on primary care. We are using routine record data to explore variations in outcome in asthma and COPD, and exploring independent determinates of health related quality of life in people with COPD, such as anxiety, in SPCR funded research with Birmingham. We aim to evaluate psychological interventions for COPD, develop non-pharmacological approaches for asthma, and identify whether biomarkers can predict progression with the Respiratory Biomedical Research Unit.
- **Patient-centred cancer research**, led by Professor Paul Little and Associate Professor Geraldine Leydon: we aim to further develop evidence for best practice in the early detection of cancer in general practice, building on the 20,000 patient CANDID cohort and in the longer-term support of survivors of cancer, working with Macmillan Cancer Support. Current work includes the EPAC (Elicitation of PATients' Concerns) and SPEAK (SPEcialist cAncer helpline) studies on Macmillan's Cancer Helpline, mindfulness for

breast and prostate cancer, and the PROACTIVE intervention designed to diminish anxiety in prostate cancer patients on active surveillance. We aim to develop a complex internet-supported intervention for lifestyle change and the management of distress among cancer survivors, and exploration of a database of video-recorded GP consultations to identify techniques that enhance or hinder the management of patient concerns, with access to US primary care consultation data.

Prof George Lewith is our lead for postgraduate development within the group, and our liaison with the SPCR and internally with the University's postgraduate and postdoctoral organisations. All our PhD supervisors attend the University supervisor training and the Faculty Graduate School provides generic training (in ethics, presentations, statistics, Good Clinical Practice, etc.) Many of our PhD students have completed an MSc involving research methods, and training is individualised, depending on the needs of the PhD. This often involves specific specialist courses outside the department funded by our internal reserves. The SPCR meetings provide an excellent environment for PhD fellows to learn what happens in other departments, to meet colleagues in a non-threatening academic environment, and be mentored. We have an annual Primary Care and Population Sciences conference for PhD students to receive feedback from all the senior academics. Our postgraduate students also have an annual formal assessment with an invited internal adviser from outside the supervisory team. Supervision and mentoring are judged to be excellent and students have many opportunities for presenting their research findings at conferences and for co-authorship for publications, and good support for new research ideas.

#### **FURTHER INFORMATION:**

Contact: Professor George Lewith [gl3@soton.ac.uk](mailto:gl3@soton.ac.uk)

For more information please visit:

[http://www.southampton.ac.uk/medicine/academic\\_units/academic\\_units/primary\\_care\\_population.page](http://www.southampton.ac.uk/medicine/academic_units/academic_units/primary_care_population.page)

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## **UNIVERSITY COLLEGE LONDON**

The Research Department of Primary Care and Population Health at University College London undertakes a programme of internationally competitive multi-disciplinary research addressing the management of disease in individuals and populations in areas of priority to the health of the public.

We have a multidisciplinary approach to both research and teaching with expertise within the department in clinical primary care, epidemiology, medical statistics, medical sociology and health psychology. We have particular methodological strengths in quantitative and qualitative research and analysis of large cohorts hosted at UCL, clinical databases (i.e. CPRD and THIN) and trial methodology. Together with the Department of Mental Health Sciences at UCL we run PRIMENT, a fully registered Clinical Trials Unit with expertise in the

design, conduct and analysis of trials and other large, well designed studies in primary care and mental health research. PRIMENT forms part of the UCL Institute of Clinical Trials and Methodology (<http://www.ucl.ac.uk/ictm>)

**We are able to offer studentships and fellowships based in one or more of the following research units.** Interested candidates are strongly urged to contact proposed supervisors to discuss their proposed programme of research before submitting an application.

### ***British Regional Heart Study***

The Cardiovascular Epidemiology Group includes major longitudinal research on risk factors for cardiovascular disease, in particular the British Regional Heart Study (BRHS) of over 7000 men recruited through general practice. The successful candidate will work within a team principally of statisticians and epidemiologists, with strong links to collaborators who are applied methodologists and experts in primary care. The projects will suit a candidate with a background in medical statistics or epidemiology and experience in analysing large datasets. Contact Goya Wannamethee: [g.wannamethee@ucl.ac.uk](mailto:g.wannamethee@ucl.ac.uk)

### ***Centre for Ageing Population Studies***

Ageing Population Health includes epidemiology of ageing, health services research on effective health and social care for older people and the development and testing of complex interventions for older people in primary care and community settings. . Particular areas of interest are dementia, frailty, depression, health promotion in later life, comprehensive needs assessment and palliative care. Contact: Kate Walters: [k.walters@ucl.ac.uk](mailto:k.walters@ucl.ac.uk)

### ***E-Health Unit***

The e-Health Unit focuses on the use of new technologies, such as the internet, to improve health and health care. Areas of interest include using the internet to deliver self-management programmes for patients with long term conditions (e.g. diabetes, heart disease) and for health promotion (e.g. alcohol, sexual health). The unit also undertakes research on implementation of new technologies in the NHS and the impact of new technologies on health care professional – patient interactions. Contact Elizabeth Murray: [Elizabeth.murray@ucl.ac.uk](mailto:Elizabeth.murray@ucl.ac.uk)

### ***Electronic Health Records Research***

Areas of interest include epidemiological research on mental health of mother, father and child, prescribed medicine in pregnancy, development of new methods for analysis of longitudinal records, missing data. For further details of our work please see our website <http://www.ucl.ac.uk/pcph/research-groups-themes/thin-pub/>. Projects with this group would suit applicants with epidemiological/statistical background and some experience in handling large datasets. Contact Irene Petersen: [i.petersen@ucl.ac.uk](mailto:i.petersen@ucl.ac.uk)

### ***Infections***

The Infections in Primary Care group is a newly established group that conducts research in sexually transmitted infections (STIs) and other common infections in primary care. Our projects include epidemiological research (including working with electronic health records), trials and qualitative research. We have excellent links with Public Health England and are part of the NIHR Public Health Research Unit (HPRU) in Blood Borne Viruses and STIs at

UCL. PhD fellows would have the opportunity to join the HPRU Academy. Contact Greta Rait: [g.rait@ucl.ac.uk](mailto:g.rait@ucl.ac.uk)

### ***Mental Health***

The Primary Care Mental Health Research group is a multi-disciplinary research group with experienced researchers in primary care, epidemiology, psychiatry, medical statistics and health psychology. We can offer fellowship opportunities on a range of topics in mental health (including severe mental illness / psychosis, common mental disorders such as anxiety and depression, medically unexplained symptoms and somatisation and health psychology interventions around smoking and obesity) and using a variety of methodologies including both quantitative research (e.g. Randomised Controlled Trials, primary epidemiological research, secondary analysis of large clinical datasets), and qualitative research. Contact Marta Buszewicz: [m.buszewicz@ucl.ac.uk](mailto:m.buszewicz@ucl.ac.uk)

### **PRELIMINARY INTERVIEWS**

The UCL preliminary interviews for the GPCP fellowships will be held on **13 March 2015**, in the morning. Candidates should please ensure they are available for an interview on that date.

### **FURTHER INFORMATION:**

Full details of the application process are available on our website at:  
<http://www.ucl.ac.uk/pcph/postgrad>

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