



**National Institute for  
Health Research**

**School for Primary Care Research**

*Increasing the evidence base for primary care practice*

## **ST3 entry Academic Clinical Fellowships in Primary Care 2018**

Applications are invited from second-year general practice specialty trainees in English Deaneries (current ST2s) who wish to undertake clinical academic training starting in August 2018. Funding is now available to enable trainees to extend their training by a year, allowing part-time attachment to a university department during the ST3 and ST4 years.

There are a total of three fellowships available in 2018.

The awards may be held at any one of the universities within the NIHR School for Primary Care Research: Bristol, Cambridge, Keele, Manchester, Newcastle, Nottingham, Oxford, Southampton and University College London. In most cases we anticipate applicants will wish to continue to train in their existing Deanery although cross-Deanery transfer may be possible in specific cases.

Further details of these awards including the specific training opportunities available at each university is shown below and can be found at <http://spcr.nihr.ac.uk/trainees/Funding>

**To make an application, please click on the following link:**

<https://www.oriel.nhs.uk>

Closing date for applications is

## DETAILS OF TRAINING OPPORTUNITIES AT EACH UNIVERSITY

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### UNIVERSITY OF BRISTOL

The Centre for Academic Primary Care (CAPC) at the University of Bristol ([www.bris.ac.uk/primaryhealthcare](http://www.bris.ac.uk/primaryhealthcare)) is one of the largest and most productive centres for primary care research in the UK. It provides high quality evidence to address some of the most important health challenges relating to primary care, including the use (and misuse) of antibiotics, managing multimorbidity, reducing avoidable hospital admissions, improving mental health, helping victims of domestic violence, enabling early cancer diagnosis, and assessing the role of telehealth. CAPC members use qualitative and quantitative research methods and publish their research in high impact journals such as the Lancet, the BMJ, Annals of Family Medicine and the BJGP. CAPC was ranked 4<sup>th</sup> overall in the most recent Research Excellence Framework in its Unit of Assessment.

CAPC is a friendly and thriving centre comprising around 120 people, including academic GPs and nurses, statisticians, social scientists, health economists and support staff. We are based within the Bristol Medical School, in the Department of Population Health Sciences, which has an international reputation for research.

CAPC offers excellent training opportunities for academic GPs including an internationally recognised programme of short courses offered within the Bristol Medical School. These cover a range of health services research and epidemiological methods, as well as generic and specific research skills. We have an outstanding track record of helping GP ACFs to gain both bridging fellowships and prestigious externally funded research PhD awards. We can support GP trainees who wish to major in either research or education.

Our research sits within three broad themes:

**Management of disease:** Diagnosis and management of illness mainly treated in primary care, with a focus on: cancer, cardiovascular disease, childhood health, depression and anxiety, domestic violence, eczema, infection.

**Organisation and delivery of care:** The role of primary care within the health care system, with a focus on: commissioning and quality, service delivery, avoidable hospital admissions, multimorbidity and long term conditions, prescribing, new technology and complementary therapies.

**Methodology:** Methodological research that aims to improve the design and conduct of randomised controlled trials and conducted in collaboration with the MRC ConDuCT-II Hub for Trials Methodology Research and the Bristol Randomised Trials Collaboration (BRTC). We can offer support in methods such as conversation analysis, ethnography, meta-synthesis and analysis of large primary care data sets, to answer complex research questions aimed at improving the content and delivery of health care.

CAPC's research aims to impact primary care practice and health policy, leading to benefits for patients. Aided by our Knowledge Mobilisation team, we seek to generate knowledge that is accessible and useful to academics, commissioners, clinicians, service providers, the voluntary sector and the public. We involve patients and the public in our research at all stages.

#### FURTHER INFORMATION:

Contact: Professor Debbie Sharp [debbie.sharp@bristol.ac.uk](mailto:debbie.sharp@bristol.ac.uk) or look at our website [www.bris.ac.uk/primaryhealthcare/](http://www.bris.ac.uk/primaryhealthcare/)

## UNIVERSITY OF CAMBRIDGE

The Primary Care Unit at the University of Cambridge is based within the Department of Public Health and Primary Care, one of Europe's premier university departments of population health sciences. The Primary Care Unit has more than doubled in size in the last five years, and currently numbers 154 people including academic GPs and nurses, social and behavioural scientists, statisticians, health economists and support staff. Our goal 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.

We offer an excellent training environment for clinical and non-clinical students, and have trained, or are training, 36 junior academic GPs through the NIHR Academic Clinical Fellowship Scheme. We have developed a bespoke Masters in Primary Care Research which we now deliver alongside the Masters in Public Health and Epidemiology. We work with other units and departments across the University of Cambridge that have complementary skills to our own, for example in conducting trials, measuring behaviour, statistics, development of innovative diagnostic tests and neuroscience. We also benefit from strategic partnerships nationally and internationally.

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 the MoleMate study, 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.

Interested candidates are strongly recommended to contact us and discuss their interests before submitting an application.

### **FURTHER INFORMATION:**

For research related queries you can contact Dr Fiona Walter: [fmw22@medschl.cam.ac.uk](mailto:fmw22@medschl.cam.ac.uk)

Or Frances Cater: [pcupa@medschl.cam.ac.uk](mailto:pcupa@medschl.cam.ac.uk)

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

<http://www.phpc.cam.ac.uk/pcu/education-and-training-overview/opportunities-for-phd-students/>

## KEELE UNIVERSITY

The Institute of Primary Care and Health Sciences delivers internationally renowned research programmes in musculoskeletal disorders, mental health and multimorbidity 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, 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 and Engagement 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 Professor Joanne Protheroe: [j.protheroe@keele.ac.uk](mailto:j.protheroe@keele.ac.uk)  
Or visit our website: <http://www.keele.ac.uk/pchs/>

## 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.

(<http://research.bmh.manchester.ac.uk/primarycare/>)

Capacity building is critical to our Centre, and 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 projects 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:**

*Clinical lead: Professor Aneez Esmail*

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 £5.7 million National Institute for Health Research Greater Manchester Primary Care Patient Safety Translational Research Centre (Safety Centre).

(<http://www.population-health.manchester.ac.uk/primary-care-patient-safety/>).

Applicants can choose to work with researchers from the Safety Centre or in projects related to quality and safety, which although are not part of the specific research themes in the Safety Centre, constitute a significant program of work. These include work on burnout in primary care physicians and its impact on patient safety, the problems of antibiotic resistance in primary care, the epidemiology and management of polypharmacy in the elderly, and the challenges of early diagnosis in cancer within the primary care setting.

### **Health Policy, Politics and Organisations (HiPPO): Lead: Professor 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 Peter 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/>

### **Data Science and Health Services Research:** *Lead: Professor 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.

The University of Manchester and the Centre for Primary Care, in collaboration with the Division of Pharmacy and & Optometry, has full access to a large nationally representative primary care database, the Clinical Practice Research Datalink (CPRD), which contains full electronic health records for approximately 6% of the UK population. The data are not limited to primary care, since the CPRD team can provide numerous linkages to secondary and social care (for example, ONS linkages to mortality and patient-level deprivation; cancer registry

data; Hospital Episode Statistics data). Our team has considerable expertise in using this resource and has previously published on:

- Service utilisation
- Condition prevalence trends
- Treatment/medication trends
- Safety and quality of services trends
- Inequalities in health care usage in any of the above, or any other topic

In addition, a wealth of administrative data are routinely collected in English Primary Care, primarily through the Quality and Outcomes Framework (QOF), providing a clear national picture for numerous chronic conditions in terms of prevalence and their time trends. In 2015-16, data for 19 chronic conditions were available, including coronary heart disease, diabetes and severe mental illness. These datasets have been extensively used to describe general practices and identify associations at that level, or to describe prevalence rates at higher geographies (e.g. Clinical Commissioning Groups or NHS Regions) and inform on high level regional variability.

With the use of additional routinely available datasets, numerous methodological challenges can be overcome and the data can also be assigned to Lower Super Output Areas (LSOAs), low geographies of 1500 people, on average. This allows for low-level geographical mapping, which can provide a detailed overview of the condition burden across England and within regions while the LSOA is a key geographical level at which numerous other datasets are routinely collected: the Index of Multiple Deprivation (IMD), which provides a detailed deprivation/affluence profile; Office of National Statistics (ONS) census data, including detailed population demographics (age structure, sex, and, in particular, ethnicity). For example, this novel approach would allow us to:

- Spatially describe the epidemiology and time trends of major chronic conditions
- Assess regional variation (across and within English regions)
- Link each condition prevalence rate to area location deprivation and ethnicity
- Identify clusters of under-diagnosis using various statistical models (multiple regression and machine learning, adjusting for cause-specific hospitalisations and deaths, age structure, ethnicity and other available covariates)

We also maintain a strong emphasis on methodological research using these data sources. Key areas of investigation include:

- Validity of PCD-based research
- Development of software and methodological tools for PCD research
- Improved methods for analysing PCD data and for addressing missing observations

Examples of current and recent projects include: relationships between risk factors and clinical outcomes for patients with diabetes type 2; developing a severity index for type 2 diabetes; evaluating the electronic frailty index; using machine learning to develop a risk-prediction algorithm for dementia.

**FURTHER INFORMATION:**

Quality and Safety	<a href="mailto:aneez.esmail@manchester.ac.uk">aneez.esmail@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>

## NEWCASTLE UNIVERSITY

Newcastle University is home to a rapidly growing and dynamic group of primary care researchers within the Institute of Health and Society, and Newcastle University Institute for Ageing. The primary care research team includes general practitioners, dentists, dieticians, epidemiologists, nurses, psychologists, public health practitioners and social scientists. There is a breadth of expertise focused on addressing some of the most important questions in health care today. Ageing research is a particular strength, but there are opportunities for the students to work with academics on a range of other topics. (For further information see <http://www.ncl.ac.uk/ihs/> and <https://research.ncl.ac.uk/napcr/>) The Institute for Health and Society is one of a handful of departments in the country to host two NIHR research professorships, and it is also a member of both the NIHR School for Public Health Research and the School for Primary Care Research.

Newcastle University has a number of research strengths, but it is known across the world as a centre of excellence in ageing research. The award of the Queen's Anniversary Prize in Ageing and Primary care in 2010 was followed in 2014 by a £20M award from the government to establish a National Innovation Centre for Ageing and in 2016, a Regius Chair in Ageing. Applicants who are interested in ageing research will be particularly welcome, but those with other interests should not be deterred from applying.

### **Management of age-related illness**

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. The role of the GP and primary care in promoting risk reduction interventions and ensuring early diagnosis and intervention are key areas of our work.

### **Multiple conditions and end of life care**

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 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 family carers are particular interests.

### **Healthy lifestyles in older age**

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. Our work in Newcastle has a focus on the management and consequences of obesity and alcohol consumption.

### **Shared decision making**

Engagement of patients in shared decision making and support for self management is a cornerstone of UK policy for enhancing patient experience and outcomes. In Newcastle, we



have a programme of research on developing and implementing SDM and supported self management in primary care.

In addition, to these areas we are active in research into health literacy, and a number of other areas such as loneliness and health at older ages. Socioeconomic inequalities is a cross cutting area of interest in our work.

**FURTHER INFORMATION:**

Contact Professor Barbara Hanratty: [Barbara.Hanratty@newcastle.ac.uk](mailto:Barbara.Hanratty@newcastle.ac.uk)

Or visit our website: <http://www.ncl.ac.uk/ihs/> and <https://research.ncl.ac.uk/napcr/>

## 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 practicing GPs, other health professionals, psychologists, statisticians, research and support staff. Our main research groups' available opportunities are in the following fields:

### **Primary Care Stratified Medicine (PRISM) research group**

We aim to better identify people, or groups of people at risk of disease, and their response to specific interventions or treatments. This includes the prevention and care of major health problems, such as cancer and cardiovascular disease, and common inherited disorders. This is achieved through application of emerging techniques in data science and advances in genomics, combined with "translational" health service research, leading to better-targeted and effective primary healthcare.

For further information

see: <https://www.nottingham.ac.uk/research/groups/primarycarestratifiedmedicine/index.aspx> or contact: Professors Nadeem Qureshi [nadeem.qureshi@nottingham.ac.uk](mailto:nadeem.qureshi@nottingham.ac.uk) or Joe Kai [joe.kai@nottingham.ac.uk](mailto:joe.kai@nottingham.ac.uk).

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

Medicine and healthcare typically examine the biological processes that give rise to and maintain disease; and focus on these when considering treatment. Our group examines psychological and behavioural influences and how they interact with these biological processes to affect disease and treatment outcomes. Our main areas of research at the present time are as follows and we would welcome applications from people interested in any of these areas:

- Developing and evaluating non-pharmacological interventions (e.g., interventions focussed on improving physical activity, mood etc.) to improve vaccine effectiveness
- Developing lifestyle interventions to reduce stress and improve fertility in couples trying to conceive
- Development of complex interventions to promote wound healing and reduce risk of recurrence in chronic wounds (e.g., diabetic foot ulcers, venous leg ulcers)

If you have an interest in any of these areas please look at our website:

<https://www.nottingham.ac.uk/research/groups/biobehaviouralhealth/index.aspx>

and/or if you would like to discuss possible projects please contact Professor Kavita Vedhara: [Kavita.vedhara@nottingham.ac.uk](mailto:Kavita.vedhara@nottingham.ac.uk)

### **Primary Care Epidemiology**

Our research focusses on studying the epidemiology of diseases (e.g. heart disease, diabetes, cancer, dementia and depression) and evaluating the drug safety of commonly prescribed drugs (including antidepressants, statins, oral contraceptives, and diabetes drugs) using a range of study designs. We have developed and validated risk prediction models for identifying people at high risk of disease for intervention, these include the QRisk model for predicting risk of cardiovascular disease over 10 years, and the QDiabetes and QCancer models.

The group makes 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 1400 UK practices linked to secondary care data and mortality data.

For further information see:

<http://www.nottingham.ac.uk/research/groups/primarycareepidemiology/index.aspx> or contact: Professors Carol Coupland [carol.coupland@nottingham.ac.uk](mailto:carol.coupland@nottingham.ac.uk) or Julia Hippisley-Cox [julia.hippisley-cox@nottingham.ac.uk](mailto:julia.hippisley-cox@nottingham.ac.uk) .

### **Injury Epidemiology and Prevention**

The 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 and secondary care databases. For further information see:

<http://www.nottingham.ac.uk/research/groups/injuryresearch/index.aspx> or contact: Professor Denise Kendrick [denise.kendrick@nottingham.ac.uk](mailto:denise.kendrick@nottingham.ac.uk) or Dr Elizabeth Orton [Elizabeth.orton@nottingham.ac.uk](mailto:Elizabeth.orton@nottingham.ac.uk)

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

Our group conducts research on the safe and effective use of medicines. This includes investigating the prevalence, nature and causes of medication errors in general practice; evaluating patient safety initiatives; 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. For further information see: <http://www.nottingham.ac.uk/research/groups/medicinesafetysafehealthcare/index.aspx> or contact Dr Sarah Rodgers: [sarah.rodgers@nottingham.ac.uk](mailto:sarah.rodgers@nottingham.ac.uk) or Professor Tony Avery [ms-som-deans-pa@nottingham.ac.uk](mailto:ms-som-deans-pa@nottingham.ac.uk).

### **Smoking in pregnancy**

With strong, active international research collaborations Nottingham's Smoking in Pregnancy Group leads research into pharmaceutical, digital and counselling interventions for smoking cessation in pregnancy. We also investigate use of e-cigarettes (vaping) in pregnancy, including how vaping could be effective for preventing relapse to smoking in the postpartum. We comprise health psychologists, applied researchers and statisticians so, any student working within our group will benefit from effective multidisciplinary supervision. We welcome independent colleagues who propose their own research questions within our broad area of expertise but are also very experienced at helping junior clinical academics to develop ideas. For further information see: [www.nottingham.ac.uk/go/SmokinginPregnancy](http://www.nottingham.ac.uk/go/SmokinginPregnancy) or contact: Professor Tim Coleman: [tim.coleman@nottingham.ac.uk](mailto:tim.coleman@nottingham.ac.uk) or Dr Sue Cooper: [sue.cooper@nottingham.ac.uk](mailto:sue.cooper@nottingham.ac.uk).

## Medical Education

The Primary Care Education Unit at the University of Nottingham, School of Medicine, delivers teaching to all five years of undergraduate medical degree. The team has a proven track record in conducting medical education research, including projects commissioned by the RCGP, Health Education East & West Midlands. Previous research projects include developing a situational judgement test for the summative assessment of professionalism and the evaluation of compassion education. Our main research themes are professionalism, managing long-term conditions in primary care and promoting career choices in General Practice

Proposed research areas:

1. Evaluation of the teaching and assessment of professionalism in undergraduate and/or postgraduate training.
2. Teaching and assessment about multi-morbidity in clinical practice.
3. Reviewing the mechanisms of teaching integrated care in long-term conditions.
4. Integrating e-learning into medical education.
5. Promoting careers in General Practice

For further information contact: Dr Richard Knox ([richard.knox@nottingham.ac.uk](mailto:richard.knox@nottingham.ac.uk)) or Jaspal Taggar ([jaspal.taggar@nottingham.c.uk](mailto:jaspal.taggar@nottingham.c.uk))

### FURTHER INFORMATION:

Initial enquiries for the opportunities available at the University of Nottingham should be directed to: Christina Sheehan, Research Officer, [christina.sheehan@nottingham.ac.uk](mailto:christina.sheehan@nottingham.ac.uk). Queries regarding relevant postgraduate qualifications/experience may be directed to the appropriate research area contact. Website for further information: <http://www.nottingham.ac.uk/medicine/about/primarycare/index.aspx>.

## UNIVERSITY OF OXFORD

The [Nuffield Department of Primary Care Health Sciences](#) at the [University of Oxford](#) is a well-established department conducting high impact multi-disciplinary research. This was recognised by the recent Research Excellence Framework, where Oxford was ranked top for the quality of our research, its infrastructure, and the impact we make on the world. We are able to do this because we are well supported by genuinely helpful research infrastructure and have an excellent training programme for clinicians and other scientists from a wide range of backgrounds. This inter-disciplinary department is home to clinicians, clinical epidemiologists, medical statisticians, social scientists and psychologists, working collaboratively on programmes to improve health and healthcare. Being a large department means we work hard at being a friendly one and are confident that we succeed. We also ensure our department has progressive employment policies that value the careers of all our team and we are proud that we hold an Athena Swan silver award and are working towards gold.

We aim to develop the careers of our early and mid-career scientists and to provide opportunities to form productive collaborations and develop high level content and methodological expertise, which will enable all our team to grow their careers as scientists in applied health research. The themes of our [research](#) include:

- Cardiovascular and metabolic conditions
- Health behaviours
- Infections and acute care
- Patient experiences and social science as applied to healthcare
- Research methods/Evidence-based medicine

Much of our work takes a global perspective and is truly cross-cutting. Our cross-cutting themes are:

- Digital health and innovation,
- Health policy and systems,
- Big data, and clinical trials.

We have an in-house UKCRC registered NIHR clinical trials unit.

#### **FURTHER INFORMATION:**

If you are interested in working with our teams, please do make informal enquiries

**Cardiovascular and metabolic conditions** ([richard.mcmanus@phc.ox.ac.uk](mailto:richard.mcmanus@phc.ox.ac.uk))

**Health behaviours** ([paul.aveyard@phc.ox.ac.uk](mailto:paul.aveyard@phc.ox.ac.uk) or [susan.jebb@phc.ox.ac.uk](mailto:susan.jebb@phc.ox.ac.uk))

**Infections and acute care** ([christopher.butler@phc.ox.ac.uk](mailto:christopher.butler@phc.ox.ac.uk) or [anthony.harnden@phc.ox.ac.uk](mailto:anthony.harnden@phc.ox.ac.uk))

**Patient experiences** ([sue.ziebland@phc.ox.ac.uk](mailto:sue.ziebland@phc.ox.ac.uk))

**Health Policy and systems** ([trish.greenhalgh@phc.ox.ac.uk](mailto:trish.greenhalgh@phc.ox.ac.uk))

**Research methods/Evidence-based medicine** ([carl.heneghan@phc.ox.ac.uk](mailto:carl.heneghan@phc.ox.ac.uk))

**Digital health and innovation** ([Andrew.farmer@phc.ox.ac.uk](mailto:Andrew.farmer@phc.ox.ac.uk) or [john.powell@phc.ox.ac.uk](mailto:john.powell@phc.ox.ac.uk))

**Big data** ([Rafael.perera@phc.ox.ac.uk](mailto:Rafael.perera@phc.ox.ac.uk))

## **UNIVERSITY OF SOUTHAMPTON**

The Southampton Primary Medical Care group is one of the world's leading primary care groups, a thriving department offering an excellent spectrum of expertise in methodologies and a remarkable range of topic areas. We are located on the South Coast with the New Forest and the sea on our doorstep and easy access to Winchester, Salisbury, London and the South West. 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, which included not only primary care but all the major public health departments, 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 world famous Health Psychology group, and a very strong track-record of developing effective behavioural interventions for both patients and clinicians that really make a difference to patient care. We also collaborate with highly rated groups in secondary care medicine (particularly through the Southampton NIHR Biomedical

Research Centres in Nutrition, and in Respiratory Medicine), the Faculty of Health Sciences, Southampton Statistical Sciences Research Institute, and Computing Sciences within the University. Thus 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 addressing major issues affecting population health:

- ***The danger of antimicrobial resistance: can we target antibiotic prescription those who really need them, find alternatives to antibiotics, and provide practical ways to improve appropriate antibiotic prescribing?*** This theme led by Professors Paul Little, Michael Moore, and Geraldine Leydon: 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. Recent and current studies include: the further development and implementation trial of very successful internet based modules to change GP prescribing behaviour (the GRACE INTRO intervention); auto-inflation 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); herbal medicines for symptom relief and an HTA bid for a trial of antifungals in cellulitis. Current qualitative work seeks to identify key communication practices in GP consultations when patients and their GPs discuss the need or otherwise for antibiotic medication (ANCAP) with the aim to improve prescribing behaviour through a communication intervention. Qualitative work has compared GP and nurse practitioner perspectives on the challenges of prescribing antibiotics out of hours (UNITE).
- ***The imperative to improve self-management for chronic diseases and multi-morbidity: can we more effectively support self-management, including using digital technology?*** This theme is led by Professors Paul Little, Michael Moore, Mike Thomas, Associate Professors Miriam Santer and Hazel Everitt and Professor Lucy Yardley in Health Psychology, and crosses a remarkable range of content areas. We have successfully developed and trialled the POWeR intervention to help primary care teams tackle major public health threat of the obesity 'epidemic' and we currently have work streams developing and testing internet interventions which address issues surrounding lifestyle, mental health, supported self-management, and/or better medication management for a very wide 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.
- ***Mental health: Can we improve the assessment and management of mental health problems in primary care?*** This theme is led by Professors Tony Kendrick and Michael Moore and Associate Professor Hazel Everitt. We are providing evidence to support self-help for distress to reduce the demands on primary care, improve the targeting of drug and psychological treatments for depression, anxiety and insomnia to the people who really need them. Recent work includes: a Cochrane systematic review of patient reported outcome measures in depression; a Cochrane systematic review of Antidepressants for

Insomnia; 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 the recently funded REDUCE NIHR Programme grant on cessation of long-term antidepressants.

- **Integrative medicine: can we show that complementary and alternative approaches really work to empower patients effectively?** This theme is led by Professors 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.
- **Lung disease: are drugs the only way to help people with major lung problems? - improving the assessment and management of respiratory disorders.** This theme is led by Professors Mike Thomas, 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 Centre.
- **Better patient-centred care for cancer: can we more appropriately identify individuals with cancer, and empower patients who have had treatment?** This theme is led by Professors Paul Little and 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. SPEAK (SPEcialist cAnCER helpline) studies on Macmillan's Cancer Helpline, and the PROACTIVE intervention designed to diminish anxiety in prostate cancer patients on active surveillance, CATRIC seeks to analyse how GPs communicate with patients presenting with symptoms that may indicate cancer, The major CLASP Programme is developing a complex internet-supported intervention for lifestyle change and the management of distress among cancer survivors. .
- **The centrality of communication in the consultation: can we communicate better with patients, and will it improve outcomes?** This theme is led by Professors Paul Little, and Geraldine Leydon and Associate Professor Hazel Everitt: we aim to provide evidence to enhance health care communication and improve patient outcomes. Current work includes developing tools to enhance empathy and positive messages within the consultation (EMPATHICA). Recent work identified key challenges associated with managing patients who attend with multiple concerns (EPAC study (Elicitation of PATients' Concerns) in general practice consultations, and trialled a new communication technique to encourage early agenda setting in the GP consultation (SoCs). Qualitative work continues to explore prescribing practice in general practice consultations through in-depth analysis of video recorded consultations (AN-CAP above)

Associate Prof Hazel Everitt is our lead for postgraduate development within the group, 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 a PhD support group and 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 on peer reviewed publications, and good support for new research ideas. As well as offer academic excellence our Academic Unit provides a vibrant and friendly culture for PhD students. We eagerly await new doctoral candidates so please email to enquire about any of the themes above. It is also possible to discuss your ideas and how they might fit in with our Unit research strategy.

#### **FURTHER INFORMATION:**

Contact: Hazel Everitt [hae1@soton.ac.uk](mailto:hae1@soton.ac.uk)

[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)

## **UNIVERSITY COLLEGE LONDON**

The Research Department of Primary Care and Population Health at UCL is part of the Institute of Epidemiology and Health Care and is headed by Professor Elizabeth Murray. Our goals are to:

- Undertake excellent research that is clinically relevant and impacts on health and wellbeing;
- Provide excellent teaching in primary care, population health and research methods;
- Strengthen the discipline of primary care through leadership in research, teaching and clinical practice;
- Work in partnership with service users, practitioners, policy makers and other stakeholders to increase the impact of our research, teaching and innovation on health and health care systems;
- Foster professional development to enable each individual to reach their full potential.

In order to do this we:

- Encourage all phases of clinical research including epidemiology, qualitative fieldwork, intervention development and evaluation, implementation and translational research, as well as methodological research;
- Encourage multi-disciplinary working, bringing together clinicians and scientists with a wide range of methodological skills and epistemologies;
- Foster excellent communication within the Department, across workgroups and disciplines, and with local, national and international colleagues and organisations.



- Foster a learning environment where students, researchers, teachers and professional service staff are supported in learning and continuing professional development;
- Invest in the career development of all of our staff;
- Promote an open, friendly and inclusive working environment.

PCPH is a member of the prestigious NIHR School for Primary Care Research (<http://www.spcr.nihr.ac.uk>) and contributes to the NIHR School for Public Health Research (<http://www.sphr.nihr.ac.uk>). In the 2014 REF UCL submitted 159.75 FTE staff to UoA 2 (Public Health, Health Services and Primary Care) with 46% of the total submission rated as 4\*. We have strong collaborations internationally, nationally and within UCL. In addition to being part of the Institute of Epidemiology and Health Care we have links with the UCL Institute of Digital Health (<https://www.ucl.ac.uk/digital-health>), the Institute of Clinical Trials and Methodology (<http://www.ucl.ac.uk/ictm>) and the Centre for Behaviour Change (<http://www.ucl.ac.uk/behaviour-change>)

**We are able to offer fellowships based in one or more of the following research units:**

### ***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 BRHS is a unique cohort with over 35 years of follow-up allows investigations on prevention and prediction of a range of chronic diseases from middle to older ages. The fellow would 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***

The Centre for Ageing Population Studies undertakes a broad range of research in ageing including the epidemiology of age-related conditions and the development and testing of complex interventions for older people in primary care and community settings. Particular areas of interest are neuro-degenerative diseases (dementia, Parkinson's disease), frailty, mental health, health promotion in older people (exercise and nutrition), loneliness and end of life care. We are a multi-disciplinary group and can support research using quantitative (eg analysis of large datasets, clinical trials) and qualitative methodologies. Contact Kate Walters: [k.walters@ucl.ac.uk](mailto:k.walters@ucl.ac.uk)

### ***eHealth Unit***

The eHealth Unit focuses on the use of new technologies, such as the internet and mobile phones, 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 has a research stream which uses a range of qualitative methods to understand 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) or Fiona Stevenson [f.stevenson@ucl.ac.uk](mailto:f.stevenson@ucl.ac.uk)

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

Areas of interest include epidemiological and methodological research on drug safety and risk communication - for example on medicines prescribed in pregnancy, diabetes and mental health. 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 offers 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 using a variety of methodologies including both quantitative and qualitative research. Contact Marta Buszewicz: [m.buszewicz@ucl.ac.uk](mailto:m.buszewicz@ucl.ac.uk)

The Department and Institute also contribute to a wide range of undergraduate and postgraduate teaching programmes at UCL, so postgraduate students and fellows have the opportunity to undertake some teaching related to their interests, background and skills. Time commitment for teaching is negotiated with supervisors on an individual basis. UCL supports training and accreditation for all staff involved in teaching. See <https://www.ucl.ac.uk/teaching-learning/arena> Candidates interested in educational research should contact Sophie Park: [Sophie.park@ucl.ac.uk](mailto:Sophie.park@ucl.ac.uk)

#### **FURTHER INFORMATION:**

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